ALAMEDA Alliance FOR HEALTH

Health care you can count on.
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Board of Governors

Regular Meeting

Friday, February 10th, 2023
12:00 p.m. – 6:30 p.m.

Video Conference Call or

1240 South Loop Road, Alameda, CA 94502

AGENDA

BOARD OF GOVERNORS
Regular Meeting
Friday, February 10th, 2023
12:00 p.m. – 6:30 p.m.

Video Conference Call or

1240 S. Loop Road

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 NOW 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: Click here to join the meeting OR MAY LISTEN TO THE MEETING BY CALLING IN TO THE FOLLOWING TELEPHONE NUMBER: 1-510-210-0967 Conference ID 8650745#. 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 COMMENTS 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 February 10th, 2023, at 12:00 p.m. in Alameda County, California, by Rebecca Gebhart, Presiding Officer. This meeting is to take place by video conference call or in person.)

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) **JANUARY 13th, 2023, BOARD OF GOVERNORS MEETING MINUTES**

   b) **FEBRUARY 7th, 2023, FINANCE COMMITTEE MEETING MINUTES**

   c) **CEO SALARY GRADE**

6. **BOARD MEMBER REPORTS**

   a) **COMPLIANCE ADVISORY COMMITTEE**

   b) **FINANCE COMMITTEE**

   c) **CEO SEARCH COMMITTEE**

7. **CEO UPDATE**

8. **BOARD BUSINESS**

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

   b) **MENTAL HEALTH INSOURCING GO-LIVE APRIL 1st**

   c) **CALAIM UPDATES**

      i. **LONG-TERM CARE**

   d) **ALAMEDA WELLNESS CAMPUS**

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)

BREAK (15 MINUTES)

14. CLOSED SESSION (STARTING AT 2:15PM)

a) PUBLIC EMPLOYEE APPOINTMENT DISCUSSION WILL CONCERN THE CHIEF EXECUTIVE OFFICER POSITION (CALIFORNIA CODE, GOVERNMENT CODE SECTION 54957(b)(1)). PROTECTION OF CONFIDENTIAL INFORMATION PERTAINING TO PUBLIC EMPLOYMENT. ESTIMATED PUBLIC DISCLOSURE WILL OCCUR IN THE MONTH OF MAY 2023.

15. ADJOURNMENT

NOTICE TO THE PUBLIC

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

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

NOTICE TO THE PUBLIC

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

The Board meets regularly on the second Friday of each month. Due to the pandemic (COVID-19), this meeting is held as a video conference call or in person. 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.

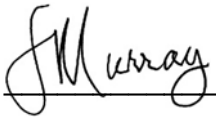
Public Input: If you are interested in addressing the Board, you may submit comments on any agenda item or on any item not on the agenda, in writing via mail to "Attn: Alliance Board," 1240 S. Loop Road, Alameda, CA 94502; or through e-comment at jmurray@alamedaalliance.org. You may also provide comments 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 by February 6th, 2023, 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
January 13th, 2023
12:00 pm – 2:00 pm
(Video Conference Call)
Alameda, CA

SUMMARY OF PROCEEDINGS

Board of Governors on Conference Call: Rebecca Gebhart (Chair), Dr. Noha Aboelata (Vice-Chair), Dr. Evan Seevak, Dr. Kelley Meade, Dr. Marty Lynch, Dr. Rollington Ferguson, James Jackson, Dr. Michael Marchiano, Byron Lopez, Andrea Schwab-Galindo, Natalie Williams, Yeon Park, Jody Moore

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

Guests Present on Conference Call:

Excused: Aarondeep Basrai

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
1. CALL TO ORDER			
Rebecca Gebhart	The regular board meeting was called to order by Rebecca Gebhart at 12:03 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			
Rebecca Gebhart	A telephonic roll call was taken of the Board Members, and a quorum was confirmed.	None	None
3. AGENDA APPROVAL OR MODIFICATIONS			
Rebecca Gebhart	None	None	None
4. INTRODUCTIONS			
Rebecca Gebhart	None	None	None
5. CONSENT CALENDAR			
Rebecca Gebhart	Rebecca Gebhart presented the January 13th, 2023, Consent Calendar. a) December 9th, 2022, Board of Governors Meeting Minutes b) January 10th, 2023, Finance Committee Meeting Minutes Motion to Approve January 13th, 2023, Board of Governors Consent Calendar. A roll call vote was taken, and the motion passed.	Motion to Approve January 13th, 2023, Board of Governors Consent Calendar. Motion: Dr. Evan Seevak Second: Yeon Park Vote: Yes No opposed or abstained.	None

6. a. BOARD MEMBER REPORT – COMPLIANCE ADVISORY COMMITTEE			
Dr. Kelley Meade	The Compliance Advisory Committee (CAC) was held on December 9th, 2022, at 10:30 am. Since Committee Chair Rebecca Gebhart was absent from the Compliance Advisory Committee Meeting, Committee Vice Chair Dr. Kelley Meade gave the following updates. • The Compliance Advisory Committee met this morning, and it was an informational session since we did not meet quorum. • The Compliance Audit Performance dashboard was reviewed, and there are positive trends. Compliance Dashboard: • There were one-hundred-sixty-one (161) findings, and one-hundred-thirty-eight (138) have been completed. Twenty-three (23) are in progress. 2022 DHCS Routine Medical Survey: • There were fifteen (15) findings, nine (9) of which were repeat findings. • A Memorandum of Understanding (MOU) with County Mental Health Plan was put into place last month on December 15th, 2022. 2022 DMHC Routine Financial Examination: • There were three (3) deficiencies that are still at hand, however, they have Corrective Action Plans (CAPs) in place. They relate to provider dispute resolutions, changes in Plan personnel, and notification to the State of fidelity bond change. 2021 DMHC Full Medical Survey: • The preliminary report has six (6) findings – three (3) are in the grievances and appeals category, and three (3) are in prescription drug coverage. • There are updates to the Plan formulary. We submitted a Corrective Action Plan (CAP) to the State on December 30th, 2022.	Informational update to the Board of Governors. Vote not required.	

	2021 DHCS Routine Medical Survey: • There was a total of thirty-three (33) findings and four (4) repeat findings reviewed. • The Plan's final response to the findings was provided to us on September 23rd, and we submitted documentation on December 15th. This related to an audit tool working with CHCN. 2018-2020 Audits: • The Kindred Focused Audit is closed. There are three (3) other audits that are being closed. • There is also activity at the Plan with internal audits – a total of forty–seven (47), and there is one specific issue on the 2021 DHCS self-identified audit that we would like to discuss regarding utilization management and transportation. CEO Scott Coffin provided the following comments: • This finding relates to the requirement for us to collect a medical necessity form ahead of provision a ride for an appointment. • The challenge that we faced over the years is receiving this form in advance of the appointment, and under the State regulation, it prohibits us from fulfilling that transport until that form is received. • I have made the decision and asked my team to carry forward with transporting our members to their appointments because that I feel is more important than deferring that appointment and possibly missing the opportunity to provide that person with care. • We are taking active steps to remediate this deficiency; it will likely not be in time for the upcoming audit. However, we are taking active steps, and will continue to transport our members as needed considering the regulatory rules. • We'll do our best to collect these forms; we are putting in some technology solutions that are going to help, and we're also hiring staff to assist in the coordination and collection of these medical necessity forms, referred to as PCS forms. Informational update to the Board of Governors. Vote not required.		

6. b. BOARD MEMBER REPORT – FINANCE COMMITTEE			
Dr. R. Ferguson	The Finance Committee was held telephonically on Tuesday, January 10th, 2023. Dr. Ferguson provided the following updates: Highlights: • Our enrollment continues to increase; for the month ending November 30th, 2022, our membership increased to over three-hundred-twenty-five thousand (325,925). • We also spent time discussing the capital assets acquired, and the amount of money we are spending on internet security. • Our Medical Loss Ratio (MLR) has increased significantly; for the month ending November 30th, 2022, the MLR was ninety-seven percent (97.1%) and ninety-one percent (91.3%) for the fiscal year-to-date. Informational update to the Board of Governors. Vote not required.	Informational update to the Board of Governors. Vote not required.	None
7. CEO UPDATE			
Scott Coffin	Scott Coffin, Chief Executive Officer, presented the following updates: Financials: • Governor Newsom released the first edition of the two-hundred-ninety-seven-billion-dollar budget ($297.0B) for fiscal year 2024, and it reports a deficit of about twenty-four billion dollars ($24.0B). The governor will be releasing a second edition, which is referred to as the May Revision in a few months in the month of May. • Currently, we have seen that healthcare spending has been reduced as other sectors have been in this budget. However, the reductions in health	Informational update to the Board of Governors. Vote not required.	None

	services have been disproportionately less than in other areas. There is a lot of analysis taking place to better understand the underlying logistics. • The Alliance is beginning its fiscal year 2024 budget process in a couple of months; the Board will be presented with the preliminary budget in June, as we do each year. I do not anticipate a deficit anywhere close to California's budget, but it is going to be a challenging fiscal year with all the changes that we are experiencing with the Medi-Cal program. • In the month of November 2022, the Alliance reported a one-point-four million dollar ($1.4M) net loss and is posting a year-to-date net income of twenty-point-two million dollars ($20.2M). • We are expecting annual revenues to exceed one-point five billion dollars ($1.5B) by the end of this fiscal year, so our growth continues. • Total enrollment has exceeded three-hundred-thirty thousand (330,000) as of January 1st. Our group care product remains steady at about five-thousand six hundred (5,600). The Medi-Cal program continues to grow each month; right now, we are at about three-hundred-twenty-five thousand (325,000). The membership, revenue, and expense attribute ninety-eight percent (98%) to all our numbers. Key Performance Indicators: • Referring to the executive dashboard on page fifty-four, one-hundred percent (100%) of the regulatory metrics were met in the month of December. Many thanks to each staff member for going the extra mile in working together to achieve these results – it takes a lot of work; thank you to the Alliance team. • Medi-Cal enrollment is one of our leading indicators of our growth and each month, we are setting new records. We are seeing increases of twelve to fifteen hundred (~1,500) and in this last month, twenty-seven hundred (2,700). • The California Department of Health Care Services had announced in December that approximately twenty-nine thousand adults and children would be moved from the Medi-Cal Fee-for-Service Program into Managed Care, and that would occur on January 1st, 2023 – that transfer of the Alameda County residents did not occur as planned. As discussed in the Compliance Advisory Committee, a very small number of the long-term care		

	beneficiaries moved over as well as the other beneficiaries that we will be serving soon as the State works out issues on the eligibility determinations. • We are going to see this growth likely in February and March and will be adjusting our budget accordingly. Medi-Cal Redetermination Process: • The federal Public Health Emergency (PHE) has been extended to April 11th, 2023. • The Medi-Cal Redetermination Process follows the federal timeline, so we are adjusting the member outreach campaign to begin later this year. I shared at the last Board meeting that the Alliance is partnering with Alameda County Social Services community-based organizations and other health agency partners to conduct outreach campaigns over a fourteen-to-sixteen-month (14-16) time period. • The campaign will begin somewhere around April 2023 and continue through the second quarter of 2024. Our goal is to minimize the disruption for those individuals that are redetermined and identified as ineligible. The question becomes – where do they go for their health insurance and healthcare? There are options, of course; Covered California has options. However, the situation that people will face relates to paid premiums and more out-of-pockets; we will be working together to minimize the disruption. Question: For enrollment, there are seventy-five thousand adults and children enrolled in fee-for-service and ninety-nine percent of them will be transitioning to Medi-Cal; there is a bullet that says twenty-nine thousand adults and children will be transitioned, most of them being duals. What is the difference, is everyone in the difference between those going to be enrolled with the Alliance or Anthem? Answer: The total number of individuals enrolled in Medi-Cal fee-for-service in Alameda County is seventy-five thousand (75,000). The State announced last year that they intend to move ninety-nine percent (99%) of all individuals in Medi-Cal Fee-for-Service over into Managed Care. They will conduct this in phases; this first phase was set to occur on January 1st, 2023, and had twenty-nine thousand (29,000) identified. We don't know that we are going to get all seventy-five thousand (75,000) of those individuals, but there is still over forty thousand (40,000) that will remain in Fee-for-Service. Some will also be enrolled with Anthem. We are not sure		

	yet when they expect to get the other individuals – the Department of Health Care Services has not announced the schedule yet for subsequent phases. We expect to be hearing more by April or May on subsequent phases. CalAIM: • Long-Term Care, Enhanced Care Management, and Population Health are being presented later in the meeting. In addition, Ruth Watson will be updating on the progress with the insourcing of mental health and autism spectrum services. • CalAIM is a very important component of the Medi-Cal Program; the Department of Health Care Services is serious about listening to all participants in the Medi-Cal program and those that are serving the program. • Senior Leadership at the Department is conducting a listening tour and we received an update this morning that they will be visiting Alameda County in February. The venue for this meeting will be here at the Alliance's headquarters and will include representatives from across the county safety-net. We are looking forward to this opportunity to share some local stories and talk with the Department about opportunities to increase our partnership as we move into this calendar year 2023 with the many changes that are coming, such as Enhanced Care Management and the expansion of these populations of focus. HEDIS: • The California Department of Health Care Services (DHCS) issued a twenty-five-thousand-dollar ($25,000) sanction on the Alliance related to HEDIS scores in calendar year 2021. • This sanction is related to the three quality measures that were below the minimum level. We reviewed this at the Compliance Advisory Committee today and talked about these three measures: (1) progressive cancer screening and (2) pediatric well-care visit measures. • The HEDIS scores are a reflection of the great work our providers do every day, and I am appealing the sanction based on the timing of the financial penalty. I believe that the state regulatory agencies should not penalize the safety net system during a public health emergency, and that they need to consider other factors related to healthcare quality while in a pandemic state.		

	• In response to the sanction, DHCS has requested a comprehensive quality strategy that defines our interventions in 2023 to improve quality, and the document will be submitted to the Department prior to the deadline on January 31st. I will keep the Board of Governors updated on the status of the appeal regarding the sanction. • I am expecting that the Alliance will receive another sanction for Calendar Year 2022 related to HEDIS scores, which will be issued at some point in December 2023. Question: Why are you anticipating additional sanctions? Answer: Yes, I am anticipating based on what we have experienced for calendar year 2021, and we are still pending to receive our final results for all the scores. In looking at the performance in calendar year 2022, it is likely we are going to receive sanctions for this time period as well. This is more informational right now to inform the Board of Governors of the potential risk. Question: Is it possible that a part of the basis of the appeal that the infractions in 2021 and possibly in 2022 had to do with COVID and the changed circumstances related to healthcare delivery? Answer: Yes, that is part of the discussion with the Department regarding the impact of the pandemic and the timing of these sanctions. Question: So Board members can expect further reports regarding the appeal with the State, and we could hear about this at the Compliance Advisory Committee and the February Board meeting? Answer: Yes, we should know more by the end of January. Informational update to the Board of Governors. Vote not required.		

8.a. BOARD BUSINESS – BOARD CHAIR / VICE CHAIR ELECTIONS			
Scott Coffin	Prior to the commencement of the Board Elections, Rebecca Gebhart and fellow Board members thanked Dr. Seevak for his years of service as Board Chair. CEO Scott Coffin provided the following appreciation for Dr. Seevak: • Thank you, Dr. Seevak for being a friend and a partner in working though and problem solving; for all those evening phone calls that you would take, I appreciated every one of them. The Vice Chair yielded to the Secretary (CEO) to commence the Board Election for the Chair Position: • We are holding this election to fill the current vacancy for the Chair of the Board. Nominees have been received over the previous few months. However, nominees may still be accepted until the vote is concluded for the vacancy, nominees may be present during the vote itself, and a nominee is permitted to vote for themselves. A nominee may abstain from voting for themselves as well. • If a new vacancy is created through this election, additional election(s) will be held to fill those vacancies as permitted – I am referring to the Vice Chair seat. • A motion and second and vote were taken to commence the election for Board Chair. • There is one (1) nominee for Chair – Ms. Rebecca Gebhart, who occupies the Regular Seat #5, which is the at-large subject matter expert. Are there any last-minute nominations? If not, the nominations are now closed, and we will take a vote for the Chair. The vote was taken for Ms. Rebecca Gebhart as Chair. The vote passed, and Board members congratulated Ms. Rebecca Gebhart on being voted in as Chair. Vice Chair Election: • We now have a vacancy for Vice Chair. Are there any public comments? • A motion and second was facilitated to begin the election for Vice Chair.	*Motion to begin election for Board Chair* Motion: Natalie Williams Second: Dr. Kelley Meade Vote: Yes No opposed or abstained. *Vote for Ms. Rebecca Gebhart as Chair*: Yes No one opposed or abstained. *Motion to begin election for Vice Chair* Motion: Natalie Williams Second: Dr. Evan Seevak Vote: Yes No one opposed or abstained.	None

	• The floor is now open for discussion – there are two (2) nominees for Vice Chair: Dr. Noha Aboelata, who occupies Regular Seat #3 as the Designated Position from Alameda-Contra Costa Medical Association in sync with the Miller Medical Association, and the second is Mr. James Jackson who occupies Regular Seat #10 as CEO for Alameda Health System. • Are there any last-minute nominations? Hearing none, the nominations are now closed. • If you would like to vote for Dr. Aboelata, say Dr. Aboelata; if you would like to vote for James Jackson, say James Jackson at the end of the call-out from the Clerk. Board Member & Vice Chair nominee Mr. James Jackson made the following comment: • I would like to offer my support for Dr. Aboelata. I was honored to be nominated for the Vice Chair role but learning that Dr. Aboelata had been nominated as well, I believe that she would be a fantastic Vice Chair. If this changes how the process moves forward, I apologize for not making the statement earlier. Question: Are you withdrawing your name? Answer: I don't know if that would be the appropriate next step; I would throw my support for Dr. Aboelata if the appropriate step would be to withdraw my name, I'm willing to do so. I would be honored and prepared to serve, but I think Dr. Aboelata is the right choice. Mr. Golfin, should I withdraw my name, or how should we proceed? Chief Compliance & Privacy Officer, Richard Golfin III provided the following comment: • Mr. Jackson, thank you – if you would like to remain on the ballot, certainly you can, and also place your vote for Dr. Aboelata. You can also withdraw as well. Mr. James Jackson made the following comment:		

	• With respect, I will withdraw my name from the nomination for the Vice Chair. A vote was taken for Dr. Aboelata for the Vice Chair position. The vote passed, and Board members congratulated Dr. Aboelata on being voted in as Vice Chair Dr. Aboelata made the following statement: • I'm very honored and really look forward to working closely with Rebecca and continuing to work with all of you, thank you.	*Vote for Dr. Aboelata as Vice Chair*: Yes No one opposed or abstained.	
8. b. BOARD BUSINESS – REVIEW AND APPROVE NOVEMBER 2022 MONTHLY FINANCIAL STATEMENTS			
	Gil Riojas gave the following November 2022 Finance updates: Enrollment: • For the month ending November 30th, 2022, the Alliance had an enrollment of over 325,000 members, a net loss of $1.4M, and the Tangible Net Equity (TNE) was 661% of the required amount. • Our enrollment has increased by over 2,700 members since October 2022. Scott mentioned the Public Health Emergency ending, and that will potentially change our trend in growth. Up to now, we have experienced growth in the child category of aid, adults, optional expansion, and in our seniors and persons with disabilities, as well as our duals. Our group care has remained relatively flat. • There are big changes expected this year in 2023 and at the end of 2024. The Public Health Emergency is going to be a significant factor in our results, primarily as membership drives up our revenue and expenses. • When the Public Health Emergency ends and the disenrollment process begins again, we do anticipate seeing a bit of a decline in membership. We also know that in 2024 with moving to a Single Plan Model, we will have some growth in membership from that. Additionally, as Scott mentioned, the remaining population of those currently fee-for-service will at some point be transitioned to managed care.	Motion to Approve November 2022 Monthly Financial Statements as presented. Motion: Dr. Rollington Ferguson Second: Mr. James Jackson Vote: Yes No opposed or abstained.	None

	Net Operating Results: • The results that I'm sharing today are reflective of our final budget that we passed last month. We had budgeted a net loss of about $1.9M, and we reported a net loss of $1.4M. • For the fiscal YTD ending November 30th, 2022, the actual net income was $20.2M, versus a budgeted net income of $19.7M. • The graphs we have for this month and for the next few months will show three (3) lines – the dashed line is reflective of our preliminary budget, so we wanted to show the results from our preliminary budget that we passed in June of last year. The red line is reflective of our final budget using actual results for the first four months of the fiscal year, and the blue line is the results that are actual as well. We will see in future months a little more deviance between these lines. Revenue: • For the month ending November 30th, 2022, the actual revenue was $102.4M vs. the budgeted revenue of $103.2M. • For the fiscal year ending November 30th, 2022, the actual revenue was $510.7M vs. the budgeted revenue of $511.6M. Medical Expense: • For the month ending November 30th, 2022, the actual medical expense was $99.4M, and the budgeted medical expense was $98.3M. • For the fiscal year ending November 30th, 2022, the actual medical expense was $466.4M vs. the budgeted medical expense of $465.2M. • We also had changes to our incurred but not paid claims estimate, which increased by about $4.3M. • The Year-to-Date medical expenses by category of service, the biggest numbers are related to our inpatient fee-for-service – on a Year-to-Date basis, about $147.0M, slightly lower than our budget. We see some		

	favorability there, but it is offset by some of what we are seeing relating to our outpatient fee-for-service and pharmacy fee-for-service. • One thing to note which was also mentioned in the Finance Committee was that the pharmacy benefit transitioned to the State last year, so we have seen significant decreases in our pharmacy fee-for-service expense. Medical Loss Ratio (MLR): • As stated, we had a little slight net loss, which impacted on our medical loss ratio. We saw an increase from October to November 2022. • For the month ending November 30th, 2022, the MLR was 97.1% and 91.3% for the fiscal year-to-date. It is one month, so it is not a trend, but something to keep an eye on. • For the month of November, our medical expenses and our administrative expenses were more than the revenue. Question: What were the specific drivers that caused this increase in MLR for the month of November? Answer: A lot of it was related to our incurred, but not paid claims estimate; we increased our incurred-but-not paid claims estimate by about $4.3M. Looking at the completion of prior months claims, we determined that there were some additional claims that were outstanding that we had thought were complete, so we bumped up that estimate and in doing that, increased medical expenses. It primarily related to the fact that we had a bit less complete claims from prior months and when those claims came in, we adjusted our estimate for that. Question: Is this something you foresee in future months? Answer: Not necessarily. Our incurred-not-paid claims estimate is done every month, so we look at historical trends, and potential, upcoming, outstanding changes with in-patient stays. There are many factors that go into it. At the same time, we are monitoring inpatient trends. As we go into cold and flu season, we would expect there to potentially be some increases related to either ER services or inpatient hospital services. That is expected, and working with the healthcare services team, we are monitoring that.		

	Administrative Expense: • For the month ending November 30th, 2022, the actual administrative expense was $5.5M vs. the budgeted administrative expense of $6.9M. • For the fiscal YTD ending November 30th, 2022, the actual administrative expense was $27.0M vs. the budgeted administrative expense $28.3M. • The major reason for variance is related to Purchased and Professional Services, which is the need for consultants and computer support services. We have also seen some in our employee expenses – this concerns FTEs and start dates for positions or vacancies. This impacts employee expenses, to about $341,000. • Administrative Loss Ratio (ALR) represented 5.4% of net revenue for the month ending November 30th, 2022, and 5.3% of net revenue YTD. Our administrative loss ratio has remained relatively stable in the mid 5% range, and we anticipate that to stay for the foreseeable future. Other Income / (Expense): • Our fiscal year-to-date net investment revenue reported a gain of $2.9M. We have done better than in previous years, primarily because the federal interest rates have increased. Therefore, we have been able to take advantage in short-term investments, and that is why we that in investment gain. • Fiscal-year-to-date claims interest expense, due to delayed payment of certain claims, or recalculated interest on previously paid claims is $132,000. Tangible Net Equity (TNE): • The Department of Managed Health Care (DMHC) requires TNE to be thirty-eight million dollars ($38.0M). • We reported actual TNE of two-hundred-fifty-point eight million-dollars ($250.8M), and excess TNE of two-hundred-twelve point nine million dollars ($212.9M).		

	• Of the required TNE, we have six-hundred-sixty one percent (661%). • Over the last twelve (12) to eighteen (18) months, we have been building up our reserve gradually in preparation for Long-Term Care where there is potentially significant risk. • As we get established into new programs, the excess reserve will be good for us in helping withstand any potential changes, either to some of the programs that are being added or changes that may happen due to rate changes. Cash Position and Assets: • For the month ending November 30th, 2022, the Alliance reported nearly $351.4M in cash of which $236.3M was uncommitted cash. The remaining was pass-through liabilities at $115.1M. Our current ratio is above the minimum required at 1.69 compared to the regulatory minimum of 1.0. Capital Investment: • Fiscal year-to-date capital assets acquired: $208,000. • Annual capital budget: $1.0M. • We likely won't spend the total $1.0M, but we will get relatively close. We may see some pick-up in that number in the second half of the fiscal year. Motion to Approve November 2022 Monthly Financial Statements as presented. A roll call vote was taken, and the motion passed.		
8. c. BOARD BUSINESS – PROGRAM IMPLEMENTATION UPDATES			
Ruth Watson	CalAIM – Long Term Care Carve-in: • On January 1st, 2023, we carved in the Long-Term Care benefits from the State. As discussed before, the Long-Term Care program has come into all the managed-care programs. Our transition does not include Pediatric and Adult Subacute Facilities, Intermediate Care Facilities, or Institutions	None	None

	for Mental Disease, which will be implemented no earlier than July 1st, 2023. • The State required Managed Care Plans (MCPs) to demonstrate Operational Readiness prior to the transition. Several initiatives were implemented – deliverables were given to the State by October 2022. Additional required deliverables were submitted to DHCS on November 28th, 2022. • Contracting and Credentialing were among the largest initiatives that we had – the State requires that we contract with a minimum of sixty percent (60%) of total eligible skilled nursing facilities and the Managed Care Plans HEDIS reporting unit – that is a list that comes from the State. We have met and exceeded that goal – we are currently at seventy-one percent (71%) and increasing. We have contracted seventy-three (73) facilities for Custodial Level of Care. Fifty-two (52) of those seventy-three (73) facilities have been credentialed. They are not considered fully executed by us until they are credentialed; this is in progress. • We also have seventy-seven (77) primary care physician providers that were identified; twenty-three (23) contracts have been signed. • We have forty-seven (47) out-of-area facilities; contracting and credentialing activities continue. The out-of-area facilities are important because we do have members that have been identified in those out-of-area facilities. If we do not have a contract with those facilities, we will proceed with a letter of agreement to ensure that there is continuity of care for these members. • Effective January 1st, 2023, we are responsible for Treatment Authorization Requests (TARs) approved by DHCS for SNF services inclusive of the SNF per diem rate for a period of twelve (12) months after enrollment with the Alliance, or for the duration of the TAR – whichever is shorter. • Effective January 1st, 2023, the Alliance is responsible for all other DHCS approved TARs for services exclusive of the SNF per diem for a period of ninety days (90) after enrollment with the Alliance, or until we are able to reassess the member and ensure provision of medically-necessary services.		

	• We must reimburse Network Providers of SNF services for those services at exactly the Medi-Cal Fee-for-Service per-diem rates for dates of service from January 1st, 2023, through December 31st, 2025. • We have conducted three (3) town halls for Long-Term Care Providers on November 3rd, November 10th, and December 1st. Long-term care training for all long-term care providers and facilities was required, and we have accomplished that at this point. • DHCS Member Data is probably the biggest challenge we got in the beginning. We received existing authorization data from DHCS, and we continue to work on file-loading options in core systems. Contingency planning includes entering authorizations manually until automated load is complete. • The January eligibility from the State contained fewer members than expected, and Dr. O'Brien could speak to this. We expected about fourteen hundred members (1,400), and we got a lot less than that. We also had higher than expected Aid Code errors, which means these are individuals in skilled-nursing facilities, but they do not have a long Aid Code. This is important to the Plan because the reimbursement is significantly different for those people. This is a process we will continue to work on. • Our Analytics and IT departments are reviewing daily and weekly eligibility file updates from DHCS. We anticipate that the February eligibility file will contain the majority of our expected members. • The TAR file from DHCS was not received as of December 30th; the issue was escalated to the State and we are expecting an additional four (4) TAR files this month. The State has acknowledged that there has been a systemwide delay with TAR files. • From a staffing perspective, our long-term care team and health care services are fully staffed. Question: The people we haven't gotten sent to us yet – who will be paying their bills? Answer: Of the fifteen to eighteen hundred (1500-1800) people in the county that we know are in Long-Term Care, there are some assigned to us; it is less than one-hundred (100) currently that we know of. We have some people that are assigned to us in our eligibility list, but they are not under long-term care, so we do not know to flag them until we hear about them from the facility. There is also		

	a source of truth with the State, a lot of people are still saying fee-for-service; in that case, it would be the State. This means currently, they would pay for it, but it does not mean they would not come back to us and say you need to reimburse these things. Question: As people transition to the Alliance, we are also working on ECM area to start including the elderly, people at risk and in nursing homes – are we able to evaluate people for a possible successful transition back into the community or are we just dealing with the business aspect of getting them on to our records at this point? Answer: Excellent point. We're hitting it on a variety of different aspects; one is the daily work as it comes in dealing with all that comes with the facilities. But we're also taking the opportunity to realize we have around eighty (80) facilities and they each have a certain number of Members. As we engage them, we find out who are the key people and start to run their list of people and start to get to understand each of the facilities and understand who the key members are who have the highest needs in those facilities. Lastly, we are launching with one of our current ECM partners, EBI, a pilot for Community Supports related to getting people out of skilled nursing facilities as well as having now opened not only the EBI, but some others for those populations in ECM. Question: Who are the PCPs you have contracted with? Answer: We have contracted with several SNF groups. The facilities that have told us that they have an outside-medical director, we have contracted with those. We do not necessarily need to contract or credential them because that should all be done by the facility. Long-Term Care Carve In – Continuity of Care Requirements: • One of the main things that have changed is continuity of care requirements. The final document and guidance on this did not come through until December, so it's a little bit different than what we've done with other programs with continuity of care. • Effective January 1st through June 30th, we must automatically provide twelve (12) months of continuity of care for Members residing in a SNF		

	and transitioning from Medi-Cal Fee-for-Service to the Alliance. That was something we anticipated in the 12-month period. • The automatic continuity of care means that if the member is currently residing in a SNF, they do not have to request continuity of care to continue residing in the SNF. Members may request an additional twelve (12) months of Continuity of Care following the initial twelve (12) month period. A member residing in a SNF who enrolls after June 30th, 2023, does not receive automatic Continuity of Care, but is entitled to request it. We are seeking to ensure that there is no disruption of care for these members. • Post Transition Monitoring: This is being pushed very hard by the State – they require daily, weekly, and monthly reporting to monitor any potential access to care and technical issues. So far, we have done very well. Daily reporting is required January 2nd through January 13th; weekly reporting January 20th through January 27th; and monthly reporting begins February 28th. • We have a Command Center (went live on January 3rd) that is monitoring this implementation very closely. We use the Command Center daily to promptly identify, research, and resolve Long-Term Care issues as they arise. We also review daily faxes from facilities with members attributed to the Alliance. • We provide consistent feedback and data to DHCS regarding the implementation of the Long-Term Care Carve-In benefit. Population Health Management (PHM): • January 1st, 2023, all Medi-Cal managed care plans were required to develop and maintain a whole system, person-centered population health management strategy. • Population Health Management is a comprehensive, accountable plan of action for addressing resilience across the continuum of care. It is intended to build trust and meaningful engagement with members. We are to gather, share, and assess timely and accurate data on the members' preferences and needs to identify efficient and effective opportunities for intervention through processes such as data-driven risk stratification, predictive analytics, identification of gaps in care, and standardized assessment processes.		

	• This addresses upstream factors that link to public health and social services, so that there's a very broad aspect of this to make sure that members get all they need. The point here is to support all Members to stay healthy, provide care management members at higher risk of poor outcomes, provide transitional care services for members transferring from one setting of level of care to another – another big emphasis from the State, and we identify and mitigate the social drivers of health to reduce those disparities. • We received our All-Plan Letter (APL) late in the year which provided final guidance and requirements for the program. We submitted our readiness document in October, and our final approval was received on January 4th, 2023. • There is a strong emphasis on transitional care requirements; we must develop and execute a plan to ramp up transitional care services, which takes place when someone transfers from one type to another service. • Managed Care Plans (MCPs) must implement timely prior authorization, which is not a problem for us. We also need to know when members are admitted, discharged, and transferred. We must ensure transitional care services are complete for high-risk members. • January 2023 requirements have been completed, and we are now meeting the State's guidance. In January 2024, we are required to ensure all transitional care services are complete for all members. • Risk Stratification Methodology: We have developed our own Risk Stratification Methodology and we will use it until DHCS rolls out a statewide methodology. Once they do, we can continue to use our own stratification methodology, but for reporting services, we will have to make sure we implement the State RSS as well. • Disease Management: We currently have two Disease Management programs – Asthma and Diabetes. Member letters have been sent to DHCS for approval. We will also be adding depression and cardiovascular programs as well in the coming year. • We are also required to do daily reporting – the Transition of Care Report was created and is in production. The High-Risk Member Engagement Report is a monthly report and has also been created and is in progress.		

	• Post Go-Live Activities: Work continues to build out project workstreams and story writing. The system impact meetings continue to identify needs for reconfiguration of HealthSuite (claims), TruCare (care management). We have ninety days (90) to update and submit any relevant P&Ps to DHCS – the due date is February 26th, 2023. Question: The Population Health Management and Risk Stratification (RSS) issue – has the State stopped using the old pharmaceutical based risk score? And are we adding social determinants of health peace into the scoring methodology? Answer: For Social Determinants of Health (SDOH) – yes, that is a big goal with what the State is trying to do, which is include a lot of SDOH data. We have tried in our own methodology to include the data we have. As Ruth stated, once the statewide comes out, we are most likely going to switch over to it because that is what the State will hold us accountable for. The proposed date for when the State will release that was July. We are trying to incorporate more SDOH data as we get them. For the pharmacy-based score, it was RX1 and now they are moving to a CDPS RX. The RSS Methodology has a lot more in it in terms of including the SDOH factors; one for rates and one for Population Health. CalAIM – Enhanced Care Management (ECM): • Two (2) new Populations of Focus became effective January 1st. These members are eligible for Long-Term Care and At-Risk of Institutionalization. There are nine-hundred-and six (906) members identified on the first eligibility file. The Nursing-Home Residents Transitioning to Community are currently at zero; these will be referral based, which is why it must be something that comes to us. • The ECM Providers for new Population of Focus are CHCN and EBI. There are two (2) new ECM Providers, MedArrive and Institute on Aging. Contracts with all four (4) providers have been fully executed and credentialing is complete for the two new providers. Question: Where would the nursing home referrals come from, the doctor who is treating them, or how do we know? Answer: We are going to need people that are going out to the facilities – phase one is getting to know the facilities and seeing who these particular people are		

	and then educating our team on the members who might potentially be candidates for helping them get out of the facilities. Question: Do you envision more ECM providers than these four (4), or is it too early to tell? Answer: At this point, it is too early to tell, but I would envision yes, the State's expectations is that these programs will get broader and more enhanced. There will be more providers and expanded. We are trying to make sure we do it right before we expand it to somewhere else, but yes, we will likely look for additional providers. Dr. Steve O'Brien provided the following comment: We also must have enough eligible members so that our existing providers have enough members to serve. CalAIM – Enhanced Care Management: • Testing will continue with MedArrive and Institute on Aging. The reason why we are waiting on the other two (2) is that there are certain eligibility and provider data issues that we work through with any new provider – we are still in the process of doing that. Mental Health Insourcing: • Services are currently performed by Beacon Health Options and will be brought in-house effective March 31st, 2023. We have had to do a Material Modification for the Department of Managed Health Care (DMHC) and it continues. This has been a lot of work, particularly for our Compliance team. • Block Transfer Filing of Provider Network: DMHC has requested an "Information Only" Block Transfer Filing. A narrative will be submitted to DHCS to address the specified requirements. • Contracting and Credentialing is proceeding; we have a total of three-hundred-eighty-six (386) providers. We also have a neuropsychologist who will be starting later in January. • Member notifications have gone out, and we have a sixty-day (60) member notice which will be mailed to members on February 1st, 2023. The thirty-day (30) member notice will be mailed on March 1st, 2023.		

	• Provider notification letters have been submitted to DMHC for their review. We have developed Provider FAQs and also submitted those for review, and we are working on Provider Orientation and Trainings. We have deferred the plan to January for orientations, and training will be held in February and March. Informational update to the Board of Governors. Vote not required.		
8. d. SUPERVISOR DAVID BROWN TERM CONCLUSION ANNOUNCEMENT			
Scott Coffin	CEO Scott Coffin made the following announcement on Former Supervisor Dave Brown's Term Conclusion: • Effective January 1st, 2023, Former Supervisor Dave Brown's term ended as Supervisor of District Three (3) in Alameda County, and therefore, he has resigned from the Alameda Alliance Board of Governors. • Supervisor Lena Tam has commenced her role as the new District 3 Supervisor, but the Board of Supervisors may choose to appoint a supervisor from any district to the Alliance Board. • Supervisor Nate Miley, President of the Alameda County Board of Supervisors, is considering an appointee. Accordingly, the seat will remain empty until Supervisor Miley confirms. A meeting is being coordinated to finalize the appointment, and an update will be provided to the Board of Governors at a later date. Informational update to the Board of Governors. Vote not required.	None	None

9. STANDING COMMITTEE UPDATES			
Dr. Steve O'Brien	The Peer Review & Credentialing Committee (PRRC) was held on December 20th, 2022. Dr. Steve O'Brien provided the following Committee updates: • At PRRC, there were one-hundred-seventy-nine (179) initial providers of which there were three (3) PCPs and one-hundred-sixty-three (163) of those were behavioral health providers. • Next week, we will have the Credentialing Committee and there will be about one hundred (100) behavioral health providers coming on. • Thirty-three (33) providers were re-credentialed. There was one (1) provider recredentialed who had fifty-eight (58) grievances in three (3) years, which is significantly higher than average. That provider was re-credentialed for one (1) year and asked to come before the Committee to explain his plan for addressing and decreasing those grievances. The Pharmacy & Therapeutics (P&T) Committee was held on December 20th, 2022. Dr. Steve O'Brien provided the following Committee updates: • We reviewed the efficacy, safety, cost, and utilization profiles of twelve (12) therapeutic categories, one-hundred-and-three (103) formulary modifications, and fourteen (14) prior authorization guidelines; ten (10) PA guidelines were also reviewed with no updates. Question: The big influx of behavioral health credentials – does this have to do with the insourcing of behavioral health? Answer: Yes, we are building the network, everyone is getting in their applications and coming in – which is great. Question: How often do people not get credentialed, if there are enough concerns or complaints? Answer: It is uncommon, however, there absolutely is a path for that. There are other steps that we can take in terms of putting a cap on their enrollment so they don't get other action plans, but ultimately, there is a path where a provider can	None	None

	be not re-enrolled. This is reportable – if we chose not to allow a provider in, that is an 805 reportable event. (*Note: An 805 Report is the mechanism in which peer review bodies are required to report specific information regarding licensees to the Medical Board*). Question: What kind of a provider or doctor is the one with fifty-eight (58) complaints? How long did it take to get these complaints? Answer: The provider is a primary care provider (PCP). It took three (3) years to get to fifty-eight (58). Dr. Ferguson provided the following comment: • The Board is not concerned with the details of the specific provider, rather, the concern is the number of grievances. Question: Are these complaints the same, or are they different? Answer: We look for patterns in grievances, and indeed, there were patterns in this grievance – many were related to office practice and perceptions of rudeness. This was service related as opposed to quality of care. Question: From the Board perspective, we want to know if this was an outlier instance? Answer: Dr. O'Brien provided a high level report of discussions which take place in the Committee and the provider files and names are architected in that Committee. There are representatives from that Committee who sit on the Board, and due to the public nature of the general Board meeting, I would recommend that discussions on provider specifics be limited to that Committee. Dr. Kelley Meade made the following comment: • As we get into issues related to grievances and providers, I would offer we defer further discussion on this until we hear the report after they meet with the individual provider and that we follow whatever existing compliance Bylaws we have around the direct reporting because clearly, we have a situation where we have interest, but we should follow the book. CEO Scott Coffin made the following comment:		

	• The message I would like to share is we have a standardized process in place, and we must protect the interests of our providers, members, as well as the duty to share what we can publicly. We cannot go into the details here in any form, but we have that covered through the PRCC, which is the form we handle those matters. We have done it the same way for many years, and we pursue all investigations equally, by looking at the severity of the complaints. These are conducted with the goal of maintaining equity across all decisions. In order to do that, we have to maintain confidentiality. I ask the Board to trust the processes in place. Question: Generally, what expectations should the Board have about what would come to us? Answer: Typically, if it if it developed into a significant matter of risk to the organization, that certainly would be a point in time that it would come to the Board. Each situation is unique in terms of the circumstances of the complaints; in this case, for this provider, we measure each of those based on the situation. But again, if it becomes an organizational risk or a threat to the organization, that's at that point it becomes elevated to the Board of Governors. Chair of the Board, Rebecca Gebhart provided the following comment: • Thank you everyone, I appreciate all of your comments. I agree with Dr. Meade's suggestion that we wait for this process to take its course and then get a high level update since the Board is interested in this issue. After the conclusion of the process, it would be great to get a report either through the Compliance Advisory Committee or directly to the Board in whichever manner is appropriate.		
Scott Coffin	The Member Advisory Committee (MAC) was held on December 15th, 2022. CEO Scott Coffin provided the following Committee updates: • A presentation was made by the Chief Executive Officer on the operating financials and overall performance of the Alliance. Matt Woodruff, the Chief Operating Officer presented on the Public Health Emergency and the proactive steps we are taking to coordinate with the Alameda County safety net partners.		

	• Dr. Peter Currie presented on the Mental Health and Autism Spectrum Services that are being in-sourced in the month of April. • Jorge Rosales, our Manager of Case Management presented on the status of the Alliance's case management programs. • Kisha Gerena, our Manager of Grievances and Appeals presented the outcome of member grievances for the third quarter of 2022. • Michelle Lewis, our Manager of Communications and Outreach presented the Community Outreach Report for the third quarter of 2022. The update included the annual program to assemble and distribute five thousand (5,000) care bags. These care bags are distributed to people in our street and campus across the county. This idea started years ago, and the Member Advisory Committee began handing out care bags which have hygiene products, gift cards, food items – and it is all contained in a nice waterproof bag. We started off with a very small number and now we are up to five thousand (5,000), which is incredible. This all gets distributed into the community through the hands of staff, friends, and others. • The next MAC meeting is scheduled for March 16th, 2023. Informational update to the Board of Governors. Vote not required.		
10. STAFF UPDATES			
Scott Coffin	None	None	None
11. UNFINISHED BUSINESS			
Scott Coffin	None	None	None

12. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS			
Scott Coffin	• I will continue to bring the updates on the Cal AIM initiatives as we proceed forward. Specifically, Long-Term Care and Population Health.	None	None
13. PUBLIC COMMENT (NON-AGENDA ITEMS)			
Rebecca Gebhart	None	None	None
14. ADJOURNMENT			
Rebecca Gebhart	Rebecca Gebhart adjourned the meeting at 1:55 pm.	None	None

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

ALAMEDA Alliance FOR HEALTH

Health care you can count on.
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Finance Committee Meeting Minutes

ALAMEDA ALLIANCE FOR HEALTH
FINANCE COMMITTEE
REGULAR MEETING

February 7th, 2023
8:00 am – 9:00 am

SUMMARY OF PROCEEDINGS

Meeting Conducted by Teleconference

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

Board of Governor members on Conference Call: James Jackson, Yeon Park

Alliance Staff on Conference Call: Scott Coffin, Tiffany Cheang, Richard Golfin, III, Sasi Karaiyan, Dr. Steve O'Brien, Anastacia Swift, Ruth Watson, Matthew Woodruff, Shulin Lin, Carol van Oosterwijk, Linda Ly, Maryam Maleki, Brenda Martinez, Renan Ramirez, Danube Serri, James Xu, Christine Corpus

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
CALL TO ORDER			
Dr. Rollington Ferguson	Dr. Rollington Ferguson called the meeting to order at 8:00 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."* A telephonic Roll Call was then conducted.		

AGENDA APPROVAL OR MODIFICATIONS			
Gil Riojas	Gil Riojas requested a change in order of the agenda: a) Review and Approve December 2022 Monthly Financial Statements b) FY2023 Investment Update c) CEO Update	**<u>Motion to change order of agenda items as reflected:</u>** <u>Motion</u>: Dr. Michael Marchiano <u>Seconded</u>: James Jackson <u>Motion Carried</u> No opposed or abstained	
Dr. Rollington Ferguson	Dr. Ferguson presented the Consent Calendar. January 10th, 2022, Finance Committee Minutes were approved at the Board of Governors meeting January 13th, 2022, and not presented today.	There were no modifications to the Consent Calendar, and no items to approve.	
a.) Review December 2022 Monthly Financial Statements			
Gil Riojas	**<u>December 2022 Financial Statement Summary</u>** **Enrollment:** Current enrollment is 327,795 and continues to trend upward. Total enrollment has increased by 1,870 members from November 2022, and 14,739 members since June 2022. Consistent increases were primarily in the Child, Adult, and Optional Expansion categories of aid, and we continue to see growth in our Duals and SPDs. Group Care enrollment fluctuation varies and this month we have a slight downward trend. The Public Health Emergency (PHE) has had a significant role in enrollment increases over the last three years. The end of the PHE is scheduled for May 2023. We anticipate a decline in enrollment once redeterminations begin a couple of months after that. Disenrollment / Reenrollment will take place during the member's birth month and we expect it will take 12 to 14 months to complete the disenrollment process.		

	Net Income: For the month ending December 31st, 2022, the Alliance reported a Net Income of $2.5 million (versus budgeted Net Loss of $4.7 million). For the year-to-date, the Alliance recorded a Net Income of $22.7 million versus a budgeted Net Income of $15.0 million. The favorable variance is primarily due to lower than anticipated Medical Expense, lower anticipated Administrative Expense, and higher than anticipated Total Other Income. This is further explained on page 9 of the packet. Gil reminded the committee that the results given today are reflective of the Final Budget which was approved at the December Board of Governor's meeting. On the graphs showing Actual vs. Budget data, the Preliminary Budget (July through October results) is represented by a dashed red line. The Final Budget is represented by a solid red line which mirrors the "Actuals" for the months July through October. **Revenue:** For the month ending December 31st, 2022, actual Revenue was $114.5 million vs. our budgeted amount of $117.3 million. The unfavorable Revenue variance is primarily related to Major Organ Transplant Risk Corridor adjustment. We are estimating there may be approximately $2.0 million that we would have to give back to the State after the risk corridor calculation. This calculation will happen no sooner than 2024. **Medical Expense:** Actual Medical Expenses for the month were $106.8 million vs. our budgeted amount of $114.6 million. Medical Expense for the year-to-date were $573.1 million vs. budgeted $579.8 million. The details of the drivers leading to the favorable variance are seen on the tables on page 11, with further explanation on pages 11 and 12. **Medical Loss Ratio:** Our MLR ratio for this month was reported at 93.2%. Year-to-date MLR was at 91.7%.		

	Administrative Expense: Actual Administrative Expenses for the month ending December 31st, 2022 were $6.3 million vs. our budgeted amount of $7.3 million. Our Administrative Expense represents 5.5% of our Revenue for the month, and 5.3% of Net Revenue for year-to-date. Reasons for the favorable month-end variances, as well as the favorable year-to-date variances are outlined on page 13 of the presentation. **Other Income / (Expense):** As of December 31st, 2022, our YTD interest income from investments was $4.0 million. YTD claims interest expense is $158,000. **Tangible Net Equity (TNE):** We reported a TNE of 677%, with an excess of $215.9 million. This remains a healthy number in terms of our reserves. **Cash and Cash Equivalents:** We reported $362.8 million in cash; $219.6 million is uncommitted. Our current ratio is above the minimum required at 1.66 compared to regulatory minimum of 1.0. **Capital Investments:** For the month ending December 31st, 2022, we added $197,000 in Capital Assets. Our annual capital budget is $979,000. **Question:** Dr. Ferguson asked what time of year do we look at the investment strategy independently? Is there an assigned time for us to review strategy for changes, or should we look at the market forces in determining that? Gil Riojas answered that we don't currently have an assigned time, and further added that in the past two or three years, he has tried to give an update in November or December. There was a little bit of delay this year because of other changes. Gil also clarified that there is nothing in the bylaws, and there is no policy that says we are to give an update at a certain time, but rather want to make sure the committee is informed and that we can make decisions going forward when there is enough information to provide as a presentation. He added that he would discuss more in the Investment Update.		

		Motion to approve **December 2022 Financial Statements** Motion: Dr. Michael Marchiano Seconded: James Jackson Motion Carried No opposed or abstained	
b.) FY2023 INVESTMENT UPDATE			
Gil Riojas	Gil Riojas gave a PowerPoint Presentation giving updates on our overall current investment strategy, as well as a specific update on our ESG Investments as requested by Mr. James Jackson. Current Investment Portfolio: • Total funds of $321.8M invested at the end of December. • 85% of investments maturing within 0-90 days. • 15% of investments maturing after 90 days. • Average Yield to Maturity is 4.29%. • Estimated annual return approximately $6-8M for FY23. • FY22 return was a small net loss of $162K. • Continued focus on quality and liquidity of investments. • All investments compliant with California Government Code 53600. ESG Investment Update: • Shift away from investments that may be perceived to conflict with ESG principles. • Actively pursued opportunities to invest a portion of long-term funds in ESG like investments. • Purchased approximately $12M in green investments used to finance renewable energy, energy efficiency and pollution prevention control projects. • Average ESG Yields Estimated to be 4.60% compared to regular portfolio yields of 4.61%.		

	• Propose increasing ESG investment portfolio by $8M for a total of $20M (represents 40% of long-term portfolio). Gil shared that one of his concerns when this started, having done some research, was the investment yields for these ESG investments may not always be as healthy as we would see if in our regular portfolio. But just looking at the data, the investment yields are only about one basis point lower than the rest of our portfolio. Which is not that significant of a lower return than we're that we're seeing and those investments. Now that we know based on what we have from the data that the yields are similar, we believe it makes sense for us to potentially look at increasing our footprint and ESG and potentially moving up those green investments from $12 million to about $20 million. That represents about 40% of our long-term portfolio and that would be done over time, particularly because we're using our longer-term portfolio. So as those longer-term investments mature, we would then look for areas to reinvest those matured investments into ESG investments. It wouldn't be something we would do overnight, but probably over the next 12 or 15 months. Dr. Ferguson then held a brief roundtable discussion and solicited the opinions of the Board Members in attendance. He then suggested that rather than increasing the portfolio by $8M, we split it and reinvest $4M into the higher yielding accounts, and an increase of $4M into the ESG portfolio.	Motion to **Increase our ESG Investment Portfolio by $4.0 million.** Motion: Gil Riojas Seconded: Yeon Park Motion Carried No opposed or abstained	
c.) CEO Update			
Scott Coffin	Scott Coffin provided updates to the Committee on the following: **FY2024 Budget and Goal Setting**: We have the preliminary budget that we're working to build for June and coupled with that is the fiscal year 2024 corporate goals and objectives that tie back to our three-year vision and strategic plan, and the 10-year road map. We are tracking to develop new goals that tie into the goals that we worked on last year, and the completion of carryover goals from fiscal year 2023. The fiscal year 2024 goals & objectives will be reviewed with the Finance Committee and the full board at a future meeting before the month of June. And the target date to complete the planning process is by the end of February, and that feeds into the budget process.	Informational update to the Finance Committee Vote not required	

	Enrollment Trends: Scott was reporting from Sacramento where he was attending a meeting to discuss enrollment trends happening in Medi-Cal. He informed the committee that the increase in enrollment is beyond what is coming from the suspension of the Medi-Cal redetermination process. We are also seeing transitions of enrollees that are being moved over from Regular Medi-Cal fee for service into managed care. As of today, our enrollment is approximately 350,000 versus the December's report of 327,000; and it is highlighted here for the Finance Committee, membership growth is attributed to multiple factors and not just the suspension of the redetermination process.		
ADJOURNMENT			
Dr. Rollington Ferguson	Dr. Ferguson reminded the Committee that due to the interview process for the new CEO, the Board of Governor's meeting on Friday would be on-site at the Alliance Headquarters. The meeting adjourned at 8:58 am.		

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

ALAMEDA Alliance FOR HEALTH

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

CEO Salary Grade

Alameda Alliance for Health

Salary Schedule **Effective: 2/10/2023**

Pay Grade	Job	Effective Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
Grade 1			**18.30**	**22.88**	**27.45**	**38,069.07**	**47,586.34**	**57,103.61**
	Claims Coordinator	7/1/2016						
	Facilities Clerk	7/1/2018						
	Information Supprt Clerk	9/1/2013						
	MS Support Services Specialist	7/1/2016						
	Provider Data Clerk	7/1/2018						
	Provider Data Entry Clerk	9/1/2013						
	Provider Network Data Clerk	7/1/2019						
	Receptionist / MS Support Specialist	7/1/2018						
	Support Services Clerk	7/1/2017						
Grade 2			**20.21**	**25.26**	**30.31**	**42,036.22**	**52,545.27**	**63,054.32**
	Claims Processor I	7/1/2015						
	CM Coordinator	7/1/2019						
	Community Health Worker HHWP	7/1/2017						
	Facilities Coordinator I	1/1/2021						
	Grievance & Appeals Clerk	7/1/2016						
	Member Services Representative I	7/1/2015						
	Member Services Representative I - Bilingual Cantonese	7/1/2018						
	Member Services Representative I - Bilingual Spanish	7/1/2018						
	Member Services Representative I - Bilingual Vietnamese	7/1/2018						
	Member Services Representative I - Bilingual Tagalog	9/15/2021						
	MS Rep I Bilingual	7/1/2017						
	Provider Data Coordinator I	7/1/2015						
	Provider Dispute Rsltn Clerk	7/1/2017						
	Provider Dispute Resolution Coordinator	7/1/2018						
	Provider Relations Representative I	7/1/2014						
	Third Party Liability/Other Health Coverage Coordinator	10/28/2021						
Grade 3			**24.19**	**30.24**	**36.29**	**50,319.07**	**62,898.84**	**75,478.61**
	Claims Processor II	7/1/2016						
	Credentialing Coordinator	9/1/2013						
	Grievance and Appeals Coord	9/1/2013						
	Health Assessment Coordinator	1/1/2021						
	Accountant-Payroll	7/1/2019						
	Lead Pharmacy Technician	7/1/2018						
	Member Services Rep II	7/1/2016						
	Member Services Representative II - Bilingual Cantonese	9/25/2020						
	Member Services Representative II Bilingual Spanish	7/1/2018						
	MSR II	7/1/2017						
	MSR Rep II Bilingual	7/1/2017						
	Pharmacy Services Specialist	9/1/2013						
	Provider Data Coordinator II	7/1/2016						
	Provider Relations Coordinator	7/1/2015						
	Provider Relations Rep II	7/1/2015						
	Provider Relations Representative Lead Call Center	7/1/2018						
Grade 4			**28.46**	**35.57**	**42.68**	**59,189.83**	**73,987.28**	**88,784.74**
	C&L Services Specialist	7/1/2019						
	Claims Analyst	9/1/2013						
	Claims Processor III	7/1/2016						
	Community Support Coordinator	11/11/2021						
	Compliance Coordinator	7/1/2014						
	Education Specialist	7/1/2019						
	Facilities Maintenance Spclst	1/1/2021						
	Facility Site Rev QI Coordinat	9/1/2013						
	GL Accountant	9/1/2013						
	Health Programs Coordinator	9/1/2013						
	Interpreter Services Coordinator	1/11/2021						
	Lead Data Coordinator	7/1/2019						
	Lead Grievance and Appeals Coo	9/1/2013						
	Lead Staff Accountant	1/1/2021						
	Member Services Rep III	7/1/2017						
	Member Services Representative III - Bilingual Cantonese	7/1/2019						
	Outreach Coordinator	1/1/2021						
	Outreach Coordinator - Bilingual Cantonese/Mandarin	1/1/2021						
	Outreach Coordinator - Bilingual Spanish	1/1/2021						
	Outreach Coordinator - Bilingual Vietnamese	1/1/2021						
	Outreach Supervisor	7/1/2019						
	Provider Data Coordinator III	7/1/2016						
	Provider Data QA Specialist	7/1/2015						
	Provider Relations Rep III	7/1/2014						
	Quality Programs Coordinator	7/1/2017						
	Regulatory/Legal Assistant	7/1/2018						
	Service Desk Coordinator	9/1/2013						
	Utilization Mgmnt Coordinator	7/1/2015						
	Vendor Analyst I	8/3/2020						
	Vendor Management Analyst	7/1/2016						
	Vendor Management Analyst I	7/1/2019						
Grade 5			**32.45**	**40.56**	**48.68**	**67,497.96**	**84,372.45**	**101,246.94**

Alameda Alliance for Health

Salary Schedule **Effective: 2/10/2023**

Pay Grade	Job	Effective Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
	Accreditation and Regulatory Compliance Specialist	7/1/2019						
	Assistant to the CEO and Board of Governors	7/1/2019						
	Claims Specialist	7/1/2016						
	Claims Specialist Lead	7/1/2018						
	Claims Specialist - Provider Services	7/1/2018						
	Communications & Content Splst	7/1/2016						
	Compliance Specialist	8/31/2020						
	Compliance Auditor	7/1/2014						
	Compliance Auditor - Delegation Oversight	6/10/2021						
	Compliance Auditor - Internal Audit	6/10/2021						
	Compliance Auditor - Internal Audit, SIU and FWA	8/25/2021						
	Contract Specialist	1/1/2021						
	Disease Management Health Educator	7/1/2020						
	Executive Administrator	7/1/2017						
	Executive Assistant	7/1/2014						
	Executive Assistant to Chief Operating Officer	7/1/2018						
	Health Educator	9/1/2013						
	Health Navigator	9/1/2013						
	HEDIS Retriever - Seasonal	7/1/2018						
	Housing Navigator Health Homes	7/1/2019						
	IT Service Desk Support Technician	7/1/2017						
	Lead Claims Analyst	7/1/2014						
	Lead Outpatient Utilization Management Coordinator	11/11/2020						
	Medical Coder	9/1/2013						
	Medical Social Worker	7/1/2017						
	Privacy Compliance Specialist	2/22/2021						
	Provider Dispute Resolution Analyst	7/1/2016						
	Provider Relations Rep IV	7/1/2015						
	Quality Assurance Specialist	9/1/2013						
	Quality Improvement Project Specialist	7/1/2015						
	Quality Specialist	7/1/2014						
	Recruiter	7/1/2018						
	Regulatory Compliance Specialist	7/1/2015						
	Regulatory Compliance Specialist, Legislative Policy and Ana	5/10/2021						
	Senior HR Specialist	7/1/2015						
	Senior Payroll Accountant	7/1/2015						
	Service Desk Supprt Technician	9/1/2013						
	Sr Util Management Specialist	7/1/2014						
	Strategic Communications Coordinator	3/22/2021						
	Supervisor Facilities	7/1/2016						
	Support Services Spvsr	7/1/2015						
	Talent & Quality Dvlpmnt Spcls	7/1/2016						
	Technical Analyst I	7/1/2014						
	TOC Health Navigator	7/1/2017						
	TOC Social Worker	7/1/2017						
	Utilization Mgmt Specialist	7/1/2016						
	Vendor Analyst II	7/1/2019						
Grade 6			**36.99**	**46.24**	**55.48**	**76,935.12**	**96,168.90**	**115,402.68**
	Analyst Healthcare	7/1/2019						
	Claims Operations Trainer	7/1/2014						
	Communications & Media Spec	1/1/2021						
	Compliance Special Investigator	11/22/2021						
	Configuration Analyst	7/1/2014						
	Contract Management Administrator	7/1/2019						
	Facilities Manager	7/1/2018						
	HealthCare Analyst	7/1/2014						
	Inpatient Util Mgmt LVN	7/1/2014						
	Interim Manager, Peer Review and Credentialing	7/1/2019						
	Interim Manager, Claims Recovery and Resolution	7/1/2019						
	Interim Facilities Manager	7/1/2019						
	Lead Accountant	7/1/2019						
	Learning Development and Quality Supervisor	7/1/2019						
	Legal Analyst I	7/1/2020						
	Mgr Claims Recvry and Resln	7/1/2014						
	Member Services Supervisor	7/1/2015						
	Provider Reln Call Ctr Spv	7/1/2016						
	Recruiting Supervisor	8/31/2020						
	Senior Accountant	11/10/2021						
	Sr GL Accountant	1/1/2021						
	Sr. Quality Assurance and Reporting Analyst	11/10/2021						
	Supervisor Claims Processing	7/1/2016						
	Supervisor Claims Support Services	7/1/2016						
	Supervisor, Network Data Validation	10/10/2020						
	Supervisor, Provider Relations Call Center	7/1/2018						

Alameda Alliance for Health

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Pay Grade	Job	Effective Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
Grade 7			**41.66**	**52.07**	**62.48**	**86,644.76**	**108,305.95**	**129,967.14**
	Business System Analyst	7/1/2019						
	Case Manager	9/1/2013						
	Clinical RN Specialist	9/1/2013						
	Comp Benefits Manager	7/1/2015						
	Data Quality Analyst	9/1/2013						
	Grievance & Appeals Manager	7/1/2015						
	Interim Manager, Claims Production	7/1/2019						
	Interim Case Manager	7/1/2019						
	Interim Complex Case Manager, Nurse	7/1/2019						
	Interim Manager, Communications & Outreach	7/1/2019						
	Interim Manager, Compliance Audits and Investigations	3/1/2021						
	Interim Manager, Grievance and Appeals	7/1/2019						
	Interim Public Affairs Manager	7/1/2019						
	Jr. Business Analyst	7/1/2016						
	Jr. Systems Administrator	7/1/2015						
	Legal Analyst	7/1/2017						
	Manager Community Relations	7/1/2015						
	Manager, Claims Production	7/1/2016						
	Manager, Compliance Audits and Investigations	3/1/2021						
	Manager, Public Relations	7/1/2017						
	Mgr Peer Review Credentialing	7/1/2016						
	Nurse Liaison for Community Care Management	7/1/2018						
	OB Case Manager	7/1/2016						
	Public Affairs Manager	7/1/2018						
	Qualty Improv Nurse Specialist	7/1/2015						
	Retrospective UM Nurse	7/1/2016						
	Senior Analyst, Healthcare	7/1/2017						
	Senior Analyst Operations	7/1/2019						
	Senior Contract Specialist	11/25/2021						
	Senior Data Analyst Healthcare	7/1/2017						
	Senior Financial Analyst	7/1/2015						
	Senior HealthCare Analyst	9/1/2013						
	Senior Service Desk Technician	7/1/2017						
	Sr Financial Analyst HealthCare	9/1/2013						
	Sr Financial Analyst Planning	9/1/2013						
	Strategic Account Representative	7/1/2019						
	Technical Writer	7/1/2017						
	Whole Person Care Data Analyst	7/1/2017						
Grade 8			**49.05**	**61.31**	**73.57**	**102,022.58**	**127,528.22**	**153,033.87**
	Business Analyst	7/1/2014						
	Business Analyst, Integrated Planning	12/8/2021						
	Clinical Nurse Specialist, G&A Unit	7/1/2018						
	Clinical Nurse Specialist, PDR Unit	7/1/2018						
	Clinical Review Nurse	7/1/2019						
	Clinical Supervisor Utilization Management	7/1/2019						
	CM RN Supervisor	7/1/2019						
	Community Supports Supervisor	11/24/2021						
	Complex Case Manager, Nurse	7/1/2017						
	Compliance Manager	1/1/2021						
	EDI Analyst	7/1/2014						
	EDI Data Analyst	12/7/2020						
	EDI Report Developer	6/1/2020						
	ETL Developer	7/1/2014						
	Inpatient Util Mgmt Reviewer	7/1/2014						
	Inpatient Utiliz Mgmt RN	7/1/2014						
	Interim Manager, Member Services	7/1/2019						
	Interim Manager, Health Education	7/1/2019						
	Interim Manager, Regulatory Affairs & Compliance	5/17/2021						
	Jr. ETL Developer	7/1/2019						
	Jr. Application Developer	7/1/2019						
	Lead Financial Analyst Healthcare	7/1/2019						
	Lead Financial Analyst Planning	7/1/2019						
	Manager Claims Operations Support	7/1/2019						
	Manager, Health Education	7/1/2017						
	Manager, Provider Services	7/1/2018						
	Manager, Regulatory Affairs & Compliance	5/17/2021						
	Member Services Manager	7/1/2018						
	Out of Plan Nurse Specialist	7/1/2018						
	Outpatient Utilization Management Nurse	7/1/2014						
	Quality Review Nurse	7/1/2016						
	Senior Configuration Analyst (IT)	7/1/2019						
	Senior HR Generalist	7/1/2014						
	Sr. ETL Analyst	7/1/2016						
	Supervisor Case Management	1/25/2021						
	Supervisor Outpatient Utilization Management	1/1/2021						
	Systems Administrator	9/1/2013						

Alameda Alliance for Health

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	System Administrator Communications	5/11/2021						
	Technical Analyst II	7/1/2014						
	Technical Business Analyst	7/1/2018						
	Technical PMO Business Analyst	7/1/2017						
	Technical Quality Assurance Analyst	7/1/2014						
Grade 9			**54.65**	**68.31**	**81.97**	**113,669.74**	**142,087.17**	**170,504.61**
	Business Objects Adm Developer	7/1/2015						
	Clinical Manager, Health Homes	7/1/2019						
	Clinical Quality Manager	7/1/2018						
	EDI Lead	9/1/2020						
	EDI Manager	7/1/2016						
	EDI Software Developer	6/15/2020						
	Human Resources Manager	9/21/2021						
	Interim Clinical Manager, Health Homes	7/1/2019						
	Interim Clinical Quality Manager	7/1/2019						
	Interim EDI Manager	7/1/2019						
	Interim Lead Complex Case Manager	1/1/2021						
	Interim Human Resources Manager	9/21/2021						
	Interim Manager, Accounting	1/1/2021						
	Interim Manager, Healthcare Analytics	7/1/2019						
	Interim Manager, Quality Analytics	10/11/2021						
	Interim Manager, Service Desk	7/1/2019						
	Interim Manager, Transition of Care	7/1/2019						
	Interim Manager, Vendor Management	7/1/2019						
	Interim Program Manager / Senior Project Manager - Managed Ca	7/1/2019						
	Interim Program Reimbursement Manager	7/1/2019						
	Lead Complex Case Manager	1/1/2021						
	Lead Data Analyst, Healthcare Finance	10/25/2021						
	Lead System Administrators	7/1/2018						
	Liaison, Clinical Initiatives and Leadership Development	9/15/2021						
	Manager Accounting	1/1/2021						
	Manager HealthCare Analytics	7/1/2016						
	Manager Transition of Care	9/1/2013						
	Manager Vendor Management	7/1/2016						
	Manager, IT Service Desk	7/1/2016						
	Manager, Quality Analytics	10/11/2021						
	Program Mgr/Sr. PM, Mngd Care	7/1/2017						
	Program Reimbursement Manager	7/1/2018						
	Project Manager	1/1/2021						
	Quality Improvement Manager	7/1/2020						
	Senior Business Analyst	7/1/2017						
	Senior Business Intelligence Analyst	7/1/2020						
	Senior ETL Developer	9/1/2014						
	Sharepoint Developer	7/1/2015						
	Sr Qlty Improv Nurse Spclst	7/1/2014						
	Supervisor, IT Applications	1/1/2021						
	Supervisor QA and Analysis	7/1/2015						
Grade 10			**61.34**	**76.67**	**92.00**	**127,577.34**	**159,471.67**	**191,366.01**
	Applications Development Supervisor	7/1/2018						
	Assistant Controller	9/1/2013						
	Change Control Process Improvement Manager	1/1/2021						
	Clinical Pharmacist	9/1/2013						
	Data Architect	9/1/2013						
	Data Architect and Delivery Manager	7/1/2019						
	Director Accreditation	7/1/2015						
	Director Complaints and Reslns	7/1/2015						
	Director Member Services	9/1/2013						
	Director, Health Care Services	7/1/2018						
	Director, Quality Analytics	7/1/2017						
	Director, Social Determinants of Health	11/10/2021						
	Director of Vendor Management	5/1/2020						
	Interim Assistant Controller	7/1/2019						
	Interim Change Control & Process Improvement Manager	1/1/2021						
	Interim Data Architect and Delivery Manager	7/1/2019						
	Interim Director of Accreditation	7/1/2019						
	Interim Director, Clinical Services	7/1/2019						
	Interim Director, Complaints and Resolutions	7/1/2019						
	Interim Director, Health Care Services	7/1/2019						
	Interim Director, Member Services	7/1/2019						
	Interim Director of Vendor Management	5/1/2020						
	Interim Director, Quality Analytics	7/1/2019						
	Interim Director, Social Determinants of Health	11/10/2021						
	Interim Manager Financial Planning & Analysis - Healthcare	7/1/2019						
	Interim Manager, Access to Care	1/1/2021						
	Interim Manager, Analytics	1/1/2021						
	Interim Manager, Applications	1/1/2021						
	Interim Manager, Case Management	1/1/2021						

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	Interim Manager, Corporate Planning	7/1/2019						
	Interim Manager, Data Integration	7/1/2019						
	Interim Manager, Inpatient Utilization Management	1/1/2021						
	Interim Manager, Legal Services	9/3/2021						
	Interim Manager, Outpatient Utilization Management	1/1/2021						
	Interim Senior Project Manager	1/1/2021						
	Lead Clinical Pharmacist	4/10/2021						
	Manager Analytics	1/1/2021						
	Manager Applications	1/1/2021						
	Manager Case Management	1/1/2021						
	Manager Corporate Planning	9/1/2013						
	Manager Data Integration	9/1/2013						
	Manager, Access to Care	1/1/2021						
	Manager, Legal Services	9/3/2021						
	Mgr Fin Pln and Analys HlthCar	7/1/2015						
	Mgr Fn Pln and Analys Planning	9/1/2014						
	Mgr Inpatient Utilization Mgmt	1/1/2021						
	Mgr Outpatient Utiliz Mgmt	1/1/2021						
	Network Architect	10/25/2021						
	Quality Improvement Supervisor	7/1/2017						
	Senior .Net Developer	7/1/2014						
	Senior Infrastructure Engineer	7/1/2017						
	Senior Manager, Applications	5/10/2020						
	Senior Network Analyst	7/1/2014						
	Senior System Administrator	12/20/2021						
	Sr Database Administrator	7/1/2014						
	Sr. Lead Business Analyst	12/20/2021						
	Sr Project Manager	1/1/2021						
	Sr. Technical Project Manager	8/23/2021						
	Systems & Security Engineer	9/1/2020						
	Systems Engineer	9/1/2014						
	Voice Engineer	7/1/2019						
Grade 11			**68.97**	**86.21**	**103.45**	**143,453.67**	**179,317.09**	**215,180.51**
	Associate Director, Applications	2/1/2021						
	Associate Director, Infrastructure	1/1/2021						
	Associate Director, IT Infrastructure & Service Desk	5/11/2021						
	Development and Data Integration Director	7/1/2019						
	Director Claims	1/1/2021						
	Director Clinical Initiatives and Clinical Leadership Development	7/1/2019						
	Director Compliance	1/1/2021						
	Director, Compliance & Special Investigations	5/29/2021						
	Director, Data Exchange and Interoperability	7/10/2021						
	Director of Portfolio Management & Service Excellence	11/9/2020						
	Director Pharmacy Services	7/1/2016						
	Director Provider Services	7/1/2016						
	Director, Quality Assurance	1/1/2021						
	Information Security Director	7/1/2018						
	Interim Associate Director, Infrastructure	1/1/2021						
	Interim Associate Director, Applications	2/1/2021						
	Interim Associate Director, IT Infrastructure & Service Desk	5/11/2021						
	Interim Director, Claims	1/1/2021						
	Interim Director, Clinical Initiatives and Clinical Leadership Develo	7/1/2019						
	Interim Director, Compliance	1/1/2021						
	Interim Director, Compliance & Special Investigations	5/29/2021						
	Interim Director, Data Exchange and Interoperability	7/10/2021						
	Interim Director, Financial Planning & Analysis	7/1/2019						
	Interim Director, Pharmacy Services	7/1/2019						
	Interim Director of Portfolio Management & Service Excellence	11/9/2020						
	Interim Director, Provider Services	7/1/2019						
	Interim Director, Quality Assurance	1/1/2021						
	Interim Senior Manager, Communications & Outreach	12/10/2021						
	Interim Sr. Manager, Peer Review and Credentialing	12/13/2021						
	Senior Manager, Communications & Outreach	12/10/2021						
	Senior Manager, Financial Planning and Analysis - Healthcare	7/1/2019						
	Sr. Manager, Peer Review and Credentialing	12/13/2021						
	Staff Attorney	12/6/2021						
Grade 12			**81.78**	**102.23**	**122.67**	**170,102.48**	**212,628.10**	**255,153.72**
	Controller	1/1/2021						
	Director Applications Development	7/1/2016						
	Director Applications Management and Configuration	7/1/2017						
	Director, Applications Management, Quality & Process Improve	5/11/2021						
	Director Data Integration & Application Development	6/29/2020						
	Director Fin Plan and Analysis	9/1/2013						
	Director Healthcare Analytics	1/1/2021						
	Director Infrastructure	7/1/2016						
	Executive Director HR	7/1/2014						
	Interim Controller	1/1/2021						

Alameda Alliance for Health

Salary Schedule **Effective: 2/10/2023**

Pay Grade	Job	Effective Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
	Interim Director, Application Management	7/1/2019						
	Interim Director, Application Management & Configuration	7/1/2019						
	Interim Director, Applications Management, Quality & Process Im	5/11/2021						
	Interim Director, Healthcare Analytics	1/1/2021						
	Interim Director, Infrastructure	7/1/2019						
	Interim Executive Director, Human Resources	7/1/2019						
	Interim Senior Director, Behavioral Health	11/22/2021						
	Interim Senior Director Facilities	1/1/2021						
	Interim Senior Director of Financial Planning and Analysis	1/1/2021						
	Interim Senior Director of Health Care Services	6/25/2020						
	Interim Senior Director, Member Services	12/9/2021						
	Interim Senior Director of Quality	7/1/2019						
	Interim Senior Director/Pharmacy Services	7/1/2019						
	Senior Director Facilities	1/1/2021						
	Senior Director, Behavioral Health	11/22/2021						
	Senior Director, Financial Planning & Analysis	1/1/2021						
	Senior Director, Member Services	12/9/2021						
	Senior Director of Health Care Services	6/25/2020						
	Senior Director Integrated Planning	5/26/2020						
	Senior Director Pharmacy Services	7/1/2018						
	Senior Director Quality	7/1/2018						
	Senior Program Director	7/1/2019						
	Utilization Management Physician Reviewer	1/1/2021						
Grade 13			**112.23**	**140.28**	**168.34**	**233,431.78**	**291,789.72**	**350,147.67**
	Executive Director Information Technology	7/1/2018						
	Interim Executive Director, IT	7/1/2019						
Grade 14			**117.84**	**147.30**	**176.76**	**245,103.37**	**306,379.21**	**367,655.05**
Grade 15			**121.25**	**151.56**	**181.87**	**252,198.43**	**315,248.04**	**378,297.65**
	CCO General Counsel	7/1/2014						
	Chief Analytics Officer	7/1/2017						
	Chief Compliance Officer	7/1/2014						
	Chief Compliance Officer & Chief Privacy Officer	2/17/2021						
	Chief Human Resources Officer	7/10/2020						
	Chief Information Officer	7/1/2014						
	Chief Information Officer & Chief Security Officer	2/17/2021						
	Chief Projects Officer	6/15/2020						
	Interim Chief Compliance Officer & Chief Privacy Officer	2/17/2021						
	Interim Chief Compliance Officer	1/1/2021						
	Interim Chief Human Resources Officer	7/10/2020						
	Interim Chief Information Officer	1/1/2021						
	Interim Chief Information Officer & Chief Security Officer	2/17/2021						
	Interim Chief Projects Officer	6/15/2020						
	Interim Chief Analytics Officer	7/1/2019						
	Interim Medical Director	1/1/2021						
	Interim Quality Improvement Medical Director	1/1/2021						
	Medical Director	1/1/2021						
	Quality Improvement Medical Director	1/1/2021						
Grade 16			**130.11**	**162.63**	**195.16**	**270,620.06**	**338,275.08**	**405,930.10**
	Chief Financial Officer	1/1/2021						
	Interim Chief Financial Officer	1/1/2021						
	Senior Medical Director	12/3/2021						
	Interim Senior Medical Director	12/3/2021						
Grade 17			**152.04**	**190.05**	**228.06**	**316,240.00**	**395,300.00**	**474,360.00**
	Chief Medical Officer	1/1/2021						
	Chief Operating Officer	1/1/2021						
	Interim Chief Medical Officer	1/1/2021						
	Interim Chief Operating Officer (COO)	1/1/2021						
Grade 18			**182.40**	**228.00**	**273.60**	**379,392.00**	**474,240.00**	**569,088.00**
Grade 19			**219.77**	**292.11**	**388.17**	**457,115.00**	**607,593.00**	**807,395.00**
	Chief Executive Officer	11/1/2022						

ALAMEDA Alliance FOR HEALTH

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CEO Update

Scott Coffin

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

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

Date: **February 10th, 2023**

Subject: **CEO Report**

- **Financials:**

  - **December 2022:** Net Operating Performance by Line of Business for the month of December 2022 and Year-To-Date (YTD):

	December	YTD
Medi-Cal.....	$2.6M	$21.7M
Group Care	($140K)	$964K
Totals	**$2.7M**	**$22.7M**

  - **Revenue $115 million in December 2022, and $625 million Year-to-Date (YTD)**.

    - Medical expenses $107 million in December, and $573 million year-to-date (six months); medical loss ratio is 93.2% for the month, and averages 91.7% for the first five months of the fiscal year.

    - Administrative expenses $6.3 million in December, and $33.3 million year-to-date; 5.5% of revenue for the month, and averages 5.3% for the first six months in the fiscal year.

  - **Tangible Net Equity (TNE)**: Financial reserves are 677%, or 6.7 times the minimum regulatory requirement, representing $215.9 million in excess TNE.

  - **Total enrollment in December 2022 reached nearly 328,000**, increasing by more than 1,800 Medi-Cal members as compared to November. Preliminary enrollment in the month of February exceeds 350,000 members; increasing membership is driven in the Medi-Cal line of business and is a combination the public health emergency and the transition of beneficiaries from regular Medi-Cal to managed care.

- Alameda Alliance for Health is partnering with Alameda County agencies and community partners to form an outreach campaign to minimize the disruptions to county residents due to disenrollment from the Medi-Cal program. The campaign is being funded by the Alliance in CY2023-2024 and will include community-based organizations, county agencies, contracted enrollment assisters, and others.

- **Final Budget – Fiscal Year (FY) 2023:**

  - **Fiscal Year 2023 final budget** was approved by the Board of Governors on December 9th, 2022.

  - DHCS delivered the final **Medi-Cal base rates** on December 13th, 2022, to the Alliance. Subsequently, the final Medi-Cal base rates are being included in the **second-quarter forecast** that is scheduled for presentation to the Finance Committee and Board of Governors in March 2023.

- **Key Performance Indicators:**

  - **Regulatory Metrics:**

    - All regulatory metrics were met in the month of December.

  - **Non-Regulatory Metrics:**

    - The Member Services call center reported an abandonment rate of 23%, and a 27% service level, for the month of January. The results are 18% and 43% below the internal thresholds respectively. Inbound call volume exceeded 12,500 for the month and has continued to increase as membership grows. The average talk time is nearly 9 minutes per call and is attributed to the enrollment of new Medi-Cal members. The Member Services team completed over 6,200 outbound calls to members in January.

- **Medi-Cal Enrollment Forecast:**

  - The DHCS has announced that 99% of Medi-Cal beneficiaries will be transitioning from the “regular Medi-Cal” fee-for-service system into the managed care system before calendar year 2024.
  - As of December 2022, approximately 75,000 adults and children are enrolled in Medi-Cal fee-for-service in Alameda County.

- On January 1st, 2023, the DHCS has notified the Alliance that approximately 29,000 adults and children will be transitioned from the fee-for-service system. The new membership is divided into the following Medi-Cal aid categories: 75% Duals, 11% SPDs, 10% OE, 4% LTC. The largest transitions include 21,500 Dual members, 3,100 SPDs, 2,700 ACA Optional Expansion members, 1,200 LTC/LTC Duals, and 300 Other.
- As of February 1st, 2023, the Alliance has received over 1,500 LTC members. An additional 400 – 600 LTC are anticipated in the next 30 to 60 days.
- Medi-Cal enrollment is forecasted to continue increasing by 1,200 to 1,500 new members each month until the public health emergency is terminated. The DHCS is forecasting that over 20% of Medi-Cal enrollment may be disenrolled in 2023-2024 due to ineligibility.
- The public health emergency has been extended by 90 days, and is currently scheduled to end in the month of April 2023. Formal notification from the U.S. Department of Health and Human Services (HHS). During the public health emergency, the Medi-Cal re-determination process is suspended, and will resume 60 days after the termination of the public health emergency.

- **CalAIM Incentives Summary:**

  - **$9.9 million paid** to contracted partners as of December 31st, 2022.
  - Two incentive programs completed.
  - **Behavioral Health Integration – BHI (#1):** Final payment to be issued in CY2023.
  - **CalAIM Incentive Payment - IPP (#3):** Third application series issued into the community, inviting participation. $6.1M in payments issued in CY2022.
  - **Student Behavioral Health - SBHIP (#4):** $265K issued to community partners, and four targeted interventions have been agreed upon for CY2023 and CY2024. Up to $4.8M is forecasted for payment by DHCS in April 2023.
  - **Housing & Homelessness - HHIP (#5):** DHCS issued payments in October 2022 ($2.2M) and December 2022 ($4.4M); future payments are pending in May 2023, and March 2024. As of January 31st, 2023, $800,000 has been paid out.

- **Summary of the CalAIM Incentive Program funding:**

  The following table lists the status of each incentive funding program, the amount awarded, and the amount paid to community-based organizations:

Incentive Program	Duration	Maximum	Awarded	Paid Out
1) Behavioral Health Integration	2021-2022	$3.2M	$2.7M	$2.5M
2) COVID-19 Vaccine	2021-2022	$8.4M	$3.0M	$1.4M
3) CalAIM IPP	2022-2024	$29.9M	$7.4M	$6.1M
4) Student Behavioral Health	2022-2024	$9.7M	$381K	$265K
5) Housing and Homelessness	2022-2023	$44.3M	$6.6M	$800K
Totals		**$95.5M***	**$20.1M**	**$11.0M**

- **Program Implementations [2022-2023]:**
  - The following program implementations are currently in the operational readiness phase or have been launched through the CalAIM initiative.
- **Medi-Cal and Group Care:**
  - Insourcing of mental health & autism spectrum services is tracking to complete on 3/31/2023.
- **Medi-Cal Only:**
  - CalAIM: ECM and Community Supports launched in January 2022; Additional Community Supports (Recipe4Health) launched in September 2022
  - CalAIM: Major Organ Transplant benefit implemented on January 1st, 2022
  - CalAIM: Behavioral health in schools launched 12/31/22

- CalAIM: Long-Term Care (phase one) launched 1/1/23
- CalAIM: Population health (phase one) launched 1/1/23
- CalAIM: Justice Involved begins 4/1/24; self-funded pilot is being planned to begin in July 2023
- CalAIM: Additional ECM Populations of Focus in 2023

- **Single Plan Model:**

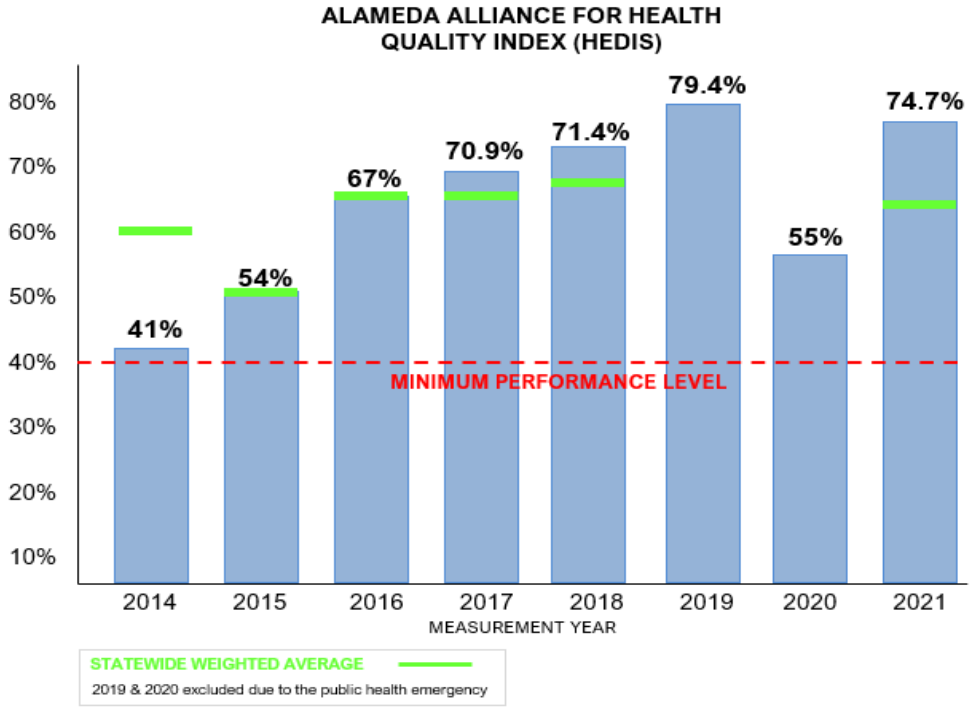
  - The California DHCS has approved the Medi-Cal delivery model change in Alameda County and is scheduled to implement on January 1st, 2024.
  - The first set of regulatory deliverables were submitted in August and September 2022.
  - Regulatory submissions were completed ahead of schedule in calendar year 2022, and additional submissions are scheduled in the first quarter of calendar year 2023.
  - The Alliance's Integrated Planning, Compliance, Health Care Services, and Operations Divisions are coordinating resources to meet the regulatory readiness requirements.
  - Effective January 1st, 2024, Alameda County will become the "Prime" Medi-Cal option for Alameda County residents enrolled in the Medi-Cal program.

- **Quality Improvement, HEDIS, and Medi-Cal Rate Development:**

  - DHCS announced that a Medi-Cal quality component is being added in calendar year 2023 that compares HEDIS scores between Alameda Alliance and Anthem Blue Cross.
  - The quality component is based on a proposed set of 10-15 HEDIS measures, and uses actual HEDIS scores from calendar year 2021.
  - Weightings for each measure are applied to the calculation, and includes achievement and improvement as part of the scoring component. This function is referred to as the "risk adjustment" and results in more or less of the dollars being awarded to the Alliance, based on the quality scoring results.
  - The DHCS has issued a $25,000 sanction to the Alliance for failure to meet the Minimum Performance Level "MPL" on three quality measures. The sanction is in the appeal process with the DHCS and is expected to be resolved by the end of January 2023. A comprehensive quality strategy was delivered to the DHCS prior on January 30th, 2023. A formal hearing is scheduled with the DHCS for May 2nd, 2023. As reported in prior Board meetings, the following measures were lower than forecasted, including:

    - **(1) Breast Cancer Screening missed MPL by 0.91%**
    - **(2) Well Child (first 15 months) missed MPL by 10.8%**
    - **(3) Well Child (15 to 30 months) missed MPL by 7.0%**

- The DHCS issued the Alliance's final HEDIS rates for calendar year 2021 at 74.67%. The following graph illustrates the Alliance's actual HEDIS scores for calendar years 2014 through 2021:



*MPL is the minimum performance level for a HEDIS measure, defined by NCQA.

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Executive Dashboard

OPERATIONS DASHBOARD

FEBRUARY 2023

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Financials

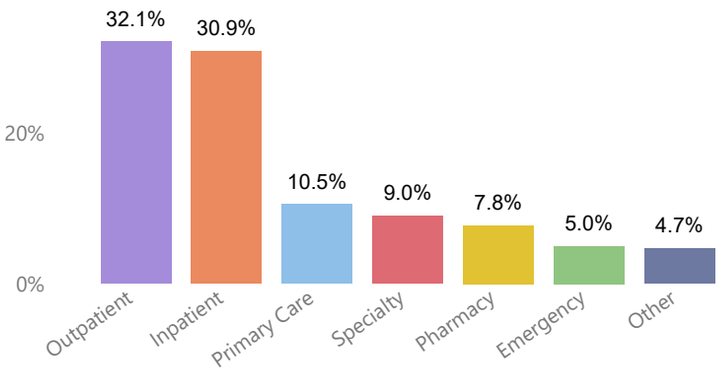
Income & Expenses

	DECEMBER 2022	FISCAL YTD
REVENUE	$ 114.5 M	$ 625.3 M
MEDICAL EXPENSE	$ (106.8) M	$ (573.1) M
ADMIN EXPENSE	$ (6.3) M	$ (33.3) M
OTHER	$ 1.0 M	$ 3.8 M
NET INCOME	$ 2.5 M	$ 22.7 M

Gross Margin %

8.3%

Medical Expenses



Liquid Reserves

MLR Net %

91.7%

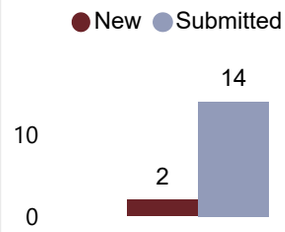
TNE %

676.8%

TNE $

$253.4M

Reinsurance Cases



Balance Sheet

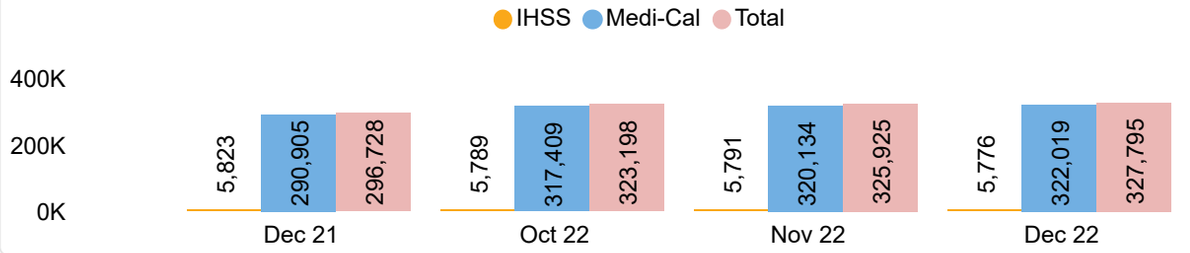
Cash Equivalents	$362.8M
Pass-Through Liabilities	$143.2M
Uncommitted Cash	$219.6M
Working Capital	$214.6M

Current Ratio

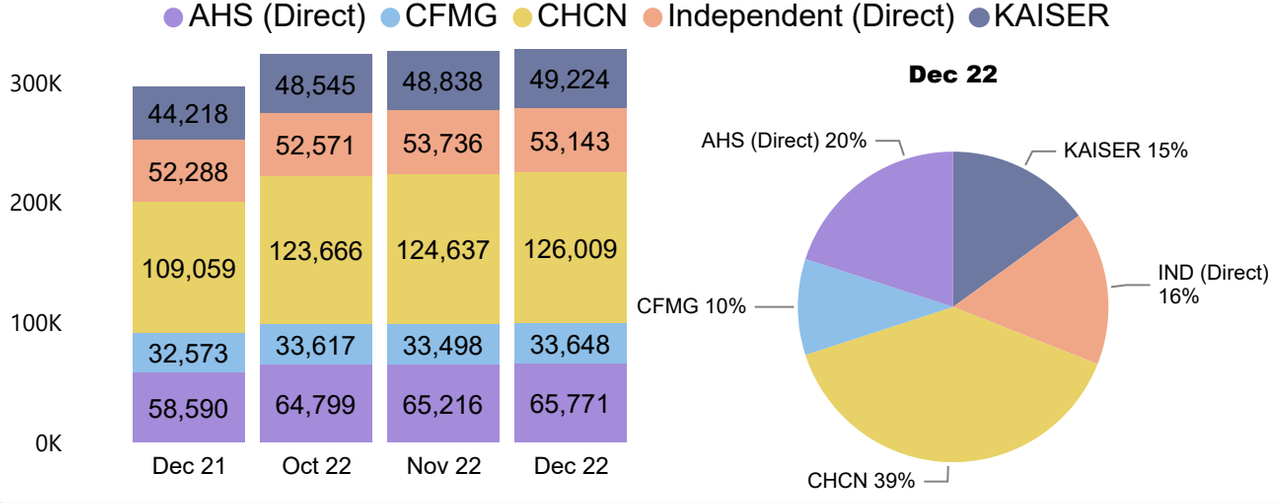
1.67

Membership

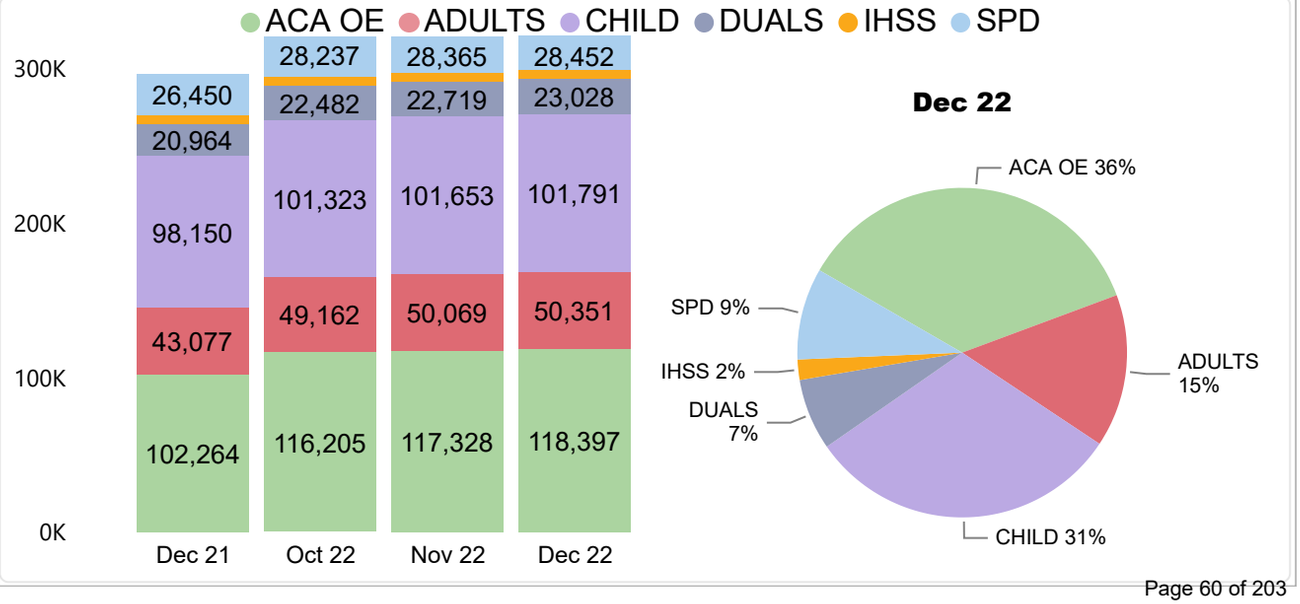
By Plan



By Network



By Category



OPERATIONS DASHBOARD

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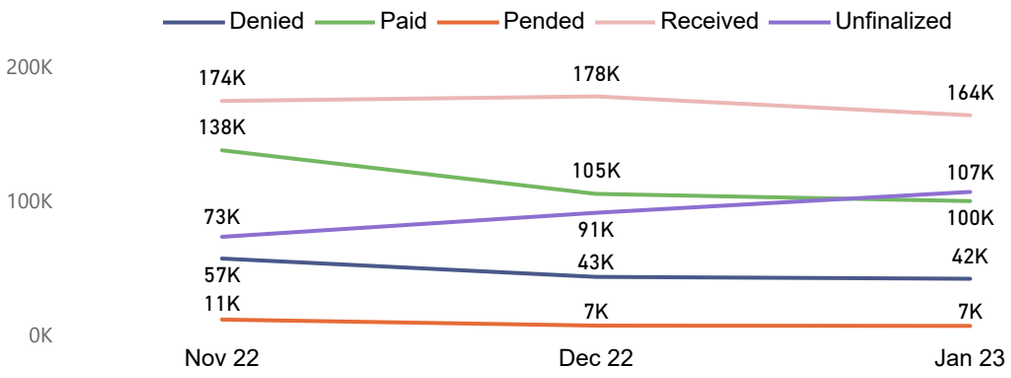
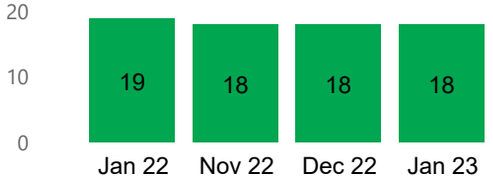
Claims

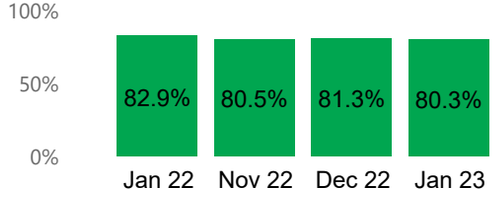
Claims Processing



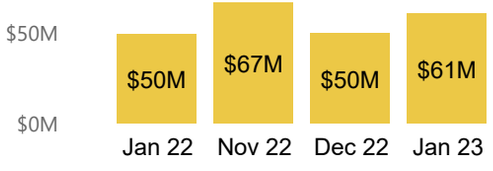
Average Payment TAT (Days)



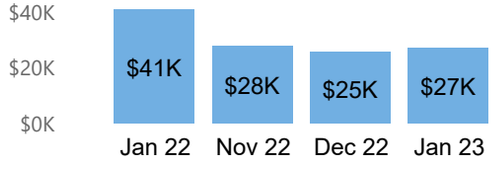
Auto Adjudication Rate (%)



Claims Paid ($)

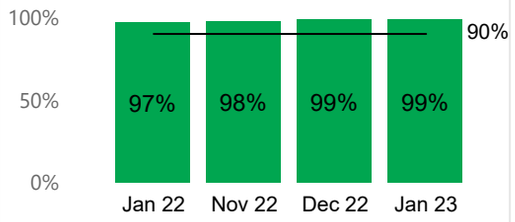


Interest Paid ($)

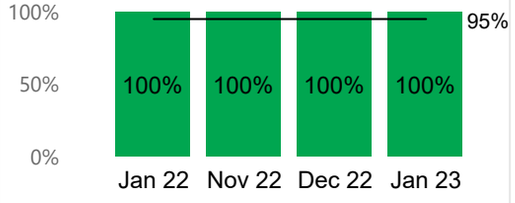


Claims Compliance

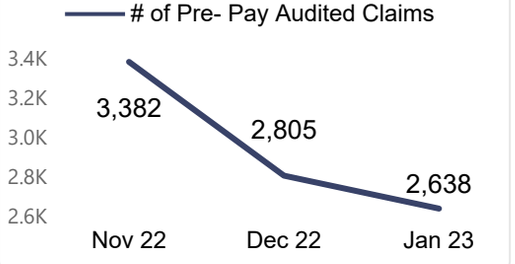
Processed 30 Cal Days (%)



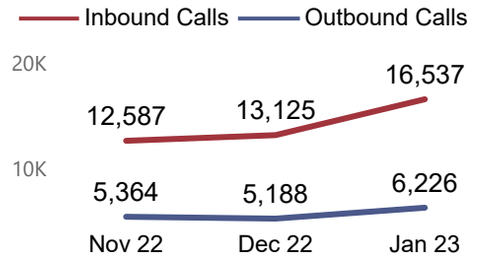
Processed 45 Work Days (%)



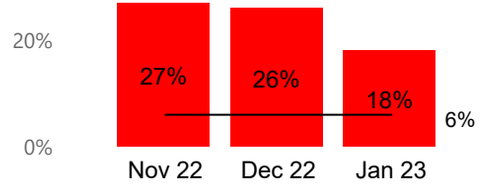
Claims Auditing



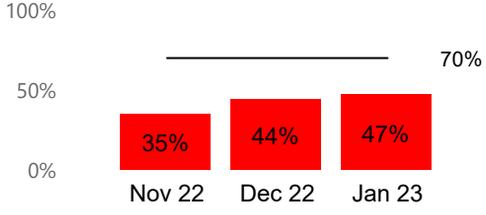
Member Services



Abandoned Call Rate (%)

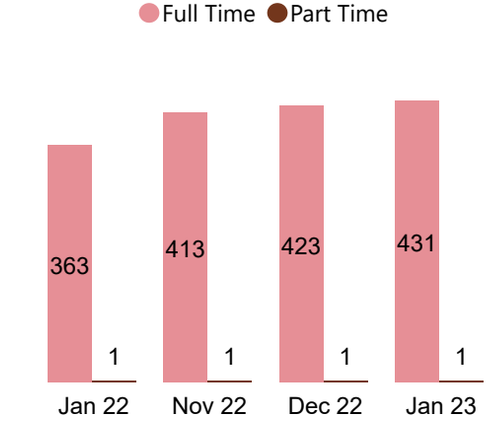


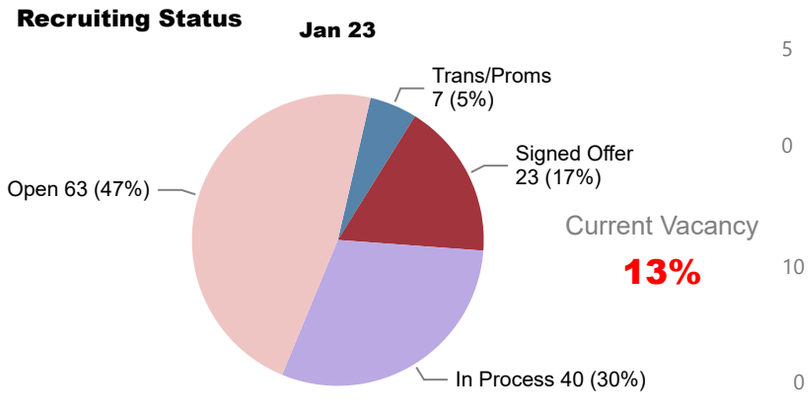
Calls Answered in 60 Seconds (%)

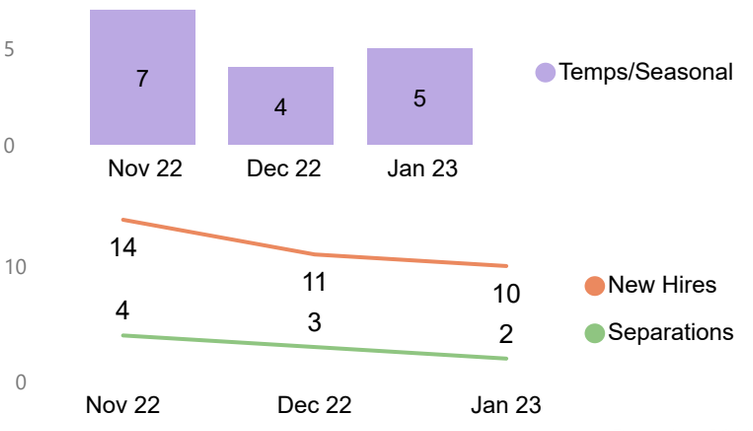


Average Call Times	Nov 22	Dec 22	Jan 23
Wait Time	07:49	07:44	04:32
Call Duration	07:15	06:55	06:59

Human Resources







OPERATIONS DASHBOARD

FEBRUARY 2023

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Provider Services

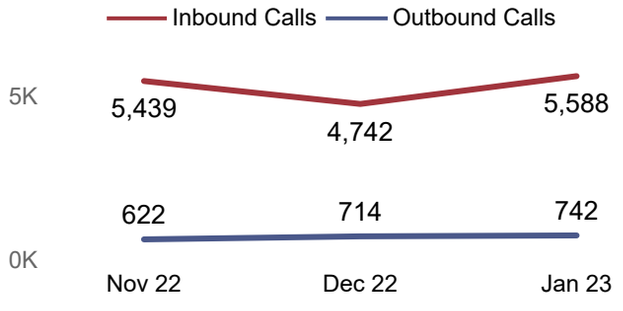
Provider Network

Hospital	17
Specialist	9,583
Primary Care Physician	760
Skilled Nursing Facility	91
Urgent Care	8
Health Centers (FQHCs and Non-FQHCs)	67
Transportation	380
TOTAL	**10,906**

Provider Credentialing

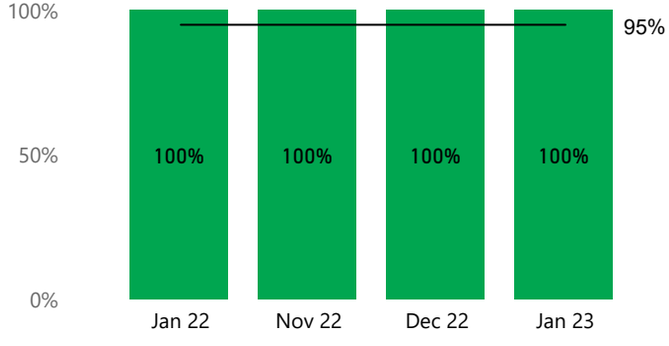
1,886

Provider Call Center



Provider Disputes & Resolutions

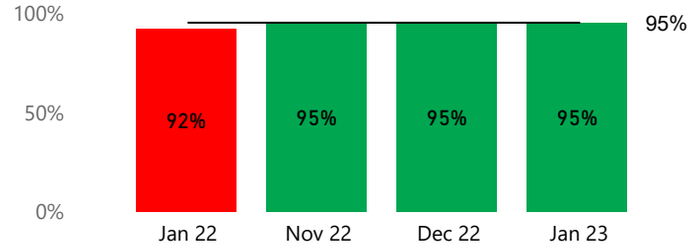
Turnaround Compliance (45 business days)



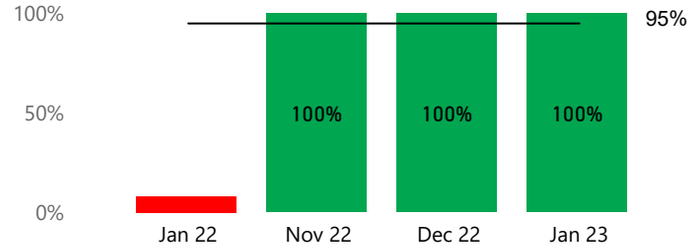
Compliance

Member Grievances

Standard (30 calendar days)

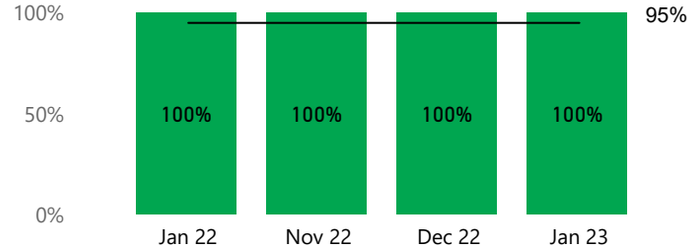


Expedited (3 calendar days)



Member Appeals

Standard (30 calendar days)



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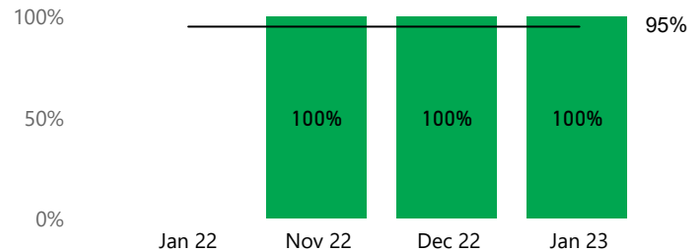
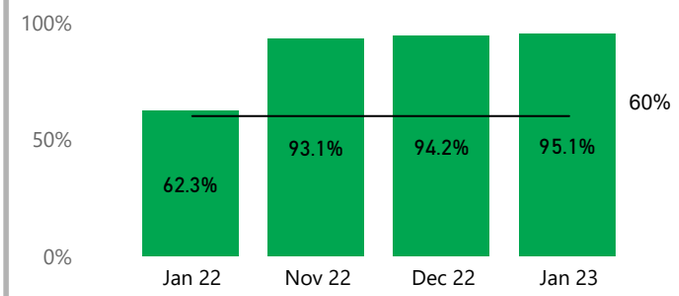
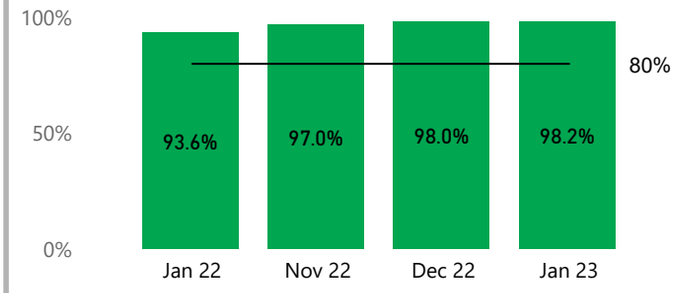


Encounter Data

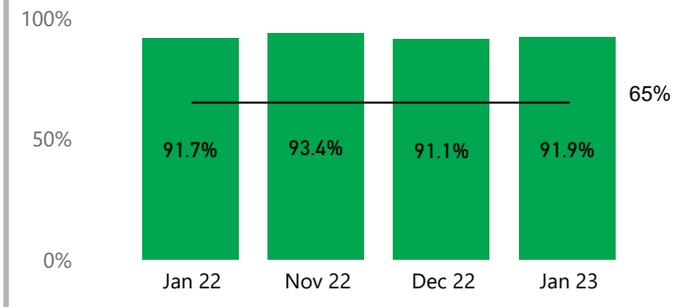
Institutional 0-90 days



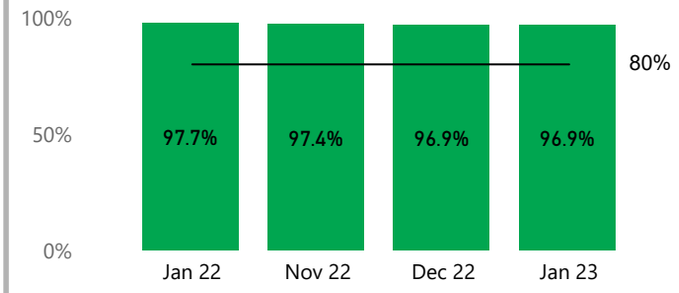
Institutional 0-180 days



Professional 0-90 days



Professional 0-180 days



OPERATIONS DASHBOARD

FEBRUARY 2023

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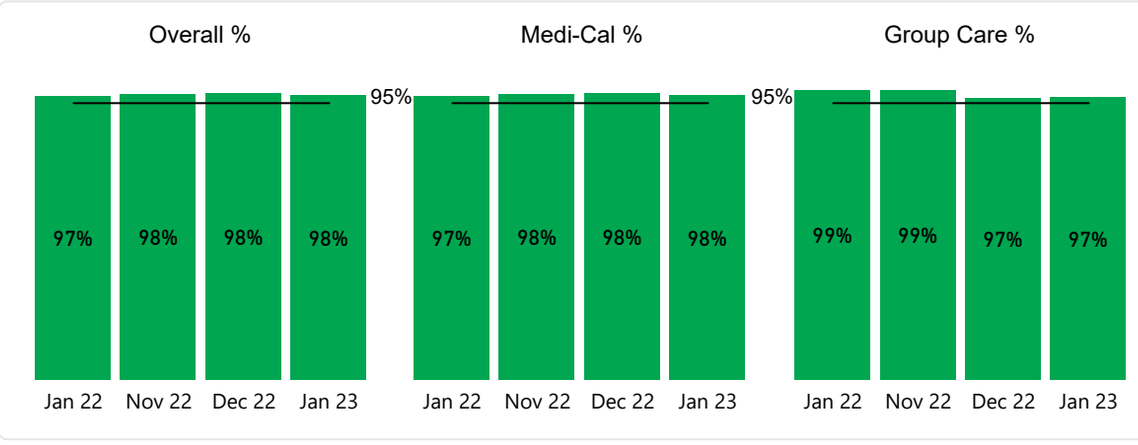
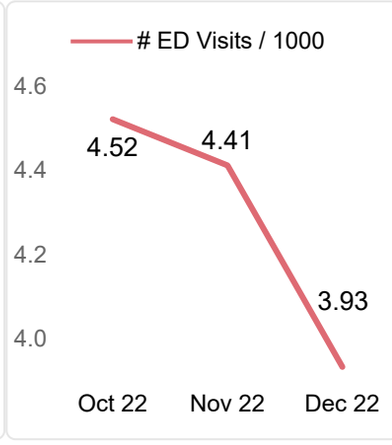
Health Care Services

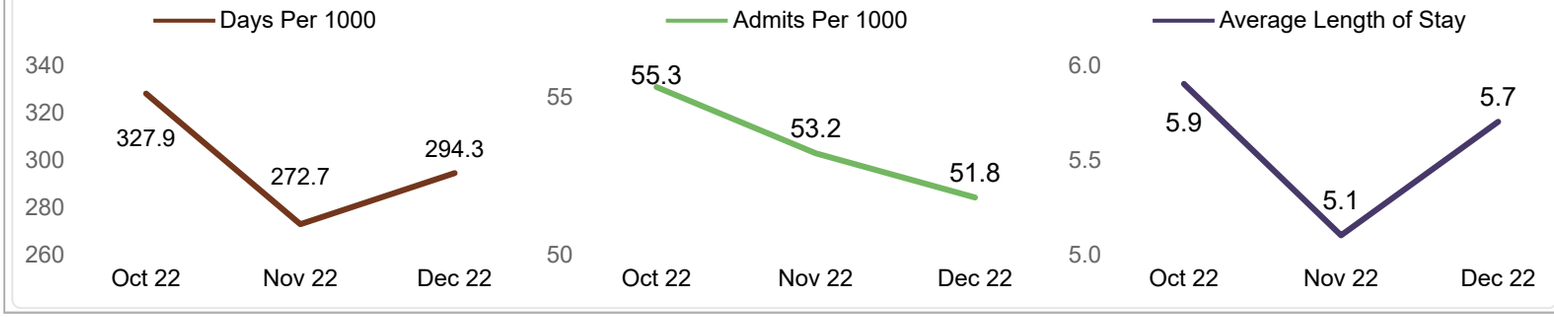
Authorization Turnaround



ED Utilization

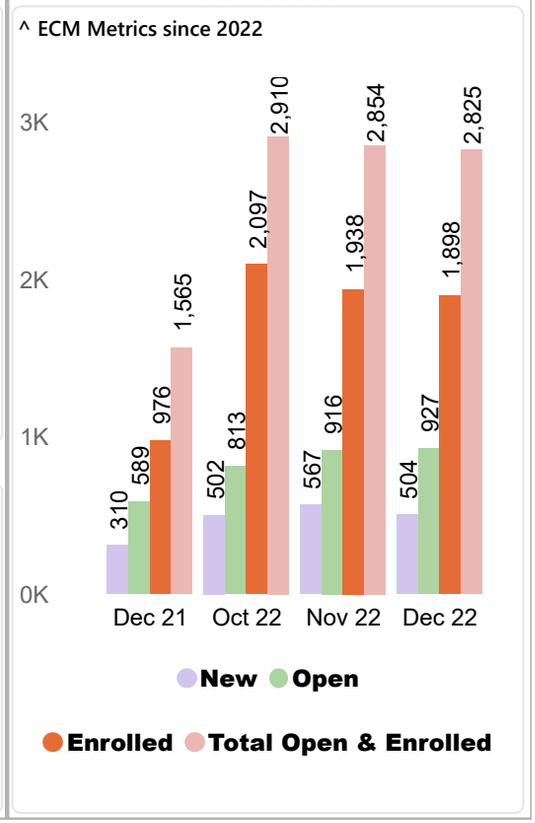


Inpatient Utilization

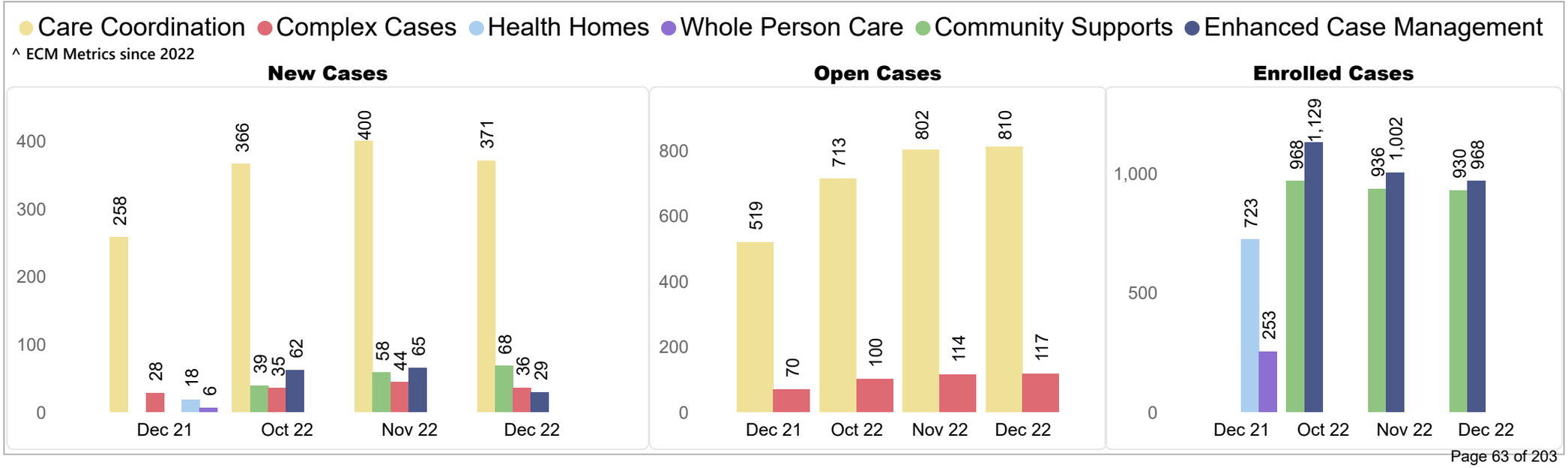


Case Management

Total Cases^



Case Management^



Technology (Business Availability)

Applications	Jan 22	Nov 22	Dec 22	Jan 23
HEALTHsuite System	100.0%	100.0%	100.0%	100.0%
Other Applications	100.0%	100.0%	100.0%	100.0%
TruCare System	100.0%	100.0%	100.0%	100.0%

Outpatient Authorization Denial Rates *

OP Authorization Denial Rates	Jan 22	Nov 22	Dec 22	Jan 23
Denial Rate Excluding Partial Denials (%)	3.6%	3.2%	2.8%	2.6%
Overall Denial Rate (%)	4.2%	3.7%	3.1%	2.8%
Partial Denial Rate (%)	0.7%	0.5%	0.4%	0.3%

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

Pharmacy Authorizations

Authorizations	Jan 22	Nov 22	Dec 22	Jan 23
Approved Prior Authorizations	18	32	25	28
Closed Prior Authorizations	204	110	77	66
Denied Prior Authorizations	15	39	30	23
Total Prior Authorizations	237	181	132	117

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Legislative Tracking

2023 Legislative Tracking List

The California State Legislature reconvened the first week of January 2023. The following is a list of state bills tracked by the Public Affairs Department that have been introduced during the 2023 Legislative Session. State legislators have until February 17th to introduce bills, and September 14th will be the last day for each house to pass bills. These bills are of interest to and could have a direct impact on Alameda Alliance for Health and its membership.

Medi-Cal (Medicaid)

- **AB 47 (Boerner-Horvath – D) Pelvic Floor Physical Therapy Coverage**
  - **Introduced:** 12/5/2022
  - **Status:** 1/26/2023 Referred to Coms. on HEALTH
  - **Summary:** Would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1st, 2024, to provide coverage for pelvic floor physical therapy after pregnancy. 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.

- **AB 48 (Aguiar-Curry – D) Nursing Facility Resident Informed Consent Protection Act of 2023**
  - **Introduced:** 12/5/2022
  - **Status:** 1/26/2023 Referred to Coms. on HEALTH and JUD.
  - **Summary:** Current law provides for the licensure and regulation of health facilities, including skilled nursing facilities and intermediate care facilities, by the State Department of Public Health. Current law requires skilled nursing facilities and intermediate care facilities to have written policies regarding the rights of patients. This bill would add to these rights the right of every resident to receive the information that is material to an individual's informed consent decision concerning whether to accept or refuse the administration of psychotherapeutic drugs, as specified. This bill would also add the right to be free from psychotherapeutic drugs used for the purpose of resident discipline, convenience, or chemical restraint, except in an emergency that threatens to cause immediate injury to the resident or others.

- **AB 55 (Rodriguez – D) Emergency Medical Services**
  - **Introduced:** 12/5/2022
  - **Status:** 1/26/2023 Referred to Coms. on HEALTH
  - **Summary:** Current law requires, with exceptions, that the reimbursement to emergency medical transport providers for emergency medical transports, as defined, be increased by the application of an add-on to the associated Medi-Cal fee-for-service payment schedule. Current law requires that the add-on increase be calculated on or before June 15th, 2018, and remain the same for later state fiscal years, to the extent the department determines federal financial participation is available and is not otherwise jeopardized. Under current law, the resulting fee-for-service payment schedule amounts are equal to the sum of the Medi-Cal fee-for-service payment schedule amount for the 2015–16 state fiscal year and the add-on increase. This bill would set the Medi-Cal fee-for-service reimbursement rate for emergency medical transports at $350 per transport. Under the bill, the resulting fee-for-service payment schedule amounts would instead

be equal to the sum of the Medi-Cal fee-for-service payment schedule amount, based on the $350 rate and the add-on increase.

- **AB 85 (Weber – D) Social Determinants of Health: Screening and Outreach**
  - **Introduced:** 12/16/2022
  - **Status:** 1/26/2023 Referred to Com. on HEALTH
  - **Summary:** This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1st, 2024, to include coverage for screenings for social determinants of health, as defined. The bill would require a health care service plan or health insurer to provide primary care providers with adequate access to community health workers in counties where the health care service plan or health insurer has enrollees or insureds, as specified. The bill would authorize the respective departments to adopt guidances to implement its provisions. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program. The bill would make social determinants of health screenings a covered benefit for Medi-Cal beneficiaries and would require the State Department of Health Care Services to provide reimbursement for those screenings.

- **AB 221 (Ting – D) Budget Act of 2023**
  - **Introduced:** 1/13/2023
  - **Status:** 1/26/2023 Referred to Com. on BUDGET
  - **Summary:** Would make appropriations for the support of state government for the 2023–24 fiscal year.

- **AB 236 (Holden – D) Health Care Provider Directories**
  - **Introduced:** 1/10/2023
  - **Status:** 1/26/2023 Referred to Com. on HEALTH.
  - **Summary:** Current law requires a health care service plan and a health insurer that contracts with providers for alternative rates of payment to publish and maintain a provider directory or directories with information on contracting providers that deliver health care services enrollees or insureds, and requires a health care service plan and health insurer to regularly update its printed to and online provider directory or directories, as specified. This bill would require a plan or insurer to annually audit and delete inaccurate listings from its provider directories and would require a provider directory to be 60% accurate on January 1st, 2024, with increasing required percentage accuracy benchmarks to be met each year until the directories are 95% accurate on or before January 1st, 2027. The bill would subject a plan or insurer to administrative penalties for failure to meet the prescribed benchmarks and for each inaccurate listing in its directories. If a plan or insurer has not financially compensated a provider in the prior year, the bill would require the plan or insurer to delete the provider from its directory beginning July 1st, 2024, unless specified criteria applies.

- **AB 365 (Aguilar-Curry – D) Medi-Cal: Diabetes Management**
  - **Introduced:** 2/1/2023
  - **Status:** 2/2/2023 From printer. May be heard in committee on March 4th.
  - **Summary:** Would add continuous glucose monitors and related supplies required for use with those monitors as a covered benefit under the Medi-Cal program, subject to utilization controls based on clinical practice guidelines, as specified. The bill would authorize the State Department of Health Care Services to require a manufacturer of a continuous glucose monitor to enter into a rebate agreement with the department. The bill would limit its implementation to the extent that any necessary federal approvals are obtained, and federal financial participation is not otherwise jeopardized.

- **SB 72 (Skinner – D) Budget Act of 2023**
  - **Introduced:** 1/10/2023
  - **Status:** 1/11/2023 From printer.
  - **Summary:** Would make appropriations for the support of state government for the 2023–24 fiscal year.

- **SB 238 (Wiener – D) Health Care Coverage: Independent Medical Review**
  - **Introduced:** 1/24/2023
  - **Status:** 2/1/2023 Referred to Com. on HEALTH
  - **Summary:** Current law provides for the regulation of disability insurers by the Department of Insurance. Current law establishes the Independent Medical Review System within each department, under which an enrollee or insured may seek review if a health care service has been denied, modified, or delayed by a health care service plan or disability insurer and the enrollee or insured has previously filed a grievance that remains unresolved after 30 days. This bill would require a decision regarding a disputed health care service to be automatically submitted to the relevant Independent Medical Review System if the decision is to deny, modify, or delay specified mental health care services for an enrollee or insured 0 to 21 years of age, inclusive.

- **SB 282 (Eggman – D) Medi-Cal Federally Qualified Centers and Rural Health Clinics**
  - **Introduced:** 2/1/2023
  - **Status:** 1/11/2023 From printer.
  - **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 to receive health care services, including federally qualified health center services and rural health clinic services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would make technical, nonsubstantive changes to these provisions.

- **SB 299 (Eggman – D) Medi-Cal Eligibility: Redetermination**
  - **Introduced:** 2/2/2023
  - **Status:** 2/2/2023 Introduced. Read first time. To Committee on RLS. For assignment. To print.
  - **Summary:** Current law generally requires a county to redetermine a Medi-Cal beneficiary's eligibility to receive Medi-Cal benefits every 12 months and whenever the county receives information about changes in a beneficiary's circumstances that may affect their eligibility for Medi-Cal benefits. In response to a change in circumstances, if a county cannot obtain sufficient information to redetermine eligibility, existing law requires the county to send to the beneficiary a form that is prepopulated with the information that the county has obtained and that states the information needed to renew eligibility. Under current law, if the purpose for a redetermination is loss of contact with the beneficiary, as evidenced by the return of mail, as specified, a return of the prepopulated form requires the county to immediately send a notice of action terminating Medi-Cal eligibility. This bill would delete the above-described requirement for a county to send a notice of action terminating eligibility if the prepopulated form is returned and the purpose for the redetermination is loss of contact with the beneficiary. To the extent that the bill would modify county duties relating to the redetermination of Medi-Cal eligibility, the bill would impose a state-mandated local program.

Other

- **AB 4 (Arambula – D) Covered California: Expansion**
  - **Introduced:** 12/5/2022
  - **Status:** 12/6/2022 From printer. May be heard in committee January 5th.
  - **Summary:** Current state law creates the California Health Benefit Exchange, also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. This bill would declare the intent of the Legislature to enact legislation to expand Covered California access to all Californians regardless of immigration status.

- **SB 43 (Eggman) Behavioral Health**
  - **Introduced:** 12/5/2022
  - **Status:** 1/18/2023 Referred to Com. on RLS.
  - **Summary:** Would state the intent of the Legislature to enact legislation to modernize and improve California's behavioral health system.

- **SB 70 (Wiener – D) Prescription Drug Coverage**
  - **Introduced:** 1/9/2023
  - **Status:** 1/18/2023 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, and would apply these prohibitions to a prescription drug that is prescribed for off-label use. The bill would prohibit a health care service plan contract from requiring additional cost sharing not already imposed for a drug that was previously approved for coverage. 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.

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Board Business

Finance

Gil Riojas

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

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

Date: **February 10th, 2023**

Subject: **Finance Report –December 2022**

Executive Summary

- For the month ended December 31st, 2022, the Alliance had enrollment of 327,795 members, a Net Income of $2.5 million and 677% of required Tangible Net Equity (TNE).

Overall Results: (in Thousands)

	Month	YTD
Revenue	$114,535	$625,269
Medical Expense	106,786	573,145
Admin. Expense	6,295	33,289
Other Inc. / (Exp.)	1,019	3,830
Net Income	**$2,473**	**$22,665**

Net Income by Program:

	Month	YTD
Medi-Cal	$2,613	$21,701
Group Care	(140)	964
	$2,473	**$22,665**

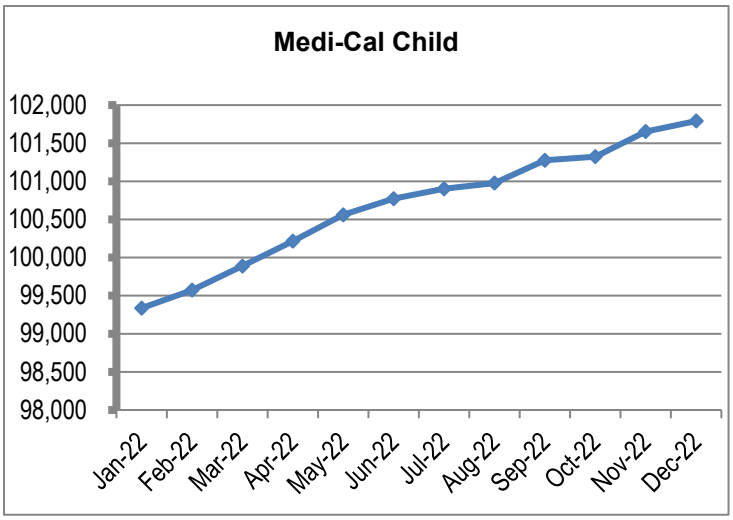
Enrollment

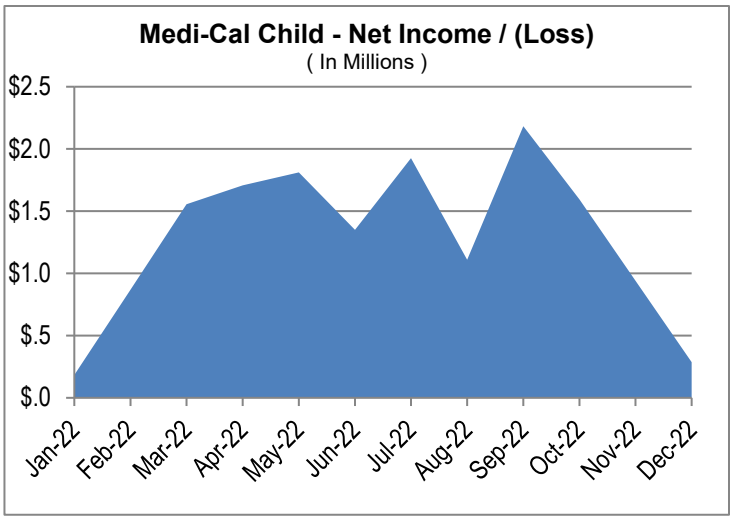
- Total enrollment increased by 1,870 members since November 2022.
- Total enrollment increased by 14,739 members since June 2022.

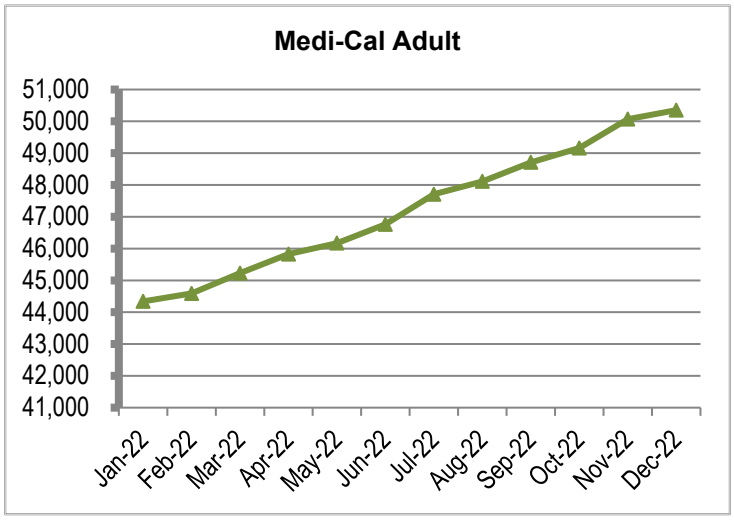
Monthly Membership and YTD Member Months
Actual vs. Budget
For the Month and Fiscal Year-to-Date

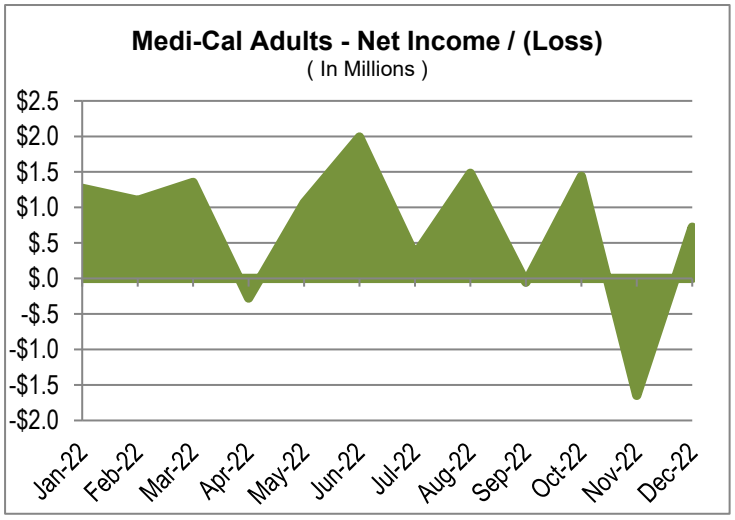
Enrollment					Member Months			
December-2022					Year-to-Date			
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
				Medi-Cal:				
50,351	49,655	696	1.4%	Adult	294,112	292,755	1,357	0.5%
101,791	101,729	62	0.1%	Child	607,923	607,734	189	0.0%
28,452	28,407	45	0.2%	SPD	169,324	169,235	89	0.1%
23,028	22,753	275	1.2%	Duals	134,535	134,159	376	0.3%
118,397	116,904	1,493	1.3%	ACA OE	694,478	692,211	2,267	0.3%
322,019	**319,448**	**2,571**	**0.8%**	**Medi-Cal Total**	**1,900,372**	**1,896,094**	**4,278**	**0.2%**
5,776	5,789	(13)	-0.2%	Group Care	34,764	34,775	(11)	0.0%
327,795	**325,237**	**2,558**	**0.8%**	**Total**	**1,935,136**	**1,930,869**	**4,267**	**0.2%**

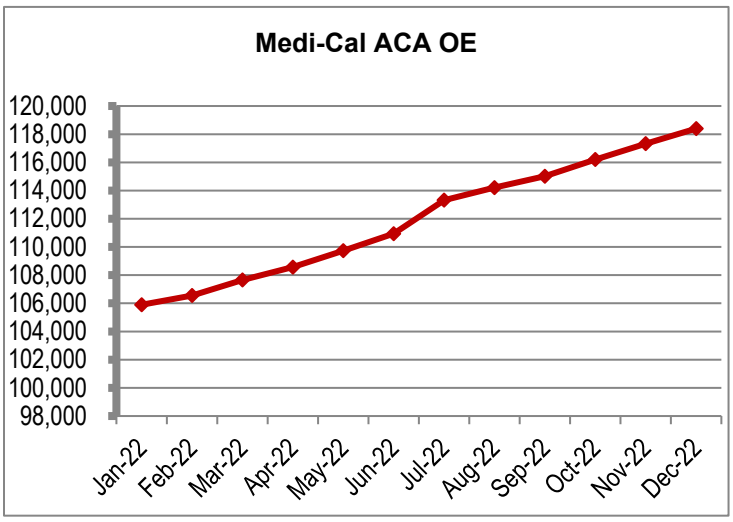
Enrollment and Profitability by Program and Category of Aid

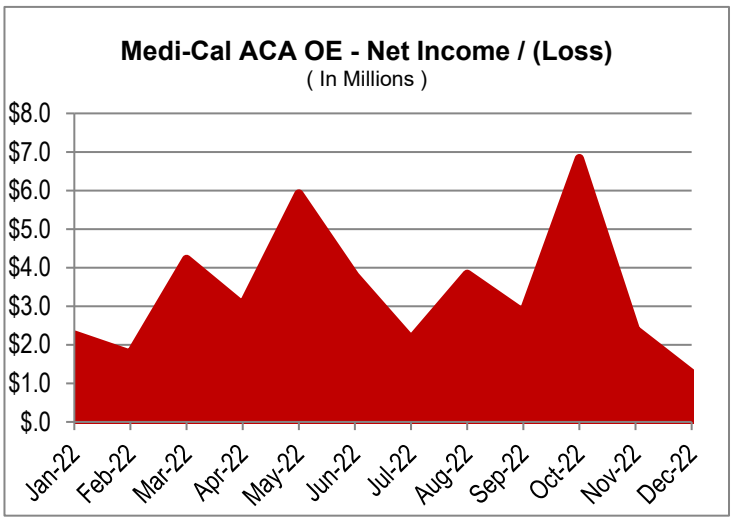




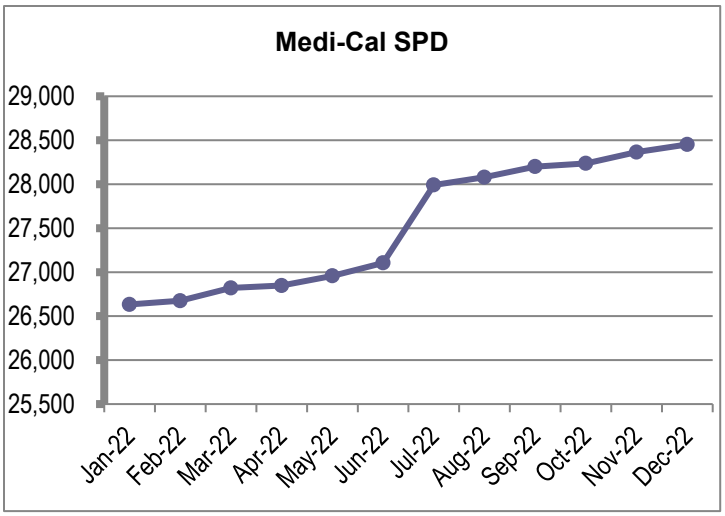


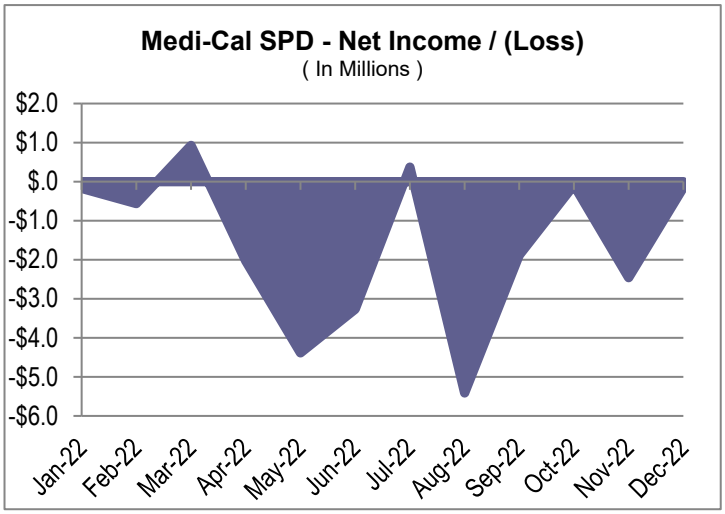


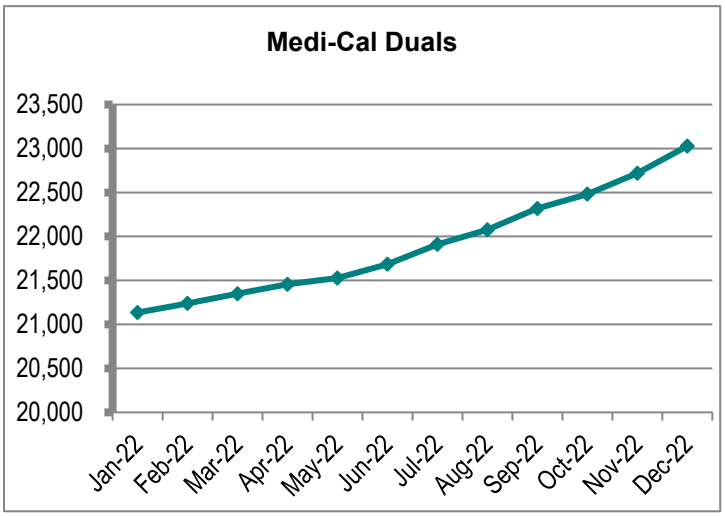


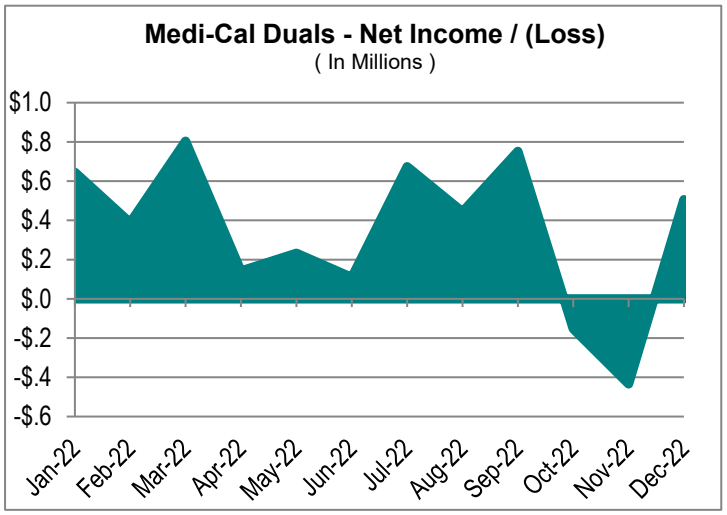


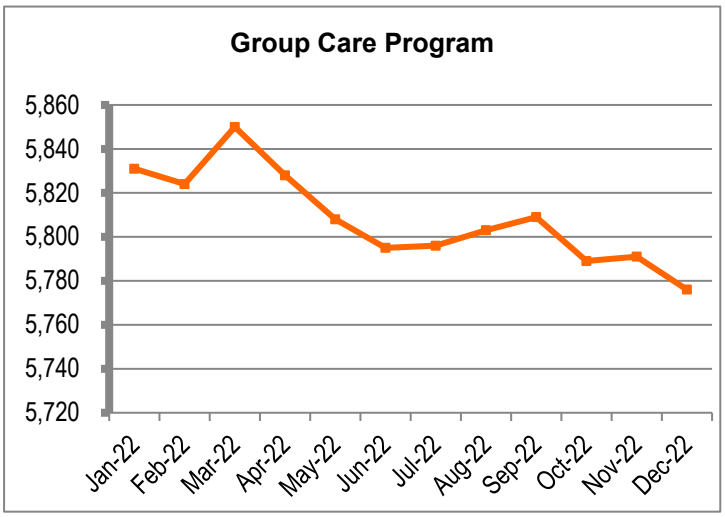
Enrollment and Profitability by Program and Category of Aid

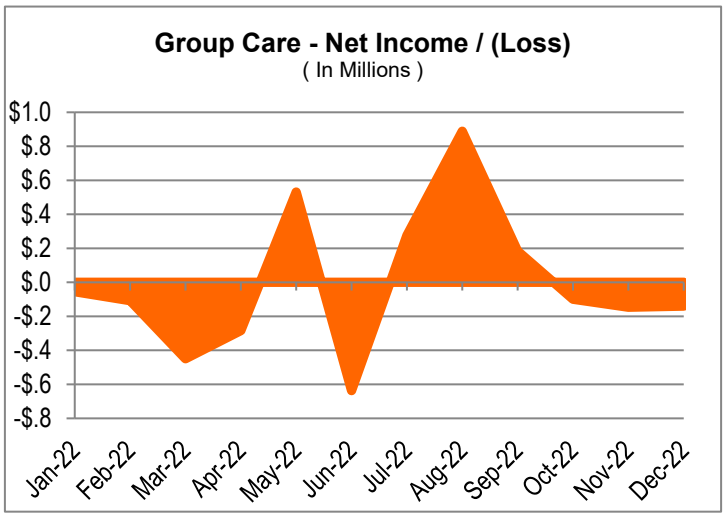




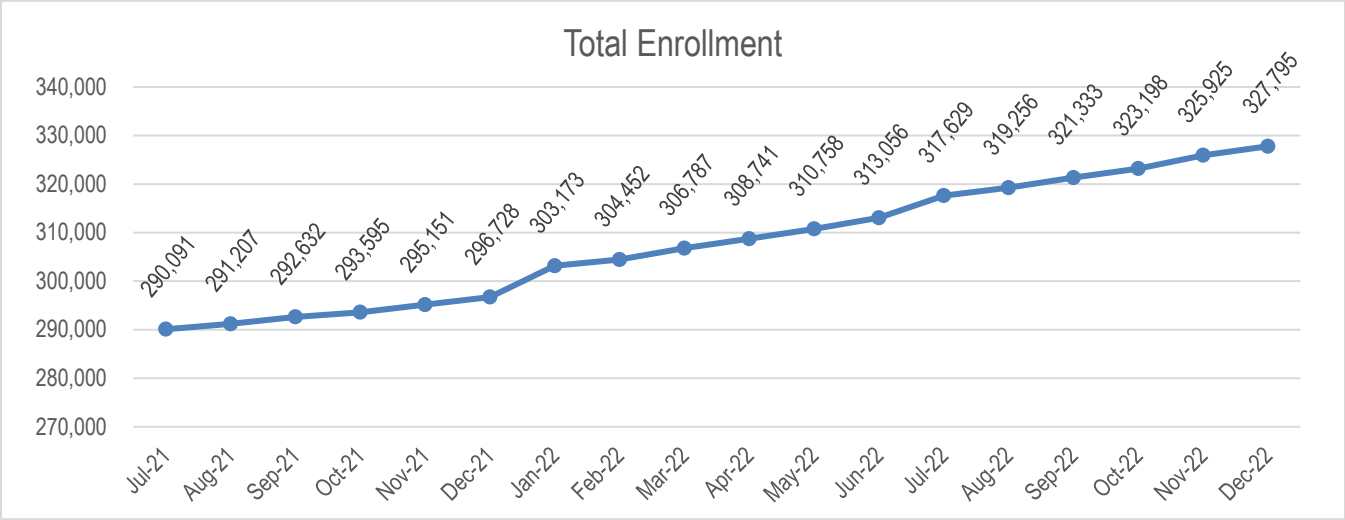


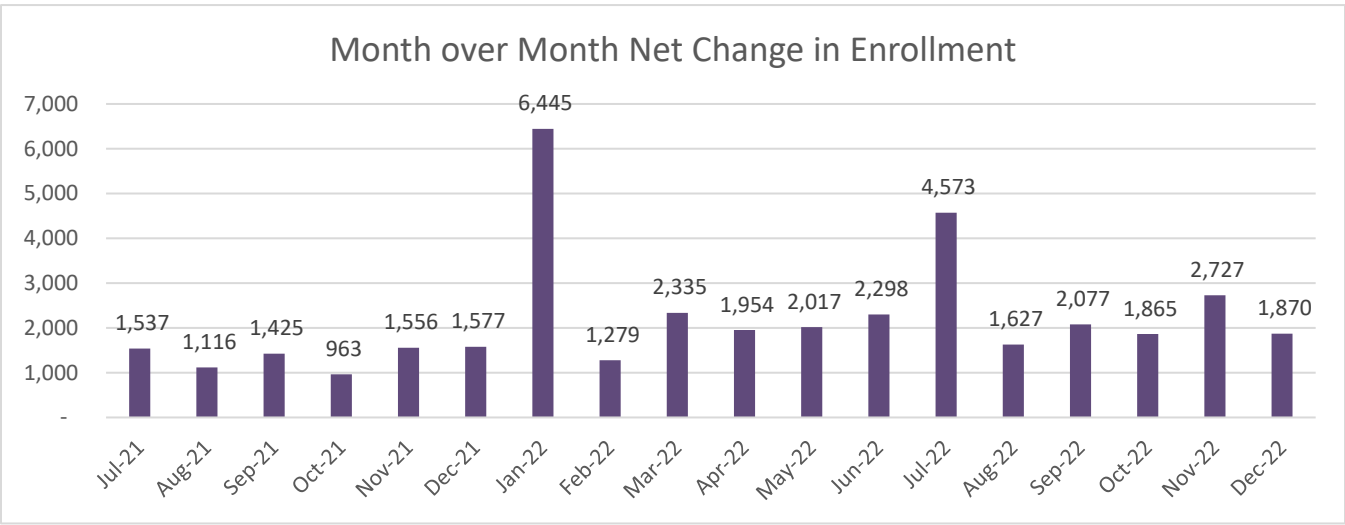






Net Change in Enrollment



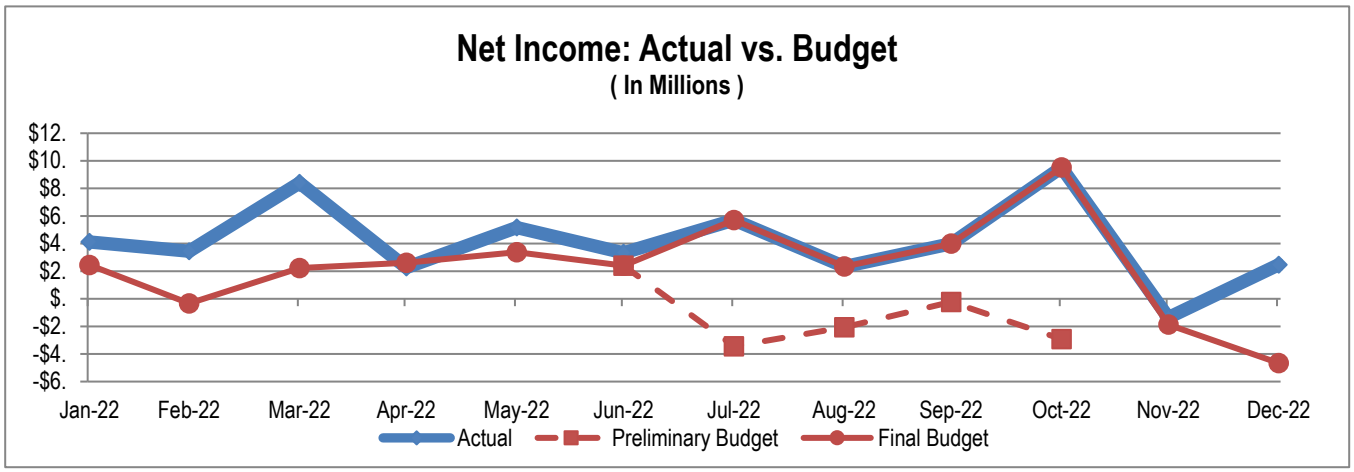


- The disenrollment process associated with the Public Health Emergency (PHE) is projected to restart in May 2023.

Net Income

- For the month ended December 31st, 2022:
  - Actual Net Income: $2.5 million.
  - Budgeted Net Loss: $4.7 million.

- For the fiscal YTD ended December 31st, 2022:
  - Actual Net Income: $22.7 million.
  - Budgeted Net Income: $15.0 million.



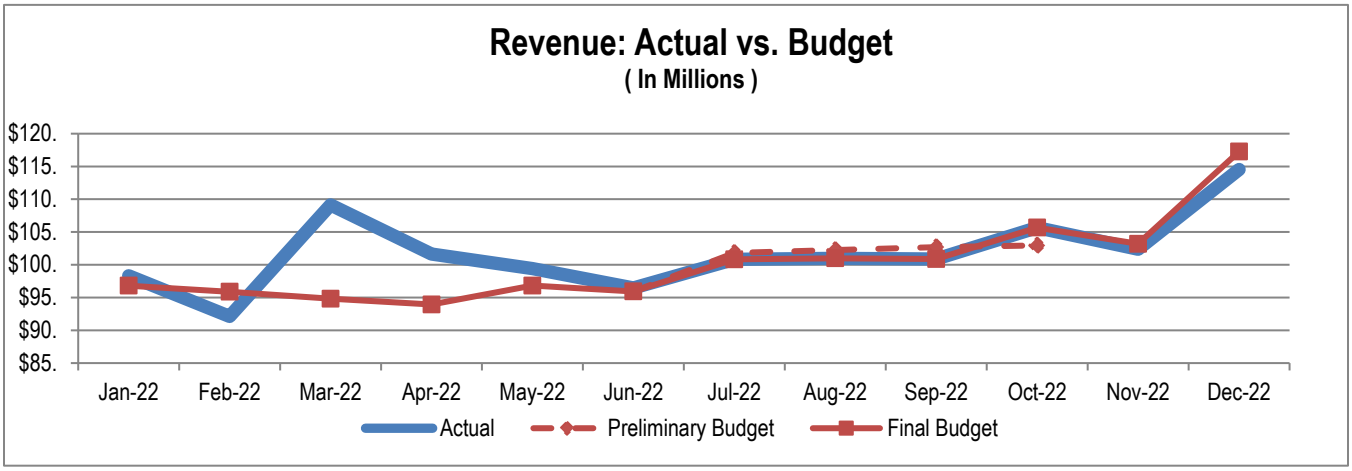
*Note: The Final Budget contains actual results from June – October.

- The favorable variance of $7.1 million in the current month is primarily due to:
  - Unfavorable $2.7 million lower than anticipated Revenue.
  - Favorable $7.8 million lower than anticipated Medical Expense.
  - Favorable $1.0 million lower than anticipated Administrative Expense.
  - Favorable $970,000 higher than anticipated Total Other Income.

Revenue

- For the month ended December 31st, 2022:
  - Actual Revenue: $114.5 million.
  - Budgeted Revenue: $117.3 million.

- For the fiscal YTD ended December 31st, 2022:
  - Actual Revenue: $625.3 million.
  - Budgeted Revenue: $628.8 million.



*Note: The Final Budget contains actual results from June – October.

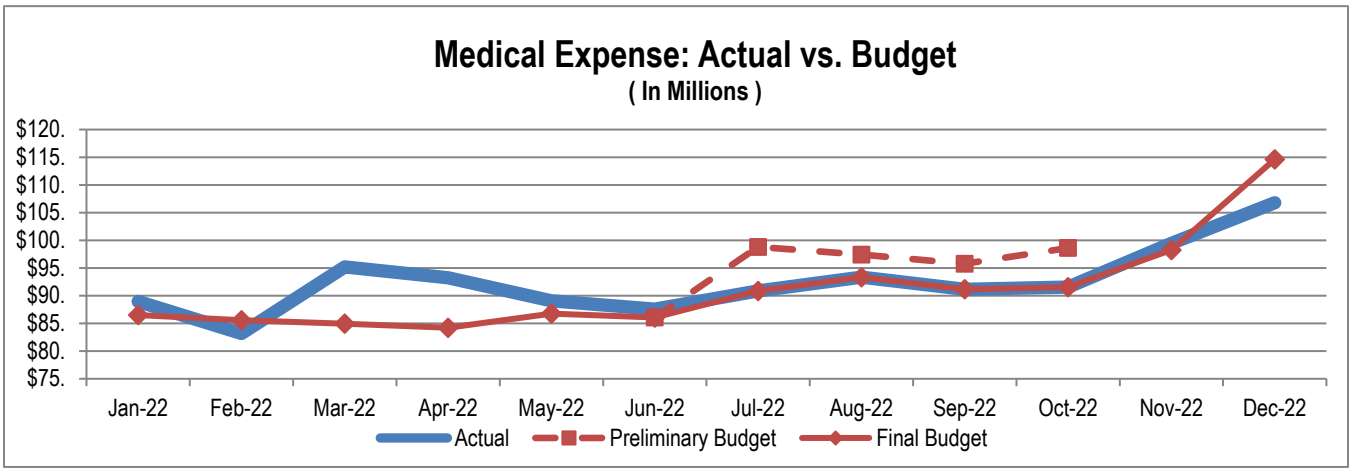
- For the month ended December 31st, 2022, the unfavorable revenue variance of $2.7 million is primarily due to:

- Unfavorable $2.0 million Major Organ Transplant (MOT) risk corridor adjustment (included in Medi-Cal Base Capitation)
- Unfavorable $335,000 Maternity Supplemental Revenue due to timing,
- Unfavorable $325,000 Behavioral Health Supplemental Revenue due to timing
- Favorable one-time Hep-C Supplemental Revenue recoupment of $300,000.

Medical Expense

- For the month ended December 31st, 2022:
  - Actual Medical Expense: $106.8 million.
  - Budgeted Medical Expense: $114.6 million.

- For the fiscal YTD ended December 31st, 2022:
  - Actual Medical Expense: $573.1 million.
  - Budgeted Medical Expense: $579.8 million.



*Note: The Final Budget contains actual results from June – October.

- 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 by our Actuarial Consultants.

- For December, updates to Fee-For-Service (FFS) decreased the estimate for prior period unpaid Medical Expenses by $2.6 million. YTD, the estimate for prior years increased by $1.5 million (per table below) versus Budget.

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)	
	Adjusted	Change in IBNP	Reported		$	%
Capitated Medical Expense	$144,109,172	$0	$144,109,172	$143,023,260	($1,085,912)	-0.8%
Primary Care FFS	27,993,997	$27,177	$28,021,174	26,829,157	($1,164,840)	-4.3%
Specialty Care FFS	28,317,725	($39,172)	$28,278,553	29,931,189	$1,613,463	5.4%
Outpatient FFS	55,425,008	$1,621,102	$57,046,109	53,763,163	($1,661,845)	-3.1%
Ancillary FFS	38,558,838	$185,008	$38,743,847	41,949,374	$3,390,536	8.1%
Pharmacy FFS	44,322,807	$136,974	$44,459,781	41,438,136	($2,884,672)	-7.0%
ER Services FFS	28,650,662	$45,157	$28,695,818	29,479,608	$828,947	2.8%
Inpatient Hospital & SNF FFS	177,321,322	($465,397)	$176,855,925	185,331,233	$8,009,911	4.3%
Other Benefits & Services	27,329,667	$0	$27,329,667	28,359,690	$1,030,024	3.6%
Net Reinsurance	(394,880)	$0	($394,880)	(310,159)	$84,721	27.3%
	$571,634,319	**$1,510,849**	**$573,145,167**	**$579,794,652**	**$8,160,333**	**1.4%**

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

Adjusted to Eliminate the Impact of Prior Year IBNP Estimates

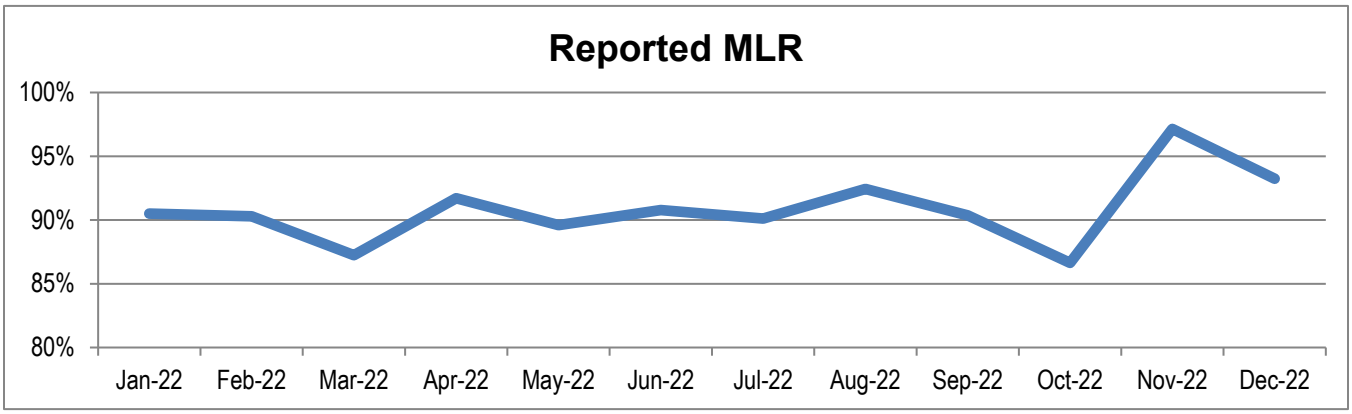
	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Adjusted	Change in IBNP	Reported		$	%
Capitated Medical Expense	$74.47	$0.00	$74.47	$74.07	($0.40)	-0.5%
Primary Care FFS	$14.47	$0.01	$14.48	$13.89	($0.57)	-4.1%
Specialty Care FFS	$14.63	($0.02)	$14.61	$15.50	$0.87	5.6%
Outpatient FFS	$28.64	$0.84	$29.48	$27.84	($0.80)	-2.9%
Ancillary FFS	$19.93	$0.10	$20.02	$21.73	$1.80	8.3%
Pharmacy FFS	$22.90	$0.07	$22.98	$21.46	($1.44)	-6.7%
ER Services FFS	$14.81	$0.02	$14.83	$15.27	$0.46	3.0%
Inpatient Hospital & SNF FFS	$91.63	($0.24)	$91.39	$95.98	$4.35	4.5%
Other Benefits & Services	$14.12	$0.00	$14.12	$14.69	$0.56	3.8%
Net Reinsurance	($0.20)	$0.00	($0.20)	($0.16)	$0.04	27.0%
	$295.40	**$0.78**	**$296.18**	**$300.28**	**$4.88**	**1.6%**

- Excluding the effect of prior year estimates for IBNP, year-to-date medical expense variance is $8.2 million favorable to budget. On a PMPM basis, medical expense is 1.6% favorable to budget. For per-member-per-month expense:
    - Capitated Expense is over budget, primarily driven by additional Transportation Expense due to increased rates and delayed contracting.
    - Primary Care Expense is unfavorable compared to budget, driven by unfavorable utilization across all populations except for Duals.
    - Specialty Care Expense is below budget, generally driven by favorable utilization across all populations except for Group Care whose utilization is unfavorable.

- Outpatient Expense is over budget, driven by unfavorable utilization across all service categories except for Duals.
- Ancillary Expense is under budget mostly due to favorable utilization in the SPD, ACA OE, and Dual populations.
- Pharmacy Expense is over budget due to unfavorable Non-PBM expense, driven mostly by unfavorable unit cost in the ACA OE population.
- Emergency Room Expense is under budget driven by favorable unit cost across all populations except for the Child and Group Care populations.
- Inpatient Expense is under budget driven by favorable utilization, catastrophic case and major organ transplant expense in the Adult, SPD, and ACE OE populations.
- Other Benefits & Services are under budget, primarily due to favorable purchased and professional and printing/postage/promotion expense.
- Net Reinsurance year-to-date is favorable because more recoveries were received than budgeted.

Medical Loss Ratio (MLR)

- The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 93.2% for the month and 91.7% for the fiscal year-to-date.



Administrative Expense

- For the month ended December 31st, 2022:
  - Actual Administrative Expense: $6.3 million.
  - Budgeted Administrative Expense: $7.3 million.

- For the fiscal YTD ended December 31st, 2022:
  - Actual Administrative Expense: $33.3 million.
  - Budgeted Administrative Expense: $35.7 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 %**
$3,590,473	$3,891,869	$301,396	7.7%	Employee Expense	$20,514,683	$21,157,756	$643,073	3.0%
362,807	373,868	11,061	3.0%	Medical Benefits Admin Expense	2,036,339	2,065,286	28,947	1.4%
857,295	1,529,525	672,230	44.0%	Purchased & Professional Services	4,646,651	5,851,162	1,204,511	20.6%
1,484,053	1,553,312	69,259	4.5%	Other Admin Expense	6,091,264	6,605,292	514,028	7.8%
$6,294,628	$7,348,574	$1,053,946	14.3%	Total Administrative Expense	$33,288,937	$35,679,496	$2,390,559	6.7%

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.

The Administrative Loss Ratio (ALR) is 5.5% of net revenue for the month and 5.3% of net revenue year-to-date.

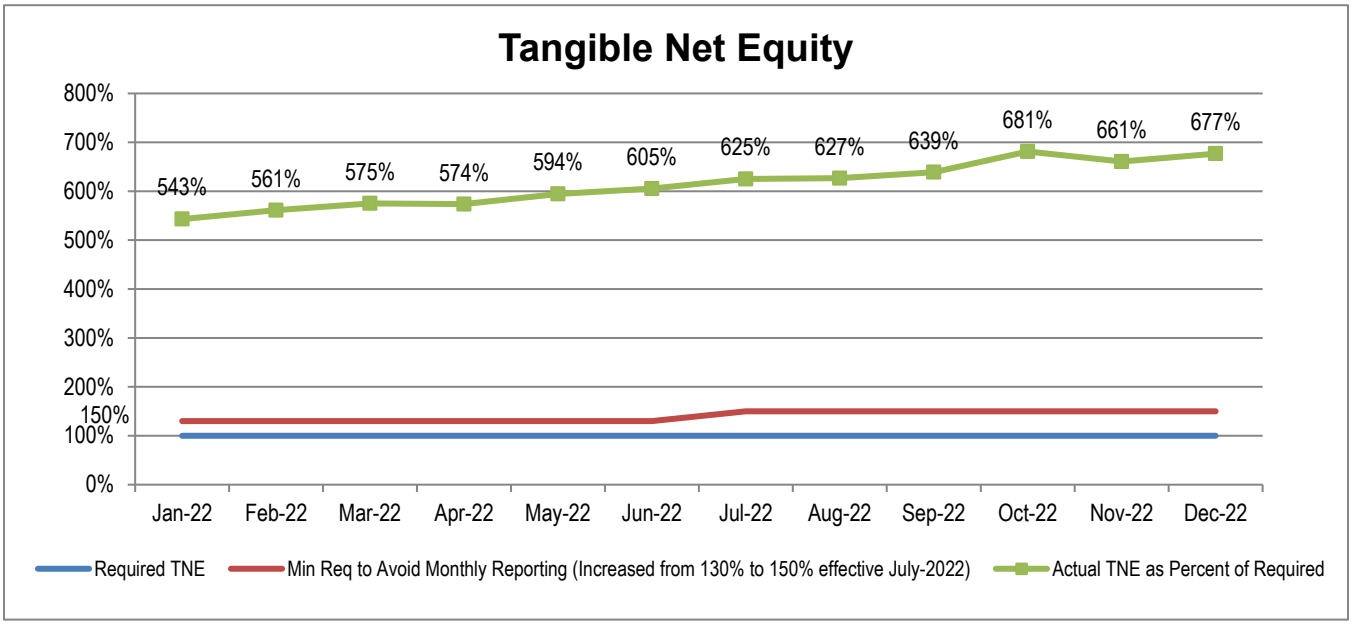
Other Income / (Expense)

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

- Fiscal year-to-date net investments show a gain of $4.0 million.
- Fiscal year-to-date claims interest expense, due to delayed payment of certain claims, or recalculated interest on previously paid claims is $158,000.

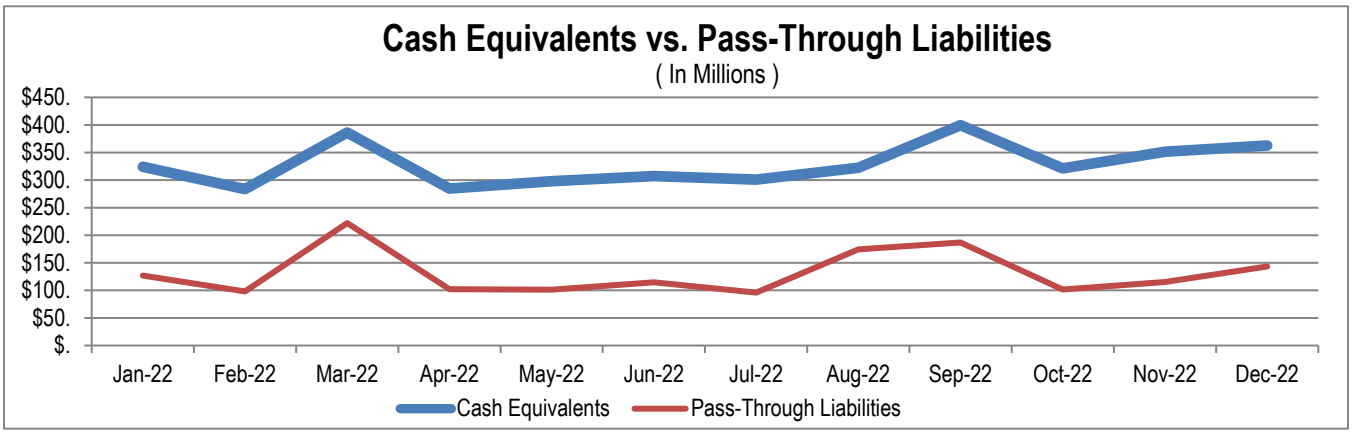
Tangible Net Equity (TNE)

- The Department of Managed Health Care (DMHC) monitors the financial stability of health plans to ensure that they can meet their financial obligations to consumers. TNE is a calculation of a company's total tangible assets minus the company's total liabilities. The Alliance exceeds DMHC's required TNE.
    - Required TNE $37.4 million
    - Actual TNE $253.4 million
    - Excess TNE $215.9 million
    - TNE % of Required TNE 677%



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

- Key Metrics
  - Cash & Cash Equivalents $362.8 million
  - Pass-Through Liabilities $143.2 million
  - Uncommitted Cash $219.6 million
  - Working Capital $214.6 million
  - Current Ratio 1.66 (regulatory minimum is 1.0)



Capital Investment

- Fiscal year-to-date capital assets acquired: $197,000.

- Annual capital budget: $979,000.

- 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 December 31, 2022

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				MEMBERSHIP				
322,019	319,448	2,571	0.8%	1 - Medi-Cal	1,900,372	1,896,094	4,278	0.2%
5,776	5,789	(13)	(0.2%)	2 - Group Care	34,764	34,775	(11)	(0.0%)
327,795	**325,237**	**2,558**	**0.8%**	**3 - TOTAL MEMBER MONTHS**	**1,935,136**	**1,930,869**	**4,267**	**0.2%**
				REVENUE				
$114,534,558	**$117,264,528**	**($2,729,970)**	**(2.3%)**	**4 - TOTAL REVENUE**	**$625,268,692**	**$628,825,263**	**($3,556,571)**	**(0.6%)**
				MEDICAL EXPENSES				
				Capitated Medical Expenses:				
$24,456,643	$23,618,930	($837,715)	(3.5%)	5 - Capitated Medical Expense	$144,109,172	$143,023,261	($1,085,912)	(0.8%)
				Fee for Service Medical Expenses:				
$29,960,485	$34,897,896	$4,937,411	14.1%	6 - Inpatient Hospital & SNF FFS Expense	$176,855,925	$185,331,233	$8,475,308	4.6%
$5,212,450	$4,377,292	($835,158)	(19.1%)	7 - Primary Care Physician FFS Expense	$28,021,174	$26,829,157	($1,192,017)	(4.4%)
$4,173,191	$5,201,825	$1,028,634	19.8%	8 - Specialty Care Physician Expense	$28,278,553	$29,931,190	$1,652,635	5.5%
$6,018,995	$8,624,113	$2,605,118	30.2%	9 - Ancillary Medical Expense	$38,743,847	$41,949,375	$3,205,527	7.6%
$8,800,505	$9,278,401	$477,896	5.2%	10 - Outpatient Medical Expense	$57,046,109	$53,763,162	($3,282,947)	(6.1%)
$4,656,704	$5,460,391	$803,687	14.7%	11 - Emergency Expense	$28,695,818	$29,479,608	$783,790	2.7%
$8,125,429	$7,101,225	($1,024,205)	(14.4%)	12 - Pharmacy Expense	$44,459,781	$41,438,136	($3,021,645)	(7.3%)
$66,947,760	$74,941,143	$7,993,382	10.7%	13 - Total Fee for Service Expense	$402,101,209	$408,721,861	$6,620,652	1.6%
$15,218,437	$15,860,457	$642,020	4.0%	14 - Other Benefits & Services	$27,329,667	$28,359,691	$1,030,024	3.6%
$163,214	$205,659	$42,445	20.6%	15 - Reinsurance Expense	($394,880)	($310,159)	$84,721	(27.3%)
$106,786,053	**$114,626,189**	**$7,840,132**	**6.8%**	**17 - TOTAL MEDICAL EXPENSES**	**$573,145,167**	**$579,794,654**	**$6,649,485**	**1.1%**
7,748,504	**2,638,339**	**5,110,162**	**193.7%**	**18 - GROSS MARGIN**	**52,123,525**	**49,030,609**	**3,092,913**	**6.3%**
				ADMINISTRATIVE EXPENSES				
$3,590,473	$3,891,869	$301,396	7.7%	19 - Personnel Expense	$20,514,683	$21,157,756	$643,074	3.0%
$362,807	$373,868	$11,062	3.0%	20 - Benefits Administration Expense	$2,036,339	$2,065,286	$28,947	1.4%
$857,295	$1,529,525	$672,230	44.0%	21 - Purchased & Professional Services	$4,646,651	$5,851,162	$1,204,512	20.6%
$1,484,053	$1,553,312	$69,256	4.5%	22 - Other Administrative Expense	$6,091,264	$6,605,292	$514,031	7.8%
$6,294,628	**$7,348,574**	**$1,053,944**	**14.3%**	**23 - TOTAL ADMINISTRATIVE EXPENSE**	**$33,288,937**	**$35,679,496**	**$2,390,563**	**6.7%**
$1,453,876	**($4,710,235)**	**$6,164,106**	**130.9%**	**24 - NET OPERATING INCOME / (LOSS)**	**$18,834,587**	**$13,351,113**	**$5,483,476**	**41.1%**
				OTHER INCOME / EXPENSE				
$1,018,946	**$48,750**	**$970,196**	**1,990.1%**	**25 - TOTAL OTHER INCOME / (EXPENSE)**	**$3,830,089**	**$1,670,130**	**$2,159,959**	**129.3%**
$2,472,823	**($4,661,485)**	**$7,134,302**	**153.0%**	**26 - NET INCOME / (LOSS)**	**$22,664,677**	**$15,021,243**	**$7,643,436**	**50.9%**
5.5%	**6.3%**	**0.8%**	**12.7%**	**27 - Admin Exp % of Revenue**	**5.3%**	**5.7%**	**0.4%**	**7.0%**

ALAMEDA ALLIANCE FOR HEALTH
BALANCE SHEETS
CURRENT MONTH VS. PRIOR MONTH
FOR THE MONTH AND FISCAL YTD ENDED December 31, 2022

	December	November	Difference	% Difference
CURRENT ASSETS:				
Cash & Equivalents				
Cash	$74,060,195	$51,062,310	$22,997,885	45.04%
Short-Term Investments	288,752,330	300,315,631	(11,563,301)	-3.85%
Interest Receivable	312,872	345,296	(32,424)	-9.39%
Other Receivables - Net	158,638,877	145,895,747	12,743,130	8.73%
Prepaid Expenses	4,787,431	5,259,317	(471,886)	-8.97%
Prepaid Inventoried Items	12,735	20,485	(7,750)	-37.83%
CalPERS Net Pension Asset	6,930,703	6,930,703	0	0.00%
Deferred CalPERS Outflow	3,802,239	3,802,239	0	0.00%
TOTAL CURRENT ASSETS	**$537,297,382**	**$513,631,727**	**$23,665,655**	**4.61%**
OTHER ASSETS:				
Long-Term Investments	32,265,850	34,577,648	(2,311,798)	-6.69%
Restricted Assets	350,000	350,000	0	0.00%
Lease Asset - Office Space (Net)	1,816,516	1,879,154	(62,638)	-3.33%
Lease Asset - Office Equipment (Net)	220,989	225,286	(4,296)	-1.91%
TOTAL OTHER ASSETS	**$34,653,355**	**$37,032,088**	**($2,378,732)**	**-6.42%**
PROPERTY AND EQUIPMENT:				
Land, Building & Improvements	10,113,570	10,113,570	0	0.00%
Furniture And Equipment	11,724,087	11,724,087	0	0.00%
Leasehold Improvement	902,447	902,447	0	0.00%
Internally-Developed Software	14,824,002	14,824,002	0	0.00%
Fixed Assets at Cost	37,564,105	37,564,105	0	0.00%
Less: Accumulated Depreciation	(32,092,999)	(32,024,757)	(68,242)	0.21%
NET PROPERTY AND EQUIPMENT	**$5,471,106**	**$5,539,348**	**($68,242)**	**-1.23%**
TOTAL ASSETS	**$577,421,843**	**$556,203,162**	**$21,218,681**	**3.81%**
CURRENT LIABILITIES:				
Accounts Payable	722,968	1,353,701	(630,733)	-46.59%
Other Accrued Expenses	1,563,855	472,491	1,091,364	230.98%
Interest Payable	9,757	10,073	(316)	-3.13%
Pass-Through Liabilities	143,244,212	115,088,247	28,155,966	24.46%
Claims Payable	31,232,985	48,639,787	(17,406,802)	-35.79%
IBNP Reserves	127,322,771	118,171,597	9,151,174	7.74%
Payroll Liabilities	5,273,747	6,624,943	(1,351,196)	-20.40%
CalPERS Deferred Inflow	6,781,898	6,781,898	0	0.00%
Risk Sharing	5,591,939	5,591,939	0	0.00%
Provider Grants/ New Health Program	152,718	165,773	(13,055)	-7.88%
Deferred Revenue	0	184,626	(184,626)	-100.00%
ST Lease Liability - Office Space	781,706	775,764	5,941	0.77%
ST Lease Liability - Office Equipment	49,703	49,532	171	0.35%
TOTAL CURRENT LIABILITIES	**$322,728,258**	**$303,910,370**	**$18,817,888**	**6.19%**
LONG TERM LIABILITIES:				
LT Lease Liability - Office Space	1,225,883	1,293,693	(67,809)	-5.24%
LT Lease Liability - Office Equipment	178,724	182,945	(4,221)	-2.31%
TOTAL LONG TERM LIABILITIES	**$1,404,607**	**$1,476,637**	**($72,030)**	**-4.88%**
TOTAL LIABILITIES	**$324,132,865**	**$305,387,007**	**$18,745,858**	**6.14%**
NET WORTH:				
Contributed Capital	840,233	840,233	0	0.00%
Restricted & Unrestricted Funds	229,784,068	229,784,068	0	0.00%
Year-to Date Net Income / (Loss)	22,664,677	20,191,854	2,472,823	12.25%
TOTAL NET WORTH	**$253,288,978**	**$250,816,155**	**$2,472,823**	**0.99%**
TOTAL LIABILITIES AND NET WORTH	**$577,421,843**	**$556,203,162**	**$21,218,681**	**3.81%**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 12/31/2022

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received From:				
Capitation Received from State of CA	$99,607,859	$296,784,879	$651,634,178	$651,634,178
Commercial Premium Revenue	2,667,704	7,946,936	15,898,248	15,898,248
Other Income	(2,499)	(23,619)	(33,616)	(33,616)
Investment Income	1,086,446	3,085,454	4,051,690	4,051,690
Cash Paid To:				
Medical Expenses	(115,719,936)	(286,118,907)	(549,680,937)	(549,680,944)
Vendor & Employee Expenses	(6,672,763)	(16,743,698)	(32,404,779)	(32,404,782)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	(19,033,189)	4,931,045	89,464,784	89,464,774
Cash Flows from Financing Activities:				
Purchases of Fixed Assets	0	(183,863)	(207,855)	(207,855)
Net Cash Provided By (Used In) Financing Activities	0	(183,863)	(207,855)	(207,855)
Cash Flows from Investing Activities:				
Changes in Investments	2,311,798	2,183,945	2,802,999	2,802,999
Restricted Cash	28,155,966	(43,719,527)	(36,657,754)	(36,657,754)
Net Cash Provided By (Used In) Investing Activities	30,467,764	(41,535,582)	(33,854,755)	(33,854,755)
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Net Change in Cash	**11,434,575**	**(36,788,400)**	**55,402,174**	**55,402,164**
Cash @ Beginning of Period	351,377,940	399,600,924	307,410,352	307,410,352
Subtotal	$362,812,515	$362,812,524	$362,812,526	$362,812,516
Rounding	10	1	(1)	9
Cash @ End of Period	**$362,812,525**	**$362,812,525**	**$362,812,525**	**$362,812,525**
RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:				
Net Income / (Loss)	$2,472,826	$10,626,814	$22,664,677	$22,664,677
Depreciation	68,242	205,305	409,980	409,980
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	(12,710,707)	(19,646,639)	41,688,197	41,688,197
Prepaid Expenses	479,636	349,803	547,028	547,028
Trade Payables	460,631	373,560	(418,935)	(418,935)
Claims payable & IBNP	(8,255,628)	13,474,774	24,079,667	24,079,667
Deferred Revenue	(184,626)	0	0	0
Accrued Interest	0	0	0	0
Other Liabilities	(1,363,553)	(452,571)	494,169	494,169
Subtotal	(19,033,179)	4,931,046	89,464,783	89,464,783
Rounding	(10)	(1)	1	(9)
Cash Flows from Operating Activities	**($19,033,189)**	**$4,931,045**	**$89,464,784**	**$89,464,774**
Rounding Difference	(10)	(1)	1	(9)

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 12/31/2022

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	$2,667,704	$7,946,936	$15,898,248	$15,898,248
Total	2,667,704	7,946,936	15,898,248	15,898,248
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	111,870,419	314,633,508	609,370,063	609,370,063
Allowance for Doubtful Accounts	0	0	0	0
Deferred Premium Revenue	(184,626)	0	0	0
Premium Receivable	(12,077,934)	(17,848,629)	42,264,115	42,264,115
Total	99,607,859	296,784,879	651,634,178	651,634,178
Investment & Other Income Cash Flows				
Other Revenue (Grants)	(2,499)	(23,619)	(33,616)	(33,616)
Investment Income	1,054,022	3,113,638	4,086,125	4,086,125
Interest Receivable	32,424	(28,184)	(34,435)	(34,435)
Total	1,083,947	3,061,835	4,018,074	4,018,074
Medical & Hospital Cash Flows				
Total Medical Expenses	(106,786,056)	(297,785,422)	(573,145,167)	(573,145,174)
Other Receivable	(665,197)	(1,769,826)	(541,483)	(541,483)
Claims Payable	(17,406,802)	4,825,168	11,644,262	11,644,262
IBNP Payable	9,151,174	8,649,607	14,218,397	14,218,397
Risk Share Payable	0	0	(1,782,993)	(1,782,993)
Health Program	(13,055)	(38,433)	(73,954)	(73,954)
Other Liabilities	0	(1)	1	1
Total	(115,719,936)	(286,118,907)	(549,680,937)	(549,680,944)
Administrative Cash Flows				
Total Administrative Expenses	(6,330,774)	(17,258,228)	(33,510,975)	(33,510,978)
Prepaid Expenses	479,636	349,803	547,028	547,028
CalPERS Pension Asset	0	0	0	0
CalPERS Deferred Outflow	0	0	0	0
Trade Accounts Payable	460,631	373,560	(418,935)	(418,935)
Other Accrued Liabilities	(316)	(1,831)	(2,760)	(2,760)
Payroll Liabilities	(1,351,198)	(416,299)	566,312	566,312
Net Lease Assets/Liabilities (Short term & Long term)	1,016	3,992	4,571	4,571
Depreciation Expense	68,242	205,305	409,980	409,980
Total	(6,672,763)	(16,743,698)	(32,404,779)	(32,404,782)
Interest Paid				
Debt Interest Expense	0	0	0	0
Total Cash Flows from Operating Activities	**(19,033,189)**	**4,931,045**	**89,464,784**	**89,464,774**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 12/31/2022

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM INVESTING ACTIVITIES				
Investment Cash Flows				
Long Term Investments	2,311,798	2,183,945	2,802,999	2,802,999
	2,311,798	2,183,945	2,802,999	2,802,999
Restricted Cash & Other Asset Cash Flows				
Provider Pass-Thru-Liabilities	28,155,966	(43,719,527)	(36,657,754)	(36,657,754)
Restricted Cash	0	0	0	0
	28,155,966	(43,719,527)	(36,657,754)	(36,657,754)
Fixed Asset Cash Flows				
Depreciation expense	68,242	205,305	409,980	409,980
Fixed Asset Acquisitions	0	(183,863)	(207,855)	(207,855)
Change in A/D	(68,242)	(205,305)	(409,980)	(409,980)
	0	(183,863)	(207,855)	(207,855)
Total Cash Flows from Investing Activities	**30,467,764**	**(41,719,445)**	**(34,062,610)**	**(34,062,610)**
Financing Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Total Cash Flows	**11,434,575**	**(36,788,400)**	**55,402,174**	**55,402,164**
Rounding	10	1	(1)	9
Cash @ Beginning of Period	351,377,940	399,600,924	307,410,352	307,410,352
Cash @ End of Period	**$362,812,525**	**$362,812,525**	**$362,812,525**	**$362,812,525**
Difference (rounding)	0	0	0	0

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 12/31/2022

	MONTH	3 MONTHS	6 MONTHS	YTD
NET INCOME RECONCILIATION				
Net Income / (Loss)	$2,472,826	$10,626,814	$22,664,677	$22,664,677
Add back: Depreciation	68,242	205,305	409,980	409,980
Receivables				
Premiums Receivable	(12,077,934)	(17,848,629)	42,264,115	42,264,115
First Care Receivable	0	0	0	0
Family Care Receivable	0	0	0	0
Healthy Kids Receivable	0	0	0	0
Interest Receivable	32,424	(28,184)	(34,435)	(34,435)
Other Receivable	(665,197)	(1,769,826)	(541,483)	(541,483)
FQHC Receivable	0	0	0	0
Allowance for Doubtful Accounts	0	0	0	0
Total	(12,710,707)	(19,646,639)	41,688,197	41,688,197
Prepaid Expenses	479,636	349,803	547,028	547,028
Trade Payables	460,631	373,560	(418,935)	(418,935)
Claims Payable, IBNR & Risk Share				
IBNP	9,151,174	8,649,607	14,218,397	14,218,397
Claims Payable	(17,406,802)	4,825,168	11,644,262	11,644,262
Risk Share Payable	0	0	(1,782,993)	(1,782,993)
Other Liabilities	0	(1)	1	1
Total	(8,255,628)	13,474,774	24,079,667	24,079,667
Unearned Revenue				
Total	(184,626)	0	0	0
Other Liabilities				
Accrued Expenses	(316)	(1,831)	(2,760)	(2,760)
Payroll Liabilities	(1,351,198)	(416,299)	566,312	566,312
Net Lease Assets/Liabilities (Short term & Long term)	1,016	3,992	4,571	4,571
Health Program	(13,055)	(38,433)	(73,954)	(73,954)
Accrued Sub Debt Interest	0	0	0	0
Total Change in Other Liabilities	(1,363,553)	(452,571)	494,169	494,169
Cash Flows from Operating Activities	**($19,033,179)**	**$4,931,046**	**$89,464,783**	**$89,464,783**
Difference (rounding)	10	1	(1)	9

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE MONTH OF DECEMBER 2022

	Child	Adult	Medi-Cal SPD	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Enrollment	101,791	50,351	28,452	118,397	23,028	322,019	5,776	327,795
Net Revenue	$13,157,734	$17,195,192	$30,526,857	$46,283,774	$4,703,296	$111,866,853	$2,667,704	$114,534,558
Medical Expense	$12,438,252	$15,747,903	$28,962,711	$42,976,879	$4,022,529	$104,148,273	$2,637,780	$106,786,053
Gross Margin	$719,482	$1,447,289	$1,564,146	$3,306,895	$680,768	$7,718,581	$29,924	$7,748,504
Administrative Expense	$499,134	$866,850	$2,072,907	$2,453,159	$204,165	$6,096,214	$198,414	$6,294,628
Operating Income / (Expense)	$220,349	$580,439	($508,761)	$853,736	$476,602	$1,622,366	($168,490)	$1,453,876
Other Income / (Expense)	$66,833	$141,238	$355,055	$398,337	$28,702	$990,165	$28,781	$1,018,946
Net Income / (Loss)	$287,182	$721,677	($153,706)	$1,252,073	$505,305	$2,612,531	($139,708)	$2,472,823
Revenue PMPM	$129.26	$341.51	$1,072.92	$390.92	$204.24	$347.39	$461.86	$349.41
Medical Expense PMPM	$122.19	$312.76	$1,017.95	$362.99	$174.68	$323.42	$456.68	$325.77
Gross Margin PMPM	$7.07	$28.74	$54.97	$27.93	$29.56	$23.97	$5.18	$23.64
Administrative Expense PMPM	$4.90	$17.22	$72.86	$20.72	$8.87	$18.93	$34.35	$19.20
Operating Income / (Expense) PMPM	$2.16	$11.53	($17.88)	$7.21	$20.70	$5.04	($29.17)	$4.44
Other Income / (Expense) PMPM	$0.66	$2.81	$12.48	$3.36	$1.25	$3.07	$4.98	$3.11
Net Income / (Loss) PMPM	$2.82	$14.33	($5.40)	$10.58	$21.94	$8.11	($24.19)	$7.54
Medical Loss Ratio	94.5%	91.6%	94.9%	92.9%	85.5%	93.1%	98.9%	93.2%
Gross Margin Ratio	5.5%	8.4%	5.1%	7.1%	14.5%	6.9%	1.1%	6.8%
Administrative Expense Ratio	3.8%	5.0%	6.8%	5.3%	4.3%	5.4%	7.4%	5.5%
Net Income Ratio	2.2%	4.2%	-0.5%	2.7%	10.7%	2.3%	-5.2%	2.2%

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE FISCAL YEAR TO DATE - DECEMBER 2022

	Medi-Cal					Medi-Cal	Group	Grand
	Child	Adult	SPD	ACA OE	Duals	Total	Care	Total
Member Months	607,923	294,112	169,324	694,478	134,535	1,900,372	34,764	1,935,136
Net Revenue	$76,663,564	$93,737,967	$162,283,927	$250,909,155	$25,775,831	$609,370,444	$15,898,248	$625,268,692
Medical Expense	$66,175,019	$87,422,818	$162,331,029	$220,233,676	$23,009,849	$559,172,391	$13,972,777	$573,145,167
Gross Margin	$10,488,546	$6,315,149	($47,103)	$30,675,479	$2,765,982	$50,198,053	$1,925,471	$52,123,525
Administrative Expense	$2,691,757	$4,577,222	$10,916,562	$12,948,691	$1,085,062	$32,219,293	$1,069,644	$33,288,937
Operating Income / (Expense)	$7,796,789	$1,737,927	($10,963,665)	$17,726,788	$1,680,921	$17,978,760	$855,828	$18,834,587
Other Income / (Expense)	$243,897	$533,445	$1,328,589	$1,509,780	$106,363	$3,722,074	$108,015	$3,830,089
Net Income / (Loss)	$8,040,686	$2,271,372	($9,635,076)	$19,236,568	$1,787,284	$21,700,834	$963,843	$22,664,677
Revenue PMPM	$126.11	$318.72	$958.42	$361.29	$191.59	$320.66	$457.32	$323.11
Medical Expense PMPM	$108.85	$297.24	$958.70	$317.12	$171.03	$294.24	$401.93	$296.18
Gross Margin PMPM	$17.25	$21.47	($0.28)	$44.17	$20.56	$26.41	$55.39	$26.94
Administrative Expense PMPM	$4.43	$15.56	$64.47	$18.65	$8.07	$16.95	$30.77	$17.20
Operating Income / (Expense) PMPM	$12.83	$5.91	($64.75)	$25.53	$12.49	$9.46	$24.62	$9.73
Other Income / (Expense) PMPM	$0.40	$1.81	$7.85	$2.17	$0.79	$1.96	$3.11	$1.98
Net Income / (Loss) PMPM	$13.23	$7.72	($56.90)	$27.70	$13.28	$11.42	$27.73	$11.71
Medical Loss Ratio	86.3%	93.3%	100.0%	87.8%	89.3%	91.8%	87.9%	91.7%
Gross Margin Ratio	13.7%	6.7%	0.0%	12.2%	10.7%	8.2%	12.1%	8.3%
Administrative Expense Ratio	3.5%	4.9%	6.7%	5.2%	4.2%	5.3%	6.7%	5.3%
Net Income Ratio	10.5%	2.4%	-5.9%	7.7%	6.9%	3.6%	6.1%	3.6%

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED December 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				
$3,590,473	$3,891,869	$301,396	7.7%	Personnel Expenses	$20,514,683	$21,157,757	$643,074	3.0%
362,807	373,869	11,062	3.0%	Benefits Administration Expense	2,036,339	2,065,286	28,947	1.4%
857,295	1,529,524	672,230	44.0%	Purchased & Professional Services	4,646,651	5,851,162	1,204,512	20.6%
243,994	294,701	50,707	17.2%	Occupancy	1,498,996	1,597,226	98,230	6.2%
662,752	318,617	(344,134)	(108.0%)	Printing Postage & Promotion	1,267,621	1,106,641	(160,980)	(14.5%)
567,762	893,352	325,591	36.4%	Licenses Insurance & Fees	3,261,837	3,771,356	509,520	13.5%
9,546	46,638	37,092	79.5%	Supplies & Other Expenses	62,810	130,072	67,262	51.7%
$2,704,155	$3,456,703	$752,548	21.8%	Total Other Administrative Expense	$12,774,254	$14,521,743	$1,747,489	12.0%
$6,294,628	$7,348,572	$1,053,944	14.3%	Total Administrative Expenses	$33,288,937	$35,679,500	$2,390,563	6.7%

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

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				Personnel Expenses				
2,471,281	2,201,134	(270,147)	(12.3%)	Salaries & Wages	13,807,722	13,264,565	(543,157)	(4.1%)
209,583	246,947	37,365	15.1%	Paid Time Off	1,460,547	1,536,198	75,651	4.9%
2,225	4,740	2,515	53.1%	Incentives	8,762	13,527	4,765	35.2%
0	23,077	23,077	100.0%	Severance Pay	0	46,154	46,154	100.0%
42,051	45,170	3,118	6.9%	Payroll Taxes	227,247	237,822	10,576	4.4%
10,164	18,800	8,636	45.9%	Overtime	144,055	143,838	(217)	(0.2%)
159,742	184,830	25,088	13.6%	CalPERS ER Match	986,809	1,026,648	39,839	3.9%
592,125	625,253	33,128	5.3%	Employee Benefits	3,075,662	3,392,578	316,916	9.3%
(11)	0	11	0.0%	Personal Floating Holiday	2,049	2,059	11	0.5%
34,014	44,124	10,110	22.9%	Employee Relations	91,834	130,186	38,351	29.5%
13,480	17,950	4,470	24.9%	Work from Home Stipend	67,060	76,460	9,400	12.3%
589	4,088	3,499	85.6%	Transportation Reimbursement	3,673	8,456	4,782	56.6%
8,015	29,081	21,066	72.4%	Travel & Lodging	33,160	66,265	33,104	50.0%
23,126	163,882	140,755	85.9%	Temporary Help Services	287,730	532,468	244,738	46.0%
12,825	81,011	68,186	84.2%	Staff Development/Training	48,278	192,669	144,391	74.9%
11,262	201,782	190,519	94.4%	Staff Recruitment/Advertising	270,094	487,863	217,769	44.6%
$3,590,473	**$3,891,869**	**$301,396**	**7.7%**	**Total Employee Expenses**	**$20,514,683**	**$21,157,757**	**$643,074**	**3.0%**
				Benefit Administration Expense				
26,367	16,390	(9,976)	(60.9%)	RX Administration Expense	118,988	99,966	(19,022)	(19.0%)
308,640	329,909	21,269	6.4%	Behavioral Hlth Administration Fees	1,777,562	1,797,192	19,631	1.1%
27,800	27,569	(231)	(0.8%)	Telemedicine Admin Fees	139,790	139,428	(362)	(0.3%)
0	0	0	0.0%	Housing & Homelessness Incentive Program (HHIP) Expense	0	28,700	28,700	100.0%
$362,807	**$373,869**	**$11,062**	**3.0%**	**Total Employee Expenses**	**$2,036,339**	**$2,065,286**	**$28,947**	**1.4%**
				Purchased & Professional Services				
288,774	586,355	297,581	50.8%	Consulting Services	1,813,869	2,305,211	491,342	21.3%
278,996	380,906	101,910	26.8%	Computer Support Services	1,666,108	1,834,512	168,405	9.2%
11,475	12,017	542	4.5%	Professional Fees-Accounting	64,173	65,257	1,084	1.7%
0	17	17	100.0%	Professional Fees-Medical	276	309	33	10.8%
124,071	168,149	44,078	26.2%	Other Purchased Services	342,693	496,767	154,074	31.0%
0	1,400	1,400	100.0%	Maint.& Repair-Office Equipment	1,567	4,367	2,800	64.1%
92,517	105,934	13,417	12.7%	HMS Recovery Fees	459,433	513,482	54,050	10.5%
2,850	49,705	46,855	94.3%	Hardware (Non-Capital)	63,403	125,353	61,950	49.4%
36,371	31,709	(4,662)	(14.7%)	Provider Relations-Credentialing	157,622	149,346	(8,276)	(5.5%)
22,242	193,333	171,092	88.5%	Legal Fees	77,508	356,558	279,050	78.3%
$857,295	**$1,529,524**	**$672,230**	**44.0%**	**Total Purchased & Professional Services**	**$4,646,651**	**$5,851,162**	**$1,204,512**	**20.6%**
				Occupancy				
68,242	68,328	85	0.1%	Depreciation	409,980	407,104	(2,876)	(0.7%)
62,638	71,987	9,349	13.0%	Building Lease	373,258	391,955	18,697	4.8%
4,412	5,917	1,505	25.4%	Leased and Rented Office Equipment	26,060	29,145	3,085	10.6%
14,504	16,735	2,231	13.3%	Utilities	79,571	87,475	7,904	9.0%
77,504	79,700	2,196	2.8%	Telephone	447,821	457,638	9,817	2.1%
16,694	52,035	35,341	67.9%	Building Maintenance	162,306	223,908	61,603	27.5%
$243,994	**$294,701**	**$50,707**	**17.2%**	**Total Occupancy**	**$1,498,996**	**$1,597,226**	**$98,230**	**6.2%**
				Printing Postage & Promotion				
61,151	167,810	106,659	63.6%	Postage	217,046	395,540	178,494	45.1%
3,920	5,500	1,580	28.7%	Design & Layout	31,575	31,850	275	0.9%

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

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
42,314	68,841	26,526	38.5%	Printing Services	311,311	437,158	125,847	28.8%
6,500	2,500	(4,000)	(160.0%)	Mailing Services	43,852	35,829	(8,023)	(22.4%)
3,323	5,383	2,061	38.3%	Courier/Delivery Service	31,827	32,014	187	0.6%
0	1,767	1,767	100.0%	Pre-Printed Materials and Publications	0	2,483	2,483	100.0%
0	17,000	17,000	100.0%	Promotional Products	0	17,000	17,000	100.0%
0	150	150	100.0%	Promotional Services	0	300	300	100.0%
507,600	41,500	(466,100)	(1,123.1%)	Community Relations	544,270	99,670	(444,600)	(446.1%)
37,944	8,167	(29,777)	(364.6%)	Translation - Non-Clinical	87,740	54,796	(32,944)	(60.1%)
$662,752	**$318,617**	**($344,134)**	**(108.0%)**	**Total Printing Postage & Promotion**	**$1,267,621**	**$1,106,641**	**($160,980)**	**(14.5%)**
				Licenses Insurance & Fees				
25,000	100,000	75,000	75.0%	Regulatory Penalties	25,000	100,000	75,000	75.0%
21,423	24,700	3,277	13.3%	Bank Fees	138,318	144,547	6,230	4.3%
77,935	93,565	15,630	16.7%	Insurance	457,516	488,116	30,600	6.3%
361,723	488,749	127,026	26.0%	Licenses, Permits and Fees	2,149,661	2,401,571	251,910	10.5%
81,681	186,339	104,657	56.2%	Subscriptions & Dues	491,342	637,122	145,780	22.9%
$567,762	**$893,352**	**$325,591**	**36.4%**	**Total Licenses Insurance & Postage**	**$3,261,837**	**$3,771,356**	**$509,520**	**13.5%**
				Supplies & Other Expenses				
3,145	14,903	11,758	78.9%	Office and Other Supplies	13,556	37,378	23,822	63.7%
3,218	4,000	782	19.5%	Ergonomic Supplies	30,640	31,005	365	1.2%
2,808	8,350	5,542	66.4%	Commissary-Food & Beverage	9,797	20,791	10,995	52.9%
375	10,000	9,625	96.3%	Member Incentive Expense	6,925	20,000	13,075	65.4%
0	4,167	4,167	100.0%	Covid-19 Vaccination Incentive Expense	506	8,599	8,093	94.1%
0	100	100	100.0%	Covid-19 IT Expenses	0	200	200	100.0%
0	5,119	5,119	100.0%	Covid-19 Non IT Expenses	1,386	12,098	10,712	88.5%
$9,546	**$46,638**	**$37,092**	**79.5%**	**Total Supplies & Other Expense**	**$62,810**	**$130,072**	**$67,262**	**51.7%**
$6,294,628	**$7,348,572**	**$1,053,944**	**14.3%**	**TOTAL ADMINISTRATIVE EXPENSE**	**$33,288,937**	**$35,679,500**	**$2,390,563**	**6.7%**

ALAMEDA ALLIANCE FOR HEALTH
CAPITAL SPENDING INCLUDING CONSTRUCTION-IN-PROCESS
ACTUAL VS. BUDGET
FOR THE FISCAL YEAR-TO-DATE ENDED DECMBER 30, 2022

		Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	$ Variance Fav/(Unf.)
1. Hardware:							
	Cisco UCS Blade	IT-FY23-01	$ 102,807		**$ 102,807**	$ 100,000	$ (2,807)
	Veeam Backup Shelf	IT-FY23-02	$ -		**$ -**	$ 70,000	$ 70,000
	Cisco Nexus 9k	IT-FY23-03	$ -		**$ -**	$ 60,000	$ 60,000
	Pure Storage Shelf	IT-FY23-04	$ 70,000		**$ 70,000**	$ 70,000	$ -
	Call Center Hardware	IT-FY23-05	$ -		**$ -**	$ 60,000	$ 60,000
	FAX DMG	IT-FY23-06	$ -		**$ -**	$ 80,000	$ 80,000
	Wireless)	IT-FY23-07	$ -		**$ -**	$ 60,000	$ 60,000
	Network / AV Cabling	IT-FY23-08	$ -	$ -	**$ -**	$ 60,000	$ 60,000
Hardware Subtotal			**$ 172,807**	**$ -**	**$ 172,807**	**$ 560,000**	**$ 387,193**
2. Software:							
	Zerto	AC-FY23-01	$ -		**$ -**	$ 80,000	$ 80,000
Software Subtotal			**$ -**	**$ -**	**$ -**	**$ 80,000**	**$ 80,000**
3. Building Improvement:							
	ADT (ACME) Security: Readers, HID Boxes, Doors - Planned/Unplanned requirements or replairs	FA-FY23-01	**$ -**	$ -	**$ -**	$ 50,000	$ 50,000
	HVAC (Clinton): Replace VAV boxes, equipment, duct work - Planned/Unplanned requirements or repairs	FA-FY23-02	$ -	$ -	**$ -**	$ 50,000	$ 50,000
	EV Charging Stations: Equipment, Electrical, Design, Engineering, Permits, Construction	FA-FY23-03	$ -	$ -	**$ -**	$ 100,000	$ 100,000
	Seismic Improvements (Carryover from FY22)	FA-FY23-07	$ 23,992	$ -	**$ 23,992**	$ 38,992	$ 15,000
	Contingencies	FA-FY23-16	**$ -**	$ -	**$ -**	$ 100,000	$ 100,000
Building Improvement Subtotal			**$ 23,992**	**$ -**	**$ 23,992**	**$ 338,992**	**$ 315,000**
4. Furniture & Equipment:							
			$ -		**$ -**	$ -	$ -
Furniture & Equipment Subtotal			**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
GRAND TOTAL			**$ 196,799**	**$ -**	**$ 196,799**	**$ 978,992**	**$ 782,193**

5. Reconciliation to Balance Sheet:

Fixed Assets @ Cost - 12/31/22	**$ 37,564,105**
Fixed Assets @ Cost - 6/30/22	**$ 37,356,250**
Fixed Assets Acquired YTD	**$ 207,855**

ALAMEDA ALLIANCE FOR HEALTH
TANGIBLE NET EQUITY (TNE) AND LIQUID TNE ANALYSIS
SUMMARY - FISCAL YEAR 2023

TANGIBLE NET EQUITY (TNE)

	Jul-22	Aug-22	QTR. END Sep-22	Oct-22	Nov-22	QTR. END Dec-22
Current Month Net Income / (Loss)	$5,704,828	$2,337,974	$3,995,061	$9,515,888	($1,361,897)	$2,472,823
YTD Net Income / (Loss)	$5,704,828	$8,042,802	$12,037,863	$21,553,751	$20,191,854	$22,664,677
Actual TNE						
Net Assets	$236,329,129	$238,667,103	$242,662,164	$252,178,052	$250,816,155	$253,367,265
Subordinated Debt & Interest	$0	$0	$0	$0	$0	$0
Total Actual TNE	**$236,329,129**	**$238,667,103**	**$242,662,164**	**$252,178,052**	**$250,816,155**	**$253,367,265**
Increase/(Decrease) in Actual TNE	$5,704,827	$2,337,974	$3,995,061	$9,515,888	($1,361,897)	$2,551,110
Required TNE[(1)]	**$37,812,719**	**$38,083,218**	**$37,973,977**	**$37,017,602**	**$37,956,874**	**$37,433,625**
Min. Req'd to Avoid Monthly Reporting (Increased from 130% to 150% of Required TNE effective July-2022)	$56,719,078	$57,124,827	$56,960,965	$55,526,403	$56,935,311	$56,150,437
TNE Excess / (Deficiency)	$198,516,410	$200,583,885	$204,688,187	$215,160,450	$212,859,281	$215,933,640
Actual TNE as a Multiple of Required	**6.25**	**6.27**	**6.39**	**6.81**	**6.61**	**6.77**

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	$236,329,129	$238,667,103	$242,662,164	$252,178,052	$250,816,155	$253,367,265
Fixed Assets at Net Book Value	(5,604,558)	(5,560,412)	(5,492,549)	(5,598,345)	(5,539,348)	(5,471,106)
Net Lease Assets/Liabilities/Interest	106,376	204,722	206,107	206,549	207,567	208,268
CD Pledged to DMHC	(350,000)	(350,000)	(350,000)	(350,000)	(350,000)	(350,000)
Liquid TNE (Liquid Reserves)	**$230,480,947**	**$232,961,413**	**$236,819,615**	**$246,229,707**	**$244,926,807**	**$247,546,159**
Liquid TNE as Multiple of Required	**6.10**	**6.12**	**6.24**	**6.65**	**6.45**	**6.61**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2023

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

	Actual Jul-22	Actual Aug-22	Actual Sep-22	Actual Oct-22	Actual Nov-22	Actual Dec-22	Actual Jan-23	Actual Feb-23	Actual Mar-23	Actual Apr-23	Actual May-23	Actual Jun-23	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	100,903	100,977	101,276	101,323	101,653	101,791							607,923
Adult	47,707	48,112	48,711	49,162	50,069	50,351							294,112
SPD	27,991	28,079	28,200	28,237	28,365	28,452							169,324
ACA OE	113,322	114,208	115,018	116,205	117,328	118,397							694,478
Duals	21,910	22,077	22,319	22,482	22,719	23,028							134,535
MCAL LTC	0	0	0	0	0	0							0
MCAL LTC Duals	0	0	0	0	0	0							0
Medi-Cal Program	311,833	313,453	315,524	317,409	320,134	322,019							1,900,372
Group Care Program	5,796	5,803	5,809	5,789	5,791	5,776							34,764
Total	**317,629**	**319,256**	**321,333**	**323,198**	**325,925**	**327,795**							**1,935,136**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	131	74	299	47	330	138							1,019
Adult	946	405	599	451	907	282							3,590
SPD	886	88	121	37	128	87							1,347
ACA OE	2,384	886	810	1,187	1,123	1,069							7,459
Duals	225	167	242	163	237	309							1,343
MCAL LTC	0	0	0	0	0	0							0
MCAL LTC Duals	0	0	0	0	0	0							0
Medi-Cal Program	4,572	1,620	2,071	1,885	2,725	1,885							14,758
Group Care Program	1	7	6	(20)	2	(15)							(19)
Total	**4,573**	**1,627**	**2,077**	**1,865**	**2,727**	**1,870**							**14,739**
Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	32.4%	32.2%	32.1%	31.9%	31.8%	31.6%							32.0%
Adult % of Medi-Cal	15.3%	15.3%	15.4%	15.5%	15.6%	15.6%							15.5%
SPD % of Medi-Cal	9.0%	9.0%	8.9%	8.9%	8.9%	8.8%							8.9%
ACA OE % of Medi-Cal	36.3%	36.4%	36.5%	36.6%	36.6%	36.8%							36.5%
Duals % of Medi-Cal	7.0%	7.0%	7.1%	7.1%	7.1%	7.2%							7.1%
Medi-Cal Program % of Total	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%							98.2%
Group Care Program % of Total	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%							1.8%
Total	**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 2023

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

	Actual Jul-22	Actual Aug-22	Actual Sep-22	Actual Oct-22	Actual Nov-22	Actual Dec-22	Actual Jan-23	Actual Feb-23	Actual Mar-23	Actual Apr-23	Actual May-23	Actual Jun-23	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted													
Directly Contracted (DCP)	54,340	52,198	52,418	52,571	53,736	53,143							318,406
Alameda Health System	62,784	63,910	64,424	64,799	65,216	65,771							386,904
	117,124	116,108	116,842	117,370	118,952	118,914							705,310
Delegated:													
CFMG	33,466	33,594	33,577	33,617	33,498	33,648							201,400
CHCN	119,514	121,703	122,696	123,666	124,637	126,009							738,225
Kaiser	47,525	47,851	48,218	48,545	48,838	49,224							290,201
Delegated Subtotal	200,505	203,148	204,491	205,828	206,973	208,881							1,229,826
Total	**317,629**	**319,256**	**321,333**	**323,198**	**325,925**	**327,795**							**1,935,136**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	2,973	(1,016)	734	528	1,582	(38)							4,763
Delegated:													
CFMG	58	128	(17)	40	(119)	150							240
CHCN	1,103	2,189	993	970	971	1,372							7,598
Kaiser	439	326	367	327	293	386							2,138
Delegated Subtotal	1,600	2,643	1,343	1,337	1,145	1,908							9,976
Total	**4,573**	**1,627**	**2,077**	**1,865**	**2,727**	**1,870**							**14,739**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	36.9%	36.4%	36.4%	36.3%	36.5%	36.3%							36.4%
Delegated:													
CFMG	10.5%	10.5%	10.4%	10.4%	10.3%	10.3%							10.4%
CHCN	37.6%	38.1%	38.2%	38.3%	38.2%	38.4%							38.1%
Kaiser	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%							15.0%
Delegated Subtotal	63.1%	63.6%	63.6%	63.7%	63.5%	63.7%							63.6%
Total	**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 2023	FINAL BUDGET												
	Budget Jul-22	Budget Aug-22	Budget Sep-22	Budget Oct-22	Budget Nov-22	Budget Dec-22	Budget Jan-23	Budget Feb-23	Budget Mar-23	Budget Apr-23	Budget May-23	Budget Jun-23	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program by Category of Aid:													
Child	100,903	100,977	101,276	101,323	101,526	101,729	102,032	102,236	102,440	102,645	102,427	102,209	1,221,723
Adult	47,707	48,112	48,711	49,162	49,408	49,655	50,068	50,318	50,570	50,823	50,572	50,320	595,426
SPD	27,990	28,079	28,200	28,237	28,322	28,407	31,537	31,632	31,727	31,822	31,866	31,911	359,730
ACA OE	113,322	114,208	115,018	116,205	116,554	116,904	119,956	120,316	120,677	121,039	120,274	119,507	1,413,980
Duals	21,911	22,077	22,319	22,482	22,617	22,753	44,376	44,642	44,910	45,179	45,320	45,462	404,048
MCAL LTC	0	0	0	0	0	0	153	153	153	153	153	153	918
MCAL LTC Duals	0	0	0	0	0	0	1,184	1,184	1,184	1,184	1,184	1,184	7,104
Medi-Cal Program	311,833	313,453	315,524	317,409	318,427	319,448	349,306	350,481	351,661	352,845	351,796	350,746	4,002,929
Group Care Program	5,796	5,803	5,809	5,789	5,789	5,789	5,789	5,789	5,789	5,789	5,789	5,789	69,509
Total	**317,629**	**319,256**	**321,333**	**323,198**	**324,216**	**325,237**	**355,095**	**356,270**	**357,450**	**358,634**	**357,585**	**356,535**	**4,072,438**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	6,092	74	299	47	203	203	303	204	204	205	(218)	(218)	7,398
Adult	6,631	405	599	451	246	247	413	250	252	253	(251)	(252)	9,244
SPD	1,245	89	121	37	85	85	3,130	95	95	95	44	45	5,166
ACA OE	9,886	886	810	1,187	349	350	3,052	360	361	362	(765)	(767)	16,071
Duals	2,135	166	242	163	135	136	21,623	266	268	269	141	142	25,686
MCAL LTC	0	0	0	0	0	0	153	0	0	0	0	0	153
MCAL LTC Duals	0	0	0	0	0	0	1,184	0	0	0	0	0	1,184
Medi-Cal Program	25,989	1,620	2,071	1,885	1,018	1,021	29,858	1,175	1,180	1,184	(1,049)	(1,050)	64,902
Group Care Program	(56)	7	6	(20)	0	0	0	0	0	0	0	0	(63)
Total	**25,933**	**1,627**	**2,077**	**1,865**	**1,018**	**1,021**	**29,858**	**1,175**	**1,180**	**1,184**	**(1,049)**	**(1,050)**	**64,839**
Enrollment Percentages:													
Medi-Cal Program:													
Child % (Medi-Cal)	32.4%	32.2%	32.1%	31.9%	31.9%	31.8%	29.2%	29.2%	29.1%	29.1%	29.1%	29.1%	30.5%
Adult % (Medi-Cal)	15.3%	15.3%	15.4%	15.5%	15.5%	15.5%	14.3%	14.4%	14.4%	14.4%	14.4%	14.3%	14.9%
SPD % (Medi-Cal)	9.0%	9.0%	8.9%	8.9%	8.9%	8.9%	9.0%	9.0%	9.0%	9.0%	9.1%	9.1%	9.0%
ACA OE % (Medi-Cal)	36.3%	36.4%	36.5%	36.6%	36.6%	36.6%	34.3%	34.3%	34.3%	34.3%	34.2%	34.1%	35.3%
Duals % (Medi-Cal)	7.0%	7.0%	7.1%	7.1%	7.1%	7.1%	12.7%	12.7%	12.8%	12.8%	12.9%	13.0%	10.1%
MCAL LTC % (Medi-Cal)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
MCAL LTC Duals % (Medi-Cal)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.2%
Medi-Cal Program % of Total	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.4%	98.4%	98.4%	98.4%	98.4%	98.4%	98.3%
Group Care Program % of Total	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.7%
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 2023	FINAL BUDGET												
	Budget Jul-22	Budget Aug-22	Budget Sep-22	Budget Oct-22	Budget Nov-22	Budget Dec-22	Budget Jan-23	Budget Feb-23	Budget Mar-23	Budget Apr-23	Budget May-23	Budget Jun-23	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted	117,124	116,108	116,842	117,370	117,768	118,167	132,827	133,300	133,775	134,250	133,844	133,438	1,504,813
Delegated:													
CFMG	33,466	33,594	33,577	33,617	33,689	33,761	34,005	34,077	34,149	34,222	34,146	34,070	406,373
CHCN	119,514	121,703	122,696	123,666	124,059	124,454	135,070	135,521	135,974	136,430	136,024	135,617	1,550,728
Kaiser	47,525	47,851	48,218	48,545	48,700	48,855	53,193	53,372	53,552	53,732	53,571	53,410	610,524
Delegated Subtotal	200,505	203,148	204,491	205,828	206,448	207,070	222,268	222,970	223,675	224,384	223,741	223,097	2,567,625
Total	**317,629**	**319,256**	**321,333**	**323,198**	**324,216**	**325,237**	**355,095**	**356,270**	**357,450**	**358,634**	**357,585**	**356,535**	**4,072,438**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	6,018	(1,016)	734	528	398	399	14,660	473	475	475	(406)	(406)	22,332
Delegated:													
CFMG	2,058	128	(17)	40	72	72	244	72	72	73	(76)	(76)	2,662
CHCN	13,283	2,189	993	970	393	395	10,616	451	453	456	(406)	(407)	29,386
Kaiser	4,574	326	367	327	155	155	4,338	179	180	180	(161)	(161)	10,459
Delegated Subtotal	19,915	2,643	1,343	1,337	620	622	15,198	702	705	709	(643)	(644)	42,507
Total	**25,933**	**1,627**	**2,077**	**1,865**	**1,018**	**1,021**	**29,858**	**1,175**	**1,180**	**1,184**	**(1,049)**	**(1,050)**	**64,839**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	36.9%	36.4%	36.4%	36.3%	36.3%	36.3%	37.4%	37.4%	37.4%	37.4%	37.4%	37.4%	37.0%
Delegated:													
CFMG	10.5%	10.5%	10.4%	10.4%	10.4%	10.4%	9.6%	9.6%	9.6%	9.5%	9.5%	9.6%	10.0%
CHCN	37.6%	38.1%	38.2%	38.3%	38.3%	38.3%	38.0%	38.0%	38.0%	38.0%	38.0%	38.0%	38.1%
Kaiser	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%
Delegated Subtotal	63.1%	63.6%	63.6%	63.7%	63.7%	63.7%	62.6%	62.6%	62.6%	62.6%	62.6%	62.6%	63.0%
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 2023

	Variance Jul-22	Variance Aug-22	Variance Sep-22	Variance Oct-22	Variance Nov-22	Variance Dec-22	Variance Jan-23	Variance Feb-23	Variance Mar-23	Variance Apr-23	Variance May-23	Variance Jun-23	Member Month Variance
Enrollment Variance by Plan & Aid Category - Favorable/(Unfavorable)													
Medi-Cal Program:													
Child	0	0	0	0	127	62							189
Adult	0	0	0	0	661	696							1,357
SPD	1	0	0	0	43	45							89
ACA OE	0	0	0	0	774	1,493							2,267
Duals	(1)	0	0	0	102	275							376
MCAL LTC	0	0	0	0	0	0							0
MCAL LTC Duals	0	0	0	0	0	0							0
Medi-Cal Program	0	0	0	0	1,707	2,571							4,278
Group Care Program	0	0	0	0	2	(13)							(11)
Total	**0**	**0**	**0**	**0**	**1,709**	**2,558**							**4,267**
Current Direct/Delegate Enrollment Variance - Favorable/(Unfavorable)													
Directly-Contracted	0	0	0	0	1,184	747							1,931
Delegated:													
CFMG	0	0	0	0	(191)	(113)							(304)
CHCN	0	0	0	0	578	1,555							2,133
Kaiser	0	0	0	0	138	369							507
Delegated Subtotal	0	0	0	0	525	1,811							2,336
Total	**0**	**0**	**0**	**0**	**1,709**	**2,558**							**4,267**

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

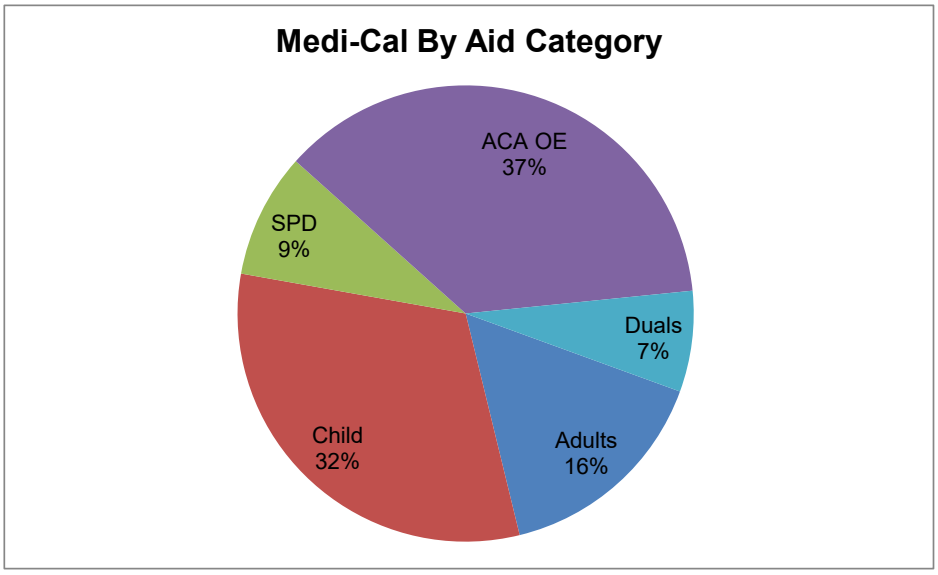
CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				CAPITATED MEDICAL EXPENSES:				
$1,134,788	$1,137,883	$3,095	0.3%	PCP-Capitation	$6,816,406	$6,816,234	($172)	0.0%
4,355,422	4,308,813	(46,608)	(1.1%)	PCP-Capitation - FQHC	25,575,786	25,508,165	(67,621)	(0.3%)
291,540	293,375	1,835	0.6%	Specialty-Capitation	1,749,701	1,751,690	1,989	0.1%
3,703,037	3,652,596	(50,441)	(1.4%)	Specialty-Capitation FQHC	21,630,795	21,555,908	(74,887)	(0.3%)
443,651	439,818	(3,833)	(0.9%)	Laboratory-Capitation	2,621,950	2,615,651	(6,299)	(0.2%)
1,231,043	0	(1,231,043)	0.0%	Transportation (Ambulance)-Cap	6,056,195	4,820,922	(1,235,273)	(25.6%)
236,933	235,315	(1,618)	(0.7%)	Vision Cap	1,401,876	1,399,372	(2,504)	(0.2%)
84,895	85,437	542	0.6%	CFMG Capitation	509,551	510,127	575	0.1%
184,825	182,497	(2,328)	(1.3%)	Anc IPA Admin Capitation FQHC	1,081,922	1,078,482	(3,440)	(0.3%)
11,104,766	11,287,853	183,087	1.6%	Kaiser Capitation	66,699,431	66,865,537	166,106	0.2%
672,853	796,383	123,529	15.5%	BHT Supplemental Expense	4,443,403	4,099,732	(343,671)	(8.4%)
267	0	(267)	0.0%	Hep-C Supplemental Expense	(15,082)	(15,349)	(267)	1.7%
422,217	572,920	150,703	26.3%	Maternity Supplemental Expense	2,035,192	2,442,109	406,917	16.7%
590,407	626,040	35,633	5.7%	DME - Cap	3,502,046	3,574,681	72,635	2.0%
$24,456,643	**$23,618,928**	**($837,715)**	**(3.5%)**	**5-TOTAL CAPITATED EXPENSES**	**$144,109,172**	**$143,023,260**	**($1,085,912)**	**(0.8%)**
				FEE FOR SERVICE MEDICAL EXPENSES:				
4,649,213	0	(4,649,213)	0.0%	IBNP-Inpatient Services	6,153,183	2,799,249	(3,353,934)	(119.8%)
139,475	0	(139,475)	0.0%	IBNP-Settlement (IP)	184,597	83,979	(100,618)	(119.8%)
371,936	0	(371,936)	0.0%	IBNP-Claims Fluctuation (IP)	492,253	223,940	(268,313)	(119.8%)
21,333,862	33,565,527	12,231,665	36.4%	Inpatient Hospitalization-FFS	149,322,797	166,447,503	17,124,706	10.3%
1,222,777	0	(1,222,777)	0.0%	IP OB - Mom & NB	7,887,558	5,348,714	(2,538,844)	(47.5%)
276,896	0	(276,896)	0.0%	IP Behavioral Health	1,566,143	982,572	(583,571)	(59.4%)
1,728,765	1,332,369	(396,396)	(29.8%)	LTC SNF	6,781,570	6,302,623	(478,946)	(7.6%)
237,562	0	(237,562)	0.0%	IP - Facility Rehab FFS	4,467,825	3,142,653	(1,325,172)	(42.2%)
$29,960,485	**$34,897,896**	**$4,937,411**	**14.1%**	**6-Inpatient Hospital & SNF FFS Expense**	**$176,855,925**	**$185,331,233**	**$8,475,308**	**4.6%**
447,558	0	(447,558)	0.0%	IBNP-PCP	791,401	628,624	(162,777)	(25.9%)
13,428	0	(13,428)	0.0%	IBNP-Settlement (PCP)	23,747	18,862	(4,885)	(25.9%)
35,806	0	(35,806)	0.0%	IBNP-Claims Fluctuation (PCP)	63,314	50,291	(13,023)	(25.9%)
1,598,262	1,382,692	(215,570)	(15.6%)	Primary Care Non-Contracted FF	8,838,870	8,136,323	(702,547)	(8.6%)
180,834	95,448	(85,387)	(89.5%)	PCP FQHC FFS	950,979	713,206	(237,773)	(33.3%)
2,028,546	2,899,152	870,606	30.0%	Prop 56 Direct Payment Expenses	11,999,229	13,740,934	1,741,705	12.7%
14,778	0	(14,778)	0.0%	Prop 56 Hyde Direct Payment Expenses	86,889	57,389	(29,500)	(51.4%)
78,719	0	(78,719)	0.0%	Prop 56-Trauma Expense	468,141	310,921	(157,221)	(50.6%)
99,800	0	(99,800)	0.0%	Prop 56-Dev. Screening Exp.	596,007	396,554	(199,453)	(50.3%)
714,818	0	(714,818)	0.0%	Prop 56-Fam. Planning Exp.	4,203,987	2,777,346	(1,426,641)	(51.4%)
(99)	0	99	0.0%	Prop 56-Value Based Purchasing	(1,391)	(1,293)	99	(7.6%)
$5,212,450	**$4,377,292**	**($835,158)**	**(19.1%)**	**7-Primary Care Physician FFS Expense**	**$28,021,174**	**$26,829,157**	**($1,192,017)**	**(4.4%)**
345,500	0	(345,500)	0.0%	IBNP-Specialist	(83,338)	479,524	562,862	117.4%
1,818,773	5,148,632	3,329,859	64.7%	Specialty Care-FFS	14,200,186	19,870,188	5,670,003	28.5%
129,294	0	(129,294)	0.0%	Anesthesiology - FFS	872,822	546,925	(325,897)	(59.6%)
718,785	0	(718,785)	0.0%	Spec Rad Therapy - FFS	5,096,522	3,377,385	(1,719,138)	(50.9%)
20,556	0	(20,556)	0.0%	Obstetrics-FFS	307,491	269,748	(37,744)	(14.0%)
292,263	0	(292,263)	0.0%	Spec IP Surgery - FFS	2,079,038	1,351,027	(728,011)	(53.9%)
403,189	0	(403,189)	0.0%	Spec OP Surgery - FFS	3,216,859	2,234,372	(982,486)	(44.0%)
351,153	0	(351,153)	0.0%	Spec IP Physician	2,259,827	1,438,762	(821,065)	(57.1%)
55,674	53,193	(2,481)	(4.7%)	SCP FQHC FFS	338,318	310,517	(27,801)	(9.0%)
10,366	0	(10,366)	0.0%	IBNP-Settlement (SCP)	(2,501)	14,383	16,884	117.4%
27,639	0	(27,639)	0.0%	IBNP-Claims Fluctuation (SCP)	(6,670)	38,359	45,029	117.4%
$4,173,191	**$5,201,825**	**$1,028,634**	**19.8%**	**8-Specialty Care Physician Expense**	**$28,278,553**	**$29,931,189**	**$1,652,635**	**5.5%**
202,624	0	(202,624)	0.0%	IBNP-Ancillary	(109,402)	321,732	431,134	134.0%
6,079	0	(6,079)	0.0%	IBNP Settlement (ANC)	(3,283)	9,649	12,932	134.0%
16,212	0	(16,212)	0.0%	IBNP Claims Fluctuation (ANC)	(8,751)	25,737	34,488	134.0%
165,672	0	(165,672)	0.0%	Acupuncture/Biofeedback	1,536,497	1,141,414	(395,083)	(34.6%)
61,586	0	(61,586)	0.0%	Hearing Devices	651,621	465,938	(185,684)	(39.9%)
57,198	0	(57,198)	0.0%	Imaging/MRI/CT Global	238,240	161,874	(76,366)	(47.2%)
47,127	0	(47,127)	0.0%	Vision FFS	291,268	184,029	(107,239)	(58.3%)
7	0	(7)	0.0%	Family Planning	47,118	47,111	(7)	0.0%
508,812	0	(508,812)	0.0%	Laboratory-FFS	3,906,877	2,694,430	(1,212,446)	(45.0%)
92,972	0	(92,972)	0.0%	ANC Therapist	660,879	443,518	(217,360)	(49.0%)
686,041	0	(686,041)	0.0%	Transportation (Ambulance)-FFS	3,788,697	2,305,579	(1,483,118)	(64.3%)
130,717	0	(130,717)	0.0%	Transportation (Other)-FFS	798,049	533,749	(264,299)	(49.5%)
513,841	0	(513,841)	0.0%	Hospice	2,524,338	1,554,127	(970,211)	(62.4%)
838,977	0	(838,977)	0.0%	Home Health Services	5,237,820	3,120,909	(2,116,910)	(67.8%)
0	5,673,302	5,673,302	100.0%	Other Medical-FFS	2,156	9,955,747	9,953,591	100.0%
(339,715)	0	339,715	0.0%	HMS Medical Refunds	(240,803)	84,120	324,922	386.3%
336	0	(336)	0.0%	Refunds-Medical Payments	935	(69)	(1,004)	1,457.5%
4,456	0	(4,456)	0.0%	DME & Medical Supplies	1,138,166	1,126,912	(11,253)	(1.0%)
0	667,638	667,638	100.0%	GEMT Direct Payment Expense	0	1,333,159	1,333,159	100.0%
391,207	0	(391,207)	0.0%	Community Based Adult Services (CBAS)	2,886,884	1,783,368	(1,103,517)	(61.9%)

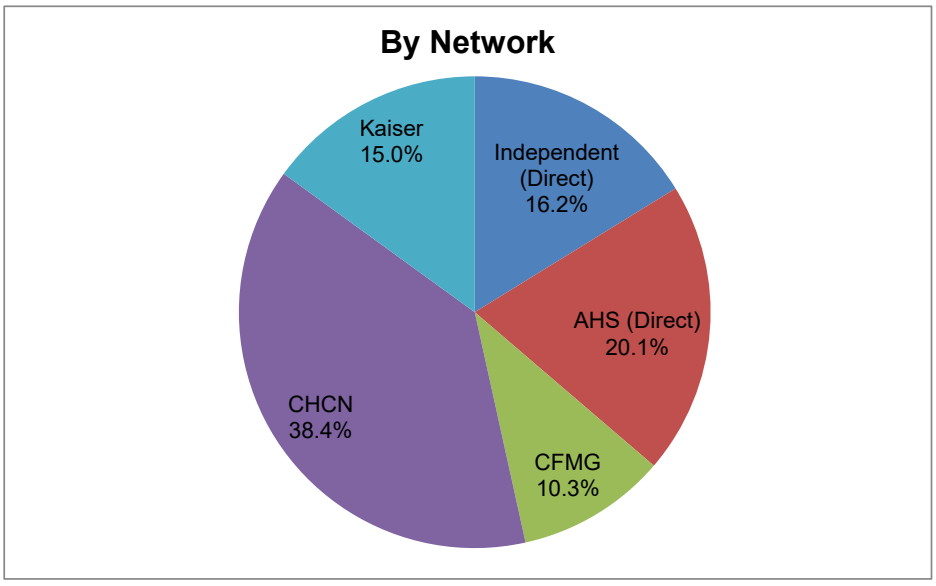
ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED December 31, 2022

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
919,254	842,405	(76,850)	(9.1%)	ECM Base/Outreach FFS Anc.	5,421,154	5,272,451	(148,703)	(2.8%)
0	0	0	0.0%	ECM Outreach FFS Ancillary	(5,200)	9,825	15,025	152.9%
595,332	138,413	(456,919)	(330.1%)	CS - Housing Deposits FFS Ancillary	2,623,281	1,762,799	(860,482)	(48.8%)
54,353	745,713	691,360	92.7%	CS - Housing Tenancy FFS Ancillary	2,196,708	3,409,366	1,212,658	35.6%
336,829	167,624	(169,205)	(100.9%)	CS - Housing Navigation Services FFS Ancillary	1,635,786	1,299,207	(336,579)	(25.9%)
330,663	204,877	(125,786)	(61.4%)	CS - Medical Respite FFS Ancillary	1,933,416	1,696,625	(236,791)	(14.0%)
341,903	136,018	(205,885)	(151.4%)	CS - Medically Tailored Meals FFS Ancillary	1,313,993	940,575	(373,417)	(39.7%)
56,512	37,159	(19,352)	(52.1%)	CS - Asthma Remediation FFS Ancillary	268,730	234,892	(33,838)	(14.4%)
0	10,964	10,964	100.0%	MOT- Wrap Around (Non Medical MOT Cost)	8,674	30,602	21,928	71.7%
$6,018,995	**$8,624,113**	**$2,605,118**	**30.2%**	**9-Ancillary Medical Expense**	**$38,743,847**	**$41,949,374**	**$3,205,527**	**7.6%**
1,066,253	0	(1,066,253)	0.0%	IBNP-Outpatient	3,797,092	1,712,767	(2,084,325)	(121.7%)
31,987	0	(31,987)	0.0%	IBNP Settlement (OP)	113,912	51,384	(62,528)	(121.7%)
85,300	0	(85,300)	0.0%	IBNP Claims Fluctuation (OP)	303,769	137,022	(166,747)	(121.7%)
1,134,054	9,278,401	8,144,346	87.8%	Out-Patient FFS	7,926,136	23,517,617	15,591,481	66.3%
1,323,461	0	(1,323,461)	0.0%	OP Ambul Surgery - FFS	9,261,470	6,320,713	(2,940,757)	(46.5%)
1,030,841	0	(1,030,841)	0.0%	OP Fac Imaging Services-FFS	6,717,301	4,151,392	(2,565,909)	(61.8%)
771,875	0	(771,875)	0.0%	Behav Health - FFS	4,821,970	3,072,756	(1,749,214)	(56.9%)
1,140,393	0	(1,140,393)	0.0%	Behavioral Health Therapy - FFS	7,152,871	4,559,994	(2,592,877)	(56.9%)
461,475	0	(461,475)	0.0%	OP Facility - Lab FFS	3,032,931	1,978,515	(1,054,415)	(53.3%)
87,764	0	(87,764)	0.0%	OP Facility - Cardio FFS	636,667	419,692	(216,975)	(51.7%)
41,837	0	(41,837)	0.0%	OP Facility - PT/OT/ST FFS	273,868	185,180	(88,688)	(47.9%)
1,625,263	0	(1,625,263)	0.0%	OP Facility - Dialysis FFS	13,008,123	7,656,130	(5,351,993)	(69.9%)
$8,800,505	**$9,278,401**	**$477,896**	**5.2%**	**10-Outpatient Medical Expense Medical Expense**	**$57,046,109**	**$53,763,163**	**($3,282,947)**	**(6.1%)**
375,981	0	(375,981)	0.0%	IBNP-Emergency	372,115	337,708	(34,407)	(10.2%)
11,279	0	(11,279)	0.0%	IBNP Settlement (ER)	11,161	10,128	(1,033)	(10.2%)
30,079	0	(30,079)	0.0%	IBNP Claims Fluctuation (ER)	29,770	27,018	(2,752)	(10.2%)
597,835	0	(597,835)	0.0%	Special ER Physician-FFS	3,871,597	2,522,209	(1,349,387)	(53.5%)
3,641,531	5,460,391	1,818,860	33.3%	ER-Facility	24,411,176	26,582,545	2,171,369	8.2%
$4,656,704	**$5,460,391**	**$803,687**	**14.7%**	**11-Emergency Expense**	**$28,695,818**	**$29,479,608**	**$783,790**	**2.7%**
1,157,170	0	(1,157,170)	0.0%	IBNP-Pharmacy	1,888,316	955,216	(933,100)	(97.7%)
34,715	0	(34,715)	0.0%	IBNP Settlement (RX)	56,649	28,657	(27,992)	(97.7%)
92,574	0	(92,574)	0.0%	IBNP Claims Fluctuation (RX)	151,063	76,415	(74,648)	(97.7%)
451,450	341,359	(110,091)	(32.3%)	Pharmacy-FFS	2,724,064	2,506,034	(218,031)	(8.7%)
58,765	6,727,433	6,668,668	99.1%	Pharmacy- Non-PBM FFS-Other Anc	13,652,621	26,656,468	13,003,848	48.8%
4,558,588	0	(4,558,588)	0.0%	Pharmacy- Non-PBM FFS-OP FAC	17,226,944	7,474,895	(9,752,048)	(130.5%)
103,608	0	(103,608)	0.0%	Pharmacy- Non-PBM FFS-PCP	497,498	222,232	(275,266)	(123.9%)
1,648,686	0	(1,648,686)	0.0%	Pharmacy- Non-PBM FFS-SCP	8,156,822	3,401,156	(4,755,665)	(139.8%)
9,848	0	(9,848)	0.0%	Pharmacy- Non-PBM FFS-FQHC	37,290	11,510	(25,780)	(224.0%)
10,113	0	(10,113)	0.0%	Pharmacy- Non-PBM FFS-HH	134,244	100,717	(33,527)	(33.3%)
(87)	0	87	0.0%	HMS RX Refunds	(65,728)	(59,403)	6,325	(10.6%)
0	32,433	32,433	100.0%	Pharmacy-Rebate	0	64,239	64,239	100.0%
$8,125,429	**$7,101,225**	**($1,024,205)**	**(14.4%)**	**12-Pharmacy Expense**	**$44,459,781**	**$41,438,136**	**($3,021,645)**	**(7.3%)**
$66,947,760	**$74,941,142**	**$7,993,382**	**10.7%**	**13-TOTAL FFS MEDICAL EXPENSES**	**$402,101,209**	**$408,721,860**	**$6,620,652**	**1.6%**
0	(98,746)	(98,746)	100.0%	Clinical Vacancy	0	(243,525)	(243,525)	100.0%
71,762	102,005	30,243	29.6%	Quality Analytics	423,107	490,479	67,372	13.7%
532,402	623,156	90,755	14.6%	Health Plan Services Department Total	2,770,575	3,023,587	253,012	8.4%
394,839	854,930	460,091	53.8%	Case & Disease Management Department Total	2,473,299	2,725,665	252,366	9.3%
13,323,176	13,372,160	48,984	0.4%	Medical Services Department Total	16,786,263	16,839,010	52,747	0.3%
577,893	621,172	43,279	7.0%	Quality Management Department Total	3,246,340	3,748,054	501,714	13.4%
154,624	166,295	11,671	7.0%	HCS Behavioral Health Department Total	746,942	792,920	45,978	5.8%
118,569	147,859	29,289	19.8%	Pharmacy Services Department Total	740,660	773,968	33,309	4.3%
45,172	71,626	26,454	36.9%	Regulatory Readiness Total	142,482	209,533	67,051	32.0%
$15,218,437	**$15,860,458**	**$642,020**	**4.0%**	**14-Other Benefits & Services**	**$27,329,667**	**$28,359,690**	**$1,030,024**	**3.6%**
				Reinsurance Expense				
(663,000)	(616,974)	46,026	(7.5%)	Reinsurance Recoveries	(5,279,611)	(5,189,777)	89,835	(1.7%)
826,214	822,633	(3,581)	(0.4%)	Stop-Loss Expense	4,884,732	4,879,618	(5,114)	(0.1%)
$163,214	**$205,658**	**$42,445**	**20.6%**	**15-Reinsurance Expense**	**($394,880)**	**($310,159)**	**$84,721**	**(27.3%)**
$106,786,053	**$114,626,185**	**$7,840,132**	**6.8%**	**17-TOTAL MEDICAL EXPENSES**	**$573,145,167**	**$579,794,652**	**$6,649,485**	**1.1%**

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Current Membership by Network By Category of Aid							
Category of Aid	**Dec 2022**	**% of Medi-Cal**	**Independent (Direct)**	**AHS (Direct)**	**CFMG**	**CHCN**	**Kaiser**
Adults	50,351	16%	9,509	9,939	845	20,887	9,171
Child	101,791	32%	7,468	9,362	30,545	35,630	18,786
SPD	28,452	9%	8,375	4,527	1,021	12,360	2,169
ACA OE	118,397	37%	16,915	38,547	1,234	46,266	15,435
Duals	23,028	7%	8,588	2,535	3	8,239	3,663
Medi-Cal	322,019		50,855	64,910	33,648	123,382	49,224
Group Care	5,776		2,288	861	-	2,627	-
Total	**327,795**	**100%**	**53,143**	**65,771**	**33,648**	**126,009**	**49,224**
Medi-Cal %	98.2%		95.7%	98.7%	100.0%	97.9%	100.0%
Group Care %	1.8%		4.3%	1.3%	0.0%	2.1%	0.0%
	Network Distribution		*16.2%*	*20.1%*	*10.3%*	*38.4%*	*15.0%*
			% Direct:	**36%**		**% Delegated:**	**64%**

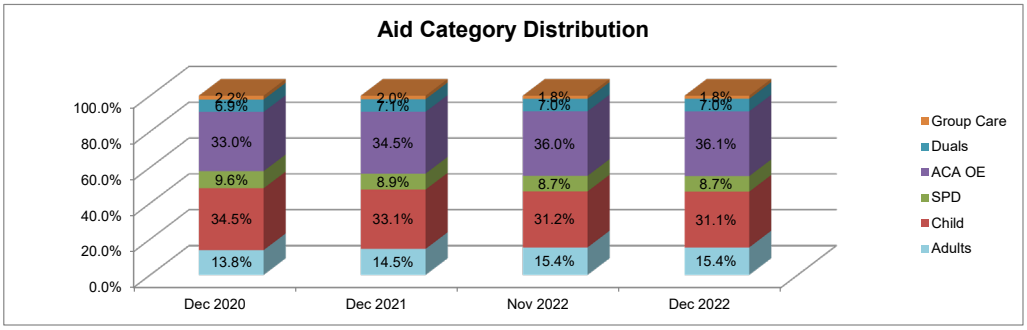




Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

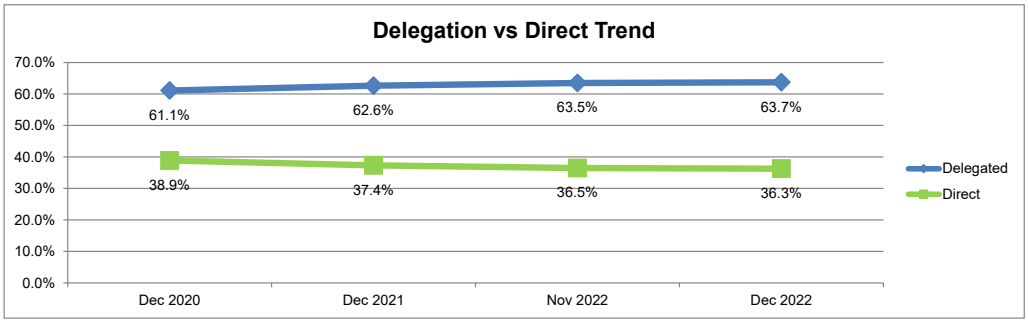
Category of Aid Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Category of Aid	Dec 2020	Dec 2021	Nov 2022	Dec 2022	Dec 2020	Dec 2021	Nov 2022	Dec 2022	Dec 2020 to Dec 2021	Dec 2021 to Dec 2022	Nov 2022 to Dec 2022
Adults	38,150	43,077	50,069	50,351	13.8%	14.5%	15.4%	15.4%	12.9%	16.9%	0.6%
Child	94,969	98,150	101,653	101,791	34.5%	33.1%	31.2%	31.1%	3.3%	3.7%	0.1%
SPD	26,339	26,450	28,365	28,452	9.6%	8.9%	8.7%	8.7%	0.4%	7.6%	0.3%
ACA OE	91,050	102,264	117,328	118,397	33.0%	34.5%	36.0%	36.1%	12.3%	15.8%	0.9%
Duals	19,127	20,964	22,719	23,028	6.9%	7.1%	7.0%	7.0%	9.6%	9.8%	1.4%
Medi-Cal Total	269,635	290,905	320,134	322,019	97.8%	98.0%	98.2%	98.2%	7.9%	10.7%	0.6%
Group Care	5,954	5,823	5,791	5,776	2.2%	2.0%	1.8%	1.8%	-2.2%	-0.8%	-0.3%
Total	**275,589**	**296,728**	**325,925**	**327,795**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**7.7%**	**10.5%**	**0.6%**



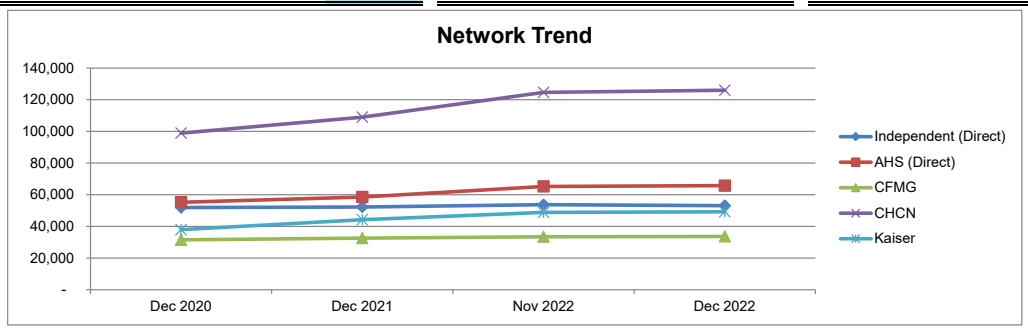
Delegation vs Direct Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Members	Dec 2020	Dec 2021	Nov 2022	Dec 2022	Dec 2020	Dec 2021	Nov 2022	Dec 2022	Dec 2020 to Dec 2021	Dec 2021 to Dec 2022	Nov 2022 to Dec 2022
Delegated	168,412	185,850	206,973	208,881	61.1%	62.6%	63.5%	63.7%	10.4%	12.4%	0.9%
Direct	107,177	110,878	118,952	118,914	38.9%	37.4%	36.5%	36.3%	3.5%	7.2%	0.0%
Total	**275,589**	**296,728**	**325,925**	**327,795**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**7.7%**	**10.5%**	**0.6%**



Network Trend

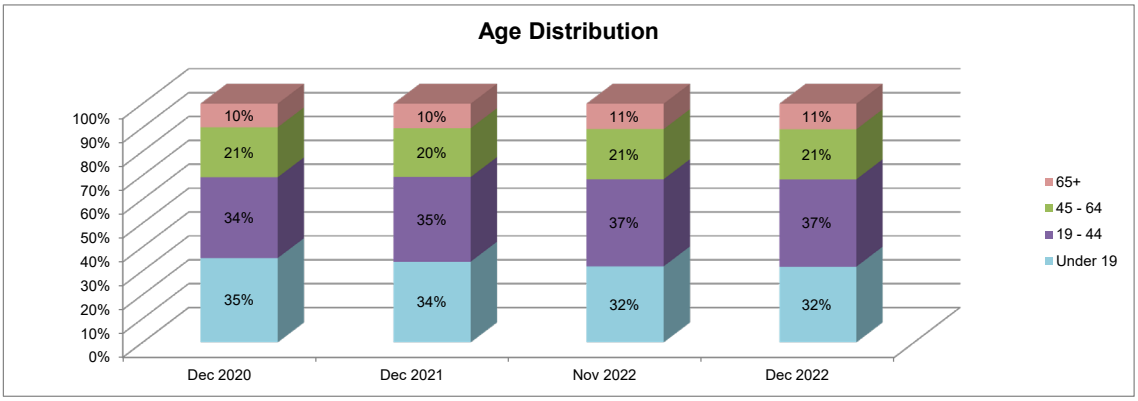
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Network	Dec 2020	Dec 2021	Nov 2022	Dec 2022	Dec 2020	Dec 2021	Nov 2022	Dec 2022	Dec 2020 to Dec 2021	Dec 2021 to Dec 2022	Nov 2022 to Dec 2022
Independent (Direct)	51,937	52,288	53,736	53,143	18.8%	17.6%	16.5%	16.2%	0.7%	1.6%	-1.1%
AHS (Direct)	55,240	58,590	65,216	65,771	20.0%	19.7%	20.0%	20.1%	6.1%	12.3%	0.9%
CFMG	31,529	32,573	33,498	33,648	11.4%	11.0%	10.3%	10.3%	3.3%	3.3%	0.4%
CHCN	98,920	109,059	124,637	126,009	35.9%	36.8%	38.2%	38.4%	10.2%	15.5%	1.1%
Kaiser	37,963	44,218	48,838	49,224	13.8%	14.9%	15.0%	15.0%	16.5%	11.3%	0.8%
Total	**275,589**	**296,728**	**325,925**	**327,795**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**7.7%**	**10.5%**	**0.6%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

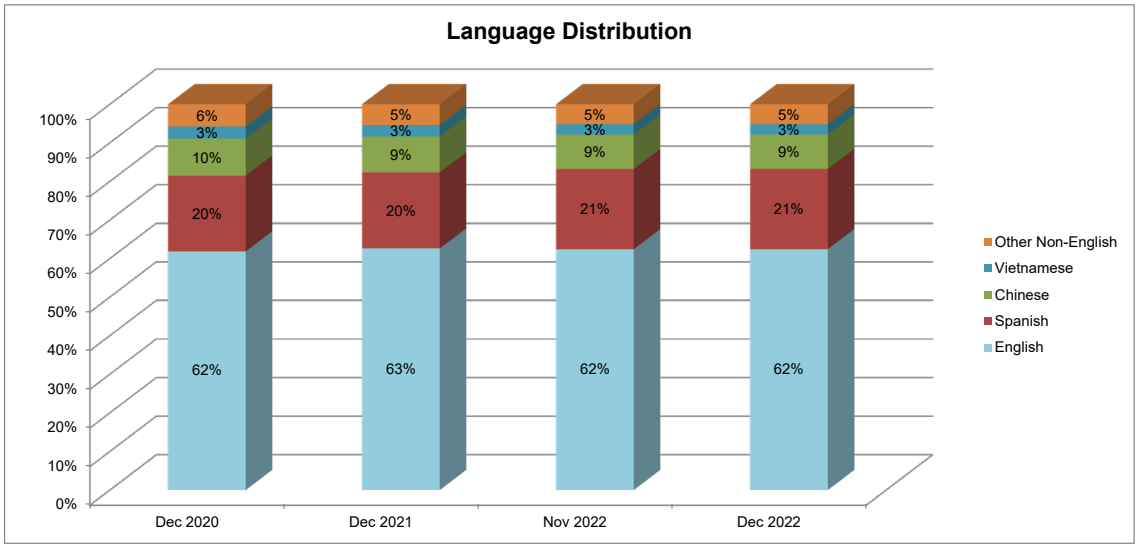
Age Category Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Age Category	Dec 2020	Dec 2021	Nov 2022	Dec 2022	Dec 2020	Dec 2021	Nov 2022	Dec 2022	Dec 2020 to Dec 2021	Dec 2021 to Dec 2022	Nov 2022 to Dec 2022
Under 19	97,399	100,408	103,882	104,022	35%	34%	32%	32%	3%	4%	0%
19 - 44	93,280	105,212	119,055	119,997	34%	35%	37%	37%	13%	14%	1%
45 - 64	57,679	60,685	68,281	68,606	21%	20%	21%	21%	5%	13%	0%
65+	27,231	30,423	34,707	35,170	10%	10%	11%	11%	12%	16%	1%
Total	**275,589**	**296,728**	**325,925**	**327,795**	**100%**	**100%**	**100%**	**100%**	**8%**	**10%**	**1%**



Language Trend

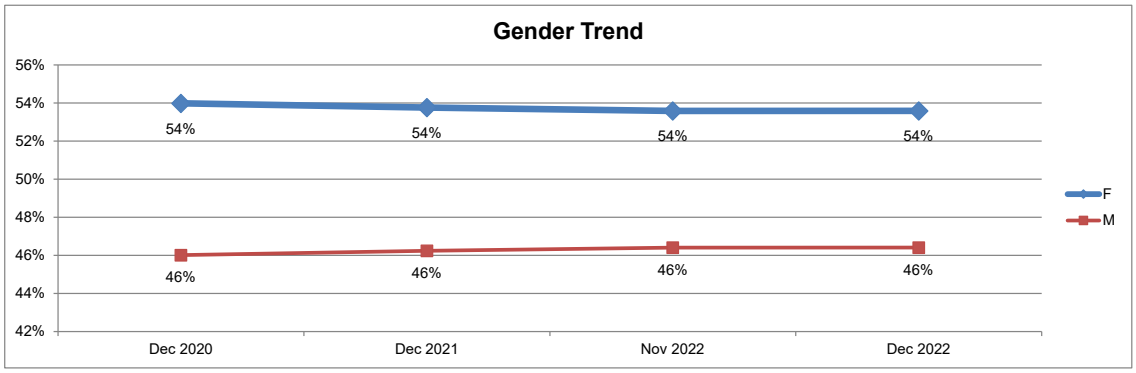
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Language	Dec 2020	Dec 2021	Nov 2022	Dec 2022	Dec 2020	Dec 2021	Nov 2022	Dec 2022	Dec 2020 to Dec 2021	Dec 2021 to Dec 2022	Nov 2022 to Dec 2022
English	170,388	185,754	203,441	204,635	62%	63%	62%	62%	9%	10%	1%
Spanish	54,148	58,510	67,653	68,179	20%	20%	21%	21%	8%	17%	1%
Chinese	26,521	27,703	29,111	29,182	10%	9%	9%	9%	4%	5%	0%
Vietnamese	8,688	8,807	8,906	8,904	3%	3%	3%	3%	1%	1%	0%
Other Non-English	15,844	15,954	16,814	16,895	6%	5%	5%	5%	1%	6%	0%
Total	**275,589**	**296,728**	**325,925**	**327,795**	**100%**	**100%**	**100%**	**100%**	**8%**	**10%**	**1%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

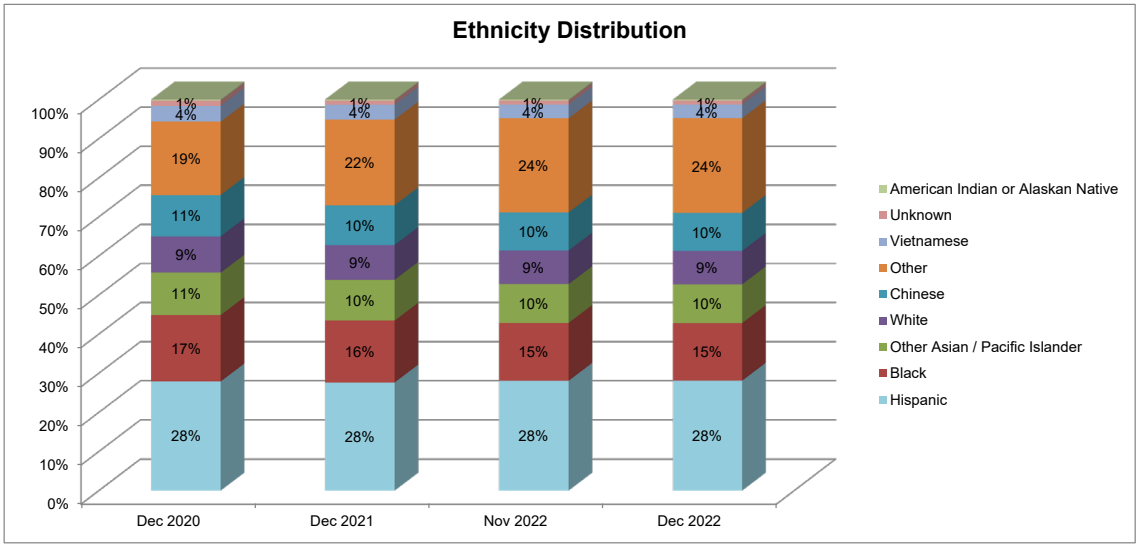
Gender Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Gender	Dec 2020	Dec 2021	Nov 2022	Dec 2022	Dec 2020	Dec 2021	Nov 2022	Dec 2022	Dec 2020 to Dec 2021	Dec 2021 to Dec 2022	Nov 2022 to Dec 2022
F	148,777	159,514	174,661	175,661	54%	54%	54%	54%	7%	10%	1%
M	126,812	137,214	151,264	152,134	46%	46%	46%	46%	8%	11%	1%
Total	**275,589**	**296,728**	**325,925**	**327,795**	**100%**	**100%**	**100%**	**100%**	**8%**	**10%**	**1%**



Ethnicity Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Ethnicity	Dec 2020	Dec 2021	Nov 2022	Dec 2022	Dec 2020	Dec 2021	Nov 2022	Dec 2022	Dec 2020 to Dec 2021	Dec 2021 to Dec 2022	Nov 2022 to Dec 2022
Hispanic	76,808	81,963	91,418	92,030	28%	28%	28%	28%	7%	12%	1%
Black	46,795	46,951	48,247	48,301	17%	16%	15%	15%	0%	3%	0%
Other Asian / Pacific Islander	29,939	30,972	32,346	32,466	11%	10%	10%	10%	3%	5%	0%
White	25,571	26,402	28,029	28,063	9%	9%	9%	9%	3%	6%	0%
Chinese	29,176	30,169	31,699	31,839	11%	10%	10%	10%	3%	6%	0%
Other	51,707	65,026	78,525	79,375	19%	22%	24%	24%	26%	22%	1%
Vietnamese	11,172	11,257	11,442	11,505	4%	4%	4%	4%	1%	2%	1%
Unknown	3,807	3,360	3,526	3,531	1%	1%	1%	1%	-12%	5%	0%
American Indian or Alaskan Native	614	628	693	685	0%	0%	0%	0%	2%	9%	-1%
Total	**275,589**	**296,728**	**325,925**	**327,795**	**100%**	**100%**	**100%**	**100%**	**8%**	**10%**	**1%**



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

Medi-Cal By City

City	Dec 2022	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	126,148	39%	13,005	30,772	14,179	54,215	13,977
Hayward	50,794	16%	7,436	11,605	5,525	17,274	8,954
Fremont	29,336	9%	10,222	4,610	1,005	8,606	4,893
San Leandro	29,173	9%	4,708	4,365	3,486	11,174	5,440
Union City	13,346	4%	3,998	2,177	534	4,051	2,586
Alameda	12,182	4%	2,045	2,065	1,627	4,390	2,055
Berkeley	12,025	4%	1,488	1,814	1,326	5,508	1,889
Livermore	9,924	3%	1,036	705	1,927	4,460	1,796
Newark	7,555	2%	1,901	2,528	242	1,494	1,390
Castro Valley	8,049	2%	1,311	1,281	1,084	2,622	1,751
San Lorenzo	6,754	2%	880	1,190	689	2,574	1,421
Pleasanton	5,413	2%	995	401	520	2,535	962
Dublin	5,865	2%	1,049	442	686	2,586	1,102
Emeryville	2,191	1%	327	422	313	742	387
Albany	1,998	1%	257	232	371	728	410
Piedmont	403	0%	54	125	27	98	99
Sunol	66	0%	13	11	4	24	14
Antioch	21	0%	5	2	1	10	3
Other	776	0%	125	163	102	291	95
Total	**322,019**	**100%**	**50,855**	**64,910**	**33,648**	**123,382**	**49,224**

Group Care By City

City	Dec 2022	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	1,880	33%	422	367	-	1,091	-
Hayward	646	11%	325	131	-	190	-
Fremont	611	11%	444	41	-	126	-
San Leandro	593	10%	222	90	-	281	-
Union City	304	5%	210	29	-	65	-
Alameda	279	5%	98	20	-	161	-
Berkeley	173	3%	51	12	-	110	-
Livermore	87	2%	28	1	-	58	-
Newark	148	3%	86	38	-	24	-
Castro Valley	186	3%	81	21	-	84	-
San Lorenzo	123	2%	48	17	-	58	-
Pleasanton	62	1%	25	3	-	34	-
Dublin	106	2%	38	8	-	60	-
Emeryville	33	1%	14	4	-	15	-
Albany	17	0%	6	1	-	10	-
Piedmont	13	0%	3	-	-	10	-
Sunol	-	0%	-	-	-	-	-
Antioch	27	0%	6	5	-	16	-
Other	488	8%	181	73	-	234	-
Total	**5,776**	**100%**	**2,288**	**861**	**-**	**2,627**	**-**

Total By City

City	Dec 2022	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	128,028	39%	13,427	31,139	14,179	55,306	13,977
Hayward	51,440	16%	7,761	11,736	5,525	17,464	8,954
Fremont	29,947	9%	10,666	4,651	1,005	8,732	4,893
San Leandro	29,766	9%	4,930	4,455	3,486	11,455	5,440
Union City	13,650	4%	4,208	2,206	534	4,116	2,586
Alameda	12,461	4%	2,143	2,085	1,627	4,551	2,055
Berkeley	12,198	4%	1,539	1,826	1,326	5,618	1,889
Livermore	10,011	3%	1,064	706	1,927	4,518	1,796
Newark	7,703	2%	1,987	2,566	242	1,518	1,390
Castro Valley	8,235	3%	1,392	1,302	1,084	2,706	1,751
San Lorenzo	6,877	2%	928	1,207	689	2,632	1,421
Pleasanton	5,475	2%	1,020	404	520	2,569	962
Dublin	5,971	2%	1,087	450	686	2,646	1,102
Emeryville	2,224	1%	341	426	313	757	387
Albany	2,015	1%	263	233	371	738	410
Piedmont	416	0%	57	125	27	108	99
Sunol	66	0%	13	11	4	24	14
Antioch	48	0%	11	7	1	26	3
Other	1,264	0%	306	236	102	525	95
Total	**327,795**	**100%**	**53,143**	**65,771**	**33,648**	**126,009**	**49,224**

ALAMEDA Alliance FOR HEALTH

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CalAIM UPDATE

Board of Governors

Mental Health Insourcing & Long-Term Care

February 10th, 2023

ALAMEDA Alliance FOR HEALTH

- Staffing
  - 8 Behavioral Health Staff Onboarded
  - Fully staffed with the exception of one resource starting 2/13/23

- Provider Network
  - 106 Fully Executed Contracts – includes Mental Health & Autism Providers
    - →477 Total Providers
  - ABA Contracts: 21 MH Contracts: 85

- Total Impacted Members – Based on Members reported to DHCS within Transition Letter
  - 1,145 Medi Cal Members seeing Beacon providers not yet contracted with AAH

- On target to meet 4/1/2023 Go-live date

- Operational Readiness
  - Regulatory – DMHC & DHCS
    - Comment Table responses from AAH to be submitted to DHCS 2/1/23. DMHC shall expedite their review upon request
    - AAH Transition Plan submitted to DHCS 1/31/23 – Pending Review
  - System Integration/Testing
    - Claims/HealthX in User Acceptance Testing
    - BH Form 1 – in Quality Assurance Testing
    - TruCare – Forms, Queues – Configuration in Progress
  - Training
    - BH Staff to Train Member Services Staff - 3/7 & 3/21
    - Provider Training & Orientation – March 1 though March 15

- Provider Network
  - 60 Contracts Fully Executed for Custodial Care
    - → Covers 93 Facilities
  - Provider Services is currently assessing current network and awaiting further guidance and data from DHCS on Subacute and ICF populations
- Total Impacted Members
  - Custodial- 970 Members
  - Subacute and ICF- Awaiting utilization data from the state
- Operational Readiness – Custodial Care
  - Regulatory – Completed prior to go live on 1/1/23
  - System Integration & Testing- Completed prior to go live on 1/1/23
  - Communication & Training- Completed prior to go live on 1/1/23

ALAMEDA Alliance FOR HEALTH

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ALAMEDA WELLNESS CAMPUS

PROPOSAL

Alameda Wellness Campus - Medical Respite Center

Alameda Point Collaborative: (APC): Proposal to Alameda Alliance for Health

Alameda Point Collaborative, in collaboration with LifeLong Medical Care (Health Partner) and Mercy Housing (Housing Developer), is shaping a national model of integrated care for homeless individuals. The Wellness Campus will serve an estimated 700 unhoused Alameda County residents annually, including 400 medical respite patients, 100 senior housing residents, and 200 Resource Center clients. The project is located next to East Bay Regional Park's Crab Cove in Alameda, a beautiful shoreline area that is conducive to health recovery.

The Wellness Campus has attained robust support from elected officials, community leaders, consumers, labor unions, and health care providers. Project Leadership and Community Champions have raised over 90% of the $54.5 million needed to develop the Medical Respite Center. We are requesting $4,000,000 from Alameda Alliance for Health to close out the capital campaign for this pathbreaking model of care.

VITAL NEED

- Dramatic growth in homelessness in Alameda County, with an aging population with complex health needs
- Unhoused people are at risk for accelerated disease progression, undetected advanced illness, and premature death 20 years prior to their housed peers
- Health recovery requires a clean, safe place to rest, nutritious food and medication storage
- Alameda County has identified the need for 300 medical respite beds

HEALTH OUTCOMES

The Medical Respite program will provide short-term residential care and health services for individuals who lack safe housing and care after an acute episode. These individuals may be too fragile to heal from an injury or illness on the streets or in a shelter but do not warrant further hospitalization. We anticipate 90% of all respite patients will be Alameda Alliance members.

Studies show promising cost savings. A similar program in Phoenix, Circle the City, a 50-bed medical respite center, achieved an annual cost savings of $4.3 million annually.

National studies have demonstrated:

- 24% reduced Medicaid cost per enrollee
- 30% decrease in hospital admissions
- 38% reduction in Emergency Department visits
- Key reductions in long-term care placements

CAPITAL BUDGET	**$53.0 million**
FUNDING PARTNERS	
State of California:	**$30.5 million**
CA Dept of Health Care Services	$15.0 million
CA Dept of Social Services, Community Care Expansion	$15.5 million
Philanthropic Partners:	**$6.5 million**
The California Endowment	$3.0 million
Kaiser Permanente Foundation	$2.5 million
Sutter Health Alta Bates Summit Medical Center	$1.0 million
Alameda County:	**$3.5 million**
Health Care Services Agency/ MHSA	$3.5 million
TOTAL RAISED	**$40.5 million**
GAP	$12.5 million
TOTAL REVENUE WITH GAP FUNDING	**$53.0 million**
Proposal to Meet the Remaining $12.5 million Capital Need Specific to APC's Request to Alameda Alliance for Health:	
Alameda County Health Care Services Agency (Alameda County Board of Supervisors authorized one-time capital funding with conditions)	$8.5 million
Alameda Alliance for Health	$4.0 million

Hospital & Street Medicine → Medical Respite → Stabilization Post-Respite

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

Arnold Perkins, AWC Project Champion, Former director of the Alameda County Public Health Department

REQUESTING A ONE-TIME $4 MILLION INVESTMENT FOR LONG-TERM SAVINGS AND HEALTH IMPROVEMENTS

Pioneering systems of care for highest-risk members

Doug Biggs, APC Executive Director – dbiggs@apcollaborative.org Bonnie Wolf, Project Director – bwolf@apcollaborative.org

ALAMEDA Alliance FOR HEALTH

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Staff Report

TO: Alameda Alliance for Health Board of Governors

FROM: Scott Coffin, Chief Executive Officer

DATE: February 10th, 2023

SUBJECT: Vote to Approve Funding for Alameda Wellness Campus

RECOMMENDED ACTION

To approve a motion to provide funding of $4 Million to the Alameda Point Collaborative for the development of Alameda Wellness Campus.

DISCUSSION

The Wellness Campus, located in Alameda, will serve an estimated 700 unhoused Alameda County residents annually. This payment of $4 Million fills the funding gap for development of a 50-Bed Medical Respite Center, which will be co-located with a Primary Care Health Clinic, Supportive Housing Units, and Homelessness Prevention Program, together providing a model of integrated care.

FISCAL IMPACT

The financial impact of this recommendation is approximately $4,000,000.00

ATTACHMENTS

Alameda Point Collaborative: (APC): Proposal to Alameda Alliance for Health

Operations

Matt Woodruff

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

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

Date: **February 10th, 2023**

Subject: **Operations Report**

Member Services

- 12-Month Trend Blended Summary:

    - The Member Services Department received a nine percent (9%) decrease in calls in January 2023, totaling 16,537 compared to 18,246 in January 2022. Call volume pre-pandemic in January 2019 was 16,393, which is one percent (1%) lower than the current call volume.
    - The abandonment rate for January 2023 was eighteen percent (18%), compared to thirty-nine percent (39%) in January 2022.
    - The Department's service level was forty-seven percent (47%) in January 2023, compared to twenty-five percent (25%) in January 2022. The Department continues to recruit to fill open positions. The customer service support service vendor continues to provide overflow call center support.
    - The average talk time (ATT) was six minutes and fifty-nine seconds (06:59) for January 2023 compared to six minutes and twenty-nine seconds (06:29) for January 2022.
    - The top five call reasons for January 2023 were: 1). Eligibility/Enrollment, 2). Change of PCP 3). Kaiser, 4). Benefits, 5). ID Card Request. The top five call reasons for January 2022 were: 1). Eligibility/Enrollment, 2). Kaiser, 3). Change of PCP 4). Benefits, 5). ID Card Requests.
    - January utilization for the member automated eligibility IVR system totaled nine hundred and twenty-nine (929).
    - The Department continues to service members via multiple communication channels (telephonic, email, online, web-based requests, and in-person) while honoring the organization's policies. The Department responded to nine-hundred twenty-nine (929) web-based requests in January 2023 compared to eleven hundred-three (1,103) in January 2022. The top three web reason requests for January 2023 were: 1). Change of PCP, 2). ID Card Requests, 3). Update Contact Information. Twenty-one (21) members were assisted in person in January 2023.

Claims

- 12-Month Trend Summary:

    - The Claims Department received 163,764 claims in January 2023 compared to 162,201 in January 2022.
    - Auto Adjudication was 80.3% in January 2023 compared to 82.9% in January 2022.
    - Claims compliance for the 30-day turn-around time was 99.2% in January 2023 compared to 96.7% in January 2022. The 45-day turn-around time was 99.9% in January 2023 compared to 99.9% in January 2022.

- Monthly Analysis:

    - In January, we received a total of 163,764 claims in the HEALTHsuite system. This represents a decrease of 7.91% from December and is higher, by 1,563 claims, than the number of claims received in January 2022; the higher volume of received claims remains attributed to increased membership.
    - We received 87.07% of claims via EDI and 12.93% of claims via paper.
    - During January, 99.9% of our claims were processed within 45 working days.
    - The Auto Adjudication rate was 80.3% for January.

Provider Services

- 12-Month Trend Summary:

    - The Provider Services department's call volume in January 2023 was 5,588 calls compared to 4,810 calls in January 2022.
    - Provider Services continuously works to achieve first call resolution and reduction of the abandonment rates. Efforts to promote provider satisfaction is our priority.
    - The Provider Services department completed 214 calls/visits during January 2023.
    - The Provider Services department answered 3,890 calls for January 2023 and made 741 outbound calls.

Credentialing

- 12-Month Trend Summary:

- At the Peer Review and Credentialing (PRCC) meeting held on January 17th, 2023, there were one hundred and thirteen (113) initial network providers approved; eight (8) primary care providers, five (5) specialists, three (3) ancillary providers, four (4) midlevel providers, and ninety-three (93) behavioral health providers. Additionally, fifteen (15) providers were re-credentialed at this meeting; two (2) primary care providers, nine (9) specialists, zero (0) ancillary providers, and four (4) 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 January 2023, the Provider Dispute Resolution (PDR) team received 979 PDRs versus 563 in January 2022.
  - The PDR team resolved 806 cases in January 2023 compared to 978 cases in January 2022.
  - In January 2023, the PDR team upheld 73% of cases versus 74% in January 2022.
  - The PDR team resolved 99.8% of cases within the compliance standard of 95% within 45 working days in January 2023 compared to 99.6% in January 2022.

- Monthly Analysis:
  - AAH received 979 PDRs in January 2023.
  - In January 2023, 806 PDRs were resolved. Out of the 806 PDRs, 586 were upheld, and 220 were overturned.
  - The overturn rate for PDRs was 27% which did not meet our goal of 25% or less.

Community Relations and Outreach

- 12-Month Trend Summary:
  - In January 2023, the Alliance completed 191 member orientation outreach calls and 52 member orientations by phone.

- The C&O Department reached 550 people (71% identified as Alliance members) during outreach activities, compared to 103 individuals (100% self-identified as Alliance members) in January 2022.
- The C&O Department spent a total of $600 in donations, fees, and/or sponsorships, compared to $0 in January 2022.
- The C&O Department reached members in 11 cities/unincorporated areas throughout Alameda County, Bay Area, and the U.S., compared to 13 cities in January 2022.

- Monthly Analysis:
  - In January 2023, the C&O Department completed 191-member orientation outreach calls and 52 member orientations by phone, 60 Alliance website inquiries, 6 service requests, and 1 community event.
  - Among the 550 people reached, 71% identified as Alliance members.
  - In January 2023, the C&O Department reached members in 11 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	JAN 2023
Incoming Calls (R/V)	16,537
Abandoned Rate (R/V)	18%
Answered Calls (R/V)	13,387
Average Speed to Answer (ASA)	6:59
Calls Answered in 60 Seconds (R/V)	47%
Average Talk Time (ATT)	06:59
Outbound Calls	6,226

Top 5 Call Reasons (Medi-Cal and Group Care) JAN 2023
Eligibility/Enrollment
Change of PCP
Kaiser
Benefits
ID Card Requests

Top 3 Web-Based Request Reasons (Medi-Cal and Group Care) JAN 2023
Change of PCP
ID Card Requests
Update Contact Info

Claims Department
December 2022 Final and January 2023 Final

METRICS		
Claims Compliance	**Dec-22**	**Jan-23**
90% of clean claims processed within 30 calendar days	98.6%	99.2%
95% of all claims processed within 45 working days	99.9%	99.9%
Claims Volume (Received)	**Dec-22**	**Jan-23**
Paper claims	21,195	21,181
EDI claims	156,633	142,583
Claim Volume Total	**177,828**	**163,764**
Percentage of Claims Volume by Submission Method	**Dec-22**	**Jan-23**
% Paper	11.92%	12.93%
% EDI	88.08%	87.07%
Claims Processed	**Dec-22**	**Jan-23**
HEALTHsuite Paid (original claims)	105,155	99,776
HEALTHsuite Denied (original claims)	43,248	41,857
HEALTHsuite Original Claims Sub-Total	**148,403**	**141,633**
HEALTHsuite Adjustments	870	1,020
HEALTHsuite Total	**149,273**	**142,653**
Claims Expense	**Dec-22**	**Jan-23**
Medical Claims Paid	$50,232,634	$60,755,515
Interest Paid	$25,498	$27,088
Auto Adjudication	**Dec-22**	**Jan-23**
Claims Auto Adjudicated	120,658	113,724
% Auto Adjudicated	81.3%	80.3%
Average Days from Receipt to Payment	**Dec-22**	**Jan-23**
HEALTHsuite	18	18
Pended Claim Age	**Nov-22**	**Jan-23**
0-29 calendar days	10,805	6,631
HEALTHsuite		
30-59 calendar days	187	81
HEALTHsuite		
Over 60 calendar days	0	0
HEALTHsuite		
Overall Denial Rate	**Dec-22**	**Jan-23**
Claims denied in HEALTHsuite	43,248	41,857
% Denied	29.0%	29.3%

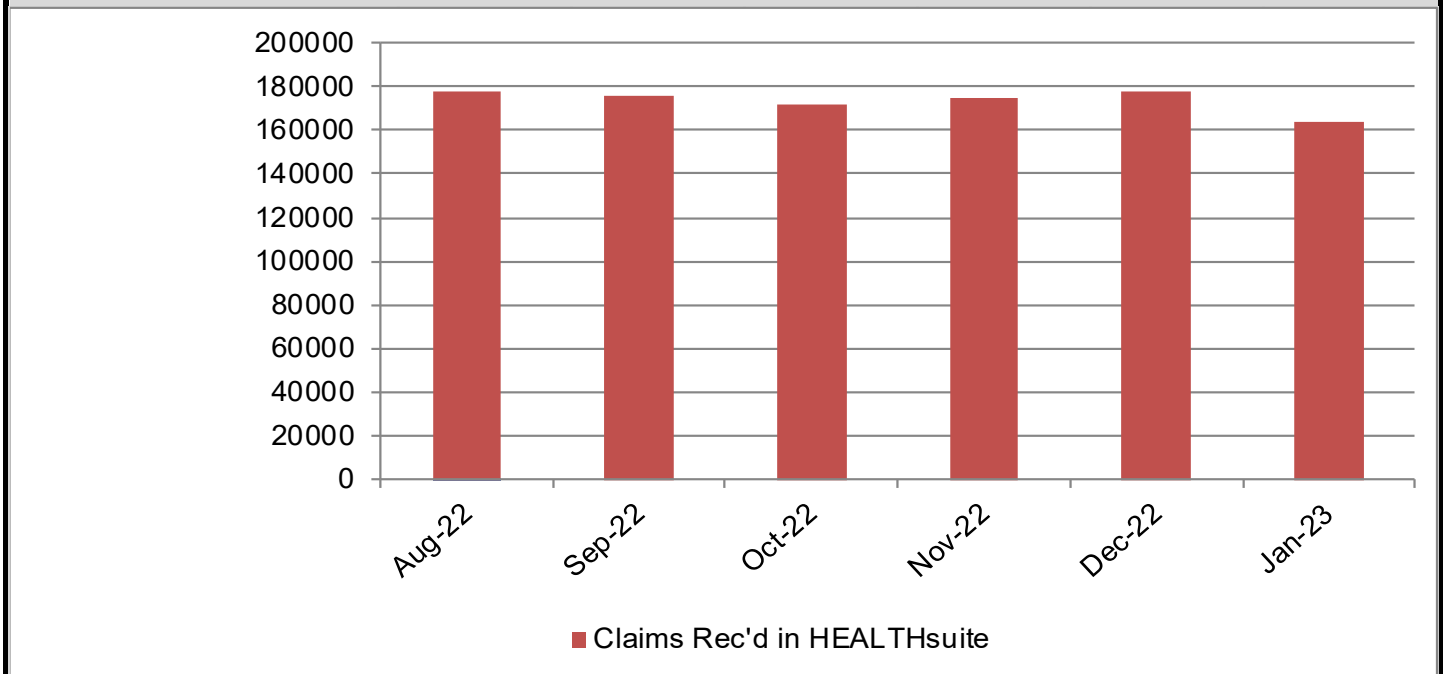
Claims Department
December 2022 Final and January 2023 Final

Jan-23

Top 5 HEALTHsuite Denial Reasons	% of all denials
Responsibility of Provider	30%
No Benefits Found For Dates of Service	16%
Non-Covered Benefit For This Plan	9%
Duplicate Claim	8%
Must Submit Paper Claim With Copy of Primary Payor EOB	5%
% Total of all denials	**68%**

Claims Received By Month

Run Date	9/1/2022	10/1/2022	11/1/2022	12/1/2022	1/1/2023	2/1/2023
Claims Received Through	**Aug-22**	**Sep-22**	**Oct-22**	**Nov-22**	**Dec-22**	**Jan-23**
Claims Rec'd in HEALTHsuite	177,945	175,955	171,386	174,429	177,828	163,764



Provider Relations Dashboard January 2023

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Incoming Calls (PR)	5588											
Abandoned Calls	1698											
Answered Calls (PR)	3890											
Recordings/Voicemails	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Incoming Calls (R/V)	1231											
Abandoned Calls (R/V)												
Answered Calls (R/V)	1231											
Outbound Calls	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Outbound Calls	741											
N/A												
Outbound Calls	741											
Totals	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Total Incoming, R/V, Outbound Calls	7560											
Abandoned Calls	1698											
Total Answered Incoming, R/V, Outbound Calls	5862											

Provider Relations Dashboard January 2023

Call Reasons (Medi-Cal and Group Care)

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Authorizations	5.3%											
Benefits	3.6%											
Claims Inquiry	46.7%											
Change of PCP	4.9%											
Complaint/Grievance (includes PDR's)	2.9%											
Contracts	0.9%											
Demographic Change	0.0%											
Eligibility - Call from Provider	19.4%											
Exempt Grievance/ G&A	0.0%											
General Inquiry/Non member	0.0%											
Health Education	0.0%											
Intrepreter Services Request	0.7%											
Kaiser	0.0%											
Member bill	0.0%											
Provider Portal Assistance	2.7%											
Pharmacy	0.2%											
Prop 56	0.4%											
Provider Network Info	0.0%											
Transportation Services	0.2%											
Transferred Call	0.0%											
All Other Calls	12.2%											
TOTAL	100.0%	#DIV/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	30											
Contracting/Credentialing	29											
Drop-ins	142											
JOM's	0											
New Provider Orientation	0											
Quarterly Visits	0											
UM Issues	13											
Total Field Visits	214	0	0	0	0	0	0	0	0	0	0	0

ALLIANCE NETWORK SUMMARY, CURRENTLY CREDENTIALED PRACTITIONERS

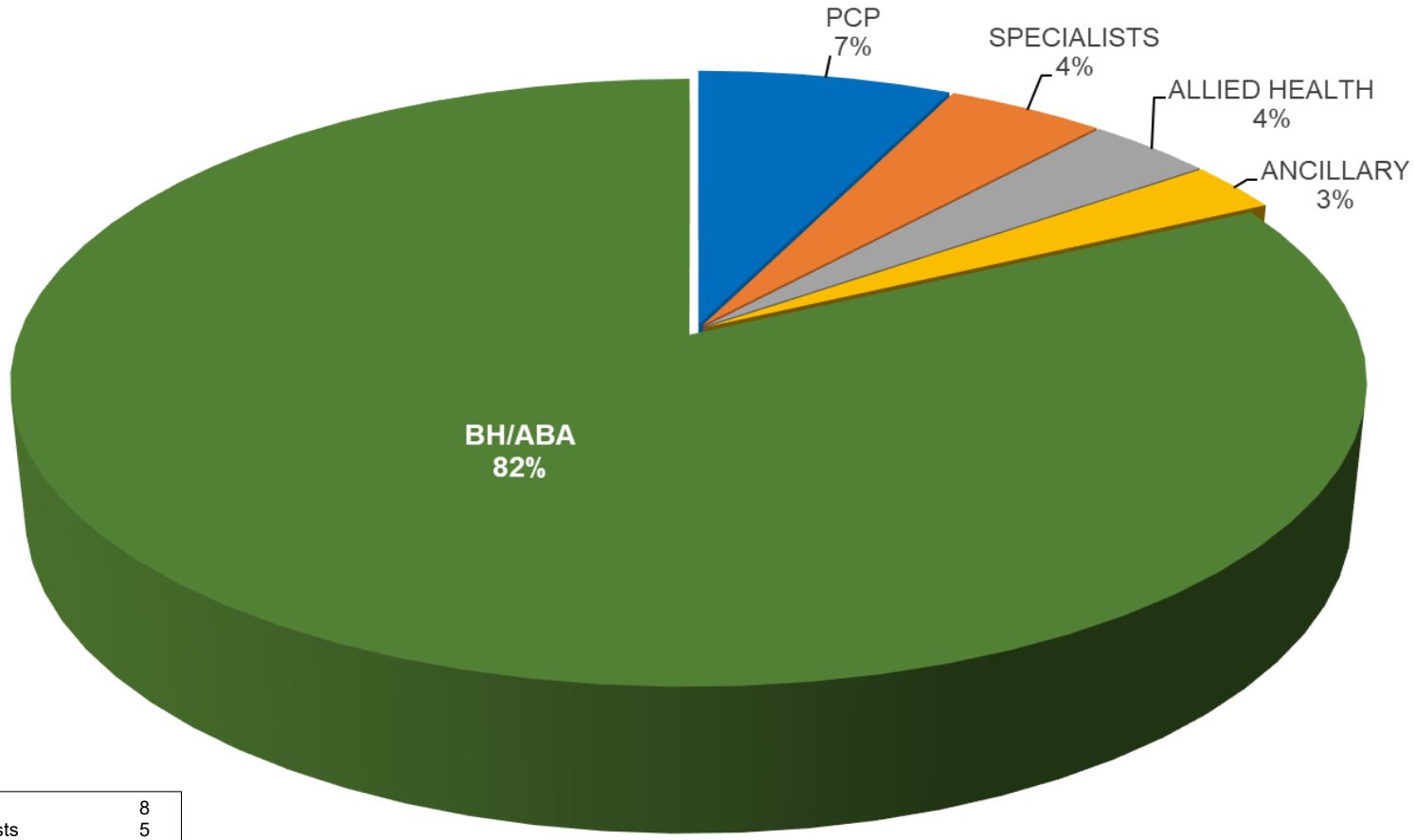
Practitioners		BH/ABA 477	AHP 410	PCP 346	SPEC 641	PCP/SPEC 12
AAH/AHS/CHCN Breakdown			AAH 829	AHS 211	CHCN 453	COMBINATION OF GROUPS 393
Facilities	**336**					
VENDOR SUMMARY						
Credentialing Verification Organization, Symply CVO						
	Number		**Average Calendar Days in Process**	**Goal - Business Days**	**Goal - 98% Accuracy**	**Compliant**
Initial Files in Process	520		93	25	Y	Y
Recred Files in Process	26		56	25	Y	Y
Expirables updated **Insurance, License, DEA, Board Certifications**						Y
Files currently in process	**546**					
CAQH Applications Processed in January 2023						
Standard Providers and Allied Health	**Invoice not received**					
January 2023 Peer Review and Credentialing Committee Approvals						
Initial Credentialing	**Number**					
PCP	8					
SPEC	5					
ANCILLARY	3					
MIDLEVEL/AHP	4					
BH/ABA	93					
	113					
Recredentialing						
PCP	2					
SPEC	9					
ANCILLARY	0					
MIDLEVEL/AHP	4					
BH/ABA	0					
	15					
TOTAL	**128**					
January 2023 Facility Approvals						
Initial Credentialing	7					
Recredentialing	7					
	14					
Facility Files in Process	**37**					
January 2023 Employee Metrics	5					
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
Aguirre-Sullivan	Mercedes	BH/ABA	INITIAL	1/17/2023
Al-Naqbi	Abeer	Specialist	INITIAL	1/17/2023
Alvarado-Garcia	Maria	Primary Care Physician	INITIAL	1/17/2023
Anyanwu	Adaeze	BH/ABA-Telehealth	INITIAL	1/17/2023
Apfel	Jessica	BH/ABA	INITIAL	1/17/2023
Aramandla	Indulatha	BH/ABA	INITIAL	1/17/2023
Assaf	Heftsi	BH/ABA	INITIAL	1/17/2023
Bahrani	Milad	Primary Care Physician	INITIAL	1/17/2023
Baldwin	Dawnae	BH/ABA-Telehealth	INITIAL	1/17/2023
Banerjee	Madhumita	BH/ABA	INITIAL	1/17/2023
Barokov	Julia	BH/ABA	INITIAL	1/17/2023
Bennett	Nancy	BH/ABA	INITIAL	1/17/2023
Bhimji	Altaf	BH/ABA	INITIAL	1/17/2023
Bozorgmehr	Jafar	BH/ABA-Telehealth	INITIAL	1/17/2023
Burk	Stacey	BH/ABA-Telehealth	INITIAL	1/17/2023
Carey	Roger	BH/ABA-Telehealth	INITIAL	1/17/2023
Carney	Megan	BH/ABA	INITIAL	1/17/2023
Castaneda	Elizabeth	BH/ABA	INITIAL	1/17/2023
Cheever	Karen	Allied Health	INITIAL	1/17/2023
Chen	Douglas	BH/ABA-Telehealth	INITIAL	1/17/2023
Chen	Tze- Ming	Specialist	INITIAL	1/17/2023
Cound	Chelsea	BH/ABA	INITIAL	1/17/2023
Crowley	Crystal	BH/ABA	INITIAL	1/17/2023
Dang	Michael	BH/ABA-Telehealth	INITIAL	1/17/2023
Daniels	Tatiana	BH/ABA	INITIAL	1/17/2023
Deen	Danielle	BH/ABA-Telehealth	INITIAL	1/17/2023
DelMonte	Dawn	BH/ABA	INITIAL	1/17/2023
Espinoza	Dustin	BH/ABA	INITIAL	1/17/2023
Francis	Debbie	BH/ABA	INITIAL	1/17/2023
Gentry	Emily	Allied Health	INITIAL	1/17/2023
Gershony	Gary	Primary Care Physician	INITIAL	1/17/2023
Gonzalez	Ilse	BH/ABA	INITIAL	1/17/2023
Gould	Darin	BH/ABA-Telehealth	INITIAL	1/17/2023
Groves-Rehwaldt	Katrina	BH/ABA	INITIAL	1/17/2023
Guerra	Sofia	BH/ABA	INITIAL	1/17/2023
Hernandez	Luis	BH/ABA	INITIAL	1/17/2023
Holloway	Loletta	BH/ABA-Telehealth	INITIAL	1/17/2023
Hurtado	Jerry	BH/ABA	INITIAL	1/17/2023
Hurtubise	Brigitte	Specialist	INITIAL	1/17/2023
Ing	Kendra	BH/ABA	INITIAL	1/17/2023
Irwin	Jessica	BH/ABA-Telehealth	INITIAL	1/17/2023
Jackson	Shenelle	BH/ABA	INITIAL	1/17/2023
Jacobs	Shanna	BH/ABA	INITIAL	1/17/2023
Jauregui	Mychael	BH/ABA	INITIAL	1/17/2023
Kendall	Judith	BH/ABA	INITIAL	1/17/2023
Koo	Edward	BH/ABA	INITIAL	1/17/2023
Kubulan-Simmons	Gabrielle	BH/ABA	INITIAL	1/17/2023
Larstra	Justin	BH/ABA-Telehealth	INITIAL	1/17/2023
Lechuga	Yesenia	BH/ABA-Telehealth	INITIAL	1/17/2023
Levine	Richard	BH/ABA	INITIAL	1/17/2023
Lokhandwala	Nayeem	BH/ABA	INITIAL	1/17/2023
Longwell	Kathleen	BH/ABA	INITIAL	1/17/2023
Lujan Perales	Alfredo	BH/ABA-Telehealth	INITIAL	1/17/2023
Lull	Kelli	BH/ABA-Telehealth	INITIAL	1/17/2023
Malasky	Cynthia	BH/ABA	INITIAL	1/17/2023

LAST NAME	FIRST NAME	CATEGORY	INITIAL/RECRED	CRED DATE
Marchman	Danielle	BH/ABA	INITIAL	1/17/2023
Markle	Donald	BH/ABA-Telehealth	INITIAL	1/17/2023
Merchant	Reema	BH/ABA	INITIAL	1/17/2023
Michel	Efrain	BH/ABA	INITIAL	1/17/2023
Mitchell	Andreas	Primary Care Physician	INITIAL	1/17/2023
Mitchell	Rachel	BH/ABA	INITIAL	1/17/2023
Moghtaderizadeh	Arazue	Allied Health	INITIAL	1/17/2023
Mohaghegh	Sara	BH/ABA	INITIAL	1/17/2023
Moloney	Gavin	Ancillary	INITIAL	1/17/2023
Moore	William	Ancillary	INITIAL	1/17/2023
Mukherjee	Uday	BH/ABA	INITIAL	1/17/2023
Mukhopadhyay	Suddha	BH/ABA	INITIAL	1/17/2023
Nair	Sapna	BH/ABA-Telehealth	INITIAL	1/17/2023
Nameth	Danielle	Primary Care Physician	INITIAL	1/17/2023
Nguyen	John	BH/ABA-Telehealth	INITIAL	1/17/2023
Nguyen-Dinh	Thanh	Primary Care Physician	INITIAL	1/17/2023
Nolan	Patrick	BH/ABA-Telehealth	INITIAL	1/17/2023
Ordone	Monique	BH/ABA	INITIAL	1/17/2023
Orlino	Jon Christopher	Specialist	INITIAL	1/17/2023
Piceno-Martinez	Araceli	BH/ABA	INITIAL	1/17/2023
Rahmany	Khalil	BH/ABA	INITIAL	1/17/2023
Rajalakshmi	Shruthi	BH/ABA-Telehealth	INITIAL	1/17/2023
Randlev	Britta	BH/ABA	INITIAL	1/17/2023
Roberts	Shaneeka	BH/ABA	INITIAL	1/17/2023
Rodriguez Vieyra	Nicolas	BH/ABA	INITIAL	1/17/2023
Roncarolo de Vries	Roxane	Allied Health	INITIAL	1/17/2023
Rosenberg	Adrienne	BH/ABA	INITIAL	1/17/2023
Rozario	Alicia	Ancillary	INITIAL	1/17/2023
Sale	Tessa	BH/ABA-Telehealth	INITIAL	1/17/2023
Saleh	Sharefi	Primary Care Physician	INITIAL	1/17/2023
Salmo	Samer	BH/ABA	INITIAL	1/17/2023
Sanandaji	Niloofar	BH/ABA	INITIAL	1/17/2023
Sanchez	Jessica	BH/ABA	INITIAL	1/17/2023
Saralkar	Rachna	BH/ABA	INITIAL	1/17/2023
Seemann	Marike	BH/ABA	INITIAL	1/17/2023
Sethi	Sheba	BH/ABA	INITIAL	1/17/2023
Silva	Brenda	BH/ABA-Telehealth	INITIAL	1/17/2023
Silva-Toscano	Rogelio	BH/ABA	INITIAL	1/17/2023
Smith	Kathleen	BH/ABA-Telehealth	INITIAL	1/17/2023
Smith	Shelby	BH/ABA-Telehealth	INITIAL	1/17/2023
Snow	Alexander	BH/ABA-Telehealth	INITIAL	1/17/2023
Stills	Nadirah	BH/ABA	INITIAL	1/17/2023
Stublefield	Mila	BH/ABA	INITIAL	1/17/2023
Thompson	Melissa	BH/ABA	INITIAL	1/17/2023
Thorn-Sermeno	Nicholas	BH/ABA	INITIAL	1/17/2023
Titcher	Randall	BH/ABA-Telehealth	INITIAL	1/17/2023
Tran	Nhi	Primary Care Physician	INITIAL	1/17/2023
Turner	Candice	BH/ABA	INITIAL	1/17/2023
Tyree	Patricia	BH/ABA	INITIAL	1/17/2023
Vargas	Suzanne	BH/ABA	INITIAL	1/17/2023
Vartivarian	Mher	Specialist	INITIAL	1/17/2023
Venkatachalam	Sukanya	BH/ABA	INITIAL	1/17/2023
Vidal-Zavala	Grecya Nadir Odette	BH/ABA	INITIAL	1/17/2023
Vigil-Toledo	Jessica	BH/ABA-Telehealth	INITIAL	1/17/2023
Vilchez	Gladys	BH/ABA	INITIAL	1/17/2023

LAST NAME	FIRST NAME	CATEGORY	INITIAL/RECRED	CRED DATE
Vo	Sophia	BH/ABA	INITIAL	1/17/2023
Wei	Hui	BH/ABA	INITIAL	1/17/2023
Wright	Stephanie	BH/ABA-Telehealth	INITIAL	1/17/2023
Agcaoili	Carmencita	Specialist	RE-CREDS	1/17/2023
Aldaz-Perry	Victoria	Allied Health	RE-CREDS	1/17/2023
Banh	Co	Specialist	RE-CREDS	1/17/2023
Barrie	Stacey	Specialist	RE-CREDS	1/17/2023
DiLaura	Angela	Allied Health	RE-CREDS	1/17/2023
Kuruma	Pavani	Primary Care Physician	RE-CREDS	1/17/2023
Lee	Thomas	Specialist	RE-CREDS	1/17/2023
Mayen	Vanessa	Allied Health	RE-CREDS	1/17/2023
Meceda	Victor	Primary Care Physician	RE-CREDS	1/17/2023
Nevin	Alyssa	Allied Health	RE-CREDS	1/17/2023
Patel	Divyang	Specialist	RE-CREDS	1/17/2023
Prasad	Sudeepthi	Specialist	RE-CREDS	1/17/2023
Srivatsa	Arun	Specialist	RE-CREDS	1/17/2023
Tsai	Wilson	Specialist	RE-CREDS	1/17/2023
Veeragandham	Suman	Specialist	RE-CREDS	1/17/2023

JANUARY PEER REVIEW AND CREDENTIALING
INITIAL APPROVALS BY SPECIALTY



PCP	8
Specialists	5
Allied Health	4
Ancillary	3
BH/ABA	93
Total	113

Provider Dispute Resolution
December 2022 and January 2023

METRICS

PDR Compliance	Dec-22	Jan-23
# of PDRs Resolved	787	806
# Resolved Within 45 Working Days	787	804
% of PDRs Resolved Within 45 Working Days	100.0%	99.8%

PDRs Received	Dec-22	Jan-23
# of PDRs Received	986	979
PDR Volume Total	**986**	**979**

PDRs Resolved	Dec-22	Jan-23
# of PDRs Upheld	532	586
% of PDRs Upheld	68%	73%
# of PDRs Overturned	255	220
% of PDRs Overturned	32%	27%
Total # of PDRs Resolved	**787**	**806**

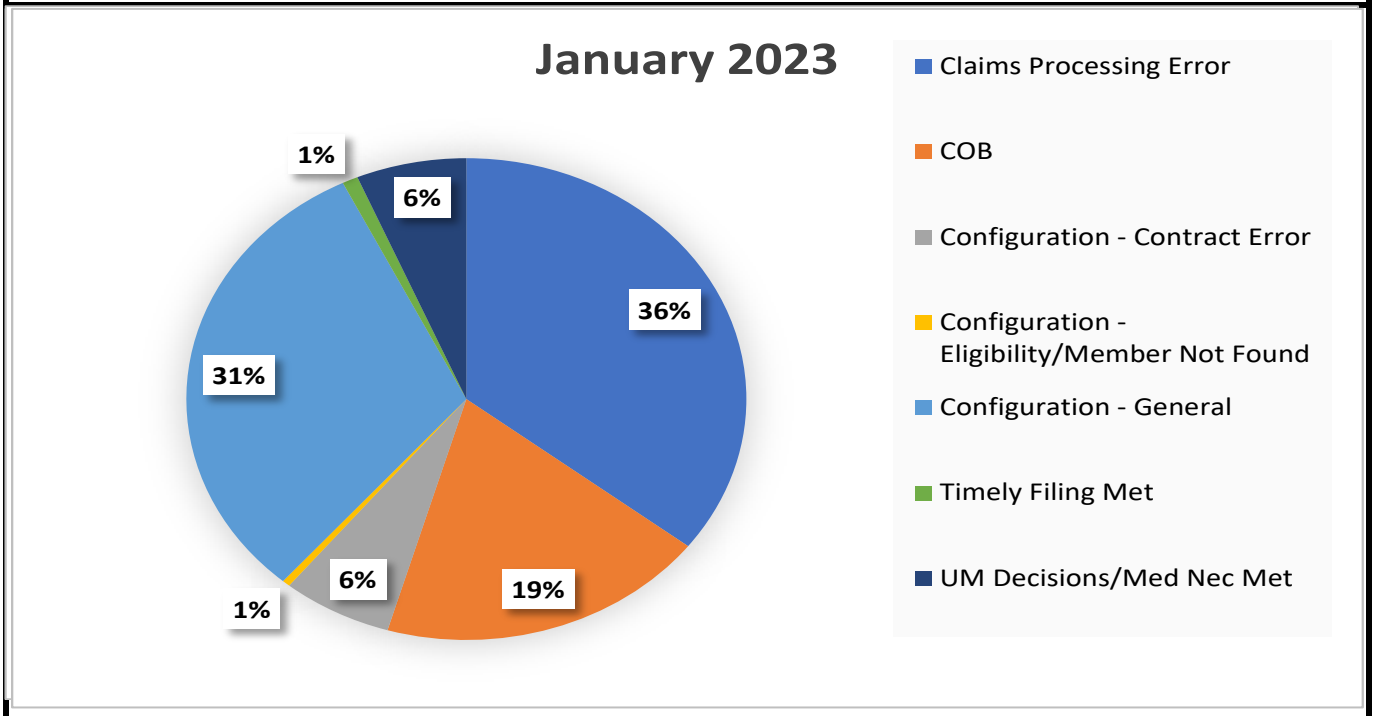
Average Turnaround Time	Dec-22	Jan-23
Average # of Days to Resolve PDRs	25	30
Oldest Unresolved PDR in Days	44	44

Unresolved PDR Age	Dec-22	Jan-23
0-45 Working Days	966	1,096
Over 45 Working Days	0	0
Total # of Unresolved PDRs	**966**	**1,096**

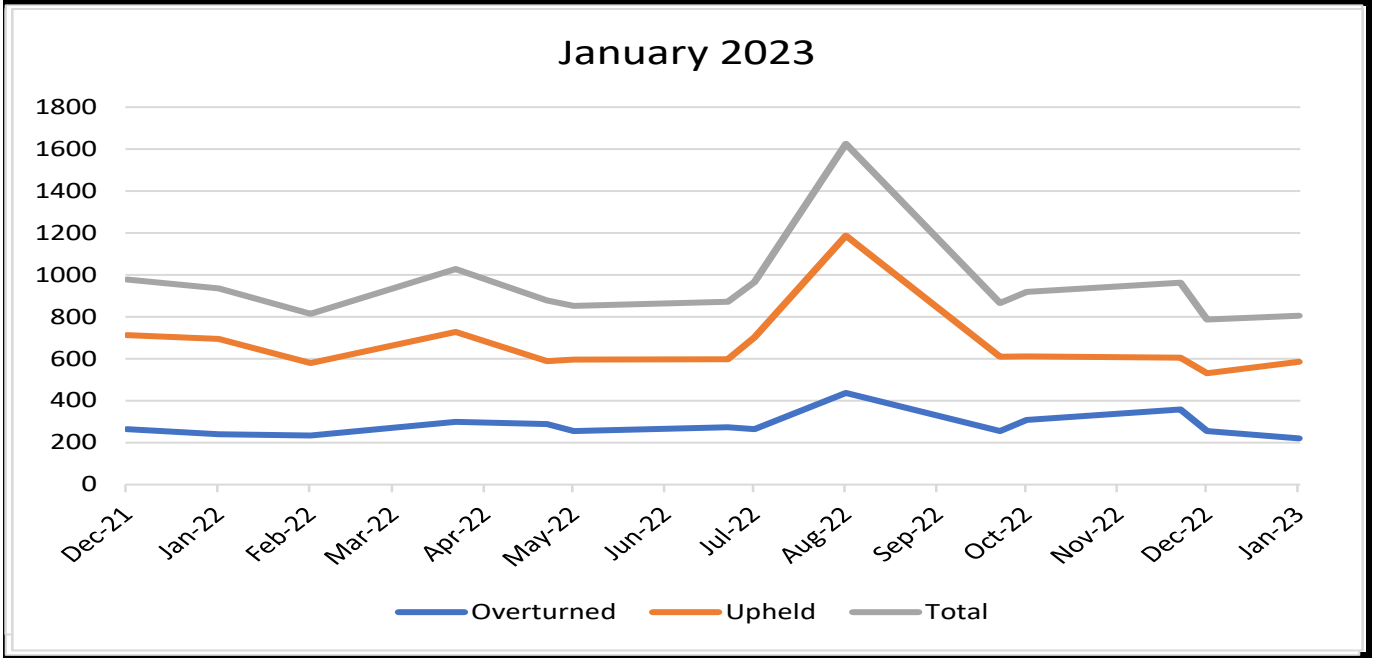
Provider Dispute Resolution
December 2022 and January 2023

Jan-23

PDR Resolved Case Overturn Reasons



Rolling 12-Month PDR Trend Line



COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

FY 2022-2023 | JANUARY 2023 OUTREACH REPORT

Alliance in the Community

During January 2023, the Alliance completed **191** member orientation (MO) outreach calls and conducted **52** member orientations (**27%** member participation rate). In addition, in January 2023, the Outreach team completed **60** Alliance website inquiries, **6** service requests, and **1** community event. The Alliance reached a total of **550** people and spent a total of $600 in donations, fees, and/or sponsorships at the 2023 Chinatown Lunar New Year Bazaar community event.**

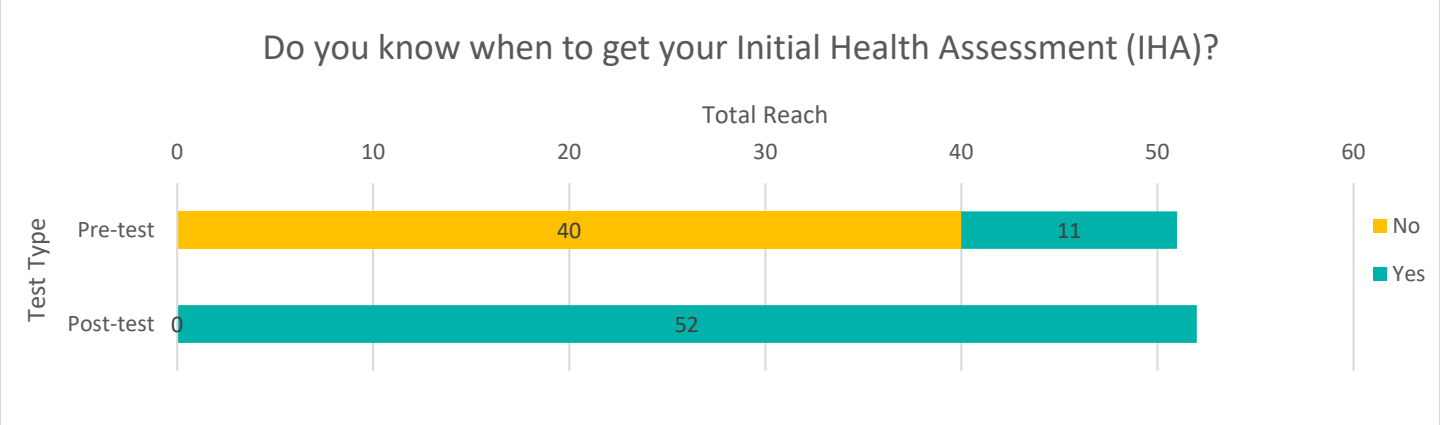
The Communications & Outreach Department began reporting the number of members reached during outreach activities in late February 2018. Since July 2018, **26,602** self-identified Alliance members have been reached during outreach activities.

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

On **Wednesday, March 18, 2020,** the Alliance began conducting member orientations by phone. As of January 31, 2023, the Outreach Team completed 23,863-member orientation outreach calls and conducted 6,463 member orientations (27% member participation rate).

The Alliance MO program has been in place since August 2016. In 2019, the Department of Health Care Services (DHCS), Managed Care Quality and Monitoring Division (MCQMD) recognized the Alliance MO program as a promising practice to increase member knowledge and awareness about the Initial Health Assessment. The Alliance has steadily increased program participation. The 2019 6-month average participation rate was **111** members per month. Between January 1, through January 31, 2023 (20 working days) – **52** net new members completed a MO by phone.

After completing a MO **100%** of members who completed the post-test survey in January 2023 reported knowing when to get their IHA, compared to only **21.6%** 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 22-23\Q3\1. January 2023**

FY 2021-2022 JANUARY 2022 TOTALS

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

13 CITIES

Alameda
Castro Valley
Elk Grove
Emeryville
Fremont
Hayward
Livermore
Newark
Oakland
Pleasanton
San Francisco
San Leandro
San Lorenzo

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

$0.00
TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

FY 2022-2023 JANUARY 2023 TOTALS

1 COMMUNITY EVENTS
0 MEMBER EDUCATION EVENTS
52 MEMBER ORIENTATIONS
0 MEETINGS/ PRESENTATIONS
0 COMMUNITY TRAINING
3 TOTAL INITIATED/ INVITED EVENTS
53 TOTAL COMPLETED **EVENTS**

11 CITIES*

Alameda
Castro Valley
Emeryville
Fremont
Hayward
Livermore
Newark
Oakland
San Leandro
San Lorenzo
Union City

550 TOTAL REACHED AT COMMUNITY EVENTS
0 TOTAL REACHED AT MEMBER EDUCATION EVENTS
52 TOTAL REACHED AT MEMBER ORIENTATIONS
0 TOTAL REACHED AT MEETINGS/PRESENTATIONS
0 COMMUNITY TRAINING
341 MEMBERS REACHED AT ALL EVENTS
602 **TOTAL REACHED AT ALL EVENTS**

$600.00
TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

**Cities represent the mailing address designations for members who completed a member orientation by phone and community event. 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: **February 10th, 2023**

Subject: **Compliance Division Report**

Compliance Audit Updates

- 2023 DHCS Routine Medical Survey:
  - On January 3rd, 2023, the DHCS sent notice of the 2023 DHCS Routine Medical Survey. The onsite virtual interview is scheduled to be conducted from April 17th, 2023, through April 28th, 2023. A Focused Audit will be conducted concurrently with the Routine Survey. The due date for the Focused Audit pre-audit materials is February 24th, 2023, and the due date for the Routine Survey pre-audit materials is March 3rd, 2023. The review period covers April 1st, 2022, through March 31st, 2023. The DHCS will review the following areas in the regular audit:

    - Utilization Management.
    - Case Management & Care Coordination.
    - Access & Availability;
    - Member's Rights & Responsibilities;
    - Quality Improvement System, and;
    - Organization and Administration.

  - The DHCS will review the following areas concurrently in a Focused Audit:

    - Behavioral Health
    - Transportation

  - The Plan will conduct a series of Mock Interviews with staff in March 2023. The Mock audit will be conducted from March 6th, 2023, through March 17th, 2023. It will cover the following areas: *G&A, Quality Management (PQI)/Language Assistance, Compliance FWA HIPAA Privacy & Security, Member Services/Community Outreach, Access & Availability/NEMT/NMT, Behavioral Health/Mental Health, Utilization Management, Case Management (includes CCM/CoC/HRA), Claims/PDR/ Provider Services/Credentialing, and Transportation*. The last two days of the audits have time slots available for any ad hoc mock audit requests or to account for any schedule changes.

- 2022 DHCS Routine Medical Survey:
    - The 2022 DHCS Routine Medical Survey was held on April 4th, 2022, and completed April 13th, 2022. On September 13th, 2022, the Plan received the Final Audit Report which detailed 15 findings, 9 of which were repeat findings from the previous audit year. The Plan is in the process of closing finding 2.5.2. Memorandum of Understanding (MOU) with the County Mental Health Plan. On December 15th, 2022, the Plan submitted its response for finding 2.5.2 to DHCS. The DHCS has required the Plan to provide a monthly update of the CAP progress. The updates are due to the DHCS every 15th of the month. The Plan submitted the January update on January 13th, 2023. The Plan received DHCS Comments for the January update on January 24th, 2023. The response is due to the DHCS on February 15th, 2023. The Plan is gathering the responses. The DHCS has requested a conference call to discuss the CAP for finding 3.1.1 for review and potential closure. This meeting is slated for February 9, 2023. The DHCS has completed review of the following CAP items:

        - 1.3.1: Acknowledgement Letters for Appeals
        - 2.5.1: Memorandum of Understanding (MOU) with the County Mental Health Plan (MHP)
        - 4.1.1: Grievance Acknowledgement and Resolution Letter

- 2022 DMHC Routine Financial Examination:
    - On February 25th, 2022, the DMHC sent notice to the Plan of the 2022 DMHC Routine Financial Examination beginning August 15th, 2022. The virtual on-site interview concluded on August 26th, 2022. The Plan received the preliminary report on December 2nd, 2022. The Department identified 3 findings:

        - Provider Dispute Resolution (PDR) Mechanism; Acknowledgment of Provider Disputes
        - Changes in Plan Personnel- Repeat Deficiency
        - Fidelity Bond
            - The Plan's CAP response was submitted to the Department on January 17th, 2023. The Plan is awaiting DMHC Comments for the response.

- 2022 DMHC Behavioral Health Investigation [MHPAEA]:
    - In 2021, the DMHC began investigating full-service commercial health plans to evaluate and assess barriers providers experience in providing behavioral health services. Pre-audit submissions concluded in July 2022 with more than 1,100 documents provided to DMHC auditors. The Plan remains on standby and is waiting for preliminary reports.

- 2021 DMHC Routine Full Medical Survey:
    - The 2021 DMHC Routine Medical Survey took place from April 13th, 2021, through April 16th, 2021. On May 25th, 2022, the Plan received its 2021 Preliminary Audit Report and survey results. The preliminary report had a total of six (6) findings: three (3) in Grievances and Appeals; and three (3) in Prescription Drug Coverage. The Plan provided evidence for a corrected deficiency for G&A Deficiency #2, which the State accepted. Staff are working with the Pharmacy Vendor to update member letters and the Plan Formulary. The Plan returned its final CAP responses and supporting documentation to the Department on July 8th, 2022, the remaining additional CAP items were submitted to the Agency on December 30th, 2022. The Plan awaits further guidance from the DMHC.

- 2021 DHCS Routine Full Medical Survey:
    - On January 13th, 2021, the DHCS sent notice of the 2021 DHCS Routine Medical Survey beginning April 12th, 2021. The Plan received the final audit report on August 24th, 2021, which had a total of thirty-three (33) findings and four (4) repeat findings. The Plan's final response to the findings was completed and provided to the State on September 23rd, 2022. The Plan is working to remediate the audit findings. The Plan is awaiting closure of the CAP by the DHCS.
    - The Plan shared the audit tool with CHCN for comments and response. Monitoring will be conducted on an annual basis.

Compliance Activity Updates

- 2022 RFP Contract Award & Review:
    - On February 9th, 2022, the DHCS released Request for Proposal (RFP) #20-10029 soliciting submissions for the 2024 Contract for the provision of managed health care services to Medi-Cal beneficiaries. The contract award is expected in the coming months following CMS approval of State model transitions, with implementation to take place through December 31st, 2023.
    - As of January 26th, 2023, the Plan has submitted a total of sixty-two (62) deliverables with an overall approval rate of above 98%. A total of eighty-seven (87) deliverables will be submitted to the State in the months of February and March. The next set of deliverables are due to DHCS on February 21st, 2023. The Plan is continuing its efforts in implementing new requirements from the State and monitoring potential Business Process Impacts as a result of the changes.
    - The Plan is on standby to receive additional instruction about the extension of deliverables from (245) to a total of four-hundred-seventy-one (471) for

the duration of the Operational Readiness contract. The State is expected to provide more information on the remaining requirements in Spring 2023.

- State & Federal PHE Unwinding:
  - California Governor Gavin Newsom has stated the California State of Emergency will end on February 28th, 2023. The potential end-date for the Federal State of Emergency is April 11th, 2023. There may be an extension to May 11 th,2023 but the Secretary of Health and Human services Official notices have not been issued yet and we are currently evaluating next steps.

- Proposed Modifications to the HIPAA Privacy Rule:
  - The proposed modifications to the HIPAA Privacy Rule are anticipated to be released in March 2023. Covered Entities will have 240-days, or until November 2023, to implement the new privacy rules.

- 2022 Corporate Compliance Training – Board of Governors & Staff:
  - The 2022 Annual Corporate Compliance Training period for Board of Governors and Plan Staff has concluded. 33% of the Board of Governors and 99% of Plan Staff have completed the Annual Training. – Escalation steps described in Compliance Training and Education Policy, CMP-026, are being followed for those who have not yet completed the training.

- Code of Conduct:
  - The Code of Conduct has been approved by the Plan and reviewed and presented to the Compliance Advisory Committee for final approval. This update marks the first update to the Code of Conduct since the start of the pandemic. Following approval, the Plan will begin its process.

- Compliance Program:
  - Compliance Program is attached for review - the comprehensive Compliance Program described here incorporates the fundamental elements of an effective compliance program identified by the U.S. Department of Health and Human Services' Office of Inspector General (OIG), and the Prescription Drug Benefit Manual. The following are ways the Alliance Compliance Program has addressed the Seven Elements of an Effective Compliance Program:
    - Implementing written policies and procedures, standards of conduct and ethical applications.
    - Designates a Compliance Officer and Compliance Committee.
    - Ensures effective training and education with periodicity.
    - Developing effective lines of communication for internal and external stakeholders.
    - Conducting internal auditing and monitoring, inspections, peer reviews and external surveys.

        - Enforcing standards through well-publicized disciplinary standards and guidelines within the organization.
        - Responding promptly to detected problems and undertaking corrective action.
    - Next steps are for the Compliance Plan to be approved at CAC and BOG, once approved the Compliance Program will be submitted to DMHC by the due date of March 31st, 2023.

Compliance

Supporting Documents

Q4 2022-Q1 2023 APL/PL IMPLEMENTATION TRACKING LIST						
#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
37	DMHC	22-019	10/6/2022	Health Plan Coverage of Monkeypox Testing, Vaccinations, and Therapeutics	MEDI-CAL & GROUP CARE	As required by Health and Safety Code section 1342.3, for the duration of the California State of Emergency regarding Monkeypox, full-service health plans must cover the following services with no cost sharing and without prior authorization or other utilization management: 1. Evidence-based items, services, or immunizations intended to prevent or mitigate Monkeypox as recommended by the U.S. Preventive Services Task Force that have a rating of "A" or "B" or the Advisory Committee on Immunization Practices of the federal CDC. Health care services and products related to diagnostic and screening testing for Monkeypox that are approved or granted emergency use authorization by the federal Food and Drug Administration or are recommended by the California Department of Public Health or the federal CDC. 3. Therapeutics approved or granted emergency use authorization by the federal Food and Drug Administration. Per Health and Safety Code section 1374.192(c), a health plan retains the financial risk for Monkeypox testing and vaccinations and cannot pass that risk to a delegated provider unless the plan and the provider have "agreed upon a new contract provision pursuant to Section 1375.7.
38	DHCS	22-019	10/10/2022	Proposition 56 Value-Based Payment Program Directed Payments (Supersedes APL 20-014)	MEDI-CAL	APL provides MCPs with guidance on value-based directed payments, funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), to Network Providers for qualifying services tied to performance on designated health care quality measures in the domains of prenatal and postpartum care, early childhood prevention, chronic disease management, and behavioral health care. This APL supersedes APL 20-014.
39	DHCS	22-020	10/21/2022	Community-Based Adult Services Emergency Remote Services (Supersedes APL 20-007)	MEDI-CAL	APL provides MCPs with policy guidance regarding the end of CBAS Temporary Alternative Services (TAS) effective September 30, 2022, and implementation of Community-Based Adult Services (CBAS) Emergency Remote Services (ERS) authorized under the California Advancing and Innovating Medi-Cal (CalAIM) 1115 Demonstration Waiver (Waiver), effective as of October 1, 2022. The purpose of ERS is to allow for immediate response to address the continuity of care needs of Members participating in CBAS when an emergency restricts or prevents them from receiving services at their center. This policy guidance aligns with the California Department of Aging (CDA) All Center Letter (ACL) 22-04, Launch of New CBAS Emergency Remote Services (ERS).
40	DHCS	22-021	10/26/2022	Proposition 56 Behavioral Health Integration Incentive Program	MEDI-CAL	APL provides MCPs with guidance on the Behavioral Health Integration (BHI) Incentive Program, funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), for achievement of specified milestones and measures tied to BHI.
41	DHCS	22-022	10/28/2022	Abortion Services (Supersedes APL 15-020)	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal Managed Care Health Plans (MCP) with information regarding their responsibility to provide Members with timely access to abortion services.
42	DHCS	22-023	11/7/2022	Street Medicine Provider: Definitions and Participation in Managed Care	MEDI-CAL	APL provides guidance to MCPs on opportunities to utilize street medicine providers to address clinical and non-clinical needs of their Medi-Cal Members experiencing unsheltered homelessness.
43	DMHC	22-020	10/10/2022	Notice of Rate Changes for Independent Medical Reviews	MEDI-CAL & GROUP CARE	Effective January 1, 2023, Maximus will implement a 25% rate increase to complete IMRs assigned by the Department. Attached is a copy of the revised Maximus Rate Review Schedule.
44	DMHC	22-021	10/11/2022	Quarterly Grievance Reports	MEDI-CAL & GROUP CARE	DMHC issues APL to remind plans to comply with the quarterly grievance data reporting requirements as outlined in section 1300.68(f) of title 28 of the CCR. The report shall be prepared for the quarters ending March 31st, June 30th, September 30th and December 31st of each calendar year. The report shall also contain the number of grievances referred to external review processes, such as reconsiderations of Medicare Managed Care determinations pursuant to 42 C.F.R. Part 422, the MediCal fair hearing process, the Department's complaint or Independent Medical Review system, or other external dispute resolution systems, known to the plan as of the last day of each quarter. When a plan submits a quarterly grievance report to the Department through the Quarterly Grievance Report Web Portal
45	DMHC	22-022	10/26/2022	AB 72 Non-Emergency Transportation	GROUP CARE	AB 72 codified at HSC 1371.9. Prohibits a noncontracting individual professional from "surprising balance billing" an enrollee when the enrollee received covered services from a contracting health facility at which they received services.

#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
46	DMHC	22-023	10/27/2022	Summary of Dental Benefits and Coverage Disclosure Matrix	N/A	On September 1, 2022, the Office of Administrative Law (OAL) approved the Department of Managed Health Care's (Department or DMHC) regular rulemaking filing. This adds rule 1300.63.4 to title 28 of the California Code of Regulations (the Rule), which implements Health and Safety Code section 1363.041 Hereinafter "Rule" and "Section" as enacted by Senate Bill (SB) 1008 (Skinner, 2018). The Rule requires health care service plans and specialized health care service plans that offer standalone dental products to file a Summary of Dental Benefits and Coverage Disclosure Matrix (SDBC).
47	DMHC	22-024	10/27/2022	New and Amended Annual Network Report Forms for Reporting Year 2023, Resulting from SB 221 and AB 457	MEDI-CAL & GROUP CARE	DMHC issues this APL to inform health plans of the new and amended report forms for the reporting year 2023 Annual Network Report submission, based on recent changes to the law.
48	DMHC	22-025	11/1/2022	Health Plan Requirement to File Annual Antifraud Report	MEDI-CAL & GROUP CARE	DMHC issues this APL to remind health plans of their continuing obligation to comply with the annual antifraud reporting requirements under the Knox-Keene Health Care Service Act of 1975, as amended ("Knox-Keene Act"). The Department has determined that several plans have either failed to file any annual antifraud reports or have inconsistently filed these reports with the Department. Additionally, reports filed with the Department have lacked the required information. For the 2022 calendar year, plans are advised to file their antifraud reports, or in the alternative, submit an attestation confirming compliance with CMS antifraud requirements, no later than December 31, 2022.
49	DMHC	22-026	11/4/2022	Implementation Filing Requirements Related to the Amendments to the Timely Access and Network Reporting Statutes and Regulation	MEDI-CAL & GROUP CARE	APL provides information regarding implementation of the Timely Access and Network Reporting Statutes and Regulation, and the filing requirements for health care service plans, as referenced in APL 22-007. The instructions provided herein are intended to be read in concert with the information and guidance published by the Department in APL 22-007, and are not intended to supersede APL 22-007, unless explicitly stated.
50	DMHC	22-027	11/7/2022	Timely Access to Emergent and Urgent Services When an Enrollee is Outside of California	MEDI-CAL & GROUP CARE	California health plans have a duty to provide timely access to medically necessary basic health care services for the plans' enrollees, even when those enrollees happen to be outside of California when they need the services. Specifically, California Code of Regulations, title 28, section 1300.67(g)(2), requires plans to cover out-of-area emergency care and urgently needed care. If an enrollee is outside of California and needs a service on an emergency or urgent basis, but that service is not available in the area or state where the enrollee is physically located, the enrollee may be unable to access the emergency/urgent care in a timely manner unless the enrollee is transported to an area where the service(s) are available. In such instances, the health plan has an obligation to arrange for the enrollee to obtain the service in a timely manner, consistent with California's timely access standards. This may require the health plan to pay for the enrollee to travel, including travel to another state, to access the care.
51	DHCS	22-024	11/28/2022	Population Health Management Program Guide (Supersedes APLs 17-012 and 17-013)	MEDI-CAL	APL is to provide guidance to all MCPs regarding the implementation of the Population Health Management (PHM) Program and the role of the PHM Program Guide.
52	DHCS	22-025	11/28/2022	Responsibilities for Annual Cognitive Health Assessment for Eligible Members 65 Years of Age or Older	MEDI-CAL	APL provides guidance to MCPs about the provision of the new annual Medi-Cal cognitive health assessment to eligible Members 65 years of age or older. California Senate Bill (SB) 48 (Chapter 484, Statutes of 2021) expands the Medi-Cal schedule of benefits to include an annual cognitive assessment for Medi-Cal Members who are 65 years of age and older if they are otherwise ineligible for a similar assessment as part of an annual wellness visit through the Medicare Program
53	DHCS	22-026	11/29/2022	Interoperability and Patient Access Final Rule	MEDI-CAL	APL notifies all MCPs of the Centers for Medicare and Medicaid Services (CMS) Interoperability and Patient Access final rule requirements as required by federal law.

#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
54	DHCS	22-027	12/6/2022	Cost Avoidance and Post-Payment Recovery for Other Health Coverage (Supersedes APL 21-002)	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide clarification and guidance to Medi-Cal managed care health plans (MCP) for cost avoidance and post-payment recovery requirements when an MCP Member has other health coverage (OHC). The APL also provides instructions on using the Department of Health Care Services' (DHCS) Medi-Cal Eligibility Record for processing claims, as well as reporting requirements. In addition, this APL provides a reference to APL 21-003 which outlines specific notice and submission requirements due to a significant change in the MCP's contracting arrangements with Network Providers and/or Subcontractors.
55	DMHC	22-028	12/21/2022	Health Equity and Quality Measure Set and Reporting Process	MEDI-CAL & GROUP CARE	The purpose of this All Plan Letter (APL) is to inform all full-service and behavioral health plans (health plans) of the Department of Managed Health Care (DMHC) Health Equity and Quality Measure Set (HEQMS) and stratification requirements that will take effect beginning Measurement Year (MY) 2023. In 2023, the DMHC will develop health plan instructions and templates for the HEQMS policy outlined in this APL.
56	DMHC	22-029	12/21/2022	RY 2024 MY 2023 Provider Appointment Availability Survey Manual and Report Form Amendments	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (DMHC) hereby issues this All Plan Letter (APL) 22-029: RY 2024/MY 2023 Provider Appointment Availability Survey Manual (PAAS) and PAAS Report Form Amendments
57	DMHC	22-030	12/22/2022	Requirement for Plans to Arrange for Covered Services	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (Department) issues this All Plan Letter (APL) 22-030 to provide guidance regarding the obligations of health plans to "arrange for" covered services to be delivered by a noncontracted provider when such services are not available from contracted providers within the Knox-Keene Act's timely and geographic access standards.
58	DMHC	22-031	12/22/2022	Newly Enacted Statutes Impacting Health Plans - 2022 Legislative Session	MEDI-CAL & GROUP CARE	This All Plan Letter (APL) 22-031 outlines the newly enacted statutory requirements for health care service plans (plans) regulated by the Department of Managed Health Care (DMHC).
59	DHCS	22-028	12/27/2022	Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCP) on standardized, statewide Adult and Youth Screening and Transition of Care Tools to guide referrals of adult and youth Members to the appropriate Medi-Cal mental health delivery system, and ensure that Members requiring transition between delivery systems receive timely coordinated care.
60	DHCS	22-029	12/27/2022	Dyadic Care Services and Family Therapy Benefit	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with guidance on coverage requirements for the provision of the new Dyadic Care Services and family therapy benefit effective January 1, 2023.
61	DHCS	22-030	12/27/2022	Initial Health Appointment	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) regarding the requirements of the Initial Health Appointment (IHA) beginning January 1, 2023. This APL supersedes APL 13-017 and Policy Letters (PL) 13-001 and 08-003.
62	DHCS	22-031	12/27/2022	Doula Services	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with guidance regarding the qualifications for providing doula services, effective for dates of service on or after January 1, 2023.
63	DHCS	22-032	12/27/2022	Continuity of Care	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with guidance on Continuity of Care for beneficiaries who are mandatorily transitioning from Medi-Cal Fee-For-Service (FFS) to enroll as Members in Medi-Cal managed care. In addition, this APL provides guidance on Continuity of Care for Members transitioning from MCPs with contracts expiring or terminating to a new MCP on or after January 1, 2023, due to a contract termination or expiration with the Department of Health Care Services (DHCS). This APL applies to both Medi-Cal only beneficiaries and those dually eligible for Medicare and Medi-Cal, for their Medi-Cal Providers. This APL also describes other types of transitions into Medi-Cal managed care for specific Medi-Cal Member populations for which MCPs must allow Continuity of Care. This APL supersedes APL 18-008.
64	DMHC	22-032	12/27/2022	Compliance with Senate Bill 1473	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (Department) issues this All Plan Letter (APL) 22-032 which requires health care service plans (health plans) to cover therapeutics for the treatment of COVID-19 without cost sharing, utilization management, or in-network requirements.
1	DMHC	23-001	01/05/23	Large Group Renewal Notice Requirements	GROUP CARE	This letter provides guidance to plans on the timing and content requirements for renewal notices to large group contractholders under HSC section 1374.21 and HSC section 1385.046. For purposes of this section, large group plans include In Home Supportive Services (IHSS) products.

#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
2	DHCS	23-001	01/06/23	Network Certification Requirements	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) on the Annual Network certification (ANC) requirements pursuant to Title 42 of the Code of Federal Regulations (CFR) sections 438.68, 438.206, and 438.207, and Welfare and Institutions Code (WIC) section 14197. This APL also advises MCPs of the new requirements pertaining to good faith contracting requirements with certain cancer centers and referral requirements pursuant to WIC section 14197.45, as set forth by Senate Bill (SB) 987 (Portantino, Chapter 608, Statutes of 2022).
3	DMHC	23-002	01/12/23	Senate Bill 979 – Health Emergencies Guidance	MEDI-CAL & GROUP CARE	This All Plan Letter (APL) sets forth the Department's guidance regarding how plans shall demonstrate compliance with SB 979. The department expects plans to comply with SB 979 effective January 1, 2023. On September 18, 2022, Governor Gavin Newsom signed Senate Bill (SB) 979. SB 979 requires health care service plans (health plans or plans) to provide an enrollee who has been displaced or whose health may otherwise be affected by a state of emergency, as declared by the Governor, or a health emergency, as declared by the State Public Health Officer, access to medically necessary health care services. SB 979 also authorizes the Department of Managed Health Care (Department) to issue guidance to plans regarding compliance with the bill's requirements during the first three years following the declaration of emergency, or until the emergency is terminated, whichever occurs first.
4	DHCS	23-002	01/17/23	2023-2024 Medi-Cal MCP 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 2023-2024 Medi-Cal Eligibility Data System (MEDS)/834 cutoff and processing schedule.
5	DMHC	23-003	01/24/23	AB 1982 Telehealth Dental Care	N/A	Assembly Bill (AB) 1982 (Santiago, Ch. 525, Stats. 2022) adds Health and Safety Code section 1374.142 to the Knox-Keene Health Care Service Plan Act of 1975, effective January 1, 2023. Requires a plan offering a product covering dental services that offers a service via telehealth through a third-party corporate telehealth provider to report certain information to the Department for each product offering the service. This All Plan Letter (APL) sets forth the Department of Managed Health Care's (DMHC or Department) guidance regarding how health care service plans (plans) shall comply with AB 1982.

ALAMEDA Alliance FOR HEALTH

Health care you can count on.
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Health Care Services

Steve O'Brien, MD

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

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

Date: **February 10th, 2023**

Subject: **Health Care Services Report**

Utilization Management: Outpatient

- Effective 1/1/23 DHCS has expanded the Continuity of Care (CoC) program for all members. CoC ensures new members with the Alliance:
    - Have access to services consistent with the access they previously were receiving.
    - Are permitted to have continued access to services during a transition from FFS to the Alliance, or a transition from one Plan to another.
    - Are permitted to retain their current Provider for a period of time if that Provider is not in the Alliance Network.
    - Members also have the right to CoC for services with active prior treatment authorizations.

- The expanded program now includes PCP services, DME, OP rehab (speech, occupational and physical therapy,) Behavioral Health and respiratory therapy. measures were added to ensure that care is not interrupted or delayed:
    - 90-day authorization to an out of network provider who meets CoC criteria. After 90 days, the authorization remains in effect until completion of a new assessment by the Alliance.
    - Durable Medical Equipment (DME) rentals and medical previously authorized will be honored for a minimum of 90 days following enrollment until the Alliance is able to reassess.
    - Allow transitioning Members to keep authorized and scheduled Specialist appointments with OON Providers when CoC has been established and the appointments occur during the 12-month CoC period.

- We are currently assessing our current CoC processes across all applicable departments. A framework will be developed to execute all new APL requirements.

- Progress continues with UM/Claims configuration alignment, with completion target of Q2 2023. At the end of the project a comprehensive coding list for all PA categories will be published on our website with links to the applicable coding for each category as well as a master coding list. The same list will be published for our delegates to ensure adherence to Alliance processes. Providers will continue

to be informed of the coding alignment changes so that they can bill and receive payment in a timely manner.

- Referrals to Tertiary/Quaternary (T/Q) centers were fully implemented on 1/1/23. UM Medical Director is planning for an ongoing analysis to identify the level of referral appropriateness and trends.

- CCS expanded identification and monitoring program continues. CCS dashboard is nearly complete. It will include total volume of referrals, volume by delegate, referral outcomes, CCS diagnoses and projected cost savings. This dashboard will be shared with our local CCS partners and used for discussion to improve services for our pediatric population.

- OP UM is training the new Long Term Care UM team in outpatient referral management to ensure standard UM practices across the Alliance.

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Outpatient Authorization Denial Rates			
Denial Rate Type	**Oct 2022**	**Nov 2022**	**Dec 2022**
Overall Denial Rate	**3.3%**	**3.1%**	**2.7%**
Denial Rate Excluding Partial Denials	**3.1%**	**2.7%**	**2.3%**
Partial Denial Rate	**0.3%**	**0.3%**	**0.4%**

Turn Around Time Compliance			
Line of Business	**Oct 2022**	**Nov 2022**	**Dec 2022**
Overall	**98%**	**98%**	**98%**
Medi-Cal	**98%**	**98%**	**99%**
IHSS	**98%**	**99%**	**98%**
Benchmark	***95%***	***95%***	***95%***

Utilization Management: Inpatient

- On January 1st, 2023, FFS Medi-Cal members currently residing in Long Term Care SNFs began to come into AAH. The IP UM department continues to support the training and implementation, modifying workflows and training to align the LTC UM processes with current IP and OP processes for the management of these vulnerable members.

- As of January 1st, 2023, Transitional Care Services (TCS) for High-Risk members is supported by the inpatient UM department workflows and staff training to align with Case Management department for the launch of Transitional Care Services. This includes identification of high-risk members admitted to a hospital and

transitioning from one level of care to the next, completion of discharge risk assessment, hospital notification of assigned Care Manager and completion of a discharge document for the member.

- Readmission reduction: IP UM and CM are collaborating with hospital partners and with their community based TCS programs to focus on readmission reduction, aligning with their readmission reduction goals. TCS is being expanded to include all high-risk members in 2023, and IP UM is working with CM to engage hospital and community partners in this effort.

Inpatient Med-Surg Utilization Total All Aid Categories **Actuals (excludes Maternity)**			
Metric	**Sep 2022**	**Oct 2022**	**Nov 2022**
Authorized LOS	**5.5**	**5.7**	**4.9**
Admits/1,000	**53.2**	**54.8**	**52.4**
Days/1,000	**292.6**	**313.8**	**257.8**

Utilization Management: Long Term Care

- On January 1st, 2023, FFS Medi-Cal members currently residing in Long Term Care SNFs began to come into AAH. Preparations for the influx of these 1500 to 1800 new members were completed in December 2022, involving all departments in AAH, led by the Integrated Planning Department.

- In February, AAH received information on 1003 members who are assigned to AAH for Long Term Care (LTC.) The LTC team is working through authorizations for these members. All members coming into LTC are automatically given 12-month facility authorizations, in order to ensure that there is no disruption in their care.

- The IP UM department supported the training and implementation, modifying workflows and training to align the LTC UM processes with current IP and OP processes for the management of these vulnerable members.

Pharmacy

- Pharmacy Services process outpatient pharmacy claims, and pharmacy prior authorization (PA) has met turn-around time compliance for all lines of business.

Decisions	Number of PAs Processed
Approved	28
Denied	23
Closed	66
Total	**117**

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

- Medications for high lipids, diabetes, asthma, obesity, pain, eczema, asthma, GI reflux disease and dry eye disease are top ten categories for denials.

Rank	Drug Name	Common Use	Common Denial Reason
1	ICOSAPENT ETHYL 1 GRAM CAPSULE	High lipids	Criteria for approval not met
2	JARDIANCE 10MG TABLET	Diabetes	Criteria for approval not met
3	TRELEGY ELLIPTA 100-62.5-25	Asthma	Criteria for approval not met
4	SAXENDA 18 MG/3 ML PEN	Obesity	Criteria for approval not met
5	LIDOCAINE 3% CREAM	Pain	Criteria for approval not met
6	DESONIDE 0.05% CREAM	Eczema	Criteria for approval not met
7	TRADJENTA 5 MG TABLET	Diabetes	Criteria for approval not met
8	WEGOVY 0.25 MG/0.5 ML PEN	Obesity	Criteria for approval not met
9	DEXLANSOPRAZOLE DR 60 MG CAP	GI Reflux Disease	Criteria for approval not met
10	XIIDRA 5% EYE DROPS	Dry Eye Disease	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.
    - As of January 27th, 2023, approximately 12.38 million point-of-sale pharmacy paid claims to participating pharmacies totaling approximately $1.3 billion in payments.
    - Processed 13,265 prior authorization requests
    - Answered 42,234 calls and 100 percent of virtual hold calls and voicemails have been returned
    - We have closed submitting Medi-Cal PAs and informing doctor offices to submit to Medi-Cal RX.

Month	Number of Total PA Closed
January 2022	169
February 2022	44
March 2022	31
April 2022	25
May 2022	7
June 2022	8
July 2022	27
August 2022	44
September 2022	66
October 2022	68
November 2022	70
December 2022	48
January 2023	30

- The AAH Pharmacy Department is collaborating with multiple departments within healthcare services.

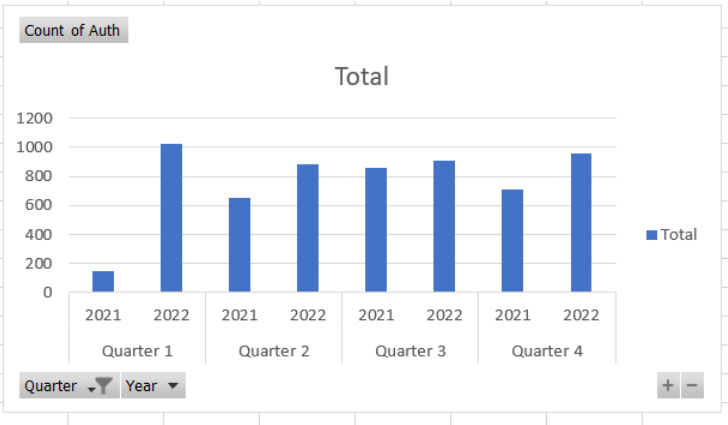
    - The AAH Pharmacy Department is working with its Inpatient Department and Case Management Disease Management (CMDM) Department.
    - The AAH Pharmacy Department's TOC (Transition of Care) Program continues collaborating with the AAH Inpatient UM Department and Case Management Disease Management (CMDM) Department to help reduce the number of re-admissions after members are discharged from hospitals through education to the members as well as filling potential gaps between providers and their patients.
    - At the start of 2023, DHCS is requiring all MCPs to perform medication reconciliations for their highest risk TOC members based on new criteria from the state. The AAH Pharmacy Department is building out a new workflow with the other departments to meet these criteria.
    - Referred cases from the CMDM daily feed are evaluated to determine if the AAH Pharmacy Dept is required for each case. The pharmacy department is focusing on lower volume, higher need cases where pharmacy may have the greatest impact on member outcomes:

Month	Number of TOC Cases
January 2022	8
February 2022	38
March 2022	21
April 2022	22
May 2022	0
June 2022	1
July 2022	2
August 2022	12
September 2022	6
October 2022	7
November 2022	17
December 2022	8
January 2023	2

- Pharmacy is leading initiatives on PAD (physician administered drugs) focused internal and external partnership and reviewed PAD related UM authorizations as follows. Note one auth is per drug:

Month	Number of Auth
January 2022	303
February 2022	303
March 2022	421
April 2022	330
May 2022	294
June 2022	260
July 2022	270
August 2022	289
September 2022	346
October 2022	360
November 2022	260
December 2022	341

Row Labe	Year	Count of Auth
Quarter 1		
	2021	146
	2022	1027
Quarter 2		
	2021	654
	2022	884
Quarter 3		
	2021	856
	2022	905
Quarter 4		
	2021	706
	2022	961



- Pharmacy is collaborating with CDPH, QI and HealthEd for additional asthma intervention strategies (e.g., data sharing, toolkit exchange and community worker training materials/programs).

- Pharmacy will present Asthma Affinity Project in CMS Spotlight Webinar with three other states (Colorado, New Jersey, and Texas) next month.

- Pharmacy is collaborating with QI on an educational campaign to providers on untreated hepatitis B and C and recent elimination of the X-waiver to prescribe buprenorphine.

Case and Disease Management

- CM worked with Population Health, Quality, Health Education, Analytics, UM departments to launch the new Population Health Management (PHM) program on 1/1/2023. PHM is intended to provide services to all members of the Alliance that consider health risk factors, and tailors interventions to meet those.

- CM working with Quality and Analytics Departments developed a Risk Stratification of AAH members guided by the implementation of the new PHM standards. The new Risk Stratification went live 1/1/23 and is used to evaluate and improve AAH's approach to connecting members to appropriate interventions and services.

- Transitions of Care program incorporates DHCS's new requirements for Transitional Care Services for high-risk members. Transitional Care Services (formerly known as Transitions of Care) went live 1/1/23. Requirements include an assigned care manager, discharge risk assessment and discharge documentation to ensure the member understands their discharge plan.

- CM is supporting the Long-Term Care team in providing transitional care services, until the Long-Term Care team is established to assist members with case management support.

- Major Organ Transplant (MOT) CM Bundle was deployed, and the volume continues to increase, (260 cases.) The case management nurses are being trained to support MOT members throughout the department.

- CM trained the Behavioral Health (BH) team on case management workflows.

- CM is enrolling high-risk utilizers in case management services. The department is reviewing and improving the workflow to engage high utilizers.

- CM is collaborating with community partners to discuss referrals, provide case conferences and optimize communication to help AAH members receive appropriate resources.

Case Type	Cases Opened in November 2022	Total Open Cases as of November 2022	Cases Opened in December 2022	Total Open Cases as of December 2022
Care Coordination	363	802	371	810
Complex Case Management	44	114	36	117
Transitions of Care (TOC)	227	421	228	440

CalAIM

- Collaboration between ECM, IPD, Analytics and Provider Service teams to on board the next Populations of Focus (Children/Youth) 07/01/23.

ECM Populations of Focus

ECM Population of Focus (POFs)	Adults	Children & Youth (New)
1 Individuals Experiencing Homelessness	✓	✓
2 Individuals At Risk for Avoidable Hospital or ED Utilization (*formerly called "High Utilizers"*)	✓	✓
3 Individuals with Serious Mental Health and/or SUD Needs	✓	✓
4 Individuals Transitioning from Incarceration	✓	✓
5 Adults Living in the Community and At Risk for LTC Institutionalization	✓	
6 Adult Nursing Facility Residents Transitioning to the Community	✓	
7 Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition		✓
8 Children and Youth Involved in Child Welfare		✓
9 Individuals with Intellectual or Developmental Disabilities (I/DD)	✓	✓
10 Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes	✓	✓

- ECM is meeting weekly with the two new providers (Institute on Aging & MedArrive) to streamline the start of the new ECM Populations of Focus that launched 1/1/23 (Adults Living in the Community Who are at Risk for LTC Institutionalization and Nursing Facility Residents Transitioning to the Community).

- ECM expanded two current providers (CHCN and East Bay Innovations) to serve Adults Living in the Community Who are at Risk for LTC Institutionalization. East Bay Innovations (EBI) also expanded to serve Adults Living in the Community Who are at Nursing Facility Residents Transitioning to the Community.

- ECM, IPD, UM continue to meet with California Children's Services (CCS) to discuss the new ECM Population of Focus, Children and Youth, and CCS's role when this population launches in July of 2023.

- Have begun engagement with Chapman consulting for potential ECM providers in upcoming Listening Sessions (Feb 2 and Feb 8)

Case Type	ECM Outreach in August 2022	Total Open Cases as of August 2022	ECM Outreach in Sept 2022	Total Open Cases as of Sept 2022	ECM Outreach in October 2022	Total Open Cases as of October 2022
ECM	241	850	194	903	198	918

Community Supports

- CS services are focused on reducing unnecessary hospitalizations and ED visits. The six initial CS services launched on 1/1/2022 were:
    - Housing Navigation
    - Housing Deposits
    - Tenancy Sustaining Services
    - Medical Respite
    - Medically Tailored/Supportive Meals
    - Asthma Remediation

- A CS dashboard has been developed. Early evaluation shows a decrease in Admits/1000, Bed Days/1000, Average Length of Stay, ER Visits/1000. CS is refining the dashboard in collaboration with Analytics.

- CS meets weekly with each CS provider to work through logistical issues as they arise.

- East Bay Innovations (EBI) is the CS Provider managing the Self-Funded Pilot for 2 additional Community Supports Services. The Self-Funded Pilot complements the incoming ECM Populations of Focus (January of 2023) and contributes to the success of the members' management:
    - Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for Elderly and Adult Residential Facilities
    - Community Transition Services/Nursing Facility Transition to a Home

Community Supports	Services Authorized in Sept 2022	Services Authorized in Oct 2022	Services Authorized in Nov 2022	Services Authorized in Dec 2022
Housing Navigation	368	394	413	423
Housing Deposits	235	229	227	233
Housing Tenancy	1007	1030	1064	1115
Asthma Remediation	33	32	30	25
Meals	262	321	395	383
Medical Respite	38	33	35	35

Grievances & Appeals

- All cases were resolved within the goal of 95% within regulatory timeframes.
- Total grievances resolved in January were 7.04 complaints per 1,000 members.
- The Alliance's goal is to have an overturn rate of less than 25%, for the reporting period of January 2023; we did meet our goal at 16.7% overturn rate.

January 2022 Cases	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	711	30 Calendar Days	95% compliance within standard	676	95.08%	2.16
Expedited Grievance	1	72 Hours	95% compliance within standard	1	100.0%	0.003
Exempt Grievance	1,596	Next Business Day	95% compliance within standard	1,596	100.0%	4.84
Standard Appeal	12	30 Calendar Days	95% compliance within standard	12	100.0%	0.04
Expedited Appeal	0	72 Hours	95% compliance within standard	NA	NA	NA
Total Cases:	2,320		95% compliance within standard	2,285	98.5%	7.04

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

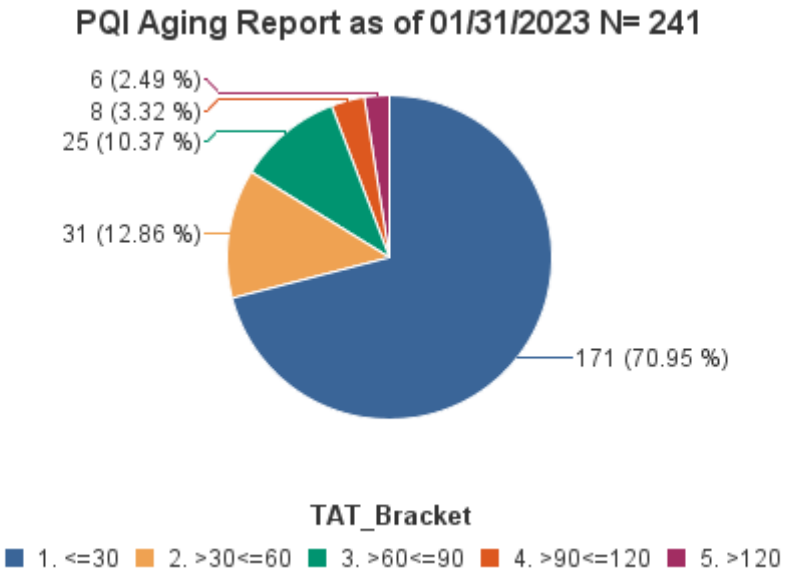
Quality

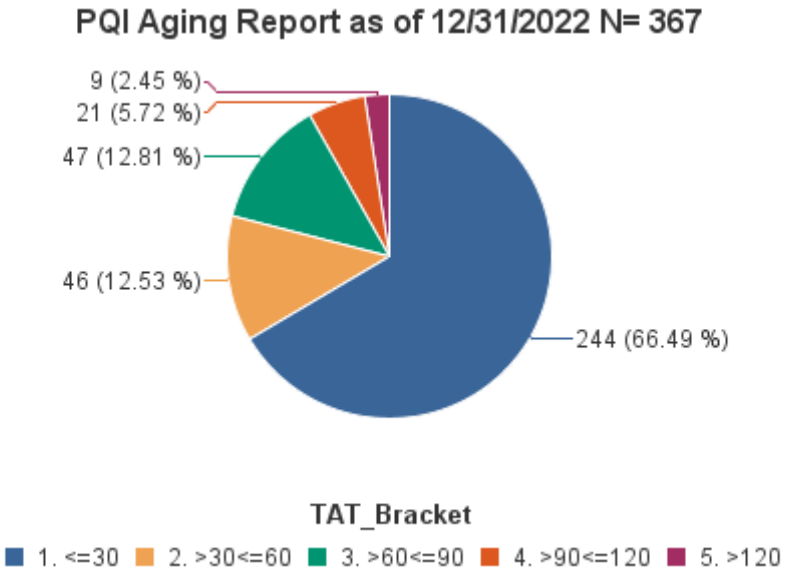
- Quality Improvement continues to track and trend PQI Turn-Around-Time (TAT) compliance. Our goal is closure of PQIs cases within 120 days from receipt to resolution via nurse investigation and procurement of medical records followed by final MD review when applicable.
- As part of an effort to streamline the PQI review process, Quality of Access issues are reviewed by the Access & Availability team and Quality of Language issues by

the Cultural & Linguistics team after they are triaged by the QI Clinical team. Quality of Care and Service issues continue to be reviewed by the QI Clinical staff.

- PQI cases open > 120 days made up 2.45% of total cases for December and 2.49% in January. Turnaround times remain well under the benchmark of 5% per P&P QI-104.

- Cases open for >120 days continues to be primarily related to delay in submission of medical records by specific providers. Measures to identify barriers and close these gaps continue to be a priority.





ALAMEDA Alliance FOR HEALTH

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

Information Technology

Sasikumar Karaiyan

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

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

Date: **February 10th, 2023**

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.

- Closely monitored (LTC) Long Term Care Call Center Queue. Total of 143 successful calls for the month of January. Will continue to monitor throughout the month of February 2023.

Disaster Recovery and Business Continuity

- One of the Alliance primary objectives for fiscal year 2022/2023 is the implementation of an enterprise IT Disaster Recovery program to enable our core business areas the ability to restore and continue operations when there is a 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 Business Continuity Plan document has been drafted and completed. This document will serve as a playbook to help ensure the safety of our employees, to keep the organization and members informed through communication designed channels and restore business functions in the event of a disaster.

- The Implementation phase of the project is now at 99% completed and all tier 1 servers are replicating to our backup data center in Roseville. Part of this phase also includes the runbook creation for each application which will incorporate the recovery procedures.

- The project team hit another major milestone in the month of January 2023 as they successfully conducted the final DR tabletop test for all tier 1 applications. The project team and our vendor are now working to finetune the recovery procedures

within the runbook. The finalization of the DR runbook and executive project sign-off is expected to be completed before the end of February 2023.

IT Security Program

- IT Security 2.0 initiative is one of the Alliance's top priorities for fiscal year 2022 and 2023. 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.

    - **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.

- Cyber Security remains at 90% and overall, 95% complete for high-severity items as the remaining tasks requires comprehensive testing, scheduling, and coordination. A new phase will begin once the remaining tasks are completed.

- Immutable Backup Implementation project has kicked-off. This project has disaster recovery and IT security impacts to ensure the protection and isolation of the Alliance's data backup from ransomware attacks.

- Single Sign-On and Multi-Factor Authentication for Shared Applications.

    - This program focuses on protecting shared cloud applications with Multi-Factor Authentication and Single Sign-On has been included in the overall project.

        - Completed 5 shared application deployments.

        - Continued user acceptance testing is on-going for the remaining shared applications.

Encounter Data

- In the month of January 2023, the Alliance submitted 181 encounter files to the Department of Health Care Services (DHCS) with a total of 286,656 encounters.

Enrollment

- The Medi-Cal Enrollment file for the month of January 2023 was received and processed on time.

HealthSuite

- A total of 141,633 claims were processed in the month of January 2023 out of which 113,724 claims auto adjudicated. This sets the auto-adjudication rate for this period to 80.3%.

TruCare

- A total of 13,534 authorizations were loaded and processed in the TruCare application.

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

Consumer Portal

- In January 2023, we interacted with cross functional teams and closed on all open items related to Professional Services Claim Form. We are planning to Go-Live in February 2023 by addressing Provider communication channel/Trainings with Providers. In parallel, the Development team is fully engaged with Behavioural Health Initial Evaluation form and LTC Authorization request/Referral request forms.

Information Technology

Supporting Documents

Enrollment

- See Table 1-1 “Summary of Medi-Cal and Group Care member enrollment in the month of January 2023”.
- See Table 1-2 “Summary of Primary Care Physician (PCP) Auto-assignment in the month of January 2023”.
- 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 January 2023

Month	Total MC[1]	MC[1] - Add/ Reinstatements	MC[1] - Terminated	Total GC[2]	GC[2] - Add/ Reinstatements	GC[2]- Terminated
January	324,009	4,483	2,627	5,761	106	121

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 January 2023

Auto-Assignments	Member Count
Auto-assignments MC	1,470
Auto-assignments Expansion	1,294
Auto-assignments GC	44
PCP Changes (PCP Change Tool) Total	2,852

TruCare Application

- See Table 2-1 “Summary of TruCare Authorizations for the month of January 2023”.
- There were 13,534 authorizations processed within the 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 January 2023

Transaction Type	Inbound EDI Auths	Errored	Total Auths Loaded in TruCare
EDI	4,154	544	3,712
Paper to EDI	2,839	2,027	1,609
Provider Portal	2,817	619	2,763
Manual Entry	N/A	N/A	1,527
Total			9,611

Key: EDI – Electronic Data Interchange

Web Portal Consumer Platform

- The following table 3-1 is a supporting document from the Web Portal summary section. (Portal reports always one month behind current month)

Table 3-1 Web Portal Usage for the Month December 2022

Group	Individual User Accounts	Individual User Accounts Accessed	Total Logins	New Users
Provider	9,375	3,601	157,797	408
MCAL	90,348	2,374	6,268	818
IHSS	3,299	9	65	30
AAH Staff	209	53	928	5
Total	**103,231**	**6,037**	**165,058**	**1,259**

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

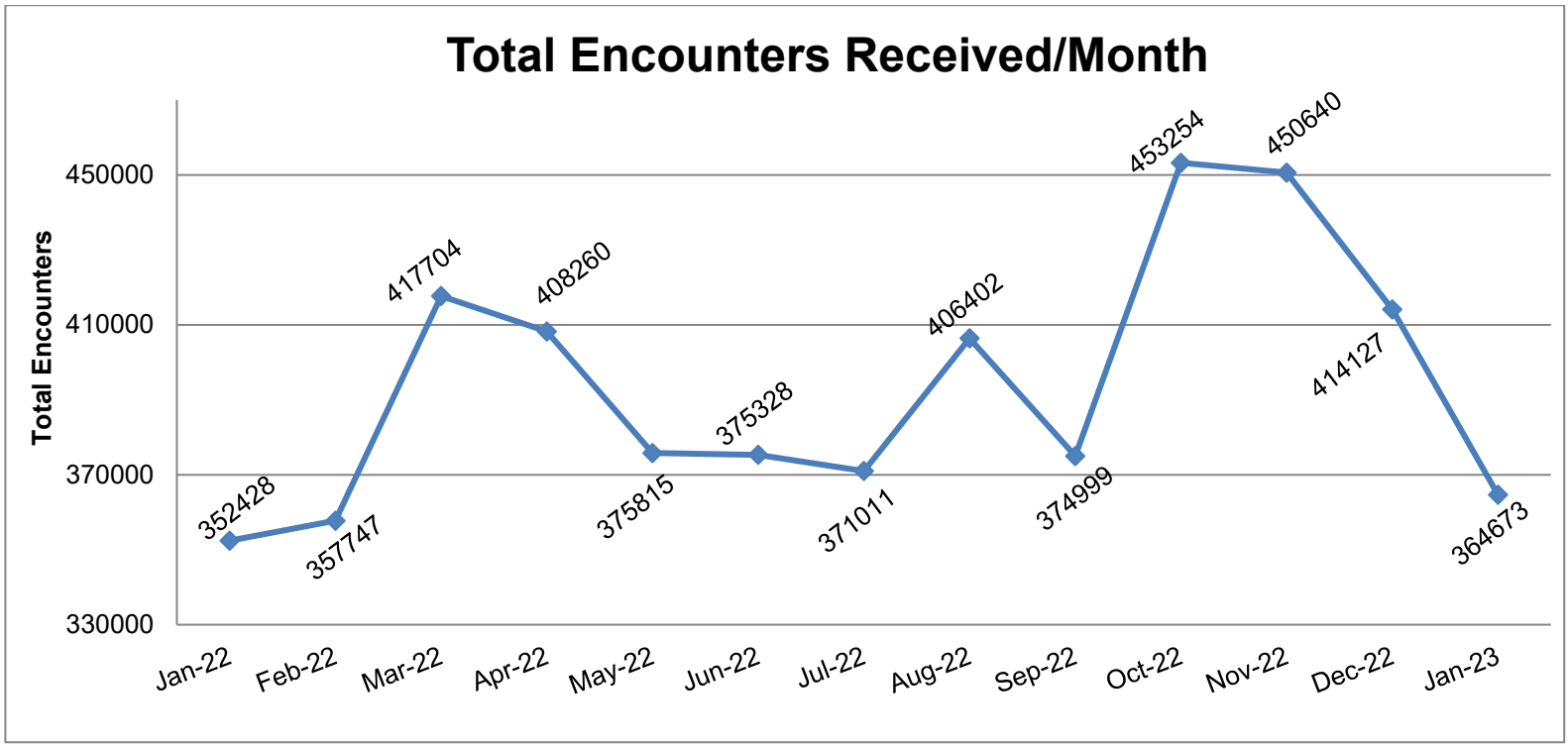
Top 25 Pages Viewed		
Category	**Page Name**	**December- 22**
Provider	Member Eligibility	654561
Provider	Claim Status	135438
Provider - Authorizations	Auth Submit	9223
Provider - Authorizations	Auth Search	4421
Member	Member Eligibility	2895
Member	Member ID Card	1509
Member	Find a Doctor or Facility	1438
Provider	Member Roster	1397
Member	Select or Change Your PCP	1135
Provider - Provider Directory	Provider Directory	799
Member - Help & Resources	Member ID Card	778
Member	My Claims Services	736
Provider - Reports	Reports	601
Member	Request Kaiser as my Provider	565
Member	Authorizations & Referrals	382
Member	My Pharmacy Medication Benefits	290
Provider - Home	Forms	215
Member	FAQs	202
Provider - Provider Directory	Provider Manual	196
Member	Forms	195
Member	Authorizations & Referrals	183
Provider - Provider Directory	Instruction Guide	168
Member	Member Benefits Materials	161
Member	Contact Us	139
Provider	Pharmacy Claims	107

Encounter Data from Trading Partners 2023

- **ACBH**: January monthly files (86 records) were received on time.
- **AHS**: January weekly files (4,568 records) were received on time.
- **BAC**: January monthly file (199 records) were received on time.
- **Beacon**: January weekly files (13,824 records) were received on time
- **CHCN**: January weekly files (87,182 records) were received on time.
- **CHME**: January monthly file (4,574 records) were received on time.
- **CFMG**: January weekly files (9,679 records) were received on time.
- **Docustream**: January monthly files (1,327 records) were received on time.
- **HCSA**: January monthly files (1,825 records) were received on time.
- **Kaiser**: January bi-weekly files (35,798 records) were received on time.
- **LogistiCare**: January weekly files (24,456 records) were received on time.
- **March Vision**: January monthly file (3,598 records) were received on time.
- **Quest Diagnostics**: January weekly files (13,793 records) were received on time.
- **Teladoc**: January monthly files (0 records).
    - Teladoc has switched to submitting claims as of July 2022.
- **Magellan**: January monthly files (325,503 records) were received on time.

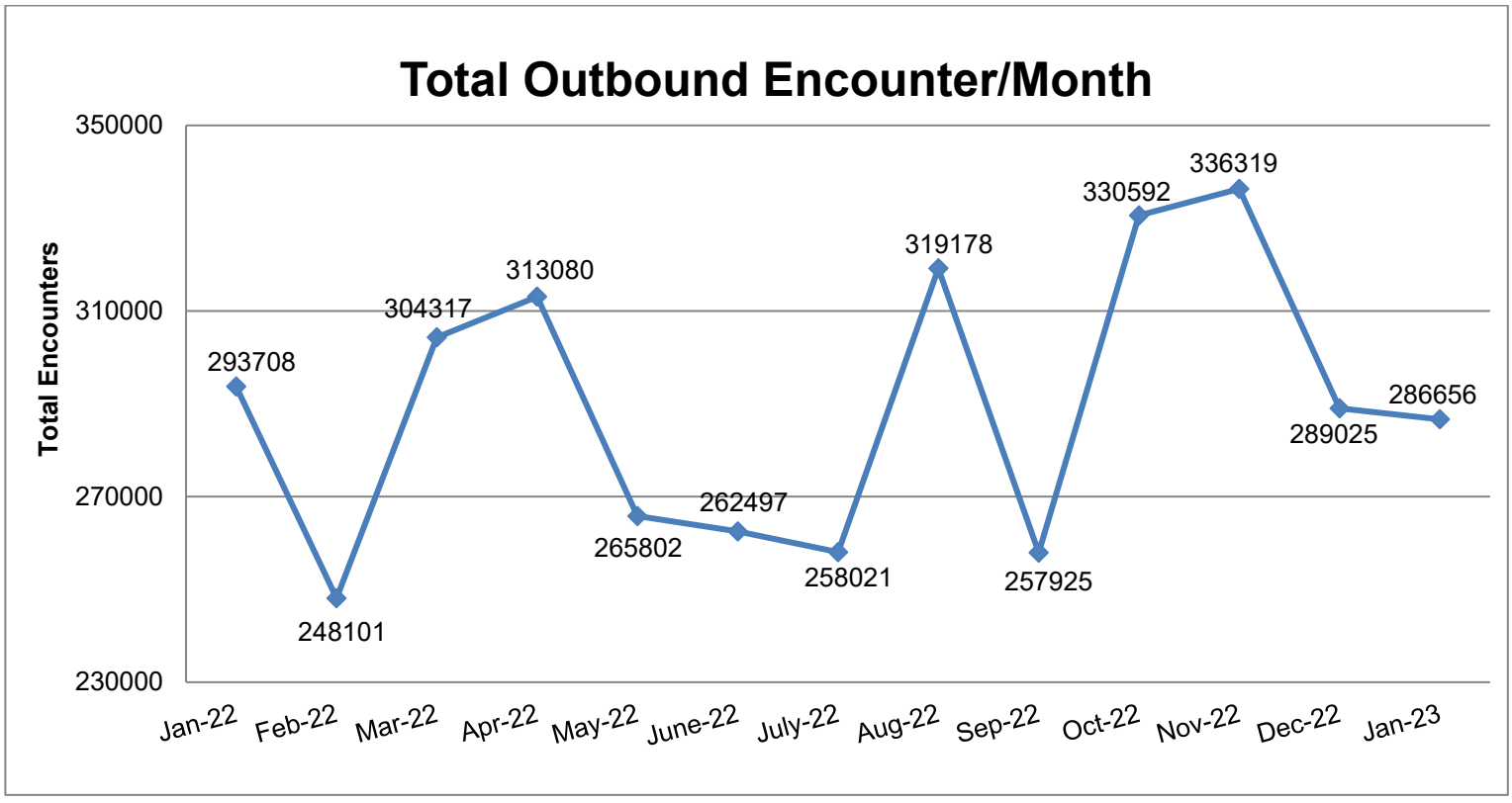
Trading Partner Medical Encounter Inbound Submission History

Trading Partners	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Health Suite	162201	162433	185738	189172	163272	173269	176217	177945	175955	171386	174429	177828	163764
ACBH										8	51	87	86
AHS	6944	5630	6215	7717	6105	5486	5742	5482	5609	5589	6015	6332	4568
BAC		34	12	45	63	53	66	53	37	39	38	35	199
Beacon	9796	10966	16088	14303	13796	18340	15678	21310	16040	13490	12883	10437	13824
CHCN	75302	77276	79363	74683	80340	67339	69636	84302	75234	136445	108148	83258	87182
CHME	9254	4706	4778	4955	4551	4578	4853	4722	5191	5214	5152	4822	4574
Claimsnet	8643	13228	13522	10943	14075	10300	7744	10631	6940	15668	19173	12790	9679
Docustream	1703	1304	2130	2220	1140	1263	1236	1149	1715	1294	1435	1487	1327
HCSA			3630	2029	1824	1880	3366	1869	4440	2098	3734	1781	1825
Kaiser	46458	52179	68530	69174	51214	62952	47584	62477	48613	63341	76637	81333	35798
Logisticare	16536	16393	19841	16232	20299	14590	20981	20200	19257	19041	23451	16946	24456
March Vision	2872	1445	3559	3425	3345	3188	3040	2708	3824	3693	3497	4427	3598
Quest	12696	12121	14268	13330	15757	12058	14868	13554	12144	15948	15997	12564	13793
Teladoc	23	32	30	32	34	32	0	0	0	0	0	0	0
Total	352428	357747	417704	408260	375815	375328	371011	406402	374999	453254	450640	414127	364673



Outbound Medical Encounter Submission

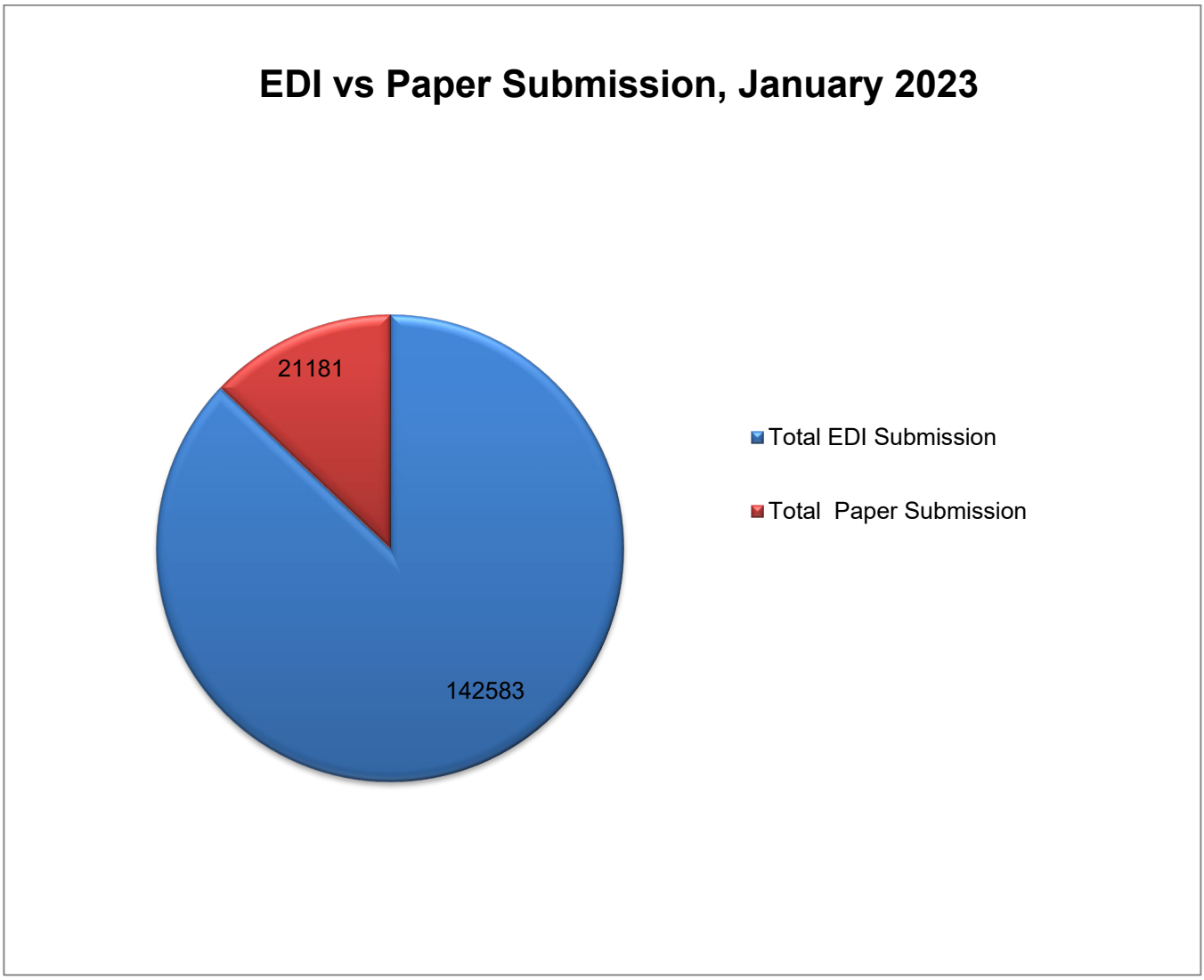
Trading Partners	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Health Suite	139452	97141	103843	133252	93919	90605	92682	121957	96495	121299	95516	97435	114224
ACBH										4	36	60	56
AHS	7943	5524	6142	6251	7156	5363	5702	5168	4360	6626	5915	5208	5439
BAC		34	12	45	61	52	63	50	37	37	38	33	196
Beacon	7566	8140	12332	11273	9221	9534	14711	17246	12054	10967	10172	8001	11282
CHCN	52531	44745	58795	49365	49911	51060	49003	60678	50714	74449	92283	55698	58881
CHME	4496	4585	4702	4686	4448	4470	4714	4618	5069	5016	4843	4729	4470
Claimsnet	6114	9917	9677	8100	8410	7985	7209	7248	4614	10491	11118	8983	8241
Docustream	1176	66	72	14	3406	854	1070	964	1436	1060	1134	1268	1117
HCSA			3112		1518	1719	1579	1770	2368	2013	2001	1725	1777
Kaiser	44248	51831	67559	67177	50894	62562	47331	61831	47861	62682	75808	80464	35360
Logisticare	16309	16242	19700	16123	19777	14677	20828	20022	19001	18457	23178	16729	24291
March Vision	2175	1072	2724	2575	2464	2392	2206	1969	2631	2601	2396	2938	2454
Quest	11676	8774	15620	12378	14602	11192	10923	15657	11285	14890	11881	5754	18868
Teladoc	22	30	27	31	15	32	0	0	0	0	0	0	0
Total	293708	248101	304317	313080	265802	262497	258021	319178	257925	330592	336319	289025	286656



HealthSuite Paper vs EDI Claims Submission Breakdown

Period	Total EDI Submission	Total Paper Submission	Total Claims
23-Jan	142583	21181	163764

Key: EDI – Electronic Data Interchange

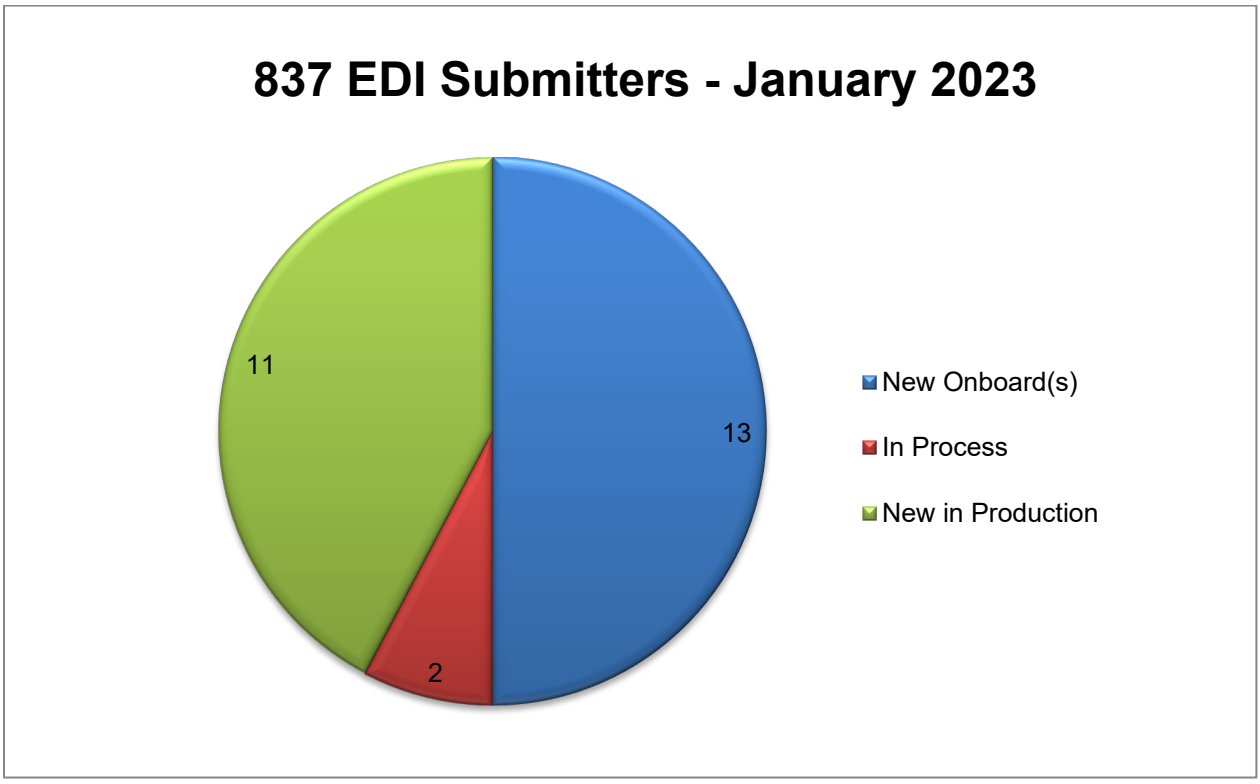


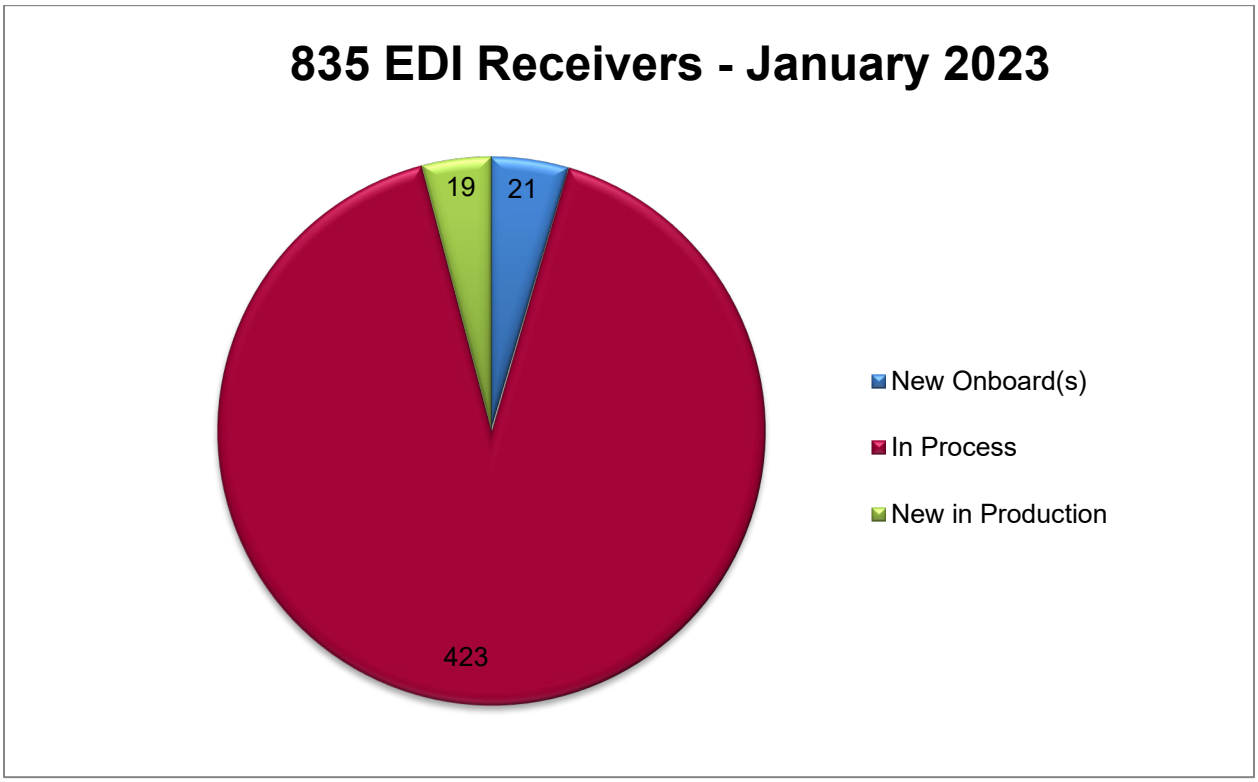
Onboarding EDI Providers - Updates

- January 2023 EDI Claims:
  - A total of 1504 new EDI submitters have been added since October 2015, with 11 added in January 2023.
  - The total number of EDI submitters is 2244 providers.

- January 2023 EDI Remittances (ERA):
  - A total of 627 new ERA receivers have been added since October 2015, with 19 added in January 2023.
  - The total number of ERA receivers is 643 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
Feb-22	17	2	15	2021	20	258	15	429
Mar-22	36	0	36	2057	22	268	12	441
Apr-22	11	3	8	2065	19	275	12	453
May-22	17	3	14	2079	13	285	3	456
Jun-22	8	1	7	2086	29	301	13	469
Jul-22	38	1	27	2113	54	339	16	485
Aug-22	26	0	26	2139	46	354	31	516
Sep-22	11	0	11	2150	57	385	26	542
Oct-22	17	0	17	2167	48	407	26	568
Nov-22	49	2	47	2214	50	410	47	615
Dec-22	19	0	19	2233	20	421	9	624
Jan-23	13	2	11	2244	21	423	19	643


837 EDI Submitters - January 2023
11
13
2
New Onboard(s)
In Process
New in Production


835 EDI Receivers - January 2023
19
21
423
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 January 2023.

File Type	Jan-23
837 I Files	28
837 P Files	153
Total Files	181

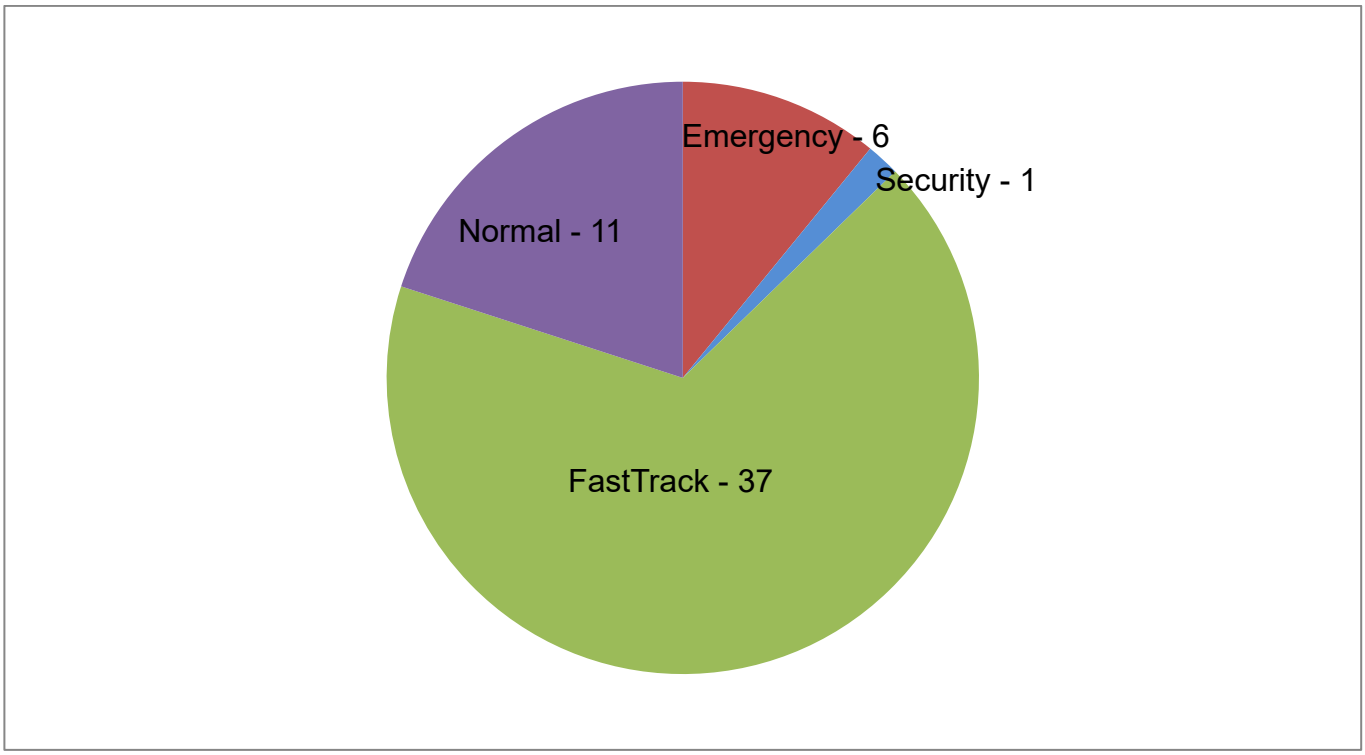
Lag-time Metrics/Key Performance Indicators (KPI)

AAH Encounters: Outbound 837	Jan-23	Target
Timeliness-% Within Lag Time – Institutional 0-90 days	95%	60%
Timeliness-% Within Lag Time – Institutional 0-180 days	98%	80%
Timeliness-% Within Lag Time – Professional 0-90 days	92%	65%
Timeliness-% Within Lag Time – Professional 0-180 days	97%	80%

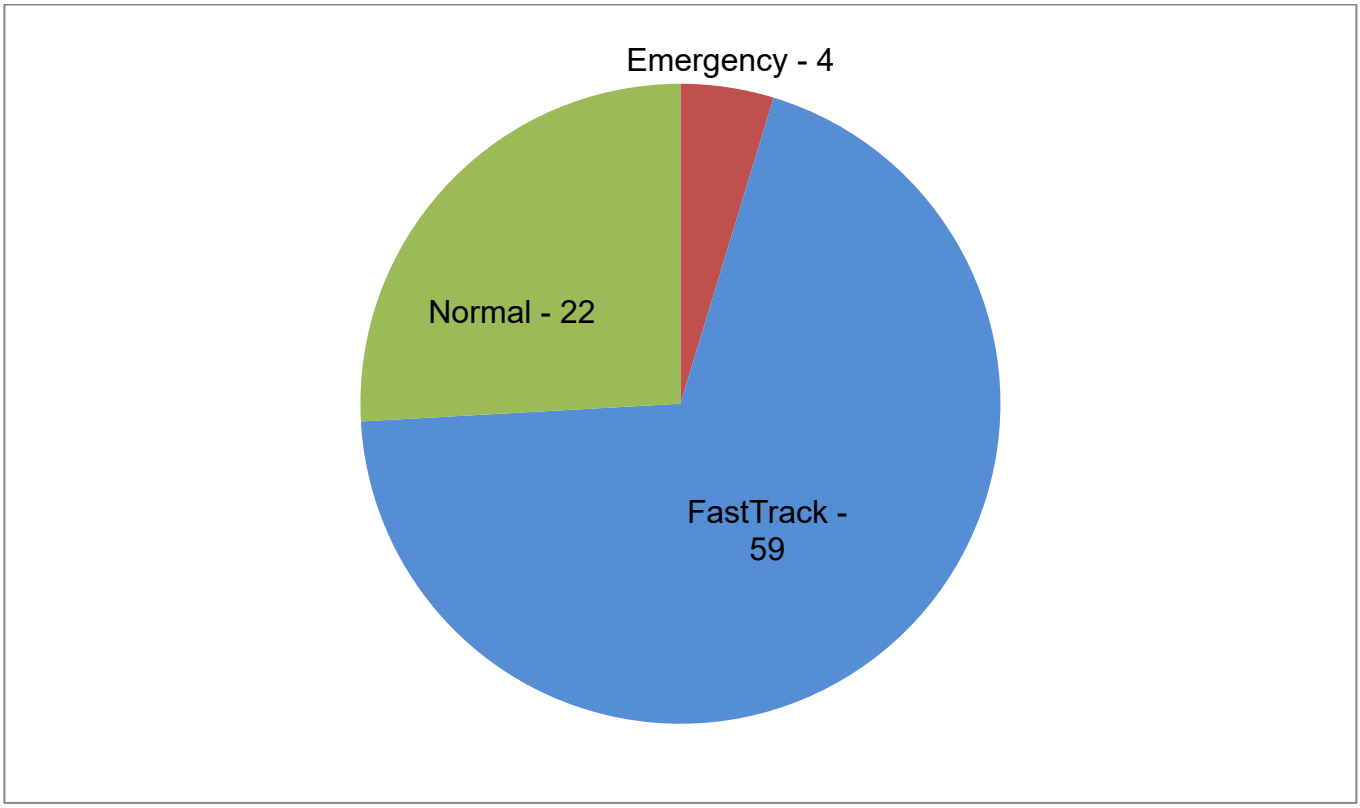
Change Management Key Performance Indicator (KPI)

- Change Request Overall Summary in the month of January 2023 KPI:
  - 55 Changes Submitted.
  - 85 Changes Completed and Closed.
  - 152 Active Change Requests in pipeline.
  - 9 Change Requests Cancelled or Rejected.

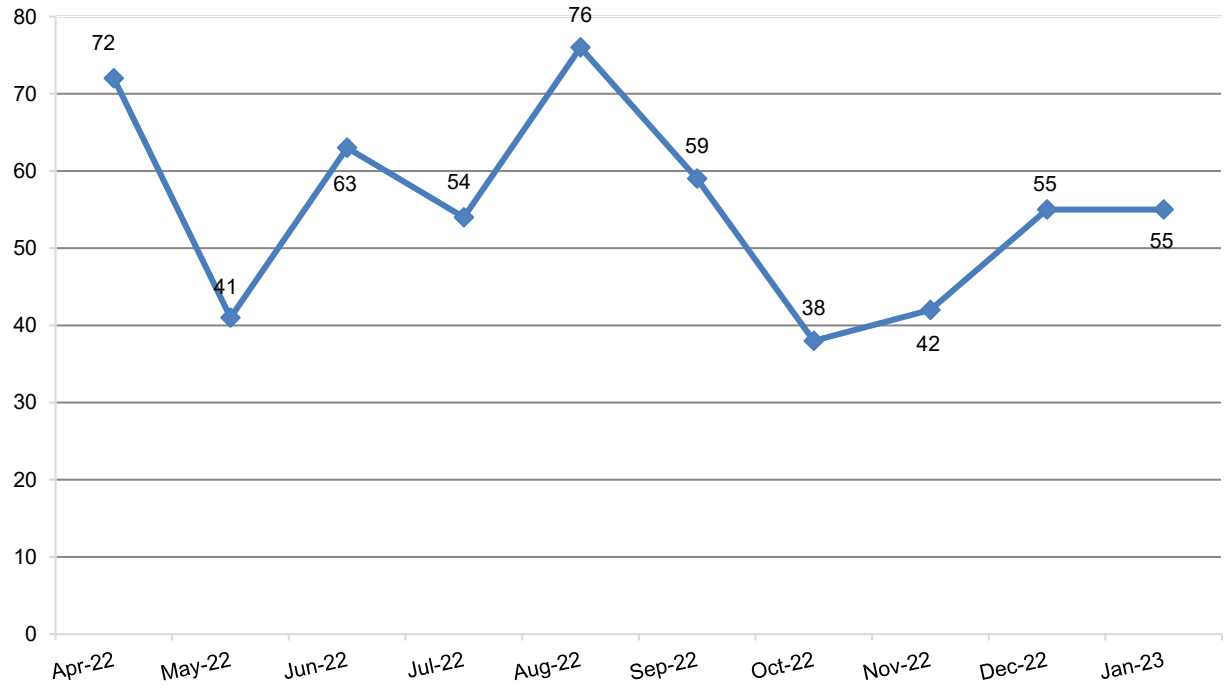
- 55 Change Requests Submitted/Logged in the month of January 2023



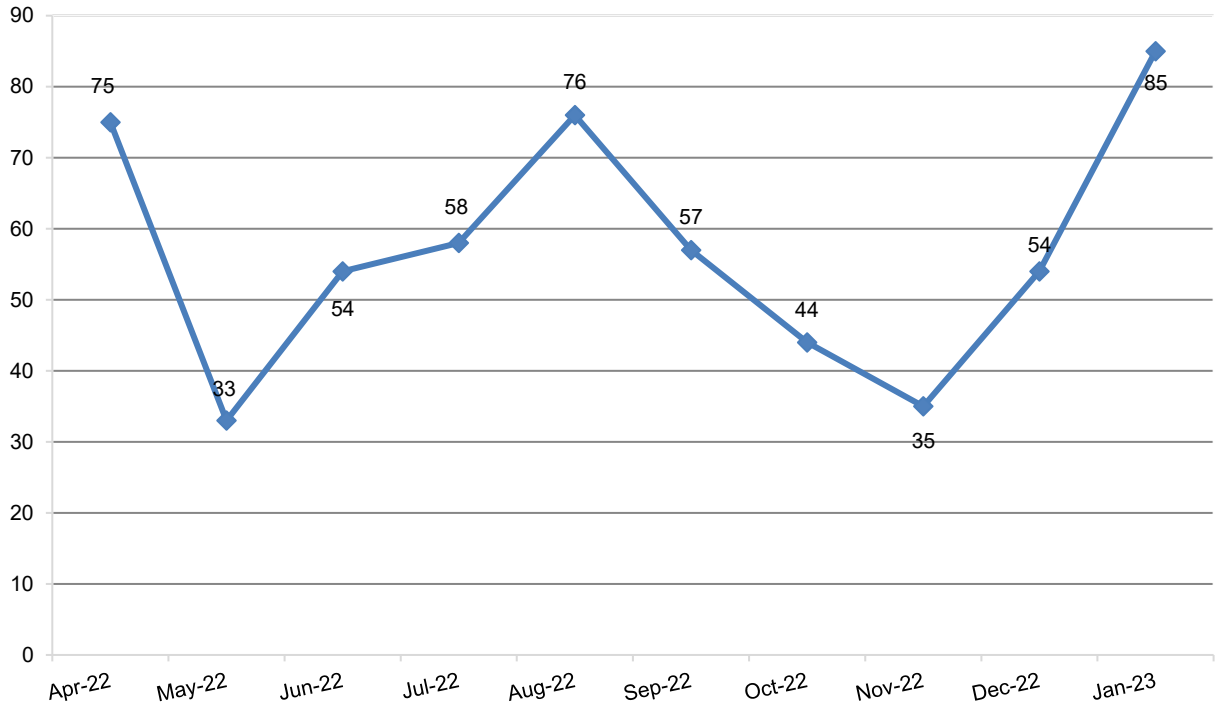
- 85 Change Requests Closed in the month of January 2023



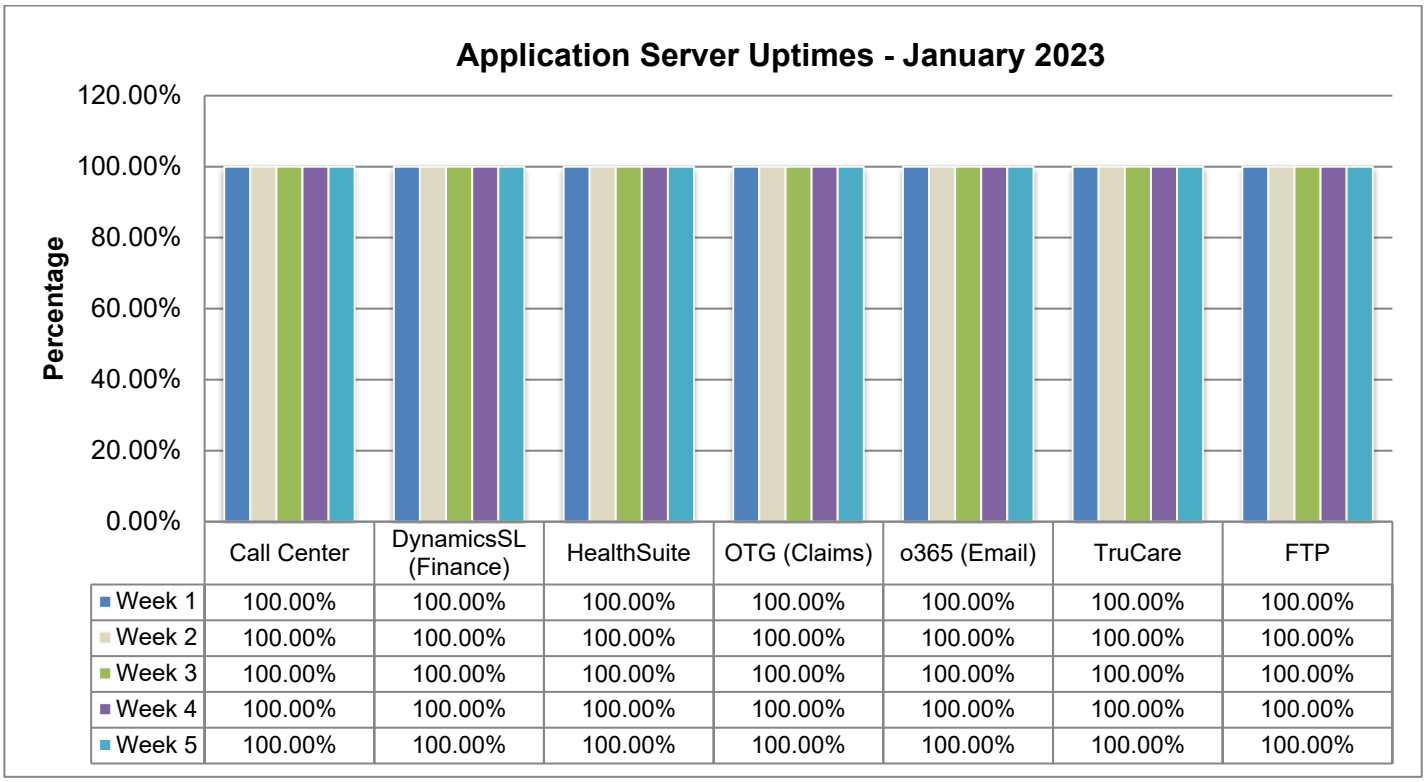
- Change Requests Submitted: Monthly Trend



- Change Requests Closed: Monthly Trend



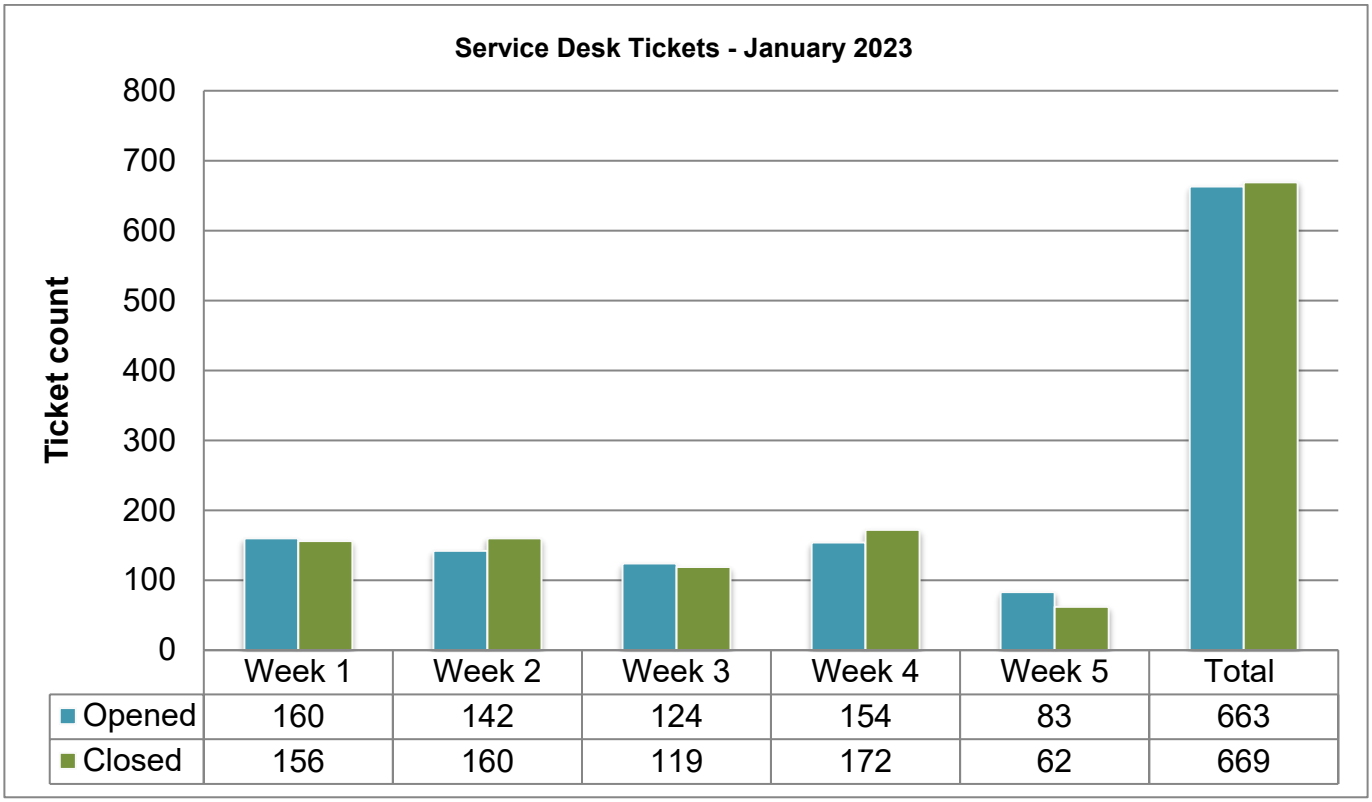
IT Stats: Infrastructure



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

- All mission critical applications are monitored and managed thoroughly.
- There were no services impacted in the month of January 2023.

- 663 Service Desk tickets were opened in the month of January 2023, which is 5.8% lower than the previous month and 669 Service Desk tickets were closed, which is 1.9% lower than the previous month.



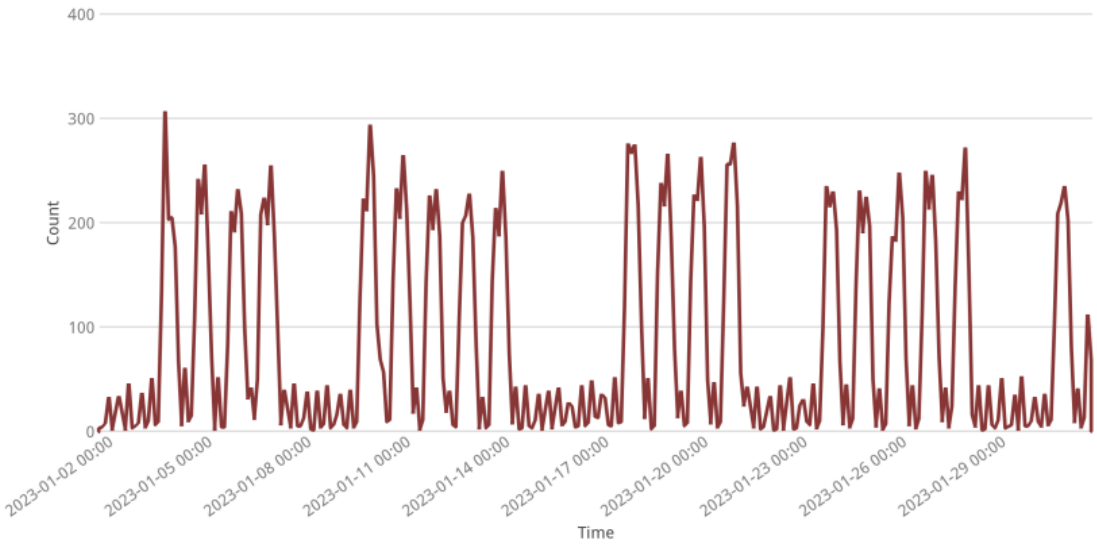
	Week 1	Week 2	Week 3	Week 4	Week 5	Total
Opened	160	142	124	154	83	663
Closed	156	160	119	172	62	669

- The ticket count for the month of January is slightly lower than the previous 3-month average of 720.

January 2023

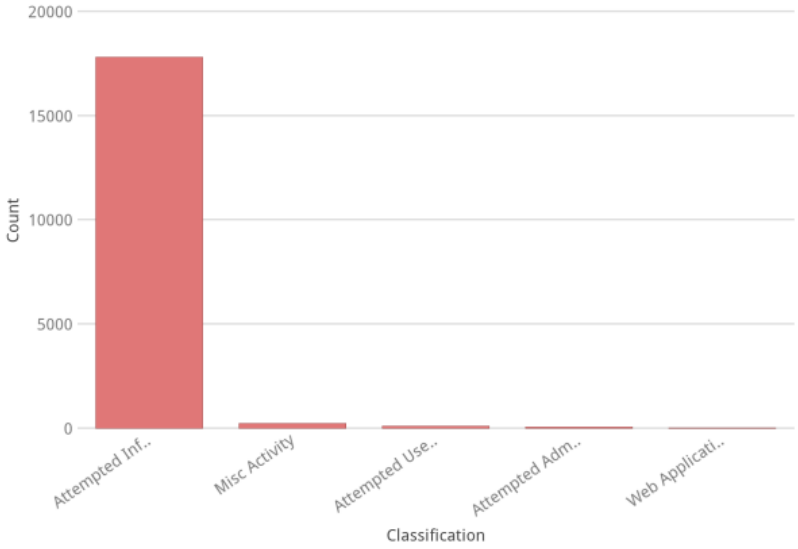
All Intrusion Events

Time Window: *2023-01-01 09:29:00 - 2023-01-31 09:29:00*



Dropped Intrusion Events

Time Window: *2023-01-01 09:30:00 - 2023-01-31 09:30:00*
Constraints: *Inline Result = dropped*



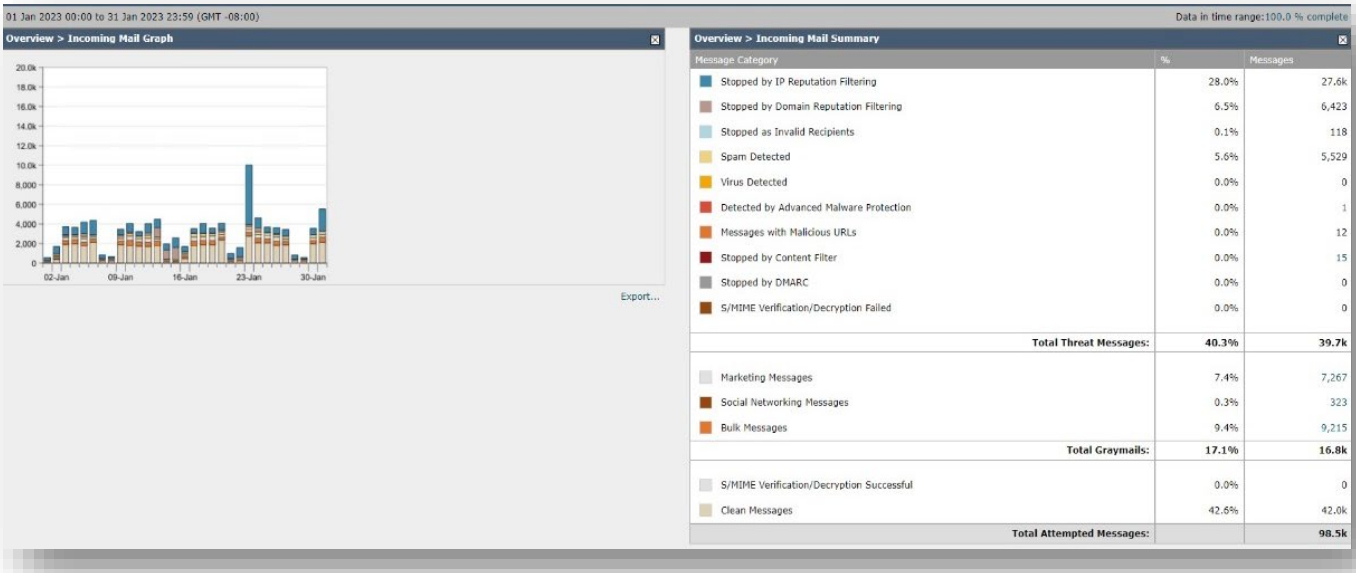
Classification	Count
Attempted Information Leak	17,803
Misc Activity	240
Attempted User Privilege Gain	107
Attempted Administrator Privilege Gain	61
Web Application Attack	19

IronPort Email Security Gateways

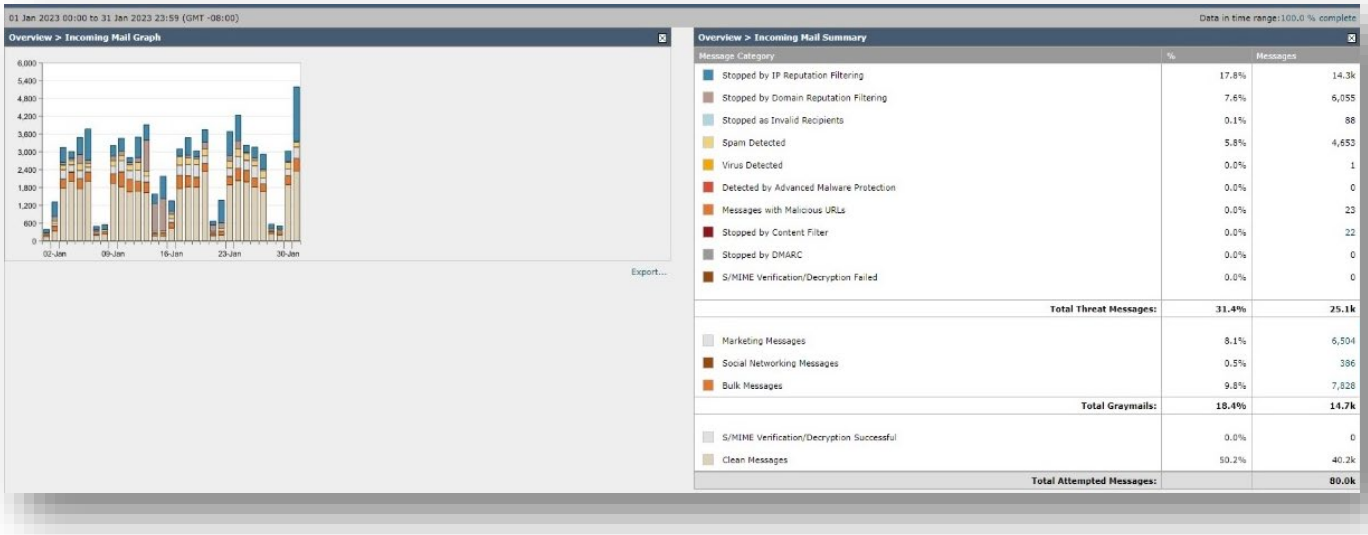
Email Filters

January 2023

MX4



MX9



Item / Date	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	***Jan-23***
Stopped By Reputation	42.4k	329.9k	52.8k	36k	36k	34.7k	28.2k	27.6k	43.6k	20.9k	23k	53.9k	***41.9k***
Invalid Recipients	185	69	389	117	100	119	78	117	71	94	87	184	***204***
Spam Detected	10.3k	10.3k	15k	13.7k	13.9k	13.9k	11.6k	13.3k	14.6k	10.9k	10.9k	10.8k	***10.1k***
Virus Detected	5	13	1	4	18	18	1	0	2	3	3	2	***1***
Advanced Malware	0	4	2	1	0	0	0	1	2	0	0	0	***1***
Malicious URLs	16	89	41	159	296	187	93	448	226	102	61	14	***35***
Content Filter	371	54	39	115	39	125	119	79	111	171	77	23	***37***
Marketing Messages	8,864	9,588	8,864	11.3k	10.7k	12.5k	12.6k	14.5k	13.7k	13.9k	16.1k	13.4k	***13.7k***
Attempted Admin Privilege Gain	103	116	132	143	113	215	215	210	151	68	40	112	***61***
Attempted User Privilege Gain	117	663	789	401	549	157	153	722	395	180	324	797	***107***
Attempted Information Leak	13.7k	5,813	5,192	5,207	5,924	7,839	18,414	12,210	10,748	12,942	12.3k	78.9k	***17.8k***
Potential Corp Policy Violation	0	0	0	0	0	0	277	0	0	0	0	1	***0***
Network Scans Detected	0	0	0	0	0	0	0	0	0	0	0	0	***0***
Web Application Attack	0	1	0	0	0	0	0	4	0	0	0	0	***19***
Attempted Denial of Service	0	0	0	50	0	86	218	215	436	0	214	117	***0***
Misc. Attack	275	626	308	78	874	88	407	733	3,295	469	87	111	***240***

- All security activity data is based on the current month's metrics as a percentage. This is compared to the previous three month's average, except as noted.
- Email based metrics currently monitored have decreased with a return to a reputation-based block for a total of 41.9k.
- Attempted information leaks detected and blocked at the firewall is at 17.8k for the month of January 2023.
- Network scans returned a value of 0, which is in line with previous month's data.
- Attempted User Privilege Gain is lower at 107 from a previous six-month average of 420.

Integrated Planning

Ruth Watson

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

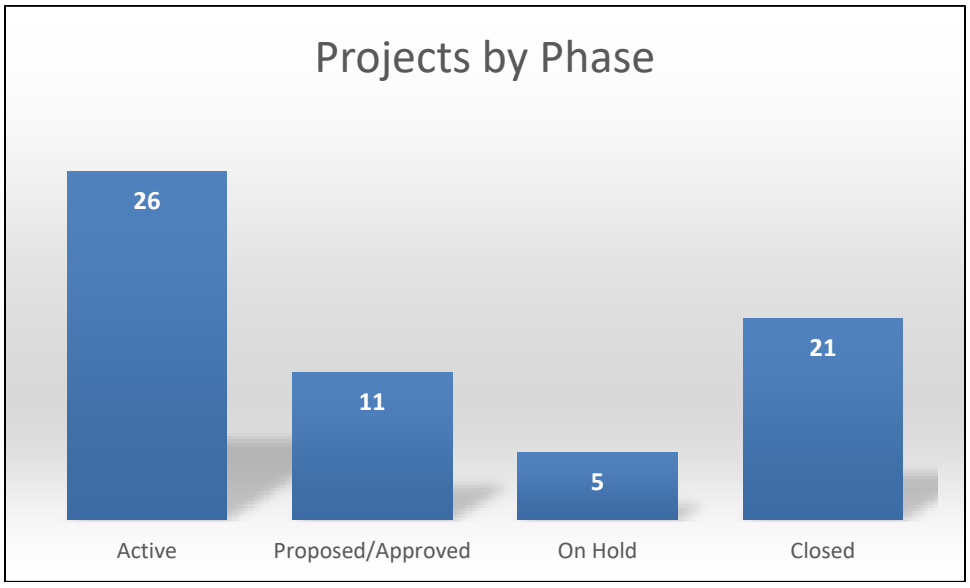
From: **Ruth Watson, Chief of Integrated Planning**

Date: **February 10th, 2023**

Subject: **Integrated Planning Division Report**

Project Management Office

- 42 projects currently on the Alameda Alliance for Health (AAH) enterprise-wide portfolio
    - 26 Active projects (discovery, initiation, planning, execution, warranty)
    - 5 On Hold projects
    - 11 Proposed and Approved Projects
    - 21 Closed projects



Integrated Planning – CalAIM Initiatives

- Enhanced Care Management (ECM) and Community Supports (CS)
    - Enhanced Care Management
        - Two new Populations of Focus (PoF) went live on January 1st, 2023
            - Adults Living in the Community Who Are At-Risk for Long Term Care (LTC) Institutionalization
            - Nursing Facility Residents Transitioning to the Community
            - Model of Care (MOC) Addendum for the new PoF: Received request from DHCS on January 20th for additional information for

the MOC submission sent to DHCS on October 28th; response is due back to DHCS on February 3rd

- July 2023 ECM Populations of Focus
  - Children and Youth
    - MOC for this PoF is due to DHCS on February 15th, 2023.
    - Meetings continue with California Children's Services (CCS) in preparation for implementing CCS as an ECM Provider for this PoF.
- January 2024 ECM Population of Focus
  - DHCS has added a new PoF for "High Risk Pregnant and Postpartum Individuals" with a scheduled implementation date of January 2024.
  - Individuals Transitioning from Incarceration, originally scheduled for implementation in January 2023 and subsequently delayed to July 2023 is now scheduled to go live January 2024.
- Community Supports
  - Identified three (3) additional Community Supports AAH intends to begin offering in July 2023
    - Respite Services
    - Personal Care and Homemaker Services
    - Environmental Accessibility Adaptation (Home Modifications)
  - MOC for additional CS services is due to DHCS on February 15th, 2023.
  - AAH is piloting two (2) other CS services that align with the new January 2023 PoF.

- CalAIM Major Organ Transplants (MOT):
  - Submitted response to DHCS on January 7th, 2022, regarding the Corrective Action Plan (CAP) received on December 10th, 2021, 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.
    - AAH only contracted with UCSF and Stanford for transplants and Stanford is not a COE for kidney-pancreas transplants.
    - Contract with UCSF was fully executed on December 29th, 2022:
      - Compliance submitted copy of contract to DHCS on January 5th.
      - Received confirmation from DHCS on January 11th that the MOT network was approved, and the CAP has been closed.

- Long Term Care (LTC) Carve-In – AAH became responsible for all members residing in LTC facilities as of January 1st, 2023.
  - Did not include Pediatric and Adult Subacute Facilities, Intermediate Care Facilities (ICF), or Institutions for Mental Disease (IMD).
    - 2023 state budget trailer bill includes a proposal to delay the implementation of the three (3) facility types until January 2024.

- LTC Command Center went live on 1/3/2023; daily Post Transition Monitoring Template submitted to DHCS as required through 1/13/2023, then moved to weekly reporting on 1/20/2023 and 1/27/2023.
  - No identified issues that required reporting to DHCS.
  - Internal AAH teams continue to meet weekly to discuss any provider/member data issue impacting claims.
  - Weekly reporting is now required through February.
- January 2023 eligibility file contained fewer than expected LTC members.
  - AAH identified 21 LTC members with the correct LTC Aid Codes throughout the month of January.
  - Analytics cross-referenced eligibility files, authorizations and DHCS Treatment Authorization Requests (TARs) to identify additional LTC members without LTC Aid Codes, which resulted in 79 potential LTC members.
  - AAH staff worked with facilities regarding eligibility issues.
- February 2023 eligibility file received from DHCS on January 26th
  - AAH identified 992 LTC members with the correct LTC Aid Codes
  - Cross-reference activities identified an additional 629 LTC members without the appropriate LTC Aid Codes.
  - 583 Inpatient authorizations have been loaded in TruCare with the appropriate LTC Aid Codes; 357 additional TARs with incorrect Aid Code.
  - Anticipating receipt of additional LTC Inpatient TARs from DHCS this month.
  - AAH staff continues to work with facilities regarding eligibility issues.
- Provider communication regarding the process to resolve Incorrect Aid Code issues has been developed and will be sent out by the LTC team.

- Population Health Management (PHM) Program – effective January 1st, 2023
  - PHM Readiness Document was approved by DHCS 1/4/2023
  - All Plan Letter (APL) 22-024 was finalized by DHCS in November; APL provides final guidance and requirements for the program
    - Internal working sessions to update relevant Policies and Procedures (P&Ps) for PHM in progress
    - P&Ps due to DHCS on 2/26/2023
  - Staffing
    - Chief Health Equity Officer - Offer made, background check in progress.
    - Population Health Equity (PHE) Manager – scheduled to start 2/13/2023.
    - PHE Specialist has been hired and onboarded.

- Community Health Worker Benefit – new Medi-Cal benefit that was effective July 1st, 2022, to promote the MCP's contractual obligations to meet DHCS broader Population Health Management standards.
  - Internal CHW strategy meetings continue.
    - Strategy Narrative in progress

- AAH is participating in the CHW Practice Design Workgroup which includes County staff as well as representatives from organizations who utilize CHWs.

- CalAIM Incentive Payment Program (IPP) – three-year DHCS program to provide funding for the support of ECM and CS in 1) Delivery System Infrastructure, 2) ECM Provider Capacity Building, and 3) Community Supports Provider Capacity Building and Community Supports Take-Up.
  - MCPs are waiting to receive notification from DHCS that Submission 2B Measure Set, Submission 3-5 Measure Set, and the CalAIM Incentive Payment Program APL have been finalized.
  - The Alliance is currently reviewing 7 IPP Applications that were received during Wave 3 from currently contracted providers or providers in the process of contracting with the Alliance to support ECM and CS services.

Other Initiatives

- Mental Health (Mild to Moderate/Autism Spectrum Disorder) Insourcing – services currently performed by Beacon Health Options will be brought in-house as of March 31st, 2023.
- Submitted Transition Plan to DHCS on 1/31/2023.
- DMHC approved the AAH Provider Network on 1/10/2023
- Preparing responses to DMHC Comment Table which is due 2/10/2023
  - Pre-Filing meeting held with DMHC on 1/26/2023 to level set on requirements.
  - DMHC has made a commitment to provide an expedited response due to the timeframe before go-live.
- Contracting:
  - 106 fully executed contracts.
    - 477 total providers including mental health and autism providers.
- Staffing:
  - Behavioral Health and Customer Services teams are fully staffed
  - Neuropsychologist (Dr. Cash) onboarded during January
  - Behavioral Health Triage Specialist starts 2/13/2023

- Communications:
  - Member Notification
    - Impacted Member Letter – will be mailed 3/1/2023
    - 60 Day Member Notice – mailed 2/1/2023
    - 30 Day Member Notice – will be mailed 3/1/2023
- Training:
  - Provider Orientation and Trainings to be conducted 3/1-3/15/2023.

- Work in progress:
  - AAH systems – system configuration ongoing
  - Behavioral Health department queues – configuration underway
  - Department forms have been designed and are being configured
  - Workflows – development of end-to-end processes underway

    - Provider Portal Online forms – configuration continues
        - Portal Single Sign-On for providers - completed in Test environment.
        - Deliverables, timelines, and risks will continue to be assessed frequently.

- Behavioral Health Integration (BHI) Incentive Program – Program ended December 31st, 2022.
    - Program wrap-up includes submission of Program Year 2, Q4 Milestone report in February 2023 and Program Year 2 Annual report in March 2023.
    - Student Behavioral Health Incentive Program (SBHIP) – DHCS program commenced January 1st, 2022, and continues through December 31st, 2024.
- Received request from DHCS on January 23rd for additional information for the Needs Assessment submission sent to DHCS on December 30th; response is due back to DHCS on February 1st.
- DHCS is expected to complete their review of Needs Assessment and Targeted Interventions Project Plans by the end of February 2023
    - Associated funding (up to $4.8 mil) anticipated to be released in April 2023.

- Housing and Homelessness Incentive Program (HHIP) – DHCS program commenced January 1st, 2022, and continues through December 31st, 2023.
- DHCS funding of $4.4M tied to approval of the Investment Plan was received on January 6th, 2023.
    - MOU between AAH and HCSA to define deliverables and milestones that must be met to receive funding was fully executed December 30th, 2022.
    - A payment of $800,000 was made to HCSA on January 25th, 2023, for completion of three deliverables.
    - Workgroup meetings continue with HCSA and Anthem, as well as internally, on the implementation of Investment Plan initiatives.

- Justice-Involved/Coordinated Re-Entry:
    - DHCS received approval from CMS on January 26th regarding the ability to provide up to 90 Days of pre-release services.
    - Go-live date for implementation will be no sooner than mid-2024.
    - Correctional facilities will have the ability to select their go-live date within a 24-month phase-in period.

- Managed Care Contract Operational Readiness:
    - Group 2 Deliverable Status:
        - Total Deliverables – 62
        - Approved by DHCS – 61
        - On Hold by DHCS – 1
    - Upcoming Q1 2023 Operational Readiness Deliverable Dates:
        - Wave 5 deliverables due 2/21/23 – 27 total deliverables; on track for on-time submission to DHCS
        - Wave 5 deliverables due 3/6/23 – 21 total deliverables
        - Wave 5 deliverables due 3/30/23 – 37 total deliverables

- Portfolio Project Management (PPM) Tool – implementation will be a phased approached with initial go-live scheduled for January 2023 – Implementation Phase:
    - System Updates:
        - Sandbox refresh
    - Configuration and Setup:
        - Set up report to notify resource managers of Temps/Contractors with expiring contracts within four weeks.
        - Finalized Project Sizing Scorecard and discussed strategies for additional scorecards.
        - Defined affected systems in Business Case.
    - System Build:
        - Met with Regulatory Affairs and Compliance (RAC) team to map the key tasks in the Intake process.
        - Set up and configured IPD & RAC Intake Process Flow with Automation Rules.
    - Testing:
        - Reviewed IPD and RAC Intake Workflow with stakeholders and published test plans.
        - Tested importing Project Plans from Smartsheet into TDX.
    - Work in Progress:
        - People Import.
        - Add remaining projects from Roadmap into TDX
        - Test, approve, and go-live with RAC Intake Flow Process

Recruiting and Staffing

- Project Management Open position(s):
    - Recruitment to commence or continues for the following positions:
        - Senior Program Manager, Portfolio Programs – position filled with an internal candidate on January 23rd
        - Senior Manager, Project Management Office (PMO)
        - Project Manager
        - Technical Business Analyst
        - Business Analyst, Incentives & Reporting
        - Business Analyst, Integrated Planning

Projects and Programs

Supporting Documents

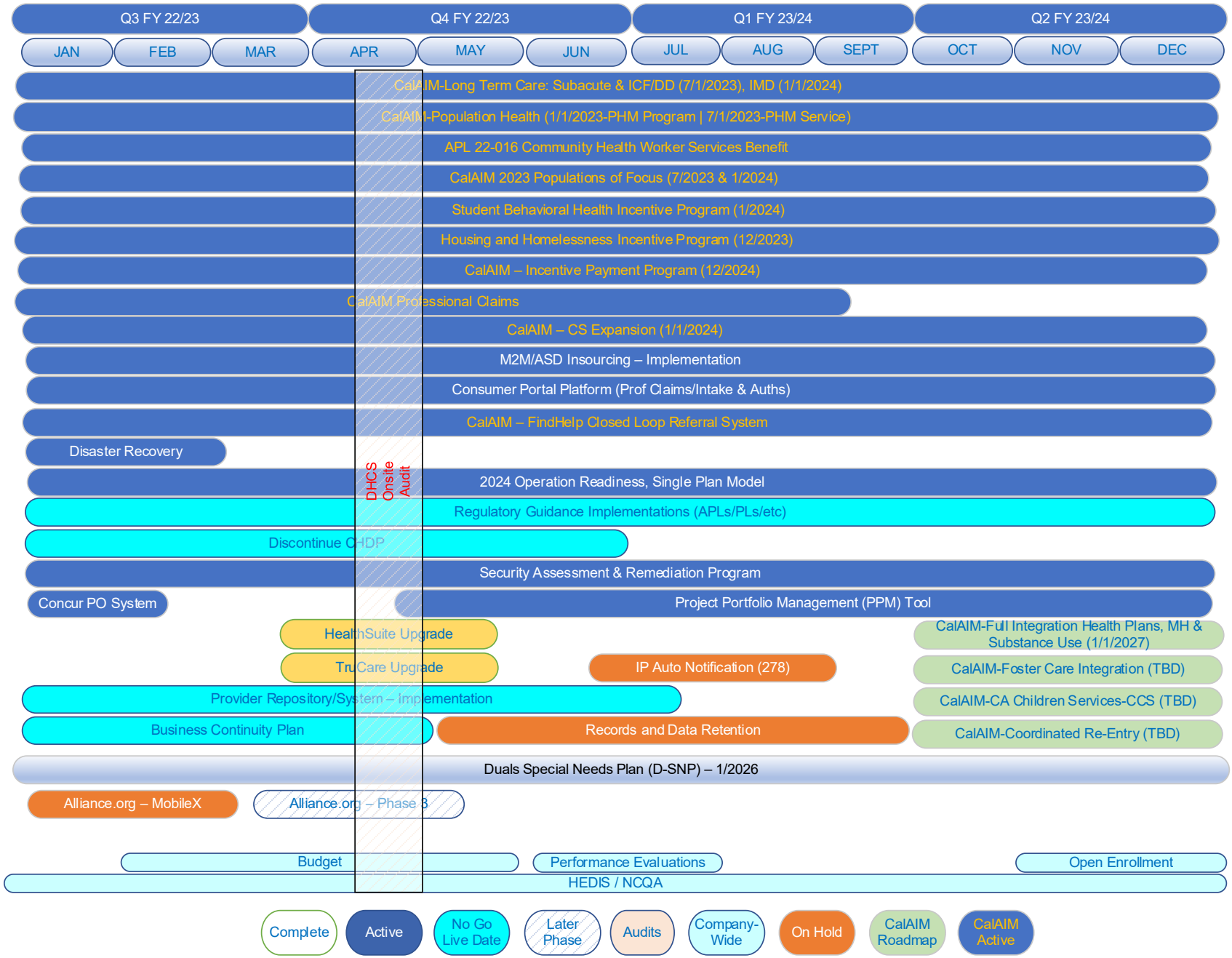
Project Descriptions

Key projects currently in-flight:

- California Advancing and Innovating Medi-Cal (CalAIM) – program to provide targeted and coordinated care for vulnerable populations with complex health needs
    - Enhanced Care Management (ECM) – ECM will target eight (8) 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.
        - Two (2) additional PoF became effective on January 1st, 2023.
        - One (1) PoF will become effective on July 1st, 2023.
        - Two (2) PoF will become effective on January 1st, 2024.
    - 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
        - Three (3) additional CS services are targeted for implementation on July 1st, 2023
        - Two (2) additional CS services will be piloted in 2023
            - These services support the two LTC PoF that are effective January 2023
        - One (1) additional CS service is targeted for implementation by January 1st, 2024
    - 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 all adults as well as children if the transplant is 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 MCPs; benefit was carved into all MCPs effective January 1st, 2023:
        - Subacute and ICF/DD facilities scheduled for implementation July 1st, 2023.
        - IMD may be delayed but no announcement to date
    - Justice Involved/Coordinated Re-Entry – adults and children/youth transitioning from incarceration or juvenile facilities will be enrolled into Medi-Cal upon release.

        - Originally scheduled for January 1st, 2023, then moved to July 1st, 2023, will now go live January 1st, 2024.
    - Population Health Management (PHM) – all Medi-Cal managed care plans were required to develop and maintain a whole system, person-centered population health management strategy effective January 1st, 2023. PHM is a comprehensive, accountable plan of action for addressing Member needs and preferences, and building on their strengths and resiliencies across the continuum of care that:
        - Builds trust and meaningfully engages with Members;
        - Gathers, shares, and assesses timely and accurate data on Member preferences and needs to identify efficient and effective opportunities for intervention through processes such as data-driven risk stratification, predictive analytics, identification of gaps in care, and standardized assessment processes;
        - Addresses upstream factors that link to public health and social services;
        - Supports all Members staying healthy;
        - Provides care management for Members at higher risk of poor outcomes;
        - Provides transitional care services for Members transferring from one setting or level of care to another; and
        - Identifies and mitigates social drivers of health to reduce disparities.
- Mental Health (Mild to Moderate/Autism Spectrum Disorder) Insourcing – services currently performed by Beacon Health Options will be brought in-house as of March 31st, 2023.
- Community Health Worker Services Benefit – Community Health Worker (CHW) services became a billable Medi-Cal benefit effective July 1st, 2022. CHW services are covered as preventive services on the written recommendation of a physician or other licensed practitioner of the healing arts within their scope of practice under state law for individuals who need such services to prevent disease, disability, and other health conditions or their progression; prolong life; and promote physical and mental health and well-being.
- 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.
- Housing and Homelessness Incentive Program (HHIP) – program launched in January 2022 and is part of the Home and Community-Based (HCBS) Spending Plan
    - Enables MCPs to earn incentive funds for making progress in addressing homelessness and housing insecurity as social determinants of health.
    - MCPs must collaborate with local homeless Continuums of Care (CoCs) and submit a Local Homelessness Plan (LHP) to be eligible for HHIP funding.
- 2024 Managed Care Plan Contract Operational Readiness – new MCP contract developed as part of Procurement RFP
    - All MCPs must adhere to the new contract, effective January 1st, 2024.
- Project Portfolio Management (PPM) Tool - Implementation of a PPM tool to support portfolio planning, resource capacity and demand planning and project scheduling.


Q3 FY 22/23
Q4 FY 22/23
Q1 FY 23/24
Q2 FY 23/24
JAN
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEPT
OCT
NOV
DEC
CalAIM-Long Term Care: Subacute & ICF/DD (7/1/2023), IMD (1/1/2024)
CalAIM-Population Health (1/1/2023-PHM Program | 7/1/2023-PHM Service)
APL 22-016 Community Health Worker Services Benefit
CalAIM 2023 Populations of Focus (7/2023 & 1/2024)
Student Behavioral Health Incentive Program (1/2024)
Housing and Homelessness Incentive Program (12/2023)
CalAIM – Incentive Payment Program (12/2024)
CalAIM Professional Claims
CalAIM – CS Expansion (1/1/2024)
M2M/ASD Insourcing – Implementation
Consumer Portal Platform (Prof Claims/Intake & Auths)
CalAIM – FindHelp Closed Loop Referral System
Disaster Recovery
DHCS Onsite Audit
2024 Operation Readiness, Single Plan Model
Regulatory Guidance Implementations (APLs/PLs/etc)
Discontinue CHDP
Security Assessment & Remediation Program
Concur PO System
Project Portfolio Management (PPM) Tool
HealthSuite Upgrade
TruCare Upgrade
IP Auto Notification (278)
Provider Repository/System – Implementation
Business Continuity Plan
Records and Data Retention
CalAIM-Full Integration Health Plans, MH & Substance Use (1/1/2027)
CalAIM-Foster Care Integration (TBD)
CalAIM-CA Children Services-CCS (TBD)
CalAIM-Coordinated Re-Entry (TBD)
Duals Special Needs Plan (D-SNP) – 1/2026
Alliance.org – MobileX
Alliance.org – Phase 3
Budget
Performance Evaluations
Open Enrollment
HEDIS / NCQA
Complete
Active
No Go Live Date
Later Phase
Audits
Company-Wide
On Hold
CalAIM Roadmap
CalAIM Active

ALAMEDA Alliance FOR HEALTH

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

Performance &Analytics

Tiffany Cheang

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

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

Date: **February 10th, 2023**

Subject: **Performance & Analytics Report**

Member Cost Analysis

- The Member Cost Analysis below is based on the following 12 month rolling periods:
  Current reporting period: Nov 2021 – Oct 2022 dates of service
  Prior reporting period: Nov 2020 – Oct 2021 dates of service
  (Note: Data excludes Kaiser membership data).

- For the Current reporting period, the top 9.5% of members account for 85.0% of total costs.

- In comparison, the Prior reporting period was lower at 8.6% 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 increased to account for 61.2% of the members, with SPDs accounting for 26.6% and ACA OE's at 34.6%.
    - The percent of members with costs >= $30K slightly increased from 1.9% to 2.1%.
    - Of those members with costs >= $100K, the percentage of total members has slightly increased to 0.5%.
        - For these members, non-trauma/pregnancy inpatient costs continue to comprise the majority of costs, decreasing to 46.2%.
        - 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 9.5% is more concentrated in the 45–66-year-old category (40.0%) compared to the overall population (20.9%).

Analytics

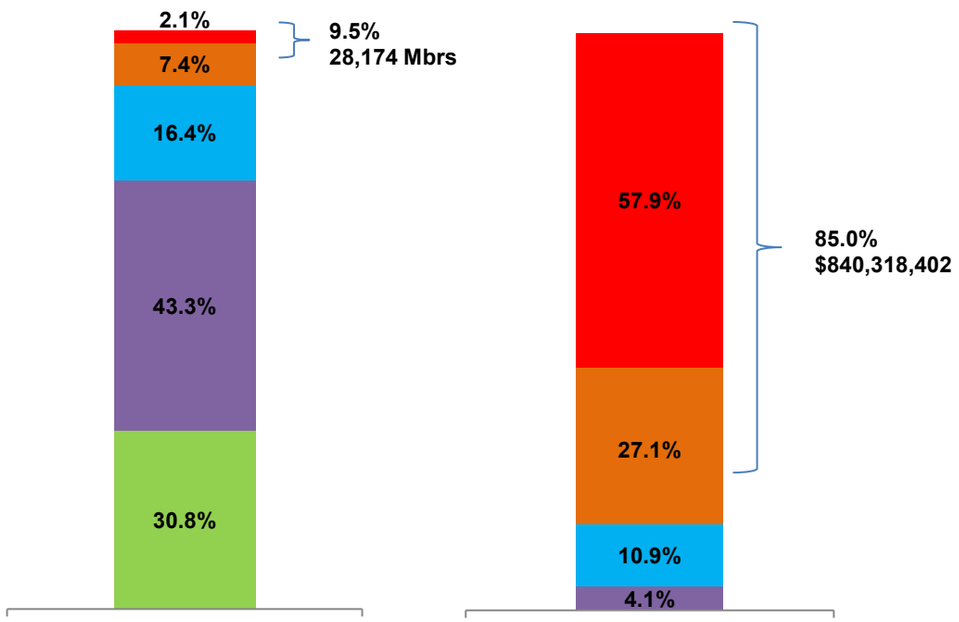
Supporting Documents

Alameda Alliance for Health - Analytics Supporting Documentation: Member - Cost Analysis
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Nov 2021 - Oct 2022

Note: Data incomplete due to claims lag

Run Date: 01/29/2023

Member Cost Distribution



Cost Range	Members	% of Members	Costs	% of Costs
$30K+	6,229	2.1%	$ 572,264,132	57.9%
$5K - $30K	21,945	7.4%	$ 268,054,270	27.1%
$1K - $5K	48,686	16.4%	$ 108,118,438	10.9%
< $1K	128,327	43.3%	$ 40,070,851	4.1%
$0	91,493	30.8%	$ -	0.0%
Totals	**296,680**	**100.0%**	**$ 988,507,691**	**100.0%**

Top 9.5% of Members = 85.0% of Costs

Cost Range	Members	% of Total Members	Costs	% of Total Costs
$100K+	1,473	0.5%	$ 327,103,356	33.1%
$75K to $100K	697	0.2%	$ 60,248,937	6.1%
$50K to $75K	1,298	0.4%	$ 79,126,628	8.0%
$40K to $50K	1,029	0.3%	$ 46,037,338	4.7%
$30K to $40K	1,732	0.6%	$ 59,747,872	6.0%
SubTotal	***6,229***	***2.1%***	***$ 572,264,132***	***57.9%***
$20K to $30K	3,147	1.1%	$ 76,772,254	7.8%
$10K to $20K	8,285	2.8%	$ 116,347,282	11.8%
$5K to $10K	10,513	3.5%	$ 74,934,734	7.6%
SubTotal	***21,945***	***7.4%***	***$ 268,054,270***	***27.1%***
Total	**28,174**	***9.5%***	**$ 840,318,402**	***85.0%***

Enrollment Status	Members	Total Costs
Still Enrolled as of Oct 2022	274,239	$ 896,209,483
Dis-Enrolled During Year	22,441	$ 92,298,209
Totals	**296,680**	**$ 988,507,691**

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
9.5% of Members = 85.0% of Costs
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Nov 2021 - Oct 2022
Note: Data incomplete due to claims lag
Run Date: 01/29/2023

9.5% of Members = 85.0% of Costs
26.6% of members are SPDs and account for 32.5% of costs.
34.6% of members are ACA OE and account for 34.3% of costs.
6.2% of members disenrolled as of Oct 2022 and account for 10.5% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Members	% of Members
IHSS	IHSS	138	595	733	2.6%
MCAL	MCAL - ADULT	716	3,990	4,706	17.0%
	MCAL - BCCTP	-	-	-	0.0%
	MCAL - CHILD	308	1,808	2,116	7.6%
	MCAL - ACA OE	2,028	7,581	9,609	34.6%
	MCAL - SPD	2,138	5,227	7,365	26.6%
	MCAL - DUALS	114	1,390	1,504	5.4%
Not Eligible	Not Eligible	600	1,106	1,706	6.2%
Total		**6,042**	**21,697**	**27,739**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Costs	% of Costs
IHSS	IHSS	$ 10,869,201	$ 6,537,937	$ 17,407,138	2.1%
MCAL	MCAL - ADULT	$ 58,116,394	$ 46,371,095	$ 104,487,489	12.7%
	MCAL - BCCTP	$ -	$ -	$ -	0.0%
	MCAL - CHILD	$ 19,623,374	$ 20,516,002	$ 40,139,376	4.9%
	MCAL - ACA OE	$ 191,154,307	$ 91,895,430	$ 283,049,736	34.3%
	MCAL - SPD	$ 199,640,657	$ 68,917,665	$ 268,558,322	32.5%
	MCAL - DUALS	$ 8,549,921	$ 17,185,210	$ 25,735,130	3.1%
Not Eligible	Not Eligible	$ 72,376,540	$ 13,990,525	$ 86,367,065	10.5%
Total		**$ 560,330,393**	**$ 265,413,864**	**$ 825,744,256**	**100.0%**

Highest Cost Members; Cost Per Member >= $100K
35.5% of members are SPDs and account for 35.3% of costs.
34.5% of members are ACA OE and account for 34.9% of costs.
14.7% of members disenrolled as of Oct 2022 and account for 15.7% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Total Members	% of Members
IHSS	IHSS	32	2.3%
MCAL	MCAL - ADULT	133	9.4%
	MCAL - BCCTP	-	0.0%
	MCAL - CHILD	33	2.3%
	MCAL - ACA OE	490	34.5%
	MCAL - SPD	505	35.5%
	MCAL - DUALS	19	1.3%
Not Eligible	Not Eligible	209	14.7%
Total		**1,421**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Total Costs	% of Costs
IHSS	IHSS	$ 5,412,094	1.7%
MCAL	MCAL - ADULT	$ 29,256,199	9.1%
	MCAL - BCCTP	$ -	0.0%
	MCAL - CHILD	$ 6,851,524	2.1%
	MCAL - ACA OE	$ 111,787,483	34.9%
	MCAL - SPD	$ 113,225,300	35.3%
	MCAL - DUALS	$ 3,787,115	1.2%
Not Eligible	Not Eligible	$ 50,168,774	15.7%
Total		**$ 320,488,490**	**100.0%**

% of Total Costs By Service Type

Breakout by Service Type/Location

Cost Range	Trauma Costs	Hep C Rx Costs	Pregnancy, Childbirth & Newborn Related Costs	Pharmacy Costs	Inpatient Costs (POS 21)	ER Costs (POS 23)	Outpatient Costs (POS 22)	Office Costs (POS 11)	Dialysis Costs (POS 65)	Other Costs (All Other POS)
$100K+	7%	0%	1%	2%	54%	1%	13%	6%	2%	6%
$75K to $100K	8%	0%	1%	3%	43%	3%	7%	5%	7%	12%
$50K to $75K	6%	0%	1%	3%	38%	3%	8%	6%	7%	13%
$40K to $50K	7%	0%	2%	3%	40%	6%	6%	5%	2%	13%
$30K to $40K	10%	1%	3%	3%	28%	11%	6%	6%	1%	14%
$20K to $30K	4%	2%	4%	3%	27%	8%	9%	6%	1%	15%
$10K to $20K	1%	0%	11%	4%	26%	5%	11%	9%	2%	14%
$5K to $10K	0%	0%	9%	4%	18%	8%	11%	14%	0%	17%
Total	**5%**	**0%**	**4%**	**3%**	**40%**	**4%**	**10%**	**7%**	**3%**	**11%**

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: **February 10th, 2023**

Subject: **Human Resources Report**

Staffing

- As of February 1st, 2023, the Alliance had 431 full time employees and 1-part time employee.

- On February 1st, 2023, the Alliance had 63 open positions in which 23 signed offer acceptance letters have been received with start dates in the near future resulting in a total of 40 positions open to date. The Alliance is actively recruiting for the remaining 40 positions and several of these positions are in the interviewing or job offer stage.

- Summary of open positions by department:

Department	Open Positions February 1st	Signed Offers Accepted by Department	Remaining Recruitment Positions
Healthcare Services	16	7	9
Operations	22	7	15
Healthcare Analytics	3	1	2
Information Technology	3	0	3
Finance	4	1	3
Regulatory Compliance	5	3	2
Human Resources	3	2	1
Executive	2	1	1
Integrated Planning	5	1	4
Total	63	23	40

- Our current recruitment rate is 13%.

Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in January 2023 included:
    - 5 years:
        - Dr. Sanjay Bhatt (HCS Behavioral Health)
        - Alice Mak (Utilization Management)
        - Dr. Stephen O'Brien (Medical Services)
        - Anastacia Swift (Human Resources)
    - 7 years:
        - Amy Stevenson (Case & Disease Management)
        - Deborah Ames (Finance)
        - Shruti Gupta (Healthcare Analytics)
        - Jennifer Karmelich (Regulatory Readiness)
    - 8 years:
        - John Settle (IT Development)
    - 10 years:
        - Lena Lee (Case & Disease Management)
        - Catherine Chang (Finance)
    - 11 years:
        - Raul Cornejo (Information Technology)
    - 15 years:
        - Beza Tesfaye (IT Ops & Quality Applications Management)
    - 21 years:
        - Rachel Cooper (Claims)