



# **Joint Executive & Finance Committee Packet**

**Friday, August 22, 2025**

**11:00 am to 12:30 pm**

**Video Conference Call**

**Alameda, CA 94502**

# AGENDA

## Finance & Executive Committee Meeting

August 22<sup>nd</sup>, 2025  
11:00 a.m. – 12:30 p.m.

Teams Meeting and  
1240 South Loop Road  
Alameda, CA 94502

7830 MacArthur Blvd.  
Oakland, CA 94605

550 High Street, #107  
Auburn, CA 95603

368 28<sup>th</sup> Street  
Oakland, CA 94609

Emerald Merit Road #3  
Dawn Beach St.  
St. Maarten

147 Arbor Drive  
Piedmont, CA 94610

11 Hughes Road  
Truro, MA 02666

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 [brmartinez@alamedaalliance.org](mailto:brmartinez@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](tel:1-510-210-0967) [Conference ID 873866870#](#). 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 joint meeting of the Alameda Alliance for Health Finance & Executive Committee will be called to order on August 22<sup>nd</sup>, 2025, at 11:00 a.m. in Alameda County, California, by Dr. R. Ferguson, Presiding Officer. This meeting will take place by video conference call.*

## **2. ROLL CALL**

## **3. AGENDA APPROVAL**

## **4. INTRODUCTIONS**

## **5. CONSENT CALENDAR**

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

## **6. COMMITTEE BUSINESS**

### **a) JUNE & YEAR-END FINANCIALS UPDATE**

### **b) COMMUNITY SUPPORTS UPDATE**

### **c) MEDICAL MANAGEMENT UPDATE**

### **d) LEGISLATIVE BUDGET IMPACT UPDATE**

## **7. UNFINISHED BUSINESS**

## **8. PUBLIC COMMENT**

## **9. ADJOURNMENT**

### **NOTICE TO THE PUBLIC**

The agenda may also be accessed through the Alameda Alliance for Health's Web page at [www.alamedaalliance.org](http://www.alamedaalliance.org)

### **NOTICE TO THE PUBLIC**

The Finance Committee meets regularly each month on the Tuesday before the Board of Governors' Meeting. Meetings begin at 8:00 a.m., unless otherwise noted. All meetings are scheduled to terminate at 9:00 a.m. Meeting agendas and approved minutes are kept current on the Alameda Alliance for Health's website at [www.alamedaalliance.org](http://www.alamedaalliance.org).

An agenda is provided for each Committee meeting, which lists the items submitted for consideration. Prior to the listed agenda items, the Committee 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 8:00 a.m. At this time, the Committee allows oral communications from the public to address the Committee on items NOT listed on the agenda. Oral comments to address the Committee are limited to three minutes per person.

Staff Reports are available. Please call the Clerk of the Board at 510-995-1207 to obtain a document.

**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 Committee 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 Committee 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 Committee. **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 Committee at or before the hearing. **Committee Business:** Items in this category are general in nature and may require Committee action. Public input will be received on each item of Committee Business.

**Public Input:** If you are interested in addressing the Committee, you may submit comments on any agenda item or on any item not on the agenda in writing via mail to "Attn: Alliance Finance Committee," 1240 S. Loop Road, Alameda, CA 94502; or through e-comment at [brmartinez@alamedaalliance.org](mailto:brmartinez@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 Committee 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 510-995-1207.

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

**Americans With Disabilities Act (ADA):** It is the intention of the Alameda Alliance for Health to comply with the Americans with Disabilities Act (ADA) in all respects. If, as an attendee or a participant at this meeting, you will need special assistance beyond what is normally provided, the Alameda Alliance for Health will attempt to accommodate you in every reasonable manner. Please contact the Clerk of the Board, Brenda Martinez, at 510-995-1207 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 Finance & Executive Committee Meeting was posted on the Alameda Alliance for Health's web page at [www.alamedaalliance.org](http://www.alamedaalliance.org) on August 21<sup>st</sup>, 2025.



Brenda Martinez, Clerk of the Board

# HR-1 Financial Analysis

---

*Joint Executive and Finance Committee Meeting*  
August 22, 2025

# H.R. 1 Section 71113 Overview

- ▶ Section 71113 of H.R. 1 restricts Federal Medicaid funding to certain health care providers labeled as “Prohibited Entities” for one year following the law’s enactment on July 4, 2025.
- ▶ To be classified as a Prohibited Entity, an organization must:
  - ▶ Be an essential community provider primarily engaged in family planning and reproductive health services.
  - ▶ Be a 501(c)(3) nonprofit.
  - ▶ Provide abortions, except in cases of rape, incest, or life endangerment.
  - ▶ Have received over \$800,000 in Medicaid payments in fiscal year 2023.
- ▶ A preliminary injunction was issued temporarily blocking enforcement of Section 71113 against Planned Parenthood affiliates.

# Potential Financial Impact

FY25 Cost Summary	State Funded Services (abortion)	Non-abortion services at risk
Planned Parenthood	\$500K	\$2.0M

- ▶ DHCS APL 25-011 outlines services covered and reimbursed by the State general fund.
- ▶ With the temporary injunction existing funding should be paid out until the end of calendar year 2025.
- ▶ Funds paid out related to non-State funded services are at risk of not being considered medical expenses and not included in rate development modeling by DHCS.
- ▶ \$2M represents less than 1% of current expenses.

# Community Support (CS) Services Impact Analysis

---

*Joint Executive and Finance Committee Meeting*  
August 22, 2025



# CS Impact Methodology

## Comparison of Active vs Control Group

- Active Group = Authorized **with** utilization of CS service
- Control Group = Authorized **without** utilization of the service
















## Time period

- January – December 2024

## Exclusions

- AAH administrative expenses not included in the analysis











# Housing Bundle

Community Support Services	IP Admits/ 1000	IP Days/ 1000	ER Visits/ 1000	PCP Visits/ 1000	Rx Count/ 1000	# Members Served
Housing Deposits						692
Housing Tenancy & Sustaining Services						1,892
Housing Transition/Navigation Services						1,582

Community Support Services	Revenue	CS Services Expense	In Lieu Of Savings (Loss)	Net Income (Loss)
Housing Deposits	\$ -	\$ (1,105,000)	\$ (5,720,000)	\$ (6,825,000)
Housing Tenancy & Sustaining Services	\$ -	\$ (8,238,000)	\$ (600,000)	\$ (8,838,000)
Housing Transition/Navigation Services	\$ -	\$ (4,916,000)	\$ 3,232,000	\$ (1,684,000)











# Asthma Remediation

## Recuperative Care (Medical Respite)

Community Support Services	IP Admits/ 1000	IP Days/ 1000	ER Visits/ 1000	PCP Visits/ 1000	Rx Count/ 1000	# Members Served
Asthma Remediation						300
Recuperative Care (Medical Respite)						352

Community Support Services	Revenue	CS Services Expense	In Lieu Of Savings (Loss)	Net Income (Loss)
Asthma Remediation	\$ -	\$ (124,000)	\$ 199,000	\$ 75,000
Recuperative Care (Medical Respite)	\$ -	\$ (6,397,000)	\$ (893,000)	\$ (7,290,000)











# Medically Tailored Meals/Food Personal Care/Homemaker Services

Community Support Services	IP Admits/ 1000	IP Days/ 1000	ER Visits/ 1000	PCP Visits/ 1000	Rx Count/ 1000	# Members Served
Medically Tailored Meals/Supportive Food						3,178
Personal Care/Homemaker Services						333

Community Support Services	Revenue	CS Services Expense	In Lieu Of Savings (Loss)	Net Income (Loss)
Medically Tailored Meals/Supportive Food	\$ -	\$ (2,929,000)	\$ (14,278,000)	\$ (17,207,000)
Personal Care/Homemaker Services	\$ -	\$ (4,721,000)	\$ 1,640,000	\$ (3,081,000)











# Respite Care for Care Givers

## Environmental Accessibility Adaptations

Community Support Services	IP Admits/ 1000	IP Days/ 1000	ER Visits/ 1000	PCP Visits/ 1000	Rx Count/ 1000	# Members Served
Respite Services for Care Givers						10
Environmental Accessibility Adaptations						11

Community Support Services	Revenue	CS Services Expense	In Lieu Of Savings (Loss)	Net Income (Loss)
Respite Services for Care Givers	\$ -	\$ (77,000)	\$ 153,000	\$ 76,000
Environmental Accessibility Adaptations	\$ -	\$ (22,000)	\$ 139,000	\$ 117,000

# Nursing Facility CS

Community Support Services	IP Admits/ 1000	IP Days/ 1000	ER Visits/ 1000	PCP Visits/ 1000	Rx Count/ 1000	# Members Served
Nursing Facility Transition to a Home						4
Diversion to Assisted Living Facilities						26

Community Support Services	Revenue	CS Services Expense	In Lieu Of Savings (Loss)	Net Income (Loss)
Nursing Facility Transition to a Home	\$ -	\$ (5,000)	\$ 226,000	\$ 221,000
Diversion to Assisted Living Facilities	\$ -	\$ (130,000)	\$ 1,117,000	\$ 987,000

# AAH Community Support Services Offered

Community Support Offered	Implementation Date
Housing Deposits	January 1, 2022
Housing Tenancy & Sustaining Services	January 1, 2022
Housing Transition/Navigation Services	January 1, 2022
Asthma Remediation	Children: January 1, 2022 Adults: January 1, 2024
Medically Tailored Meals/ Medically Supportive Food	January 1, 2022 and September 1, 2022
Recuperative Care (Medical Respite)	January 1, 2022
Environmental Accessibility Adaptations (Home Modifications)	July 1, 2023
Respite Services for Care Givers	July 1, 2023
Personal Care & Homemaker Services	July 1, 2023
Nursing Facility Transition/Diversion to Assisted Living Facility	January 1, 2024
Community Transition Services/Nursing Facility Transition to Home	January 1, 2024
Sobering Centers	NA
Short-Term Post-Hospitalization Housing	NA
Day Habilitation Programs	NA

# Community Supports Revenue and Expenses

	CY24	CY25
CS Revenue	\$9.7M	\$37.5M
CS Expense	(\$29M)	(\$26.3M)
In Lieu of Impact	(\$15M)	(\$15M)
Difference	(\$34.3M)	(\$3.8M)
Members Served YTD	6,219	3,140

- ▶ Community Supports program to date losses (CY22-CY24) exceed \$20M.
- ▶ In Lieu of losses for CY24 estimated at \$15M, assumed similar results for CY25.
- ▶ CY25 revenue based on estimates.
- ▶ CY25 expense includes January-May actuals and June-December projections.
- ▶ Members utilizing multiple CS are counted as unique members.



# Community Supports Revenue and Expenses Analysis

- ▶ Impact of CY25 rate acuity adjustment may reduce estimated CS revenue.
- ▶ New DHCS guidance impacts currently implemented medical management requirements causing higher expense in the second half of the calendar year and beyond.
- ▶ Provider rate negotiations may drive up existing expense estimates. Numbers reported assume current provider rates are maintained.
- ▶ Membership declines in the future will lead to lower revenue, impacts to expense is unclear.
- ▶ Some managed care plans have begun the phase out of CS.

# Medical Management Update

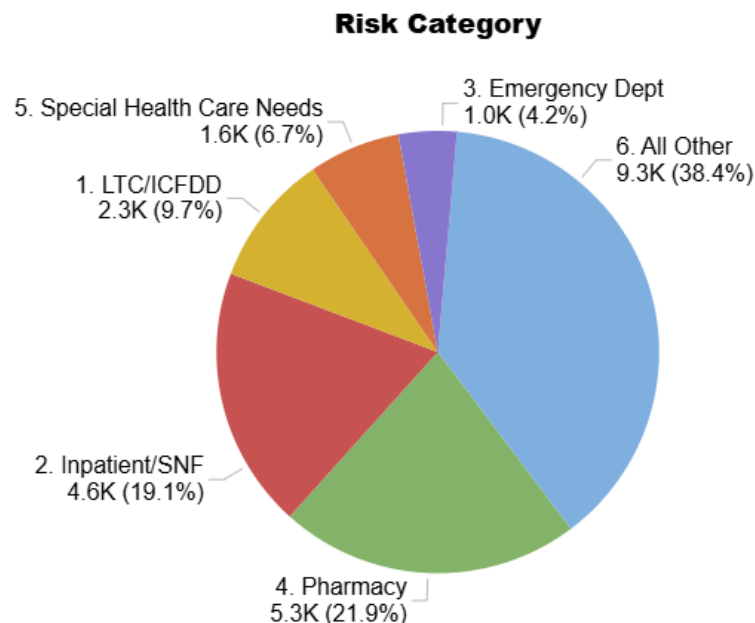
Donna White Carey, MD, MS

Chief Medical Officer

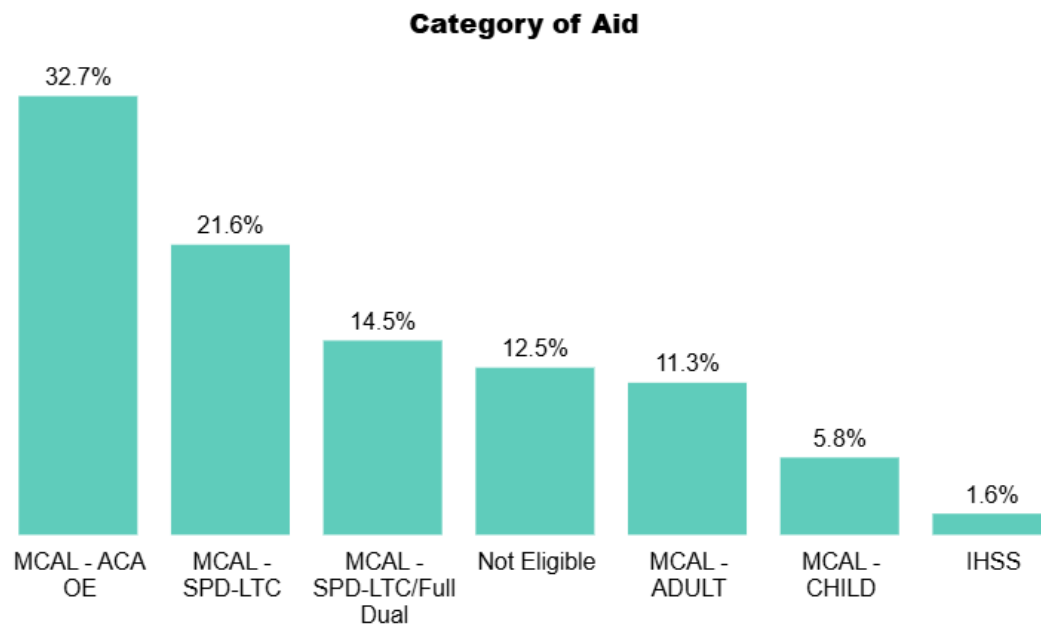
8/22/25



# AAH Top 5%



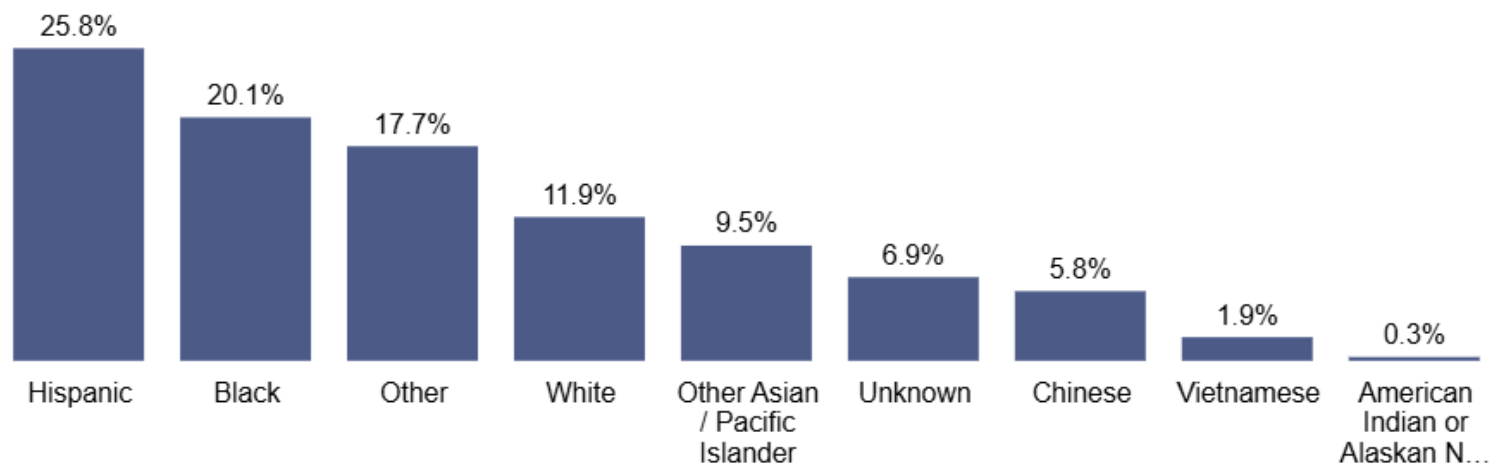
- Members were assigned a risk category based on utilization and/or cost to help focus the initiatives for Top 5%.
- ~33% of the members are in the ACA OE aid category.





# AAH Top 5%

## Ethnicity



## Age

% ECM Eligible

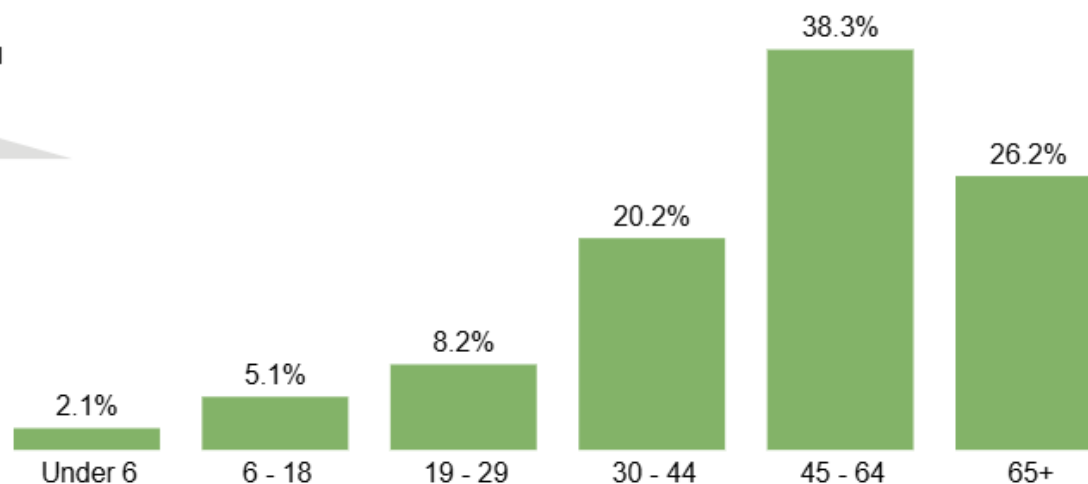
**34.20%**

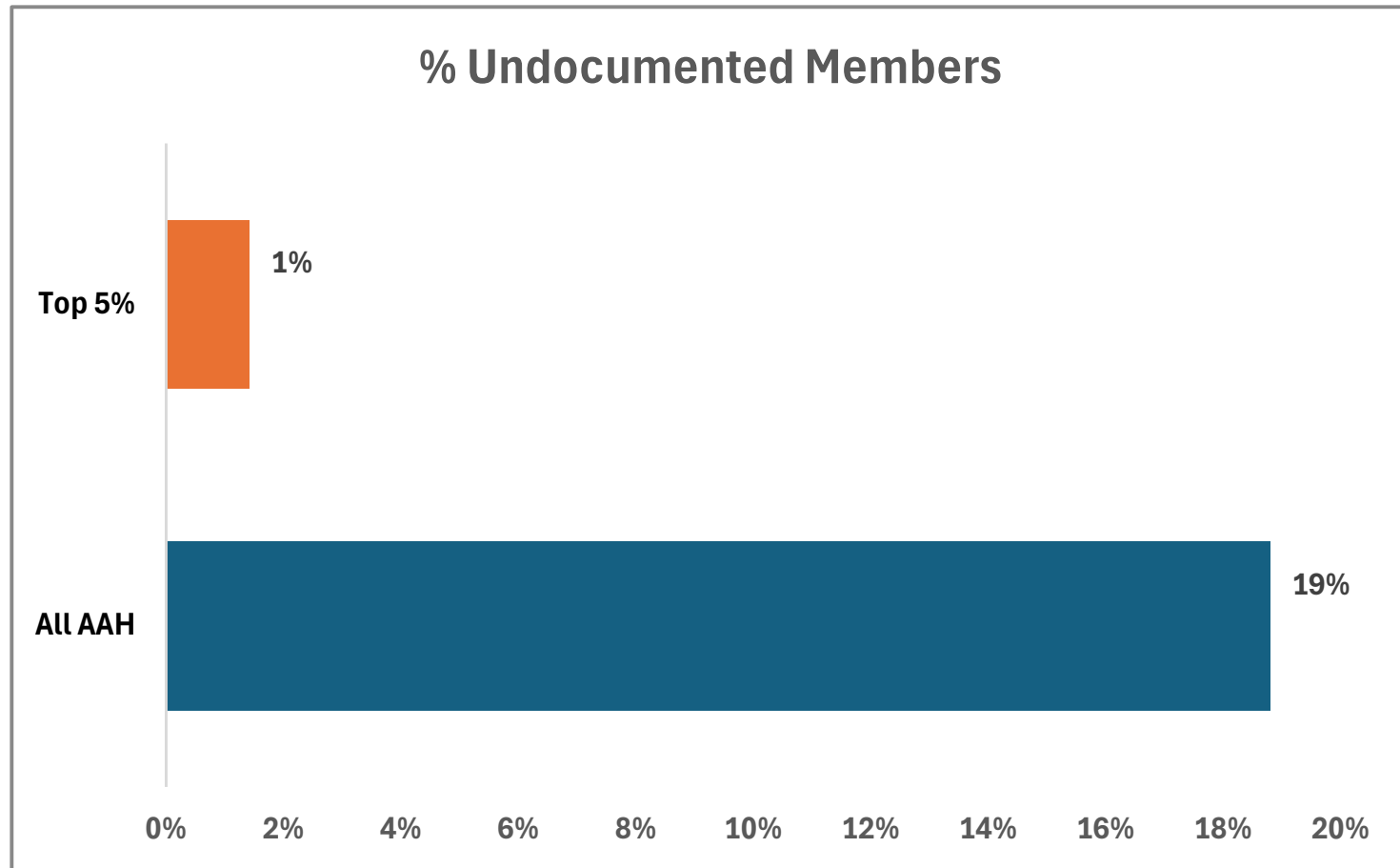
% ECM Enrolled

**5.21%**

% CS Enrolled

**2.68%**





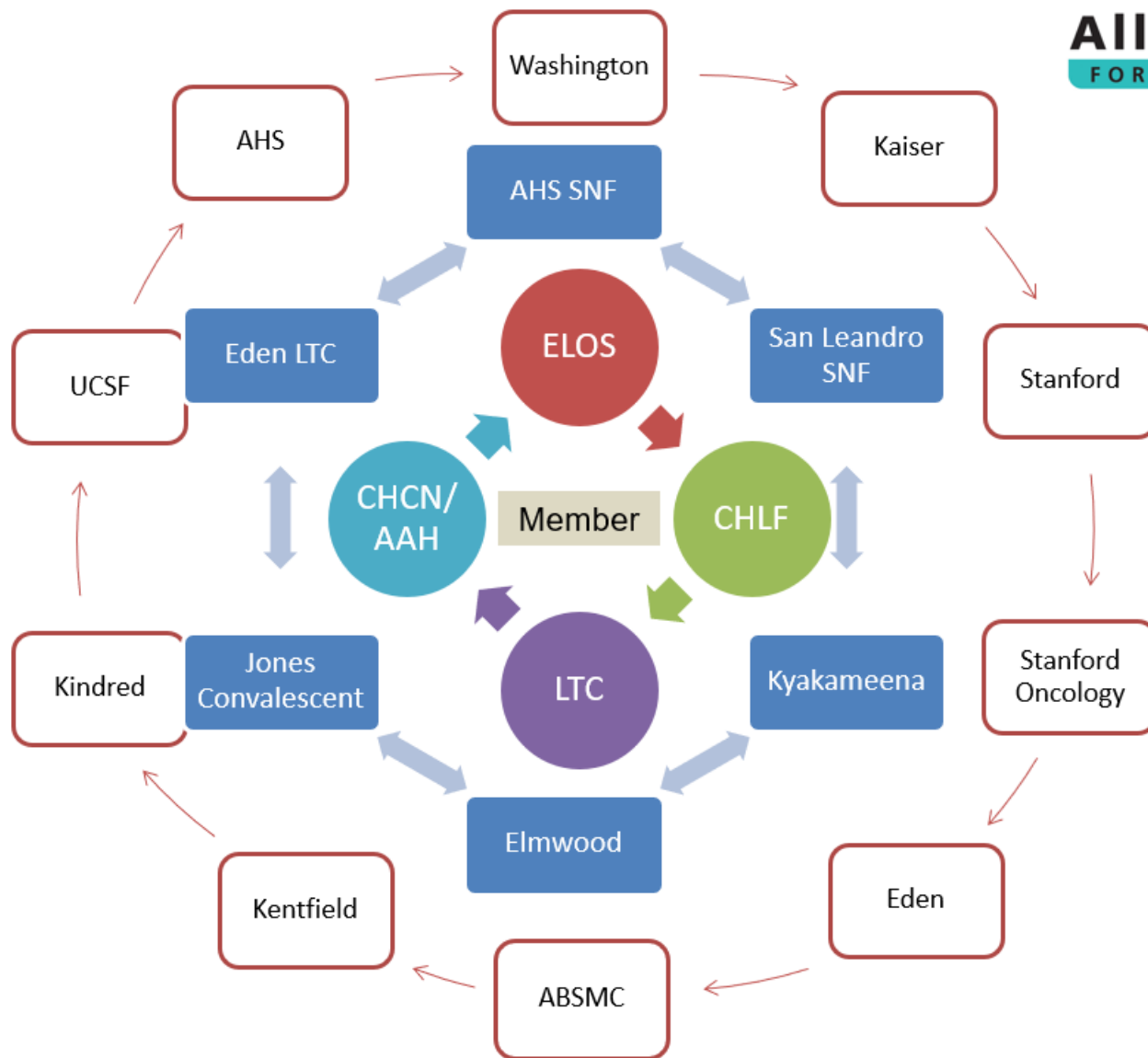
# Inpatient Strategy



# Inpatient Interventions

## ► On-going

- Monthly Over/Under Utilization Workgroup– deep dives into ED, Pharmacy, Inpatient, Non-Utilizers
- Weekly Hospital partner rounds
- Transitional Care Services (TCS) w/CHWs; vendor: Journey Health- ABSMC/Eden Hospitals IP units; Upward Health – contracting in progress
- Fund CHCN's CTRN program (11 RN FTEs, 3.5 coordinator FTEs) @Alta Bates
- Targeted enrollment in ECM– MIF prioritization to ECM providers
- Inpatient RN on-site at Washington Hosp (Aug 2025)





# Member Impact

- ▶ Decreasing LOS (5.8 April → 5.2 June)
- ▶ Decreasing admits/1000 (48.8 April → 46.2 June)
- ▶ Hosp days/1000 (290.0 April → 237.9 June)
- ▶ Increase ECM enrollment by 4680 members since August 2024 (total enrollment =6144)
  - ▶ 18 providers; 36 provider sites



# Metrics by Facility

Facility	Readmission Rate	ALOS	ER/1000	Admits/1000	Ave Daily Censuses
Washington	22.6	5.9	55.2	15.9	32
Highland	22.0	5.8	87.4	16.4	50
San Leandro	21.2	3.9	30.4	6.8	21
Alameda	24.5	4.4	21.5	5.6	12
Summit	22.0	5.0	38.2	13.1	24
Alta Bates	19.8	5.4	21.8	4.7	11
Eden	20.5	5.4	42.5	10.2	21
St. Rose	26.7	4.1	34.2	6.2	15

1<sup>ST</sup> HIGHEST PRIORITY, 2<sup>ND</sup> HIGHEST PRIORITY, 3<sup>RD</sup> HIGHEST PRIORITY

# Long Term Support Services Strategy

# Long Term Support Services Interventions

- ▶ On-going
  - LTC rounds (LTC/IP/ECM) – virtual
  - On-site visitation in LTC facilities
  - Quarterly rounds with RCEB
  - LTC liaison meets with facilities with claims issues
  - TCS after acute stay or transition to LTC

# Member impact

Totals	November 2024	December 2024	January 2025*
Admissions	146	136	75
Days	1,197	760	421
Readmissions	33	36	16

*Source: #14236\_LTC\_Dashboard - \*data only available through February 2025*

Totals	April 2025	May2025	June 2025*
Admissions	146	105	52
Days	950	530	312
Readmissions	35	28	13

*\*Source: #14236\_LTC\_Dashboard – data only available through June 2025*

# ED Strategy

# Emergency Department Interventions

## ► On-going

- Member education campaign-increase Telehealth and Urgent Care utilization; New brochures to members
- Community Health Workers (CHW) program; care coordination in EDs (Highland, Sutter, Eden)
- QI navigators (2) f/u ED visits (AHS) for Mental Health (MH) or Substance Use Disorder (SUD)→warm transfer to Behavioral Health(BH) – Jan 2025
- Monthly rounds with Kaiser ED/IP Teams for Alliance high utilizers of ED/IP – Feb 2025
- Incentives to expand PCP hours of operation
- QI Team meets monthly with direct and delegated providers to share access data – encourage incentive participation



## ED Visits Per 1000 – By Facility

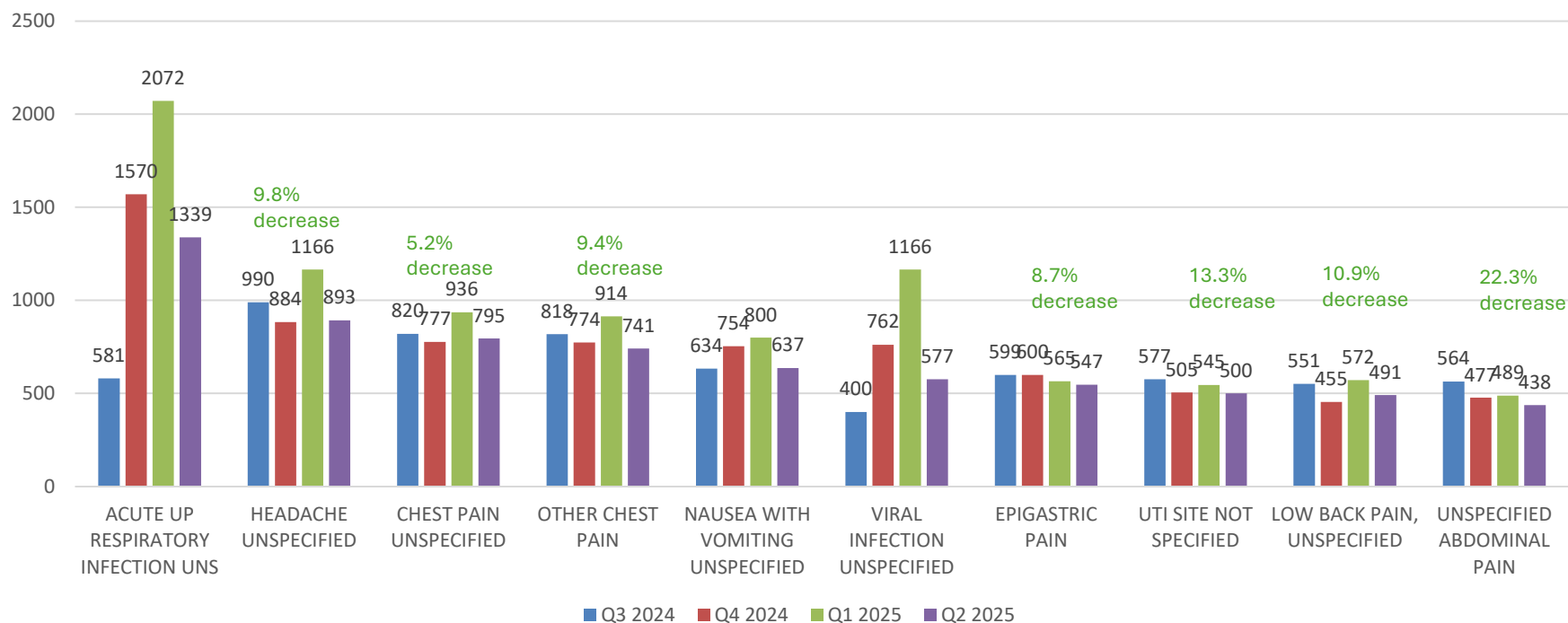
	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2024 to Q2 2025 Percent Change
Highland General Hospital	89.5	84.9	91.1	82.9	7.4% decrease
DBA Alameda Hospital	23.1	20.9	23.0	20.8	10.0% decrease
DBA San Leandro	30.9	30.0	33.1	28.5	7.8% decrease
Alta Bates Campus	24.5	21.1	26.3	21.4	12.7% decrease
Summit Campus	41.6	36.4	43.6	34.5	17.1% decrease
Eden Medical	41.7	41.1	47.6	41.3	1.0% decrease
UCSF Benioff	36.8	48.6	52.2	43.7	18.8% increase
St. Rose	32.9	32.9	36.4	31.9	3.0% decrease
Livermore-Pleasanton	20.8	18.5	22.6	20.8	No change
Washington Hospital	54.9	53.6	58.8	50.0	8.9% decrease
OON	82.4	75.6	90.1	75.1	8.9% decrease
AVERAGE	43.6	42.1	47.7	41.0	5.3% decrease

- Overall **decrease of -5.3%** from Q3 2024 – Q2 2025
- Notable reductions at Summit (-17.1%), Alta Bates (-12.7%), Alameda (-10.0%), OON (-9%), Highland (-7.4%),





## Top 10 ER Diagnosis Q3 2024-Q2 2025



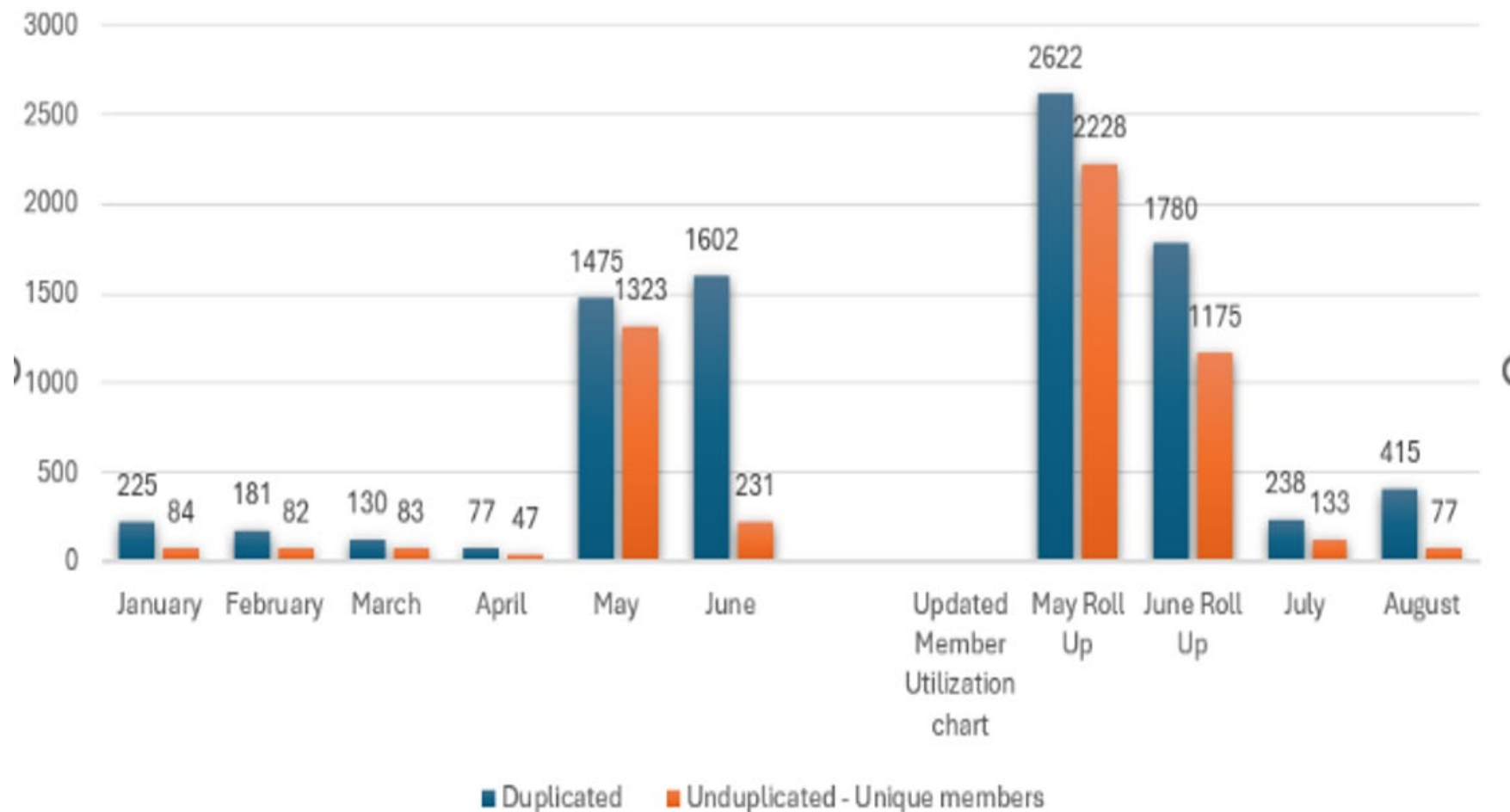
- After peaking in Q1 2025, ER visits for these diagnoses dropped by **2,285 cases (-24.8%)** from Q1 to Q2 2025.
- Most pain-related conditions (headache, chest pain, abdominal pain, back pain, epigastric pain, UTI) declined by Q2 2025.

#03046\_ERVisits\_ByNetwork

# CHW Program

- ▶ Community based (12 CBOs)
  - ▶ Ex- re-entry, violence prevention, families, health ed
- ▶ Vendor contract (Journey Health)- ED/IP
- ▶ Pilot programs
  - ▶ Fatty liver/metabolic syndrome – disease management/lifestyle changes
  - ▶ Perinatal/maternal mental health- peer support

## CHW Member Utilization



# Pharmacy Strategy

# Pharmacy Interventions

## ► Ongoing

- Formulary/Prior Authorization (PA) review
- Process change: “pend not pay” for new medications not on PA (e.g. gene therapy)
- Process change: “pend not pay” new J codes
- New policy regarding self-injectables administered in office (June 2025)
- TCS medication reconciliation @ Stanford, AHS, ABSMC, Washington hospitals

# Member/Alliance impact

- ▶ TCS: Med reconciliation. Screened 400+ members w/dischARGE dx of CHF or Sepsis at discharge→outreach to members
- ▶ Improved pharmacy pricing w/larger network (Optum)
- ▶ New PA process: prevented high cost meds from auto pay (prevented ~\$3.1M payment)
- ▶ Alliance no longer paying for drugs carved out to the State (cost saving)
- ▶ PA process helping to prevent FWA for self-administered medications (cost saving)

Thank You!

Questions?