ALAMEDA Alliance FOR HEALTH

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

Board of Governors

Regular Meeting

Friday, June 9th, 2023
12:00 p.m. – 2:00 p.m.

Video Conference Call and

1240 South Loop Road, Alameda, CA 94502

AGENDA

BOARD OF GOVERNORS
Regular Meeting
Friday, June 9th, 2023
12:00 p.m. – 2:00 p.m.

In-Person and Video Conference Call

1240 S. Loop Road

Alameda, CA 94502

or

7830 MacArthur Blvd

Oakland CA,

PUBLIC COMMENTS: Public Comments can be submitted for any agendized item or for any item not listed on the agenda, by mailing your comment to: "Attn: Clerk of the Board," 1240 S. Loop Road, Alameda, CA 94502 or by emailing the Clerk of the Board at jmurray@alamedaalliance.org..You may attend meetings in person or by computer by logging in to the following link: Click here to join the meeting. You may also listen to the meeting by calling in to the following telephone number: 1-510-210-0967 conference id 159517119#. If you use the link and participate via computer, you may use the chat function, and 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, please submit your comments to the Clerk of the Board at the email address listed above or by providing your comments during the meeting at the end of each agenda item. Oral comments to address the board of governors are limited to three (3) minutes per person. Whenever possible, the board would appreciate it if public comment communication was provided prior to the commencement of the meeting.

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.

1. CALL TO ORDER

(A regular meeting of the Alameda Alliance for Health Board of Governors will be called to order on June 9th, 2023, at 12:00 p.m. in Alameda County, California, by Rebecca Gebhart, Presiding Officer. This meeting is to take place in person and by video conference call)

2. ROLL CALL

3. AGENDA APPROVAL OR MODIFICATIONS

4. INTRODUCTIONS

5. **CONSENT CALENDAR**

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

   a) **MAY 12th, 2023, BOARD OF GOVERNORS MEETING MINUTES**

   b) **MAY 12th, 2023, COMPLIANCE ADVISORY COMMITTEE MEETING MINUTES**

   c) **JUNE 6th, 2023, FINANCE COMMITTEE MEETING MINUTES**

6. **BOARD MEMBER REPORTS**

   a) **COMPLIANCE ADVISORY COMMITTEE**

   b) **FINANCE COMMITTEE**

7. **CEO UPDATE**

8. **BOARD BUSINESS**

   a) **REVIEW AND APPROVE APRIL 2023 MONTHLY FINANCIAL STATEMENTS**

   b) **REVIEW AND APPROVE FY24 DRAFT BUDGET PRESENTATION**

   c) **REVIEW AND APPROVE PROPOSED LANGUAGE FOR COUNTY DIRECTOR SEATS**

   d) **REVIEW AND APPROVE CHAIR AND VICE CHAIR POSITIONS FOR STANDING COMMITTEES**

   e) **DISCUSS REMAINING STANDING COMMITTEE MEMBERSHIP**

9. **STANDING COMMITTEE UPDATES**

   a) **PEER REVIEW AND CREDENTIALING COMMITTEE**

   b) **HEALTH CARE QUALITY COMMITTEE**

10. **STAFF UPDATES**

11. **UNFINISHED BUSINESS**

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

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

14. **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

Board of Governors meetings are regularly held on the second Friday of each month at 12:00 p.m., unless otherwise noted. This meeting is held both in person and as a video conference call. Meeting agendas and approved minutes are kept current on the Alameda Alliance for Health's website at www.alamedaalliance.org.

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 items 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.

Supplemental Material Received After the Posting of the Agenda: Any supplemental materials 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 it to "Attn: 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 June 2nd, 2023, by 12:00 p.m.

__JMurray_____Clerk of the Board – Jeanette Murray

ALAMEDA ALLIANCE FOR HEALTH
BOARD OF GOVERNORS
Regular Meeting Minutes
May 12th, 2023
12:00 pm – 2:00 pm
Video Conference Call
and
1240 S. Loop Road
Alameda, CA 94502

SUMMARY OF PROCEEDINGS

Board of Governors Attendance: Dr. Noha Aboelata (Vice-Chair), Byron Lopez, Dr. Marty Lynch, Dr. Dr. Kelley Meade, Andrea Schwab-Galindo, Dr. Evan Seevak, Supervisor Lena Tam, Dr. Rollington Ferguson

Excused: Natalie Williams, Rebecca Gebhart (Chair), Aaron Basrai, James Jackson, Dr. Michael Marchiano

Remote Attendance - AB 2449 "Just Cause": Jody Moore, Yeon Park

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
1. CALL TO ORDER			
Dr. N. Aboelata	The following public announcement was read: "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 to maximize transparency and public access. During each agenda item, you will be provided with a reasonable amount of time to provide public comment. The Board of governors would appreciate, however, if communications and public comment related to items on the agenda or items not on the agenda are provided prior to the commencement of the meeting. During each agenda item, the audience will be provided a reasonable amount of time to provide public comments."	None	None
2. ROLL CALL			
Dr. N. Aboelata	Members of the Board are called to order, a quorum is confirmed.	None	None
3. AGENDA APPROVAL OR MODIFICATIONS			
Dr. N. Aboelata	None	None	None
4. INTRODUCTIONS			
Dr. N. Aboelata	Matthew Woodruff introduced Shatae Jones, Director of Housing & Community Services Program	None	None
5. CONSENT CALENDAR			
Dr. N. Aboelata	**a)** APRIL 14th, 2023, BOARD OF GOVERNORS MEETING MINUTES **b)** APRIL 14th, 2023, COMPLIANCE ADVISORY COMMITTEE MEETING MINUTES **c)** MAY 9th, 2023, FINANCE COMMITTEE MEETING MINUTES	**Motion to Approve Consent Calendar** Motion: Dr. Seevak Seconded: Byron Lopez Vote Taken: Yes Motion: **PASSED**	None

6. BOARD MEMBER REPORTS			
Dr. K. Meade	**a) COMPLIANCE ADVISORY COMMITTEE** <u>2023 DHCS Audit Observations Categories:</u> • Category One: Utilization Management had a potential finding under NOAs or a delegate. The glitch affected 400 members who did not receive notification during the audit period. A corrective action plan will be issued to the delegate. • Category Two: Involved getting Case Management and Health Assessments completed and contacting key personnel. There is also a problem with category two, which relates to the behavioral health treatment plans, which did not meet all the criteria or elements. However, this is not related to our new behavioral health business. This is from the look-back period of 2022. • Category Three: Relates to Access and Availability, as discussed previously regarding PC forms, which are required during ambulance transportation. We know that the Plan is in the process of completing the forms on the back end, and members are provided with rights regarding those forms, so some findings may be found here. • Category Four was on grievances, and appeals were all the notifications. Grievance letters were not sent out within a 30-day window+, which might result in a finding. • Category Five: Relates to Fraud, Waste, & Abuse (FWA) and consists of getting everything in within the 10-day period following receipt, which could result in a repeat finding. <u>New Legislation:</u> • The legal team and the Plan are looking at those items; we are planning to review them this summer and make a recommendation to the Board and how to interpret new legislation around the Board and committee attendance. ***Question:*** *Are there any indication of whether the administration supports this legislation?* ***Answer:*** *At this point, the legislation is supported by several members of the legislature, but it is being met with a lot of pushback from advocacy groups etc., because they want to be able to walk in and watch their city councils at work.*	None	None
Dr. R. Ferguson	**b) FINANCE COMMITTEE** • The Plan continues to perform exceptionally well in terms of its financial aspects. Membership has not decreased as anticipated; the number of members is approximately 355,000 at present. With a net income of ten-point-seven million dollars ($10.7M), we did better than expected, and it has continued to trend positively. • Last Tuesday, Finance Committee members elected and voted to meet every other month rather than monthly except for emergencies. There will still be monthly reports, and the finance committee will meet on urgent matters as decided by the CEO, which will remain in place. ***Question:*** *What will happen with the reports to the Board and the full Board monthly? Are we able to go to the full Board and approve financial reports every month?* ***Answer:*** *We continue to get financial reports monthly or every other month. The format for that should be the same. But again, Gil will send out a report at least in the fall, and everybody will still be able to review it.*		

7. CEO UPDATE			
Scott Coffin	Scott Coffin, Chief Executive Officer, presented the following updates: "We achieved a net income of $300 million over those eight years. I concur. It is an incredible accomplishment. We set a new standard in the state of California, Alameda County. This organization has been recognized at the state level for its outstanding performance as a managed care organization, not simply as a health plan." Highlights: • Revenues increased from seven-hundred million ($700M) to one-hundred-billion-point-seven ($1.7B), representing an increase of one billion ($1.0B) in annual revenues ($700M to $1.7B). • An aggregate net income of three-hundred million dollars ($300M) was reported in six out of eight years. • Matt Woodruff has been appointed as the next Chief Executive Officer by the Board.	None	None
8. BOARD BUSINESS			
Gil Riojas	**a) REVIEW AND APPROVE MARCH 2023 MONTHLY FINANCIAL STATEMENTS** • For the month of March, we reported a net income of ten-point-seven million dollars ($10.7B), and our tangible net equity reserve increased to 747% of what was required. ***Question:*** *The long-term carrier explains the variance in budget to actuals expenses, but what is the ancillary expense?* ***Answer:*** *Those were actually unit costs, and part of that was associated with long-term care. Ancillary services were part of the long-term care budget and were supposed to begin in January, but they began in February instead.* ***Question:*** *What is the impact of April tax submissions? What's the timeline for rates?* ***Answer:*** *There was a delay in tax submissions, so people will have until October to file their taxes, which could further exacerbate the deficit. So, there is a lot of uncertainty right now regarding revenue.* **Enrollment** • We also reported a growth in membership and now stand at 355,000 members, an increase of approximately 2900 members over the previous month. • The Group Care line has shown a decrease slightly over the last few years. However, we have averaged anywhere from 5800 to 6000 members. We recently added our Long-Term Care line, so we also now have our long-term care and their long-term care dual members, and this shows a slight increase from the previous year. **Net Income** • For the month ended March 31st, 2023: Actual Net Income: $10.7 million vs. Budgeted Net Loss: $1.6 million. • For the fiscal YTD ended March 31st, 2023: Actual Net Income: $65.3 million vs Budgeted Net Loss: $19.8. million. • This variance is primarily due to medical expenses, but there is also some variability tied to interest income and investment earnings, as well as slightly lower administrative costs than we expected.	**Motion To Approve March 2023 Monthly Financial Statements:** Motion: Dr Ferguson, Second: Dr Seevak. Vote Taken: Yes Motion: **PASSED**	

	Revenue • We are increasing revenue significantly. With the addition of tools and long-term care, we reached $1 billion in revenue for the month, which is $138.2 million. So, we still have a few months left in this fiscal year. Therefore, they will surpass the $1 billion mark by the end of the fiscal year. **Medical Expense** • For the month ended March 31st, 2023: Actual Medical Expense: $123.8 million vs Budgeted Medical Expense: $131.1 million. • For the fiscal YTD ended March 31st, 2023: Actual Medical Expense: $913.0 million. vs Budgeted Medical Expense: $963.1 million. • As of September 30th, the year-to-date medical expense variance has been $52.6 million positive, which illustrates that the biggest areas of favorability are related to our inpatient hospital, our long-term care fee for service and our ancillary fee for service. **Medical Loss Ratio (MLR)** • The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 89.6% for the month and 89.4% for the fiscal year-to-date. **Administrative Expenses** • In March, we spent about $5.9 million, and our administrative expenses were lower than what we had budgeted for the month, as well as on a year-to-date basis. • During the month, our favorability in terms of variance was about $2 million, year-to-date. For us, our investment income has grown beyond what we've experienced in previous years because it includes other income besides revenue and expenses. • We experienced significant increases in our investment income in March, reaching about $2.2 million. This was followed by a $250,000 increase in our claims interest expense, which was the highest for the year. **Other Income / (Expense)** • The investment income we received in March was significantly higher than the interest we paid on our claims in the previous year, reaching about $2.2 million. • This increase in interest expense was followed by the $250,000 increase in income from our claims, which were the highest for the year. We have found that as we increase our net income, our reserves increase and we are now sitting at $296 million, which is the highest we have ever seen. • Accordingly, the Department of Managed Health Care requires a minimum of $40 million, thereby exceeding the requirement by $256 million or 747%. **Cash & Cash Equivalents** • There are $634 million in assets, $294 million of which is uncommitted. Our current ratio is 1.48, while the regulatory minimum is 1.0. **Capital Investments** • Our budget target was $1,000,000, so based on what we have spent so far, we won't hit what our budget target was for capital investments, but it will increase over the next few months. Right now, we have spent $225,000 in budget.		
Dr. Currie and	**b) MENTAL HEALTH INSOURCING UPDATE**	None	None

Laura Grossmann-Hicks.	• Members will receive their notification letters, and we will be using the same behavioral health 1-800-number, so there is no change to the members ID card. • Over nine hundred (900) providers have been contracted and credentialed. Letters of agreement have been sent to those who didn't want to contact, as well as notifications and town halls prior to the launch to ensure that providers are aware of the changes. • We developed policies, procedures and workflows, updated training for members, providers, healthcare providers, and IT systems changes, and then developed a close partnership with external partners. • With the No Wrong Door APL, members now have direct access to services. We are continuing to tune what we do and making improvements. They can go to our provider directory and select a provider, schedule an appointment, and have that appointment covered by us. • Additionally, member services staff provide intake screenings and referrals to members seeking routine mental health services who call. In addition to the referral forms available on our Web site for mental health and autism services, PCPs also provide input into those referral forms. Pediatricians participated in the special needs committee to shape those referral forms. • All Beacon authorizations were honored, there were no authorizations/no limitations on mental health therapy, and all regulatory requirements were met. • After just six weeks, we are in the process of stabilizing and monitoring the operation for the next 90 to 120 days following the lift and shift. ***Question:*** *There were some behavioral health providers not yet covered by our new contract. Has it progressed and is there still a gap?* ***Answer:*** *Many of the providers previously contracted with Beacon are now contracted. That's a huge accomplishment, but some are in letters of agreement. I don't know the exact number.* ***Question:*** *How do we proactively contact those members if the provider is not going to contract or do a letter of agreement?* ***Answer:*** *We ensure that those Members are linked to an in-network provider and receive what they need to continue in that space.* ***Question:*** *In regard to complex populations, as people come in and can refer themselves, if someone dual refers themselves Medicare will be primary, and they can still use the old Alliance Network and go straight to that network for mental health services. Do you push them back to Medicare?* ***Answer:*** *Our responsibility remains mild to moderate cases. With the no wrong door APL, Members are able to get treatment simultaneously across both networks. Whenever there is a service they can receive in the county, but they also need individual therapy, that can happen concurrently now.*		
Gil Riojas	**c) ENROLLMENT FORECAST (MEDI-CAL AND GROUP CARE)** • By 2024, DHCS plans to transfer 99% of its Fee-for-Service members to Medi-Cal Managed Care. Approximately 40,000 members are still enrolled in the current fee-for-service system. • As of July 2023, Medi-Cal disenrollments will begin on the anniversary date of the member, effective over a period of 12 months. The initial estimate is approximately 6,000 members per month. Duals and long-term care members will not be affected substantially. • The Alliance will receive approximately 80,100 Anthem members in January 2024, which will be distributed among its direct and delegated provider networks.	None	None

	• Kaiser Permanente's Medi-Cal contract with DHCS begins in January 2024, which will reduce the Alliance's enrollment by approximately 43,400 members. The existing membership will be fully reassigned to Kaiser Permanente. • By January 2024, approximately 16,300 adult Health PAC members (ages 26-49) will be moved into Medi-Cal managed care. • It is estimated that the Alliance's enrollment will peak at 382,500 in January 2024 and will decline to 355,300 at the end of June 2024. • Group Care remains unchanged, with enrollment ranging from 5,700 to 5,900. ***Question:*** *Can we assume that many people will get retroactively enrolled or reenrolled at their next appointment or something when they are currently not enrolled?* ***Answer:*** *Yes, that is what we plan to do. Currently, we are working with the County Council on a data sharing agreement. Hopefully, we will be able to complete that very soon, and then we plan to distribute it to all our providers. Thus, everyone will have a clear understanding of which patients they see in the coming month.*		
Matthew Woodruff	**d) CONTINUOUS COVERAGE INITIATIVE** • We have begun providing member outreach with the help of call center scripts, automated calls, and resource flyers. Our remaining marketing activities will include billboards, radio, and local television, which will commence in June. • When a member meets the MAGI (Modified Adjusted Gross Income) requirement, their membership automatically renews. Through CalWIN, social services agents can verify member information electronically, with an estimation of 36% of members renewing automatically. • This does, however, mean that 64% of the results will require manual redetermination. As of today, the redetermination process for the month of July has been started. ***Question:*** *Is there any reason why we cannot continue to text our patients or members for outreach purposes?* ***Answer:*** *To continue using nonverbal auto dialers, we must meet the criteria. We also need to be indemnified against federal charges that may be incurred by the Plan. This is a three-step process for text messages.*	None	None
Scott Coffin and Matt Woodruff	**e) CEO TRANSITION UPDATE** • In the past 60 days, we have had the luxury of mapping out all the job responsibilities, the relationships, and the day-to-day transactions, trying to limit surprises. • Throughout Alameda County, we have attended many meetings and have spent a significant amount of time interacting with elected officials and community-based organizations on a daily basis. We have put a great deal of time and effort into building relationships not only with Alameda County regulators but also with Sacramento. • A pivot point right now is the work that has been done on Medicare operational readiness, which will begin in the next 30 days, which is another large undertaking. • This month and the following month will be focused more on the market, like the paper transition, so more contracts. We will also be concentrating on internal operations, such as financial matters and different issues along those lines. ***Question:*** *In one of the slides, diversity, equity, inclusion, and belonging were listed as one of the key topic issues. In terms of transition, can you give a short update?*	None	None

	Answer: *Previously, the Diversity Equity and Inclusion Committee presented two opposing views at the Board of Governors Meeting. The committee is now reporting up to allow and build out an organization that supports diversity, equity, and inclusion within the organization but also extends into the community and is closely tied to the work done by Dr. O'Brien and his team and Operations team.*		
Richard Golfin, III	**f) BOARD SEAT DESIGNEES** • In November 2022, this legislative body approved the addition of four new board seats, subject to approval by the Alameda County Board of Supervisors provisionally. This would increase the number of board members from 15 to 19. During the past few decades, the county ordinance collected 15 seats instead of 19. The PPlan has been working with the council on revising legislation to reflect that. Currently, two seats are under negotiation with the county. Directors of Alameda County Health Care Services and Social Services shall be appointed. • Historically, this Board has voted and approved resolutions when board members are added or removed. It is the responsibility of the secretary and chair to approve that resolution. After that, the resolution is submitted for final approval to the Board of Supervisors. Thus, the Board of Governors does not approve the positions. The Board of Supervisors is responsible for finalizing the positions. • Currently, we have designated June 12 as a placeholder for you to vote on this ordinance language, but we may need to move it back to July due to the need for more content. ***Question:*** *Once the director has been designated, does this Board approve the director, and then the director can designate anyone, or do they designate someone, and then this Board approves them?* ***Answer:*** *It would be necessary to include that in our bylaws. This nominating process is something we cannot articulate in our bylaws but is something we intend to write into the statutes or propose into the statutes regarding who will sit in the seat.* ***Question:*** *Why is the person called a designee instead of an alternate?* ***Answer:*** *The language from the county indicates that it must be a director designee, so we adopted that language. However, the language that was proposed back was the record for that.*	None	Explaining is and the difference between the resolution versus approval process.
9. STANDING COMMITTEE UPDATES			
Dr. S. O'Brien	**a) PEER REVIEW AND CREDENTIALING COMMITTEE – APRIL 18, 2023** • 89 new providers have been approved, and 46 providers have been re-credentialed.	None	None
10. STAFF UPDATES			
Dr. N. Aboelata	None	None	None
11. UNFINISHED BUSINESS			
Dr. N. Aboelata	None	None	None
12. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS			
Dr. N. Aboelata	None	None	None

13. PUBLIC COMMENT (NON-AGENDA ITEMS)			
Dr. N. Aboelata	None	None	None
14. ADJOURNMENT			
Dr. N. Aboelata	Dr. N. Aboelata adjourned the meeting at 2:18 pm	None	None

ALAMEDA ALLIANCE FOR HEALTH

COMPLIANCE ADVISORY COMMITTEE

REGULAR MEETING
May 12th, 2023
10:30 am – 11:30 am
Alameda, CA

SUMMARY OF PROCEEDINGS

Committee Members Attendance: Byron Lopez, Richard Golfin, III, Dr. Kelley Meade

Excused: Dr. Noha Aboelata, Rebecca Gebhart

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
1. CALL TO ORDER			
Dr. K. Meade	The regular Compliance Advisory Committee meeting was called to order by Dr. Kelley Meade at 10:30 am.	None	None
2. ROLL CALL			
Dr. K. Meade	A roll call was taken of the Board Members, quorum confirmed.	None	None
3. AGENDA APPROVAL OR MODIFICATIONS			
Dr. K. Meade	None	A proposal to move the CAC to a bi-monthly cadence was added to the agenda under 6A.	None
4. PUBLIC COMMENT (NON-AGENDA ITEMS)			
Dr. K. Meade	None	None	None
5. CONSENT CALENDAR			
Dr. K. Meade	**a)** April 14th, 2023, Compliance Advisory Committee Minutes	Motion to Approve Consent Calendar Motion: Richard Golfin, III Seconded: Byron Lopez Motion: PASSED	None

6. COMPLIANCE MEMBER REPORTS			
Dr. K. Meade, G. St. Clair, R. Robertson and M. Broadnax	**a) Compliance Activity Report** i. Plan Audits and State Regulatory Oversight 1. Status Updates on State Regulatory Engagements (No Findings) a. 2023 DHCS Routine Medical Survey 1. Plan Observations Weeks 1 & 2 • The observations listed by the DHCS included notes on the following areas: ○ Category 1 – Utilization Management, NOAs from an Alliance delegate were not sent to approximately 400 members during the audit period. This is still under review by the Plan and a CAP will be issued to the delegate. ○ Category 2 -Case Management & IHA, IHA Completion and reasonable attempts to contact members (potential 2022 repeat finding) BHT Treatment Plans did not contain all the criteria or necessary elements. ○ Category 3 – Access & Availability, PCS forms not obtained for every ride (potential 2022 repeat finding) Some transportation providers may not have been enrolled in Medi-Cal Observations regarding Family Planning and State Supported Services payment inaccuracies. ○ Category 4 – Grievance and Appeals, QoC grievance letters not sent within 30-calendar days. Observations re potential grievance classification types ○ Category 5– FWA, Two FWA cases not reported within 10 days of receipt (potential 2022 repeat finding) • General Audit Observation: The SMEs were very well prepared for their audit sessions, which was evidenced by the smooth transitions from the auditors' questions to the SMEs responses. SMEs were so informative with their responses during the first interview session that the six follow-up sessions for Week Two were cancelled.	None	None

2. Status Updates on State Audit Findings and Plan Responses

a. Compliance Dashboard

- There are a total of one-hundred and sixty-four (164) findings on the Compliance dashboard, which includes both state audit findings and self-identified findings. One-hundred and sixty-two (162) of the items have been completed and two (2) are in progress.

i. 2022 DHCS Routine Medical Survey

- The Plan submitted additional documentation on April 14th, 2023, and completed submitting the remaining requests from DHCS on May 4th, 2023. DHCS will review this additional information and let us know if there is any additional documentation they need before they can close the remaining findings.
  - Once all findings are closed, our Compliance Internal Audit Team will start the process to validate the closed findings to ensure all processes we put in place to mitigate the findings are being followed, and that they are having the desired results.

ii. 2022 DMHC RBO Audits

- The one remaining open finding for CHCN has been close, which was the RBO failed to reimburse one paid claim correctly due to a systematic error. The claims system failed to classify Sutter Bay Medical Foundation as a contracted provider. The claim was paid incorrectly at the non-contracted rate, which was less than the contracted rate. The RBO represented to the Department that this deficiency was due to a contract amendment, effective February 1st, 2021, that was not updated in their claims system.

1. CHCN
   - CHCN updated their policy to ensure provider contracts and rosters are appropriately loaded within CHCN's claims system. At their most recent Compliance Committee, CHCN approved this updated policy, and the Alliance has received a copy of this policy and which allowed us to close this finding.

- The Alliance will now oversight the RBOs by completing quarterly audits of the RBO's claims payment practices beginning with the Q1 2023 dates of services. Currently we are drafting audit notification letters to be sent out to both CHCN and CFMG to begin their quarterly audits.

iii. Compliance Advisory Committee Meeting Cadence

- Alternatively, we can move compliance reporting to every other month, similar to the Finance Committee. The BOG will still receive the monthly Compliance BOG report. If the CAC finds this beneficial, we can also include the Compliance Dashboard in the monthly BOG materials.

Motion to move Compliance Advisory Committee Meetings to every-other-month.
Motion: Richard Golfin, III
Seconded: Bryon Lopez
Motion: PASSED

b) Delegation Activity and Oversight

i. MLR Reporting for Delegation Activity

- Starting in the calendar year 2024, a new requirement for certain delegates will be required to report their Medical Loss Ratio (MLR) through the Plan to DHCS.
- Starting in the calendar year 2025, there will be a number of those Plans who report their MLR, who will have their MLR compared to the 85% threshold, and if they are below that threshold, they will be required to pay back dollars under that 85% MMR.
- DHCS is still determining how the MLR requirements will work for our delegates. DHCS has not indicated what type of delegated arrangements will require MLR reporting or what will be considered a medical expense.
- MLR contract language is expected near Q4, CY2023.

Question: What are the biggest concerns?

Answer: The first challenge I think will just be having the delegates understand what is included in the medical expense and what is excluded from a medical expense also get in their staff up to speed on how to calculate that as well. For the calendar year 2025, if there are any medical aspirations that are below 85%, then the delegates would have to pay that money back to the state.

Question: What are the implications for the plan?

Answer: Undetermined what it will be yet, but there's certainly is potential risk more for the delegates at this point, but it might move also to the plans if there's some makeup of funds that needs to happen, if they pay back to us and to state.

c) Medi-Cal Program Updates

	i. AB 2449 [Follow-Up Q&A] • Became effective as of January 1st, 2023. It defines specifically how certain Members can still participate as voting members in certain circumstances, members can attend remotely if they have one of two exceptions. ○ The first is just cause, which generally requires caregiving of a child's spouse and parent, etcetera, contagious illness, physical or mental disability, • The requirements to use that exception are that the alliance has to be notified as soon as possible and a general description of the 20 words or less of the need. ○ The second exception is emergency circumstances, physical or family medical emergency, which is generally thought of as something sudden, unexpected and dangerous. • The has to request permission from this committee and again provide the general description of the circumstances. The CC must then vote and approve that action to take action to approve by majority vote. • Remote attendance does not count towards a quorum if you are attending remotely that does not satisfy the forum remote requirements. • Furthermore, a quorum can actually be met through teleconferencing under the traditional Brown Act rules as long as members are located within Alameda County, as indicated in the agenda notice. Agendas are posted at each location again. Public access to each location is provided by the agenda, and the agenda provides an opportunity for the public to address the body directly at each location as well. **Question:** Does AAH have to make a decision between which regulations to use? **Answer:** ultimately can use both, but recommend we pick one, we don't have to make a decision. Risk of only using traditional brown act – members not able to use exceptions of just cause and emergency circumstances to meet remotely. ii. 2023 DMHC Timely Access and Annual Network Review • Two major submission tracks: ANR list of all providers and network adequacy report to the department. ○ The challenge is in getting data from our network providers and delegates into the department portal in a format that can be validated by the department portal.		

	• Timely access is another way of measuring our access and accessibility. Every year have to submit a timely access report and that is a report were we survey our providers to determine when they can provide certain types of appointment ○ New for this year was a follow up appointment for a non-physician behavioral health. 1. Changes in Requirements [New vs. Old] 2. Impacts on the Alliance • The regulations regarding timely access and consistent methodology for submitting data were finalized on April 1st, and other regulations were codified on May 1st, which helped provide more guidance to plans.		
7. COMPLIANCE ADVISORY COMMITTEE BUSINESS			
Dr. K. Meade	None	None	None
8. STAFF UPDATES			
Dr. K. Meade	None	None	None
9. UNFINISHED BUSINESS			
Dr. K. Meade	None	None	None
10. STAFF ADVISORIES ON COMPLIANCE BUSINESS FOR FUTURE MEETINGS			
Dr. K. Meade	None	None	None
11. ADJOURNMENT			
Dr. K. Meade	Dr. K. Meade adjourned the meeting at 11:30 am.	None	None

Respectfully Submitted by: Jessmine Matthews, MBA
Executive Assistant to Chief Compliance Officer

ALAMEDA ALLIANCE FOR HEALTH
FINANCE COMMITTEE
REGULAR MEETING

June 6th, 2023
8:00 am – 9:00 am

SUMMARY OF PROCEEDINGS

Meeting Conducted in-person and by Teleconference.

Committee Members in-person: Dr. Rollington Ferguson, Dr. Michael Marchiano, Gil Riojas

Board of Governor members in-person: Rebecca Gebhart
Board of Governor members on Conference Call: James Jackson

Alliance Staff in-person and on Conference Call: Matt Woodruff, Tiffany Cheang, Sasi Karaiyan, Dr. Steve O'Brien, Anastacia Swift, Lao Paul Vang, Ruth Watson, Matt Woodruff, Shulin Lin, Carol van Oosterwijk, Linda Ly, Maryam Maleki, Jeanette Murray, Renan Ramirez, Danube Serri, James Zhong Xu, Christine Corpus

CALL TO ORDER, ROLL CALL, AND INTRODUCTIONS

Dr. Ferguson called the Finance Committee meeting to order at 8:00 am. A Roll Call was then conducted.

CONSENT CALENDAR

Dr. Ferguson presented the Consent Calendar.

The May 9th, 2023, Finance Committee Minutes were approved at the Board of Governors meeting on May 12th, 2023, and not presented today.

There were no modifications to the Consent Calendar, and no items to approve.

a.) CEO UPDATE

Matthew Woodruff provided updates to the committee on the following:

Financials –

April 2023: Net Operating Performance by Line of Business for the month of April 2023 and Year-To-Date (YTD):

	April	YTD
Medi-Cal	($13.4M)	$76.5M
Group Care	($149K)	$2.3M
Totals	($13.5M)	$78.8M

Revenue was $138 million in April 2023, and $1.2 billion Year-to-Date (YTD)

- Medical expenses were $121 million in April and $1.0 billion year-to-date; medical loss ratio is 87% for the month and averages 89% for the fiscal year.
- Administrative expenses were $6.2 million in April and $58.4 million year-to-date; 4.5% of revenue for the month and averages 5.0% for the fiscal year.

Tangible Net Equity (TNE): Financial reserves are 724%, representing $266.7 million in excess TNE.

Total enrollment in April 2023 went over 358,000, increasing by more than 3,267 Medi-Cal members compared to March.

Final Budget – Fiscal Year (FY) 2024:

- In 2024 the Alliance is projecting a net income of $21.9 million.
- TNE will change (drop) in our FY2024 budget due to network and enrollment changes.
- 108 New employees (138 If you count current open positions in active recruitment).
- Community Supports – projected to lose $15 million, $4 million in revenue, and $19 million in expenses.
- Fiscal Year 2024 final budget will be approved by the Board of Governors in December 2023 (could be draft rates depending on timing).
- If the final Medi-Cal base rates are sent late to the Alliance, we will include the final rates in the second-quarter forecast that is scheduled for presentation to the Finance Committee and Board of Governors in March 2024.

Community Reinvestment

- FY24 DHCS contract requirement. Considered during the preliminary budget process.

Recruiting Incentives for our Network

- Will bring to the Board and ask for help to recruit providers to the network (July or September Board meeting).

Informational update to the Finance Committee. Vote not required.

b.) REVIEW AND APPROVE APRIL 2023 MONTHLY FINANCIAL STATEMENTS

APRIL 2023 Financial Statement Summary

Enrollment:

Enrollment has increased by 3,267 members since March 2023, and 45,170 members since June 2022, bringing our Total Enrollment to 358,226. We expect to see that continued growth until the end of June, and then in July, we do expect the disenrollment process to begin. The big question mark will be the rate at which Members are disenrolled.

We see consistent increases in the Child, Adult, and Optional Expansion categories of aid; we've also seen increases in our SPDs and our Duals. Our Group Care line of business continues to show a slight decline. We also have our two new categories of aid pertaining to Long-Term Care: Medi-Cal LTC, and Medi-Cal LTC Duals, and we saw increases in both of those in February but have been relatively flat since that time.

Net Income:

For the month ending April 30th, 2023, the Alliance reported a Net Income of $13.5 million (versus budgeted Net Loss of $1.2 million). The favorable variance is attributed to lower than anticipated Administrative Expenses, lower than anticipated Medical Expenses, and higher than anticipated Total Other Income, and higher than anticipated Revenue. For the year-to-date, the Alliance recorded a Net Income of $78.8 million versus a budgeted Net Income of $18.6 million.

Revenue:

For the month ending April 30th, 2023, actual Revenue was $138.8 million vs. our budgeted amount of $138.1 million. Our actual and budgeted year-to-date Revenue is currently at $1.2 billion.

Medical Expense:

Actual Medical Expenses for the month were $121.2 million, vs. our budgeted amount of $130.4 million. For the year-to-date, actual Medical Expenses were $1.0 billion versus the budgeted $1.1 billion. Drivers leading to the favorable variance can be seen on the tables on pages 10 and 11, with further explanation on pages 11 and 12.

Medical Loss Ratio:

Our MLR ratio for this month was reported at 87.3%. Year-to-date MLR was at 89.1%.

Administrative Expense:

Actual Administrative Expenses for the month ending April 30th, 2023 were $6.2 million vs. our budgeted amount of $9.0 million. Our Administrative Loss Ratio (ALR) is 4.5% of our Revenue for the month, and 5.0% of Net Revenue for the year-to-date. Gil called out the variance in Employee Expenses for the month of April. The year-to-date favorable variances include 1) Delayed timing of new project start dates for Consultants, Computer Support Services, and Purchased Services, and 2) Overall delayed hiring of new employees.

Other Income / (Expense):

As of April 30th, 2023, our YTD interest income from investments shows a gain of $11.3 million.

YTD claims interest expense is $293,000.

Tangible Net Equity (TNE):

Our required TNE is at $43 million, and our actual TNE is at $309.5 million, which leads us to our reported TNE of 724%. This is a slight decline over last month. We anticipate getting to a point where we are probably going to peak, and by June, we should start to see a bit of decline over the next fiscal year.

Cash and Cash Equivalents:

We reported $448.3 million in cash; $328.0 million is uncommitted. Our current ratio is above the minimum required at 1.80 compared to the regulatory minimum of 1.0.

Capital Investments:

We have spent $339,000 in Capital Assets year-to-date. Our annual capital budget is $1.1 million. We do not anticipate spending the entirety of our capital investment budget this year, but we do anticipate spending more before the end of June.

Question: Dr. Marchiano noted that there are many new members to the Board, and asked if there could be additional training at each meeting to keep the Board and Committee appropriately informed. Gil answered that he met with his team and discussed wishing to present this financial data in a way that is the most favorable, and easiest to understand by both the Finance Committee, and the Board, and added that he would like suggestions from the Committee.

Dr. Ferguson stated that he would not recommend any changes to the format of the presentation itself, as it is very comprehensive, and he appreciates the level of detail provided. He recommended that perhaps the Financial presentation given at the Board could be an abridged version of what is presented at the Finance Committee and the remaining time usually allotted could be used as training time.

Motion: A motion was made by Dr. Michael Marchiano and seconded by Mr. James Jackson to accept the April 2023 Financial Statements.

Motion Passed

No opposed or abstained.

c.) REVIEW AND APPROVE FY24 DRAFT BUDGET PRESENTATION

Gil Riojas gave a presentation for the Preliminary FY2024 budget for review and approval by the Finance Committee, to bring to the Board of Governors for final approval. Gil informed the Committee that the presentation also serves as our Third Quarter Forecast.

Highlights of the presentation are as follows:

- 2024 Projected Net Income of $21.9 million.
- Projected TNE excess at 6/30/24 of $282.5 million is 592% of the required TNE.
- Year-end enrollment is 8,000 lower than June 2023, due to redeterminations; member months are 247,000 higher. Enrollment peaks at 382,000 in January 2024.
- Medi-Cal Revenue is $1.7 billion in FY 2024, an increase of 20.3% from FY 2023.
- PMPM Fee-for-Service and Capitated Medical Expenses increased by 16.9%.
- $19.2 million in net savings are included for claims avoidance and recovery activities.
- Administrative expenses represent 6.7% of revenue, $43.0 million higher than FY 2023. Led by Labor ($23.8 million) and Other Services ($11.6 million), and Purch. & Prof. Services ($7.6 million).
- Clinical expenses comprise 3.7% of revenue, $6.8 million higher than FY23. Led by Labor ($8.8 million), Other ($4.8 million), offset by a reduction in member Benefits Administration largely due to the insourcing of Mental Health ($6.9 million).

Budget Assumptions include:

Staffing:
- Staffing includes 659 full-time equivalent employees by June 30th, 2024.
- There are 108 new positions requested for FY 2024.

Enrollment:
- DHCS is moving 99% of Fee-for-Service members into Medi-Cal Managed Care by January 2024. Approximately 40,000 remain in the fee-for-service system today.
- Member months in FY 2024 of 4,301,000 are 6.1% higher than in FY 2023.
- Higher enrollment and a higher proportion of fee-for-service vs. capitated expense generates a higher TNE requirement. Group Care enrollment remains steady at approximately 5,700.
- Additional populations of focus will be added over the next 12 months.

Revenue:
- 98% of Revenue for Medi-Cal, 2% for Group Care.
- The continuation of CalAIM initiatives of Enhanced Care Management (ECM), Community Supports, and Major Organ Transplants (MOT) represent $42.9 million in revenue.
- CalAIM Incentives of $30.8 million are anticipated, most of which will be passed on to our community partners. It is too early to know what AAH will earn.
- Per-member-per-month Group Care rates remain unchanged.

Medical Expense:
- 98% of Expense for Medi-Cal, 2% for Group Care.
- Medical loss ratio is 92.5%, an increase of 2.8% over FY23.
- ECM and MOT expense increases correspond to revenue, as a risk-corridor is included for these services.
- Community Supports expenditures will exceed funding by approximately $15 million.

Hospital and Provider Rates:
- FY24 Hospital contract rates increase by $27.2 million over FY 2023.
- Professional capitation rates increase by $5.1 million.

Tangible Net Equity Requirement:

- The TNE requirement is Net Equity compared to a minimum calculated amount of required capital. DMHC requires additional financial reporting if a Plan does not have 150% of the required TNE.
- For AAH, required TNE is calculated based on a percentage of at-risk healthcare expenditures. This is generally equivalent to fee-for-service expenditures.
- The calculation is based on the previous 3 quarters and projected current quarter FFS expenditures.
- For the Alliance, as the oldest quarter drops off, required TNE increases due to increased FFS expenditures, mainly resulting from increased enrollment.
- Also, in January, Anthem members and other new populations join AAH. Healthcare costs for these members are largely paid via FFS claims. This increases the required TNE significantly.
- Although the Plan's TNE dollars are increasing, the required amount of TNE is increasing at a higher rate.

Capital Expenditures:

Full Year budget of $1,491,000 for capitalized purchases for Information Technology and Facilities. This is an increase of $984,000 from last year.

- Information Technology $1,326,000:
- Facilities: $165,000

Material Areas of Uncertainty

- Large changes in enrollment are estimates based on DHCS messaging. These assumptions have a large impact on the financial results.
- AAH has not received Medi-Cal premium rates for CY 2024; they are expected mid-late December.
- DHCS is considering a Hybrid Withhold and Incentive Option for CY 2024 rates. Partial or full payment of the withhold to each Medi-Cal Plan would be based on their performance against set benchmarks.
- The Alliance was notified last week that the age band for the Child Adult Category of Aid will potentially be extended by 2 years, up to 21 years of age. This will cause budget discrepancies between the Child and Adult COAs. Hopefully, this will be budget-neutral in total.
- The State has started dividing members in each Medi-Cal Category of Aid into three categories of immigration status. Statewide initiative in response to CMS requirements. Although DHCS is aiming for budget neutrality, there is some risk that our revenue rates will be impacted.
- AAH has limited Long-Term Care experience, as LTC members largely transitioned from fee-for-service Medi-Cal in February.
- Medical Expense includes assumptions regarding the relative acuity of new populations, existing members, and departing members. The relative costs of these cohorts will have a significant impact on the medical loss ratios.
- Contract changes for hospitals and delegated providers in projections have not been finalized.

Motion: A motion was made by Dr. Michael Marchiano and seconded by Dr. Rollington Ferguson to accept the FY24 Preliminary Budget and move to bring it forward to the full Board of Governors for final approval.

Motion Passed

No opposed or abstained.

ADJOURNMENT

Dr. Ferguson adjourned the meeting at 9:03 a.m.

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

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

Date: **June 9th, 2023**

Subject: **CEO Report**

- **Financials:**
  - **April 2023:** Net Operating Performance by Line of Business for the month of April 2023 and Year-To-Date (YTD):

	April	YTD
Medi-Cal.....	($13.4M)	$76.5M
Group Care	($149K)	$2.3M
Totals	**($13.5M)**	**$78.8M**

  - **Revenue was $139 million in April 2023 and $1.2 billion Year-to-Date (YTD)**.
    - Medical expenses were $121 million in April and $1.0 billion year-to-date; the medical loss ratio is 87% for the month and averages 89% for the fiscal year.
    - Administrative expenses were $6.2 million in April and $58.4 million year-to-date; 4.5% of revenue for the month and averages 5.0% for the fiscal year.
  - **Tangible Net Equity (TNE)**: Financial reserves are 724%, representing $266.7 million in excess TNE.
  - **Total enrollment in April 2023 went over 358,000**, increasing by more than 3,267 Medi-Cal members compared to March.

- **Final Budget – Fiscal Year (FY) 2024:**
  - In 2024 the Alliance is projecting a net income of $21.9 million.
  - TNE will change (drop) in our FY2024 budget due to network and enrollment changes.
  - 108 New employees (138 If you count current open positions in active recruitment).
  - Community Supports – projected to lose $15 million, $4 million in revenue, and $19 million in expenses.
  - Fiscal Year 2024 final budget will be approved by the Board of Governors in December 2023 (could be draft rates depending on timing).
  - If the final Medi-Cal base rates are sent late to the Alliance, we will include the final rates in the second-quarter forecast that is scheduled for

presentation to the Finance Committee and Board of Governors in March 2024.

- **Community Reinvestment**
  - FY24 DHCS contract requirement.

- **Recruiting Incentives for our Network**
  - Will bring to the Board and ask for help to recruit providers to the network (July or September Board meeting).

- **Key Performance Indicators:**
  - **Regulatory Metrics:**
    - All regulatory metrics were met in the month of April.
  - **Non-Regulatory Metrics:**
    - The Member Services call center reported an abandonment rate of 26% and 57% for calls answered in under 30 seconds for the month of April. The results are 21% and 27% below the internal thresholds respectively. Inbound call volume exceeded 19,000 as membership grew.
    - The Information Technology Department fell below an internal metric this month. The Alliance had an intermittent problem with our fax line. This was for receiving faxes only, not faxes that were sent by the Alliance. Our carrier identified the problem and fixed the issue in less than 7 business days.

- **Program Implementations:**

  - **Medi-Cal and Group Care**:
    - Insourcing of mental health & autism spectrum services on 4/1/2023.
    - The first phase of this insourcing initiative is referred to as the stabilization phase and is forecasted to last 4-5 months.
    - Stabilization Period.

  - **Long Term Care**
    - Town Halls in May and June (5- and 6-months post go live).
    - 1,860 LTC members are now transitioned to AAH through May.
    - Quarterly reporting for LTC Custodial started in April.
    - Draft APL for next LTC Carve-In population received on June 5th, 2023 (ICF, DD).

- **Single Plan Model**
  - Effective January 1st, 2024, Alameda Alliance will become the "Prime" Medi-Cal option for Alameda County residents enrolled in the Medi-Cal program.
  - Kaiser will receive default enrollment; they are contractually obligated to grow 5% statewide.

- **Quality Improvement, HEDIS, and Medi-Cal Rate Development**
  - DHCS announced that our Alliance Quality scores will be compared to Kaiser in 2024.

- **Continuous Coverage**
  - The public health emergency has ended, and Medi-Cal redeterminations have started. The first disenrollments will occur in July 2023 and continue through May 2024.
  - Alameda Alliance for Health is partnering with Alameda County Social Services Agency on an outreach campaign to minimize the disruptions to county residents due to disenrollment from the Medi-Cal program.

OPERATIONS DASHBOARD

JUNE 2023

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Financials

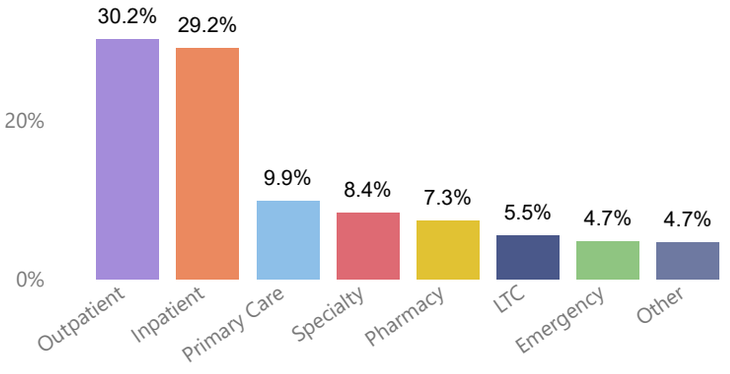
Income & Expenses

	APRIL 2023	FISCAL YTD
REVENUE	$ 138.8 M	$ 1.2 B
MEDICAL EXPENSE	$ (121.2) M	$ (1.0) B
ADMIN EXPENSE	$ (6.2) M	$ (58.4) M
OTHER	$ 2.1 M	$ 11.3 M
NET INCOME	$ 13.5 M	$ 78.8 M

Gross Margin %

10.9%

Medical Expenses



Liquid Reserves

MLR Net %

89.1%

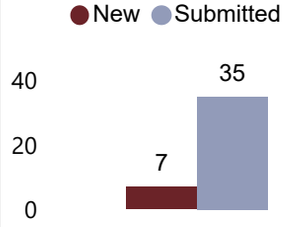
TNE %

723.8%

TNE $

$309.5M

Reinsurance Cases



Balance Sheet

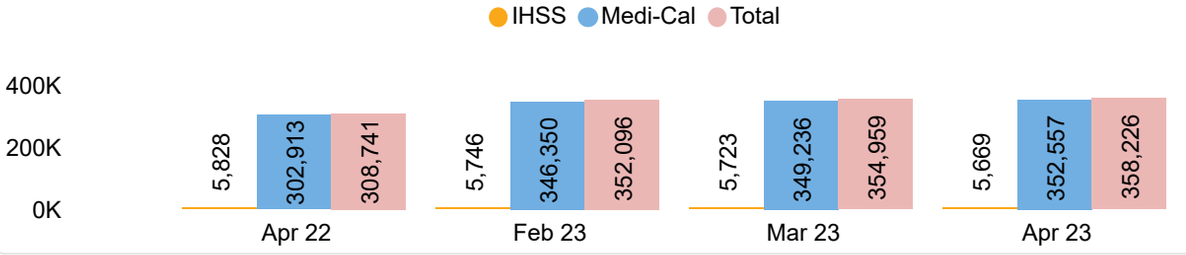
Cash Equivalents	**$448.3M**
Pass-Through Liabilities	**$120.3M**
Uncommitted Cash	**$328.0M**
Working Capital	**$282.1M**

Current Ratio

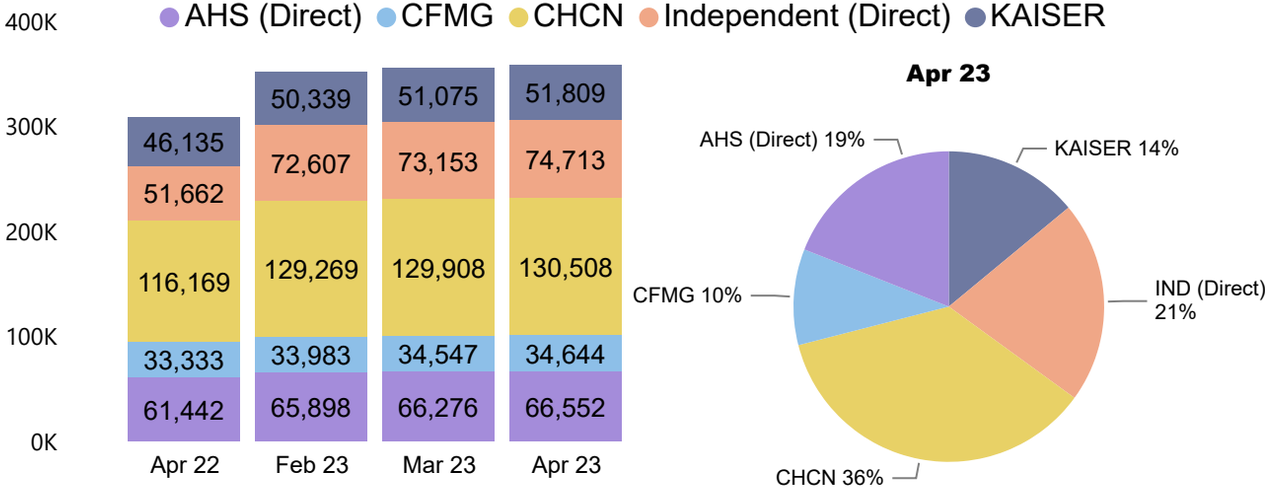
1.80

Membership

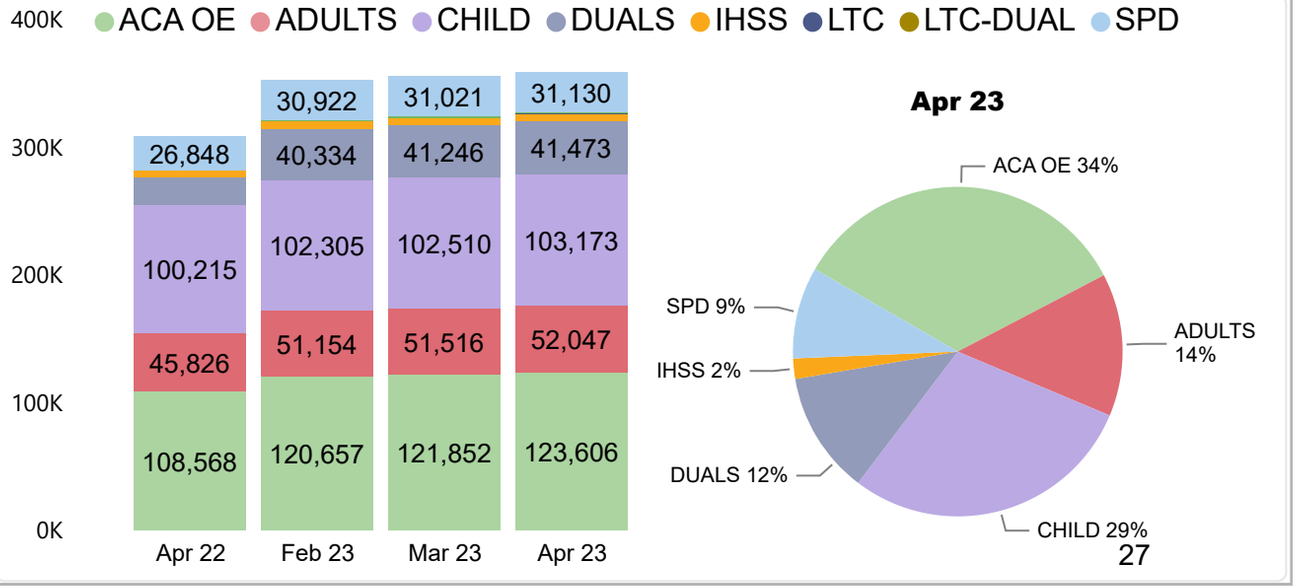
By Plan



By Network



By Category



OPERATIONS DASHBOARD

JUNE 2023

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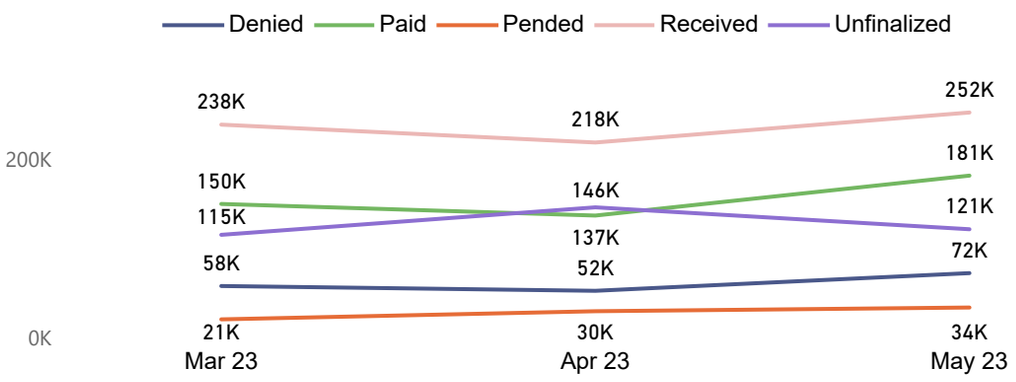
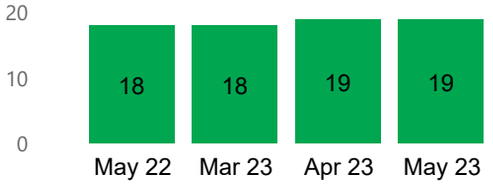
Claims

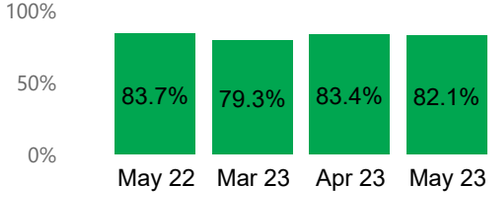
Claims Processing



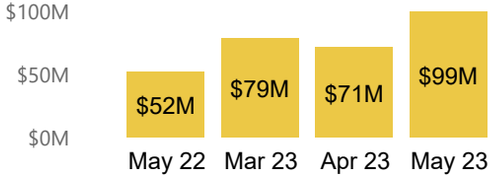
Average Payment TAT (Days)



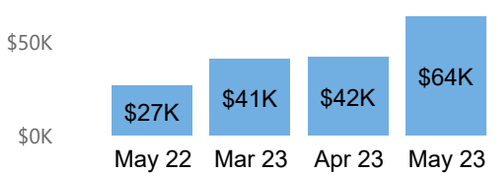
Auto Adjudication Rate (%)



Claims Paid ($)

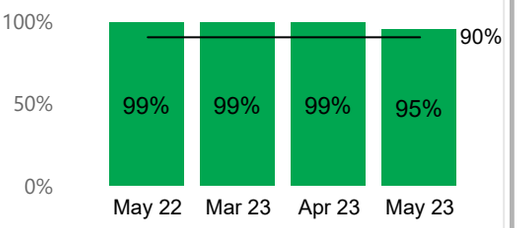


Interest Paid ($)

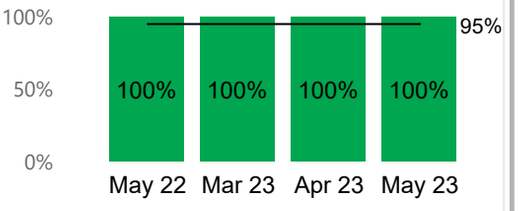


Claims Compliance

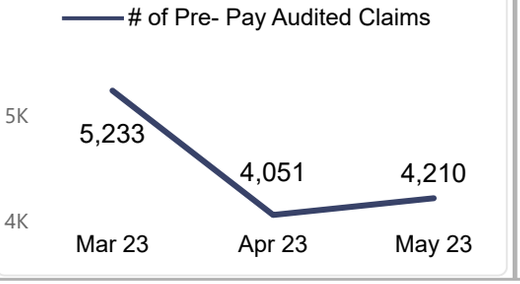
Processed 30 Cal Days (%)



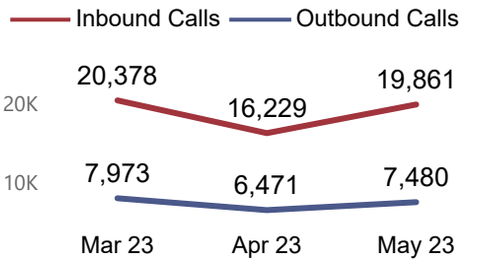
Processed 45 Work Days (%)



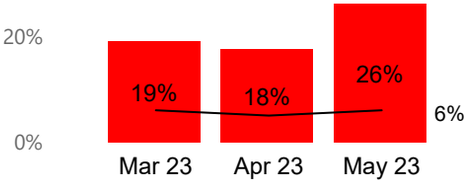
Claims Auditing



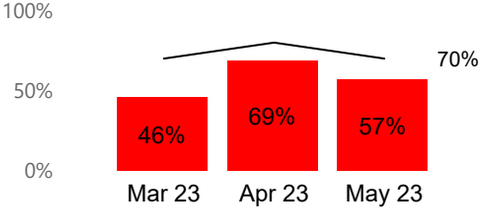
Member Services



Abandoned Call Rate (%)

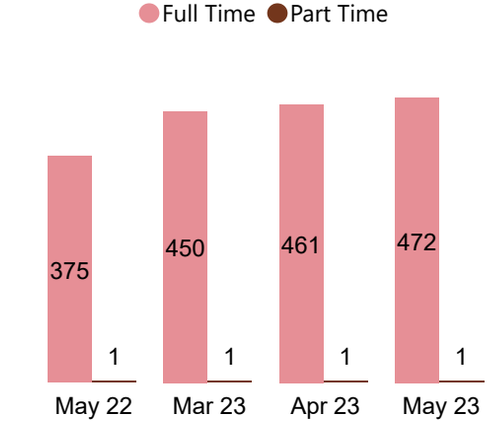


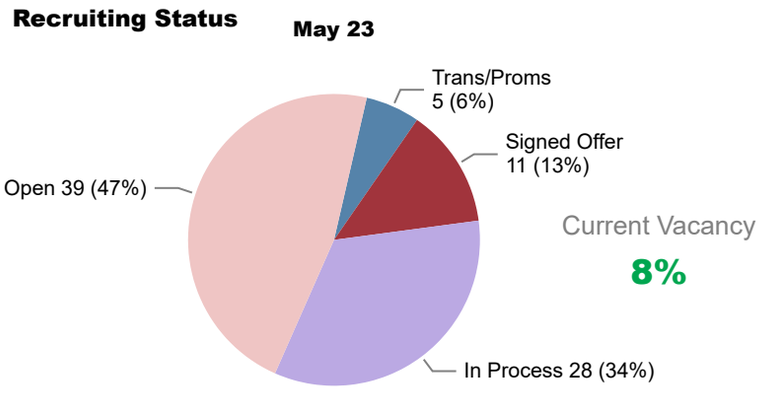
Calls Answered in 30 Seconds (%)

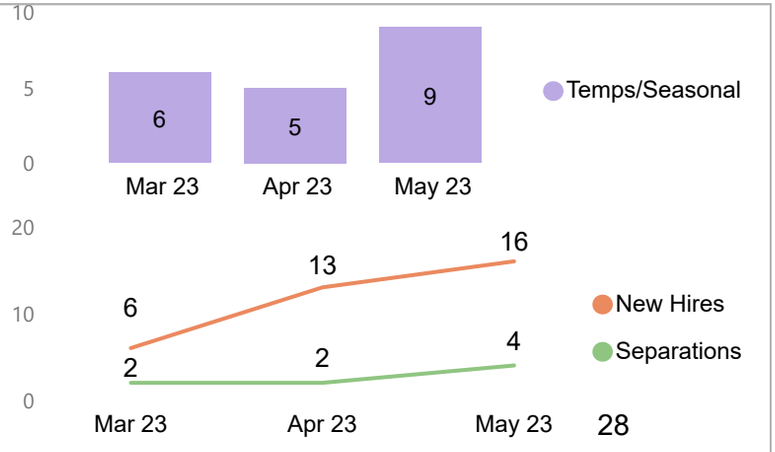


Average Call Times	Mar 23	Apr 23	May 23
Wait Time	04:16	01:48	02:17
Call Duration	06:52	04:57	05:50

Human Resources







OPERATIONS DASHBOARD

JUNE 2023

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Provider Services

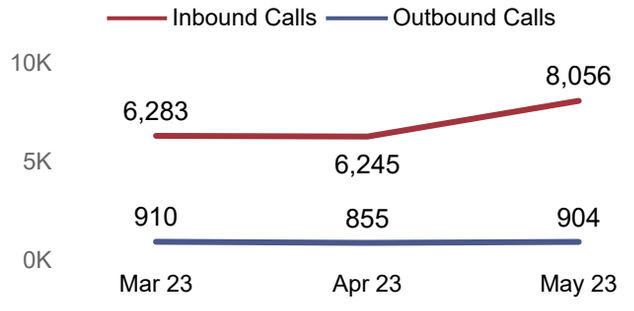
Provider Network

Hospital	17
Specialist	9,263
Primary Care Physician	773
Skilled Nursing Facility	100
Urgent Care	7
Health Centers (FQHCs and Non-FQHCs)	67
Transportation	380
TOTAL	**10,607**

Provider Credentialing

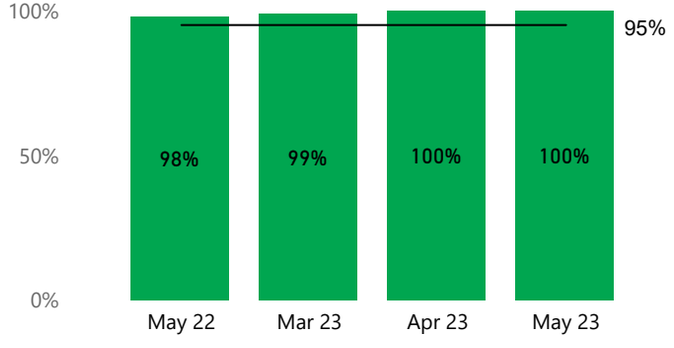
2,480

Provider Call Center



Provider Disputes & Resolutions

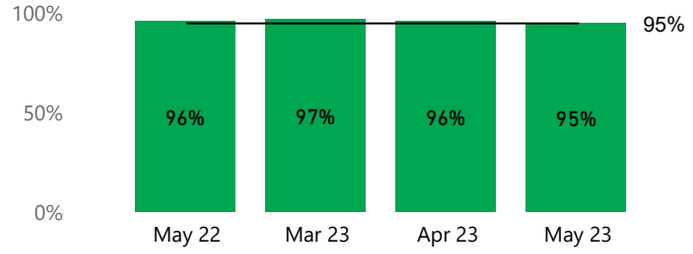
Turnaround Compliance (45 business days)



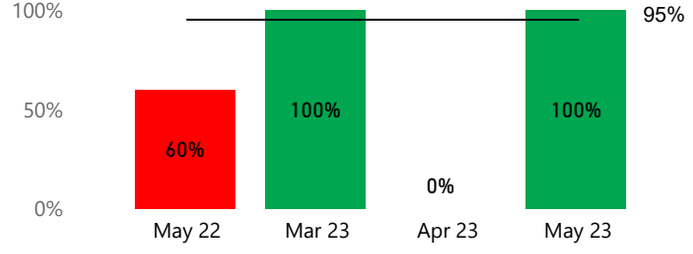
Compliance

Member Grievances

Standard (30 calendar days)

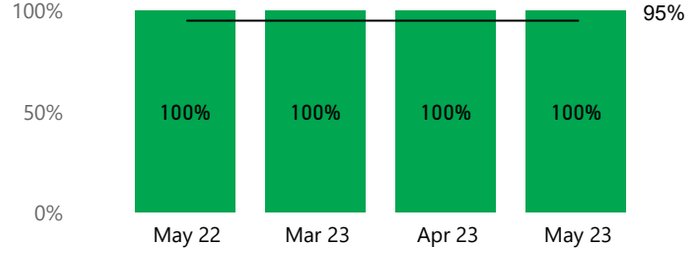


Expedited (3 calendar days)



Member Appeals

Standard (30 calendar days)



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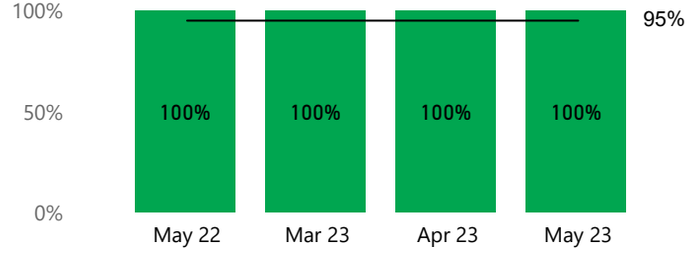
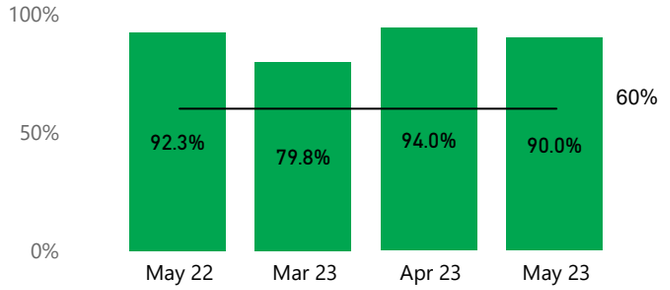
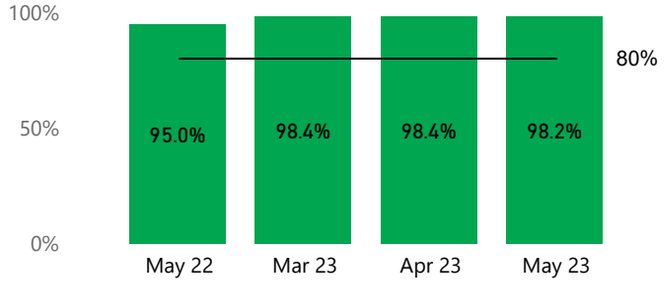


Encounter Data

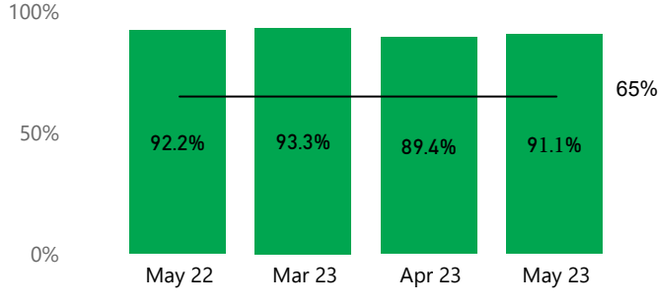
Institutional 0-90 days



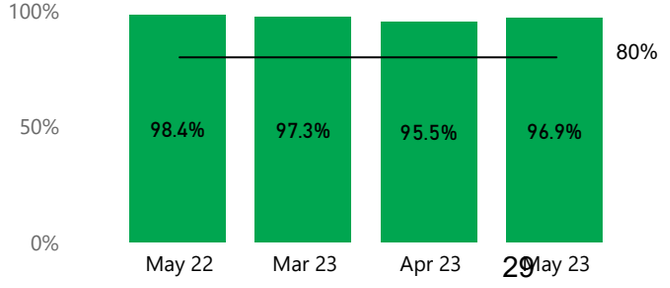
Institutional 0-180 days



Professional 0-90 days



Professional 0-180 days



OPERATIONS DASHBOARD

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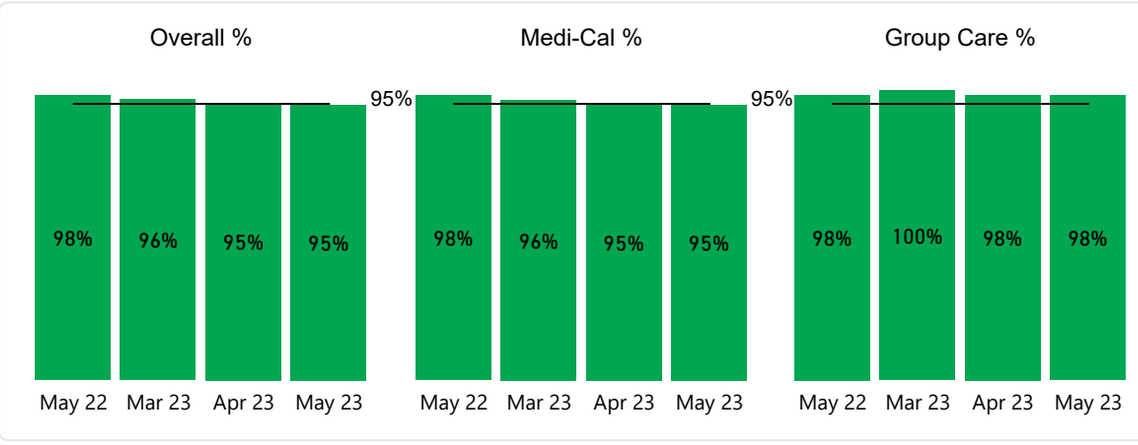
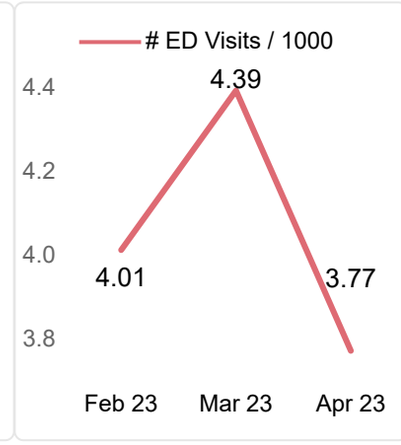
Health Care Services

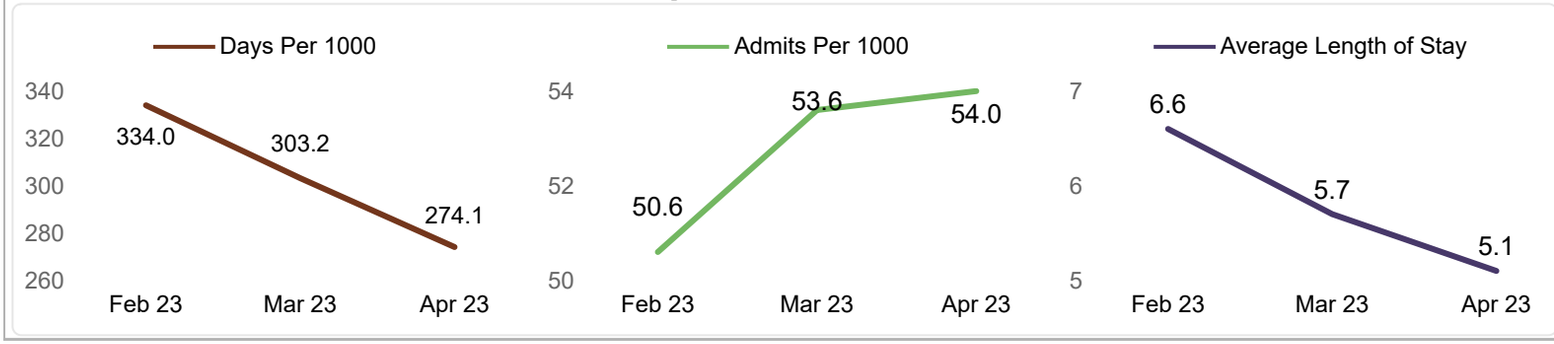
Authorization Turnaround



ED Utilization

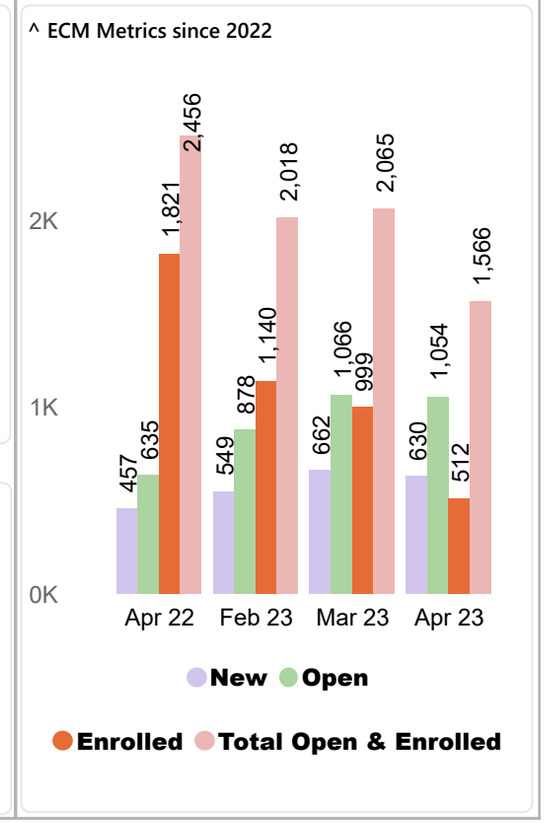


Inpatient Utilization

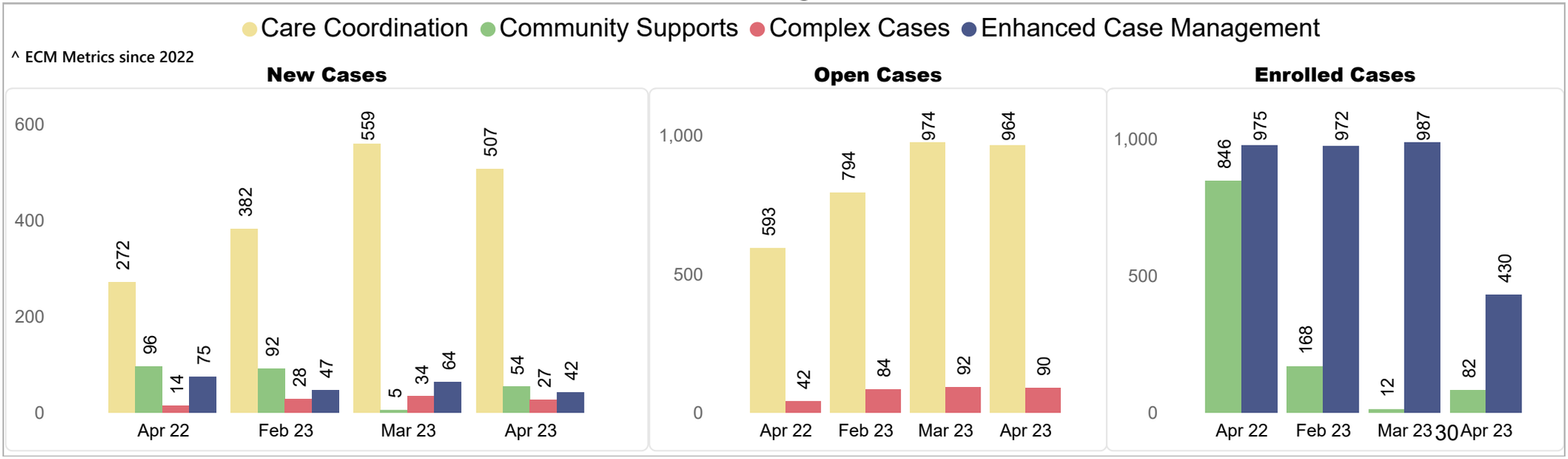


Case Management

Total Cases^



Case Management^



Technology (Business Availability)

Applications	May 22	Mar 23	Apr 23	May 23
HEALTHsuite System	100.0%	100.0%	100.0%	100.0%
Other Applications	100.0%	100.0%	100.0%	98.0%
TruCare System	100.0%	100.0%	100.0%	100.0%

Outpatient Authorization Denial Rates *

OP Authorization Denial Rates	May 22	Mar 23	Apr 23	May 23
Denial Rate Excluding Partial Denials (%)	4.2%	3.2%	2.8%	3.1%
Overall Denial Rate (%)	4.7%	3.6%	3.2%	3.3%
Partial Denial Rate (%)	0.5%	0.4%	0.4%	0.2%

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

Pharmacy Authorizations

Authorizations	May 22	Mar 23	Apr 23	May 23
Approved Prior Authorizations	20	32	37	33
Closed Prior Authorizations	20	99	95	117
Denied Prior Authorizations	27	37	43	50
Total Prior Authorizations	67	168	175	200

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

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

Date: **June 9th, 2023**

Subject: **Finance Report – April 2023**

Executive Summary

- For the month ended April 30th, 2023, the Alliance had enrollment of 358,226 members, a Net Income of $13.5 million and 724% of required Tangible Net Equity (TNE).

Overall Results: (in Thousands)

	Month	YTD
Revenue	$138,768	$1,160,123
Medical Expense	121,160	1,034,130
Admin. Expense	6,201	58,428
Other Inc. / (Exp.)	2,098	11,262
Net Income	**$13,505**	**$78,826**

Net Income by Program: (in Thousands)

	Month	YTD
Medi-Cal	$13,356	$76,536
Group Care	149	2,290
	$13,505	**$78,826**

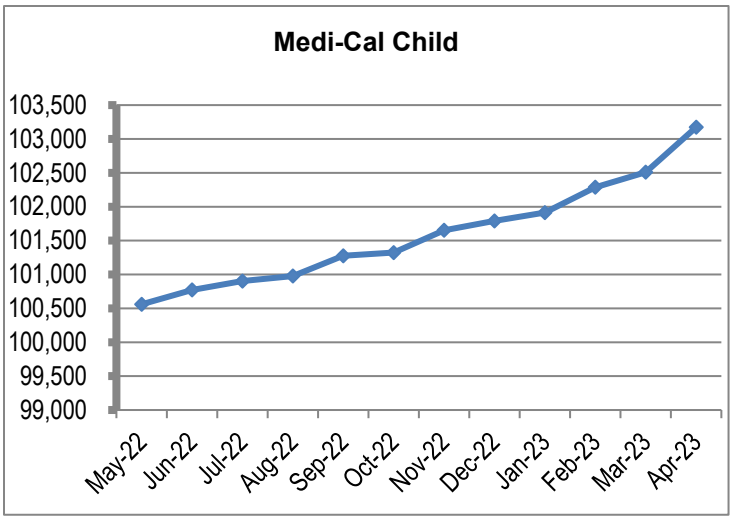
Enrollment

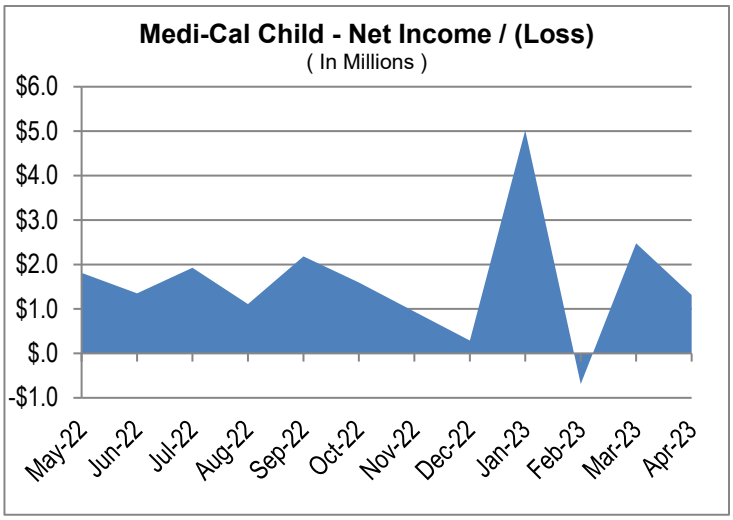
- Total enrollment increased by 3,267 members since March 2023.
- Total enrollment increased by 45,170 members since June 2022.

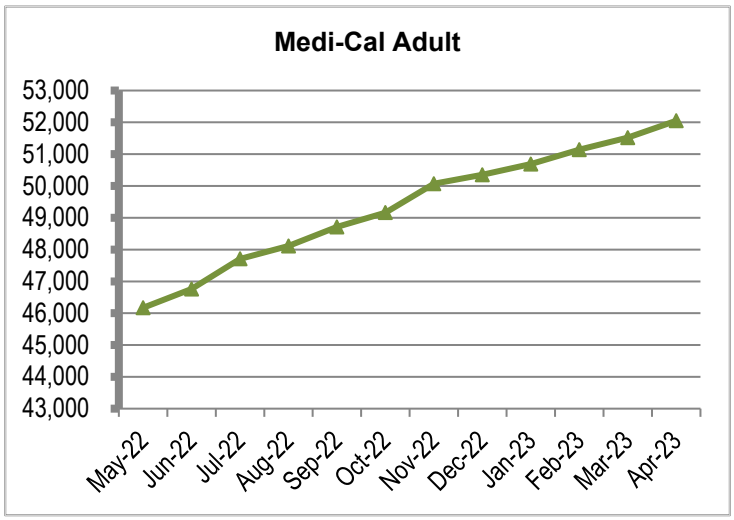
Monthly Membership and YTD Member Months
Actual vs. Budget
For the Month and Fiscal Year-to-Date

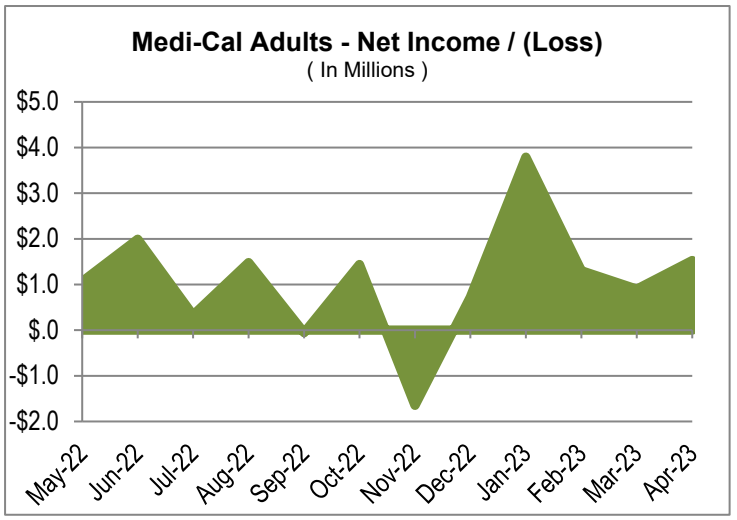
Enrollment					Member Months			
April-2023					Year-to-Date			
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
				Medi-Cal:				
52,050	50,823	1,227	2.4%	Adult	499,507	494,534	4,973	1.0%
103,173	102,645	528	0.5%	Child	1,017,808	1,017,087	721	0.1%
31,130	31,822	(692)	-2.2%	SPD	291,072	295,953	(4,881)	-1.6%
41,470	45,179	(3,709)	-8.2%	Duals	281,025	313,266	(32,241)	-10.3%
123,606	121,039	2,567	2.1%	ACA OE	1,179,891	1,174,199	5,692	0.5%
145	153	(8)	-5.2%	LTC	423	612	(189)	-30.9%
983	1,184	(201)	-17.0%	LTC Duals	2,795	4,736	(1,941)	-41.0%
352,557	**352,845**	**(288)**	**-0.1%**	**Medi-Cal Total**	**3,272,521**	**3,300,387**	**(27,866)**	**-0.8%**
5,669	5,789	(120)	-2.1%	Group Care	57,663	57,931	(268)	-0.5%
358,226	**358,634**	**(408)**	**-0.1%**	**Total**	**3,330,184**	**3,358,318**	**(28,134)**	**-0.8%**

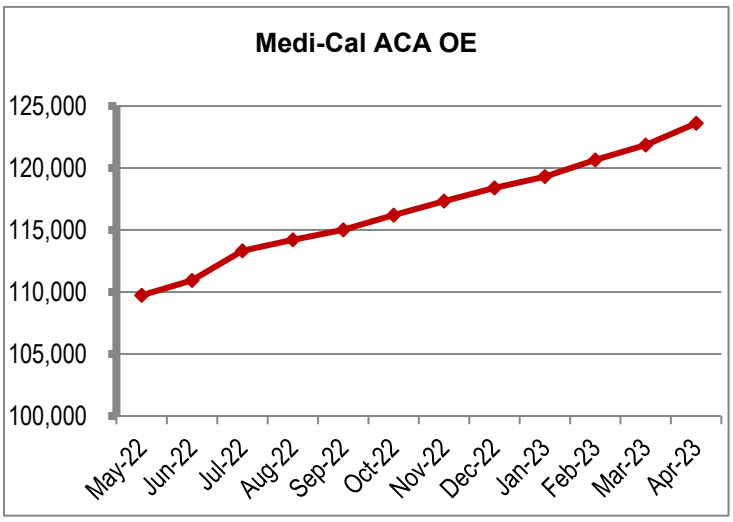
Enrollment and Profitability by Program and Category of Aid

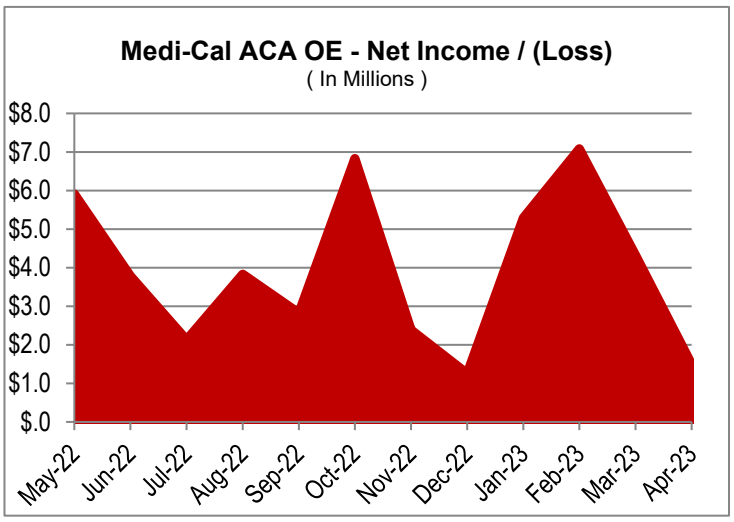




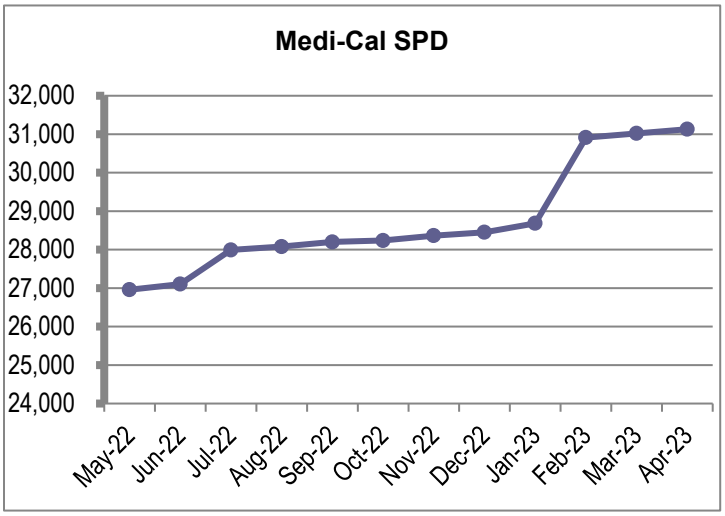


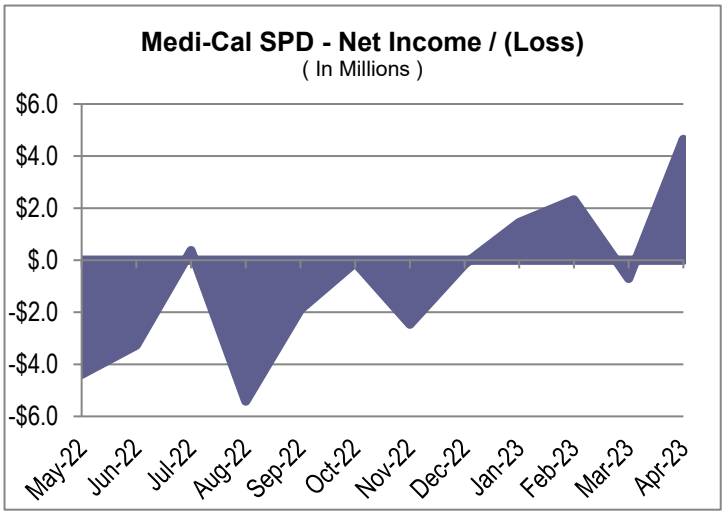


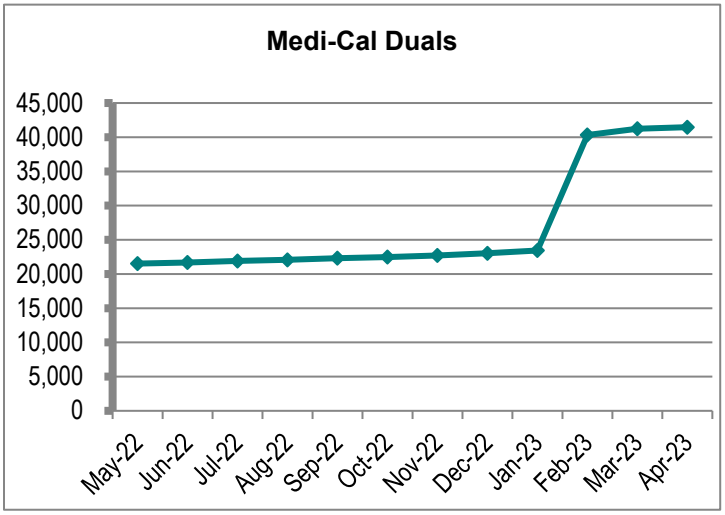


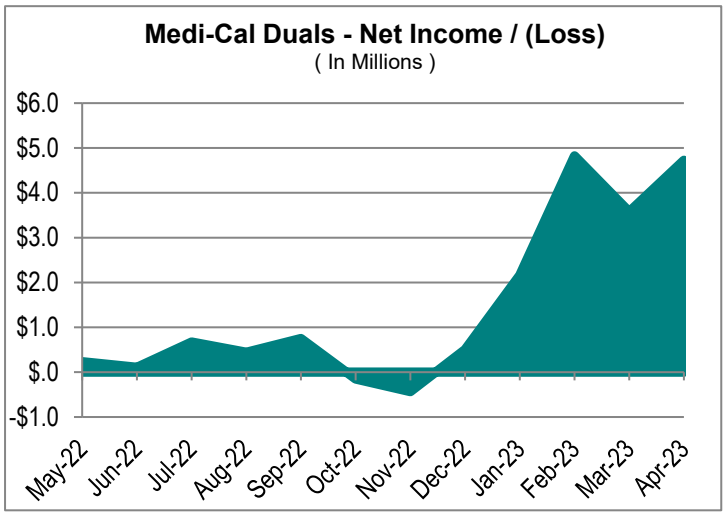


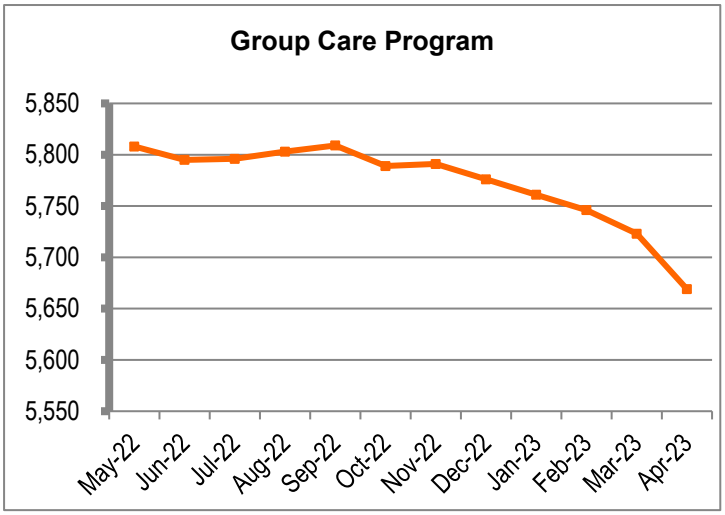
Enrollment and Profitability by Program and Category of Aid

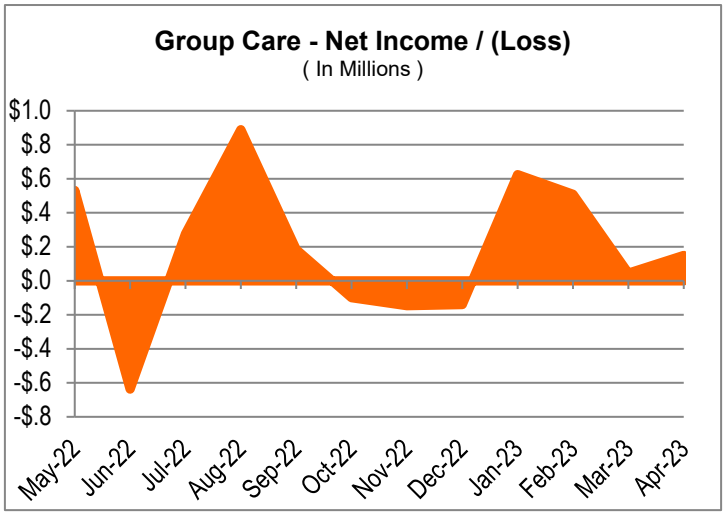




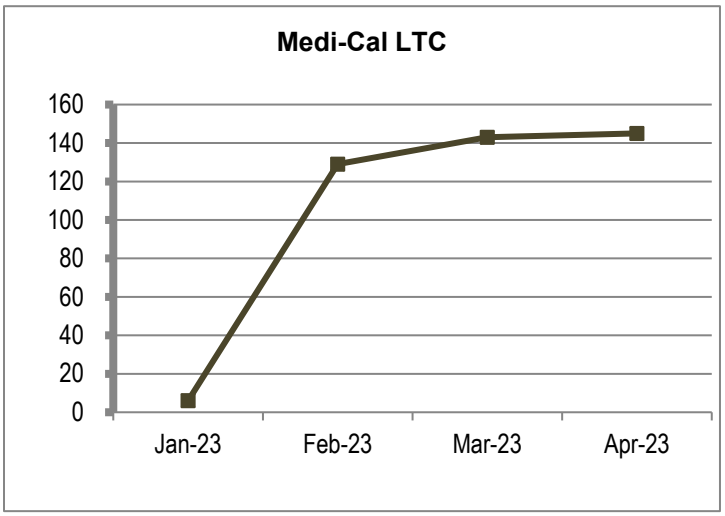


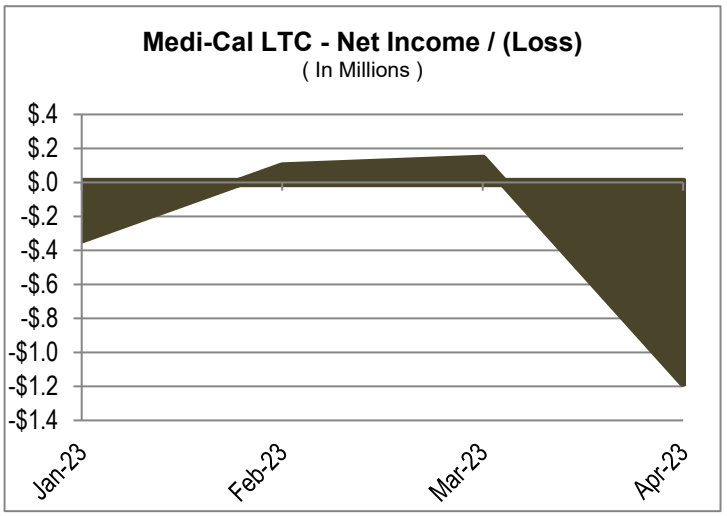


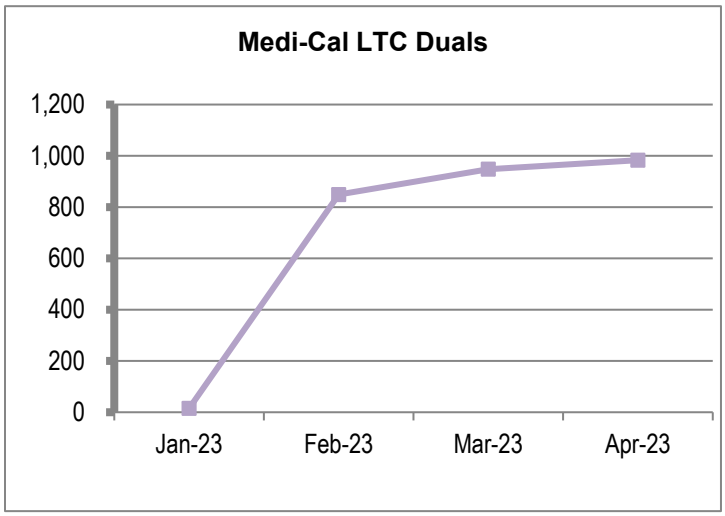


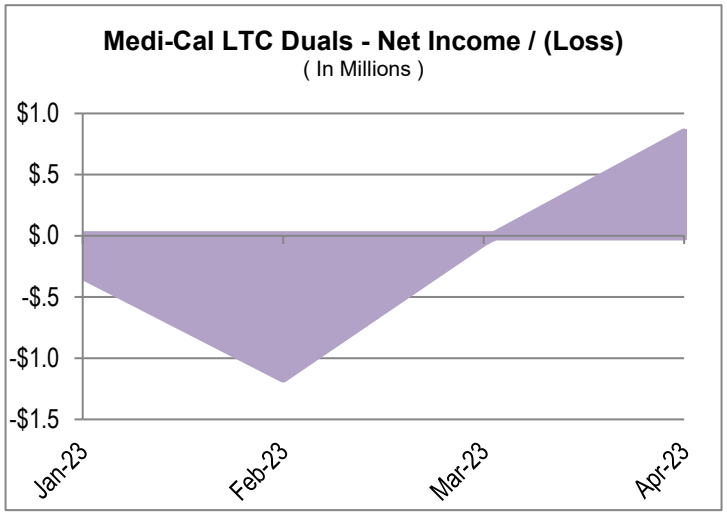


Enrollment and Profitability by Program and Category of Aid

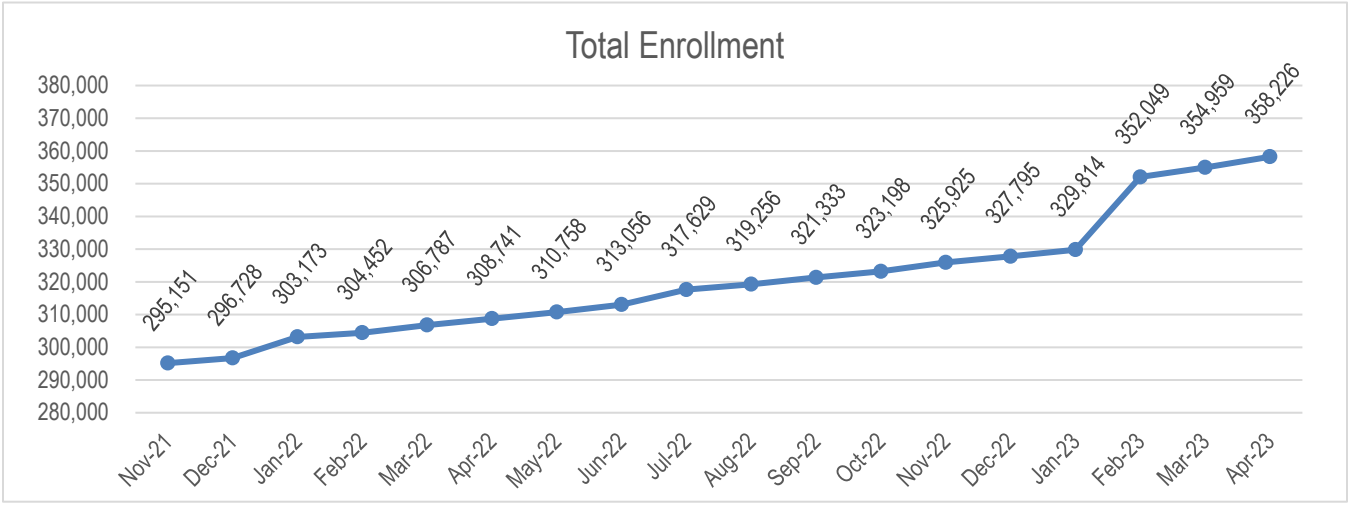


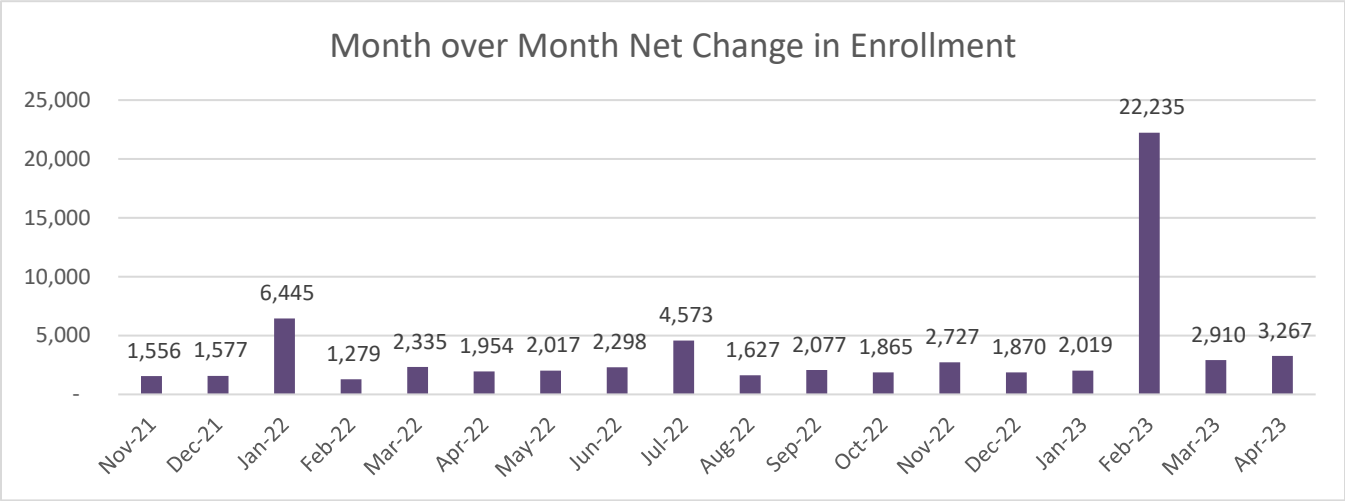






Net Change in Enrollment



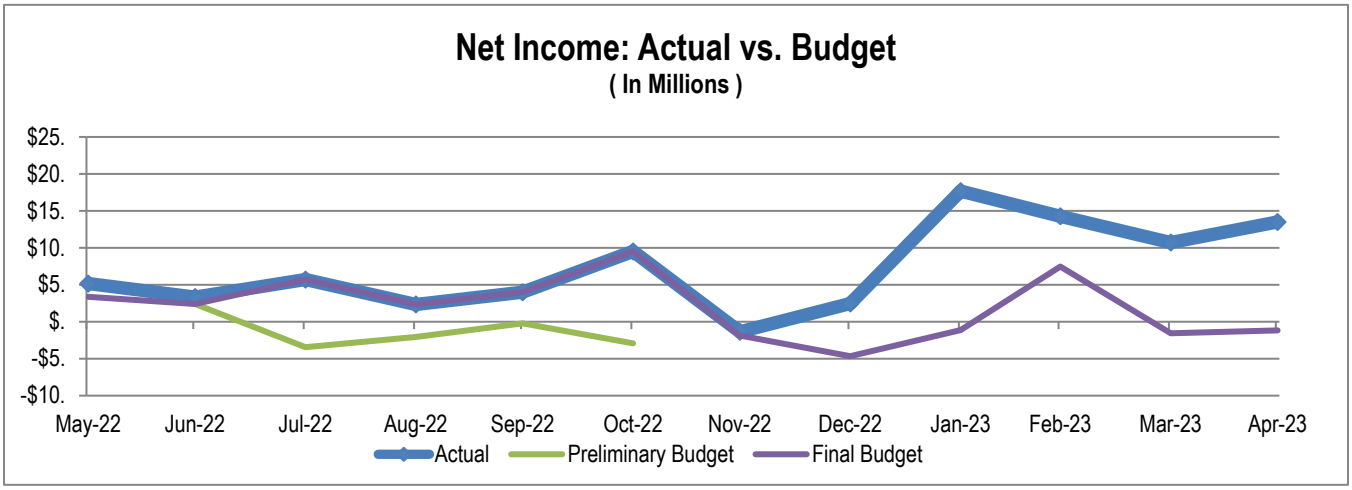


- The Public Health Emergency (PHE) ended May 2023. The Alliance expects disenrollments related to redetermination to restart in July 2023.

Net Income

- For the month ended April 30th, 2023:
  - Actual Net Income: $13.5 million.
  - Budgeted Net Loss: $1.2 million.

- For the fiscal YTD ended April 30th, 2023:
  - Actual Net Income: $78.8 million.
  - Budgeted Net Income: $18.6 million.

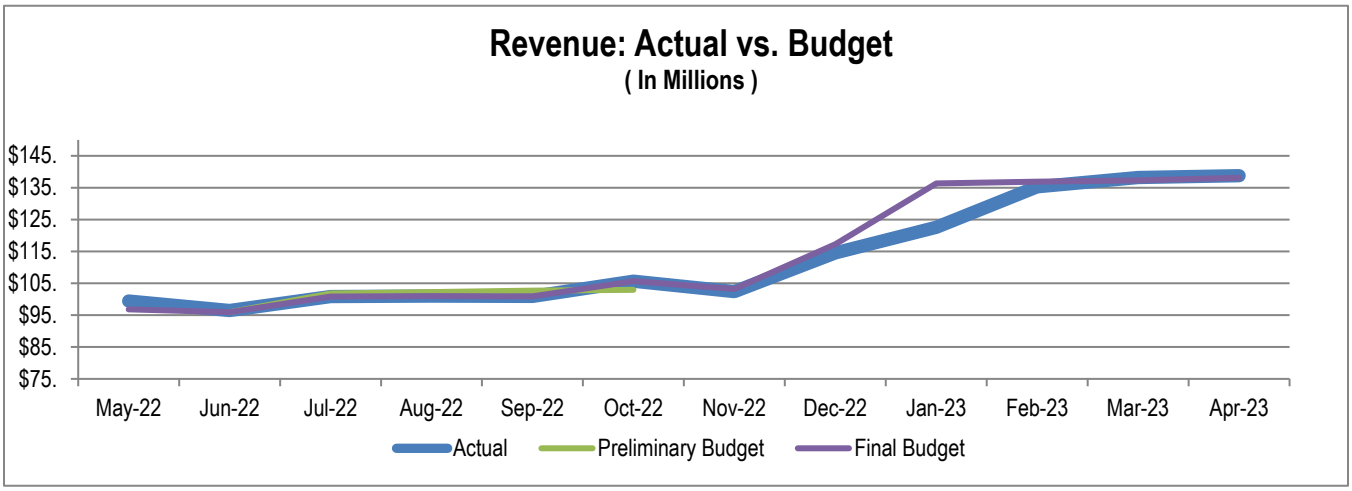


- The favorable variance of $14.7 million in the current month is primarily due to:
  - Favorable $9.2 million lower than anticipated Medical Expense.
  - Favorable $2.8 million lower than anticipated Administrative Expense.
  - Favorable $2.0 million higher than anticipated Total Other Income.
  - Favorable $654,000 in higher than anticipated Revenue.

Revenue

- For the month ended April 30th, 2023:
  - Actual Revenue: $138.8 million.
  - Budgeted Revenue: $138.1 million.

- For the fiscal YTD ended April 30th, 2023:
  - Actual Revenue: $1.2 billion.
  - Budgeted Revenue: $1.2 billion.

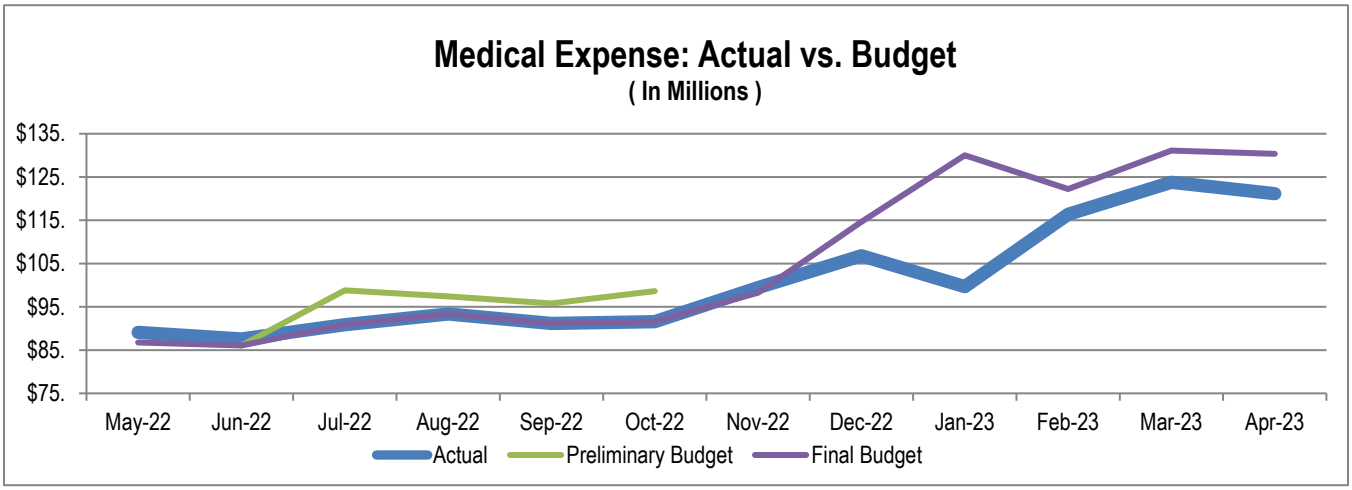


- For the month ended April 30th, 2023, the favorable revenue variance of $654,000 is primarily due to:
  - Favorable $3.3 million Capitation revenue due to higher than budgeted CY2023 rates, received after the Budget was finalized. This variance excludes Community Supports Revenue, where CY2023 rates are lower than budgeted.
  - Unfavorable $2.1 million Medi-Cal Base Capitation. This is driven by lower than budgeted enrollment.

Medical Expense

- For the month ended April 30th, 2023:
  - Actual Medical Expense: $121.2 million.
  - Budgeted Medical Expense: $130.4 million.

- For the fiscal YTD ended April 30th, 2023:
  - Actual Medical Expense: $1.0 billion.
  - Budgeted Medical Expense: $1.1 billion.



- 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 April, updates to Fee-For-Service (FFS) decreased the estimate for prior period unpaid Medical Expenses by $697,000. YTD, the estimate for prior years increased by $1.7 million (per table below).

Medical Expense - Actual vs. Budget (In Dollars)
Adjusted to Eliminate the Impact of Prior Period IBNP Estimates

	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Adjusted	Change in IBNP	Reported		$	%
Capitated Medical Expense	$247,838,135	$0	$247,838,135	$255,830,443	$7,992,308	3.1%
Primary Care FFS	49,132,610	$37,756	$49,170,366	45,230,312	($3,902,298)	-8.6%
Specialty Care FFS	46,765,867	$4,426	$46,770,293	52,202,350	$5,436,483	10.4%
Outpatient FFS	78,763,476	$838,691	$79,602,167	88,807,385	$10,043,909	11.3%
Ancillary FFS	77,876,461	$788,696	$78,665,157	89,846,295	$11,969,835	13.3%
Pharmacy FFS	75,703,176	$238,204	$75,941,379	71,363,505	($4,339,670)	-6.1%
ER Services FFS	48,802,176	$107,722	$48,909,898	52,060,407	$3,258,230	6.3%
Long Term Care FFS	301,462,412	$158,004	$301,620,416	319,648,365	$18,185,953	5.7%
Inpatient Hospital & SNF FFS	57,663,618	($463,012)	$57,200,606	68,634,088	$10,970,470	16.0%
Other Benefits & Services	48,057,184	$0	$48,057,184	49,295,955	$1,238,771	2.5%
Net Reinsurance	354,146	$0	$354,146	572,965	$218,819	38.2%
	$1,032,419,260	**$1,710,486**	**$1,034,129,746**	**$1,093,492,070**	**$61,072,809**	**5.6%**

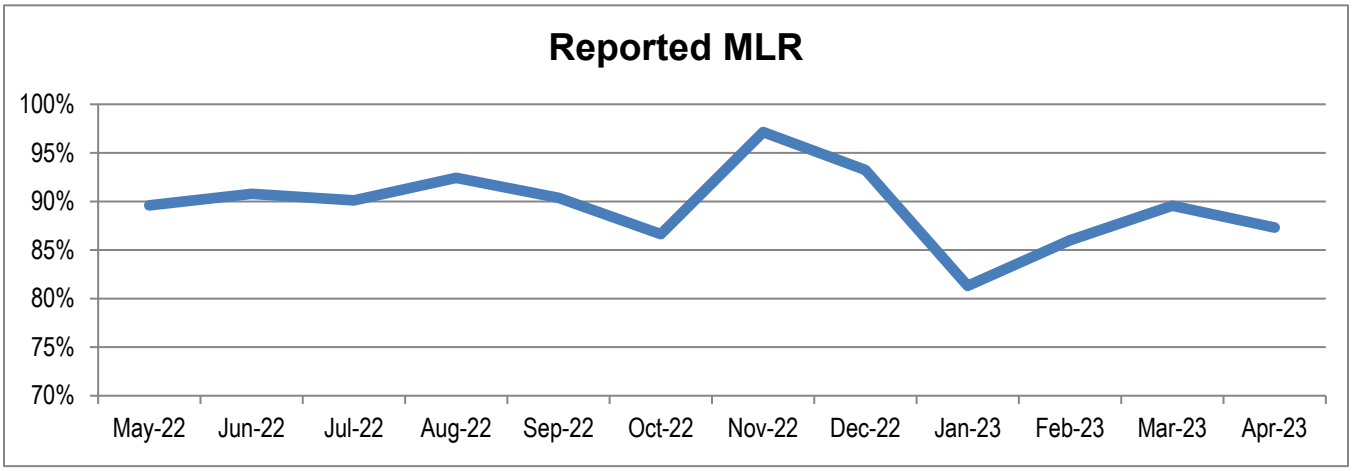
Medical Expense - Actual vs. Budget (Per Member Per Month) Adjusted to Eliminate the Impact of Prior Year IBNP Estimates						
	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Adjusted	Change in IBNP	Reported		$	%
Capitated Medical Expense	$74.42	$0.00	$74.42	$76.18	$1.76	2.3%
Primary Care FFS	$14.75	$0.01	$14.77	$13.47	($1.29)	-9.5%
Specialty Care FFS	$14.04	$0.00	$14.04	$15.54	$1.50	9.7%
Outpatient FFS	$23.65	$0.25	$23.90	$26.44	$2.79	10.6%
Ancillary FFS	$23.39	$0.24	$23.62	$26.75	$3.37	12.6%
Pharmacy FFS	$22.73	$0.07	$22.80	$21.25	($1.48)	-7.0%
ER Services FFS	$14.65	$0.03	$14.69	$15.50	$0.85	5.5%
Long Term Care FFS	$90.52	$0.05	$90.57	$95.18	$4.66	4.9%
Inpatient Hospital & SNF FFS	$17.32	($0.14)	$17.18	$20.44	$3.12	15.3%
Other Benefits & Services	$14.43	$0.00	$14.43	$14.68	$0.25	1.7%
Net Reinsurance	$0.11	$0.00	$0.11	$0.17	$0.06	37.7%
	$310.02	**$0.51**	**$310.53**	**$325.61**	**$15.59**	**4.8%**

- Excluding the effect of prior year estimates for IBNP, year-to-date medical expense variance is $61.1 million favorable to budget. On a PMPM basis, medical expense is 4.8% favorable to budget. For per-member-per-month expense:
    - Capitated Expense is slightly under Budget, driven by a favorable global subcontractor and FQHC expense, partially offset by unfavorable transportation expense due to delay in conversion of contract from capitation to fee for service, along with unfavorable retroactive 2022 BHT supplemental expense.
    - Primary Care Expense is unfavorable compared to Budget across all populations except for the Duals and LTC Duals categories of aid, driven generally by unfavorable utilization.
    - Specialty Care Expense is below Budget, favorable across all populations except for LTC Duals. This was generally driven by lower utilization except for the SPD aid code category, mainly due to lower unit cost.
    - Outpatient Expense is under Budget, driven by favorable utilization in SPD, Adult, Child, Group Care and Duals. This is offset by unfavorable unit cost in the remaining populations.
    - Ancillary Expense is under Budget across all populations driven by favorable unit cost, offset by unfavorable utilization. Additionally, some of the YTD variance is related to non-emergency transportation remaining as a capitated expense in Jan-23 instead of moving to fee-for-service as anticipated.

- Pharmacy Expense is over Budget mostly due to unfavorable Non-PBM expense, which is mostly caused by higher unit cost in the ACA OE Category of Aid.
- Emergency Room Expense is under Budget driven by favorable unit cost across all populations except for the Child and the LTC and LTC Dual COAs, due to unfavorable utilization.
- Inpatient Expense is under Budget driven by favorable utilization, and lower than expected catastrophic cases and major organ transplant expense across all Adult, SPD, ACA and Duals Categories of Aid. This is offset by higher utilization for the Child and Group Care populations and by unfavorable unit cost for the LTC and LTC Dual populations.
- Other Benefits & Services is under Budget, due to favorable interpreter services, consultant fees, medical professional services, other purchased services and employee expense offset by higher expense for new CalAIM funded community relations program implementations.
- Net Reinsurance year-to-date is favorable driven by recoveries that are higher than anticipated.

Medical Loss Ratio (MLR)

- The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 87.3% for the month and 89.1% for the fiscal year-to-date.



Administrative Expense

- For the month ended April 30th, 2023:
  - Actual Administrative Expense: $6.2 million.
  - Budgeted Administrative Expense: $9.0 million.

- For the fiscal YTD ended April 30th, 2023:
  - Actual Administrative Expense: $58.4 million.
  - Budgeted Administrative Expense: $67.2 million.

Summary of Administrative Expense (In Dollars) For the Month and Fiscal Year-to-Date Favorable/(Unfavorable)								
Month					Year-to-Date			
Actual	Budget	Variance $	Variance %		Actual	Budget	Variance $	Variance %
$3,714,274	$5,964,105	$2,249,831	37.7%	Employee Expense	$35,872,611	$39,866,553	$3,993,942	10.0%
61,800	54,944	(6,856)	-12.5%	Medical Benefits Admin Expense	3,310,708	3,367,993	57,285	1.7%
982,600	1,437,254	454,654	31.6%	Purchased & Professional Services	8,273,520	11,214,626	2,941,106	26.2%
1,441,849	1,535,238	93,389	6.1%	Other Admin Expense	10,971,609	12,770,611	1,799,002	14.1%
$6,200,523	$8,991,541	$2,791,018	31.0%	Total Administrative Expense	$58,428,448	$67,219,783	$8,791,335	13.1%

The year-to-date variances include:

- Delayed timing of start dates for Consulting for new projects, Computer Support Services and Purchased Services.
- Delayed hiring of new employees and temporary help.

The Administrative Loss Ratio (ALR) is 4.5% of net revenue for the month and 5.0% of net revenue year-to-date.

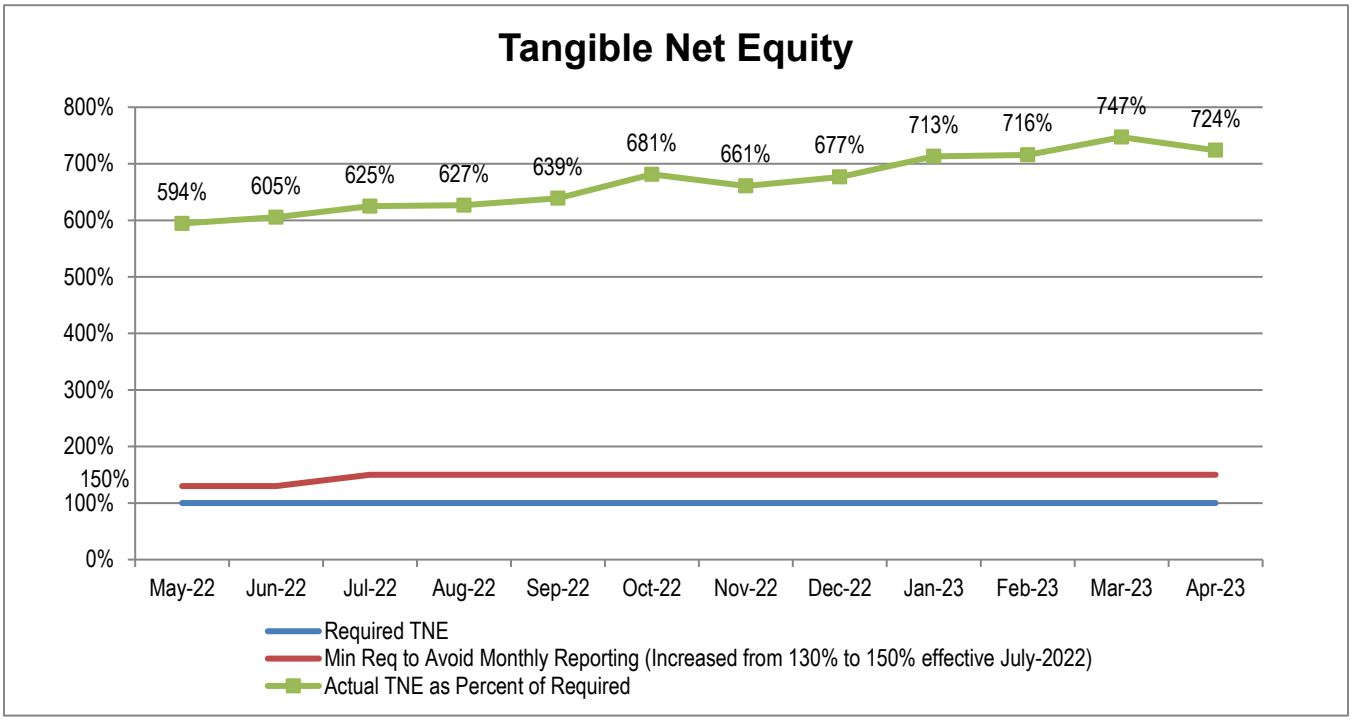
Other Income / (Expense)

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

- Fiscal year-to-date net investments show a gain of $11.3 million.
- Fiscal year-to-date claims interest expense, due to delayed payment of certain claims, or recalculated interest on previously paid claims is $293,000.

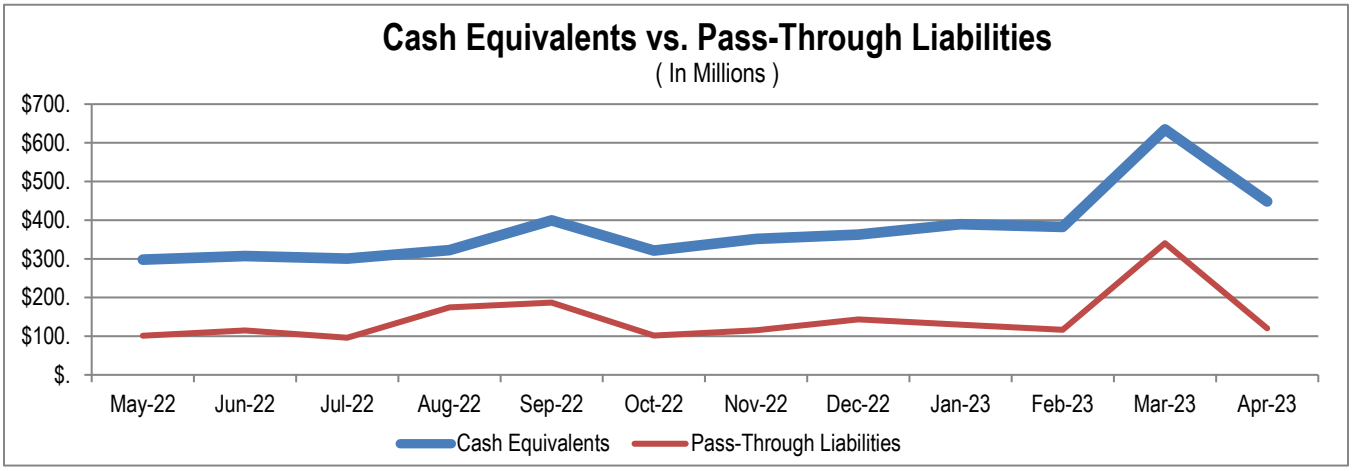
Tangible Net Equity (TNE)

- 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 $42.8 million
    - Actual TNE $309.5 million
    - Excess TNE $266.7 million
    - TNE % of Required TNE 724%



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

- Key Metrics
  - Cash & Cash Equivalents $448.3 million
  - Pass-Through Liabilities $120.3 million
  - Uncommitted Cash $328.0 million
  - Working Capital $282.1 million
  - Current Ratio 1.80 (regulatory minimum is 1.0)



Capital Investment

- Fiscal year-to-date capital assets acquired: $339,000
- Annual capital budget: $1.1 million
- A summary of year-to-date capital asset acquisitions is included in this monthly financial statement package.

Caveats to Financial Statements

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

Finance

Supporting Documents

ALAMEDA ALLIANCE FOR HEALTH

STATEMENT OF REVENUE & EXPENSES
ACTUAL VS. BUDGET (WITH MEDICAL EXPENSE BY PAYMENT TYPE)
COMBINED BASIS (RESTRICTED & UNRESTRICTED FUNDS)
FOR THE MONTH AND FISCAL YTD April 30, 2023

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				MEMBERSHIP				
352,557	352,845	(288)	(0.1%)	1 - Medi-Cal	3,272,521	3,300,387	(27,866)	(0.8%)
5,669	5,789	(120)	(2.1%)	2 - Group Care	57,663	57,931	(268)	(0.5%)
358,226	**358,634**	**(408)**	**(0.1%)**	**3 - TOTAL MEMBER MONTHS**	**3,330,184**	**3,358,318**	**(28,134)**	**(0.8%)**
				REVENUE				
$138,768,168	**$138,114,236**	**$653,932**	**0.5%**	**4 - TOTAL REVENUE**	**$1,160,123,021**	**$1,177,459,170**	**($17,336,150)**	**(1.5%)**
				MEDICAL EXPENSES				
				Capitated Medical Expenses:				
$25,482,876	$28,334,173	$2,851,298	10.1%	5 - Capitated Medical Expense	$247,838,135	$255,830,443	$7,992,308	3.1%
				Fee for Service Medical Expenses:				
$38,285,287	$35,286,715	($2,998,572)	(8.5%)	6 - Inpatient Hospital FFS Expense	$301,620,416	$319,648,365	$18,027,949	5.6%
$5,771,853	$4,621,183	($1,150,670)	(24.9%)	7 - Primary Care Physician FFS Expense	$49,170,366	$45,230,313	($3,940,054)	(8.7%)
$5,155,572	$5,598,182	$442,610	7.9%	8 - Specialty Care Physician Expense	$46,770,293	$52,202,351	$5,432,057	10.4%
$10,185,689	$11,015,437	$829,748	7.5%	9 - Ancillary Medical Expense	$78,665,157	$89,846,296	$11,181,139	12.4%
$6,590,694	$10,068,613	$3,477,920	34.5%	10 - Outpatient Medical Expense	$79,602,167	$88,807,384	$9,205,218	10.4%
$4,760,127	$5,655,393	$895,265	15.8%	11 - Emergency Expense	$48,909,898	$52,060,406	$3,150,508	6.1%
$8,110,851	$7,519,986	($590,865)	(7.9%)	12 - Pharmacy Expense	$75,941,379	$71,363,505	($4,577,874)	(6.4%)
$11,607,314	$15,620,631	$4,013,317	25.7%	13 - Long Term Care FFS Expense	$57,200,606	$68,634,088	$11,433,481	16.7%
$90,467,387	$95,386,140	$4,918,754	5.2%	14 - Total Fee for Service Expense	$737,880,281	$787,792,708	$49,912,425	6.3%
$4,670,355	$6,409,684	$1,739,330	27.1%	15 - Other Benefits & Services	$48,057,184	$49,295,955	$1,238,771	2.5%
$539,811	$221,755	($318,056)	(143.4%)	16 - Reinsurance Expense	$354,146	$572,964	$218,819	38.2%
$121,160,428	**$130,351,752**	**$9,191,327**	**7.1%**	**18 - TOTAL MEDICAL EXPENSES**	**$1,034,129,746**	**$1,093,492,070**	**$59,362,324**	**5.4%**
$17,607,740	**$7,762,484**	**$9,845,258**	**126.8%**	**19- GROSS MARGIN**	**$125,993,274**	**$83,967,100**	**$42,026,173**	**50.1%**
				ADMINISTRATIVE EXPENSES				
$3,714,274	$5,964,105	$2,249,831	37.7%	20 - Personnel Expense	$35,872,611	$39,866,553	$3,993,942	10.0%
$61,800	$54,944	($6,857)	(12.5%)	21 - Benefits Administration Expense	$3,310,708	$3,367,993	$57,284	1.7%
$982,600	$1,437,254	$454,654	31.6%	22 - Purchased & Professional Services	$8,273,520	$11,214,626	$2,941,106	26.2%
$1,441,849	$1,535,238	$93,388	6.1%	23 - Other Administrative Expense	$10,971,609	$12,770,611	$1,799,002	14.1%
$6,200,524	**$8,991,541**	**$2,791,016**	**31.0%**	**24 - TOTAL ADMINISTRATIVE EXPENSE**	**$58,428,448**	**$67,219,783**	**$8,791,334**	**13.1%**
$11,407,217	**($1,229,057)**	**$12,636,274**	**1,028.1%**	**25 - NET OPERATING INCOME / (LOSS)**	**$67,564,826**	**$16,747,317**	**$50,817,507**	**303.4%**
				OTHER INCOME / EXPENSE				
$2,098,194	**$48,750**	**$2,049,444**	**4,204.0%**	**26 - TOTAL OTHER INCOME / (EXPENSE)**	**$11,261,513**	**$1,865,130**	**$9,396,383**	**503.8%**
$13,505,410	**($1,180,307)**	**$14,685,718**	**1,244.2%**	**27 - NET INCOME / (LOSS)**	**$78,826,339**	**$18,612,447**	**$60,213,891**	**323.5%**
4.5%	**6.5%**	**2.0%**	**30.8%**	**28 - Admin Exp % of Revenue**	**5.0%**	**5.7%**	**0.7%**	**12.3%**

ALAMEDA ALLIANCE FOR HEALTH
BALANCE SHEETS
CURRENT MONTH VS. PRIOR MONTH
FOR THE MONTH AND FISCAL YTD ENDED April 30, 2023

	April	March	Difference	% Difference
CURRENT ASSETS:				
Cash & Equivalents				
Cash	$27,867,655	$36,814,173	($8,946,518)	-24.30%
Short-Term Investments	420,424,593	597,990,545	(177,565,953)	-29.69%
Interest Receivable	691,110	493,515	197,595	40.04%
Other Receivables - Net	169,938,496	170,321,133	(382,637)	-0.22%
Prepaid Expenses	5,970,114	5,488,701	481,414	8.77%
Prepaid Inventoried Items	15,960	36,835	(20,875)	-56.67%
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	**$635,640,870**	**$821,877,844**	**($186,236,973)**	**-22.66%**
OTHER ASSETS:				
Long-Term Investments	20,988,688	23,259,184	(2,270,496)	-9.76%
Restricted Assets	350,000	350,000	0	0.00%
Lease Asset - Office Space (Net)	1,565,962	1,628,600	(62,638)	-3.85%
Lease Asset - Office Equipment (Net)	203,805	208,101	(4,296)	-2.06%
TOTAL OTHER ASSETS	**$23,108,455**	**$25,445,885**	**($2,337,431)**	**-9.19%**
PROPERTY AND EQUIPMENT:				
Land, Building & Improvements	10,113,570	10,113,570	0	0.00%
Furniture And Equipment	11,855,077	11,741,007	114,070	0.97%
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	37,695,096	37,581,026	114,070	0.30%
Less: Accumulated Depreciation	(32,357,986)	(32,292,295)	(65,692)	0.20%
NET PROPERTY AND EQUIPMENT	**$5,337,110**	**$5,288,731**	**$48,378**	**0.91%**
TOTAL ASSETS	**$664,086,435**	**$852,612,461**	**($188,526,026)**	**-22.11%**
CURRENT LIABILITIES:				
Accounts Payable	38,688	24,123	14,565	60.38%
Other Accrued Expenses	6,333,355	4,507,939	1,825,416	40.49%
Interest Payable	8,479	8,801	(322)	-3.66%
Pass-Through Liabilities	120,341,970	340,507,718	(220,165,748)	-64.66%
Claims Payable	41,857,748	38,805,225	3,052,523	7.87%
IBNP Reserves	164,977,608	151,596,805	13,380,803	8.83%
Payroll Liabilities	6,578,305	6,650,901	(72,596)	-1.09%
CalPERS Deferred Inflow	6,781,898	6,781,898	0	0.00%
Risk Sharing	5,619,919	5,619,919	0	0.00%
Provider Grants/ New Health Program	128,650	127,540	1,110	0.87%
ST Lease Liability - Office Space	805,763	799,704	6,058	0.76%
ST Lease Liability - Office Equipment	50,394	50,220	174	0.35%
TOTAL CURRENT LIABILITIES	**$353,522,777**	**$555,480,792**	**($201,958,015)**	**-36.36%**
LONG TERM LIABILITIES:				
LT Lease Liability - Office Space	951,324	1,020,465	(69,141)	-6.78%
LT Lease Liability - Office Equipment	161,693	165,973	(4,280)	-2.58%
TOTAL LONG TERM LIABILITIES	**$1,113,018**	**$1,186,439**	**($73,421)**	**-6.19%**
TOTAL LIABILITIES	**$354,635,794**	**$556,667,231**	**($202,031,436)**	**-36.29%**
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)	78,826,339	65,320,929	13,505,410	20.68%
TOTAL NET WORTH	**$309,450,640**	**$295,945,230**	**$13,505,410**	**4.56%**
TOTAL LIABILITIES AND NET WORTH	**$664,086,435**	**$852,612,461**	**($188,526,026)**	**-22.11%**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 4/30/2023

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	$2,590,665	$7,900,400	$15,831,565	$26,429,378
Total	2,590,665	7,900,400	15,831,565	26,429,378
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	136,177,444	404,372,565	735,930,328	1,133,693,112
Allowance for Doubtful Accounts	0	0	0	0
Deferred Premium Revenue	0	0	(369,251)	0
Premium Receivable	(78,931)	(22,063,805)	(21,781,993)	30,373,510
Total	136,098,513	382,308,760	713,779,084	1,164,066,622
Investment & Other Income Cash Flows				
Other Revenue (Grants)	10,374	31,675	25,795	4,593
Investment Income	2,139,091	5,964,930	9,908,922	11,653,993
Interest Receivable	(197,595)	(261,827)	(313,744)	(412,674)
Total	1,951,870	5,734,778	9,620,973	11,245,912
Medical & Hospital Cash Flows				
Total Medical Expenses	(121,160,430)	(361,311,440)	(667,214,312)	(1,034,129,745)
Other Receivable	461,568	(145,684)	(568,173)	49,504
Claims Payable	3,052,523	8,011,172	13,278,621	22,269,026
IBNP Payable	13,380,803	34,337,290	43,842,590	51,873,234
Risk Share Payable	0	27,980	27,980	(1,755,013)
Health Program	1,110	(11,756)	(50,248)	(98,022)
Other Liabilities	0	(1)	(2)	0
Total	(104,264,426)	(319,092,439)	(610,683,544)	(961,791,016)
Administrative Cash Flows				
Total Administrative Expenses	(6,251,733)	(18,470,233)	(37,209,709)	(58,824,989)
Prepaid Expenses	(460,539)	(571,850)	(1,417,648)	(638,879)
CalPERS Pension Asset	0	0	0	0
CalPERS Deferred Outflow	0	0	0	0
Trade Accounts Payable	1,839,981	2,757,804	4,036,796	3,666,286
Other Accrued Liabilities	(322)	(961)	(1,907)	(4,038)
Payroll Liabilities	(72,595)	598,922	677,356	1,870,870
Net Lease Assets/Liabilities (Short term & Long term)	(255)	196	3,245	5,467
Depreciation Expense	65,693	197,200	403,284	674,967
Total	(4,879,770)	(15,488,922)	(33,508,583)	(53,250,316)
Interest Paid				
Debt Interest Expense	0	0	0	0
Total Cash Flows from Operating Activities	**31,496,852**	**61,362,577**	**95,039,495**	**186,700,580**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 4/30/2023

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM INVESTING ACTIVITIES				
Investment Cash Flows				
Long Term Investments	2,270,496	6,706,735	13,362,539	14,080,161
	2,270,496	6,706,735	13,362,539	14,080,161
Restricted Cash & Other Asset Cash Flows				
Provider Pass-Thru-Liabilities	(220,165,746)	(9,415,565)	18,859,393	(59,559,996)
Restricted Cash	0	0	0	0
	(220,165,746)	(9,415,565)	18,859,393	(59,559,996)
Fixed Asset Cash Flows				
Depreciation expense	65,693	197,200	403,284	674,967
Fixed Asset Acquisitions	(114,070)	(130,991)	(142,047)	(338,846)
Change in A/D	(65,693)	(197,200)	(403,284)	(674,967)
	(114,070)	(130,991)	(142,047)	(338,846)
Total Cash Flows from Investing Activities	**(218,009,320)**	**(2,839,821)**	**32,079,885**	**(45,818,681)**
Financing Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Total Cash Flows	**(186,512,468)**	**58,522,756**	**127,119,380**	**140,881,899**
Rounding	(2)	(1)	(1)	(2)
Cash @ Beginning of Period	634,804,718	389,769,493	321,172,869	307,410,351
Cash @ End of Period	**$448,292,248**	**$448,292,248**	**$448,292,248**	**$448,292,248**
Difference (rounding)	0	0	0	0

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 4/30/2023

	MONTH	3 MONTHS	6 MONTHS	YTD
NET INCOME RECONCILIATION				
Net Income / (Loss)	$13,505,411	$38,487,897	$57,272,588	$78,826,339
Add back: Depreciation	65,693	197,200	403,284	674,967
Receivables				
Premiums Receivable	(78,931)	(22,063,805)	(21,781,993)	30,373,510
First Care Receivable	0	0	0	0
Family Care Receivable	0	0	0	0
Healthy Kids Receivable	0	0	0	0
Interest Receivable	(197,595)	(261,827)	(313,744)	(412,674)
Other Receivable	461,568	(145,684)	(568,173)	49,504
FQHC Receivable	0	0	0	0
Allowance for Doubtful Accounts	0	0	0	0
Total	185,042	(22,471,316)	(22,663,910)	30,010,340
Prepaid Expenses	(460,539)	(571,850)	(1,417,648)	(638,879)
Trade Payables	1,839,981	2,757,804	4,036,796	3,666,286
Claims Payable, IBNR & Risk Share				
IBNP	13,380,803	34,337,290	43,842,590	51,873,234
Claims Payable	3,052,523	8,011,172	13,278,621	22,269,026
Risk Share Payable	0	27,980	27,980	(1,755,013)
Other Liabilities	0	(1)	(2)	0
Total	16,433,326	42,376,441	57,149,189	72,387,247
Unearned Revenue				
Total	0	0	(369,251)	0
Other Liabilities				
Accrued Expenses	(322)	(961)	(1,907)	(4,038)
Payroll Liabilities	(72,595)	598,922	677,356	1,870,870
Net Lease Assets/Liabilities (Short term & Long term)	(255)	196	3,245	5,467
Health Program	1,110	(11,756)	(50,248)	(98,022)
Accrued Sub Debt Interest	0	0	0	0
Total Change in Other Liabilities	(72,062)	586,401	628,446	1,774,277
Cash Flows from Operating Activities	**$31,496,852**	**$61,362,577**	**$95,039,494**	**$186,700,577**
Difference (rounding)	0	0	(1)	(3)

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 4/30/2023

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received From:				
Capitation Received from State of CA	$136,098,513	$382,308,760	$713,779,084	$1,164,066,622
Commercial Premium Revenue	2,590,665	7,900,400	15,831,565	26,429,378
Other Income	10,374	31,675	25,795	4,593
Investment Income	1,941,496	5,703,103	9,595,178	11,241,319
Cash Paid To:				
Medical Expenses	(104,264,426)	(319,092,439)	(610,683,544)	(961,791,016)
Vendor & Employee Expenses	(4,879,770)	(15,488,922)	(33,508,583)	(53,250,316)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	31,496,852	61,362,577	95,039,495	186,700,580
Cash Flows from Financing Activities:				
Purchases of Fixed Assets	(114,070)	(130,991)	(142,047)	(338,846)
Net Cash Provided By (Used In) Financing Activities	(114,070)	(130,991)	(142,047)	(338,846)
Cash Flows from Investing Activities:				
Changes in Investments	2,270,496	6,706,735	13,362,539	14,080,161
Restricted Cash	(220,165,746)	(9,415,565)	18,859,393	(59,559,996)
Net Cash Provided By (Used In) Investing Activities	(217,895,250)	(2,708,830)	32,221,932	(45,479,835)
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Net Change in Cash	**(186,512,468)**	**58,522,756**	**127,119,380**	**140,881,899**
Cash @ Beginning of Period	634,804,718	389,769,493	321,172,869	307,410,351
Subtotal	$448,292,250	$448,292,249	$448,292,249	$448,292,250
Rounding	(2)	(1)	(1)	(2)
Cash @ End of Period	**$448,292,248**	**$448,292,248**	**$448,292,248**	**$448,292,248**
RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:				
Net Income / (Loss)	$13,505,411	$38,487,897	$57,272,588	$78,826,339
Depreciation	65,693	197,200	403,284	674,967
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	185,042	(22,471,316)	(22,663,910)	30,010,340
Prepaid Expenses	(460,539)	(571,850)	(1,417,648)	(638,879)
Trade Payables	1,839,981	2,757,804	4,036,796	3,666,286
Claims payable & IBNP	16,433,326	42,376,441	57,149,189	72,387,247
Deferred Revenue	0	0	(369,251)	0
Accrued Interest	0	0	0	0
Other Liabilities	(72,062)	586,401	628,446	1,774,277
Subtotal	31,496,852	61,362,577	95,039,494	186,700,577
Rounding	0	0	1	3
Cash Flows from Operating Activities	**$31,496,852**	**$61,362,577**	**$95,039,495**	**$186,700,580**
Rounding Difference	0	0	1	3

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE FISCAL YEAR TO DATE APRIL 2023

	Medi-Cal Child	Medi-Cal Adults	Medi-Cal SPD	Medi-Cal ACA OE	Medi-Cal Duals	Medi-Cal LTC	Medi-Cal LTC Duals	Medi-Cal Total	Group Care	Grand Total
Member Months	1,017,808	499,507	291,072	1,179,891	281,025	423	2,795	3,272,521	57,663	3,330,184
Net Revenue	$133,623,508	$159,094,481	$307,053,724	$437,591,757	$68,904,097	$4,308,285	$23,117,791	$1,133,693,642	$26,429,379	$1,160,123,021
Medical Expense	$113,712,002	$143,202,536	$294,259,108	$383,310,727	$49,017,798	$5,378,896	$22,576,679	$1,011,457,747	$22,672,000	$1,034,129,746
Gross Margin	$19,911,505	$15,891,945	$12,794,616	$54,281,029	$19,886,299	-$1,070,611	$541,112	$122,235,895	$3,757,379	$125,993,274
Administrative Expense	$4,409,097	$7,497,562	$18,350,776	$20,669,561	$3,653,211	$309,431	$1,815,406	$56,705,045	$1,723,403	$58,428,448
Operating Income / (Expense)	$15,502,408	$8,394,382	-$5,556,160	$33,611,468	$16,233,088	-$1,380,042	-$1,274,295	$65,530,849	$2,033,977	$67,564,826
Other Income / (Expense)	$659,112	$1,388,539	$3,617,816	$3,806,936	$849,552	$99,500	$583,682	$11,005,137	$256,376	$11,261,513
Net Income / (Loss)	**$16,161,520**	**$9,782,921**	**-$1,938,344**	**$37,418,404**	**$17,082,639**	**-$1,280,542**	**-$690,613**	**$76,535,986**	**$2,290,353**	**$78,826,339**
PMPM Metrics:										
Revenue PMPM	$131.29	$318.50	$1,054.91	$370.87	$245.19	$10,185.07	$8,271.12	$346.43	$458.34	$348.37
Medical Expense PMPM	$111.72	$286.69	$1,010.95	$324.87	$174.43	$12,716.07	$8,077.52	$309.08	$393.18	$310.53
Gross Margin PMPM	$19.56	$31.82	$43.96	$46.01	$70.76	-$2,531.00	$193.60	$37.35	$65.16	$37.83
Administrative Expense PMPM	$4.33	$15.01	$63.05	$17.52	$13.00	$731.51	$649.52	$17.33	$29.89	$17.55
Operating Income / (Expense) PMPM	$15.23	$16.81	-$19.09	$28.49	$57.76	-$3,262.51	-$455.92	$20.02	$35.27	$20.29
Other Income / (Expense) PMPM	$0.65	$2.78	$12.43	$3.23	$3.02	$235.22	$208.83	$3.36	$4.45	$3.38
Net Income / (Loss) PMPM	$15.88	$19.59	-$6.66	$31.71	$60.79	-$3,027.29	-$247.09	$23.39	$39.72	$23.67
Ratio:										
Medical Loss Ratio	85.1%	90.0%	95.8%	87.6%	71.1%	124.9%	97.7%	89.2%	85.8%	89.1%
Gross Margin Ratio	14.9%	10.0%	4.2%	12.4%	28.9%	-24.9%	2.3%	10.8%	14.2%	10.9%
Administrative Expense Ratio	3.3%	4.7%	6.0%	4.7%	5.3%	7.2%	7.9%	5.0%	6.5%	5.0%
Net Income Ratio	12.1%	6.1%	-0.6%	8.6%	24.8%	-29.7%	-3.0%	6.8%	8.7%	6.8%

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE MONTH OF APRIL 2023

	Medi-Cal Child	Medi-Cal Adults	Medi-Cal SPD	Medi-Cal ACA OE	Medi-Cal Duals	Medi-Cal LTC	Medi-Cal LTC Duals	Medi-Cal Total	Group Care	Grand Total
Enrollments	103,173	52,050	31,130	123,606	41,470	145	983	352,557	5,669	358,226
Net Revenue	$13,579,077	$16,653,438	$36,443,108	$47,098,911	$12,699,865	$1,439,892	$8,263,212	$136,177,503	$2,590,666	$138,768,168
Medical Expense	$12,018,549	$14,663,285	$30,566,501	$44,382,101	$7,559,080	$2,563,995	$7,125,259	$118,878,770	$2,281,658	$121,160,428
Gross Margin	$1,560,528	$1,990,153	$5,876,607	$2,716,810	$5,140,784	-$1,124,103	$1,137,953	$17,298,732	$309,008	$17,607,740
Administrative Expense	$364,258	$709,005	$1,874,980	$1,880,075	$628,539	$79,082	$463,965	$5,999,903	$200,620	$6,200,524
Operating Income / (Expense)	$1,196,270	$1,281,148	$4,001,627	$836,736	$4,512,245	-$1,203,185	$673,988	$11,298,829	$108,388	$11,407,217
Other Income / (Expense)	$118,074	$242,923	$636,981	$653,982	$212,087	$28,141	$165,082	$2,057,270	$40,923	$2,098,194
Net Income / (Loss)	**$1,314,344**	**$1,524,071**	**$4,638,608**	**$1,490,718**	**$4,724,332**	**-$1,175,043**	**$839,070**	**$13,356,099**	**$149,311**	**$13,505,410**
PMPM Metrics:										
Revenue PMPM	$131.61	$319.95	$1,170.67	$381.04	$306.24	$9,930.29	$8,406.12	$386.26	$456.99	$387.38
Medical Expense PMPM	$116.49	$281.72	$981.90	$359.06	$182.28	$17,682.73	$7,248.48	$337.19	$402.48	$338.22
Gross Margin PMPM	$15.13	$38.24	$188.78	$21.98	$123.96	-$7,752.43	$1,157.63	$49.07	$54.51	$49.15
Administrative Expense PMPM	$3.53	$13.62	$60.23	$15.21	$15.16	$545.39	$471.99	$17.02	$35.39	$17.31
Operating Income / (Expense) PMPM	$11.59	$24.61	$128.55	$6.77	$108.81	-$8,297.82	$685.64	$32.05	$19.12	$31.84
Other Income / (Expense) PMPM	$1.14	$4.67	$20.46	$5.29	$5.11	$194.08	$167.94	$5.84	$7.22	$5.86
Net Income / (Loss) PMPM	$12.74	$29.28	$149.01	$12.06	$113.92	-$8,103.75	$853.58	$37.88	$26.34	$37.70
Ratio:										
Medical Loss Ratio	88.5%	88.0%	83.9%	94.2%	59.5%	178.1%	86.2%	87.3%	88.1%	87.3%
Gross Margin Ratio	11.5%	12.0%	16.1%	5.8%	40.5%	-78.1%	13.8%	12.7%	11.9%	12.7%
Administrative Expense Ratio	2.7%	4.3%	5.1%	4.0%	4.9%	5.5%	5.6%	4.4%	7.7%	4.5%
Net Income Ratio	9.7%	9.2%	12.7%	3.2%	37.2%	-81.6%	10.2%	9.8%	5.8%	9.7%

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED April 30, 2023

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				ADMINISTRATIVE EXPENSE SUMMARY				
$3,714,274	$5,964,105	$2,249,831	37.7%	Personnel Expenses	$35,872,611	$39,866,552	$3,993,942	10.0%
61,800	54,944	(6,857)	(12.5%)	Benefits Administration Expense	3,310,708	3,367,992	57,284	1.7%
982,600	1,437,254	454,654	31.6%	Purchased & Professional Services	8,273,520	11,214,625	2,941,106	26.2%
254,910	277,557	22,646	8.2%	Occupancy	2,461,388	2,734,594	273,205	10.0%
336,156	209,031	(127,125)	(60.8%)	Printing Postage & Promotion	2,457,721	1,943,177	(514,544)	(26.5%)
829,963	1,010,799	180,836	17.9%	Licenses Insurance & Fees	5,920,056	7,815,436	1,895,381	24.3%
20,820	37,850	17,030	45.0%	Supplies & Other Expenses	132,444	277,405	144,961	52.3%
$2,486,249	$3,027,434	$541,185	17.9%	Total Other Administrative Expense	$22,555,837	$27,353,230	$4,797,392	17.5%
$6,200,524	$8,991,539	$2,791,016	31.0%	Total Administrative Expenses	$58,428,448	$67,219,782	$8,791,334	13.1%

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED April 30, 2023

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				Personnel Expenses				
2,427,912	3,750,285	1,322,374	35.3%	Salaries & Wages	23,910,648	24,170,119	259,471	1.1%
308,332	428,865	120,533	28.1%	Paid Time Off	2,517,216	2,777,989	260,773	9.4%
2,927	4,015	1,088	27.1%	Incentives	17,559	30,187	12,628	41.8%
0	28,846	28,846	100.0%	Severance Pay	0	150,000	150,000	100.0%
26,045	60,830	34,784	57.2%	Payroll Taxes	465,135	498,681	33,546	6.7%
16,259	19,467	3,207	16.5%	Overtime	246,346	221,705	(24,641)	(11.1%)
206,174	315,526	109,352	34.7%	CalPERS ER Match	1,815,604	1,943,773	128,169	6.6%
645,315	969,175	323,860	33.4%	Employee Benefits	5,570,195	6,920,468	1,350,274	19.5%
(7,459)	0	7,459	0.0%	Personal Floating Holiday	129,706	131,147	1,442	1.1%
12,414	4,389	(8,025)	(182.9%)	Employee Relations	141,176	209,251	68,075	32.5%
15,080	18,550	3,470	18.7%	Work from Home Stipend	123,580	150,560	26,980	17.9%
1,181	7,154	5,974	83.5%	Transportation Reimbursement	6,794	24,303	17,509	72.0%
12,295	6,705	(5,590)	(83.4%)	Travel & Lodging	56,281	128,668	72,388	56.3%
16,192	93,184	76,992	82.6%	Temporary Help Services	389,824	1,031,320	641,496	62.2%
30,576	196,824	166,248	84.5%	Staff Development/Training	141,183	632,360	491,177	77.7%
1,031	60,290	59,258	98.3%	Staff Recruitment/Advertising	341,366	846,022	504,656	59.7%
$3,714,274	**$5,964,105**	**$2,249,831**	**37.7%**	**Total Employee Expenses**	**$35,872,611**	**$39,866,552**	**$3,993,942**	**10.0%**
				Benefit Administration Expense				
22,251	15,392	(6,859)	(44.6%)	RX Administration Expense	201,837	161,524	(40,313)	(25.0%)
0	0	0	0.0%	Behavioral Hlth Administration Fees	2,814,883	2,880,913	66,030	2.3%
39,549	39,552	2	0.0%	Telemedicine Admin Fees	293,989	296,856	2,867	1.0%
0	0	0	0.0%	Housing & Homelessness Incentive Program (HHIP) Expense	0	28,700	28,700	100.0%
$61,800	**$54,944**	**($6,857)**	**(12.5%)**	**Total Benefit Administration Expenses**	**$3,310,708**	**$3,367,992**	**$57,284**	**1.7%**
				Purchased & Professional Services				
300,206	442,181	141,975	32.1%	Consulting Services	2,998,945	4,212,228	1,213,283	28.8%
357,686	538,761	181,075	33.6%	Computer Support Services	2,894,113	3,668,653	774,540	21.1%
11,875	12,017	142	1.2%	Professional Fees-Accounting	110,562	114,124	3,562	3.1%
0	17	17	100.0%	Professional Fees-Medical	276	376	100	26.6%
172,068	108,771	(63,296)	(58.2%)	Other Purchased Services	660,438	770,559	110,121	14.3%
935	1,400	465	33.2%	Maint.& Repair-Office Equipment	3,275	9,967	6,691	67.1%
76,178	129,931	53,753	41.4%	HMS Recovery Fees	773,181	1,039,698	266,517	25.6%
(13)	60,693	60,706	100.0%	Hardware (Non-Capital)	362,559	309,625	(52,933)	(17.1%)
34,760	30,150	(4,610)	(15.3%)	Provider Relations-Credentialing	316,363	272,505	(43,858)	(16.1%)
28,905	113,333	84,428	74.5%	Legal Fees	153,807	816,891	663,084	81.2%
$982,600	**$1,437,254**	**$454,654**	**31.6%**	**Total Purchased & Professional Services**	**$8,273,520**	**$11,214,625**	**$2,941,106**	**26.2%**
				Occupancy				
65,692	72,436	6,744	9.3%	Depreciation	674,967	695,727	20,759	3.0%
62,638	71,987	9,349	13.0%	Building Lease	623,812	679,903	56,091	8.2%
4,412	5,917	1,505	25.4%	Leased and Rented Office Equipment	43,911	52,811	8,900	16.9%
1,178	15,450	14,272	92.4%	Utilities	113,958	154,630	40,672	26.3%
85,583	79,700	(5,883)	(7.4%)	Telephone	734,586	776,438	41,852	5.4%
35,407	32,067	(3,339)	(10.4%)	Building Maintenance	270,154	375,085	104,930	28.0%
$254,910	**$277,557**	**$22,646**	**8.2%**	**Total Occupancy**	**$2,461,388**	**$2,734,594**	**$273,205**	**10.0%**
				Printing Postage & Promotion				
102,149	57,733	(44,416)	(76.9%)	Postage	506,982	619,986	113,004	18.2%
3,750	30,500	26,750	87.7%	Design & Layout	42,145	78,850	36,705	46.6%

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED April 30, 2023

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
181,307	100,856	(80,451)	(79.8%)	Printing Services	1,046,136	870,584	(175,552)	(20.2%)
26,025	2,500	(23,525)	(941.0%)	Mailing Services	90,738	61,601	(29,136)	(47.3%)
3,588	5,358	1,770	33.0%	Courier/Delivery Service	51,145	53,572	2,427	4.5%
0	267	267	100.0%	Pre-Printed Materials and Publications	1,034	3,550	2,516	70.9%
0	2,000	2,000	100.0%	Promotional Products	0	21,000	21,000	100.0%
0	150	150	100.0%	Promotional Services	0	900	900	100.0%
13,172	1,500	(11,672)	(778.1%)	Community Relations	587,092	145,670	(441,422)	(303.0%)
6,165	8,167	2,001	24.5%	Translation - Non-Clinical	132,450	87,463	(44,987)	(51.4%)
$336,156	**$209,031**	**($127,125)**	**(60.8%)**	**Total Printing Postage & Promotion**	**$2,457,721**	**$1,943,177**	**($514,544)**	**(26.5%)**
				Licenses Insurance & Fees				
0	0	0	0.0%	Regulatory Penalties	25,000	300,000	275,000	91.7%
28,243	24,700	(3,543)	(14.3%)	Bank Fees	235,604	243,347	7,743	3.2%
77,935	94,481	16,547	17.5%	Insurance	769,255	866,042	96,787	11.2%
426,187	698,439	272,252	39.0%	Licenses, Permits and Fees	3,665,154	5,150,147	1,484,994	28.8%
297,598	193,179	(104,419)	(54.1%)	Subscriptions & Dues	1,225,042	1,255,900	30,858	2.5%
$829,963	**$1,010,799**	**$180,836**	**17.9%**	**Total Licenses Insurance & Postage**	**$5,920,056**	**$7,815,436**	**$1,895,381**	**24.3%**
				Supplies & Other Expenses				
11,664	14,053	2,389	17.0%	Office and Other Supplies	35,563	77,554	41,991	54.1%
3,723	4,000	277	6.9%	Ergonomic Supplies	57,672	57,005	(667)	(1.2%)
5,425	9,650	4,225	43.8%	Commissary-Food & Beverage	20,653	52,606	31,953	60.7%
11	0	(11)	0.0%	Miscellaneous Expense	34	0	(34)	0.0%
0	150	150	100.0%	Member Incentive Expense	16,576	30,450	13,874	45.6%
(3)	4,167	4,169	100.1%	Covid-19 Vaccination Incentive Expense	560	25,266	24,706	97.8%
0	100	100	100.0%	Covid-19 IT Expenses	0	600	600	100.0%
0	5,731	5,731	100.0%	Covid-19 Non IT Expenses	1,386	33,924	32,538	95.9%
$20,820	**$37,850**	**$17,030**	**45.0%**	**Total Supplies & Other Expense**	**$132,444**	**$277,405**	**$144,961**	**52.3%**
$6,200,524	**$8,991,539**	**$2,791,016**	**31.0%**	**TOTAL ADMINISTRATIVE EXPENSE**	**$58,428,448**	**$67,219,782**	**$8,791,334**	**13.1%**

ALAMEDA ALLIANCE FOR HEALTH
CAPITAL SPENDING INCLUDING CONSTRUCTION-IN-PROCESS
ACTUAL VS. BUDGET
FOR THE FISCAL YEAR-TO-DATE ENDED APRIL 30, 2023

		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	$ -	$ 79,719	**$ 79,719**	$ 60,000	$ (19,719)
	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
	Cisco Network Hardware (Switches, Routers, Firewalls, Wireless)	IT-FY23-07	$ -		**$ -**	$ 60,000	$ 60,000
	Network / AV Cabling	IT-FY23-08	$ 27,977	$ 6,253	**$ 34,230**	$ 60,000	$ 25,770
Hardware Subtotal			**$ 200,784**	**$ 85,971**	**$ 286,755**	**$ 560,000**	**$ 273,245**
2. Software:							
	Zerto	AC-FY23-01	$ -		**$ -**	$ 80,000	$ 80,000
	Ahead	AC-FY23-02	$ -	$ 28,099	**$ 28,099**	$ 80,000	$ 51,901
Software Subtotal			**$ -**	**$ 28,099**	**$ 28,099**	**$ 160,000**	**$ 131,901**
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			**$ 224,776**	**$ 114,070**	**$ 338,846**	**$ 1,058,992**	**$ 720,146**

5. Reconciliation to Balance Sheet:

Fixed Assets @ Cost - 4/30/23	**$ 37,695,096**
Fixed Assets @ Cost - 6/30/22	**$ 37,356,250**
Fixed Assets Acquired YTD	**$ 338,846**

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	Jan-23	Feb-23	QTR. END Mar-23	Apr-23
Current Month Net Income / (Loss)	$5,704,828	$2,337,974	$3,995,061	$9,515,888	($1,361,897)	$2,472,823	$17,673,766	$14,269,382	$10,713,105	$13,505,410
YTD Net Income / (Loss)	$5,704,828	$8,042,802	$12,037,863	$21,553,751	$20,191,854	$22,664,677	$40,338,443	$54,607,825	$65,320,930	$78,826,340
Actual TNE										
Net Assets	$236,329,129	$238,667,103	$242,662,164	$252,178,052	$250,816,155	$253,288,978	$270,962,743	$285,232,125	$295,945,230	$309,450,640
Subordinated Debt & Interest	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total Actual TNE	**$236,329,129**	**$238,667,103**	**$242,662,164**	**$252,178,052**	**$250,816,155**	**$253,288,978**	**$270,962,743**	**$285,232,125**	**$295,945,230**	**$309,450,640**
Increase/(Decrease) in Actual TNE	$5,704,827	$2,337,974	$3,995,061	$9,515,888	($1,361,897)	$2,472,823	$17,673,765	$14,269,382	$10,713,105	$13,505,410
Required TNE[1]	**$37,812,719**	**$38,083,218**	**$37,973,977**	**$37,017,602**	**$37,956,874**	**$37,433,625**	**$37,998,057**	**$39,857,802**	**$39,614,744**	**$42,752,603**
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	$56,997,086	$59,786,703	$59,422,115	$64,128,905
TNE Excess / (Deficiency)	$198,516,410	$200,583,885	$204,688,187	$215,160,450	$212,859,281	$215,855,353	$232,964,686	$245,374,323	$256,330,486	$266,698,037
Actual TNE as a Multiple of Required	**6.25**	**6.27**	**6.39**	**6.81**	**6.61**	**6.77**	**7.13**	**7.16**	**7.47**	**7.24**

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	$253,288,978	$270,962,743	$285,232,125	$295,945,230	$309,450,640
Fixed Assets at Net Book Value	(5,604,558)	(5,560,412)	(5,492,549)	(5,598,345)	(5,539,348)	(5,471,106)	(5,403,318)	(5,353,979)	(5,288,731)	(5,337,110)
Net Lease Assets/Liabilities/Interest	106,376	204,722	206,107	206,549	207,567	208,268	208,652	208,717	208,462	207,886
CD Pledged to DMHC	(350,000)	(350,000)	(350,000)	(350,000)	(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**	**$247,467,872**	**$265,209,425**	**$279,528,146**	**$290,306,499**	**$303,763,530**
Liquid TNE as Multiple of Required	**6.10**	**6.12**	**6.24**	**6.65**	**6.45**	**6.61**	**6.98**	**7.01**	**7.33**	**7.11**

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	101,914	102,288	102,510	103,173			1,017,808
Adult	47,707	48,112	48,711	49,162	50,069	50,351	50,687	51,141	51,517	52,050			499,507
SPD	27,990	28,079	28,200	28,237	28,365	28,452	28,685	30,913	31,021	31,130			291,072
ACA OE	113,322	114,208	115,018	116,205	117,328	118,397	119,302	120,653	121,852	123,606			1,179,891
Duals	21,911	22,077	22,319	22,482	22,719	23,028	23,444	40,330	41,245	41,470			281,025
MCAL LTC	0	0	0	0	0	0	6	129	143	145			423
MCAL LTC Duals	0	0	0	0	0	0	15	849	948	983			2,795
Medi-Cal Program	311,833	313,453	315,524	317,409	320,134	322,019	324,053	346,303	349,236	352,557			3,272,521
Group Care Program	5,796	5,803	5,809	5,789	5,791	5,776	5,761	5,746	5,723	5,669			57,663
Total	**317,629**	**319,256**	**321,333**	**323,198**	**325,925**	**327,795**	**329,814**	**352,049**	**354,959**	**358,226**			**3,330,184**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	131	74	299	47	330	138	123	374	222	663			2,401
Adult	946	405	599	451	907	282	336	454	376	533			5,289
SPD	886	89	121	37	128	87	233	2,228	108	109			4,026
ACA OE	2,384	886	810	1,187	1,123	1,069	905	1,351	1,199	1,754			12,668
Duals	225	166	242	163	237	309	416	16,886	915	225			19,784
MCAL LTC	0	0	0	0	0	0	6	123	14	2			145
MCAL LTC Duals	0	0	0	0	0	0	15	834	99	35			983
Medi-Cal Program	4,572	1,620	2,071	1,885	2,725	1,885	2,034	22,250	2,933	3,321			45,296
Group Care Program	1	7	6	(20)	2	(15)	(15)	(15)	(23)	(54)			(126)
Total	**4,573**	**1,627**	**2,077**	**1,865**	**2,727**	**1,870**	**2,019**	**22,235**	**2,910**	**3,267**			**45,170**
Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	32.4%	32.2%	32.1%	31.9%	31.8%	31.6%	31.4%	29.5%	29.4%	29.3%			31.1%
Adult % of Medi-Cal	15.3%	15.3%	15.4%	15.5%	15.6%	15.6%	15.6%	14.8%	14.8%	14.8%			15.3%
SPD % of Medi-Cal	9.0%	9.0%	8.9%	8.9%	8.9%	8.8%	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%	36.8%	34.8%	34.9%	35.1%			36.1%
Duals % of Medi-Cal	7.0%	7.0%	7.1%	7.1%	7.1%	7.2%	7.2%	11.6%	11.8%	11.8%			8.6%
Medi-Cal Program % of Total	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.3%	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%	1.7%	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%**

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

	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	53,870	72,569	73,153	74,713			592,711
Alameda Health System	62,784	63,910	64,424	64,799	65,216	65,771	66,052	65,896	66,276	66,552			651,680
	117,124	116,108	116,842	117,370	118,952	118,914	119,922	138,465	139,429	141,265			1,244,391
Delegated:													
CFMG	33,466	33,594	33,577	33,617	33,498	33,648	33,741	33,983	34,547	34,644			338,315
CHCN	119,514	121,703	122,696	123,666	124,637	126,009	126,433	129,265	129,908	130,508			1,254,339
Kaiser	47,525	47,851	48,218	48,545	48,838	49,224	49,718	50,336	51,075	51,809			493,139
Delegated Subtotal	200,505	203,148	204,491	205,828	206,973	208,881	209,892	213,584	215,530	216,961			2,085,793
Total	**317,629**	**319,256**	**321,333**	**323,198**	**325,925**	**327,795**	**329,814**	**352,049**	**354,959**	**358,226**			**3,330,184**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	2,973	(1,016)	734	528	1,582	(38)	1,008	18,543	964	1,836			27,114
Delegated:													
CFMG	58	128	(17)	40	(119)	150	93	242	564	97			1,236
CHCN	1,103	2,189	993	970	971	1,372	424	2,832	643	600			12,097
Kaiser	439	326	367	327	293	386	494	618	739	734			4,723
Delegated Subtotal	1,600	2,643	1,343	1,337	1,145	1,908	1,011	3,692	1,946	1,431			18,056
Total	**4,573**	**1,627**	**2,077**	**1,865**	**2,727**	**1,870**	**2,019**	**22,235**	**2,910**	**3,267**			**45,170**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	36.9%	36.4%	36.4%	36.3%	36.5%	36.3%	36.4%	39.3%	39.3%	39.4%			37.4%
Delegated:													
CFMG	10.5%	10.5%	10.4%	10.4%	10.3%	10.3%	10.2%	9.7%	9.7%	9.7%			10.2%
CHCN	37.6%	38.1%	38.2%	38.3%	38.2%	38.4%	38.3%	36.7%	36.6%	36.4%			37.7%
Kaiser	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.1%	14.3%	14.4%	14.5%			14.8%
Delegated Subtotal	63.1%	63.6%	63.6%	63.7%	63.5%	63.7%	63.6%	60.7%	60.7%	60.6%			62.6%
Total	**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
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	YTD Member Month Variance
Enrollment Variance by Plan & Aid Category - Favorable/(Unfavorable)													
Medi-Cal Program:													
Child	0	0	0	0	127	62	(118)	52	70	528			721
Adult	0	0	0	0	661	696	619	823	947	1,227			4,973
SPD	0	0	0	0	43	45	(2,852)	(719)	(706)	(692)			(4,881)
ACA OE	0	0	0	0	774	1,493	(654)	337	1,175	2,567			5,692
Duals	0	0	0	0	102	275	(20,932)	(4,312)	(3,665)	(3,709)			(32,241)
MCAL LTC	0	0	0	0	0	0	(147)	(24)	(10)	(8)			(189)
MCAL LTC Duals	0	0	0	0	0	0	(1,169)	(335)	(236)	(201)			(1,941)
Medi-Cal Program	0	0	0	0	1,707	2,571	(25,253)	(4,178)	(2,425)	(288)			(27,866)
Group Care Program	0	0	0	0	2	(13)	(28)	(43)	(66)	(120)			(268)
Total	**0**	**0**	**0**	**0**	**1,709**	**2,558**	**(25,281)**	**(4,221)**	**(2,491)**	**(408)**			**(28,134)**
Current Direct/Delegate Enrollment Variance - Favorable/(Unfavorable)													
Directly-Contracted	0	0	0	0	1,184	747	(12,905)	5,165	5,654	7,015			6,860
Delegated:													
CFMG	0	0	0	0	(191)	(113)	(264)	(94)	398	422			158
CHCN	0	0	0	0	578	1,555	(8,637)	(6,256)	(6,066)	(5,922)			(24,748)
Kaiser	0	0	0	0	138	369	(3,475)	(3,036)	(2,477)	(1,923)			(10,404)
Delegated Subtotal	0	0	0	0	525	1,811	(12,376)	(9,386)	(8,145)	(7,423)			(34,994)
Total	**0**	**0**	**0**	**0**	**1,709**	**2,558**	**(25,281)**	**(4,221)**	**(2,491)**	**(408)**			**(28,134)**

ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED April 30, 2023

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				CAPITATED MEDICAL EXPENSES:				
$1,166,448	$1,152,886	($13,562)	(1.2%)	PCP-Capitation	$11,434,358	$11,413,500	($20,858)	(0.2%)
4,225,819	4,822,068	596,250	12.4%	PCP-Capitation - FQHC	41,758,245	44,707,473	2,949,228	6.6%
300,203	297,360	(2,842)	(1.0%)	Specialty-Capitation	2,937,476	2,937,338	(138)	0.0%
3,814,735	4,169,218	354,484	8.5%	Specialty-Capitation FQHC	37,334,485	38,151,127	816,641	2.1%
494,799	486,936	(7,863)	(1.6%)	Laboratory-Capitation	4,545,243	4,553,779	8,536	0.2%
0	0	0	0.0%	Transportation (Ambulance)-Cap	7,211,489	4,820,922	(2,390,567)	(49.6%)
257,053	255,267	(1,786)	(0.7%)	Vision Cap	2,406,039	2,415,599	9,560	0.4%
87,396	86,600	(796)	(0.9%)	CFMG Capitation	855,364	855,421	57	0.0%
189,666	206,967	17,300	8.4%	Anc IPA Admin Capitation FQHC	2,681,005	1,902,410	(778,595)	(40.9%)
13,914,488	15,469,752	1,555,264	10.1%	Kaiser Capitation	121,091,077	128,457,749	7,366,672	5.7%
10,309	0	(10,309)	0.0%	BHT Supplemental Expense	5,811,772	4,099,732	(1,712,040)	(41.8%)
0	0	0	0.0%	Hep-C Supplemental Expense	(15,082)	(15,349)	(267)	1.7%
298,164	611,841	313,678	51.3%	Maternity Supplemental Expense	3,530,336	4,872,387	1,342,052	27.5%
723,796	775,278	51,482	6.6%	DME - Cap	6,256,329	6,658,355	402,026	6.0%
$25,482,876	**$28,334,174**	**$2,851,298**	**10.1%**	**5 - TOTAL CAPITATED EXPENSES**	**$247,838,135**	**$255,830,443**	**$7,992,308**	**3.1%**
				FEE FOR SERVICE MEDICAL EXPENSES:				
7,388,930	0	(7,388,930)	0.0%	IBNP-Inpatient Services	7,880,979	2,799,249	(5,081,730)	(181.5%)
221,669	0	(221,669)	0.0%	IBNP-Settlement (IP)	236,433	83,979	(152,454)	(181.5%)
591,115	0	(591,115)	0.0%	IBNP-Claims Fluctuation (IP)	630,476	223,940	(406,536)	(181.5%)
27,888,800	35,286,715	7,397,915	21.0%	Inpatient Hospitalization-FFS	267,672,993	307,067,258	39,394,265	12.8%
1,409,053	0	(1,409,053)	0.0%	IP OB - Mom & NB	15,136,656	5,348,714	(9,787,943)	(183.0%)
380,905	0	(380,905)	0.0%	IP Behavioral Health	2,245,174	982,572	(1,262,603)	(128.5%)
404,815	0	(404,815)	0.0%	IP - Facility Rehab FFS	7,817,704	3,142,653	(4,675,050)	(148.8%)
$38,285,287	**$35,286,715**	**($2,998,572)**	**(8.5%)**	**6 - Inpatient Hospital & SNF FFS Expense**	**$301,620,416**	**$319,648,365**	**$18,027,949**	**5.6%**
420,152	0	(420,152)	0.0%	IBNP-PCP	1,526,565	628,624	(897,941)	(142.8%)
12,604	0	(12,604)	0.0%	IBNP-Settlement (PCP)	45,800	18,862	(26,938)	(142.8%)
33,613	0	(33,613)	0.0%	IBNP-Claims Fluctuation (PCP)	122,130	50,291	(71,839)	(142.8%)
1,773,897	1,516,203	(257,694)	(17.0%)	Primary Care Non-Contracted FF	15,474,003	14,177,281	(1,296,722)	(9.1%)
247,994	100,166	(147,828)	(147.6%)	PCP FQHC FFS	1,774,603	1,112,123	(662,480)	(59.6%)
2,353,379	3,004,814	651,436	21.7%	Prop 56 Direct Payment Expenses	21,248,062	25,702,215	4,454,153	17.3%
14,779	0	(14,779)	0.0%	Prop 56 Hyde Direct Payment Expenses	143,588	57,389	(86,199)	(150.2%)
81,496	0	(81,496)	0.0%	Prop 56-Trauma Expense	791,951	310,921	(481,030)	(154.7%)
98,251	0	(98,251)	0.0%	Prop 56-Dev. Screening Exp.	989,559	396,554	(593,005)	(149.5%)
735,642	0	(735,642)	0.0%	Prop 56-Fam. Planning Exp.	7,058,163	2,777,346	(4,280,817)	(154.1%)
47	0	(47)	0.0%	Prop 56-Value Based Purchasing	(4,058)	(1,293)	2,765	(213.9%)
$5,771,853	**$4,621,183**	**($1,150,670)**	**(24.9%)**	**7 - Primary Care Physician FFS Expense**	**$49,170,366**	**$45,230,312**	**($3,940,054)**	**(8.7%)**
551,073	0	(551,073)	0.0%	IBNP-Specialist	986,882	479,524	(507,358)	(105.8%)
2,165,416	5,541,269	3,375,854	60.9%	Specialty Care-FFS	22,106,057	41,915,002	19,808,945	47.3%
105,892	0	(105,892)	0.0%	Anesthesiology - FFS	1,396,588	546,925	(849,663)	(155.4%)
896,030	0	(896,030)	0.0%	Spec Rad Therapy - FFS	8,735,413	3,377,385	(5,358,029)	(158.6%)
7,982	0	(7,982)	0.0%	Obstetrics-FFS	354,169	269,748	(84,422)	(31.3%)
222,275	0	(222,275)	0.0%	Spec IP Surgery - FFS	3,160,128	1,351,027	(1,809,101)	(133.9%)
636,359	0	(636,359)	0.0%	Spec OP Surgery - FFS	5,564,067	2,234,372	(3,329,695)	(149.0%)
445,080	0	(445,080)	0.0%	Spec IP Physician	3,798,837	1,438,762	(2,360,076)	(164.0%)
64,848	56,913	(7,935)	(13.9%)	SCP FQHC FFS	559,597	536,864	(22,734)	(4.2%)
16,531	0	(16,531)	0.0%	IBNP-Settlement (SCP)	29,603	14,383	(15,220)	(105.8%)
44,086	0	(44,086)	0.0%	IBNP-Claims Fluctuation (SCP)	78,950	38,359	(40,591)	(105.8%)
$5,155,572	**$5,598,182**	**$442,610**	**7.9%**	**8 - Specialty Care Physician Expense**	**$46,770,293**	**$52,202,350**	**$5,432,057**	**10.4%**
2,279,561	0	(2,279,561)	0.0%	IBNP-Ancillary	3,199,787	321,732	(2,878,055)	(894.6%)
68,388	0	(68,388)	0.0%	IBNP Settlement (ANC)	95,994	9,649	(86,345)	(894.9%)
182,365	0	(182,365)	0.0%	IBNP Claims Fluctuation (ANC)	255,984	25,737	(230,247)	(894.6%)
1,402,707	0	(1,402,707)	0.0%	IBNR Transportation FFS Expense	1,402,707	0	(1,402,707)	0.0%
(107,777)	0	107,777	0.0%	Behavioral Health Therapy - FFS	10,163,885	4,559,994	(5,603,891)	(122.9%)
120	0	(120)	0.0%	Psychologist & Other MH Prof.	120	0	(120)	0.0%
236,329	0	(236,329)	0.0%	Acupuncture/Biofeedback	2,481,856	1,141,414	(1,340,442)	(117.4%)
124,815	0	(124,815)	0.0%	Hearing Devices	1,047,195	465,938	(581,257)	(124.8%)
49,640	0	(49,640)	0.0%	Imaging/MRI/CT Global	364,653	161,874	(202,780)	(125.3%)
42,764	0	(42,764)	0.0%	Vision FFS	471,170	184,029	(287,141)	(156.0%)
0	0	0	0.0%	Family Planning	47,138	47,111	(27)	(0.1%)
489,420	0	(489,420)	0.0%	Laboratory-FFS	6,088,201	2,694,430	(3,393,771)	(126.0%)
86,880	0	(86,880)	0.0%	ANC Therapist	1,065,066	443,518	(621,547)	(140.1%)
1,123,075	0	(1,123,075)	0.0%	Transportation (Ambulance)-FFS	7,149,452	2,305,579	(4,843,873)	(210.1%)
107,272	0	(107,272)	0.0%	Transportation (Other)-FFS	3,125,973	533,749	(2,592,224)	(485.7%)
902,446	0	(902,446)	0.0%	Hospice	5,579,869	1,554,127	(4,025,742)	(259.0%)
807,457	0	(807,457)	0.0%	Home Health Services	9,165,005	3,120,909	(6,044,095)	(193.7%)
101	7,261,357	7,261,255	100.0%	Other Medical-FFS	2,526	38,868,345	38,865,819	100.0%
(247,135)	0	247,135	0.0%	HMS Medical Refunds	(397,143)	84,120	481,263	572.1%
376,713	0	(376,713)	0.0%	Refunds-Medical Payments	(627,927)	(69)	627,858	(911,391.9%)
(465)	0	465	0.0%	DME & Medical Supplies	1,116,857	1,126,912	10,055	0.9%
0	603,771	603,771	100.0%	GEMT Direct Payment Expense	0	3,736,834	3,736,834	100.0%

ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED April 30, 2023

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
425,206	0	(425,206)	0.0%	Community Based Adult Services (CBAS)	4,460,196	1,783,368	(2,676,829)	(150.1%)
4,460	0	(4,460)	0.0%	COVID Vaccination Incentive	4,460	0	(4,460)	0.0%
1,466,323	1,364,471	(101,852)	(7.5%)	ECM Base/Outreach FFS Anc.	11,034,065	10,701,229	(332,835)	(3.1%)
0	0	0	0.0%	ECM Outreach FFS Ancillary	0	9,825	9,825	100.0%
23,950	154,814	130,864	84.5%	CS - Housing Deposits FFS Ancillary	2,830,879	2,355,880	(475,000)	(20.2%)
220,376	1,014,057	793,681	78.3%	CS - Housing Tenancy FFS Ancillary	2,812,712	7,036,704	4,223,992	60.0%
47,334	227,949	180,615	79.2%	CS - Housing Navigation Services FFS Ancillary	1,842,897	2,114,593	271,696	12.8%
53,062	204,877	151,815	74.1%	CS - Medical Respite FFS Ancillary	2,159,003	2,516,132	357,129	14.2%
17,213	136,018	118,805	87.3%	CS - Medically Tailored Meals FFS Ancillary	1,426,458	1,484,647	58,189	3.9%
3,089	37,159	34,071	91.7%	CS - Asthma Remediation FFS Ancillary	287,444	383,529	96,086	25.1%
0	10,964	10,964	100.0%	MOT- Wrap Around (Non Medical MOT Cost)	8,674	74,457	65,783	88.4%
$10,185,689	**$11,015,437**	**$829,748**	**7.5%**	**9 - Ancillary Medical Expense**	**$78,665,157**	**$89,846,296**	**$11,181,139**	**12.4%**
272,871	0	(272,871)	0.0%	IBNP-Outpatient	2,660,938	1,712,767	(948,171)	(55.4%)
8,185	0	(8,185)	0.0%	IBNP Settlement (OP)	79,825	51,384	(28,441)	(55.3%)
21,829	0	(21,829)	0.0%	IBNP Claims Fluctuation (OP)	212,876	137,022	(75,854)	(55.4%)
1,410,466	10,068,613	8,658,148	86.0%	Out-Patient FFS	14,078,340	63,121,833	49,043,493	77.7%
1,290,438	0	(1,290,438)	0.0%	OP Ambul Surgery - FFS	15,503,632	6,320,713	(9,182,920)	(145.3%)
1,464,827	0	(1,464,827)	0.0%	OP Fac Imaging Services-FFS	13,464,077	4,151,392	(9,312,685)	(224.3%)
(68,860)	0	68,860	0.0%	Behav Health - FFS	7,019,910	3,072,756	(3,947,154)	(128.5%)
(15)	0	15	0.0%	Write-Offs	(15)	0	15	0.0%
455,848	0	(455,848)	0.0%	OP Facility - Lab FFS	5,048,996	1,978,515	(3,070,481)	(155.2%)
140,116	0	(140,116)	0.0%	OP Facility - Cardio FFS	1,181,997	419,692	(762,305)	(181.6%)
63,031	0	(63,031)	0.0%	OP Facility - PT/OT/ST FFS	485,908	185,180	(300,728)	(162.4%)
1,531,957	0	(1,531,957)	0.0%	OP Facility - Dialysis FFS	19,865,682	7,656,130	(12,209,552)	(159.5%)
$6,590,694	**$10,068,613**	**$3,477,920**	**34.5%**	**10 - Outpatient Medical Expense Medical Expense**	**$79,602,167**	**$88,807,385**	**$9,205,218**	**10.4%**
599,330	0	(599,330)	0.0%	IBNP-Emergency	1,095,417	337,708	(757,709)	(224.4%)
17,982	0	(17,982)	0.0%	IBNP Settlement (ER)	32,861	10,128	(22,733)	(224.5%)
47,945	0	(47,945)	0.0%	IBNP Claims Fluctuation (ER)	87,633	27,018	(60,615)	(224.4%)
581,864	0	(581,864)	0.0%	Special ER Physician-FFS	6,321,882	2,522,209	(3,799,672)	(150.6%)
3,513,006	5,655,393	2,142,387	37.9%	ER-Facility	41,372,106	49,163,343	7,791,237	15.8%
$4,760,127	**$5,655,393**	**$895,265**	**15.8%**	**11 - Emergency Expense**	**$48,909,898**	**$52,060,407**	**$3,150,508**	**6.1%**
692,102	0	(692,102)	0.0%	IBNP-Pharmacy	3,174,143	955,216	(2,218,927)	(232.3%)
20,765	0	(20,765)	0.0%	IBNP Settlement (RX)	95,226	28,657	(66,569)	(232.3%)
55,369	0	(55,369)	0.0%	IBNP Claims Fluctuation (RX)	253,929	76,415	(177,514)	(232.3%)
446,115	346,397	(99,718)	(28.8%)	Pharmacy-FFS	3,196,038	3,884,689	688,651	17.7%
56,076	7,141,361	7,085,285	99.2%	Pharmacy- Non-PBM FFS-Other Anc	13,935,253	55,074,605	41,139,353	74.7%
4,866,585	0	(4,866,585)	0.0%	Pharmacy- Non-PBM FFS-OP FAC	37,854,159	7,474,895	(30,379,264)	(406.4%)
117,244	0	(117,244)	0.0%	Pharmacy- Non-PBM FFS-PCP	1,023,236	222,232	(801,004)	(360.4%)
1,846,961	0	(1,846,961)	0.0%	Pharmacy- Non-PBM FFS-SCP	16,257,145	3,401,156	(12,855,989)	(378.0%)
10,065	0	(10,065)	0.0%	Pharmacy- Non-PBM FFS-FQHC	64,560	11,510	(53,050)	(460.9%)
78,825	0	(78,825)	0.0%	Pharmacy- Non-PBM FFS-HH	232,974	100,717	(132,257)	(131.3%)
0	0	0	0.0%	HMS RX Refunds	(66,029)	(59,403)	6,626	(11.2%)
(79,254)	32,228	111,483	345.9%	Pharmacy-Rebate	(79,254)	192,816	272,070	141.1%
$8,110,851	**$7,519,986**	**($590,865)**	**(7.9%)**	**12 - Pharmacy Expense**	**$75,941,379**	**$71,363,506**	**($4,577,874)**	**(6.4%)**
(149,245)	0	149,245	0.0%	IBNR LTC	26,207,930	0	(26,207,930)	0.0%
(4,477)	0	4,477	0.0%	IBNR Settlement (LTC)	786,238	0	(786,238)	0.0%
(11,940)	0	11,940	0.0%	IBNR Claims Fluctuation (LTC)	2,096,635	0	(2,096,635)	0.0%
9,550,798	0	(9,550,798)	0.0%	LTC-Custodial Care	14,216,228	0	(14,216,228)	0.0%
2,222,178	15,620,631	13,398,452	85.8%	LTC SNF	13,893,575	68,634,088	54,740,513	79.8%
$11,607,314	**$15,620,631**	**$4,013,317**	**25.7%**	**13 - Long Term Care FFS Expense**	**$57,200,606**	**$68,634,088**	**$11,433,481**	**16.7%**
$90,467,387	**$95,386,141**	**$4,918,754**	**5.2%**	**14 - TOTAL FFS MEDICAL EXPENSES**	**$737,880,281**	**$787,792,707**	**$49,912,425**	**6.3%**
0	39,334	39,334	100.0%	Clinical Vacancy	0	(218,761)	(218,761)	100.0%
127,169	167,607	40,438	24.1%	Quality Analytics	811,509	1,076,706	265,197	24.6%
609,791	859,667	249,876	29.1%	Health Plan Services Department Total	5,166,788	5,805,605	638,817	11.0%
394,796	613,429	218,633	35.6%	Case & Disease Management Department Total	4,590,109	4,713,851	123,742	2.6%
2,386,025	2,922,683	536,658	18.4%	Medical Services Department Total	28,581,326	27,281,900	(1,299,426)	(4.8%)
849,226	1,261,510	412,284	32.7%	Quality Management Department Total	5,966,956	7,069,868	1,102,912	15.6%
137,642	248,345	110,704	44.6%	HCS Behavioral Health Department Total	1,375,208	1,593,317	218,109	13.7%
115,955	200,398	84,442	42.1%	Pharmacy Services Department Total	1,250,737	1,452,421	201,684	13.9%
49,750	96,711	46,960	48.6%	Regulatory Readiness Total	314,551	521,048	206,497	39.6%
$4,670,355	**$6,409,685**	**$1,739,330**	**27.1%**	**15 - Other Benefits & Services**	**$48,057,184**	**$49,295,955**	**$1,238,771**	**2.5%**
(346,659)	(665,265)	(318,606)	47.9%	Reinsurance Recoveries	(8,002,840)	(7,839,147)	163,693	(2.1%)
886,470	887,020	550	0.1%	Stop-Loss Expense	8,356,986	8,412,111	55,125	0.7%
$539,811	**$221,755**	**($318,056)**	**(143.4%)**	**16 - Reinsurance Expense**	**$354,146**	**$572,965**	**$218,819**	**38.2%**
$121,160,428	**$130,351,755**	**$9,191,327**	**7.1%**	**17 - TOTAL MEDICAL EXPENSES**	**$1,034,129,746**	**$1,093,492,070**	**$59,362,324**	**5.4%**

FY 2024 Preliminary Budget

Presented to the Alameda Alliance Board of Governors

June 9th, 2023

Budget Process

- Third Quarter Forecast for Fiscal Year 2023 and Fiscal Year 2024 Preliminary budget presented to Finance Committee on June 6th and to the Board of Governors on June 9th.
- First Quarter Forecast for Fiscal Year 2024 and Final Budget to be presented in December 2023.
- DHCS has announced that final Medi-Cal rates will be issued in December. Final rates will be incorporated in the Second Quarter Forecast.

Summary of Proposed Budget to the Board of Governors

Highlights

- 2024 Projected Net Income of $21.9 million.
- Projected TNE excess at 6/30/24 of $282.5 million is 592% of required TNE.
- Year-end enrollment is 8,000 lower than June 2023, due to redeterminations; member months are 247,000 higher. Enrollment peaks at 382,000 in January 2024.
- Medi-Cal Revenue is $1.7 billion in FY 2024, an increase of 20.3% from FY 2023.
- PMPM Fee-for-Service and Capitated Medical Expense increases by 16.9%.
- $19.2 million in net savings are included for claims avoidance and recovery activities.
- Administrative expenses represent 6.7% of revenue, $43.0 million higher than FY 2023. Led by Labor ($23.8 million) and Other Services ($11.6 million) and Purch. & Prof. Services ($7.6 million).
- Clinical expenses comprise 3.7% of revenue, $6.7 million higher than FY23. Led by Labor ($8.8 million), Other ($4.8 million), offset by a reduction in member Benefits Administration largely due to the insourcing of Mental Health ($6.9 million).

Budget Assumptions

Staffing:

- Staffing includes 659 full-time equivalent employees by June 30, 2024.
- There are 108 new positions requested for FY 2024. The new positions are in: Health Care Services (44), Operations (38), Finance/Vendor Management (8), Human Resources (5), Information Technology (6), Compliance/Legal (2), Executive (2) Integrated Planning (2), and Analytics (1). Some of the new positions will be offset by the release of temporary employees.

Enrollment:

- DHCS is moving 99% of Fee-for-Service members into Medi-Cal Managed Care by January 2024. Approximately 40,000 remain in the fee-for-service system today.
- Member months in FY 2024 of 4,301,000 are 6.1% higher than in FY 2023.
- Higher enrollment and a higher proportion of fee-for-service vs. capitated expense generates a higher TNE requirement. Group Care enrollment remains steady at approximately 5,700.
- Additional populations of focus will be added over the next 12 months.

Budget Assumptions (con't)

Revenue:

- 98% of Revenue for Medi-Cal, 2% for Group Care.
- Medi-Cal base rates are assumed to increase by 11.8% on a per member/per month basis, equating to an increase of $110.0 million in revenue. This is driven by a full year of Long-Term Care.
- The continuation of CalAIM initiatives of Enhanced Care Management (ECM), Community Supports and Major Organ Transplants (MOT) represent $42.9 million in revenue.
- CalAIM Incentives of $30.8 million are anticipated, most of which will be passed on to our community partners. It is too early to know what AAH will earn.
- Per-member-per-month Group Care rates remain unchanged.

Medical Expense:

- 98% of Expense for Medi-Cal, 2% for Group Care.
- Medical loss ratio is 92.5%, an increase of 2.8% over FY23.
- ECM and MOT expense increases correspond to revenue, as a risk-corridor is included for these services.
- Community Supports expenditures will exceed funding by approximately $15 million.

Hospital and Provider Rates:

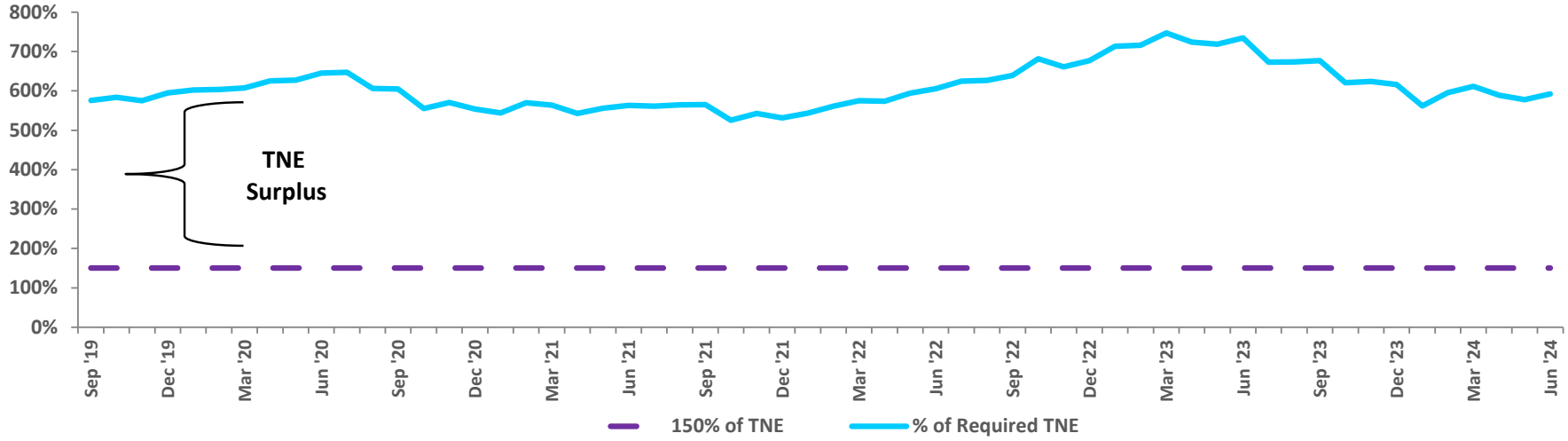
- FY24 Hospital contract rates increase by $27.2 million over FY 2023.
- Professional capitation rates increase by $5.1 million.

FY 2024 Budget

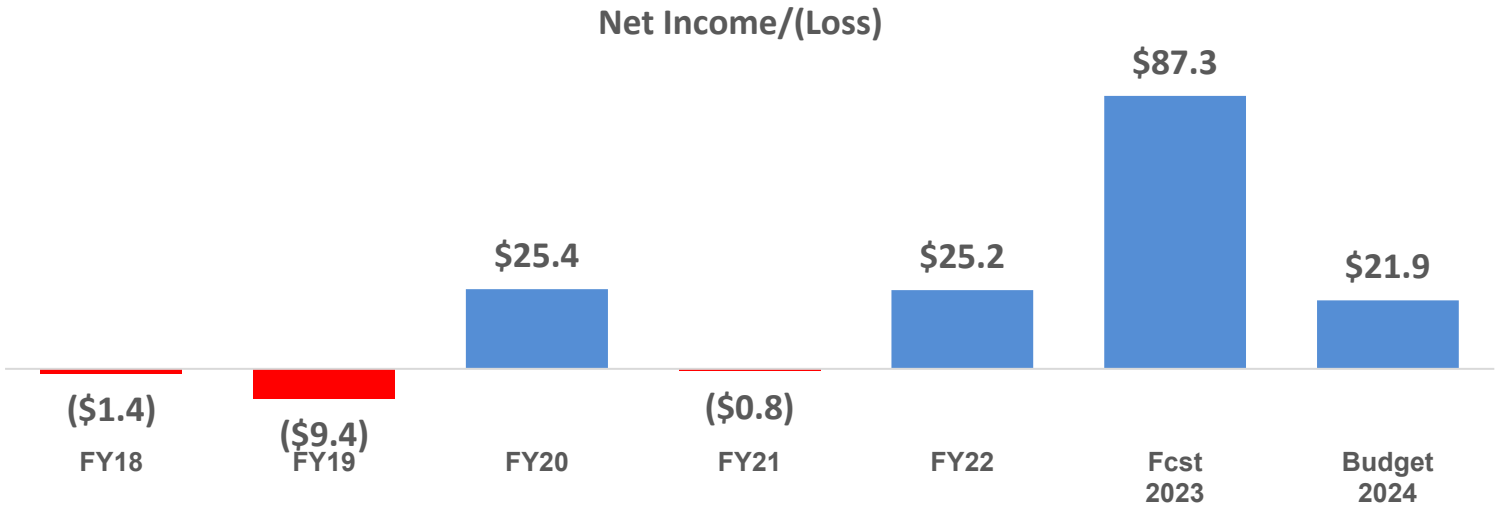
Comparison to FY 2023 Forecast

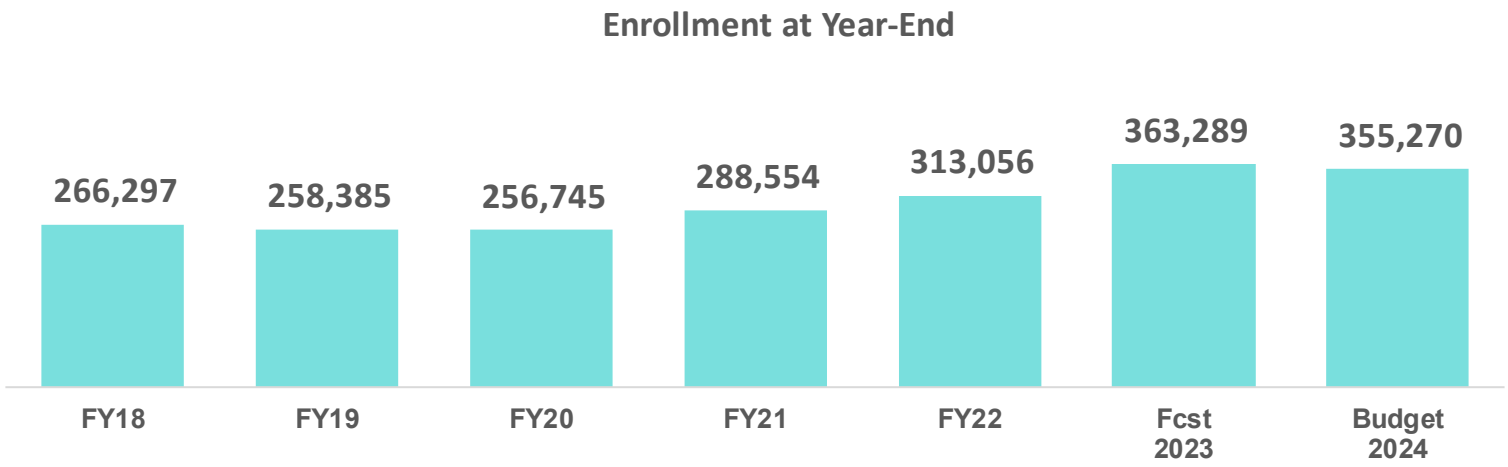
$ in Thousands	FY 2024 Prelimary Budget				FY 2023 Forecast			Variance F/(U)			
	Medi-Cal	Group Care	Medicare	Total	Medi-Cal	Group Care	Total	Medi-Cal	Group Care	Medicare	Total
Enrollment at Year-End	349,601	5,669	0	355,270	357,620	5,669	363,289	(8,019)	0	0	(8,019)
Member Months	4,232,862	68,028	0	4,300,890	3,985,219	69,001	4,054,220	247,643	(973)	0	246,670
Revenues	$1,695,380	$31,104	$0	$1,726,485	$1,408,873	$31,613	$1,440,486	$286,507	($509)	$0	$285,998
Medical Expense	1,568,657	28,483	0	1,597,140	1,265,456	27,244	1,292,700	(303,201)	(1,239)	0	(304,439)
Gross Margin	126,723	2,622	0	129,345	143,416	4,369	147,786	(16,693)	(1,748)	0	(18,441)
Administrative Expense	113,061	2,296	1,295	116,652	71,615	2,082	73,696	(41,446)	(214)	(1,295)	(42,955)
Operating Margin	13,663	326	(1,295)	12,694	71,802	2,288	74,089	(58,139)	(1,962)	(1,295)	(61,396)
Other Income / (Expense)	9,079	161	0	9,240	12,916	296	13,212	(3,837)	(135)	0	(3,972)
Net Income / (Loss)	$22,742	$487	($1,295)	$21,934	$84,717	$2,584	$87,301	($61,976)	($2,097)	($1,295)	($65,367)
Admin. Expense % of Revenue	6.7%	7.4%		6.8%	5.1%	6.6%	5.1%	-1.6%	-0.8%		-1.6%
Medical Loss Ratio	92.5%	91.6%		92.5%	89.8%	86.2%	89.7%	-2.7%	-5.4%		-2.8%
TNE at Year-End				$339,859			$317,925				$21,934
TNE Percent of Required at YE				592%			735%				(143%)

Tangible Net Equity Requirement

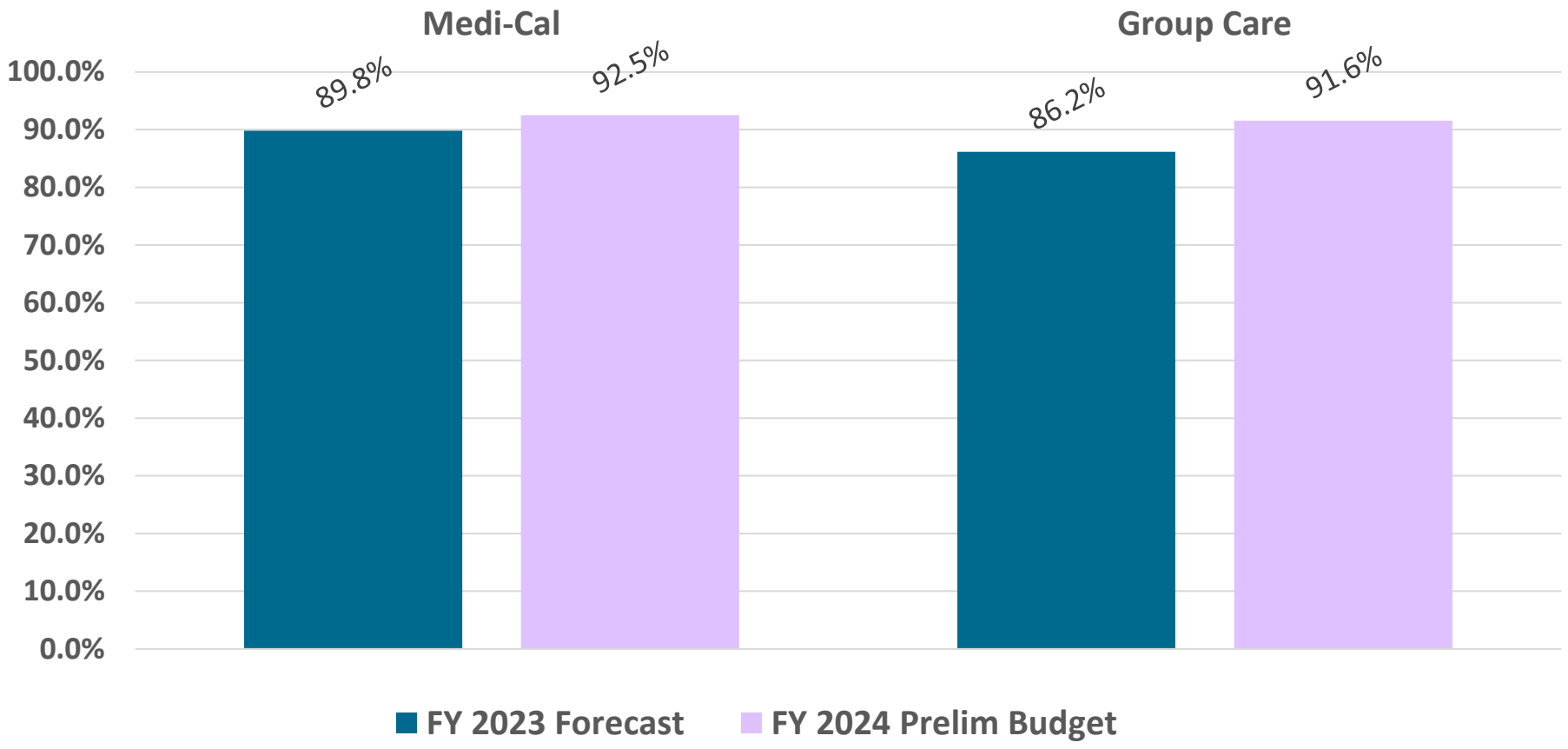


Operating Performance: 2018 to 2024

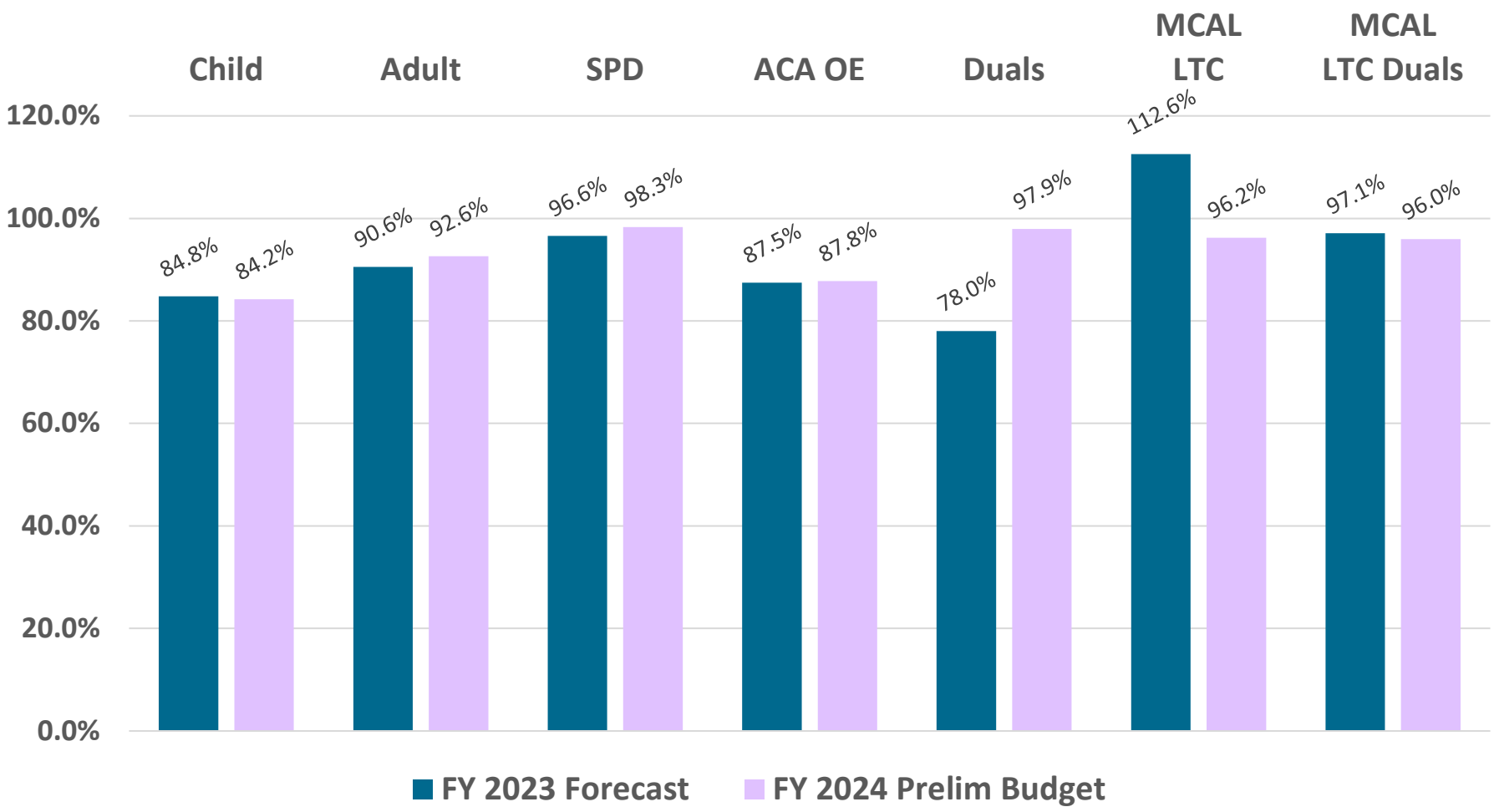




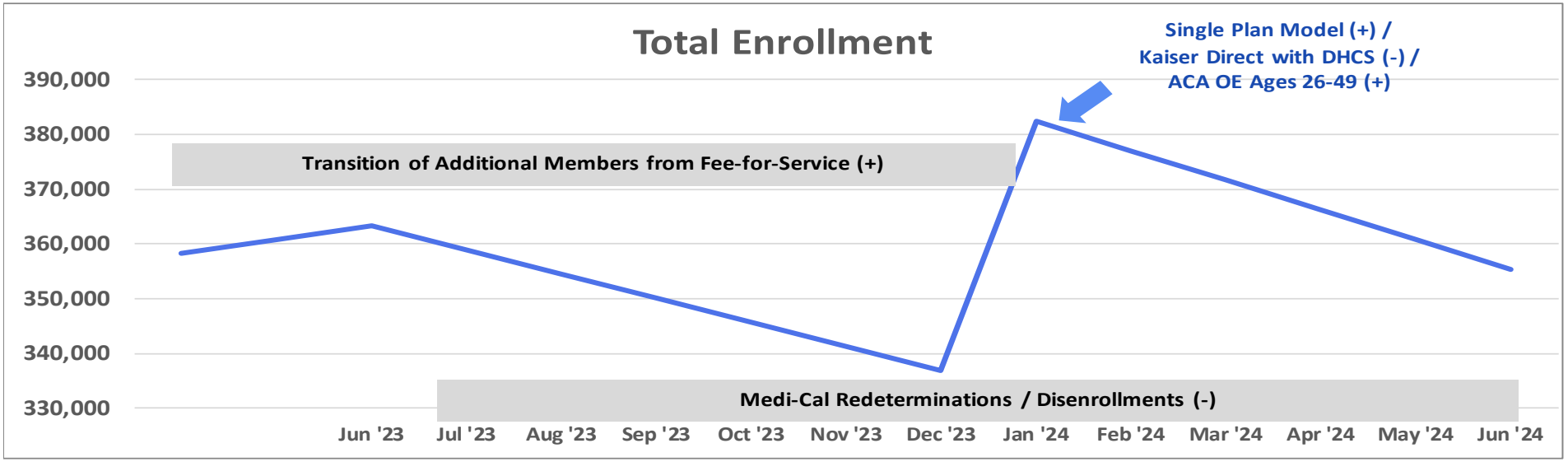
Medical Loss Ratio by Line of Business



Medi-Cal Loss Ratio by Category of Aid



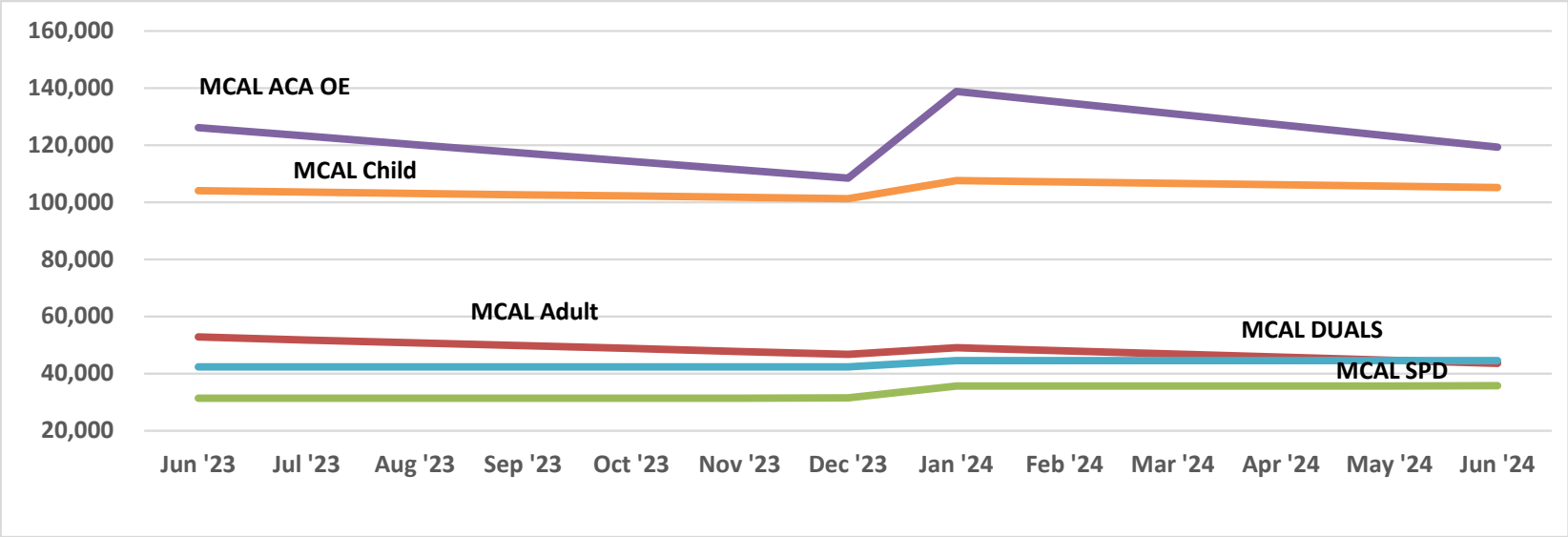
Enrollment by Month

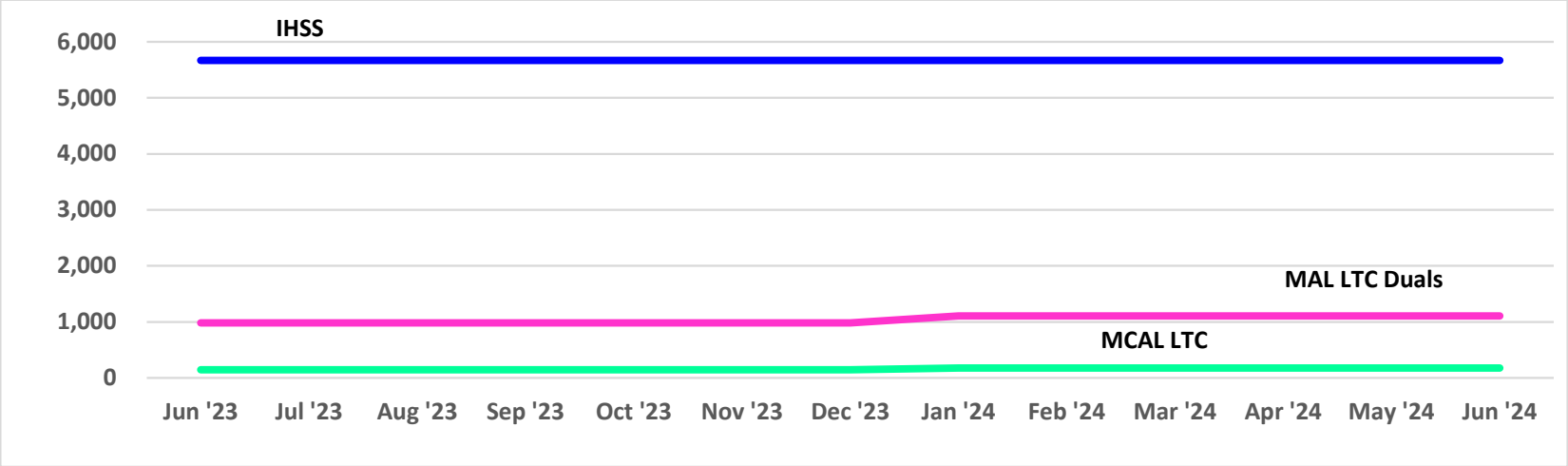


- Medi-Cal disenrollments start in July 2023, on the member's anniversary date, effective over 12 months. The initial forecast is a reduction of approximately 6,000 per month. Duals and LTC members will not experience significant disenrollments.
- Anthem's approximately 80,100 members move to the Alliance in January 2024; members will be distributed into Alliance's direct and delegated provider network.
- Kaiser Permanente's Medi-Cal contract with DHCS begins in January 2024, decreasing the Alliance's enrollment by approximately 48,600 members. Existing membership is fully delegated to Kaiser today.
- Approximately 16,300 adults enrolled in HealthPAC (ages 26-49) are transitioned into Medi-Cal managed care in January 2024.

FY 2024 Budget

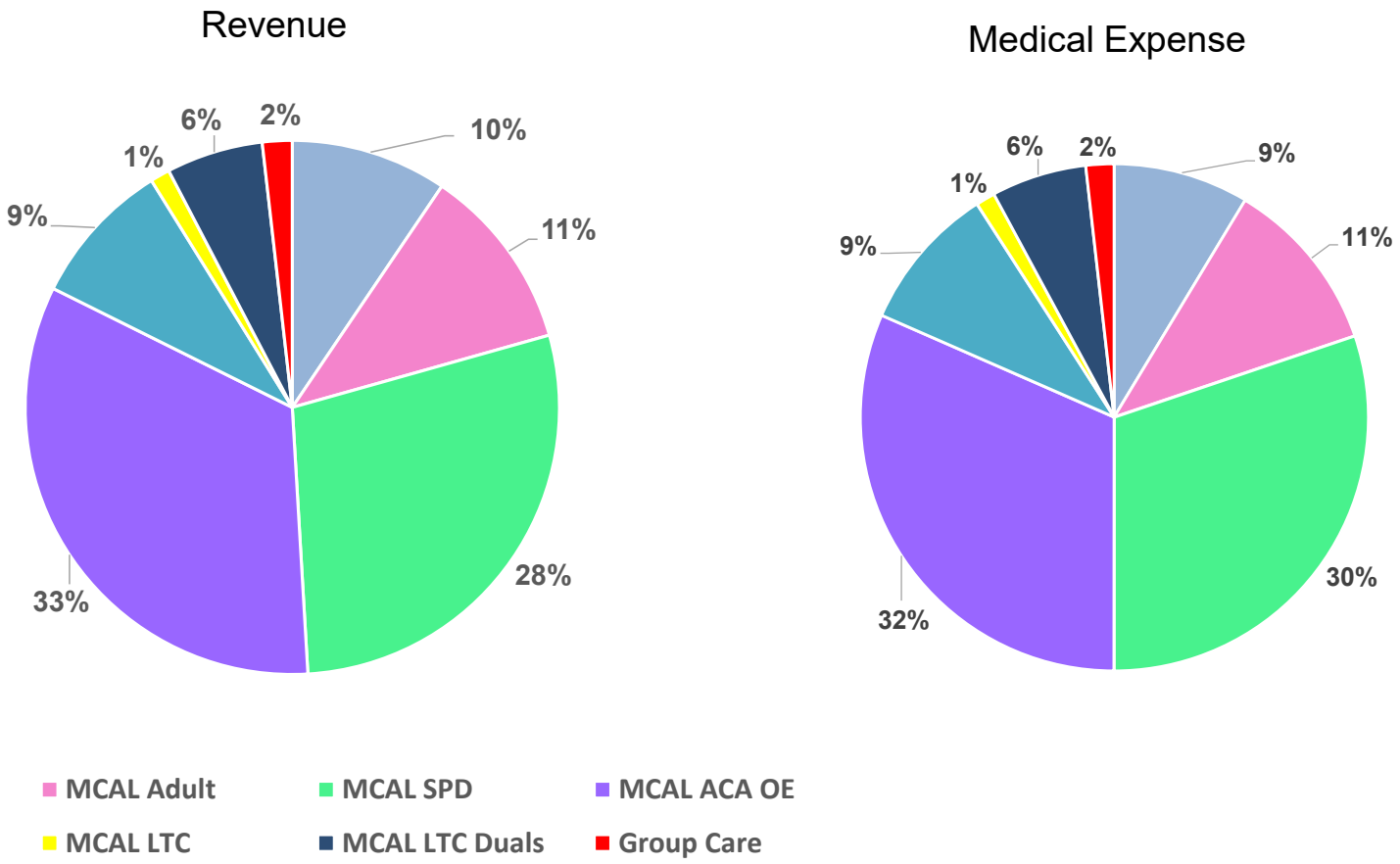
Enrollment by Month & Population





FY 2024 Budget

Revenue and Medical Expense by Population



FY 2024 Budget

Department Expenses by Line of Business

$ In Thousands

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	Administrative Departments				Clinical Departments			
	Medi-Cal	Group Care	Medicare	Total	Medi-Cal	Group Care	Total	Total
Employee Related Expense	$67,993	$1,205	$0	$69,198	$28,612	$507	$29,118	98,316
Member Benefits Administration	$393	$268	$0	$662	$21,723	$0	$21,723	22,385
Purchased & Professional Svcs.	$16,867	$326	$1,295	$18,488	$2,403	$141	$2,544	21,033
Other	$27,808	$497	$0	$28,304	$10,575	$147	$10,723	39,027
Total	**$113,061**	**$2,296**	**$1,295**	**$116,652**	**$63,313**	**$795**	**$64,109**	**$180,760**

Capital Expenditures

Full Year budget of $1,491,000 for capitalized purchases for Information Technology and Facilities. This is an increase of $984,000 from last year.

Information Technology $1,326,000:

- Hardware $1,200,000
- Software $126,000

Facilities: $165,000

- Building Improvements $125,000
- Furniture & Equipment $40,000

Staffing: Full-time Employees at Year-end

Administrative FTEs	FY24 Prelim. Budget	FY23 Forecast	Increase/ Decrease
Administrative Vacancy	(5)	(16)	11
Operations	9	4	5
Executive	2	5	(3)
Finance	36	29	7
Healthcare Analytics	17	16	1
Claims	49	43	6
Information Technology	12	12	0
IT Infrastructure	8	7	1
Apps Mgmt., IT Quality & Process Imp.	17	15	2
IT Development	17	15	2
IT Data Exchange	9	8	1
IT-Ops and Quality Apps Mgt.	13	9	4
Member Services	114	83	31
Provider Services	36	30	6
Credentialing	7	5	2
Health Plan Operations	1	1	0
Human Resources	12	14	(2)
Vendor Management	8	6	2
Legal Services	7	7	0
Facilities & Support Services	7	8	(1)
Marketing & Communication	13	10	3
Privacy and SIU	14	12	2
Regulatory Affairs & Compliance	6	7	(1)
Grievance and Appeals	24	19	5
Integrated Planning	2	20	(18)
State Directed & Special Programs	7	0	7
Portfolio Mgmt & Svc Excellence	14	0	14
Workforce Development	9	0	9
Diversity and Health Equity	4	0	4
Total Administrative FTEs	**469**	**369**	**100**

Clinical FTEs	FY24 Prelim. Budget	FY23 Forecast	Increase/ Decrease
Clinical Vacancy	(5)	(2)	(3)
Quality Analytics	4	4	0
Utilization Management	69	52	17
Case/Disease Management	55	37	18
Medical Services	5	4	1
Quality Management	34	29	5
HCS Behavioral Health	15	15	0
Pharmacy Services	9	9	0
Regulatory Readiness	4	4	0
Total Clinical FTEs	**190**	**152**	**38**

Total FTEs	**659**	**521**	**138**

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

Material Areas of Uncertainty

- Large changes in enrollment are estimates based on DHCS messaging. These assumptions have a large impact on the financial results.
- AAH has not received Medi-Cal premium rates for CY 2024; they are expected mid-late December.
- DHCS is considering a Hybrid Withhold and Incentive Option for CY 2024 rates. Partial or full payment of the withhold to each Medi-Cal Plan would be based on their performance against set benchmarks.
- The Alliance was notified last week that age band for the Child Adult Category of Aid will potentially be extended by 2 years, up to 21 years of age. This will cause budget discrepancies between the Child and Adult COAs. Hopefully, this will be budget-neutral in total.
- The State has started dividing members in each Medi-Cal Category of Aid into three categories of immigration status. Statewide initiative in response to CMS requirements. Although DHCS is aiming for budget neutrality, there is some risk that our revenue rates will be impacted.
- AAH has limited Long-Term Care experience, as LTC members largely transitioned from fee-for-service Medi-Cal in February.
- Medical Expense includes assumptions regarding the relative acuity of new populations, existing members, and departing members. The relative costs of these cohorts will have significant impact on the medical loss ratios.
- Contract changes for hospitals and delegated providers in projections have not been finalized.

Executive Committee Follow Up:

Review & Approve Proposed Language for County Director Seats

Presented to the Alameda Alliance Board of Governors

Rebecca Gebhart, Chair, Alliance Board of Governors

June 9th, 2023

ALAMEDA Alliance FOR HEALTH

Executive Committee Recommendation

- As a follow-up from the May Board of Governors meeting, the Alliance Executive Committee met on June 1st, 2023, to:
  - Discuss the 2 County Director seats and the designee language
  - Define the terms – designee and alternate/delegate
  - Discuss the agencies recommendation of 2 names versus 1 (Board interviews and recommends to BOS for seating)
  - Draft recommended language for the full Board meeting on June 9th – Board to review and approve Executive committee recommendation

Executive Committee Recommendation

- Executive Committee recommendation is to retain the Designee language for the two County Department head seats as proposed by the County.
- Our internal vetting process for all candidates, with the exception of the member of the Board of Supervisors, will be as follows which is consistent with past practice with the addition of Executive Committee invitation:
  - The Board Chair and Vice Chair, with the Executive Committee as their availability permits, meet with proposed candidate, either remotely or in-person
  - Candidate name is taken to Alliance Board of Governors for approval
  - After approval, candidate name is forwarded to Board of Supervisors for the official appointment, and after appointment, there is an informal orientation with Board members and formal orientation with the staff

Board Composition
Four (4) New Board Member Seats

- I. One member shall be the Alameda County Health Care Services Agency Director or the Director's designee.
- J. One member shall be the Alameda County Social Services Agency Director or the Director's designee.
- K. One member shall represent the Community Health Center Network Executive Director seat and shall be nominated by the Community Health Center Network.
- L. One member shall represent Long Term Services and Supports in a subject matter expertise capacity and shall be nominated by the Alliance Executive Committee.

Board of Governors

Standing Committee Membership

Presented to the Alameda Alliance Board of Governors

Matthew Woodruff, Chief Executive Officer

June 9th, 2023

ALAMEDA Alliance FOR HEALTH

Executive Committee

- Rebecca Gebhart (Chair)
- Noha Aboelata, MD (Vice Chair)
- Rollington Ferguson, MD
- Marty Lynch, Ph.D.
- Evan Seevak, MD

Compliance Advisory Committee

- Kelley Meade, MD (Chair)
- Byron Lopez (Vice Chair)
- Jody Moore

Finance Committee

- Rollington Ferguson, MD (Chair)
- Michael Marchiano, MD (Vice Chair)
- James Jackson
- Yeon Park

Strategic Planning Committee

- Marty Lynch, Ph.D. (Chair)
- Andrea Schwab Galindo (Vice Chair)
- James Jackson
- Evan Seevak, MD
- Noha Aboelata, MD

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

From: **Ruth Watson, Chief Operating Officer**

Date: **June 9th, 2023**

Subject: **Operations Report**

Member Services

- 12-Month Trend Blended Summary:

    - The Member Services Department received a thirty-seven percent (37%) increase in calls in May 2023, totaling 19,861 compared to 12,430 in May 2022. Call volume pre-pandemic in May 2019 was 14,962, which is twenty-five percent (25%) lower than the current call volume.
    - The abandonment rate for May 2023 was twenty-six percent (26%), compared to eight percent (8%) in May 2022.
    - The Department's service level was fifty-seven percent (57%) in May 2023, compared to sixty-three percent (63%) in May 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 five minutes and fifty seconds (05:50) for May 2023, compared to six minutes and thirty seconds (06:30) for May 2022.
    - Ninety-seven percent (97%) of calls were answered within 10 minutes for May 2023, compared to ninety-two (92%) in May 2022.
    - The top five call reasons for May 2023 were: 1). Eligibility/Enrollment, 2). Change of PCP 3). Benefits, 4). Kaiser, 5). ID Card Request. The top five call reasons for May 2022 were: 1). Change of PCP, 2). Eligibility/Enrollment, 3). Kaiser, 4 Benefits, 5). ID Card Requests.
    - May utilization for the member automated eligibility IVR system totaled twelve hundred ninety-four (1294) in May 2023 compared to three hundred-eight (308) in May 2022.
    - 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 (920) web-based requests in May 2023, compared to six hundred fifty-two (652) in May 2022. The top three web reason requests for May 2023 were: 1). ID Card Requests, 2). Change of PCP, 3). Update Contact Information. Thirty-nine (39) members were assisted in person in May 2023.

- MS BH:
    - The Member Services Behavioral Health Unit received a total of fifteen hundred seven (1,507) calls in May 2023.
    - The abandonment rate was eight percent (8%).
    - The service level was ninety-one percent (91%).
    - The Average Talk Time (ATT) was eight minutes and twenty-nine seconds (08:29). ATT is expected to be higher than normal calls due to the DHCS requirements to complete a screening for all members initiating MH services for the first time.
    - Three thousand thirty-three (3033) outreach calls were made in May 2023.
    - Two hundred fifteen (215) screenings were completed in May 2023.
    - Forty-four (44) referrals were made in May 2023 to the County.

Claims

- 12-Month Trend Summary:
    - The Claims Department received 251,858 claims in May 2023 compared to 163,272 in May 2022.
    - Auto Adjudication was 82.1% in May 2023 compared to 83.7% in May 2022.
    - Claims compliance for the 30-day turnaround time was 95.4% in May 2023 compared to 98.7% in May 2022. The 45-day turnaround time was 99.8% in May 2023 compared to 99.9% in May 2022.

- Monthly Analysis:
    - In May 2023, we received a total of 251,858 claims in the HEALTHsuite system. This represents an increase of 15.37% from April and is higher, by 88,586 claims, than the number of claims received in May 2022; the higher volume of received claims remains attributed to increased membership.
    - We received 88.60% of claims via EDI and 11.40% of claims via paper.
    - During May, 99.8% of our claims were processed within 45 working days.
    - The Auto Adjudication rate was 82.1% for May.

Provider Services

- 12-Month Trend Summary:
    - The Provider Services department's call volume in May 2023 was 8,056 calls compared to 5,236 calls in May 2022.

- Provider Services continuously work to achieve first call resolution and reduction of the abandonment rates. Efforts to promote provider satisfaction is our priority.
- The Provider Services department completed 349 calls/visits during May 2023.
- The Provider Services department answered 4,462 calls for May 2023 and made 904 outbound calls.

Credentialing

- 12-Month Trend Summary:
    - At the Peer Review and Credentialing (PRCC) meeting held on May 16, 2023, there were one hundred and twenty-six (126) initial network providers approved; ten (10) primary care providers, fifteen (15) specialists, four (4) ancillary providers, twenty-three (23) midlevel providers, and seventy-four (74) behavioral health providers. Additionally, eighteen (18) providers were re-credentialed at this meeting; three (3) primary care providers, ten (10) specialists, two (2) ancillary providers, and three (3) 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 May 2023, the Provider Dispute Resolution (PDR) team received 1322 PDRs versus 737 in May 2022.
    - The PDR team resolved 947 cases in May 2023 compared to 852 cases in May 2022.
    - In May 2023, the PDR team upheld 78% of cases versus 70% in May 2022.
    - The PDR team resolved 99.7% of cases within the compliance standard of 95% within 45 working days in May 2023, compared to 98.1% in May 2022.

- Monthly Analysis:
    - AAH received 1322 PDRs in May 2023.
    - In May 2023, 947 PDRs were resolved. Out of the 947 PDRs, 735 were upheld, and 212 were overturned.
    - The overturn rate for PDRs was 22%, which met our goal of 25% or less.

- 944 out of 947 cases were resolved within 45 working days resulting in a 99.7% compliance rate.
- The average turnaround time for resolving PDRs in May was 39 days.
- There were 2491 PDRs pending resolution as of 05/31/2023, with no cases older than 45 working days.

Community Relations and Outreach

- 12-Month Trend Summary:
  - In May 2023, the Alliance completed 874-member orientation outreach calls and 124 member orientations by phone.
  - The C&O Department reached 349 people (85% identified as Alliance members) during outreach activities, compared to 151 individuals (100% self-identified as Alliance members) in May 2022.
  - The C&O Department spent a total of $0 in donations, fees, and/or sponsorships, compared to $0 in May 2023.
  - The C&O Department reached members in 11 cities/unincorporated areas throughout Alameda County, Bay Area, and the U.S., compared to 15 cities in May 2022.

- Monthly Analysis:
  - In May 2023, the C&O Department completed 874-member orientation outreach calls and 124 member orientations by phone, and 37 Alliance website inquiries.
  - Among the 349 people reached, 85% identified as Alliance members.
  - In May 2023, the C&O Department reached members in 11 locations throughout Alameda County, Bay Area, and the U.S.
  - Please see attached **Addendum A**.

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

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

Date: **June 9th, 2023**

Subject: **Compliance Division Report**

Compliance Audit Updates

- 2023 DHCS Routine Medical Survey:
  - The onsite virtual interview took place from April 17th, 2023, through April 28th, 2023. A Focused Audit was conducted concurrently during the Routine Survey. The review period covered April 1st, 2022, through March 31st, 2023. The DHCS conducted its closing session on April 28th, 2023, and shared their initial observations and concerns. The Plan is awaiting a final report, which is expected near August 2023. The Plan's self-identified findings have been added to the compliance dashboard to be shared with the Board of Governors.

- 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 DHCS requires 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 additional documentation on May 4th, 2023. An additional request was received on May 25th, 2023. DHCS has completed review of 8 out of the 15 findings. At present, the Plan is awaiting the closeout letter from DHCS.

- 2022 DMHC Risk Bearing Organization (RBO) Audits:
  - In 2022, the DMHC examined the claims settlement practices and the provider dispute resolution mechanism of Children First Medical Group, Inc. (CFMG) and Community Health Center Network, Inc. (CHCN). The Plan received the audit report from DMHC in December 2022. Deficiencies were found in the following areas:

- CFMG
  - Claims Payment Accuracy: 1 deficiency
  - Misdirected Claims: 1 deficiency
  - Reimbursement of Claim Overpayments: 1 deficiency

- CHCN
    - Claims Payment Accuracy: 2 deficiencies
    - Incorrect Claim Denials: 1 deficiency
    - The Plan's oversight of these RBOs includes quarterly audits of the RBOs claims settlement practices beginning with Q1 2023 dates of service. On May 31st, 2023, the Plan sent the audit notification letters to both CHCN and CFMG for their 1st quarterly audit. Requested claims documents are due back to the Plan on June 14th, 2023.

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. Implementation is to take place through December 31st, 2023, for the majority of the contract's requirements. The State has noted that the Emergency Preparedness and Response Plan will have an extended implementation date of January 1st, 2025. The Plan has identified an internal target implementation date of October 27th, 2023, for all other requirements.

    - The Plan submitted fifteen (15) deliverables on May 22nd, 2023, and is finalizing documents for its next submission of fifteen (15) deliverables on June 5th, 2023. The State provided two (2) new submission dates: September 15th, 2023, and December 29th, 2023. The Plan is continuing its efforts in implementing new requirements and monitoring potential Business Process Impacts as a result of the changes. The State is expected to provide more information on the remaining undisclosed nineteen (19) deliverables this summer.

- 2022 Corporate Compliance Training – Board of Governors & Staff:
    - Due to technical issues with the training platform the Board of Governors Corporate Compliance Training was reassigned on March 21st Board members will have ninety (90) days or until June 21st, to complete the assigned training, 40% of Board Members have completed the training.

- 2022 Corporate Compliance Supplemental Department Training:
    - The Privacy Office in collaboration with the Special Investigation Unit began Supplemental Department Training for FY 2023. The Training focuses on Fraud Waste and Abuse, Privacy and Security Awareness, as well as Discrimination. Supplemental Department Training is provided to all employees at their Department Meeting in April, May, and June. 65% of the training has been completed.

- Behavioral Health Insourcing:
  - On March 31st, 2023, Alameda Alliance for Health (the Alliance) terminated the administrative services agreement with Beacon Health Strategies, LLC. Effective April 1st, 2023, the Alliance insourced and is administering mental health, substance abuse disorder, and behavioral health services.

  - Although the Alliance has received approval from the Departments of Managed Health Care (DMHC) and Health Care Services (DHCS), as expected, DMHC's approval was subject to and conditioned upon the Alliance's full performance to the Department's satisfaction of eight Undertakings. Six of the eight Undertakings require deliverables to the DMHC. Compliance is coordinating with internal stakeholders to gather responses for timely and complete submission of the deliverables.

Undertakings Chart:

Undertaking No / Deliverable	Due Date	Current Status	Progress
Undertaking No. 1 Report detailing compliance with SB 855 Section 1374.721(e)(1)[1], when the trainings have been completed. The report must include evidence that training courses by contracted Non-Profit Associations have been completed. If by the due date, the plan has not completed the trainings, AAH must provide a detailed explanation of the efforts and include a detailed timeline for completing the trainings.	By April 28, 2023	**First Report sent April 28, 2023.** **See Filing No. 20232102**	DMHC completed its review & closed the filing on May 25, 2023
Undertaking No. 2 Submit regular reports detailing the Plan's efforts to recruit and fill positions identified to support the insourcing of MH/SUD services. The initial report is due no later than 30 days following the date of the Order of Approval. Each subsequent report must be submitted within 30 days of the prior report, until all positions have been filled.	By April 28, 2023, and every 30 days thereafter.	**First Report sent April 24, 2023** Received close out of 1st submission on April 27, 2023. **See Filing No. 20232017**.	Compliance submitted 2nd report on May 24, 2023
Undertaking No. 3 Submit the fully executed Memorandum of Understanding (MOU) between the Plan and Alameda County Behavioral Health Services.	By April 28, 2023	**Filing No. 20231868 submitted to DMHC on April 13, 2023.**	DMHC completed its review & closed the filing on April 27, 2023
Undertaking No. 4 If applicable, submit Grievance and Appeals policies updated as a result of insourcing and administering mental health, substance abuse disorder, and behavioral health services.	By April 28, 2023	**Filing No. 20232045 submitted to DMHC on April 25, 2023.** Received a comment from DMHC on May 15, 2023. Response due June 15, 2023	Compliance submitted response on May 30, 2023
Undertaking No. 5 If applicable, submit Claims policies updated as a result of insourcing and administering mental health, substance abuse disorder, and behavioral health services.	By April 28, 2023	**Filing No. 20232024 submitted to DMHC on April 24, 2023.** **Response to DMHC May 5, Comment letter due to DMHC**	May 5, 2023, received response from DMHC indicating to either direct DMHC to the filing no. in which it

		by <u>Sunday June 4, 2023</u>	filed Exhibit II-4 or file an Exhibit II-4. May 9, 2023, submitted CLM-001 Claims Processing as an Exhibit II-4 for the Department's review. Awaiting DMHC response or closure of the filing.
Undertaking No. 6 Submit electronically an Amendment filing to demonstrate compliance with the federal Mental Health Parity and Addiction Equity Act ("MHPAEA") (42 USC § 300 gg-26) and its regulations (45 CFR § 146.136) and Section 1374.76 of the Act. Before submitting the Amendment, the Plan shall contact the Department's MHPAEA review team by May 28, 2023, to obtain detailed filing instructions and DMHC MHPAEA template worksheets for completion as part of the MHPAEA compliance filing.	By July 12, 2023	AAH requested detailed filing instructions & templates from DMHC on April 19, 2023. May 5, 2023, received filing instructions and worksheets from DMHC. May 9, 2023, saved documents on teams UT #6 MHPAEA and distributed to BH SMEs & Soli	May 22, 2023 – Met with SMEs. Will leverage the documents from BH Investigation to populate the J-12 Non-Qualitative Treatment Limitations table.
Undertaking No. 7 Legal template language describing the enforceability.	No Deliverable	N/A	N/A
Undertaking No. 8 Legal template language describing the terms & conditions under which the Undertakings are subject, including that the undertakings will be effective even if the plan changes hands and the date the undertakings are set to expire.	No Deliverable	N/A	N/A

[1] (e) To ensure the proper use of the criteria described in subdivision (b), every health care service plan shall do all of the following:

(1) Sponsor a formal education program by nonprofit clinical specialty associations to educate the health care service plan's staff, including any third parties contracted with the health care service plan to review claims, conduct utilization reviews, or make medical necessity determinations about the clinical review criteria.

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

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

Date: **June 9th, 2023**

Subject: **Health Care Services Report**

Utilization Management: Outpatient

- Effective 1/1/23 DHCS expanded the Continuity of Care (CoC) program for all members. CoC ensures new members with the Alliance to have access to services consistent with the access they previously were receiving. Workflow development and training for stakeholders occurred in May as the program launched. OP UM is working with CM to ensure that members' care will be coordinated back into network after the CoC period is ended.

- Authorizations for referrals to Tertiary/Quaternary (T/Q) centers were implemented on 1/1/23. Referrals to T/Q centers will ensure that members receive the right level of care for complex medical conditions that require academic medical center services. Initial data will begin to be available Q2 as reports are developed from authorization requests and claims submissions. The UM Medical Director will analyze trends to identify the level of referral appropriateness and potential expansion of authorization requirements to additional services.

- OP UM trained the new Long Term Care UM team in outpatient referral management to ensure standard UM practices across the Alliance. Focused training on specific topics (Out of Network, Tertiary/Quaternary process,) was done throughout May.

- Pharmacy referrals through the UM Medical benefit is on track to transition to the Pharmacy department for full PA management on 6/19/23. This allows for additional specialized focus overview with subject matter experts. The Pharmacy team is undergoing training by the OP UM team on all aspects of authorization processing.

- To guide the growing UM lines of business, a new UM Director with extensive UM experience at a sister managed Medi-Cal health plan started May 15th. She will be responsible for leading all of UM, including OP, IP and LTC, and is undergoing orientation and training on all aspects of UM at AAH.

Outpatient Authorization Denial Rates			
Denial Rate Type	**March 2023**	**April 2023**	**May 2023**
Overall Denial Rate	**2. 1%**	**0.6%**	**2.4%**
Denial Rate Excluding Partial Denials	**1.8%**	**0.5%**	**2.2%**
Partial Denial Rate	**0.3%**	**0. 1%**	**0.2%**

Turn Around Time Compliance			
Line of Business	**March 2023**	**April 2023**	**May 2023**
Overall	**96%**	**95%**	**95%**
Medi-Cal	**96%**	**95%**	**95%**
IHSS	**100%**	**98%**	**98%**
Benchmark	***95%***	***95%***	***95%***

Utilization Management: Inpatient

- In Q1 2023 AAH experienced a 40% increase in SNF admissions to both Long Term Care and the duals population. Both the duals and members in long term care have a higher hospitalization rate, that contributed to increases in acute admissions of these vulnerable members, and actively managing the increase in authorization volume.

- The IP UM team continues to identify high risk members admitted to a hospital, conducts discharge assessment, provides name of Care Manager for inclusion in the discharge summary, and refers to Case Management department for follow up.

- In collaboration with CM, IP UM is working with hospital partners and community based TCS programs to focus on readmission reduction, aligning with their readmission reduction goals.

- With the expansion of TCS to include all high-risk members in 2023, IP UM continues to work with CM to engage hospital and community partners in this effort.

- IP UM department continues to meet weekly with contracted hospital providers including Alameda Health System, Sutter, Kindred LTACH, Kentfield LTACH, and Washington, for rounds on mutual patients to discuss UM issues, address discharge barriers, and improve throughput and real time communication. These meetings provide a forum for discussing new requirements, such as PASRR (Pre-Admission Screening and Resident Review).

- IP UM team conducted internal training regarding SNF Pre-Admission Screening and Resident Review (PASRR,) process, feedback from contracted providers

confirm that they are completing PASRRs for members requiring SNF placement. Ongoing monitoring for the PASRRs and requesting documentation from SNFs is underway.

Turn Around Time Compliance			
Line of Business	**Feb 2023**	**March 2023**	**April 2023**
Overall	**96%**	**97%**	**96%**
Medi-Cal	**96%**	**96%**	**96%**
IHSS	**100%**	**100%**	**94%**
Benchmark	***95%***	***95%***	***95%***

Inpatient Med-Surg Utilization Total All Aid Categories **Actuals (excludes Maternity)**			
Metric	**Feb 2023**	**March 2023**	**April 2023**
Authorized LOS	**6.6**	**5.7**	**5.1**
Admits/1,000	**50.6**	**53.6**	**54.0**
Days/1,000	**334.0**	**303.2**	**274.1**

Utilization Management: Long Term Care

- As of May 31st, 2023, there are 1850 AAH Members in Long Term Care nursing facilities.

- LTC team is working with IT, Inpatient UM, Outpatient UM & Integrated Planning Department (IPD) to streamline authorization request inputs for providers on AAH website.

- ICF-DD carve-in Network Readiness documents were received from DHCS. LTC team is working with IPD and key stakeholders on planning. Collaborative meetings with the Regional Center of East Bay are happening monthly. LTC Team met with ICF company CCI to understand current processes and remove barriers to a smooth carve-in.

- LTC team is working with IT on provider portal interactive form for ancillary and professional services. Expected deployment is 6/6/23.

- LTC UM team is receiving training from OP team on ancillary/professional services authorization processing.

- Post-Implementation Townhall provider education sessions are underway with good feedback from providers. Next session is 6/7/23.

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	33
Denied	50
Closed	117
Total	**200**

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

- Medications for weight management, diabetes, asthma, migraine, fungal infection, skin disease, pain, acne, and hepatitis Bare top ten categories for denials.

Rank	Drug Name	Common Use	Common Denial Reason
1	WEGOVY 0.25 MG/0.5 ML PEN	Weight Management	Criteria for approval not met
2	JARDIANCE 10 MG TABLET	Diabetes	Criteria for approval not met
3	XOLAIR 150 MG/ML SYRINGE	Asthma	Criteria for approval not met
4	EMGALITY 120 MG/ML SYRINGE	Migraine	Criteria for approval not met
5	CICLOPIROX 0.77% CREAM	Fungal infection	Criteria for approval not met
6	BETAMETHASONE DP AUG 0.05% OINTMENT	Skin Disease	Criteria for approval not met
7	OXYCODONE HCL (IR) 10 MG TABLET	Pain	Criteria for approval not met
8	TRETINOIN 0.1% CREAM	Acne	Criteria for approval not met
9	CONTRAVE ER 8-90 MG TABLET	Weight Management	Criteria for approval not met
10	VEMLIDY 25MG TABLET	Hepatitis B	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 May 12th, 2023, approximately 62.75 million point-of-sale pharmacy paid claims to participating pharmacies totaling approximately $6.10 billion in payments.
    - Processed 176,388 prior authorization requests.
    - Answered 212,763 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 2023	30
February 2023	39
March 2023	60
April 2023	50
May 2023	60

- 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.

- 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 2023	309
February 2023	291
March 2023	482
April 2023	301

- 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 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 collaborated with IP UM, LTC and ECM to incorporate 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 has been working closely with CHCN to provide consistent TCS care for high-risk members assigned to CHCN.

- Major Organ Transplant (MOT) CM Bundle continues to be offered to members. The volume continues to increase (353 members). All nurses in case management support members throughout the MOT process.

- CM in partnership with Population Health Management is working to reinvigorate Disease Management in alignment with DHCS regulations. The first to go live will be Asthma, followed by Diabetes. Planning for Cardiovascular and Depression Disease Management programs has begun with the hopes of commencement in Q3 and Q4 of 2023.

- CM is enrolling high-risk utilizers in case management services. The department has improved the workflow to increase engagement with high utilizers. CM is also partnering with UM and Pharmacy to deep dive into previous high utilizer cases, looking for areas of improvement.

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

- CM has hired additional staff to assist with acquisition of Physician Certification Statement (PCS) forms to better align with DHCS requirements for members who need a higher level of transportation. The staff have been able to increase PCS form acquisition from 60% to 85% since hiring occurred in March.

Case Type	Cases Opened in April 2023	Total Open Cases as of April 2023	Cases Opened in May 2023	Total Open Cases as of May 2023
Care Coordination	509	964	591	1057
Complex Case Management	27	90	32	92
Transitions of Care (TCS)	263	509	277	497

CalAIM Enhanced Case Management

- Collaborative work continues with IPD, Analytics and Provider Service teams continues for the next Populations of Focus (Children/Youth) to launch 07/01/23.

- DHCS approved ECM Model of Care for 07/01/23 launch.

- California Children's Services (CCS) launch moved 08/01/23 to accommodate Board of Supervisors meeting.

- AHS is expanding to serve their SMI/SUD only adult members (target date 07/01/23)

- ACBH is expanding to serve additional SMI/SUD adult members (target date 07/01/23)

- Onboarding meetings continue for the new ECM Providers:

New Providers	Sub-Contractors
California Childrens Services (CCS)	
Full Circle (with sub-contractors)	A Better Way Alameda Family Services Alternative Family Services Fred Finch Youth & Family Services East Bay Agency for Children Lincoln Stars, Inc. West Coast Children's Clinic
La Familia	
Med Zed*	
Seneca	
Titanium Health Care*	

*Current Anthem providers in the county

Case Type	ECM Outreach in February 2023	Total Open Cases as of February 2023	ECM Outreach in March 2023	Total Open Cases as of March 2023	ECM Outreach in April2023	Total Open Cases as of April 2023
ECM	455	978	457	1019	544	1047

Community Supports (CS)

- 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

- CS continues to meet regularly with each CS provider to work through logistical issues as they arise, including referral management, claims payment and member throughput.

- The CS team is working closely with each CS provider to improve workflows and move towards the platform FindHelp to better align with DHCS' requirements to establish a closed loop referral process.

- East Bay Innovations (EBI) is the CS Provider engaged in the Self-Funded Pilot for 2 additional Community Supports-like 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

- DHCS has approved the Model of Care for Community Supports parts 1-3.

- In collaboration with IPD and Provider Services, CS will bring on 3 new services 07/01/23:
    - (Caregiver) Respite Services
    - Personal Care & Homemaker Services
    - Environmental Accessibility Adaptations (Home Modifications)

- For the 3 new CS Services starting 07/01/23, there will be 2 providers:
    - 24 Hour Home Care for:
        - (Caregiver) Respite Services
        - Personal Care & Homemaker Services
    - East Bay Innovations (EBI) for:
        - Environmental Accessibility Adaptations (Home Modifications)

Community Supports	Services Authorized in Jan 2023	Services Authorized in Feb 2023	Services Authorized in Mar 2023	Services Authorized in Apr 2023
Housing Navigation	309	314	329	352
Housing Deposits	215	170	150	142
Housing Tenancy	802	798	799	808
Asthma Remediation	34	47	52	47
Meals	499	613	732	867
Medical Respite	38	43	44	50

Grievances & Appeals

- All cases were resolved within the goal of 95% within regulatory timeframes.
- Total grievances resolved in May were 7.67 complaints per 1,000 members.
- The Alliance's goal is to have an overturn rate of less than 25%, for the reporting period of May 2023; we did not meet our goal at 32.3% overturn rate.

May 2023 Cases	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	838	30 Calendar Days	95% compliance within standard	799	95.4%	2.33
Expedited Grievance	2	72 Hours	95% compliance within standard	2	100.0%	0.006
Exempt Grievance	1,890	Next Business Day	95% compliance within standard	1,890	100.0%	5.25
Standard Appeal	31	30 Calendar Days	95% compliance within standard	31	100.0%	0.09
Expedited Appeal	0	72 Hours	95% compliance within standard	NA	NA	NA
Total Cases:	2,761		95% compliance within standard	2,722	98.6%	7.67

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

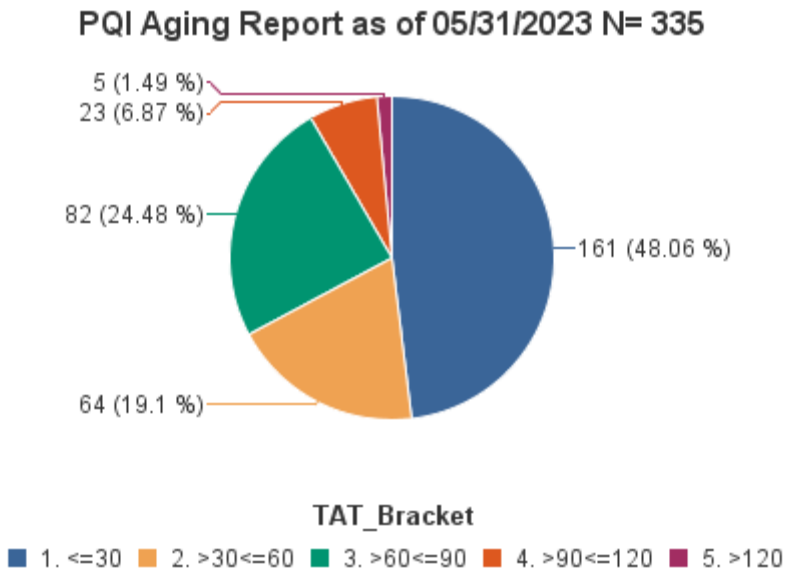
Quality

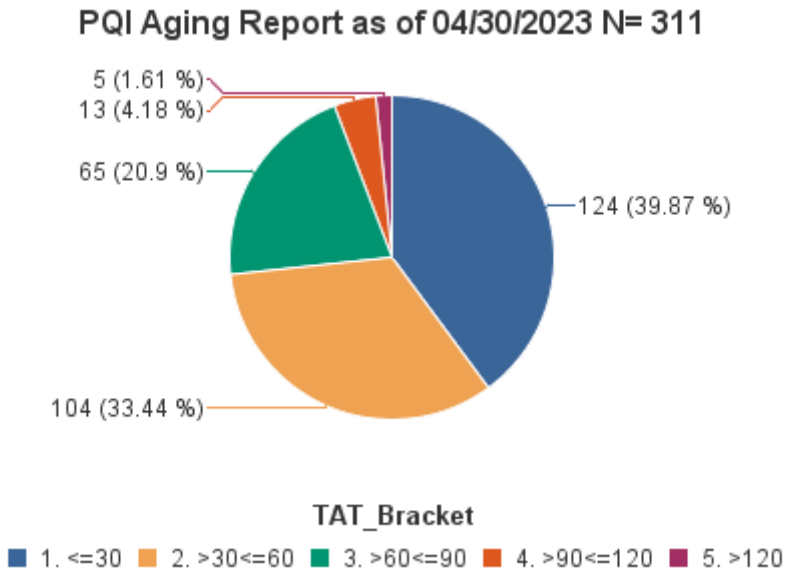
- Quality Improvement continues to track and trend PQI Turn-Around-Time (TAT) compliance. Our goal is closure of PQIs cases within 120 days from receipt to resolution via nurse investigation and procurement of medical records and/or provider responses followed by final MD review when applicable.

- 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 1.61% of total cases for April and 1.49% in May. Therefore, turnaround times for case review and closure remain well under the benchmark of 5% per PQI P&P QI-104.

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





Provider Satisfaction Survey

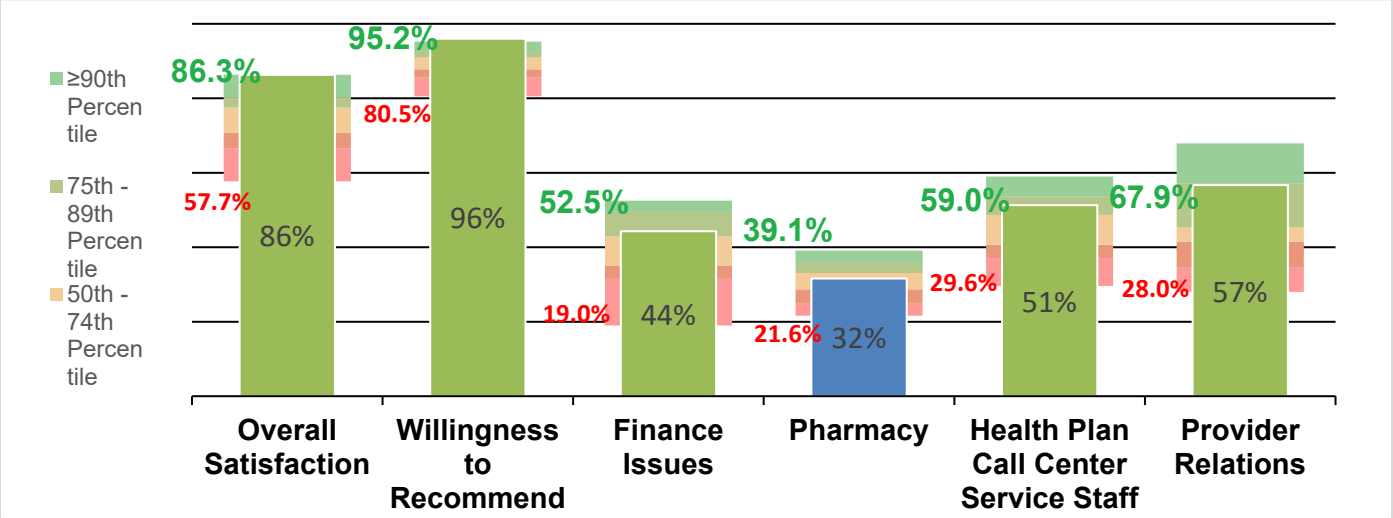
- Survey Objective: The provider Satisfaction Survey targets providers to measure their satisfaction with Alameda Alliance for Health. Information obtained from these surveys allows plans to measure how well they are meeting their providers' expectations and needs.

Provider Satisfaction Composite Scores

Composite	MY 2022 Result	Variance Compared to Previous Year	Variance Compared to SPH Commercial Benchmark BoB	MY 2021 Result	MY 2020 Result
Overall Satisfaction	**86.3%**	Higher	Significantly Higher	77.3%	85.0%
All Other Plans (Comparative Rating)	**53.5%**	Higher	Significantly Higher	50.0%	55.6%
Finance Issues	**44.3%**	Stable	Higher	44.5%	45.0%
Utilization and Quality Management	**50.6%**	Higher	Significantly Higher	45.3%	50.9%
Network/Coordination of Care	**31.2%**	Lower	N/A	37.6%	39.1%
Pharmacy	**31.6%**	Lower	N/A	35.1%	33.0%
Health Plan Call Center Service Staff	**51.3%**	Lower	Higher	54.0%	53.9%
Provider Relations	**56.7%**	Lower	Significantly Higher	63.5%	61.5%

- The Alliance identified higher composite scores in 3 of 8 measures compared to 2021 scores.
- One (1) of the 8 composites remained stable compared to 2021.
- Four (4) of the 8 composites scores are significantly higher than the vendor commercial BoB scores.

Comparison Relative to SPH Book of Business:



Green bar = AA performing at or above the 75th percentile
Red bar = AA performing below the 25th percentile

- Survey results indicate that the Alliance is performing above the 75th percentile in 5 of 6 composites compared to the distribution of scores in the 2021 SPH Commercial Book of Business and performing above the median for the other measure.

Key Drivers of the Overall Rating of Health Plan

- Power: Promote and leverage Strengths (Top 5 Listed)
  - Procedures for obtaining pre-certification/referral/authorization information.
  - Timeliness of plan decisions on routine prior authorization requests.
  - Timeliness of obtaining pre-certification/referral/authorization information.
  - Degree to which the plan covers and encourages prevention care and wellness.
  - The health plan's facilitation/support of appropriate clinical care for patients.

- Opportunities: Focus resources on improving processes that underline these items
  - Satisfaction with other (non-behavioral health) Specialists' communication & coordination care

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

From: **Lao Paul Vang, Chief Health Equity Officer**

Date: **June 9th, 2023**

Subject: **Health Equity Report**

Staffing Plan and Selection Processes:

- **Executive Assistant –** The selection process for the Executive Assistant has been successfully completed. An offer has been made and accepted by the candidate, Jeanette Murray, who has already started on May 28th, 2023.

- **Senior Analyst of Health Equity –** The selection process for the Senior Analyst of Health Equity has been completed, and a final candidate has been selected. An offer from HR to the selected candidate is expected to be made this week.

- **Senior Manager of Health Equity** – The selection process for the Senior Manager of Health Equity is still ongoing. However, it is anticipated that the selection process will be completed by mid to late June.

- **Consultant** – Continuing collaboration with Vendor Management on the launching of a request for quotation (RFQ) process to retain a consultant to carry out four specific tasks as follows:

    - **Data Analyses** – Conduct targeted data analyses on the 97k non-utilization data to determine the root cause or why behind the non-utilization. As part of the data analyses, the consultant will also work with Population Health Management, Quality Improvement, and Utilization Management teams to analyze data pertaining to their respective areas of responsibility aimed to enhance health equity practices.

    - **Roadmap** – Develop a roadmap for Health Equity and Diversity, Equity, Inclusion, and Belonging for the Alliance.

    - **Diversity, Equity, & Inclusion (DEI) Training Curriculum –** Develop a comprehensive DEI training curriculum as required by the upcoming DHCS' All Plan Letter on DEI training.

    - **Framework of Accountability & KPI Metrics** – Develop a framework of accountability for Health Equity and DEI with strategic KPI metrics to measure progress and challenges.

Internal Collaboration:

- **Ongoing meetings and check-ins with Division Chiefs** – Conduct ongoing 1:1 meetings with Divisions Chiefs to ensure collaboration and alignment of work-related activities.

- **Population Health Management** – Collaborated with the Population Health Management team to develop the first draft of the 2023 Population Health Management Strategy.

External Collaboration:

- **Bi-Weekly Meetings with Other Local Health Plans' Chief Health Equity Officers** (CHEOs) – Attended bi-weekly meetings with other CHEOs to discuss and exchange ideas, lessons learned, and best practices for Health Equity and Diversity, Equity, and Inclusion.

- **Meetings with External Stakeholders** – Continued participation in regular meetings with external stakeholders (i.e., Alameda County Safety Net Coordination, Alameda Alliance for Health/Alameda Health System Leadership, Housing and Homelessness Incentive Programs, Community of Care, etc., to discuss Health Equity and DEI related issues.

Policy and Procedure Reviews:

- **Comprehensive Policy & Procedure Reviews** – Once the Health Equity Team has been established, we will begin comprehensive reviews of all policies and procedures for the Alliance to ensure that they are aligned with and in support of the Alliance's Health Equity and DEI objectives.

Diversity, Equity, Inclusion, and Belonging (DEIB) and Values in Action (VIA) Committees:

- **DEIB Committee** – Chaired the monthly meetings of the DEIB Committee. Collaborated with committee members to revise several sections of the charter to ensure it reflects the committee's work.

- **VIA Committee** – Chaired the monthly meetings of the VIA Committee. Collaborated with committee members to plan and coordinate company-related activities.

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

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

Date: **June 9th, 2023**

Subject: **Information Technology Report**

Call Center System Availability

- AAH phone systems and call center applications performed at 100% availability during the month of May 2023 despite supporting 97% of staff working remotely.

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.

    - SQLAdmin password change has been scheduled to be completed by June 11th, 2023.

- 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.

    - Immutable backup testing has been completed successfully.

- Implementation of Single Sign-On and Multi-Factor Authentication for Shared Service Applications. This program focuses on protecting shared cloud applications with Multi-Factor Authentication and Single Sign-On.

    - As of end of May 2023, we completed 99.5% of the deployment.
    - This brings the total number of completed deployments to 13, with project finalization and operationalization expected to be completed by mid-June 2023.

Encounter Data

- In the month of May 2023, the Alliance submitted 222 encounter files to the Department of Health Care Services (DHCS) with a total of 375,380 encounters.

- Higher volumes in May 2023 are due primarily to a higher count of claims being received and extracted from HealthSuite for encounter submission.

Enrollment

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

HealthSuite

- A total of 253,475 claims were processed in the month of May 2023 out of which 208,148 claims auto adjudicated. This sets the auto-adjudication rate for this period to 82.1%.

TruCare

- A total of 18,346 authorizations were loaded and processed in the TruCare application.

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

Consumer Portal

- In May 2022, the Alliance started the consumer portal enhancement. This consumer portal shall enable the Providers to submit prior authorizations, referrals, claims, and encounters to the Alliance, plus improve authorization and claim processing metrics.

- In May 2023, we had to refine the provider access controls for the initial Behavioural Health (BH) screening form on the portal as per new business rules brought to light. However, we made significant progress in developing the forms to directly accept our providers' Long-Term Care Authorization, Referral forms, and Behavioural Health provider forms.

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

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

Date: **June 9th, 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: March 2022 – Feb 2023 dates of service
  Prior reporting period: March 2021 – Feb 2022 dates of service
  (Note: Data excludes Kaiser membership data.)

- For the Current reporting period, the top 9.5% of members account for 85.7% of total costs.

- In comparison, the Prior reporting period was lower at 8.9% 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 decreased to account for 59.8% of the members, with SPDs accounting for 25.8% and ACA OE's at 34.0%.

    - 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 44.5%.

    - 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 (39.5%) compared to the overall population (20.6%).

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

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

Date: **June 9th, 2023**

Subject: **Human Resources Report**

Staffing

- As of June 1st, 2023, the Alliance had 472 full time employees and 1-part time employee.

- On June 1st, 2023, the Alliance had 39 open positions in which 11 signed offer acceptance letters have been received with start dates in the near future resulting in a total of 28 positions open to date. The Alliance is actively recruiting for the remaining 28 positions and several of these positions are in the interviewing or job offer stage.

- Summary of open positions by department:

Department	Open Positions June 1st	Signed Offers Accepted by Department	Remaining Recruitment Positions
Healthcare Services	4	2	2
Operations	18	4	14
Healthcare Analytics	3	2	1
Information Technology	4	0	4
Finance	2	0	2
Compliance & Legal	0	0	0
Human Resources	2	1	1
Executive	4	2	2
Integrated Planning	2	0	2
Total	39	11	28

- Our current recruitment rate is 8%.

Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in April 2023 included:
    - 5 years:
        - Aman Aseel (IT Infrastructure)
        - Leticia Alejo (Provider Services)
        - Hope Desrochers (Utilization Management)
        - Jessica Jew (Quality Management)
        - Randy Segura (Quality Analytics)
    - 6 years:
        - Rahel Negash (Pharmacy Services)
        - Kwan Park (IT Data Exchange)
    - 7 years:
        - Aracely Melendez (Claims)
        - Riandria Hollie (Claims)
    - 8 years:
        - Thomas Garrahan (Provider Services)
        - Jeremy Alonzo (IT-Ops and Quality Apps Management)
    - 10 years:
        - Alicia Garibay (Utilization Management)
        - Michelle Lewis (Marketing & Communications)
    - 11 years:
        - Brian Butcher (Information Technology)
        - Linda Ayala (Quality Management)
    - 15 years:
        - Cecilia Gomez (Provider Services)
    - 20 years:
        - Nancy Kuo (Case & Disease Management)

ALAMEDA Alliance FOR HEALTH

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DETAILED APPENDIX

Please click on the hyperlink(s) below to direct you to corresponding material for each item.

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Legislative Tracking

June 2023 Legislative Tracking List

The California State Legislature reconvened the 2023-2024 Legislative Session the first week of January 2023. The following is a list of state bills tracked by the Public Affairs and Compliance Departments that have been introduced during the 2023 Legislative Session. These bills are of interest to and could have a direct impact on Alameda Alliance for Health and its membership.

AB 4 **(Arambula D) Covered California: expansion.**
Current Text: Amended: 3/9/2023 html pdf
Last Amend: 3/9/2023
Status: 5/26/2023-In Senate. Read first time. To Com. on RLS. for assignment.
Location: 5/26/2023-S. RLS.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

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 the Patient Protection and Affordable Care Act (PPACA). Current law requires the Exchange to apply to the United States Department of Health and Human Services for a waiver to allow individuals who are not eligible to obtain health coverage through the Exchange because of their immigration status to obtain coverage from the Exchange by waiving the requirement that the Exchange offer only qualified health plans solely for the purpose of offering coverage to persons otherwise not able to obtain coverage by reason of immigration status. Current law limits the waiver of that requirement to requiring the Exchange to offer only “California qualified health plans,” as specified, to those individuals. Current law requires an issuer that offers a qualified health plan in the individual market through the Exchange to concurrently offer a California qualified health plan that meets prescribed criteria. This bill would revise those provisions by deleting the requirement that limits coverage for the described individuals to the California qualified health plans. Contingent upon federal approval of the waiver, specified requirements for applicants eligible for the coverage described in the bill would become operative on January 1, 2025, for coverage effective for qualified health plans beginning January 1, 2026.

AB 33 **(Bains D) Fentanyl Addiction and Overdose Prevention Task Force.**
Current Text: Amended: 5/18/2023 html pdf
Last Amend: 5/18/2023
Status: 5/26/2023-In Senate. Read first time. To Com. on RLS. for assignment.
Location: 5/26/2023-S. RLS.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would, subject to an appropriation, establish the Fentanyl Addiction and Overdose Prevention Task Force to undertake various duties relating to fentanyl abuse, including, among others, collecting and organizing data on the nature and extent of fentanyl abuse in California and

evaluating approaches to increase public awareness of fentanyl abuse. The bill would require the task force to be co-chaired by the Attorney General and the Surgeon General or their designees and would specify the membership of the task force.

AB 47 **(Boerner D) Pelvic floor physical therapy coverage.**
Current Text: Introduced: 12/5/2022 html pdf
Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 12/5/2022)(May be acted upon Jan 2024)
Location: 4/28/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 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.**
Current Text: Amended: 3/16/2023 html pdf
Last Amend: 3/16/2023
Status: 5/31/2023-Referred to Coms. on HEALTH and JUD.
Location: 5/31/2023-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

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. This bill would make the prescriber responsible for disclosing the material information relating to psychotherapeutic drugs to the resident and obtaining their informed consent, as defined.

AB 55 **(Rodriguez D) Medi-Cal: workforce adjustment for ground ambulance transports.**
Current Text: Amended: 4/27/2023 html pdf
Last Amend: 4/27/2023
Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/10/2023)(May be acted upon Jan 2024)
Location: 5/19/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law requires, with exceptions, that Medi-Cal reimbursement to providers of emergency medical transports be increased by application of an add-on to the associated Medi-Cal fee-for-service payment schedule. Under current law, those increased payments are funded solely from a quality assurance fee (QAF), which emergency medical transport providers are required to pay based on a specified formula, and from federal reimbursement and any other related federal funds. Current law sets forth separate provisions for increased Medi-Cal reimbursement to providers of ground emergency medical transportation services that are owned or operated by certain types of public entities. This bill would establish, for dates of service on or after July 1, 2024, a workforce adjustment, serving as an additional payment, for each ground ambulance transport performed by a provider of medical transportation services, excluding the above-described public entity providers. The bill would vary the rate of adjustment depending on the point of pickup and whether the service was for an emergency or nonemergency, with the workforce adjustment being equal to 80% of the lowest maximum allowance established by the federal Medicare Program reduced by the fee-for-service payment schedule amount, as specified.

AB 85 **(Weber D) Social determinants of health: screening and outreach.**
Current Text: Amended: 5/18/2023 html pdf
Last Amend: 5/18/2023
Status: 5/26/2023-In Senate. Read first time. To Com. on RLS. for assignment.
Location: 5/26/2023-S. RLS.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law requires health care service plans and health insurers to include coverage for screening for various conditions and circumstances, including adverse childhood experiences. Current law provides for the Medi-Cal program, administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would, upon appropriation by the Legislature for these purposes, require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2024, to include coverage for screenings for social determinants of health, as defined, regardless of the screening method utilized. The bill would, upon appropriation, require a health care service plan or health insurer to provide physicians who provide primary care services with adequate access to community health workers, peer support specialists, lay health workers, community health representatives, or social workers in counties where the health care service plan or health insurer has enrollees or insureds, as specified. The bill would, upon appropriation, 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.

AB 90 **(Petrie-Norris D) Family PACT Program: contraceptive device coverage.**
Current Text: Introduced: 1/5/2023 html pdf
Status: 5/26/2023-In Senate. Read first time. To Com. on RLS. for assignment.
Location: 5/26/2023-S. RLS.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered

1st House	2nd House	Conc.			

Summary: Current law establishes the Family Planning, Access, Care, and Treatment (Family PACT) Program, administered by the Office of Family Planning within the State Department of Health Care Services, under which comprehensive clinical family planning services are provided to a person who has a family income at or below 200% of the federal poverty level, and who is eligible to receive these services. Under current law, those comprehensive clinical family planning services include coverage for contraceptive devices approved by the federal Food and Drug Administration. This bill would clarify that Family PACT comprehensive clinical family planning services include inpatient services relating to the placement or insertion of a contraceptive device.

AB 221 (Ting D) Budget Act of 2023.
Current Text: Introduced: 1/10/2023 html pdf
Status: 1/26/2023-Referred to Com. on BUDGET.
Location: 1/26/2023-A. BUDGET

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would make appropriations for the support of state government for the 2023–24 fiscal year.

AB 236 (Holden D) Health care coverage: provider directories.
Current Text: Amended: 3/20/2023 html pdf
Last Amend: 3/20/2023
Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/19/2023)(May be acted upon Jan 2024)
Location: 5/19/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

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 to enrollees or insureds, and requires a health care service plan and health insurer to regularly update its printed 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 1, 2024, with increasing required percentage accuracy benchmarks to be met each year until the directories are 95% accurate on or before January 1, 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 1, 2024, unless specified criteria apply. The bill would require a plan or insurer to provide information about in-network providers to enrollees and insureds upon request and would limit the cost-sharing amounts an enrollee or insured is required to pay for services from those providers under specified circumstances.

AB 242 (**Wood** D) **Critical access hospitals: employment.**
Current Text: Introduced: 1/13/2023 html pdf
Status: 5/3/2023-Referred to Coms. on B., P. & E. D. and HEALTH.
Location: 5/3/2023-S. B., P. & E.D.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Medical Practice Act authorizes the Medical Board of California to grant approval of the employment of licensees on a salary basis by licensed charitable institutions, foundations, or clinics if no charge for professional services is made in accordance with specified requirements. Current law provides an exception to the prohibition on charging for professional services for a federally certified critical access hospital that employs licensees and charges for professional services rendered by those licensees to patients under specified conditions, including that the medical staff concurs by an affirmative vote that the licensee's employment is in the best interest of the communities served by the hospital. Current law makes that exception operative only until January 1, 2024. This bill would delete the provision making the above-specified exception inoperative on January 1, 2024.

AB 253 (**Maienschein** D) **Child death investigations: review teams.**
Current Text: Amended: 2/22/2023 html pdf
Last Amend: 2/22/2023
Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 3/29/2023)(May be acted upon Jan 2024)
Location: 5/19/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law authorizes each county to establish an interagency child death review team to assist local agencies in identifying and reviewing suspicious child deaths and facilitating communication among persons who perform autopsies and the various persons and agencies involved in child abuse or neglect cases. Current law requires each child death review team too, no less than once each year, make available to the public findings, conclusions, and recommendations of the team, including aggregate statistical data on the incidences and causes of child deaths. This bill would instead require each child death review team to meet these requirements no later than July 1 of each year and to post this report on the internet website of the county.

AB 254 (**Bauer-Kahan** D) **Confidentiality of Medical Information Act: reproductive or sexual health application information.**
Current Text: Amended: 4/17/2023 html pdf
Last Amend: 4/17/2023
Status: 5/31/2023-Referred to Coms. on JUD. and HEALTH.
Location: 5/31/2023-S. JUD.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Confidentiality of Medical Information Act (CMIA) makes a business that offers software or hardware to consumers, including a mobile application or other related devices that is designed to maintain medical information in order to make the information available to an individual or a provider of health care at the request of the individual or a provider of health care, for purposes of allowing the individual to manage the individual's information or for the diagnosis, treatment, or management of a medical condition of the individual, a provider of health care subject to the requirements of the CMIA. Current law makes a violation of these provisions that results in economic loss or personal injury to a patient punishable as a misdemeanor. This bill would revise the definition of "medical information" to include reproductive or sexual health application information, which the bill would define to mean information about a consumer's reproductive or sexual health collected by a reproductive or sexual health digital service, as specified. The bill would make a business that offers a reproductive or sexual health digital service to a consumer for the purpose of allowing the individual to manage the individual's information or for the diagnosis, treatment, or management of a medical condition of the individual a provider of health care subject to the requirements of the CMIA.

AB 268 (Weber D) Board of State and Community Corrections.
Current Text: Introduced: 1/23/2023 html pdf
Status: 5/31/2023-Read third time. Passed. Ordered to the Senate.
Location: 5/31/2023-S. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law establishes the Board of State and Community Corrections to provide statewide leadership, coordination, and technical assistance to promote effective state and local efforts and partnerships in California's adult and juvenile criminal justice system. The duties of the board, among others, include establishing standards for local correctional facilities and correctional officers. Under current law, the board is composed of 13 members, as specified. This bill would, commencing July 1, 2024, add 2 additional members to the board, a licensed health care provider and a licensed mental health care provider, each appointed by the Governor, subject to confirmation by the Senate.

AB 273 (Ramos D) Foster care: missing children and nonminor dependents.
Current Text: Amended: 3/15/2023 html pdf
Last Amend: 3/15/2023
Status: 5/26/2023-In Senate. Read first time. To Com. on RLS. for assignment.
Location: 5/26/2023-S. RLS.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would, among other things, additionally require a social worker or probation officer, when they receive information that a child receiving child welfare services is absent from foster care, among other things engage in ongoing and intensive due diligence efforts, as defined, to locate, place, and stabilize the child, request that the juvenile court schedule a hearing to review the placement and the ongoing and intensive due diligence efforts to locate and return the child, notify specified individuals whose whereabouts are known about the hearing, and prepare, submit,

and serve a report at the hearing and any subsequent hearings describing their ongoing and intensive due diligence efforts to locate, place, and stabilize the child. The bill would require the court to consider the safety of the child receiving child welfare services who is absent from foster care to determine the extent of the activities and compliance of the county with the case plan in making ongoing and intensive due diligence efforts to locate and return the child to a safe placement, and to continue to periodically review their case at least every 30 calendars day as specified. The bill would define “absent from foster care” to mean when the whereabouts of a child receiving child welfare services is unknown to the county child welfare agency or probation department or when the county child welfare agency or probation department has located the child receiving child welfare services in a location not approved by the court that may pose a risk to the child. The bill would also define “child receiving child welfare services” to include a child or nonminor dependent placed in a specified foster care placement or in the home of an emergency caregiver, and dependents, nonminor dependents, and minors who have been taken into temporary custody pursuant to specified provisions and who are in foster care. By increasing the duties of county child welfare agencies and probation departments, this bill would create a state-mandated local program.

AB 283 (Patterson, Jim R) Mental Health Services Oversight and Accountability Commission.
Current Text: Introduced: 1/24/2023 html pdf
Status: 5/3/2023-Referred to Com. on HEALTH.
Location: 5/3/2023-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the Mental Health Oversight and Accountability Commission to oversee the implementation of the MHSA. Current law specifies the composition of the 16-member commission, including the Attorney General or their designee, the Superintendent of Public Instruction or their designee, specified members of the Legislature, and 12 members appointed by the Governor, as prescribed. Current law authorizes the MHSA to be amended by a 2/3 vote of the Legislature if the amendments are consistent with, and further the purposes of, the MHSA or by a majority vote to clarify procedures and terms. This bill would urge the Governor, in making appointments, to consider ensuring geographic representation among the 10 regions of California defined by the 2020 census.

AB 288 (Maienschein D) Revocable transfer on death deeds.
Current Text: Amended: 3/16/2023 html pdf
Last Amend: 3/16/2023
Status: 5/3/2023-Referred to Com. on JUD.
Location: 5/3/2023-S. JUD.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law, until January 1, 2032, governs the execution, revocation, and effectiveness of a revocable transfer on death (TOD) deed, which is an instrument that makes a donative transfer of real property to a named beneficiary that becomes operative on the

transferor's death, but remains revocable until the transferor's death. Under current law, a separate interest in a stock cooperative is not a real property that may be transferred by a revocable TOD deed. This bill would authorize the transfer of real property by revocable TOD deed even if ownership is not typically evidenced or transferred by use of a deed and would authorize the transfer of an interest in a stock cooperative by revocable TOD deed subject to any limitation on the transferor's interest. If a stock cooperative exercises an option to purchase property transferred by revocable TOD deed on the transferor's death, the bill would specify that the property is transferred to the stock cooperative, and the purchase price is paid to the beneficiary.

AB 289 (Holden D) Mental health services: representation.
Current Text: Amended: 3/7/2023 html pdf
Last Amend: 3/7/2023
Status: 5/3/2023-Referred to Com. on HEALTH.
Location: 5/3/2023-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Bronzan-McCorquodale Act may be amended by the Legislature only by a 2/3 vote of both houses and only so long as the amendment is consistent with and furthers the intent of the act. The Legislature may clarify procedures and terms of the act by majority vote. Current law establishes the Mental Health Services Oversight and Accountability Commission and requires counties to prepare and submit a 3-year program and expenditure plan and annual updates, as specified, to the commission and the State Department of Health Care Services. Current law requires the plan to be developed with specified local stakeholders, along with other important interests. This bill would require stakeholders to include sufficient participation of individuals representing diverse viewpoints, including representatives from youth from historically marginalized communities, representatives from organizations specializing in working with underserved racially and ethnically diverse communities, and representatives from LGBTQ+ communities.

AB 310 (Arambula D) CalWORKs.
Current Text: Amended: 3/23/2023 html pdf
Last Amend: 3/23/2023
Status: 5/31/2023-Read third time. Passed. Ordered to the Senate.
Location: 5/31/2023-S. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current federal law provides for the allocation of federal funds through the federal Temporary Assistance for Needy Families (TANF) block grant program to eligible states. Current law establishes the California Work Opportunity and Responsibility to Kids (CalWORKs) program, under which, through a combination of state and county funds and federal funds received through the TANF program, each county provides cash assistance and other benefits to qualified low-income families. Current law imposes various eligibility requirements for the CalWORKs program, including that a child is deprived of parental support or care, a child has received all age-

appropriate immunizations, and specified applicants or recipients who are apparently eligible for unemployment insurance shall meet the conditions of eligibility for and accept any unemployment insurance benefits for which they are eligible. This bill would, among other things, repeal the parental deprivation and immunization requirements and would instead only require that those specified applicants and recipients whom the county has evidence that they are eligible for unemployment insurance apply for but not meet the conditions of unemployment insurance benefits.

AB 317 (Weber D) Pharmacist service coverage.
Current Text: Introduced: 1/26/2023 html pdf
Status: 5/10/2023-Referred to Com. on HEALTH.
Location: 5/10/2023-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law authorizes health care service plans and certain disability insurers that offer coverage for a service that is within the scope of practice of a duly licensed pharmacist to pay or reimburse the cost of the service performed by a pharmacist for the plan or insurer if the pharmacist otherwise provides services for the plan or insurer. This bill would instead require a health care service plan and certain disability insurers that offer coverage for a service that is within the scope of practice of a duly licensed pharmacist to pay or reimburse the cost of services performed by a pharmacist at an in-network pharmacy or by a pharmacist at an out-of-network pharmacy if the health care service plan or insurer has an out-of-network pharmacy benefit. 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 352 (Bauer-Kahan D) Health information.
Current Text: Amended: 5/18/2023 html pdf
Last Amend: 5/18/2023
Status: 5/31/2023-Read third time. Passed. Ordered to the Senate.
Location: 5/31/2023-S. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: The Confidentiality of Medical Information Act (CMIA), generally prohibits a provider of health care, a health care service plan, or a contractor from disclosing medical information regarding a patient, enrollee, or subscriber without first obtaining authorization, unless a specified exception applies. The CMIA requires every provider of health care, health care service plan, pharmaceutical company, or contractor who, among other things, maintains or stores medical information to do so in a manner that preserves the confidentiality of the information contained therein. The CMIA also prohibits a provider of health care, a health care service plan, a contractor, or an employer from releasing medical information that would identify an individual or related to an individual seeking or obtaining an abortion in response to a subpoena or a request or to law enforcement if that subpoena, request, or the purpose of law enforcement for the medical information is based on, or for the purpose of enforcement of, either another state's laws that interfere with a person's rights to choose or obtain an abortion or a foreign penal, civil action.

Existing law makes a violation of the CMIA that results in economic loss or personal injury to a patient punishable as a misdemeanor. This bill would require specified businesses that electronically store or maintain medical information on the provision of sensitive services on behalf of a provider of health care, health care service plan, pharmaceutical company, contractor, or employer to develop capabilities, policies, and procedures, on or before July 1, 2024, to enable certain security features, including limiting user access privileges and segregating medical information related to sensitive services, as specified.

AB 365 (Aguiar-Curry D) **Medi-Cal: diabetes management.**
Current Text: Amended: 3/15/2023 html pdf
Last Amend: 3/15/2023
Status: 5/31/2023-Read third time. Passed. Ordered to the Senate.
Location: 5/31/2023-S. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law sets forth a schedule of benefits under the Medi-Cal program. This bill 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. The bill would require the department, by July 1, 2024, to review and update, as appropriate, coverage policies for continuous glucose monitors, as specified. The bill would authorize the department 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.

AB 408 (Wilson D) **Climate-resilient Farms, Sustainable Healthy Food Access, and Farmworker Protection Bond Act of 2024.**
Current Text: Amended: 5/25/2023 html pdf
Last Amend: 5/25/2023
Status: 5/31/2023-Read third time. Urgency clause adopted. Passed. Ordered to the Senate.
Location: 5/31/2023-S. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would enact the Climate-resilient Farms, Sustainable Healthy Food Access, and Farmworker Protection Bond Act of 2024, which, if approved by the voters, would authorize the issuance of bonds in the amount of $3,365,000,000 pursuant to the State General Obligation Bond Law, to finance programs related to, among other things, agricultural lands, food and fiber infrastructure, climate resilience, agricultural professionals, including farmers, ranchers, and farmworkers, workforce development and training, air quality, tribes, disadvantaged communities, nutrition, food aid, meat processing facilities, and fishing facilities.

AB 423 (Maienschein D) **Department of Justice: missing persons.**
Current Text: Introduced: 2/6/2023 html pdf
Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/19/2023)(May be acted upon Jan 2024)

Location: 5/19/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require the Attorney General to convene a working group, as specified, within the Department of Justice Missing and Unidentified Persons Section, to study and propose legislative solutions to the problem of "wandering," described as the phenomenon of cognitively impaired persons, including those with Alzheimer's disease, dementia, or autism, wandering away from home, care facilities, or other familiar surroundings and becoming lost or confused about their surroundings. The bill would require the working group to prepare and submit a report to the Legislature, as specified.

AB 425 (Alvarez D) Medi-Cal: pharmacogenomic testing.
Current Text: Amended: 3/30/2023 html pdf
Last Amend: 3/30/2023
Status: 5/31/2023-Read third time. Passed. Ordered to the Senate.
Location: 5/31/2023-S. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would add pharmacogenomic testing as a covered benefit under Medi-Cal, as specified. The bill would define pharmacogenomic testing as laboratory genetic testing that includes, but is not limited to, a panel test to identify how a person's genetics may impact the efficacy, toxicity, and safety of medications, including medications prescribed for behavioral or mental health, oncology, hematology, pain management, infectious disease, urology, reproductive or sexual health, neurology, gastroenterology, or cardiovascular diseases.

AB 428 (Waldron R) California Department of Reentry.
Current Text: Amended: 4/20/2023 html pdf
Last Amend: 4/20/2023
Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/3/2023)(May be acted upon Jan 2024)
Location: 5/19/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would establish the California Department of Reentry, independent from the Department of Corrections and Rehabilitation (CDCR), to provide statewide leadership, coordination, and technical assistance to promote effective state and local efforts to ensure successful reentry services are provided to incarcerated individuals. The bill would require the department to focus on programming through the period of incarceration that supports successful reentry to society, facilitate the smooth transition of individuals from prison to release by developing individualized reentry plans for each individual, and oversee continuity of care for incarcerated individuals with health and substance use disorders during community supervision and parole, among other things.

AB 459 (Haney D) California Behavioral Health Outcomes and Accountability Review.
Current Text: Amended: 4/13/2023 html pdf
Last Amend: 4/13/2023
Status: 5/31/2023-Read third time. Passed. Ordered to the Senate.
Location: 5/31/2023-S. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require the California Health and Human Services Agency, by July 1, 2026, to establish the California Behavioral Health Outcomes and Accountability Review (CBH-OAR), consisting of performance indicators, county self-assessments, and county and health plan improvement plans, to facilitate an accountability system that fosters continuous quality improvement in the county and commercial behavioral health services and in the collection and dissemination of best practices in service delivery by the agency. The bill would require the agency to convene a work group, as specified, to establish a workplan by which the CBH-OAR shall be conducted. The bill would require the agency to establish specific process measures and uniform elements for the county and health plan improvement plan updates. The bill would require the agency to report to the Legislature as specified. By imposing new requirements on counties, this bill would impose a state-mandated local program.

AB 482 (Wilson D) Air ambulance services.
Current Text: Amended: 3/9/2023 html pdf
Last Amend: 3/9/2023
Status: 4/4/2023-In committee: Hearing postponed by committee.
Location: 3/9/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Emergency Medical Air Transportation Act imposed a penalty of $4 until December 31, 2022, upon every conviction for a violation of the Vehicle Code or a local ordinance adopted pursuant to the Vehicle Code, other than a parking offense. The act requires the county or court that imposed the fine to transfer the revenues collected to the Treasurer for deposit into the Emergency Medical Air Transportation and Children's Coverage Fund. Current law requires the assessed penalty to continue to be collected, administered, and distributed until exhausted or until December 31, 2023, whichever occurs first. Current law establishes the Aeronautics Account in the State Transportation Fund and continuously appropriates the money in the account for expenditure for airport purposes by the Division of Aeronautics within the Department of Transportation and the California Transportation Commission. This bill would annually transfer $8,000,000 from the Aeronautics Account to the Emergency Medical Air Transportation and Children's Coverage Fund and continuously appropriate those money to augment Medi-Cal reimbursement for emergency medical air transportation and related costs.

AB 483 (Muratsuchi D) Local educational agency: Medi-Cal billing option.
Current Text: Introduced: 2/7/2023 html pdf
Status: 5/31/2023-Read third time. Passed. Ordered to the Senate.
Location: 5/31/2023-S. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require the State Department of Health Care Services to revise the state plan to establish a revised audit process for Medi-Cal Billing Option claims submitted for dates of service on or after January 1, 2025, pursuant to specified requirements and limitations. The bill would require the department to report to the relevant policy committees and post on its internet website any changes made to the state plan pursuant to the requirement to revise the state plan. The bill would require the department to provide technical assistance to the LEA or to complete appeals by the LEA within 180 days if an audit requires a specified percentage of an LEA's total value of claims to be paid back. The bill would prohibit an auditor from determining that an LEA is required to pay back reimbursement for certain claims, except as specified. The bill would require the department's summary of activities in the above-described report to also include training for LEAs and a summary of the number of audits conducted of Medi-Cal Billing Option claims, as specified. The bill would require the department to ensure, for those claims, that "medical necessity" for a beneficiary under 21 years of age has a specified meaning.

AB 488 (Nguyen, Stephanie D) Medi-Cal: skilled nursing facilities: vision loss.
Current Text: Introduced: 2/7/2023 html pdf
Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 2/17/2023)(May be acted upon Jan 2024)
Location: 4/28/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires the State Department of Health Care Services, subject to any necessary federal approvals, for managed care rating periods that begin between January 1, 2023, and December 31, 2026, inclusive, to establish and implement the Workforce and Quality Incentive Program under which a network provider furnishing skilled nursing facility services to a Medi-Cal managed care enrollee may earn performance-based directed payments from the Medi-Cal managed care plan with which they contract, as specified. Current law, subject to an appropriation, requires the department to set the amounts of those directed payments under a specified formula. Current law requires the department to establish the methodology or methodologies, parameters, and eligibility criteria for the directed payments, including the milestones and metrics that network providers of skilled nursing facility services must meet in order to receive a directed payment from a Medi-Cal managed care plan, with at least 2 of these milestones and metrics tied to workforce measures. This bill would require that the measures and milestones include program access, staff training, and capital improvement measures aimed at addressing the needs of skilled nursing facility residents with vision loss.

AB 492 (Pellerin D) Medi-Cal: reproductive and behavioral health integration pilot programs.
Current Text: Amended: 3/23/2023 html pdf
Last Amend: 3/23/2023
Status: 5/31/2023-Read third time. Passed. Ordered to the Senate.
Location: 5/31/2023-S. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law establishes the Family Planning, Access, Care, and Treatment (Family PACT) Program pursuant to a federal waiver as part of the schedule of Medi-Cal benefits. Under existing law, the Family PACT Program provides comprehensive clinical family planning services to a person who has a family income at or below 200% of the federal poverty level and who is eligible to receive those services pursuant to the waiver. Under the Family PACT Program, comprehensive clinical family planning services include, among other things, contraception and general reproductive health care and exclude abortion. Abortion services are covered under the Medi-Cal program. This bill would, on or before July 1, 2024, subject to an appropriation, require the department to make grants, incentive payments, or other financial support available to Medi-Cal managed care plans to develop and implement reproductive and behavioral health integration pilot programs in partnership with identified qualified providers, in order to improve access to behavioral health services for beneficiaries with mild-to-moderate behavioral health conditions.

AB 494 (Arambula D) Robert F. Kennedy Farm Workers Medical Plan.
Current Text: Amended: 3/23/2023 html pdf
Last Amend: 3/23/2023
Status: 5/31/2023-Read third time. Passed. Ordered to the Senate.
Location: 5/31/2023-S. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law, until January 1, 2026, requires the State Department of Health Care Services to annually reimburse the Robert F. Kennedy Farm Workers Medical Plan up to $3,000,000 per year for claim payments that exceed $70,000 made by the plan on behalf of an eligible employee or dependent for a single episode of care on or after September 1, 2016. The Robert F. Kennedy Farm Workers Medical Plan is a nonprofit voluntary employees beneficiary association, organized under federal law, that provides payments for health care and other benefits to its members. This bill would require the department to annually reimburse the Robert F. Kennedy Farm Workers Medical Plan up to $4,000,000 per year instead of $3,000,000 per year.

AB 503 (Carrillo, Juan D) Health care: organ donation enrollment.
Current Text: Amended: 4/13/2023 html pdf
Last Amend: 4/13/2023
Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/3/2023)(May be acted upon Jan 2024)
Location: 5/19/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Uniform Anatomical Gift Act authorizes the creation of a not-for-profit entity to be designated as the California Organ and Tissue Donor Registrar and requires that entity to establish and maintain the Donate Life California Organ and Tissue Donor Registry for persons

who have identified themselves as organ and tissue donors upon their death. Current law provides for the Medi-Cal program, administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Current law requires the department, in consultation with the board governing the California Health Benefit Exchange, to develop a single paper, electronic, and telephone application for insurance affordability programs, including Medi-Cal. This bill would require the department to modify the electronic application for insurance affordability programs to add an option for individuals to enroll in the Donate Life California Organ and Tissue Donor Registry. The bill would require the option to include specified check boxes for an applicant to indicate whether to add the applicant's name to the registry. The bill would require the option to be voluntary to complete and not be a required part of the application.

AB 524 (Wicks D) Discrimination: family caregiver status.
Current Text: Amended: 5/18/2023 html pdf
Last Amend: 5/18/2023
Status: 5/22/2023-Read second time. Ordered to third reading.
Location: 5/22/2023-A. THIRD READING

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The California Fair Employment and Housing Act (FEHA), which is enforced by the Civil Rights Department, prohibits various forms of employment discrimination and recognizes the opportunity to seek, obtain, and hold employment without specified forms of discrimination as a civil right. The act also makes it an unlawful employment practice for an employer, among other things, to refuse to hire or employ a person because of various personal characteristics, conditions, or traits. This bill would prohibit employment discrimination on account of family caregiver status, as defined, and would recognize the opportunity to seek, obtain, and hold employment without discrimination because of family caregiver status as a civil right, as specified.

AB 549 (Wilson D) Gender discrimination.
Current Text: Amended: 3/8/2023 html pdf
Last Amend: 3/8/2023
Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/19/2023)(May be acted upon Jan 2024)
Location: 5/19/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require all state agencies, in consultation with the Commission on the Status of Women and Girls, to conduct an evaluation of their own departments to ensure that the state does not discriminate against women through the allocation of funding and the delivery of services. The bill, on or before January 1, 2025, and on or before January 1 every 2 years thereafter, would require state agencies to report their findings and recommendations, as specified, to the commission.

AB 551 (Bennett D) Medi-Cal: specialty mental health services: foster children.
Current Text: Amended: 4/27/2023 html pdf
Last Amend: 4/27/2023
Status: 5/26/2023-In Senate. Read first time. To Com. on RLS. for assignment.
Location: 5/26/2023-S. RLS.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Under current law, specialty mental health services include federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services provided to eligible Medi-Cal beneficiaries under 21 years of age. Current law requires each local mental health plan to establish a procedure to ensure access to outpatient specialty mental health services, as required by the EPSDT program standards, for youth in foster care who have been placed outside their county of adjudication, as described. Current law requires the department to issue policy guidance on the conditions for, and exceptions to, presumptive transfer of responsibility for providing or arranging for specialty mental health services to a foster youth from the county of original jurisdiction to the county in which the foster youth reside, as prescribed. On a case-by-case basis, and when consistent with the medical rights of children in foster care, current law authorizes the waiver of presumptive transfer, with the responsibility for the provision of specialty mental health services remaining with the county of original jurisdiction if certain exceptions exist. Under current law, the county probation agency or the child welfare services agency is responsible for determining whether a waiver of the presumptive transfer is appropriate, with notice provided to the person requesting the exception. Under Current law, commencing July 1, 2023, in the case of placement of foster children in short-term residential therapeutic programs, community treatment facilities, or group homes, or in the case of admission of foster children to children's crisis residential programs, the county of original jurisdiction is required to retain responsibility and presumptive transfer provisions apply only if certain circumstances exist. This bill, for purposes of foster children placed or admitted in those specific settings, would delay, until July 1, 2024, the requirement on the county of original jurisdiction to retain responsibility and the limitation on the presumptive transfer provisions.

AB 557 (Hart D) Open meetings: local agencies: teleconferences.
Current Text: Introduced: 2/8/2023 html pdf
Status: 5/24/2023-Referred to Coms. on GOV. & F. and JUD.
Location: 5/24/2023-S. GOV. & F.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Ralph M. Brown Act allows for meetings to occur via teleconferencing subject to certain requirements, particularly that the legislative body notice each teleconference location of each member that will be participating in the public meeting, that each teleconference location be accessible to the public, that members of the public be allowed to address the legislative body at each teleconference location, that the legislative body posts an agenda at each teleconference location, and that at least a quorum of the legislative body participates from locations within the boundaries of the local agency's jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined. Current law, until January 1, 2024, authorizes a

local agency to use teleconferencing without complying with those specified teleconferencing requirements in specified circumstances when a declared state of emergency is in effect or in other situations related to public health as specified. If there is a continuing state of emergency, or if state or local officials have imposed or recommended measures to promote social distancing, current law requires a legislative body to make specified findings not later than 30 days after the first teleconferenced meeting and to make those findings every 30 days thereafter, in order to continue to meet under these abbreviated teleconferencing procedures. Current law requires a legislative body that holds a teleconferenced meeting under these abbreviated teleconferencing procedures to give notice of the meeting and post agendas, as described, to allow members of the public to access the meeting and address the legislative body, to give notice of the means by which members of the public may access the meeting and offer public comment, including an opportunity for all persons to attend via a call-in option or an internet-based service option. Current law prohibits a legislative body that holds a teleconferenced meeting under these abbreviated teleconferencing procedures from requiring public comments to be submitted in advance of the meeting and would specify that the legislative body must provide an opportunity for the public to address the legislative body and offer comment in real time. This bill would extend the above-described abbreviated teleconferencing provisions when a declared state of emergency is in effect or in other situations related to public health, as specified, indefinitely.

AB 564 (Villapudua D) Medi-Cal: claim or remittance forms: signature.
Current Text: Amended: 4/5/2023 html pdf
Last Amend: 4/5/2023
Status: 5/31/2023-Read third time. Passed. Ordered to the Senate.
Location: 5/31/2023-S. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. Current law requires the Director of Health Care Services to develop and implement standards for the timely processing and payment of each claim type. Current law requires that the standards be sufficient to meet minimal federal requirements for the timely processing of claims. Current law states the intent of the Legislature that claim forms for use by physicians and hospitals be the same as claim forms in general use by other payors, as specified. This bill would require the department to allow a provider to submit an electronic signature for a claim or remittance form under the Medi-Cal program to the extent not in conflict with federal law.

AB 576 (Weber D) Medi-Cal: reimbursement for abortion.
Current Text: Amended: 3/30/2023 html pdf
Last Amend: 3/30/2023
Status: 5/31/2023-Read third time. Passed. Ordered to the Senate.
Location: 5/31/2023-S. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require the State Department of Health Care Services, by March 1, 2024, to

review and update Medi-Cal coverage policies for medication abortion to align with current evidence-based clinical guidelines. After the initial review, the bill would require the department to update its Medi-Cal coverage policies for medication abortion as needed to align with evidence-based clinical guidelines. The bill would require the department to allow flexibility for providers to exercise their clinical judgment when services are performed in a manner that aligns with one or more evidence-based clinical guidelines.

AB 583 **(Wicks D) Birthing Justice for California Families Pilot Project.**
Current Text: Amended: 4/13/2023 html pdf
Last Amend: 4/13/2023
Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/3/2023)(May be acted upon Jan 2024)
Location: 5/19/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would establish the Birthing Justice for California Families Pilot Project, which would include a 3-year grant program administered by the Department of Health Care Access and Information to provide grants to specified entities, including community-based doula groups, to provide full-spectrum doula care to pregnant and birthing people who are low income and do not qualify for Medi-Cal or who are from communities that experience high rates of negative birth outcomes. The bill would require the department to take specified actions with regard to awarding grants, including awarding grants to selected entities on or before January 1, 2025. The bill would require a grant recipient to use grant funds to pay for the costs associated with providing full-spectrum doula care to eligible individuals and establishing and managing doula services. The bill would require a grant recipient, in setting the payment rate for a doula being paid with grant funds, to comply with specified parameters, including that the payment rate is not less than the Medi-Cal reimbursement rate for doulas or the median rate paid for doula care in existing local pilot projects providing doula care in California, whichever is higher. The bill would require the department, on or before January 1, 2028, to submit a report to the appropriate policy and fiscal committees of the Legislature on the expenditure of funds and relevant outcome data for the pilot project. The bill would repeal these provisions on January 1, 2029.

AB 586 **(Calderon D) Medi-Cal: community supports: climate change or environmental remediation devices.**
Current Text: Amended: 3/30/2023 html pdf
Last Amend: 3/30/2023
Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/3/2023)(May be acted upon Jan 2024)
Location: 5/19/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law, subject to the implementation of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, authorizes a Medi-Cal managed care plan to elect to cover community supports approved by the department as cost effective and medically appropriate in a

comprehensive risk contract that is in lieu of applicable Medi-Cal state plan services. Under existing law, community supports that the State Department of Health Care Services is authorized to approve include, among other things, housing deposits, environmental accessibility adaptations or home modifications, and asthma remediation. This bill would add climate change or environmental remediation devices to the above-described list of community supports. For purposes of these provisions, the bill would define "climate change or environmental remediation devices" as coverage of devices and installation of those devices, as necessary, to address health-related complications, barriers, or other factors linked to extreme weather, poor air quality, or climate events, including air conditioners, electric heaters, air filters, or backup power sources, among other specified devices for certain purposes.

AB 608 (Schiavo D) Medi-Cal: comprehensive perinatal services.
Current Text: Amended: 4/17/2023 html pdf
Last Amend: 4/17/2023
Status: 5/31/2023-Read third time. Passed. Ordered to the Senate.
Location: 5/31/2023-S. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Under current law, a pregnant individual or targeted low-income child who is eligible for, and is receiving, health care coverage under any of specified Medi-Cal programs is eligible for full-scope Medi-Cal benefits for the duration of the pregnancy and for a period of one year following the last day of the individual's pregnancy. This bill, during the one-year postpregnancy eligibility period and as part of comprehensive perinatal services under Medi-Cal, would require the department to cover additional, comprehensive perinatal assessments and individualized care plans and to provide additional visits and units of services in an amount, duration, and scope that are at least proportional to those available on July 27, 2021, during pregnancy and the initial 60-day postpregnancy period in effect on that date. The bill would require the department to consider input from the State Department of Public Health and certain stakeholders, as specified, in determining the specific number of additional, comprehensive perinatal assessments, individualized care plans, visits, and units of services to be covered.

AB 614 (Wood D) Medi-Cal.
Current Text: Amended: 4/19/2023 html pdf
Last Amend: 4/19/2023
Status: 5/31/2023-Referred to Com. on HEALTH.
Location: 5/31/2023-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would make a change to an obsolete reference to the former Healthy Families Program, whose health services for children have been transitioned to the Medi-Cal program. The bill would make a change to an obsolete reference to the former Access for Infants and Mothers Program and would revise a related provision to instead refer to the successor Medi-Cal Access Program. The bill would delete, within certain Medi-Cal provisions, obsolete references to a repealed provision relating to nonprofit hospital service plans.

AB 616 (Rodriguez D) Medical Group Financial Transparency Act.

Current Text: Amended: 3/28/2023 html pdf

Last Amend: 3/28/2023

Status: 5/31/2023-Read third time. Passed. Ordered to the Senate.

Location: 5/31/2023-S. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law establishes the Office of Health Care Affordability within the Department of Health Care Access and Information to analyze the health care market for cost trends and drivers of spending, develop data-informed policies for lowering health care costs for consumers and purchasers, and create a state strategy for controlling the cost of health care. Current law requires the office to collect data and other information it deems necessary from health care entities to carry out the functions of the office and requires the office to require providers and physician organizations to submit audited financial reports or comprehensive financial statements, as specified. Current law requires those reports and statements to be kept confidential and specifies that they are not required to be disclosed under the California Public Records Act. Current law requires the office to obtain information about health care service plans from the Department of Managed Health Care. This bill, the Medical Group Financial Transparency Act, would authorize the disclosure of audited financial reports and comprehensive financial statements of providers and physician organizations collected by the Office of Health Care Affordability and financial and other records of risk-bearing organizations made available to the Department of Managed Health Care. This bill would authorize the board, members of the board, the office, the department, and the employees, contractors, and advisors of the office and the department to use confidential audited financial reports and comprehensive financial statements only as necessary to carry out functions of the office. The bill would also require certain physician organizations, as specified, to produce or disclose audited financial reports and comprehensive financial statements to the office, subject to these provisions. The bill would require the audited financial reports and comprehensive financial statements produced or disclosed to the office to be made available to the public by the office as specified. The bill would also make related findings and declarations.

AB 620 (Connolly D) Health care coverage for metabolic disorders.

Current Text: Amended: 4/27/2023 html pdf

Last Amend: 4/27/2023

Status: 5/31/2023-Read third time. Passed. Ordered to the Senate.

Location: 5/31/2023-S. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law requires a health care service plan contract and disability insurance policy that provides coverage for hospital, medical, or surgical expenses and is issued, amended, delivered, or renewed on and after July 1, 2000, to provide coverage for the testing and treatment of phenylketonuria, including coverage for the formulas and special food products that are part of a prescribed diet, as specified. This bill would require a health care service plan contract and

disability insurance policy that provides coverage for hospital, medical, or surgical expenses and is issued, amended, delivered, or renewed on and after January 1, 2024, to provide coverage for the testing and treatment of other chronic digestive diseases and inherited metabolic disorders, as specified. 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.

AB 632 (Gipson D) Health care coverage: prostate cancer screening.
Current Text: Introduced: 2/9/2023 html pdf
Status: 5/10/2023-Referred to Com. on HEALTH.
Location: 5/10/2023-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law requires an individual and group health care service plan contract or health insurance policy to provide coverage for the screening and diagnosis of prostate cancer when medically necessary and consistent with good professional practice. Under existing law, the application of a deductible or copayment for those services is not prohibited. This bill would prohibit a health care service plan or a health insurance policy issued, amended, renewed, or delivered on or after January 1, 2024, from applying a deductible, copayment, or coinsurance to coverage for prostate cancer screening services for an enrollee or insured who is 55 years of age or older or who is 40 years of age or older and is a high risk, as determined by the attending or treating health care provider.

AB 649 (Wilson D) Developmental services.
Current Text: Amended: 5/18/2023 html pdf
Last Amend: 5/18/2023
Status: 5/26/2023-In Senate. Read first time. To Com. on RLS. for assignment.
Location: 5/26/2023-S. RLS.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: The Lanterman Developmental Disabilities Services Act makes the State Department of Developmental Services responsible for providing various services and supports to individuals with developmental disabilities and for ensuring the appropriateness and quality of those services and supports. Pursuant to that law, the department contracts with regional centers to provide services and support to persons with developmental disabilities. Current law prohibits regional centers from purchasing any service that would otherwise be available from Medi-Cal, Medicare, and private insurance, among other sources, when a consumer or a consumer's family meets the criteria of this coverage but chooses not to pursue that coverage. Current law also prohibits regional centers from purchasing medical or dental services for a consumer 3 years of age or older unless the regional center is provided with documentation of a Medi-Cal, private insurance, or health care service plan denial, and the regional center determines that an appeal of the denial by the consumer or the consumer's family does not have merit. This bill would remove the requirement for the regional center to determine that the appeal of the denial by the consumer or the consumer's family does not have merit.

AB 659 (Aguiar-Curry D) Cancer Prevention Act.

Current Text: Amended: 5/22/2023 html pdf
Last Amend: 5/22/2023
Status: 5/31/2023-Read third time. Passed. Ordered to the Senate.
Location: 5/31/2023-S. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
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Summary: Current law prohibits the governing authority of a school or other institution from unconditionally admitting any person as a pupil of any private or public elementary or secondary school, childcare center, day nursery, nursery school, family day care home, or development center unless prior to their admission to that institution, they have been fully immunized. Current law requires the documentation of immunizations for certain diseases, including, among others, measles, mumps, pertussis, and any other disease deemed appropriate by the State Department of Public Health, as specified. Current law authorizes certain exemptions from these provisions subject to specified conditions. This bill, the Cancer Prevention Act, would declare the public policy of the state that pupils are expected to be fully immunized against human papillomavirus (HPV) before admission or advancement to the 8th grade level of any private or public elementary or secondary school.

AB 666 (Arambula D) Health systems: community benefits plans.

Current Text: Amended: 4/6/2023 html pdf
Last Amend: 4/6/2023
Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/23/2023)(May be acted upon Jan 2024)
Location: 4/28/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
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Summary: Current law requires a private, not-for-profit hospital to adopt and update a community benefits plan that describes the activities the hospital has undertaken to address identified community needs within its mission and financial capacity, including health care services rendered to vulnerable populations. Current law defines the term “community” as the service areas or patient populations for which the hospital provides health care services defines “vulnerable populations” for these purposes to include a population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children’s Services Program, or county indigent programs, and defines “community benefit” to mean the hospital’s activities that are intended to address community needs, such as support to local health departments, among other things. Current law requires a hospital to conduct a community needs assessment to evaluate the health needs of the community and to update that assessment at least once every 3 years. Current law requires a hospital to annually submit a community benefits plan to the department not later than 150 days after the hospital’s fiscal year ends. Current law authorizes the department to impose a fine not to exceed $5,000 against a hospital that fails to adopt, update, or submit a community benefits plan, and requires the department to annually report on its internet website the amount of community benefit spending and list those that failed to report community benefit spending, among other things. This bill would require the department

to define the term “community” by regulation within certain parameters, would redefine the term “community benefit” to mean services rendered to those eligible for, but not enrolled in the above-described programs, the unreimbursed costs as reported in specified tax filings, and the support to local health departments as documented by those local health departments, among other things, and would redefine the term “vulnerable populations” to include those eligible for, but not enrolled in the above-described programs, those below median income experiencing economic disparities, and certain socially disadvantaged groups, such as those who are incarcerated.

AB 677 (Addis D) Confidentiality of Medical Information Act.
Current Text: Introduced: 2/13/2023 html pdf
Status: 5/5/2023-Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/13/2023)(May be acted upon Jan 2024)
Location: 5/5/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: The Confidentiality of Medical Information Act, among other things, prohibits a health care provider, a contractor, or a health care service plan from disclosing medical information, as defined, regarding a patient of the provider or an enrollee or subscriber of the health care service plan without first obtaining an authorization, except as specified. This bill would make nonsubstantive changes to the title provision of the act.

AB 716 (Boerner D) Emergency ground medical transportation.
Current Text: Amended: 5/2/2023 html pdf
Last Amend: 5/2/2023
Status: 5/31/2023-In Senate. Read first time. To Com. on RLS. for assignment.
Location: 5/31/2023-S. RLS.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law creates the Emergency Medical Services Authority to coordinate various state activities concerning emergency medical services. Current law requires the authority to report specified information, including reporting ambulance patient to offload time twice per year to the Commission on Emergency Medical Services. This bill would require the authority to report annually the maximum allowable rates for ground ambulance transportation services in each county, including trending the rates by county, as specified. This bill contains other related provisions and other existing laws.

AB 719 (Boerner D) Medi-Cal benefits.
Current Text: Introduced: 2/13/2023 html pdf
Status: 5/31/2023-In Senate. Read first time. To Com. on RLS. for assignment.
Location: 5/31/2023-S. RLS.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
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Summary: Current law establishes a schedule of benefits under the Medi-Cal program, including

nonmedical transportation for a beneficiary to obtain covered Medi-Cal services. Current law requires nonmedical transportation to be provided by the beneficiary's managed care plan or by the department for a Medi-Cal fee-for-service beneficiary. This bill would require the department to require managed care plans to contract with public transit operators for the purpose of establishing reimbursement rates for nonmedical and nonemergency medical transportation trips provided by a public transit operator. The bill would require the rates reimbursed by the managed care plan to the public transit operator to be based on the department's fee-for-service rates for nonmedical and nonemergency medical transportation services.

AB 722 (Bonta D) Alameda Health System Hospital Authority.
Current Text: Amended: 4/24/2023 html pdf
Last Amend: 4/24/2023
Status: 5/17/2023-Referred to Coms. on GOV. & F. and HEALTH.
Location: 5/17/2023-S. GOV. & F.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law authorizes the Board of Supervisors of Alameda County to establish the Alameda Health System Hospital Authority for the management, administration, and control of the medical center in that county. Current law prohibits the hospital authority, before January 1, 2024, from entering into a contract with any other person or entity to replace services being provided by physicians and surgeons who are employed by the hospital authority and in a recognized collective bargaining unit, with services provided by that other person or entity without clear and convincing evidence that the needed medical care can only be delivered cost effectively by that other person or entity. This bill would prohibit the hospital authority, before January 1, 2035, from entering into those contracts.

AB 815 (Wood D) Health care coverage: provider credentials.
Current Text: Amended: 4/20/2023 html pdf
Last Amend: 4/20/2023
Status: 5/31/2023-In Senate. Read first time. To Com. on RLS. for assignment.
Location: 5/31/2023-S. RLS.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
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Summary: Would require the California Health and Human Services Agency to create and maintain a provider credentialing board, with specified membership, to certify private and public entities for purposes of credentialing physicians and surgeons in lieu of a health care service plan's or health insurer's credentialing process. The bill would require the board to convene by July 1, 2024, develop criteria for the certification of public and private credentialing entities by January 1, 2025, and develop an application process for certification by July 1, 2025.

AB 845 (Alvarez D) Behavioral health: older adults.
Current Text: Amended: 4/13/2023 html pdf
Last Amend: 4/13/2023
Status: 5/18/2023-Joint Rule 62(a), file notice suspended. In committee: Held under submission.

Location: 5/17/2023-A. APPR. SUSPENSE FILE

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
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Summary: Would establish within the State Department of Health Care Services an Older Adult Behavioral Health Services Administrator to oversee behavioral health services for older adults. The bill would require that position to be funded with administrative funds from the Mental Health Services Fund. The bill would prescribe the functions of the administrator and their responsibilities, including, but not limited to, developing outcomes and related indicators for older adults for the purpose of assessing the status of behavioral health services for older adults, monitoring the quality of programs for those adults, and guiding decision-making on how to improve those services. The bill would require the administrator to receive data from other state agencies and departments to implement these provisions, subject to existing state or federal confidentiality requirements. The bill would require the administrator to report to the entities that administer the MHSA on those outcomes and related indicators by July 1, 2024, and would require the report to be posted on the department's internet website.

AB 847 (Rivas, Luz D) Medi-Cal: pediatric palliative care services.
Current Text: Amended: 4/20/2023 html pdf
Last Amend: 4/20/2023
Status: 5/31/2023-In Senate. Read first time. To Com. on RLS. for assignment.
Location: 5/31/2023-S. RLS.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
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Summary: Current law requires the department to develop a pediatric palliative care benefit as a pilot program to Medi-Cal beneficiaries under 21 years of age, to be implemented only to the extent that any necessary federal approvals are obtained, and federal financial participation is available. Current law requires that program to include, among other things, hospice services to individuals whose conditions may result in death, regardless of the estimated length of the individual's remaining period of life. Pursuant to the above-described provisions, the department established the Pediatric Palliative Care (PPC) Waiver in 2009 upon receiving federal approval in December 2008. After the waiver ended on December 31, 2018, the department implemented a plan in 2019 to transition some pediatric palliative care services to the Early and Periodic, Screening, Diagnostic, and Treatment (EPSDT) benefit, which is available to Medi-Cal beneficiaries under 21 years of age, as specified. This bill would extend eligibility for pediatric palliative care services for those individuals who have been determined eligible for those services prior to 21 years of age until 26 years of age and would extend eligibility for hospice services after 21 years of age.

AB 874 (Weber D) Health care coverage: out-of-pocket expenses.
Current Text: Introduced: 2/14/2023 html pdf
Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 2/23/2023)(May be acted upon Jan 2024)
Location: 4/28/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require a health care service plan, health insurance policy, other health coverage carrier, or pharmacy benefit manager that administers pharmacy benefits to apply any amounts paid by the enrollee, insured, or another source pursuant to a discount, repayment, product voucher, or other reduction to the enrollee's or insured's out-of-pocket expenses toward the enrollee's or insured's overall contribution to any out-of-pocket maximum, deductible, copayment, coinsurance, or applicable cost-sharing requirement under the enrollee's or insured's health care service plan, health insurance policy, or other health care coverage. The bill would make a willful violation of that requirement by a health care service plan a crime. The bill would limit the application of the section to health care service plans and health insurance policies issued, amended, delivered, or renewed on or after January 1, 2024. Because a willful violation of these requirements by a health care service plan would be a crime, this bill would impose a state-mandated local program.

AB 904 (Calderon D) Health care coverage: doulas.
Current Text: Amended: 3/29/2023 html pdf
Last Amend: 3/29/2023
Status: 5/31/2023-In Senate. Read first time. To Com. on RLS. for assignment.
Location: 5/31/2023-S. RLS.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require a health care service plan or health insurer, on or before January 1, 2025, to develop a maternal and infant health equity program that addresses racial health disparities in maternal and infant health outcomes through the use of doulas. The bill would authorize the Department of Managed Health Care and the Department of Insurance to jointly convene a workgroup to examine the implementation of these programs. The bill would specify workgroup membership and duties. The bill would require the Department of Managed Health Care, in consultation with the Department of Insurance, to collect data and submit a report on doula coverage and the above-described programs to the Legislature by January 1, 2027. Because a willful violation of the provisions relative to health care service plans would be a crime, the bill would impose a state-mandated local program.

AB 907 (Lowenthal D) Coverage for PANDAS and PANS.
Current Text: Amended: 3/16/2023 html pdf
Last Amend: 3/16/2023
Status: 5/31/2023-Read third time. Passed. Ordered to the Senate.
Location: 5/31/2023-S. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
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Summary: Would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2024, to provide coverage for the prophylaxis, diagnosis, and treatment of Pediatric Autoimmune Neuropsychiatric Disorder Associated with

Streptococcal Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) that is prescribed or ordered by a provider. The bill would prohibit coverage for PANDAS and PANS from being subject to a copayment, coinsurance, deductible, or other cost sharing that is greater than that applied to other benefits. The bill would prohibit a plan or insurer from denying or delaying coverage for PANDAS or PANS therapies because the enrollee or insured previously received treatment for PANDAS or PANS or was diagnosed with or received treatment for the condition under a different diagnostic name.

AB 912 (Jones-Sawyer D) Strategic Anti-Violence Funding Efforts Act.
Current Text: Amended: 5/18/2023 html pdf
Last Amend: 5/18/2023
Status: 5/31/2023-In Senate. Read first time. To Com. on RLS. for assignment.
Location: 5/31/2023-S. RLS.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
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Summary: (1)Existing law establishes the Youth Reinvestment Grant Program within the Board of State and Community Corrections to grant funds, upon appropriation, to local jurisdictions and Indian tribes for the purpose of implementing trauma-informed diversion programs for minors, as specified. This bill would repeal these provisions. The bill would reestablish the Youth Reinvestment Grant Program, to be administered by the Office of Youth and Community Restoration, for the purpose of implementing a mixed-delivery system of trauma-informed health and development diversion programs for youth, as specified. The bill would create the Youth Reinvestment Fund to be used, upon appropriation by the Legislature, by the office for the purposes of the program. The bill would require applicants for the program to be nongovernmental agencies or tribal governments, as specified. The bill would provide that an applicant under this program be awarded no less than $50,000 and no more than $2,000,000 and would specify the requirements of diversion programs to qualify for funding under these provisions. This bill contains other related provisions and other existing laws.

AB 931 (Irwin D) Prior authorization: physical therapy.
Current Text: Introduced: 2/14/2023 html pdf
Status: 5/10/2023-Referred to Com. on HEALTH.
Location: 5/10/2023-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would prohibit a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, that provides coverage for physical therapy from imposing prior authorization for the initial 12 treatment visits for a new episode of care for physical therapy. Because a willful violation of this provision by a health care service plan would be a crime, the bill would impose a state-mandated local program.

AB 948 (Berman D) Prescription drugs.
Current Text: Introduced: 2/14/2023 html pdf
Status: 5/10/2023-Referred to Com. on HEALTH.

Location: 5/10/2023-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
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Summary: Current law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Current law also provides for the regulation of health insurers by the Department of Insurance. This bill would delete January 1, 2024, repeal date of those provisions, thus making them operative indefinitely. Because the extension of the bill's requirements relative to health care service plans would extend the existence of a crime, the bill would impose a state-mandated local program.

AB 952 (Wood D) Dental coverage disclosures.
Current Text: Introduced: 2/14/2023 html pdf
Status: 5/10/2023-Referred to Com. on HEALTH.
Location: 5/10/2023-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require a health care service plan or health insurer that issues, sells, renews, or offers a contract covering dental services, or a specialized health care service plan or specialized health insurer covering dental services, to disclose whether or not an enrollee's or insured's dental coverage is subject to regulation by the appropriate department at the time a treatment plan is communicated to the plan or insurer. The bill would also require that the plan or insurer include whether or not an enrollee's or insured's dental coverage is subject to regulation by the appropriate department on an identification card, membership card, coverage card, or other documentation of 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.

AB 991 (Alvarez D) Public social services: reporting and verification.
Current Text: Introduced: 2/15/2023 html pdf
Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/17/2023)(May be acted upon Jan 2024)
Location: 5/19/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law provides for various public social services programs administered by the State Department of Social Services, State Department of Health Care Services, and counties, including, among others, the California Work Opportunity and Responsibility to Kids (CalWORKs) program, under which each county provides cash assistance and other benefits to qualified low-income families and individuals, CalFresh, under which supplemental nutrition assistance benefits allocated to the state by the federal government are distributed to eligible individuals by each county, and the Medi-Cal program, under which qualified low-income individuals receive health care service. Current law imposes various reporting and verification requirements on applicants and recipients of these public social services programs relating to identity, income, and assets,

among other things. This bill would, to the extent permitted under federal law, require state and county agencies to accept the reporting by an applicant or recipient of public social services of any lawfully required information, changes, and verification required by law that affect eligibility and benefit amounts, by any means available to the applicant or recipient, including, but not limited to, in person, by telephone, through facsimile, by email, or by any other electronic means.

AB 1001 **(Haney D) Health facilities: behavioral health response.**

Current Text: Amended: 4/13/2023 html pdf
Last Amend: 4/13/2023
Status: 5/31/2023-Read third time. Passed. Ordered to the Senate.
Location: 5/31/2023-S. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require a general acute care hospital to adopt policies for behavioral health personnel to respond to patients with a mental health or substance use crisis. The bill would require that these protocols meet standards established by the State Department of Public Health and consist of various parameters such as minimum staffing requirements for behavioral health responses, procedures for response by behavioral health personnel in a timely manner, and annual training, as specified. The bill would require the department to adopt regulations on standards for general acute care hospitals related to behavioral health response. The bill would require all general acute care hospitals to maintain records on each patient who receives care from behavioral health response personnel and the number of hours of services provided for a period of 3 years. The bill would require hospitals to include related data in their quarterly summary utilization data reported to the department.

AB 1006 **(McKinnor D) Aging and Disability Resource Connection program: No Wrong Door System.**

Current Text: Amended: 4/27/2023 html pdf
Last Amend: 4/27/2023
Status: 5/31/2023-In Senate. Read first time. To Com. on RLS. for assignment.
Location: 5/31/2023-S. RLS.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law establishes an Aging and Disability Resource Connection (ADRC) program, administered by the California Department of Aging, to provide information to consumers and their families on available long-term services and support (LTSS) programs and to assist older adults, caregivers, and persons with disabilities in accessing LTSS programs at the local level. Current law requires the California Department of Aging to administer the Aging and Disability Resource Connection (ADRC) Infrastructure Grants Program for the purpose of implementing a No Wrong Door System, a system that enables consumers to access all long-term services and supports (LTSS) through one agency, organization, coordinated network, or portal. Current law makes related legislative intent statements regarding the No Wrong Door System, including that it is the intent to provide consumers and their caregiver's access to

information and services, regardless of income or benefit level. Current law also establishes the Aging and Disability Resource Connection Advisory Committee, within the California Department of Aging, as the primary adviser in the implementation of the No Wrong Door System. Current law authorizes the committee to use the staff of the California Department of Aging to accomplish its purposes. This bill would instead require the committee to use the staff of the California Department of Aging.

AB 1022 **(Mathis R) Medi-Cal: Program of All-Inclusive Care for the Elderly.**

Current Text: Introduced: 2/15/2023 html pdf
Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/2/2023)(May be acted upon Jan 2024)
Location: 4/28/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current federal law establishes the Program of All-Inclusive Care for the Elderly (PACE), which provides specified services for older individuals at a PACE center so that they may continue living in the community. Federal law authorizes states to implement PACE as a Medicaid state option. Current state law establishes the California Program of All-Inclusive Care for the Elderly (PACE program) to provide community-based, risk-based, and capitated long-term care services as optional services under the state's Medi-Cal state plan. Current law requires the department to develop and pay capitation rates to entities contracted through the PACE program using actuarial methods that reflect the level of care associated with the specific populations served pursuant to the contract. Current law authorizes a PACE organization approved by the department to use video telehealth to conduct initial assessments and annual reassessments for eligibility for enrollment in the PACE program. This bill, among other things relating to the PACE program, would require those capitation rates to also reflect the frailty level and risk associated with those populations. The bill would also expand an approved PACE organization's authority to use video telehealth to conduct all assessments as specified.

AB 1036 **(Bryan D) Health care coverage: emergency medical transport.**

Current Text: Introduced: 2/15/2023 html pdf
Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/2/2023)(May be acted upon Jan 2024)
Location: 4/28/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires a policy of disability insurance issued, amended, delivered, or renewed in this state on or after January 1, 1999, that provides hospital, medical, or surgical coverage with coverage for emergency health care services to include coverage for emergency medical transportation services without regard to whether or not the emergency provider contracts with the insurer or to prior authorization. Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-

income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Current law establishes a schedule of benefits under the Medi-Cal program, including various emergency medical services. This bill would require a physician, upon an individual's arrival to an emergency department of a hospital, to certify in the treatment record whether an emergency medical condition existed or was reasonably believed to have existed, and required emergency medical transportation services, as specified. This bill would, if a physician has certified that emergency medical transportation services, according to these provisions, require a health care service plan, disability insurance policy, and Medi-Cal managed care plan to provide coverage for emergency medical transport, consistent with an individual's plan or policy. The bill would specify that the indication by a physician pursuant to these provisions is limited to an assessment of the medical necessity of the emergency medical transport services and does not apply or otherwise impact provisions regarding coverage for care provided following completion of the emergency medical transport. The bill would specify Medi-Cal benefits; these provisions do not apply to various specified provisions relating to nonemergency transport services or any other law or regulation related to reimbursement or authorization requirements for services provided for emergency services and care.

AB 1048 **(Wicks D) Dental benefits and rate review.**

Current Text: Amended: 5/2/2023 html pdf
Last Amend: 5/2/2023
Status: 5/31/2023-Read third time. Passed. Ordered to the Senate.
Location: 5/31/2023-S. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would, on and after January 1, 2024, prohibit a health care service plan or health insurer that covers dental services, including a specialized health care service plan or health insurer that covers dental services, from issuing, amending, renewing, or offering a plan contract or policy that imposes a dental waiting period provision or preexisting condition provision, as specified, upon an enrollee or insured. Because a violation of these requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.

AB 1085 **(Maienschein D) Medi-Cal: housing support services.**

Current Text: Amended: 3/27/2023 html pdf
Last Amend: 3/27/2023
Status: 5/31/2023-In Senate. Read first time. To Com. on RLS. for assignment.
Location: 5/31/2023-S. RLS.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law, subject to the implementation of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, authorizes a Medi-Cal managed care plan to elect to cover community supports approved by the State Department of Health Care Services as cost effective and medically appropriate in a comprehensive risk contract that is in lieu of applicable Medi-Cal

state plan services. Under current law, community supports that the department is authorized to approve include, among other things, housing transition navigation services, housing deposits, and housing tenancy and sustaining services. Current law, subject to an appropriation, requires the department to complete an independent analysis to determine whether network adequacy exists to obtain federal approval for a covered Medi-Cal benefit that provides housing support services. Current law requires that the analysis takes into consideration specified information, including the number of providers in relation to each region's or county's number of people experiencing homelessness. Current law requires the department to report the outcomes of the analysis to the Legislature by January 1, 2024. This bill would require the department to seek any necessary federal approvals for a Medi-Cal benefit to cover housing support services within 6 months of the completion of the above-described analysis.

AB 1091 **(Wood D) Health Care Consolidation and Contracting Fairness Act of 2023.**

Current Text: Introduced: 2/15/2023 html pdf
Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/2/2023)(May be acted upon Jan 2024)
Location: 4/28/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: This bill, the Health Care Consolidation and Contracting Fairness Act of 2023, would prohibit a contract issued, amended, or renewed on or after January 1, 2024, between a health care service plan or health insurer and a health care provider or health facility from containing terms that, among other things, restrict the plan or insurer from steering an enrollee or insured to another provider or facility or require the plan or insurer to contract with other affiliated providers or facilities. The bill would authorize the appropriate regulating department to refer a plan's or insurer's contract to the Attorney General and would authorize the Attorney General or state entity charged with reviewing health care market competition to review a health care practitioner's or health facility's entrance into a contract that contains specified terms. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

AB 1092 **(Wood D) Health care service plans: consolidation.**

Current Text: Amended: 3/30/2023 html pdf
Last Amend: 3/30/2023
Status: 5/31/2023-In Senate. Read first time. To Com. on RLS. for assignment.
Location: 5/31/2023-S. RLS.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: The Knox-Keene Health Care Service Plan Act of 1975 provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Current law requires a health care service plan that intends to merge with, consolidate with, or enter into an agreement resulting in its purchase, acquisition, or

control by an entity, to give notice to and secure prior approval from the Director of the Department of Managed Health Care. Current law authorizes the director to disapprove the transaction or agreement if the director finds it would substantially lessen competition in health care service plan products or create a monopoly in this state. Current law authorizes the director to conditionally approve the transaction or agreement, contingent upon the health care service plan's agreement to fulfill one or more conditions to benefit subscribers and enrollees of the health care service plan, provide for a stable health care delivery system, and impose other conditions specific to the transaction or agreement, as specified. This bill would additionally require a health care service plan that intends to acquire or obtain control of an entity, as specified, to give notice to and secure prior approval from the director. Because a willful violation of this provision would be a crime, the bill would impose a state-mandated local program.

AB 1122 **(Bains D) Medi-Cal provider applications.**

Current Text: Amended: 4/20/2023 html pdf
Last Amend: 4/20/2023
Status: 5/26/2023-In Senate. Read first time. To Com. on RLS. for assignment.
Location: 5/26/2023-S. RLS.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law generally requires an applicant that currently is not enrolled in the Medi-Cal program, a provider applying for continued enrollment, or a provider not currently enrolled at a location where the provider intends to provide services, goods, supplies, or merchandise to a Medi-Cal beneficiary, to submit a complete application package for enrollment, continuing enrollment, or enrollment at a new location or a change in location, as specified. Current law requires an applicant or provider for new or continued enrollment in the Medi-Cal program to disclose all information as required in federal Medicaid regulations and any other information required by the State Department of Health Care Services, as specified. This bill would require the Director of Health Care Services to develop a process to allow an applicant or provider to submit an alternative type of primary, authoritative source documentation to meet the requirement of submitting the above-described information. The bill would require the department to document each case of an applicant or provider submitting an alternative type of primary, authoritative source documentation, as specified. The bill would condition implementation of these provisions on lack of conflict with federal law or regulation, federal financial participation not being jeopardized, and receipt of any necessary federal approvals.

AB 1130 **(Berman D) Substance use disorder.**

Current Text: Introduced: 2/15/2023 html pdf
Status: 5/17/2023-Referred to Com. on B., P. & E. D.
Location: 5/17/2023-S. B., P. & E.D.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law, the California Uniform Controlled Substances Act, regulates the

distribution and use of controlled substances, as defined. Under the act, the State Department of Health Care Services is responsible for the administration of prevention, treatment, and recovery services for alcohol and drug abuse. The existing law, the Medical Practice Act, provides for the licensing and regulation of physicians and surgeons by the Medical Board of California. Current law authorizes a physician and surgeon to prescribe, dispense, or administer prescription drugs, including prescription controlled substances, to an addict under their treatment for a purpose other than maintenance on, or detoxification from, prescription drugs or controlled substances and under specified conditions to an addict for purposes of maintenance on, or detoxification from, prescription drugs or controlled substances. This bill would revise and recast these provisions, among others, to delete the reference to an "addict" and instead replace it with the term "a person with substance use disorder," among other technical nonsubstantive changes.

AB 1147 **(Addis D) Disability Equity and Accountability Act of 2023.**

Current Text: Amended: 5/19/2023 html pdf
Last Amend: 5/19/2023
Status: 5/31/2023-Read third time. Passed. Ordered to the Senate.
Location: 5/31/2023-S. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would enact the Disability Equity and Accountability of 2023, which would make various changes to the Lanterman Developmental Disabilities Services Act for purposes including gathering relevant data and providing increased oversight of regional center operations and performance. The bill would require an evaluation of regional center performance by the State Department of Developmental Services, which would be implemented using a common set of performance measures. The bill would require the assessments to use performance measures in 7 specific domains: community integration, employment, equity in access, case management, client and family choice, experience and satisfaction, human and civil rights, and health and safety. The bill would require the department to establish standards for these performance measures, as specified, by July 1, 2024. The bill would require the department, in consultation with stakeholders, including consumers and family members, to annually establish, update, and review a uniform process to be used by regional centers to develop corrective action plans that respond to below standard performance. The bill would require the department to oversee the process to develop a corrective action plan and assess corrective action undertaken by a regional center.

AB 1157 **(Ortega D) Rehabilitative and habilitative services: durable medical equipment and services.**

Current Text: Introduced: 2/16/2023 html pdf
Status: 5/31/2023-Read third time. Passed. Ordered to the Senate.
Location: 5/31/2023-S. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would specify that coverage of rehabilitative and habilitative services and devices

under a health care service plan or health insurance policy includes durable medical equipment, services, and repairs if the equipment, services, or repairs are prescribed or ordered by a physician, surgeon, or other health professional acting within the scope of their license. The bill would define “durable medical equipment” to mean devices, including replacement devices, that are designed for repeated use and that are used for the treatment or monitoring of a medical condition or injury in order to help a person partially or fully acquire, improve, keep, or learn, or minimize the loss of, skills and functioning of daily living. The bill would prohibit coverage of durable medical equipment and services from being subject to financial or treatment limitations, as specified. Because a violation of the bill’s provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

AB 1163 **(Rivas, Luz D) Lesbian, Gay, Bisexual, and Transgender Disparities Reduction Act.**

Current Text: Amended: 5/18/2023 html pdf
Last Amend: 5/18/2023
Status: 5/22/2023-Read second time. Ordered to third reading.
Location: 5/22/2023-A. THIRD READING

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law, The Lesbian, Gay, Bisexual, and Transgender Disparities Reduction Act, requires prescribed state entities, including the State Department of Health Care Services and the Civil Rights Department, in the course of collecting demographic data directly or by contract to the ancestry or ethnic origin of Californians, to collect voluntary self-identification information pertaining to sexual orientation and gender identity, except as specified. Existing law prohibits these state entities from reporting demographic data that would permit the identification of individuals or would result in statistical unreliability and limits the use of the collected data by those entities, as specified. Existing law requires these state entities to report to the Legislature specified information related to the data and make the data available to the public, except for personally identifiable information, which existing law deems confidential and prohibits disclosure of that information. This bill would impose the provisions of the above-described act on the Business, Consumer Services, and Housing Agency, the California Health and Human Services Agency, the Department of Housing and Community Development, and the California Commission on Disability Access and would require these state entities to comply with the bill’s provisions as early as possible following the effective date of this bill, but no later than July 1, 2025. Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest. This bill would make legislative findings to that effect.

AB 1194 **(Carrillo, Wendy D) California Privacy Rights Act of 2020: exemptions: abortion services.**

Current Text: Introduced: 2/16/2023 html pdf
Status: 5/31/2023-Referred to Com. on JUD.
Location: 5/31/2023-S. JUD.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The California Privacy Rights Act of 2020 (CPRA), approved by the voters as Proposition 24 at the November 3, 2020, statewide general election, grants a consumer various rights with respect to personal information, as defined, that is collected or sold by a business, as defined, including the right to require the business to delete personal information about the consumer, as specified, unless those obligations restrict a business' ability to, among other things, comply with federal, state, or local laws or comply with a court order or subpoena to provide information, or cooperate with a government agency request for emergency access to a consumer's personal information if a natural person is at risk or danger of death or serious physical injury, as provided. This bill would, if the consumer's personal information contains information related to accessing, procuring, or searching for services regarding contraception, pregnancy care, and perinatal care, including, but not limited to, abortion services, require a business to comply with the obligations imposed by the CPRA. The bill would specify that a consumer accessing, procuring, or searching for those services does not constitute a natural person being at risk or danger of death or serious physical injury.

AB 1202 **(Lackey R) Medi-Cal: time or distance standards: children's health care services.**

Current Text: Amended: 3/29/2023 html pdf
Last Amend: 3/29/2023
Status: 5/31/2023-Read third time. Passed. Ordered to the Senate.
Location: 5/31/2023-S. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services through various health care delivery systems, including managed care pursuant to Medi-Cal managed care plan contracts. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would, no later than January 1, 2025, require each Medi-Cal managed care plan to conduct and report to the department the results of an analysis to identify the number and, as appropriate, the geographic distribution of Medi-Cal providers needed to ensure the Medi-Cal managed care plan's compliance with the above-described time or distance and appointment time standards for pediatric primary care, across all service areas of the plan. The bill would, no later than January 1, 2026, require the department to prepare and submit a report to the Legislature that includes certain information, including a summary of the results reported by Medi-Cal managed care plans, specific steps for Medi-Cal managed care plan accountability, evidence of progress and compliance, and level of accuracy of provider directories, as specified. This bill contains other related provisions and other existing laws.

AB 1233 **(Waldron R) Substance abuse: Naloxone Distribution Project: tribal governments.**

Current Text: Amended: 3/23/2023 html pdf

Last Amend: 3/23/2023
Status: 5/10/2023-Referred to Com. on HEALTH.
Location: 5/10/2023-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require the State Department of Health Care Services to conduct outreach to each of the tribal governments in California for the purpose of advising them of the availability of naloxone hydrochloride or another opioid antagonist through the NDP. The bill would require the department to provide technical assistance to the tribal entities applying for naloxone kits through the NDP if requested to do so by the tribal government. The bill would require the department to report to the Legislature and to the Assembly and Senate Health Committees the results of the outreach program, as specified, annually on or before March 31 of each year, beginning on March 31, 2025. The bill would repeal these provisions on March 31, 2027.

AB 1239 **(Calderon D) Incarcerated persons: Family Planning, Access, Care, and Treatment Program.**
Current Text: Amended: 3/23/2023 html pdf
Last Amend: 3/23/2023
Status: 5/26/2023-In Senate. Read first time. To Com. on RLS. for assignment.
Location: 5/26/2023-S. RLS.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require the State Department of Health Care Services, no later than September 1, 2025, to issue a list of Family PACT Program providers and clinics to an entity designated by the Department of Corrections and Rehabilitation for voluntary partnership with the department to assist a prison inmate with continuing and receiving specified health care services upon their release. The bill would impose a similar requirement on the State Department of Health Care Services for purposes of a list of Family PACT Program providers and clinics to assist county jail inmates, with the list being issued to an entity designated by county jails. Under the bill, any assistance provided to inmates would be provided only to the extent that the inmate elects to apply for the program and receive assistance, as specified.

AB 1241 **(Weber D) Medi-Cal: telehealth.**
Current Text: Amended: 5/24/2023 html pdf
Last Amend: 5/24/2023
Status: 5/24/2023-From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on HEALTH.
Location: 5/10/2023-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Under current law, in-person, face-to-face contact is not required when covered health care services by the Medi-Cal Program are provided by video synchronous interaction, audio-only

synchronous interaction, remote patient monitoring, or other permissible virtual communication modalities, when those services and settings meet certain criteria. Current law requires a provider furnishing service through video synchronous interaction or audio-only synchronous interaction by a date set by the State Department of Health Care Services, no sooner than January 1, 2024, to also either offer those services via in-person contact or arrange for a referral to, and facilitation of, in-person care, as specified. This bill would instead require, under the above-described circumstance, a provider to maintain and follow protocols to either offer those services via in-person contact or arrange for a referral to and facilitation of in-person care. The bill would specify that the referral and facilitation arrangement would not require a provider to schedule an appointment with a different provider on behalf of a patient.

AB 1282 **(Lowenthal D) Mental health: impacts of social media.**

Current Text: Amended: 4/20/2023 html pdf
Last Amend: 4/20/2023
Status: 5/26/2023-In Senate. Read first time. To Com. on RLS. for assignment.
Location: 5/26/2023-S. RLS.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Mental Health Services Act, an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the Mental Health Services Oversight and Accountability Commission and authorizes the commission to take specified actions, including advising the Governor or the Legislature regarding actions the state may take to improve care and services for people with mental illness. This bill would require the commission to report to specified policy committees of the Legislature, on or before July 1, 2026, a statewide strategy to understand, communicate, and mitigate mental health risks associated with the use of social media by children and youth. The bill would require the report to include, among other things, (1) the degree to which individuals negatively impacted by social media are accessing and receiving mental health services and (2) recommendations to strengthen children and youth resiliency strategies and California's use of mental health services to reduce the negative outcomes that may result from untreated mental illness, as specified.

AB 1288 **(Reyes D) Health care coverage: Medication-assisted treatment.**

Current Text: Introduced: 2/16/2023 html pdf
Status: 5/31/2023-Referred to Com. on HEALTH.
Location: 5/31/2023-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would prohibit a medical service plan and a health insurer from subjecting a buprenorphine product, methadone, or long-acting injectable naltrexone for detoxification or maintenance treatment of a substance use disorder that is prescribed according to generally accepted national professional guidelines for the treatment of a substance use disorder to prior authorization. Because a willful violation of these provisions by a health care service plan would

be a crime, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

AB 1300 **(Flora R) Health care service plans.**

Current Text: Introduced: 2/16/2023 html pdf
Status: 5/5/2023-Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/16/2023)(May be acted upon Jan 2024)
Location: 5/5/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Knox-Keene Health Care Service Plan Act of 1975 provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Current law charges the department with the execution of the laws of this state relating to health care service plans to ensure that health care service plans provide enrollees with access to quality health care services. This bill would make technical, nonsubstantive changes to those provisions.

AB 1309 **(Reyes D) Long-term health care facilities: admission contracts.**

Current Text: Amended: 4/27/2023 html pdf
Last Amend: 4/27/2023
Status: 5/26/2023-In Senate. Read first time. To Com. on RLS. for assignment.
Location: 5/26/2023-S. RLS.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law provides for the licensing and regulation of health facilities, including, but not limited to, long-term health care facilities, as defined by the State Department of Health Care Services. Current law requires a contract for admission to a long-term care facility to state that a resident shall not be involuntarily transferred within, or discharged from, a long-term health care facility unless the resident is given reasonable notice in writing, and transfer or discharge planning, as specified. Current law requires the notice to state the reason for the transfer or discharge. This bill would require the written notice to additionally be provided to the resident's representative, if applicable. The bill would require the facility to provide, within 48 hours of the written notice above, a copy of the resident's discharge needs and discharge plan. The bill would require the facility to provide a copy of the resident's discharge summary prior to the proposed transfer or discharge date. The bill would require the facility to provide these documents at no cost to the resident. If the resident requests a transfer or discharge appeal hearing, the bill would require both the resident and the facility to provide all documents and records to be used by the party at the hearing, as specified.

AB 1316 **(Irwin D) Emergency services: psychiatric emergency medical conditions.**

Current Text: Introduced: 2/16/2023 html pdf
Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on

3/2/2023)(May be acted upon Jan 2024)
Location: 4/28/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would revise the definition of "psychiatric emergency medical condition" to make that definition applicable regardless of whether the patient is voluntary or involuntarily detained for evaluation and treatment. The bill would make conforming changes to provisions requiring facilities to provide that treatment. By expanding the definition of a crime with respect to those facilities, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

AB 1325 **(Waldron R) Microenterprise home kitchen operations.**

Current Text: Amended: 4/4/2023 html pdf
Last Amend: 4/4/2023
Status: 5/31/2023-Referred to Com. on HEALTH.
Location: 5/31/2023-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The California Retail Food Code (code) authorizes the governing body of a city, county, or city and county, by ordinance or resolution, to permit microenterprise home kitchen operations (MHKO) if certain conditions are met. Existing law requires an MHKO, as a restricted food service facility, to meet specified food safety standards, including, among other things, that the food is prepared, cooked, and served on the same day. Under current law, the food preparation is limited to no more than 30 individual meals per day, or the approximate equivalent of meal components, when sold separately, and no more than 60 individual meals, or the approximate equivalent of meal components, when sold separately, per week. Current law also requires an MHKO to have no more than $50,000 in verifiable gross annual sales, as adjusted annually for inflation. This bill would require the food preparation to be limited to no more than 90 individual meals, or the approximate equivalent of meal components when sold separately, per week. The bill would also allow an MHKO to have no more than $100,000 in verifiable gross annual sales, adjusted for inflation.

AB 1331 **(Wood D) California Health and Human Services Data Exchange Framework.**

Current Text: Amended: 4/10/2023 html pdf
Last Amend: 4/10/2023
Status: 5/31/2023-Referred to Com. on HEALTH.
Location: 5/31/2023-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law establishes the Center for Data Insights and Innovation within the California Health and Human Services Agency to ensure the enforcement of state law mandating

the confidentiality of medical information. Current law, subject to an appropriation in the annual Budget Act, requires the California Health and Human Services Agency to establish the California Health and Human Services Data Exchange Framework on or before July 1, 2022, to govern and require the exchange of health information among health care entities and government agencies. This bill would require the Center for Data Insights and Innovation to take over the establishment, implementation, and all the functions related to the California Health and Human Services Data Exchange Framework on or before July 1, 2023, subject to an appropriation in the annual Budget Act.

AB 1338 **(Petrie-Norris D) Medi-Cal: community supports.**

Current Text: Amended: 4/20/2023 html pdf
Last Amend: 4/20/2023
Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/3/2023)(May be acted upon Jan 2024)
Location: 5/19/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law, subject to the implementation of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, authorizes a Medi-Cal managed care plan to elect to cover community supports approved by the department as cost effective and medically appropriate in a comprehensive risk contract that is in lieu of applicable Medi-Cal state plan services. Under current law, community supports that the department is authorized to approve include, among other things, housing transition navigation services, recuperative care, respite, day habilitation programs, and medically supportive food and nutrition services.

AB 1339 **(Haney D) Discrimination: disability: medication-assisted treatment.**

Current Text: Amended: 4/12/2023 html pdf
Last Amend: 4/12/2023
Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/10/2023)(May be acted upon Jan 2024)
Location: 5/19/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires the State Department of Health Care Services to license narcotic treatment programs to use narcotic replacement therapy and medication-assisted treatment (MAT) of addicted persons. Current law specifies the medications a licensed narcotic treatment program may use for narcotic treatment replacement therapy and MAT by a licensed narcotic treatment program. Current law prohibits the unlawful denial of full and equal access to the benefits of, or the unlawful discrimination under, any program or activity that is conducted, operated, or administered by the state or by any state agency, that is funded directly by the state, or that receives any financial assistance from the state, for a person on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical

disability, medical condition, genetic information, marital status, or sexual orientation. This bill would prohibit a state-funded program, as defined, from discriminating against or denying access to housing or housing services to, individuals because they are currently undergoing MAT or taking authorized medications.

AB 1344 **(Santiago D) Surviving child benefits.**

Current Text: Amended: 3/30/2023 html pdf
Last Amend: 3/30/2023
Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/26/2023)(May be acted upon Jan 2024)
Location: 5/19/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current federal law establishes the federal Old-Age, Survivors, and Disability Insurance (OASDI) program to provide monthly benefits to qualified retired and disabled workers and their spouses, dependents, and survivors. Current federal law provides various benefits to veterans, their dependents, and their survivors administered by the United States Department of Veterans Affairs (USDVA). This bill would require the Department of Child Support Services to issue guidance to local child support agencies directing them to and would require local child support agencies to inform a custodial parent or guardian of benefits under the federal OASDI program and benefits provided to survivors of veterans by the USDVA when the local child support agency becomes aware that a child's noncustodial parent has died and the local child support agency has information that suggests that the child may be eligible for either of those programs.

AB 1360 **(McCarty D) Hope California: Secured Residential Treatment Pilot Program.**

Current Text: Amended: 4/20/2023 html pdf
Last Amend: 4/20/2023
Status: 5/26/2023-In Senate. Read first time. To Com. on RLS. for assignment.
Location: 5/26/2023-S. RLS.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law authorizes a court to grant pretrial diversion to a defendant in specified cases, including when the defendant is suffering from a mental disorder, specified controlled substance crimes, and when the defendant was, or currently is, a member of the United States military. This bill would, until July 1, 2029, authorize the Counties of Sacramento and Yolo to offer secured residential treatment pilot programs, known as Hope California, for individuals suffering from substance use disorders (SUDs) who have been convicted of qualifying drug-motivated felony crimes, as specified. The bill would require the program to meet certain conditions relating to, among other things, a risk, needs, and psychological assessment, a comprehensive curriculum, a determination by a judge of the length of treatment, data collection, licensing, and monitoring of the facility by the State Department of Health Care Services, and reporting to the department and the Legislature. This bill contains other related provisions and other existing laws.

AB 1369 **(Bauer-Kahan D) Out-of-state physicians and surgeons: telehealth: license exemption.**

Current Text: Amended: 3/23/2023 html pdf
Last Amend: 3/23/2023
Status: 5/31/2023-In committee: Hearing postponed by committee.
Location: 5/17/2023-S. B., P. & E.D.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law defines "telehealth" as the delivery of health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care, and that telehealth includes synchronous interactions and asynchronous store and forward transfers. Under this bill, a person licensed as a physician and surgeon in another state, as specified, who does not possess a certificate issued by the Medical Board of California would be authorized to deliver health care via telehealth to a patient who, among other requirements, has a disease or condition that is immediately life-threatening.

AB 1379 **(Papan D) Open meetings: local agencies: teleconferences.**

Current Text: Amended: 3/23/2023 html pdf
Last Amend: 3/23/2023
Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was L. GOV. on 3/23/2023)(May be acted upon Jan 2024)
Location: 4/28/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
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Summary: The Ralph M. Brown Act requires, with specified exceptions, that all meetings of a legislative body be open and public and that all persons be permitted to attend unless a closed session is authorized. The act generally requires for teleconferencing that the legislative body of a local agency that elects to use teleconferencing post agendas at all teleconference locations identify each teleconference location in the notice and agenda of the meeting or proceeding and have each teleconference location be accessible to the public. Current law also requires that, during the teleconference, at least a quorum of the members of the legislative body participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction. This bill, with respect to those general provisions on teleconferencing, would require a legislative body electing to use teleconferencing to instead post agendas at a singular designated physical meeting location, as defined, rather than at all teleconference locations. The bill would remove the requirements for the legislative body of the local agency to identify each teleconference location in the notice and agenda, that each teleconference location be accessible to the public, and that at least a quorum of the members participates from locations within the boundaries of the territory over which the local agency exercises jurisdiction.

AB **(Ting D) In-Home Supportive Services Program: provider shortage: grant-based outreach**

program.
Current Text: Introduced: 2/17/2023 html pdf
Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/10/2023)(May be acted upon Jan 2024)
Location: 5/19/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require the State Department of Health Care Services, by March 1, 2024, to issue a request for proposals for a 3-year, grant-based program to support outreach and education to encourage immigrants to become in-home supportive services (IHSS) providers, contingent upon an appropriation by the Legislature for that purpose. The bill would require eligible grantees for the program to include nonprofit, community-based agencies that engage with immigrant populations, counties administering the IHSS program, and county public authorities. The bill would set forth eligible outreach activities, including developing educational and outreach materials and providing community outreach to workers. The bill would require grantees to report to the department, at least semiannually, on the outcomes achieved by the outreach campaign, including, but not limited to, activities and methods utilized to reach and recruit providers. If the grantee reporting requirements result in additional workload for counties, those provisions would be implemented only if funding for that purpose is provided in the State Budget. The bill would require the department to report to the Legislature, within 6 months after the conclusion of the program, on the effectiveness of the program, including the extent to which the outreach campaign resulted in an increase in the IHSS provider workforce. The provisions of the bill would be repealed on January 1, 2028.

AB 1432 **(Carrillo, Wendy D) Health care coverage.**

Current Text: Amended: 4/3/2023 html pdf
Last Amend: 4/3/2023
Status: 5/31/2023-Referred to Com. on HEALTH.
Location: 5/31/2023-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would subject a group health care service plan contract, policy, or certificate of group health insurance that is marketed, issued, or delivered to a California resident to all provisions of the Health and Safety Code and Insurance Code requiring coverage of abortion, abortion-related services, and gender-affirming care, regardless of the situs of the contract, subscriber, or master group policyholder. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

AB 1437 **(Irwin D) Medi-Cal: serious mental illness.**

Current Text: Amended: 4/13/2023 html pdf
Last Amend: 4/13/2023
Status: 5/26/2023-In Senate. Read first time. To Com. on RLS. for assignment.

Location: 5/26/2023-S. RLS.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law sets forth a schedule of benefits under the Medi-Cal program, including specialty and non-specialty mental health services through different delivery systems, in certain cases subject to utilization controls, such as prior authorization. Under current law, prior authorization is the approval of a specified service in advance of the rendering of that service based upon a determination of medical necessity. Current law sets forth various provisions relating to processing or appealing the decision of treatment authorization requests and provisions relating to certain services requiring or not requiring a treatment authorization request. After a determination of cost benefit, current law requires the Director of Health Care Services to modify or eliminate the requirement of prior authorization as a control for treatment, supplies, or equipment that costs less than $100, except for prescribed drugs, as specified. Under this bill, a prescription refill for a drug for serious mental illness would automatically be approved for a period of 365 days after the initial prescription is dispensed. The bill would condition the above-described provisions on the prescription being for a person 18 years of age or over and on the person not being within the transition jurisdiction of the juvenile court, as specified.

AB 1450 **(Jackson D) Pupil health: universal screenings: adverse childhood experiences and dyslexia.**

Current Text: Introduced: 2/17/2023 html pdf

Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was ED. on 3/9/2023)(May be acted upon Jan 2024)

Location: 4/28/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
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Summary: This bill would require a school district, county office of education, or charter school to employ or contract with at least one mental health clinician, as defined, and at least one case manager, as defined, for each school site of the local educational agency, and to conduct universal screenings for adverse childhood experiences, as defined, and dyslexia, pursuant to a graduated schedule by grade span, as specified. The bill would require a mental health clinician who conducts a screening to develop, and provide to the pupil and their parent or guardian, an action plan based upon findings from the screening, as appropriate, and would require case managers to help implement approved action plans. By imposing additional requirements on local educational agencies, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

AB 1451 **(Jackson D) Urgent and emergency mental health and substance use disorder treatment.**

Current Text: Amended: 5/18/2023 html pdf

Last Amend: 5/18/2023

Status: 5/31/2023-Read third time. Passed. Ordered to the Senate.

Location: 5/31/2023-S. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan or health insurer that provides hospital, medical, or surgical coverage shall provide coverage for medically necessary treatment of mental health and substance use disorders under the same terms and conditions applied to other medical conditions, as specified. Existing law also includes requirements for timely access to care, including mental health services, including a requirement that a health care service plan or health insurer provide or arrange for the provision of covered health care services in a timely manner appropriate for the nature of the enrollee's or insured's condition consistent with good professional practice. This bill would require a health care service plan contract or health insurance policy issued, amended, renewed, or delivered on or after January 1, 2024, to provide coverage for treatment of urgent and emergency mental health and substance use disorders. The bill would require the treatment to be provided without preauthorization and to be reimbursed in a timely manner, pursuant to specified provisions. The bill's provisions would only be implemented upon appropriation by the Legislature. 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. This bill contains other related provisions and other existing laws.

AB 1470 **(Quirk-Silva D) Medi-Cal: behavioral health services: documentation standards.**

Current Text: Amended: 4/27/2023 html pdf
Last Amend: 4/27/2023
Status: 5/18/2023-Joint Rule 62(a), file notice suspended. From committee: Do pass. (Ayes 15. Noes 0.) (May 18). Read second time. Ordered to third reading.
Location: 5/18/2023-A. THIRD READING

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law establishes the California Advancing and Innovating Medi-Cal (CalAIM) initiative, subject to receipt of any necessary federal approvals and the availability of federal financial participation, in order to, among other things, improve quality outcomes and reduce health disparities. The bill, as part of CalAIM, and with respect to behavioral health services provided under the Medi-Cal program, would require the State Department of Health Care Services to standardize data elements relating to documentation requirements, including, but not limited to, medically necessary criteria, and would require the department to develop standard forms containing information necessary to properly adjudicate claims pursuant to CalAIM Terms and Conditions. The bill would require the department to consult with representatives of specified associations and programs for purposes of implementing these provisions.

AB 1481 **(Boerner D) Medi-Cal: presumptive eligibility.**

Current Text: Amended: 4/20/2023 html pdf
Last Amend: 4/20/2023
Status: 5/26/2023-In Senate. Read first time. To Com. on RLS. for assignment.
Location: 5/26/2023-S. RLS.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current federal law, as a condition of receiving federal Medicaid funds, requires states to provide health care services to specified individuals. Current federal law authorizes states to provide presumptive eligibility to pregnant women or children, and existing state law requires the department to provide presumptive eligibility to pregnant women and children, as specified. This bill would expand the presumptive eligibility for pregnant women to all pregnant people, renaming the program "Presumptive Eligibility for Pregnant People" (PE4PP). The bill would also require the department to ensure that a pregnant person receiving coverage under PE4PP who applies for full-scope Medi-Cal benefits within 60 days receives coverage under PE4PP until their full-scope Medi-Cal application is approved or denied, as specified.

AB 1502 **(Schiavo D) Health care coverage: discrimination.**

Current Text: Introduced: 2/17/2023 html pdf
Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/9/2023)(May be acted upon Jan 2024)
Location: 4/28/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: This bill would prohibit a health care service plan or health insurer from discriminating on the basis of race, color, national origin, sex, age, or disability through the use of clinical algorithms in its decision making. 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. This bill contains other related provisions and other existing laws.

AB 1537 **(Wood D) Skilled nursing facilities: direct care spending requirement.**

Current Text: Introduced: 2/17/2023 html pdf
Status: 5/31/2023-Read third time. Passed. Ordered to the Senate.
Location: 5/31/2023-S. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law provides for the licensure and regulation of health facilities, including skilled nursing facilities, by the State Department of Public Health. A violation of those provisions is a crime. Existing law requires health facilities to submit specified financial reports to the Department of Health Care Access and Information. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. This bill would require, no later than

July 1, 2024, the establishment of a direct patient-related services spending, reporting, and rebate requirement for skilled nursing facilities, with exceptions. Under the direct patient-related services spending requirement, the bill would require that a minimum of 85% of a facility's total non-Medicare health revenues from all payer sources in each fiscal year be expended on residents' direct patient-related services, as defined. This bill contains other related provisions and other existing laws.

AB 1549 **(Carrillo, Wendy D) Medi-Cal: federally qualified health centers and rural health clinics.**

Current Text: Amended: 4/27/2023 html pdf
Last Amend: 4/27/2023
Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/17/2023)(May be acted upon Jan 2024)
Location: 5/19/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, and under which qualified low-income individuals receive health care services, including federally qualified health center services and rural health clinic services. Under current law, to the extent that federal financial participation is available, FQHC and RHC services are reimbursed on a per-visit basis, as specified. This bill would, among other things, require that per-visit rate account for the costs of the FQHC or RHC that are reasonable and related to the provision of covered services, including the specific staffing and care delivery models used by the FQHC and RHC to deliver those services. The bill would also require the rate for any newly qualified health center to include the cost of care coordination services provided by the health center, as specified.

AB 1601 **(Alvarez D) Cannabis: enforcement by local jurisdictions.**

Current Text: Amended: 4/18/2023 html pdf
Last Amend: 4/18/2023
Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was B.&P. on 5/1/2023)(May be acted upon Jan 2024)
Location: 4/28/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would provide that grounds for disciplinary actions under the Medicinal and Adult-Use Cannabis Regulation and Safety Act (MAUCRSA) against a licensee include the concealment of illegal business activities, including tax evasion and money laundering, by a licensee, or by an officer, director, owner, or authorized agent acting on behalf of the licensee. The bill would authorize a local jurisdiction to take disciplinary action against a licensee for illegal business activities by the licensee, for concealment of illegal business activities, by a licensee, or by an officer, director, owner, or authorized agent acting on behalf of the licensee.

AB 1608 **(Patterson, Joe R) Medi-Cal: managed care plans.**

Current Text: Amended: 3/23/2023 html pdf
Last Amend: 3/23/2023
Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/23/2023)(May be acted upon Jan 2024)
Location: 4/28/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Lanterman Developmental Disabilities Services Act makes the State Department of Developmental Services responsible for providing various services and supports to individuals with developmental disabilities and for ensuring the appropriateness and quality of those services and supports. Pursuant to that law, the department contracts with regional centers to provide services and supports to persons with developmental disabilities. The act requires regional centers to pursue all possible sources of funding for consumers receiving regional center services, including, among others, Medi-Cal. This bill contains other existing laws.

AB 1644 **(Bonta D) Medi-Cal: medically supportive food and nutrition services.**

Current Text: Amended: 4/27/2023 html pdf
Last Amend: 4/27/2023
Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/17/2023)(May be acted upon Jan 2024)
Location: 5/19/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would make medically supportive food and nutrition interventions, as defined, a covered benefit under the Medi-Cal program upon issuance of final guidance by the State Department of Health Care Services. The bill would require medically supportive food and nutrition interventions to be covered when determined to be medically necessary by a health care provider or health care plan, as specified. In order to qualify for coverage under the Medi-Cal program, the bill would require a patient to be offered at least 3 of 6 specified medically supportive food and nutrition interventions and for the interventions to be provided for a minimum duration of 12 weeks, as specified. The bill would only provide coverage for nutrition support interventions when paired with the provision of food through one of the 3 offered interventions. The bill would require a health care provider to match the acuity of a patient's condition to the intensity and duration of the medically supportive food and nutrition intervention and include culturally appropriate foods whenever possible.

AB 1645 **(Zbur D) Health care coverage: cost sharing.**

Current Text: Amended: 5/1/2023 html pdf
Last Amend: 5/1/2023
Status: 5/31/2023-Read third time. Passed. Ordered to the Senate.

Location: 5/31/2023-S. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law provides for the regulation of health insurers by the Department of Insurance. Current law requires a group or individual non-grandfathered health care service plan contract or health insurance policy to provide coverage for and prohibits a contract or policy from imposing cost-sharing requirements for specified preventive care services and screenings. This bill would prohibit a group or individual health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2024, from imposing a cost-sharing requirement for office visits for the above-described preventive care services and screenings and for items or services that are integral to their provision. The bill would prohibit contracts and policies from imposing a cost-sharing requirement, utilization review, or other specified limits on a recommended sexually transmitted infections screening and from imposing a cost-sharing requirement for any items and services integral to a sexually transmitted infections screening, as specified. The bill would require a plan or insurer to directly reimburse a nonparticipating provider or facility of sexually transmitted infections screening that meets specified criteria for screening tests and integral items and services rendered, as specified, and would prohibit a nonparticipating provider from billing or collecting a cost-sharing amount for sexually transmitted infections screening from an enrollee or insured.

AB 1670 **(Gipson D) Medical referral services: treatment referrals.**

Current Text: Amended: 4/20/2023 html pdf
Last Amend: 4/20/2023
Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. on 4/25/2023)(May be acted upon Jan 2024)
Location: 5/19/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law prohibits a person or business from referring or recommending a person for any form of medical care or treatment for profit and creates a presumption that the referral or recommendation is for profit if a fee or charge is imposed. Current law makes a violation of this provision a misdemeanor, punishable by imprisonment in county jail for not longer than one year, or of a fine not exceeding $5,000, or by both that fine and imprisonment. This bill would increase the maximum fine from $5,000 to $10,000.

AB 1675 **(Alanis R) Foster care: enrichment activities.**

Current Text: Amended: 3/29/2023 html pdf
Last Amend: 3/29/2023
Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/17/2023)(May be acted upon Jan 2024)
Location: 5/19/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would, if the State Department of Health Care Services's application for a federal Medicaid demonstration project, known as the California Behavioral Health Community-Based Continuum Demonstration (CalBH-CBC), is granted by the federal Centers for Medicare and Medicaid Services, require the State Department of Health Care Services, in collaboration with the State Department of Social Services, to convene a stakeholder workgroup, as specified, to assist in developing how the activity stipend benefit for current and former foster youth and children who have received or are receiving family maintenance services under the project will be implemented.

AB 1690 **(Kalra D) Universal health care coverage.**

Current Text: Introduced: 2/17/2023 html pdf
Status: 5/5/2023-Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/17/2023)(May be acted upon Jan 2024)
Location: 5/5/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would state the intent of the Legislature to guarantee accessible, affordable, equitable, and high-quality health care for all Californians through a comprehensive universal single-payer health care program that benefits every resident of the state.

AB 1697 **(Schiavo D) Uniform Electronic Transactions Act.**

Current Text: Amended: 4/27/2023 html pdf
Last Amend: 4/27/2023
Status: 5/17/2023-Referred to Com. on JUD.
Location: 5/17/2023-S. JUD.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Uniform Electronic Transactions Act provides that a record or signature may not be denied legal effect or enforceability solely because it is in electronic form. The act exempts from its provisions, among other things, specific transactions, including an authorization for the release of medical information by a provider of health care, health care service plan, pharmaceutical company, or contractor and an authorization for the release of genetic test results by a health care service plan under the Confidentiality of Medical Information Act. This bill would delete the exemption for the above-described authorizations under the Confidentiality of Medical Information Act and would make conforming changes.

AB 1698 **(Wood D) Medi-Cal.**

Current Text: Introduced: 2/17/2023 html pdf

Status: 5/5/2023-Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/17/2023)(May be acted upon Jan 2024)
Location: 5/5/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would make specified findings and would express the intent of the Legislature to enact future legislation relating to Medi-Cal.

AB 1712 **(Irwin D) Personal information: data breaches.**

Current Text: Amended: 4/27/2023 html pdf
Last Amend: 4/27/2023
Status: 5/31/2023-Read third time. Passed. Ordered to the Senate.
Location: 5/31/2023-S. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Information Practices Act of 1977 requires any agency that owns or licenses computerized data that includes personal information to disclose any breach of the security of the system following discovery or notification of the breach, as specified. The act also requires any agency that maintains computerized data that includes personal information that the agency does not own to notify the owner or licensee of the information of any breach of the security of the data in accordance with certain procedures. Current law requires the security breach notification to include specified information, including, among other things, the names and addresses of the major credit reporting agencies. Current law authorizes the security breach notification to include, at the discretion of the agency, among other things, advice on steps that people whose information has been breached may take to protect themselves. This bill would additionally require the security breach notification to include the internet websites of the major credit reporting agencies and the Uniform Resource Locator for the main internet website operated by the Federal Trade Commission to provide information for victims of identity theft.

AB 1722 **(Dahle, Megan R) Pupil health: credentialed school nurses, registered nurses, and licensed vocational nurses.**
Current Text: Amended: 5/18/2023 html pdf
Last Amend: 5/18/2023
Status: 5/31/2023-Read third time. Passed. Ordered to the Senate.
Location: 5/31/2023-S. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: (1)Existing law requires the governing board of a school district to give diligent care to the health and physical development of pupils and authorizes the governing board of a school

district to employ properly certified persons for that work. Existing law authorizes a school nurse, subject to approval by the governing board of the school district, to perform various pupil health care services. Existing law requires a school nurse to be currently licensed as a registered nurse, as provided, and to have met the minimum requirements for a credential in school nursing, as specified. This bill would require a licensed vocational nurse, as defined, hired pursuant to this bill to be supervised by a credentialed school nurse, as defined, who is employed as a school nurse at the same local educational agency (LEA) or at another LEA. The bill would prohibit interpreting that provision to allow a licensed vocational nurse to go beyond the approved scope of practice pursuant to the Vocational Nursing Practice Act. The bill would require certain LEAs to enter into a written agreement containing specified information, including, among other information, a communication policy delineating how the licensed vocational nurse and the credentialed school nurse are to communicate, as provided. The bill would require an LEA to only hire a licensed vocational nurse if a diligent search has been conducted for a suitable credentialed school nurse each school year, as provided. This bill contains other related provisions and other existing laws.

AB 1751 **(Gipson D) Opioid prescriptions: information: nonpharmacological treatments for pain.**

Current Text: Amended: 4/13/2023 html pdf
Last Amend: 4/13/2023
Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/9/2023)(May be acted upon Jan 2024)
Location: 4/28/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires a prescriber, with certain exceptions, before directly dispensing or issuing for a minor the first prescription for a controlled substance containing an opioid in a single course of treatment, to discuss specified information with the minor, the minor's parent or guardian, or another adult authorized to consent to the minor's medical treatment. This bill would extend that requirement for the prescriber by applying it to any patient, not only a minor, under those circumstances. The bill would also require the prescriber to discuss the availability of nonpharmacological treatments for pain, as defined.

AJR 4 **(Schiavo D) Medicare: ACO REACH Model.**
Current Text: Amended: 5/25/2023 html pdf
Last Amend: 5/25/2023
Status: 5/31/2023-Coauthors revised. Adopted and to Senate.
Location: 5/31/2023-S. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would request the President of the United States to immediately end the Accountable Care Organization (ACO) Realizing Equity, Access, and Community Health (REACH) Model under the federal Medicare Program, with the stated goal of eliminating corporate profiteering and expanding consumer-directed access to care established through Traditional Medicare.

SB 9 **(Cortese D) Raising the Age for Extended Foster Care Pilot Program Act of 2023.**
Current Text: Amended: 5/18/2023 html pdf
Last Amend: 5/18/2023
Status: 5/31/2023-In Assembly. Read first time. Held at Desk.
Location: 5/30/2023-A. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would, subject to an appropriation by the Legislature in the annual Budget Act or another statute for this purpose, require the State Department of Social Services to administer a 3-year pilot program in at least 3 counties that choose to participate to extend foster care services to nonminor dependents up to 22 years of age if the nonminor dependent is experiencing homelessness or is at reasonable risk of homelessness if they are not under the jurisdiction of the juvenile court. Under the pilot program, the bill would expand the jurisdiction of the juvenile court to include, as a nonminor dependent, a nonminor who is 21 years of age and who was previously under the jurisdiction of the juvenile court if the juvenile court makes a finding on the record by a preponderance of the evidence that the nonminor is experiencing homelessness or is at reasonable risk of homelessness if they are not under the jurisdiction of the juvenile court, among other requirements, would expand the eligibility of foster care by revising the definition of nonminor dependent to include a foster child who meets the above-described requirements and is 21 years of age if the court makes that same finding, and would make these nonminor dependents eligible for benefits under AFDC-FC, CalWORKs, Kin-GAP, and AAP.

SB 35 **(Umberg D) Community Assistance, Recovery, and Empowerment (CARE) Court Program.**
Current Text: Amended: 3/21/2023 html pdf
Last Amend: 3/21/2023
Status: 5/11/2023-Referred to Com. on HEALTH.
Location: 5/11/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Community Assistance, Recovery, and Empowerment (CARE) Act authorizes specified adult persons to petition a civil court to create a voluntary CARE agreement or a court-ordered CARE plan and implement services to be provided by county behavioral health agencies, to provide behavioral health care, including stabilization medication, housing, and other enumerated services, to adults who are currently experiencing a severe mental illness and have a diagnosis identified in the disorder class schizophrenia and other psychotic disorders, and who meet other specified criteria. Current law authorizes CARE Act proceedings to commence in the county where the respondent resides, is found, or is facing criminal or civil proceedings. Current law requires the act to be implemented with technical assistance and continuous quality improvement, as specified, including expected start dates for specified counties. Current law also requires the State Department of Health Care Services to implement guidelines under which counties can apply and be provided additional time to implement the above-described provisions. Current law authorizes the department to grant an extension once and no later than December 1, 2025. This bill would instead authorize the department to grant an extension no later than

December 15, 2025.

SB 43 **(Eggman D) Behavioral health.**
Current Text: Amended: 4/27/2023 html pdf
Last Amend: 4/27/2023
Status: 5/26/2023-Read third time. Passed. (Ayes 37. Noes 0.) Ordered to the Assembly. In Assembly. Read first time. Held at Desk.
Location: 5/26/2023-A. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Lanterman-Petris-Short Act provides for the involuntary commitment and treatment of a person who is a danger to themselves or others or who is gravely disabled. Current law, for purposes of involuntary commitment, defines "gravely disabled" as either a condition in which a person, as a result of a mental health disorder, is unable to provide for their basic personal needs for food, clothing, or shelter or has been found mentally incompetent, as specified. This bill expands the definition of "gravely disabled" to also include a condition in which a person, due to a mental health disorder or a substance use disorder, or both, is at substantial risk of serious harm or is currently experiencing serious harm to their physical or mental health. The bill defines "serious harm" for purposes of these provisions to mean significant deterioration, debilitation, or illness due to a person's failure to meet certain conditions, including, among other things, attend to needed personal or medical care and attend to self-protection or personal safety.

SB 70 **(Wiener D) Prescription drug coverage.**
Current Text: Amended: 4/18/2023 html pdf
Last Amend: 4/18/2023
Status: 5/25/2023-In Assembly. Read first time. Held at Desk.
Location: 5/24/2023-A. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

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 additionally prohibit limiting or excluding coverage of a drug, a dose of a drug, or a dosage form of a drug that is prescribed for off-label use if the drug has been previously covered for a chronic condition or cancer, regardless of whether or not the drug, dose, or dosage form is on the plan's or insurer's formulary. The bill would prohibit a health care service plan contract or health insurance policy from requiring additional cost sharing not already imposed for a drug that was

previously approved for coverage.

SB 72 **(Skinner D) Budget Act of 2023.**
Current Text: Introduced: 1/10/2023 html pdf
Status: 1/11/2023-From printer.
Location: 1/10/2023-S. BUDGET & F.R.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would make appropriations for the support of state government for the 2023–24 fiscal year.

SB 90 **(Wiener D) Health care coverage: insulin affordability.**
Current Text: Amended: 5/1/2023 html pdf
Last Amend: 5/1/2023
Status: 5/26/2023-Referred to Com. on HEALTH.
Location: 5/26/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would prohibit a health care service plan contract or a disability insurance policy, as specified, issued, amended, delivered, or renewed on or after January 1, 2024, or a contract or policy offered in the individual or small group market on or after January 1, 2025, from imposing a copayment of more than $35 for a 30-day supply of an insulin prescription drug or imposing a deductible, coinsurance, or other cost sharing on an insulin prescription drug, and would prohibit a high deductible health plan from imposing a deductible, coinsurance, or other cost sharing on an insulin prescription drug, as specified. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

SB 100 **(Skinner D) Budget Acts of 2021 and 2022.**
Current Text: Amended: 5/1/2023 html pdf
Last Amend: 5/1/2023
Status: 5/8/2023-Re-referred to Com. on BUDGET pursuant to Assembly Rule 97.
Location: 5/8/2023-A. BUDGET

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: The Budget Act of 2021 and Budget Act of 2022 made appropriations for the support of state government for the 2021–22 and 2022–23 fiscal years. This bill would amend the Budget Act of 2021 and Budget Act of 2022 by amending and adding items of appropriation and making other changes.

SB 238 **(Wiener D) Health care coverage: independent medical review.**
Current Text: Amended: 5/18/2023 html pdf
Last Amend: 5/18/2023
Status: 5/25/2023-In Assembly. Read first time. Held at Desk.

Location: 5/24/2023-A. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require a health care service plan or a disability insurer that modifies, delays, or denies a health care service, based in whole or in part on medical necessity, to automatically submit within 24 hours a decision regarding a disputed health care service to the Independent Medical Review System, as well as the information that informed its decision, without requiring an enrollee or insured to submit a grievance, if the decision is to deny, modify, or delay specified services relating to mental health or substance use disorder conditions for an enrollee or insured up to 26 years of age. The bill would require a health care service plan or disability insurer, within 24 hours after submitting its decision to the Independent Medical Review System, to provide notice to the appropriate department, the enrollee or insured or their representative, if any, and the enrollee's or insured's provider. The bill would require the notice to include notification to the enrollee or insured that they or their representative may cancel the independent medical review at any time before a determination, as specified.

SB 257 (Portantino D) Health care coverage: diagnostic imaging.

Current Text: Introduced: 1/30/2023 html pdf

Status: 5/26/2023-Read third time. Passed. (Ayes 35. Noes 0.) Ordered to the Assembly. In Assembly. Read first time. Held at Desk.

Location: 5/26/2023-A. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require a health care service plan contract, a policy of disability insurance that provides hospital, medical, or surgical coverage, or a self-insured employee welfare benefit plan issued, amended, or renewed on or after January 1, 2025, to provide coverage without imposing cost sharing for, among other things, screening mammography and medically necessary diagnostic breast imaging, including diagnostic breast imaging following an abnormal mammography result and for an enrollee or insured indicated to have a risk factor associated with breast cancer, except as specified.

SB 282 (Eggman D) Medi-Cal: federally qualified health centers and rural health clinics.

Current Text: Amended: 3/13/2023 html pdf

Last Amend: 3/13/2023

Status: 5/25/2023-Read third time. Passed. (Ayes 40. Noes 0.) Ordered to the Assembly. In Assembly. Read first time. Held at Desk.

Location: 5/25/2023-A. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including federally qualified health center (FQHC) services and rural health clinic (RHC) services. The Medi-Cal program is, in part, governed and funded by federal Medicaid

program provisions. Under current law, to the extent that federal financial participation is available, FQHC and RHC services are reimbursed on a per-visit basis, as specified. “Visit” is defined as a face-to-face encounter between a patient of an FQHC or RHC and a physician or other specified health care professionals. Under current law, “visit” also includes an encounter using video or audio-only synchronous interaction or an asynchronous store and forward modality, as specified. This bill would authorize reimbursement for a maximum of 2 visits that take place on the same day at a single site, whether through a face-to-face or telehealth-based encounter, if after the first visit, the patient suffers illness or injury that requires additional diagnosis or treatment, or if the patient has a medical visit and either a mental health visit or a dental visit, as defined. The bill would require the department, by July 1, 2024, to submit a state plan amendment to the federal Centers for Medicare and Medicaid Services reflecting those provisions.

SB 299 (Eggman D) Medi-Cal eligibility: redetermination.
Current Text: Amended: 3/27/2023 html pdf
Last Amend: 3/27/2023
Status: 5/25/2023-In Assembly. Read first time. Held at Desk.
Location: 5/24/2023-A. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

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, current 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 remove loss of contact with a beneficiary, as evidenced by the return of mail, as a circumstance requiring prompt redetermination and 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.

SB 311 (Eggman D) Medi-Cal: Part A buy-in.
Current Text: Introduced: 2/6/2023 html pdf
Status: 5/25/2023-Read third time. Passed. (Ayes 40. Noes 0.) Ordered to the Assembly. In Assembly. Read first time. Held at Desk.
Location: 5/25/2023-A. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires the State Department of Health Care Services, to the extent required by federal law, for Medi–Cal recipients who are qualified Medicare beneficiaries to pay the Medicare premiums, deductibles, and coinsurance for certain elderly and disabled persons.

Current federal law authorizes states to pay for Medicare benefits for specified enrollees pursuant to either a buy-in agreement to directly enroll and pay premiums or a group payer arrangement to pay premiums. This bill would require the department to submit a state plan amendment no later than January 1, 2024, to enter into a Medicare Part A buy-in agreement with the federal Centers for Medicare and Medicaid Services. To the extent that the bill would increase duties for a county, the bill would create a state-mandated local program.

SB 324 (Limón D) Health care coverage: endometriosis.
Current Text: Amended: 3/30/2023 html pdf
Last Amend: 3/30/2023
Status: 5/25/2023-In Assembly. Read first time. Held at Desk.
Location: 5/24/2023-A. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would prohibit a health care service plan contract or health insurance policy issued, amended, delivered, or renewed on or after January 1, 2024, from requiring prior authorization or other utilization review for any clinically indicated treatment for endometriosis, as determined by the treating physician and consistent with nationally recognized evidence-based clinical guidelines. 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. This bill contains other related provisions and other existing laws.

SB 326 (Eggman D) Mental Health Services Act.
Current Text: Amended: 3/21/2023 html pdf
Last Amend: 3/21/2023
Status: 5/25/2023-In Assembly. Read first time. Held at Desk.
Location: 5/24/2023-A. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Mental Health Services Act, an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, funds a system of county mental health plans for the provision of mental health services, as specified. The act may be amended by the Legislature only by a 2/3 vote of both houses and only so long as the amendment is consistent with and furthers the intent of the act. The Legislature may clarify procedures and terms of the act by majority vote. This bill would require a county for a behavioral health service eligible for reimbursement pursuant to the federal Social Security Act to submit the claims for reimbursement to the State Department of Health Care Services under specific circumstances. By imposing a new duty on local officials, this bill would create a state-mandated local program. The bill would make findings that it clarifies procedures and terms of the Mental Health Services Act.

SB 338 (Nguyen R) Health care service plans: health equity and quality.
Current Text: Amended: 3/16/2023 html pdf
Last Amend: 3/16/2023

Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/29/2023)(May be acted upon Jan 2024)
Location: 4/28/2023-S. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires the Department of Managed Health Care to convene a Health Equity and Quality Committee to recommend quality and benchmark standards for reviewing the equity and quality in health care delivery. Current law permits the department to contract with consultants who will assist the committee with the implementation and administration of its duties. Current law exempts these contracts from review and approval, as specified, until January 1, 2024. Existing law requires the director, as part of the committee appointment process, to consider the relevant experience or expertise of appointees, including, but not limited to, racial, ethnic, or sexual orientation. Current law required the department, on or before September 30, 2022, to make quality and benchmark recommendations. This bill would require the director to appoint to the committee at least one individual with an intellectual or developmental disability or the parent or guardian of such an individual. This bill would also require the department to reconvene the committee at least once annually to review and revisit quality and benchmark standards. This bill would also exempt contracts entered into pursuant to these provisions from the review and approval processes, as specified, until January 1, 2026.

SB 340 (Eggman D) Medi-Cal: eyeglasses: Prison Industry Authority.
Current Text: Introduced: 2/7/2023 html pdf
Status: 5/25/2023-Read third time. Passed. (Ayes 40. Noes 0.) Ordered to the Assembly. In Assembly. Read first time. Held at Desk.
Location: 5/25/2023-A. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would for purposes of Medi-Cal reimbursement for covered optometric services, would authorize a provider to obtain eyeglasses from a private entity as an alternative to a purchase of eyeglasses from the Prison Industry Authority. The bill would condition the implementation of this provision on the availability of federal financial participation.

SB 345 (Skinner D) Health care services: legally protected health care activities.
Current Text: Amended: 5/18/2023 html pdf
Last Amend: 5/18/2023
Status: 5/31/2023-Read third time. Passed. (Ayes 32. Noes 8.) Ordered to the Assembly.
Location: 5/31/2023-A. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law provides for the licensure and regulation of various categories of medical professionals by boards within the Department of Consumer Affairs, including, among others, the Medical Board of California and the Dental Board of California. Current law makes specified actions by licensed health care providers unprofessional conduct and, in certain cases, a criminal

offense. This bill would prohibit a board from suspending or revoking the license of a person regulated under the above healing arts provisions solely because the person provided a legally protected health care activity. In this connection, the bill would define a "legally protected health care activity" to mean specified acts, including exercising rights related to reproductive health care services or gender-affirming health care services secured by the Constitution or the provision of insurance coverage for those services.

SB 408 (Ashby D) Foster youth with complex needs: regional health teams.
Current Text: Amended: 5/18/2023 html pdf
Last Amend: 5/18/2023
Status: 5/25/2023-In Assembly. Read first time. Held at Desk.
Location: 5/24/2023-A. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current federal law, the Family First Prevention Services Act of 2018, among other things, provides states with an option to use federal funds under Title IV of the federal Social Security Act to provide mental health and substance abuse prevention and treatment services and in-home parent skill-based programs to a child who is a candidate for foster care or a child in foster care who is a pregnant or parenting foster youth, as specified. This bill would require the State Department of Health Care Services, in consultation with the State Department of Social Services, to establish up to 10 regional health teams throughout the state, to serve foster youth and youth who may be at risk of entering foster care. The bill would require the department to submit a state plan amendment to the federal Centers for Medicare and Medicaid Services no later than July 1, 2024, to implement the Medicaid Health Home State Plan Option, as specified, in establishing the regional health teams. The bill would require the department to coordinate with the State Department of Social Services and the State Department of Developmental Services, and to convene and engage specified stakeholders, to develop the regional health teams.

SB 421 (Limón D) Health care coverage: cancer treatment.
Current Text: Introduced: 2/13/2023 html pdf
Status: 5/4/2023-Referred to Com. on HEALTH.
Location: 5/4/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law prohibits, until January 1, 2024, an individual or group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2015, that provides coverage for prescribed, orally administered anticancer medications used to kill or slow the growth of cancerous cells from requiring an enrollee or insured to pay a total amount of copayments and coinsurance that exceeds $250 for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication, as specified.This bill would extend the duration of that prohibition indefinitely. By

indefinitely extending the operation of the prohibition, and thus indefinitely extending the applicability of a crime for a willful violation by a health care service plan, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

SB 424 (Durazo D) **Medi-Cal: Whole Child Model program.**
Current Text: Amended: 5/25/2023 html pdf
Last Amend: 5/25/2023
Status: 5/31/2023-Read third time. Passed. (Ayes 40. Noes 0.) Ordered to the Assembly.
Location: 5/31/2023-A. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law establishes the California Children's Services (CCS) Program, administered by the State Department of Health Care Services and a designated agency of each county, to provide medically necessary services for persons under 21 years of age who have any of specified medical conditions and who meet certain financial eligibility requirements. Current law establishes the Medi-Cal program, which is administered by the department and under which qualified low-income individuals receive health care services. Current law requires the department to establish a statewide Whole Child Model program stakeholder advisory group that includes specified persons, including CCS case managers, and to consult with that advisory group on prescribed matters. Current law terminates the advisory group on December 31, 2023. This bill would extend the operation of the advisory group until December 31, 2026.

SB 427 (Portantino D) **Health care coverage: antiretroviral drugs, devices, and products.**
Current Text: Amended: 3/21/2023 html pdf
Last Amend: 3/21/2023
Status: 5/25/2023-In Assembly. Read first time. Held at Desk.
Location: 5/24/2023-A. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would prohibit a health care service plan or health insurer from subjecting antiretroviral drugs, devices, or products that are either approved by the United States Food and Drug Administration (FDA) or recommended by the federal Centers for Disease Control and Prevention (CDC) for the prevention of AIDS/HIV to prior authorization or step therapy, but would authorize prior authorization or step therapy if at least one therapeutically equivalent version is covered without prior authorization or step therapy and the insurer provides coverage for a noncovered therapeutic equivalent antiretroviral drug, device, or product without cost sharing pursuant to an exception request. The bill would prohibit a non-grandfathered or grandfathered health care service plan contract or health insurance policy from imposing any cost-sharing or utilization review requirements for antiretroviral drugs, devices, or products that are either approved by the FDA or recommended by the CDC for the prevention of AIDS/HIV. The bill would require a grandfathered health care service plan contract or health insurance policy to provide coverage for those drugs, devices, or products, and would require a plan or insurer to provide coverage under the outpatient prescription drug benefit for those drugs, devices, or products including by supplying participating providers directly with a drug, device, or product, as specified.

Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program.

SB 487 (Atkins D) Abortion: provider protections.
Current Text: Amended: 4/24/2023 html pdf
Last Amend: 4/24/2023
Status: 5/25/2023-In Assembly. Read first time. Held at Desk.
Location: 5/24/2023-A. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law declares another state's law authorizing a civil action against a person or entity that receives or seeks, performs or induces, or aids or abets the performance of an abortion or who attempts or intends to engage in those actions, to be contrary to the public policy of this state, and prohibits the application of that law to controversy in state court and the enforcement or satisfaction of a civil judgment received under that law. This bill would specifically include within these provisions, in addition to abortion performers, abortion providers.

SB 491 (Durazo D) Public social services: county departments.
Current Text: Amended: 4/18/2023 html pdf
Last Amend: 4/18/2023
Status: 5/25/2023-Read third time. Passed. (Ayes 40. Noes 0.) Ordered to the Assembly. In Assembly. Read first time. Held at Desk.
Location: 5/25/2023-A. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require a county human services agency to develop and implement a program to ensure homeless residents of a county can pick up and receive government-related mail addressed to them at a place designated by the agency. The bill would make the program participation optional for homeless residents. The bill would also require the agency to provide program participants with specified information regarding the program, including hours of operation. The bill would clarify that program participation would not establish residency for the purposes of elections or school districts. The bill would define what qualifies as government-related mail. The bill would also require the State Department of Social Services to develop specified regulations regarding the mail program, with input from stakeholders. By imposing new duties on counties, the bill would impose a state-mandated local program.

SB 496 (Limón D) Biomarker testing.
Current Text: Amended: 4/25/2023 html pdf
Last Amend: 4/25/2023
Status: 5/25/2023-In Assembly. Read first time. Held at Desk.
Location: 5/24/2023-A. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after July 1, 2024, to provide coverage for medically necessary biomarker testing, as prescribed, including whole genome sequencing, for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's or insured's disease or condition to guide treatment decisions if the test is supported by medical and scientific evidence, as prescribed. The bill would specify that it does not require a health care service plan or health insurer to cover biomarker testing for screening purposes unless otherwise required by law. The bill would subject the restricted use of biomarker testing for the purpose of diagnosis, treatment, or ongoing monitoring of a medical condition to state and federal grievance and appeal processes. This bill would apply these provisions relating to biomarker testing to the Medi-Cal program, including Medi-Cal managed care plans, as specified. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

SB 502 (Allen D) Medi-Cal: children: mobile optometric office.
Current Text: Amended: 4/17/2023 html pdf
Last Amend: 4/17/2023
Status: 5/25/2023-Read third time. Passed. (Ayes 40. Noes 0.) Ordered to the Assembly. In Assembly. Read first time. Held at Desk.
Location: 5/25/2023-A. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions, with specified coverage for eligible children and pregnant persons funded by the federal Children's Health Insurance Program (CHIP). Existing federal law authorizes a state to provide services under CHIP through a Medicaid expansion program, a separate program, or a combination program. This bill would require the department to file all necessary state plan amendments to exercise the option made available under CHIP provisions to cover vision services provided to low-income children statewide through a mobile optometric office, as specified.

SB 524 (Caballero D) Pharmacists: furnishing prescription medications.
Current Text: Amended: 5/1/2023 html pdf
Last Amend: 5/1/2023
Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/15/2023)(May be acted upon Jan 2024)
Location: 5/19/2023-S. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law generally authorizes a pharmacist to dispense or furnish drugs only pursuant to a valid prescription, with prescribed exceptions. Current law authorizes a pharmacist or a pharmacy to perform skin puncture in the course of performing routine patient assessment procedures, as defined, or in the course of performing prescribed clinical laboratory tests or

examinations. Under current law, the definition of “routine patient assessment procedures” includes clinical laboratory tests that are classified as waived pursuant to the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and specified regulations adopted pursuant to the CLIA. Current law also authorizes a pharmacist to perform any aspect of a test approved or authorized by the United States Food and Drug Administration (FDA) that is classified as waived pursuant to the CLIA under specified conditions. This bill, with respect to the conditional performance of tests approved or authorized by the FDA and classified as waived pursuant to the CLIA, would instead authorize a pharmacist to order, perform, and report those tests. The bill, until January 1, 2034, would authorize a pharmacist to furnish prescription medications pursuant to the results from a test classified as waived pursuant to the CLIA performed by the pharmacist that is used to guide diagnosis or clinical decision making for SARS-CoV-2, Influenza, Streptococcal pharyngitis, or conjunctivitis, in accordance with specified requirements. The bill would require a pharmacist, in providing these patient care services, to utilize specified evidence-based clinical guidelines or other clinically recognized recommendations and in accordance with standardized procedures or protocols designed and approved by the board and the Medical Board of California.

SB 535 (Nguyen R) Knox-Keene Health Care Service Plan Act of 1975.
Current Text: Introduced: 2/14/2023 html pdf
Status: 2/22/2023-Referred to Com. on RLS.
Location: 2/14/2023-S. RLS.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Knox-Keene Health Care Service Plan Act of 1975 provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Among other provisions, current law requires a health care service plan to meet specified requirements, including, but not limited to, furnishing services in a manner providing continuity of care, ready referral of patients to other providers at appropriate times, and making services readily accessible to all enrollees, as specified. This bill would make technical, non substantive changes to those provisions.

SB 537 (Becker D) Open meetings: multijurisdictional, cross-county agencies: teleconferences.
Current Text: Amended: 4/24/2023 html pdf
Last Amend: 4/24/2023
Status: 5/31/2023-In Assembly. Read first time. Held at Desk.
Location: 5/30/2023-A. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law, under the Ralph M. Brown Act, requires that, during a teleconference, at least a quorum of the members of the legislative body participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined. Current law, until January 1, 2024, authorizes the legislative body of a local agency to use alternate teleconferencing provisions during a proclaimed state of emergency or in other situations related

to public health that exempt a legislative body from the general requirements (emergency provisions) and impose different requirements for notice, agenda, and public participation, as prescribed. The emergency provisions specify that they do not require a legislative body to provide a physical location from which the public may attend or comment. Current law, until January 1, 2026, authorizes the legislative body of a local agency to use alternative teleconferencing in certain circumstances related to the particular member if at least a quorum of its members participates from a singular physical location that is open to the public and situated within the agency's jurisdiction and other requirements are met, including restrictions on remote participation by a member of the legislative body. These circumstances include if a member shows "just cause," including for a childcare or caregiving need of a relative that requires the member to participate remotely. This bill would expand the circumstances of "just cause" to apply to the situation in which an immunocompromised child, parent, grandparent, or other specified relative requires the member to participate remotely.

SB 541 (Menjivar D) Sexual health: contraceptives: immunization.
Current Text: Amended: 5/18/2023 html pdf
Last Amend: 5/18/2023
Status: 5/31/2023-Read third time. Passed. (Ayes 31. Noes 8.) Ordered to the Assembly. Motion to reconsider made by Senator Menjivar. Reconsideration granted. (Ayes 40. Noes 0.) Read third time. Passed. (Ayes 31. Noes 9.) Ordered to the Assembly.
Location: 5/31/2023-A. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: The California Healthy Youth Act requires school districts, defined to include county boards of education, county superintendents of schools, the California School for the Deaf, the California School for the Blind, and charter schools, to ensure that all pupils in grades 7 to 12, inclusive, receive comprehensive sexual health education and human immunodeficiency virus (HIV) prevention education, as specified. This bill would, in order to prevent and reduce unintended pregnancies and sexually transmitted infections on or before the start of the 2024–25 school year, require each public school, including schools operated by a school district or county office of education and charter schools, to make internal and external condoms available to all pupils in grades 9 to 12, inclusive, free of charge, as provided. The bill would require these public schools to, at the beginning of each school year, inform pupils through existing school communication channels that free condoms are available and where the condoms can be obtained on school grounds. The bill would require a public school to post at least one notice regarding these requirements, as specified. The bill would require this notice to include certain information, including, among other information, information about how to use condoms properly.

SB 582 (Becker D) Health records: EHR vendors.
Current Text: Amended: 4/17/2023 html pdf
Last Amend: 4/17/2023
Status: 5/25/2023-In Assembly. Read first time. Held at Desk.
Location: 5/24/2023-A. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered

1st House	2nd House	Conc.			

Summary: Current law establishes the California Health and Human Services Agency (CHHSA), which includes departments charged with the administration of health, social, and human services. Current law establishes the California Health and Human Services Data Exchange Framework, which includes a single data sharing agreement and a common set of policies and procedures that govern and require the exchange of health information among health care entities and government agencies in California. Current law requires specified entities to execute the framework data sharing agreement on or before January 31, 2023. This bill would, contingent on the stakeholder advisory group developing standards for including EHR vendors, as defined, require EHR vendors to execute the framework data sharing agreement. The bill would require any fees charged by an EHR vendor to enable compliance with the framework to comply with specified federal regulations and to be sufficient to include the cost of enabling the collection and sharing of all data required, as specified.

SB 595 (Roth D) Covered California: data sharing.
Current Text: Amended: 4/13/2023 html pdf
Last Amend: 4/13/2023
Status: 5/30/2023-Re-referred to Coms. on P. & C.P. and HEALTH pursuant to Assembly Rule 96.
Location: 5/30/2023-A. P. & C.P.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current federal law, the Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. Current state law creates the California Health Benefit Exchange (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. Current law requires the Exchange, beginning no later than September 1, 2023, and at least monthly thereafter, to request from the Employment Development Department (EDD) specified information of each new applicant for unemployment compensation, state disability, and paid family leave. Current law requires the EDD to provide that information in a manner prescribed by the Exchange. Current law requires the Exchange to market and publicize the availability of health care coverage through the Exchange, and engage in outreach activities, to the individuals whose contact information is received by the Exchange from the EDD, as specified. Current law prohibits the Exchange from disclosing the personal information obtained from the EDD without the consent of the applicant. This bill would specifically apply that prohibition to the disclosure of personal information by the Exchange to a certified insurance agent or a certified employment counselor.

SB 598 (Skinner D) Health care coverage: prior authorization.
Current Text: Amended: 4/17/2023 html pdf
Last Amend: 4/17/2023
Status: 5/25/2023-In Assembly. Read first time. Held at Desk.
Location: 5/24/2023-A. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would, on or after January 1, 2025, prohibit a health care service plan or health insurer from requiring a contracted health professional to complete or obtain prior authorization for any covered health care services if the plan or insurer approved or would have approved not less than 90% of the prior authorization requests, they submitted in the most recent one-year contracted period. The bill would set standards for this exemption and its denial, rescission, and appeal. The bill would authorize a plan or insurer to evaluate the continuation of an exemption not more than once every 12 months and would authorize a plan or insurer to rescind an exemption only at the end of the 12-month period and only if specified criteria are met. The bill would require a plan or insurer to provide an electronic prior authorization process. The bill would also require a plan or insurer to have a process for annually monitoring prior authorization approval, modification, appeal, and denial rates to identify services, items, and supplies that are regularly approved and to discontinue prior authorization on those services, items, and supplies that are approved 95% of the time. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program.

SB 621 (Caballero D) Health care coverage: biosimilar drugs.
Current Text: Amended: 5/2/2023 html pdf
Last Amend: 5/2/2023
Status: 5/25/2023-In Assembly. Read first time. Held at Desk.
Location: 5/24/2023-A. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law authorizes a health care service plan or health insurer that provides coverage for prescription drugs to require step therapy if there is more than one drug that is clinically appropriate for the treatment of a medical condition but requires a plan or insurer to expeditiously grant a step therapy exception request if specified criteria are met. Current law does not prohibit a plan, insurer, or utilization review organization from requiring an enrollee or insured to try an AB-rated generic equivalent or interchangeable biological product before providing coverage for the equivalent branded prescription drug. This bill would specify that a plan, insurer, or utilization review organization is also not prohibited from requiring an enrollee or insured to try a biosimilar before providing coverage for the equivalent branded prescription drug, but that the requirement to try biosimilar, generic, and interchangeable drugs does not prohibit or supersede a step therapy exception request.

SB 694 (Eggman D) Medi-Cal: self-measured blood pressure devices and services.
Current Text: Introduced: 2/16/2023 html pdf
Status: 5/25/2023-Read third time. Passed. (Ayes 40. Noes 0.) Ordered to the Assembly. In Assembly. Read first time. Held at Desk.
Location: 5/25/2023-A. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would make self-measured blood pressure (SMBP) devices and SMBP services, as defined, covered benefits under the Medi-Cal program for the treatment of high blood pressure. The bill would state the intent of the Legislature that those covered devices and services be consistent in scope with devices and services that are recognized under specified existing billing codes or their successors. The bill would condition implementation of that coverage on receipt of any necessary federal approvals and the availability of federal financial participation.

SB 729 (**Menjivar** D) **Health care coverage: treatment for infertility and fertility services.**
Current Text: Amended: 5/18/2023 html pdf
Last Amend: 5/18/2023
Status: 5/25/2023-In Assembly. Read first time. Held at Desk.
Location: 5/24/2023-A. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Would require large group, small group, and individual health care service plan contracts and disability insurance policies issued, amended, or renewed on or after January 1, 2024, to provide coverage for the diagnosis and treatment of infertility and fertility services. The bill would revise the definition of infertility and would remove the exclusion of in vitro fertilization from coverage. The bill would also delete a requirement that a health care service plan contract and disability insurance policy provide infertility treatment under agreed-upon terms that are communicated to all group contract holders and policyholders. The bill would prohibit a health care service plan or disability insurer from placing different conditions or coverage limitations on fertility medications or services, or the diagnosis and treatment of infertility and fertility services then would apply to other conditions, as specified.

SB 779 (**Stern** D) **Primary Care Clinic Data Modernization Act.**
Current Text: Amended: 4/17/2023 html pdf
Last Amend: 4/17/2023
Status: 5/31/2023-Read third time. Passed. (Ayes 26. Noes 8.) Ordered to the Assembly.
Location: 5/31/2023-A. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: Current law provides for the licensure and regulation of clinics, including primary care clinics, by the State Department of Public Health. Current law excludes certain facilities from those provisions, including a clinic that is operated by a primary care community or a free clinic and that is operated on separate premises from the licensed clinic and is only open for limited services of no more than 40 hours a week, also referred to as an intermittent clinic. Current law imposes various reporting requirements on clinics, including requiring a clinic to provide a verified report to the Department of Health Care Access and Information, including information relating to the previous calendar year, such as the number of patients served and specified descriptive information, medical and other health services provided, total clinic operating expenses, and gross patient charges by payer category. Current law specifies that the reporting requirements apply to all primary care clinics. This bill would revise those reporting requirements, including specifying the type of descriptive information required to be reported. The bill would extend the application

of the reporting requirements to intermittent clinics, as specified.

SB 805 (Portantino D) Health care coverage: pervasive developmental disorders or autism.
Current Text: Amended: 4/24/2023 html pdf
Last Amend: 4/24/2023
Status: 5/25/2023-Read third time. Passed. (Ayes 40. Noes 0.) Ordered to the Assembly. In Assembly. Read first time. Held at Desk.
Location: 5/25/2023-A. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires a health care service plan contract or a health insurance policy to provide coverage for behavioral health treatment for pervasive developmental disorder or autism, and defines "behavioral health treatment" to mean specified services and treatment programs, including treatment provided pursuant to a treatment plan that is prescribed by a qualified autism service provider and administered either by a qualified autism service provider or by a qualified autism service professional or qualified autism service paraprofessional who is supervised as specified. Current law defines a "qualified autism service professional" to refer to a person who meets specified educational, training, and other requirements and is supervised and employed by a qualified autism service provider. Current law defines a "qualified autism service paraprofessional" to mean an unlicensed and uncertified individual who meets specified educational, training, and other criteria, is supervised by a qualified autism service provider or a qualified autism service professional, and is employed by the qualified autism service provider. This bill would expand the criteria for a qualified autism service professional to include a behavioral health professional and a psychology associate, an associate marriage and family therapist, an associate clinical social worker, or an associate professional clinical counselor, as specified. The bill would expand the criteria for a qualified autism service paraprofessional to include a behavioral health paraprofessional, as specified.

SB 819 (Eggman D) Medi-Cal: certification.
Current Text: Amended: 4/24/2023 html pdf
Last Amend: 4/24/2023
Status: 5/11/2023-Referred to Com. on HEALTH.
Location: 5/11/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires the State Department of Public Health to license and regulate clinics. Current law exempts from those licensing provisions certain clinics that are directly conducted, maintained, or operated by federal, state, or local governmental entities, as specified. Current law also exempts from those licensing provisions a clinic that is operated by a primary care community or free clinic, that is operated on separate premises from the licensed clinic, and that is only open for limited services of no more than 40 hours per week. Current law sets forth various procedures, including the submission of an application package, for providers to enroll in the Medi-Cal program. Under current law, an applicant or provider that is a government-run license-exempt clinic, as described above, is required to comply with those Medi-Cal enrollment

procedures. Under current law, an applicant or provider that is operated on separate premises and is license exempt, including an intermittent site or mobile health care unit that is operated by a licensed primary care clinic that provides all staffing, protocols, equipment, supplies, and billing services, is not required to enroll in the Medi-Cal program as a separate provider or comply with the above-described enrollment procedures, if the licensed primary care clinic has notified the department of its separate locations, premises, intermittent sites, or mobile health care units. This bill would additionally exempt from the Medi-Cal enrollment procedures an intermittent site or mobile health care unit that is operated by the above-described government-run license-exempt clinic if that clinic has notified the department of its separate locations, premises, sites, or units.

SB 839 (Bradford D) Obesity Treatment Parity Act.
Current Text: Amended: 5/10/2023 html pdf
Last Amend: 5/10/2023
Status: 5/10/2023-From committee with author's amendments. Read second time and amended. Re-referred to Com. on HEALTH.
Location: 5/10/2023-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require an individual or group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, to include comprehensive coverage for the treatment of obesity in the same manner as any other illness, condition, or disorder for purposes of determining deductibles, copayment, and coinsurance factors, and benefit year maximums for deductibles and copayment and coinsurance factors.

SB 870 (Caballero D) Medi-Cal: managed care organization provider tax.
Current Text: Amended: 4/17/2023 html pdf
Last Amend: 4/17/2023
Status: 5/18/2023-May 18 hearing: Held in committee and under submission.
Location: 5/8/2023-S. APPR. SUSPENSE FILE

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law, inoperative on January 1, 2023, and to be repealed on January 1, 2024, imposed a managed care organization (MCO) provider tax, administered and assessed by the State Department of Health Care Services, on licensed health care service plans and managed care plans contracted with the department to provide full-scope Medi-Cal services. Those provisions set forth taxing tiers and corresponding per enrollee tax amounts for the 2019–20, 2020–21, and 2021–22, fiscal years and the first 6 months of the 2022–23 fiscal year. Under those provisions, all revenues, less refunds, derived from the tax were deposited into the State Treasury to the credit of the Health Care Services Special Fund and continuously appropriated to the department for purposes of funding the nonfederal share of Medi-Cal managed care rates, as specified. Those inoperative provisions authorized the department, subject to certain conditions, to modify or make adjustments to any methodology, tax amount, taxing tier, or other provision relating to the MCO provider tax to the extent the department deemed necessary to meet federal requirements, to obtain or maintain federal approval, or to ensure federal financial participation

was available or was not otherwise jeopardized. Those provisions required the department to request approval from the federal Centers for Medicare and Medicaid Services (CMS) as was necessary to implement those provisions. In April 2020, CMS approved a modified tax structure that the department had submitted as part of a waiver request involving taxing tiers that were based on cumulative Medi-Cal or other member months for certain fiscal years. This bill would extend the above-described MCO provider tax to an unspecified date and would make conforming changes to the timeline of related provisions by incorporating other unspecified dates.

SB 873 (Bradford D) Prescription drugs: cost sharing.
Current Text: Introduced: 2/17/2023 html pdf
Status: 5/31/2023-Read third time. Passed. (Ayes 28. Noes 2.) Ordered to the Assembly.
Location: 5/31/2023-A. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: This bill, commencing no later than January 1, 2025, would require an enrollee's or insured's defined cost sharing for each prescription drug to be calculated at the point of sale based on a price that is reduced by an amount equal to 90% of all rebates received, or to be received, in connection with the dispensing or administration of the drug. The bill would require a health care service plan or health insurer to, among other things, pass through to each enrollee or insured at the point of sale a good faith estimate of the enrollee's or insured's decrease in cost sharing. The bill would require a health care service plan or health insurer to calculate an enrollee's or insured's defined cost sharing and provide that information to the dispensing pharmacy, as specified. The bill would require the department and the commissioner to submit an annual report on the impact of these provisions to the appropriate policy committees of the Legislature, as specified. The bill would make these provisions inoperative on January 1, 2027. This bill contains other related provisions and other existing laws.

Operations

Supporting Documents

Member Services

Blended Call Results

Blended Results	May 2023
Incoming Calls (R/V)	19,861
Abandoned Rate (R/V)	26%
Answered Calls (R/V)	14,619
Average Speed to Answer (ASA)	2:17
Calls Answered in 30 Seconds (R/V)	57%
Average Talk Time (ATT)	05:50
Calls Answered in 10 minutes	97%
Outbound Calls	7,480

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

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

MS BH	May 2023
Incoming Calls (R/V)	1,507
Abandoned Rate (R/V)	8%
Answered Calls (R/V)	1,389
Average Speed to Answer (ASA)	01:15
Calls Answered in 30 Seconds (R/V)	91%
Average Talk Time (ATT)	08:29
Calls answered in 10 minutes	97%
Outbound Calls	3,033

Top 3 Call Reasons (Medi-Cal and Group Care) May 2023
Benefits
Provider Network info
BH/ABA Screening

Screenings (Medi-Cal and Group Care) May 2023	
BH/ABA Screening	215
ACBH Referrals	44

Provider Dispute Resolution
April 2023 and May 2023

METRICS

PDR Compliance	Apr-23	May-23
# of PDRs Resolved	685	947
# Resolved Within 45 Working Days	683	944
% of PDRs Resolved Within 45 Working Days	99.7%	99.7%

PDRs Received	Apr-23	May-23
# of PDRs Received	1,618	1,322
PDR Volume Total	**1,618**	**1,322**

PDRs Resolved	Apr-23	May-23
# of PDRs Upheld	491	735
% of PDRs Upheld	72%	78%
# of PDRs Overturned	194	212
% of PDRs Overturned	28%	22%
Total # of PDRs Resolved	**685**	**947**

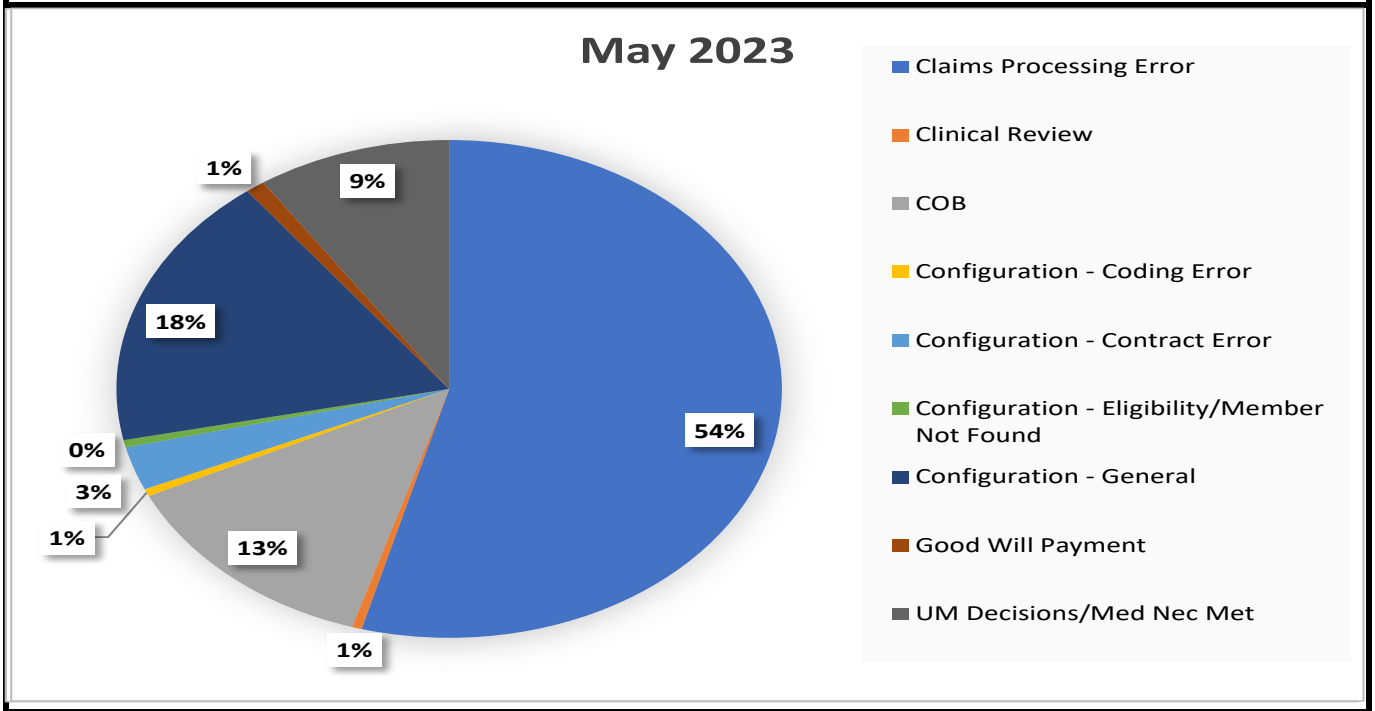
Average Turnaround Time	Apr-23	May-23
Average # of Days to Resolve PDRs	34	39
Oldest Unresolved PDR in Days	45	52

Unresolved PDR Age	Apr-23	May-23
0-45 Working Days	2,349	2,491
Over 45 Working Days	0	0
Total # of Unresolved PDRs	**2,349**	**2,491**

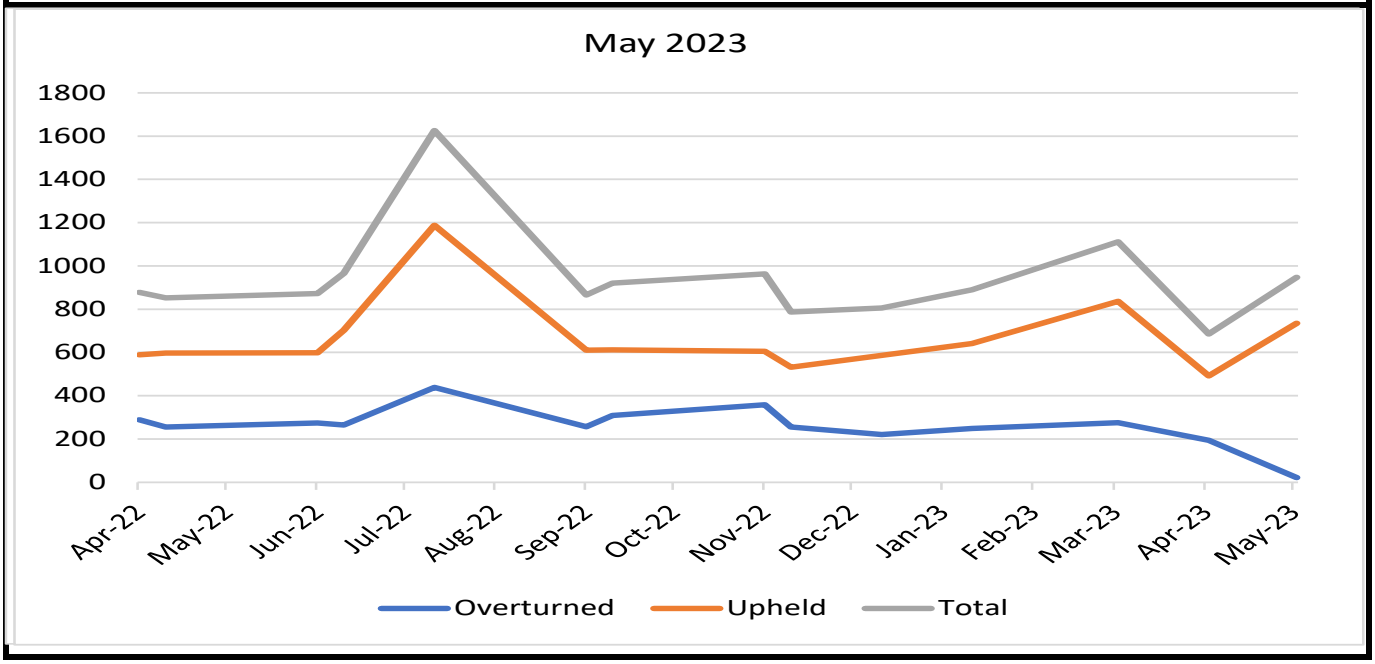
Provider Dispute Resolution
April 2023 and May 2023

May-23

PDR Resolved Case Overturn Reasons



Rolling 12-Month PDR Trend Line



Claims Department
April 2023 Final and May 2023 Final

METRICS

Claims Compliance	Apr-23	May-23
90% of clean claims processed within 30 calendar days	98.6%	95.4%
95% of all claims processed within 45 working days	99.9%	99.8%
Claims Volume (Received)	**Apr-23**	**May-23**
Paper claims	25,728	28,724
EDI claims	192,568	223,134
Claim Volume Total	**218,296**	**251,858**
Percentage of Claims Volume by Submission Method	**Apr-23**	**May-23**
% Paper	11.79%	11.40%
% EDI	88.21%	88.60%
Claims Processed	**Apr-23**	**May-23**
HEALTHsuite Paid (original claims)	136,596	181,267
HEALTHsuite Denied (original claims)	52,426	72,208
HEALTHsuite Original Claims Sub-Total	**189,022**	**253,475**
HEALTHsuite Adjustments	2,013	6,507
HEALTHsuite Total	**191,035**	**259,982**
Claims Expense	**Apr-23**	**May-23**
Medical Claims Paid	$71,220,841	$99,325,961
Interest Paid	$41,843	$64,040
Auto Adjudication	**Apr-23**	**May-23**
Claims Auto Adjudicated	157,685	208,148
% Auto Adjudicated	83.4%	82.1%
Average Days from Receipt to Payment	**Apr-23**	**May-23**
HEALTHsuite	19	19
Pended Claim Age	**Apr-23**	**May-23**
0-29 calendar days	28,436	31,792
HEALTHsuite		
30-59 calendar days	936	1,952
HEALTHsuite		
Over 60 calendar days	225	0
HEALTHsuite		
Overall Denial Rate	**Apr-23**	**May-23**
Claims denied in HEALTHsuite	52,426	72,208
% Denied	27.4%	27.8%

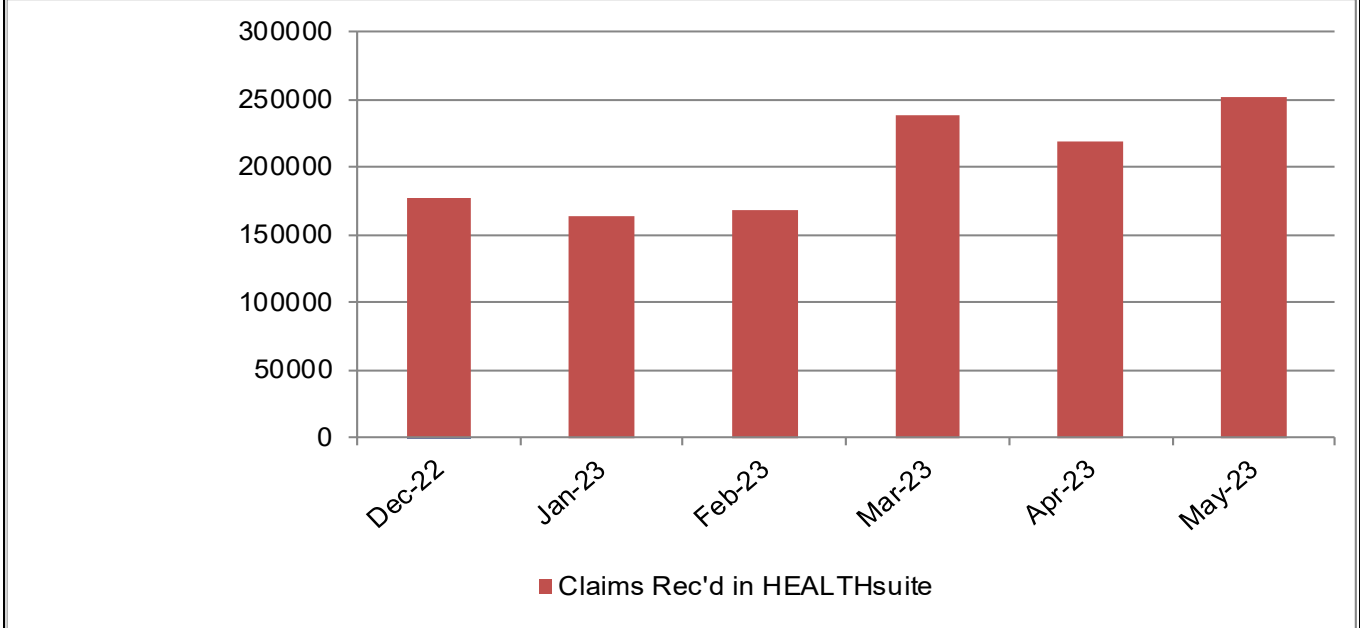
Claims Department
April 2023 Final and May 2023 Final

May-23

Top 5 HEALTHsuite Denial Reasons	% of all denials
Responsibility of Provider	23%
No Benefits Found For Dates of Service	11%
Must Submit Paper Claim With Copy of Primary Payor EOB	10%
Non-Covered Benefit For This Plan	10%
Duplicate Claim	10%
% Total of all denials	**64%**

Claims Received By Month

Run Date	1/1/2023	2/1/2023	3/1/2023	4/1/2023	5/1/2023	6/1/2023
Claims Received Through	**Dec-22**	**Jan-23**	**Feb-23**	**Mar-23**	**Apr-23**	**May-23**
Claims Rec'd in HEALTHsuite	177,828	163,764	167,475	238,283	218,296	251,858



Provider Relations Dashboard May 2023

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Incoming Calls (PR)	5588	5936	6283	6245	8056							
Abandoned Calls	1698	1904	1557	1808	3594							
Answered Calls (PR)	3890	4032	4726	4437	4462							
Recordings/Voicemails	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Incoming Calls (R/V)	1231	953	986	849	1611							
Abandoned Calls (R/V)												
Answered Calls (R/V)	1231	953	983	849	1611							
Outbound Calls	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Outbound Calls	741	758	910	855	904							
N/A												
Outbound Calls	741	758	910	855	904							
Totals	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Total Incoming, R/V, Outbound Calls	7560	7647	8179	7949	10568							
Abandoned Calls	1698	1904	1557	1808	3594							
Total Answered Incoming, R/V, Outbound Calls	5862	5743	6622	6141	6974							

Provider Relations Dashboard May 2023

Call Reasons (Medi-Cal and Group Care)

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Authorizations	5.3%	4.8%	5.3%	5.3%	5.9%							
Benefits	3.6%	3.4%	3.1%	3.6%	3.4%							
Claims Inquiry	46.7%	46.0%	48.8%	47.6%	49.0%							
Change of PCP	4.9%	3.8%	3.4%	3.1%	3.3%							
Complaint/Grievance (includes PDR's)	2.9%	1.7%	2.9%	3.4%	3.4%							
Contracts/Credentialing	0.9%	0.7%	0.9%	0.8%	0.7%							
Demographic Change	0.0%	0.0%	0.0%	0.0%	0.0%							
Eligibility - Call from Provider	19.4%	20.6%	17.2%	15.7%	14.3%							
Exempt Grievance/ G&A	0.0%	0.0%	0.0%	3.5%	3.4%							
General Inquiry/Non member	0.0%	0.0%	0.0%	0.0%	0.0%							
Health Education	0.0%	0.0%	0.0%	0.0%	0.0%							
Intrepreter Services Request	0.7%	0.9%	0.4%	0.6%	0.4%							
Kaiser	0.0%	0.0%	0.0%	0.0%	0.0%							
Member bill	0.0%	0.0%	0.0%	0.0%	0.0%							
Provider Portal Assistance	2.7%	2.9%	2.5%	3.3%	4.3%							
Pharmacy	0.2%	0.1%	0.2%	0.1%	0.1%							
Prop 56	0.4%	0.5%	0.4%	0.5%	0.6%							
Provider Network Info	0.0%	0.1%	0.0%	0.1%	0.0%							
Transportation Services	0.2%	0.4%	0.1%	0.1%	0.1%							
Transferred Call	0.0%	0.0%	0.0%	0.0%	0.0%							
All Other Calls	12.2%	14.0%	14.7%	12.4%	11.2%							
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	#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	28	47	42	64							
Contracting/Credentialing	29	18	34	31	28							
Drop-ins	142	96	100	107	161							
JOM's	0	2	2	1	4							
New Provider Orientation	0	20	32	703	89							
Quarterly Visits	0	0	0	0	0							
UM Issues	13	18	0	9	3							
Total Field Visits	214	182	215	893	349	0	0	0	0	0	0	0

During May 2023, the Alliance completed **874** member orientation outreach calls among net new members and non-utilizers and conducted **124** member orientations (**14%** member participation rate). In addition, in May 2023, the Outreach team completed **37** Alliance website inquiries, **4** service requests, and **1** Member Education Event. The Alliance reached a total of **225** people and spent a total of $0 in donations, fees, and/or sponsorships at the Asian Health Services Community Food Distribution Monthly Event.**

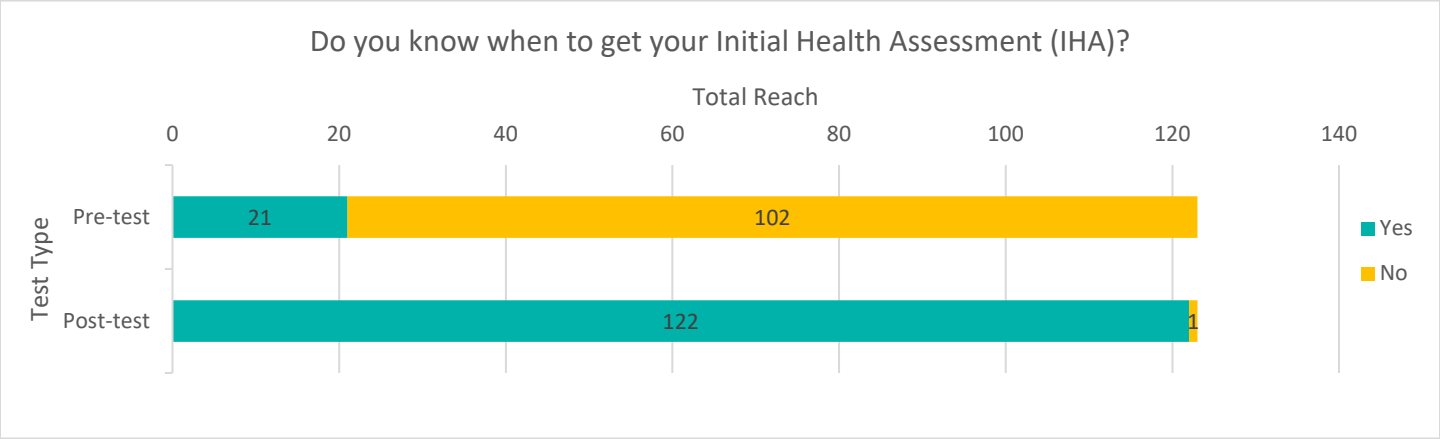
The Communications & Outreach Department began reporting the number of members reached during outreach activities in late February 2018. Since July 2018, **27,314** self-identified Alliance members have been reached during outreach activities.

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). Subsequently, the Alliance proactively postponed all face-to-face member orientations until further notice.

On **Wednesday, March 18, 2020,** the Alliance began conducting member orientations by phone. As of May 31, 2023, the Outreach Team completed 26,167 member orientation outreach calls and conducted 6,944 member orientations (26.5%-member participation rate).

The Alliance Member Orientation (MO) program has been in place since August 2016. In 2019, the program was recognized as a promising practice to increase member knowledge and awareness about the Initial Health Assessment, by the Department of Health Care Services (DHCS), Managed Care Quality and Monitoring Division (MCQMD). We have steadily increased program participation. Our 2019 6-month average participation rate was **111** members per month. Between May 1, through May 31, 2023 (22 working days) – **124** net new members completed a MO by phone.

After completing a MO **99.2%** of members who completed the post-test survey in May 2023 reported knowing when to get their IHA, compared to only **17.1%** 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\Q4\2. May 2023**

FY 2021-2022 MAY 2022 TOTALS

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

15 CITIES

Alameda
Berkeley
Castro Valley
Dublin
Elk Grove
Fremont
Hayward
Livermore
Newark
Oakland
Piedmont
Pleasanton
San Leandro
San Lorenzo
Union City

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

$0.00
TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

FY 2022-2023 MAY 2023 TOTALS

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

11 CITIES*

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

0 TOTAL REACHED AT COMMUNITY EVENTS
225 TOTAL REACHED AT MEMBER EDUCATION EVENTS
124 TOTAL REACHED AT MEMBER ORIENTATIONS
0 TOTAL REACHED AT MEETINGS/PRESENTATIONS
0 COMMUNITY TRAINING
296 MEMBERS REACHED AT ALL EVENTS
349 **TOTAL REACHED AT ALL EVENTS**

$0.00
TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

**Cities represent the mailing address designations for members who completed a member orientation by phone 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

Supporting Documents

2023 APL/PL IMPLEMENTATION TRACKING LIST						
#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
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.
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.
6	DMHC	23-004	2/7/2023	Plan Year 2024 QHP, QDP, and Off-Exchange Filing Requirements	N/A	The Department of Managed Health Care (Department) issues this All Plan Letter (APL) 23-004 to assist in the preparation of Plan Year 2024 regulatory submissions, in compliance with the Knox- Keene Act at California Health and Safety Code sections 1340 et seq. (Act) and regulations promulgated by the Department at California Code of Regulations, title 28 (Rules). The Department offers current and prospective Qualified Health and Dental Plans, Covered California for Small Business Issuers, and health plans offering non-grandfathered Individual and Small Group product(s) outside of the California Health Benefit Exchange (Covered California), guidance to assist in the preparation of Plan Year 2024 regulatory submissions, in compliance with the Knox- Keene Act at California Health and Safety Code sections 1340 et seq. (Act) and regulations promulgated by the Department at California Code of Regulations, title 28 (Rules).
7	DMHC	23-005	2/13/2023	Network Service Area Confirmation Process	MEDI-CAL	DMHC is establishing the NSACP to ensure that all network service areas on file as part of the Plan's license are consistent with network service areas submitted for Timely Access Compliance and Annual Network Reporting. DMHC will transmit NSACP Workbook to all Reporting Plans (June 2023), including a summary of all reported network service areas in the RY 2023 Annual Network Report submission. The transmittal will include a specific due date for the health plan's response.
8	DMHC	23-006	2/24/2023	Independent Medical Review (IMR) Application/Complaint Form (DMHC 20-224)	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (Department) issues this All-Plan Letter (APL) to inform all licensed health care service plans that the Department has revised the Independent Medical Review Application/Complaint Form (DMHC 20-224).
9	DHCS	23-003	3/8/2023	California Advancing and Innovating Medi-Cal Incentive Payment Program	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCP) with guidance on the Incentive Payment Program implemented by the California Advancing and Innovating Medi-Cal (CalAIM) initiative.

#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
10	DHCS	23-004	3/14/2023	Skilled Nursing Facilities -- Long Term Care Benefit Standardization and Transition of Members to Managed Care (Supersedes APL 22-018)	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide requirements to all Medi-Cal managed care health plans (MCPs) on Skilled Nursing Facility (SNF) Long Term Care (LTC) benefit standardization provisions of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, including the mandatory transition of beneficiaries to managed care.
11	DHCS	23-005	3/16/2023	Requirements For Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21 (Supersedes APL 19-010)	MEDI-CAL	The purpose of this All Plan Letter (APL) is to clarify the responsibilities of Medi-Cal managed care health plans (MCPs) to provide Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services to eligible Members under the age of 21. This policy applies to all Members under the age of 21 who are enrolled in MCPs. This guidance is intended to reinforce existing state and federal laws and regulations regarding the provisions of Medi-Cal services, including EPSDT. This guidance is also intended to outline requirements for MCPs to ensure Members have access to information on EPSDT and Network Providers receive standardized training on EPSDT utilizing the newly developed DHCS Medi-Cal for Kids and Teens Outreach and Education Toolkit.
12	DMHC	23-007	3/23/2023	Provider Directory Annual Filing Requirements (2023)	MEDI-CAL & GROUP CARE	This All Plan Letter (APL) reminds health care service plans of California Health and Safety Code section 1367.27, subdivision (m)'s requirement to annually submit provider directory policies and procedures to the Department of Managed Health Care.
13	DMHC	23-008	3/24/2023	Health Plan Requirements to Timely Pay Claims	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (Department) issues this All Plan Letter (APL) 23-008 to highlight and remind plans of timely payment and utilization management obligations with respect to hospitals.
14	DHCS	23-006	3/28/2023	Delegation and Subcontractor Network Certification	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care plans (MCPs) with guidance on the requirements for delegation and monitoring of Subcontractors. This APL also details the Subcontractor Network Certification (SNC) process wherein MCPs must provide assurances that each Subcontractor's and Downstream Subcontractor's Provider Network meets state and federal Network adequacy and access requirements.
15	DMHC	23-009	3/30/2023	Health Plan Coverage of Preventive Services	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (Department) issues this All Plan Letter (APL) 23-009 reminding California health plans of their obligation to cover preventive services as required by the Knox-Keene Health Care Service Plan Act.
16	DHCS	20-004	4/4/2023	Emergency Guidance for Medi-Cal Managed Care Health Plans in Response to COVID-19 (REVISED)	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide information to Medi-Cal managed care health plans (MCPs) on temporary changes to federal requirements as a result of the ongoing global COVID-19 pandemic. As the Department of Health Care Services (DHCS) continues to respond to concerns and changing circumstances resulting from the pandemic, DHCS will provide updated guidance to MCPs.
17	DHCS	21-011	4/4/2023	(Supplement to APL 21-011) Emergency State Fair Hearing Timeframe Changes	MEDI-CAL	The purpose of this supplement to All Plan Letter (APL) 21-011 is to provide Medi-Cal managed care health plans (MCPs) with information regarding the Centers for Medicare and Medicaid Services' (CMS) approval of portions of the Department of Health Care Services' (DHCS) Section 1135 Waiver request as related to the Novel Coronavirus Disease (COVID-19) public health emergency (PHE).
18	DHCS	23-007	4/10/2023	Telehealth Services Policy	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide clarification to Medi-Cal managed care health plans (MCPs) on the Department of Health Care Services' (DHCS) policy on Covered Services offered through Telehealth modalities as outlined in the Medi-Cal Provider Manual. This includes clarification on those Covered Services which can be provided via Telehealth and the expectations related to documentation for Telehealth.
19	DMHC	23-010	4/10/2023	Coverage of Misoprostol-Only Abortion Care	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (DMHC) hereby issues this All Plan Letter (APL) 23-010 based on potential disruptions to the availability of mifepristone due to the recently issued federal district court decisions.
20	DMHC	23-011	4/10/2023	Annual Segregation Fund Report	N/A	Assembly Bill (AB) 2205 added California Health and Safety Code (HSC) section 1347.8. Effective July 1, 2023 and annually thereafter, a health plan that offers a qualified health plan through the California Health Benefit Exchange (Exchange) shall report to the director the total amount of funds maintained in a segregated account for abortion services pursuant to subdivision (a) of Section 1303 of the federal Patient protection and Affordable Care Act (Public Law 111-148). This APL provides guidance to health plans on the timing and content requirements for submitting annual segregation fund reports.
21	DMHC	23-012	4/17/2023	Health Plan Annual Assessments	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (DMHC) issues this All Plan Letter (APL) 23-012 to provide information to health care service plans (health plans) pertaining to the DMHC's fiscal year (FY) 2023- 24 annual assessment. Health plans are required to file the Report of enrollment Plan on the DMHC eFiling web portal by May 15, 2023.

#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
22	DHCS	20-021	4/19/2023	Acute Hospital Care at Home (REVISED)	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with policy guidance regarding hospitals participating in the Centers for Medicare & Medicaid Services' (CMS) Acute Hospital Care at Home program. The APL was revised to indicate that on December 29, 2022, President Biden signed into law the Consolidated Appropriations Act of 2023. This legislation included an extension of the Acute Hospital Care at Home program waiver that was initiated during the federal public health emergency. The Acute Hospital Care at Home program has been extended to December 31, 2024.
23	DMHC	23-013	4/20/2023	Large Group Coverage of Association Health Plans: Extension of Phase Out and Guidance	GROUP CARE	On December 9, 2019, the Department of Managed Health Care (DMHC) issued All Plan Letter (APL) 19-024 reminding health plans, solicitors, brokers and others of the law codified in Senate Bill 1375 (Stats 2018 ch 700 §3). The DMHC recognizes that some health plans and MEWAs continued to renew large group coverage while the DMHC reviewed compliance submissions for SB 255 and SB 718. As such, health plans contracting with MEWAs may continue to renew large group coverage for up to one year until December 31, 2023, if the health plan submits the required information to the DMHC on or before May 19, 2023.
24	DMHC	23-014	4/24/2023	Health Care Service Plans Are Mandatory Signatories to the CalHHS Data Exchange Framework	MEDI-CAL & GROUP CARE	The purpose of this All Plan Letter (APL) is to inform all health care service plans of their requirement to sign the Health and Human Services Data Exchange Framework (DxF) Data Sharing Agreement (DSA). This DSA defines the parties that are subject to the DxF's new data exchange rules and establishes a common set of terms, conditions, and obligations to support the secure exchange of and access to health and social services information in compliance with applicable laws, regulations, and policies.
25	DHCS	23-008	4/28/2023	Proposition 56 Directed Payments for Family Planning Services	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed health care plans (MCPs) with guidance on directed payments, funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), for the provision of specified family planning services.
26	DHCS	23-009	5/3/2023	Authorization for Post-Stabilization Care Services	MEDI-CAL	The purpose of this All Plan Letter (APL) is to clarify Medi-Cal managed care health plans (MCPs) contractual obligations for authorizing post-stabilization care services. In accordance with Title 28 CCR section 1300.71.4, when a Member is stabilized, but the health care Provider believes that they require additional Medically Necessary Covered Services and may not be discharged safely, the MCP, "shall approve or disapprove a health care provider's request for authorization to provide necessary post-stabilization medical care within one half hour of the request." To clarify, the "health care provider" as referenced herein refers to both Out-of-Network Providers (i.e., non-contracting Providers) and Network Providers.
27	DHCS	23-010	5/4/2023	Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) about the provision of Medically Necessary Behavioral Health Treatment (BHT) services for Members under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, as outlined in APL 19-010 or any superseding APL, and in accordance with mental health parity requirements. This APL clarifies that the MCP has primary responsibility for ensuring that all of a Member's needs for Medically Necessary BHT services are met across environments, including on-site at school or during virtual school sessions. For example, if educational BHT services provided to a Member by school-based Providers have been discontinued during the COVID-19 Public Health Emergency (PHE), the MCP must ensure that Medically Necessary BHT services are provided. The MCP is responsible for coordinating with other entities and covering any gap in Medically Necessary BHT services for the Member.
28	DHCS	23-011	5/8/2023	Treatment of Recoveries Made by the Managed Care Health Plan of Overpayments to Providers	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) relating to an MCP's recovery of all overpayments to providers.
29	DHCS	23-012	5/12/2023	Enforcement Actions: Administrative and Monetary Sanctions	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide clarification to Medi-Cal managed care health plans (MCPs) of the Department of Health Care Services' (DHCS) policy regarding the imposition of administrative and monetary sanctions, which are among the enforcement actions DHCS may take to enforce compliance with MCP contractual provisions and applicable state and federal laws. This APL supersedes APL 22-015.
30	DMHCS	23-015	5/16/2023	Supplemental Provider Directory Annual Filing Requirements	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (Department) issues this All Plan Letter (APL) 23-015, as a supplement to APL 23-007 (OPL) – Provider Directory Annual Filing Requirements (2023), to provide additional guidance and a filing extension to health care service plans (plans) regarding the Section 1367.27 Annual Compliance (2023) filing.

#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
31	DHCS	23-013	5/18/2023	Mandatory Signatories to the CalHHS Data Exchange Framework	MEDI-CAL	The purpose of this All Plan Letter (APL) is to inform Medi-Cal managed care health plans (MCPs) of their requirement to sign the California Health and Human Services Agency (CalHHS) Data Exchange Framework (DxF) Data Sharing Agreement (DSA). This DSA defines the parties that are subject to the DxF's new data exchange rules and establishes a common set of terms, conditions, and obligations to support the secure exchange of and access to health and social services information in compliance with applicable laws, regulations, and policies.
32	DHCS	21-004	5/24/2023	Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services (REVISED)	MEDI-CAL	This All Plan Letter (APL) serves to inform all Medi-Cal managed care health plans (MCPs) of the dataset for threshold and concentration languages and clarifies the threshold and concentration standards specified in state and federal law and MCP contracts. This dataset identifies the threshold and concentration languages in which, at a minimum, MCPs must provide written translated member information.

Information Technology

Supporting Documents

Enrollment

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

Month	Total MC[1]	MC[1] - Add/ Reinstatements	MC[1] - Terminated	Total GC[2]	GC[2] - Add/ Reinstatements	GC[2]- Terminated
May	354,458	4,277	2,470	5,671	110	108

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 May 2023

Auto-Assignments	Member Count
Auto-assignments MC	2,132
Auto-assignments Expansion	1,657
Auto-assignments GC	42
PCP Changes (PCP Change Tool) Total	2,781

TruCare Application

- See Table 2-1 “Summary of TruCare Authorizations for the month of May 2023”.
- There were 18,346 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 May 2023*

Transaction Type	Inbound EDI Auths	Errored	Total Auths Loaded in TruCare
Paper to EDI	5,728	4,944	1,528
Provider Portal	3,888	827	3,825
EDI	4,285	539	4,304
Long Term Care	29	14	16
Behavioral Health	13	1	13
Manual Entry	N/A	N/A	2,185
Total			11,871

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 of April 2023

Group	Individual User Accounts	Individual User Accounts Accessed	Total Logins	New Users
Provider	6,421	4,462	207,858	635
MCAL	95,433	2,874	7,174	1003
IHSS	3,411	101	102	26
AAH Staff	220	65	1,474	5
Total	**105,485**	**7,502**	**216,608**	**1,669**

Table 3-2 Top Pages Viewed for the Month of April 2023

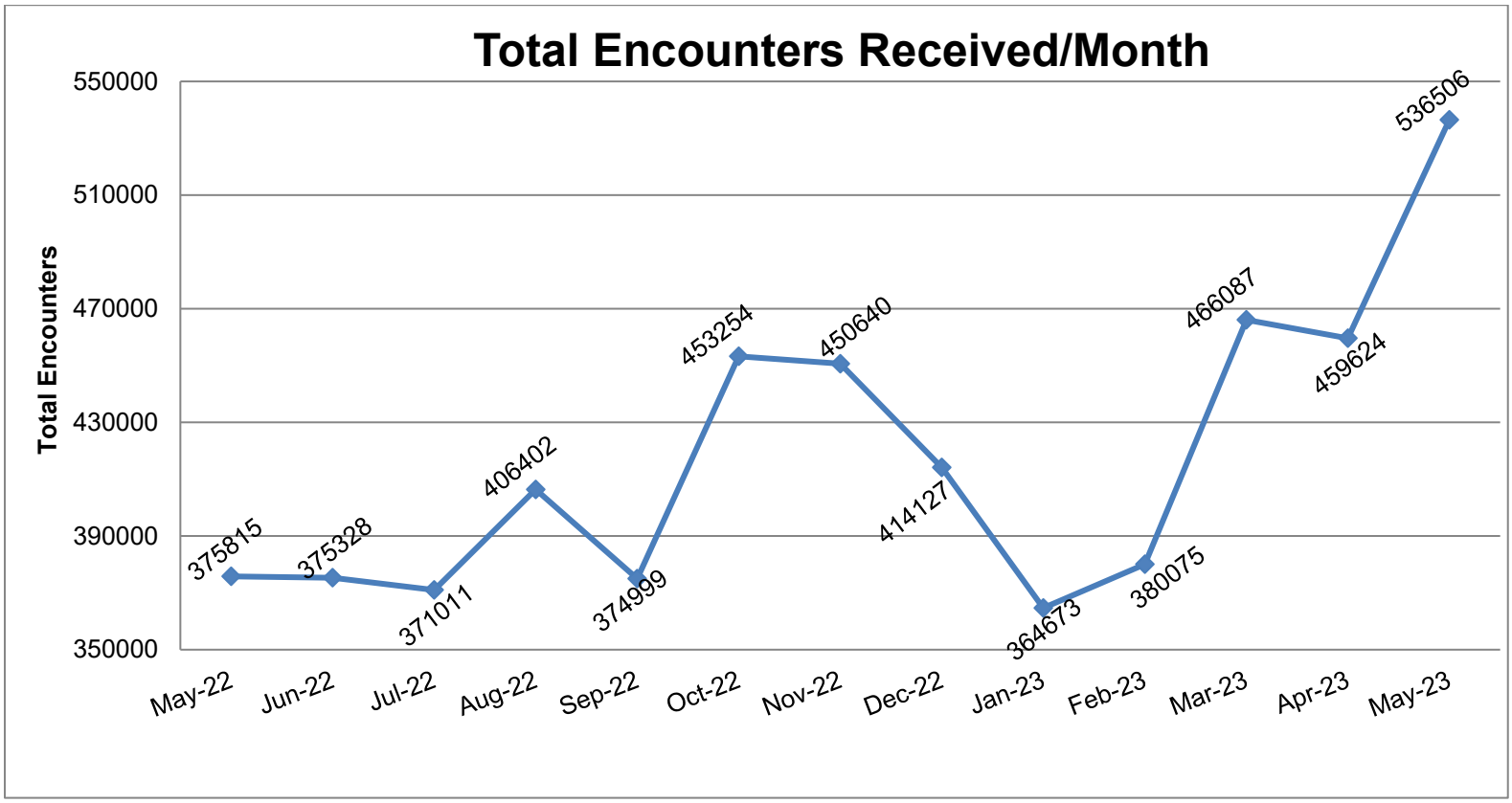
Top 20 Pages Viewed		
Category	**Page Name**	**April-23**
Provider	Member Eligibility	846501
Provider	Claim Status	265831
Provider - Authorizations	Auth Submit	12419
Provider - Authorizations	Auth Search	6867
Member	Member Eligibility	3864
Member - Home	MC ID Card	1128
Member	Find a Doctor or Facility	1948
Provider	Member Roster	2487
Member	Select or Change Your PCP	1293
Provider - Provider Directory	Provider Directory	518
Member - Help & Resources	Member ID Card	1991
Member	My Claims Services	984
Provider - Reports	Reports	824
Member	Request Kaiser as my Provider	639
Member – My Care	Authorization	527
Member	My Pharmacy Medication Benefits	362
Provider - Home	Forms	506
Provider - Home	Behavior Health Forms SSO (auth request)	269
Member - Help & Resources	Authorizations & Referrals	243
Member - EXR	Contact Us	73

Encounter Data from Trading Partners 2023

- **ACBH**: May monthly files (0 records)
    - No longer receiving encounter files but through HCSA.
- **AHS**: May weekly files (5,380 records) were received on time.
- **BAC**: May monthly file (40 records) were received on time.
- **Beacon**: May weekly files (5,822 records) were received on time
- **CHCN**: May weekly files (117,764 records) were received on time.
- **CHME**: May monthly file (4,987 records) were received on time.
- **CFMG**: May weekly files (12,526 records) were received on time.
- **Docustream**: May monthly files (575 records) were received on time.
- **EBI**: May monthly files (15 records) were received on time.
- **HCSA**: May monthly files (72 records) were received on time.
- **IOA**: May monthly files (325 records) were received on time.
- **Kaiser**: May bi-weekly files (91,196 records) were received on time.
- **LogistiCare**: May weekly files (28,628 records) were received on time.
- **March Vision**: May monthly file (3,647 records) were received on time.
- **Quest Diagnostics**: May weekly files (13,671 records) were received on time.
- **Teladoc**: May monthly files (0 records).
    - Teladoc has switched to submitting claims as of July 2022.
- **Magellan**: May monthly files (364,831 records) were received on time.

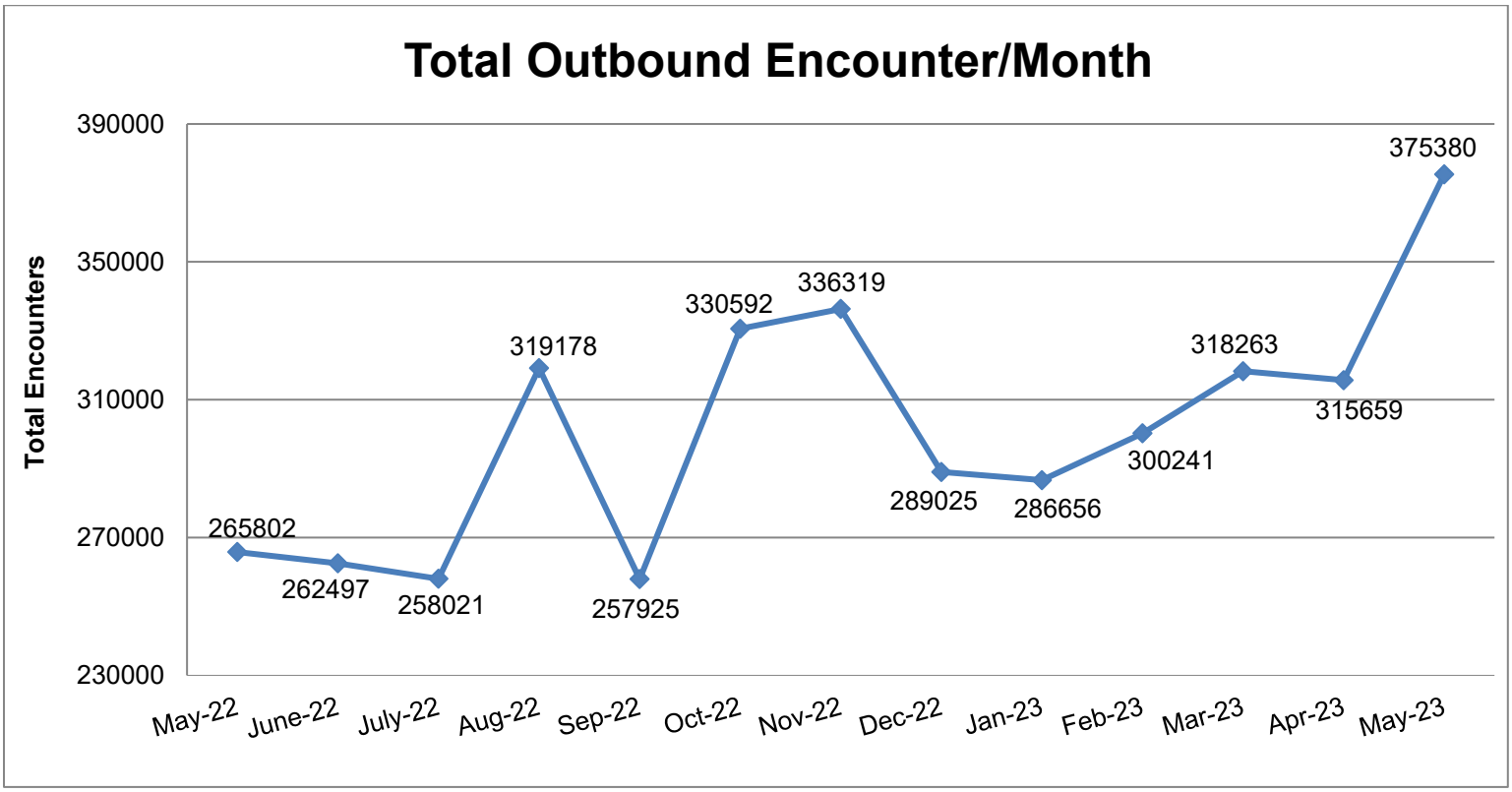
Trading Partner Medical Encounter Inbound Submission History

Trading Partners	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Health Suite	163272	173269	176217	177945	175955	171386	174429	177828	163764	167475	238283	218296	251858
ACBH						8	51	87	86	39	95		
AHS	6105	5486	5742	5482	5609	5589	6015	6332	4568	5377	5088	6353	5380
BAC	63	53	66	53	37	39	38	35	199	34	32	38	40
Beacon	13796	18340	15678	21310	16040	13490	12883	10437	13824	11036	12159	15799	5822
CHCN	80340	67339	69636	84302	75234	136445	108148	83258	87182	83191	82394	84654	117764
CHME	4551	4578	4853	4722	5191	5214	5152	4822	4574	5303	4729	5277	4987
Claimsnet	14075	10300	7744	10631	6940	15668	19173	12790	9679	11694	8851	16155	12526
Docustream	1140	1263	1236	1149	1715	1294	1435	1487	1327	1794	1361	865	575
EBI												976	15
HCSA	1824	1880	3366	1869	4440	2098	3734	1781	1825	1976	590	78	72
IOA										172	156	201	325
Kaiser	51214	62952	47584	62477	48613	63341	76637	81333	35798	56965	73095	68883	91196
Logisticare	20299	14590	20981	20200	19257	19041	23451	16946	24456	18034	21647	20558	28628
March Vision	3345	3188	3040	2708	3824	3693	3497	4427	3598	3434	3281	4275	3647
Quest	15757	12058	14868	13554	12144	15948	15997	12564	13793	13551	14326	17216	13671
Teladoc	34	32											
Total	375815	375328	371011	406402	374999	453254	450640	414127	364673	380075	466087	459624	536506



Outbound Medical Encounter Submission

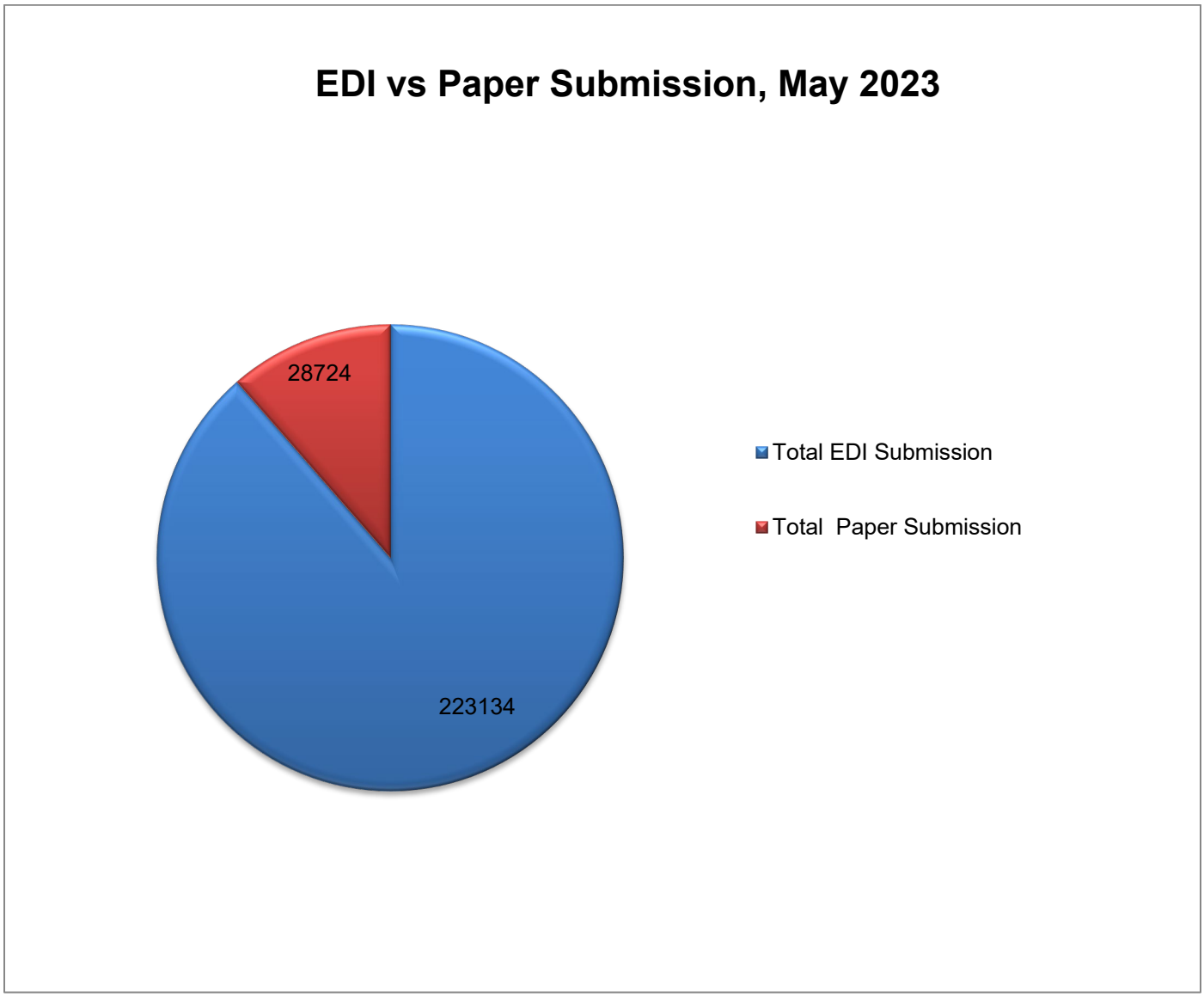
Trading Partners	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Health Suite	93919	90605	92682	121957	96495	121299	95516	97435	114224	128102	117672	117823	151866
ACBH						4	36	60	56	21	73	0	0
AHS	7156	5363	5702	5168	4360	6626	5915	5208	5439	5260	3845	7300	5236
BAC	61	52	63	50	37	37	38	33	196	33	32	38	40
Beacon	9221	9534	14711	17246	12054	10967	10172	8001	11282	8910	9674	11927	2879
CHCN	49911	51060	49003	60678	50714	74449	92283	55698	58881	58279	59074	60373	79256
CHME	4448	4470	4714	4618	5069	5016	4843	4729	4470	5181	4606	5159	4864
Claimsnet	8410	7985	7209	7248	4614	10491	11118	8983	8241	8334	6361	9834	10891
Docustream	3406	854	1070	964	1436	1060	1134	1268	1117	1521	1232	481	411
EBI												906	15
HCSA	1518	1719	1579	1770	2368	2013	2001	1725	1777	1304	287	52	55
IOA										168	152	45	276
Kaiser	50894	62562	47331	61831	47861	62682	75808	80464	35360	55930	72409	65652	72893
Logisticare	19777	14677	20828	20022	19001	18457	23178	16729	24291	12223	27071	20411	28455
March Vision	2464	2392	2206	1969	2631	2601	2396	2938	2454	2308	2400	3006	2366
Quest	14602	11192	10923	15657	11285	14890	11881	5754	18868	12667	13375	12652	15877
Teladoc	15	32											
Total	265802	262497	258021	319178	257925	330592	336319	289025	286656	300241	318263	315659	375380



HealthSuite Paper vs EDI Claims Submission Breakdown

Period	Total EDI Submission	Total Paper Submission	Total Claims
23-May	223134	28724	251858

Key: EDI – Electronic Data Interchange

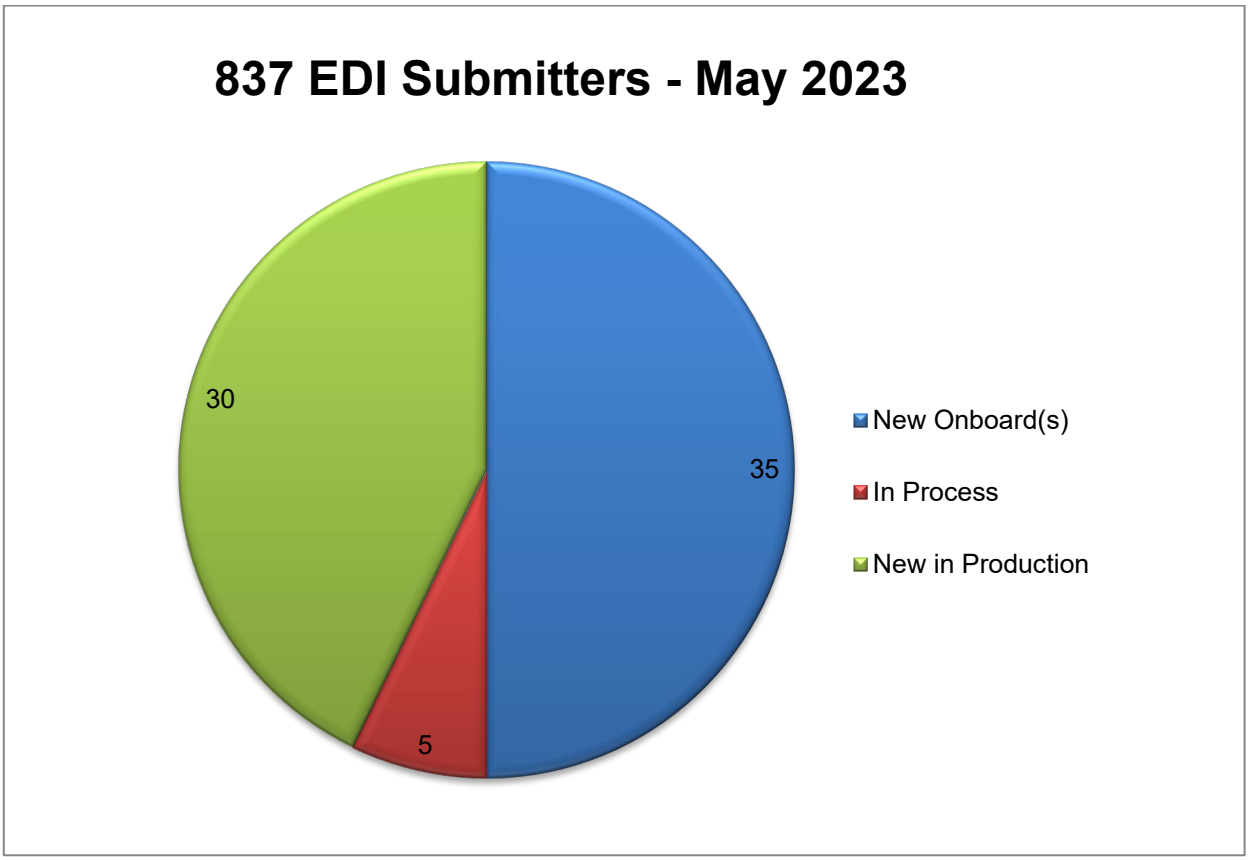


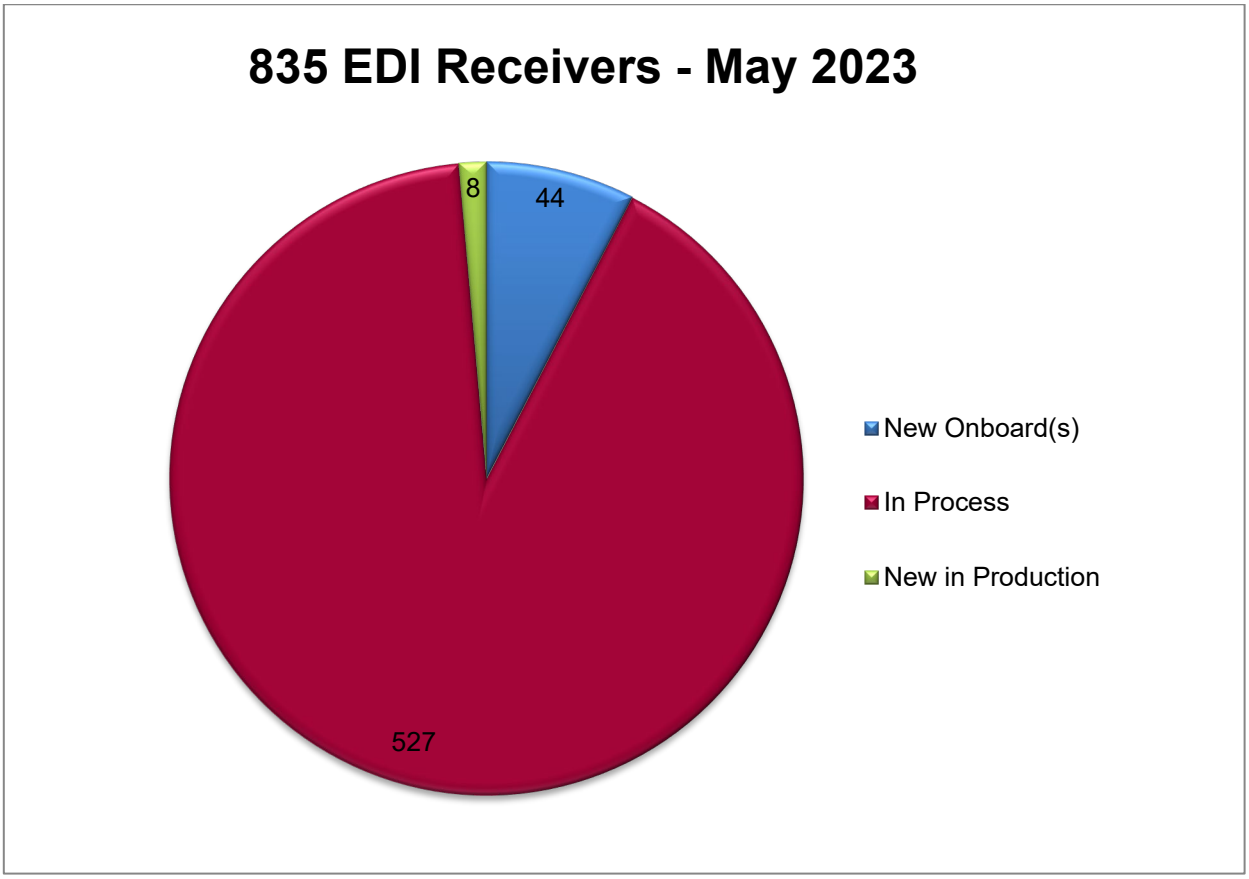
Onboarding EDI Providers - Updates

- May 2023 EDI Claims:
  - A total of 1660 new EDI submitters have been added since October 2015, with 30 added in May 2023.
  - The total number of EDI submitters is 2400 providers.

- May 2023 EDI Remittances (ERA):
  - A total of 706 new ERA receivers have been added since October 2015, with 8 added in May 2023.
  - The total number of ERA receivers is 722 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
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
Feb-23	24	0	24	2268	37	457	3	646
Mar-23	55	0	55	2323	78	472	63	709
Apr-23	50	3	47	2370	24	491	5	714
May-23	35	5	30	2400	44	527	8	722


837 EDI Submitters - May 2023
30
35
5
New Onboard(s)
In Process
New in Production


835 EDI Receivers - May 2023
8
44
527
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 May 2023.

File Type	May-23
837 I Files	45
837 P Files	177
Total Files	222

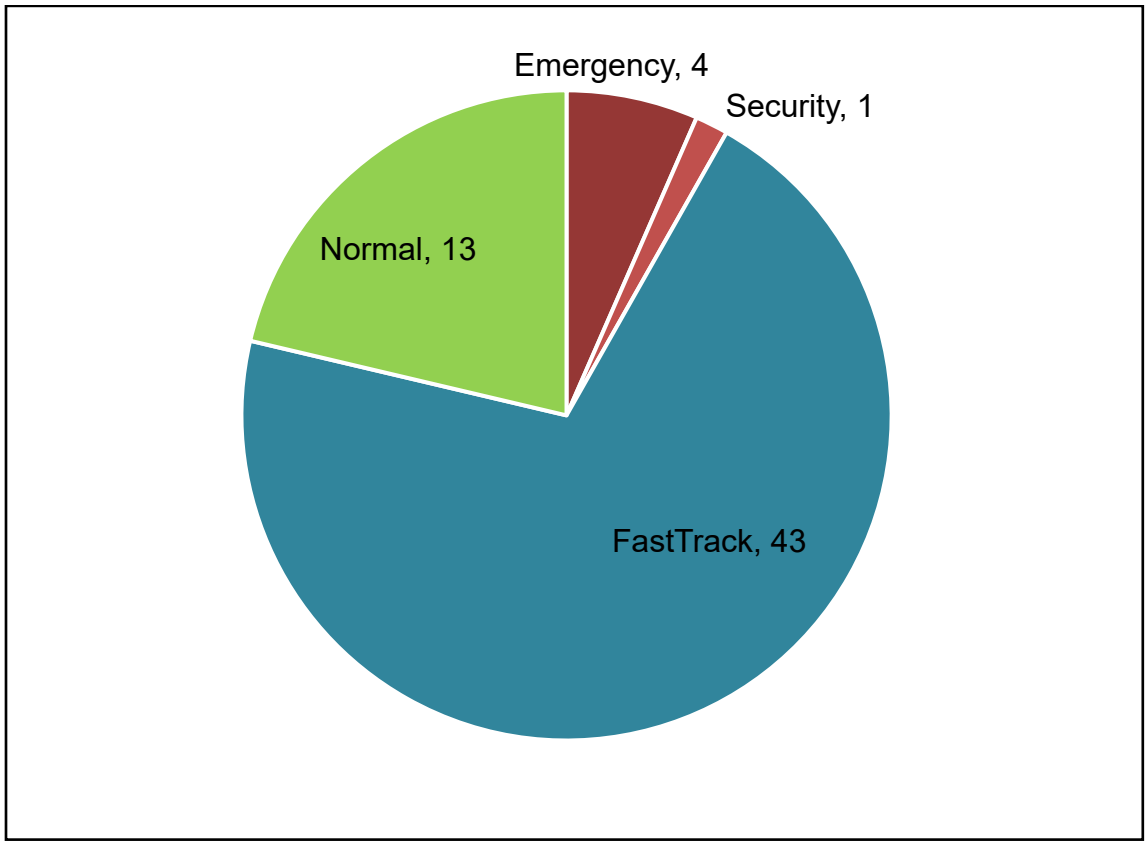
Lag-time Metrics/Key Performance Indicators (KPI)

AAH Encounters: Outbound 837	May-23	Target
Timeliness-% Within Lag Time – Institutional 0-90 days	90%	60%
Timeliness-% Within Lag Time – Institutional 0-180 days	98%	80%
Timeliness-% Within Lag Time – Professional 0-90 days	91%	65%
Timeliness-% Within Lag Time – Professional 0-180 days	97%	80%

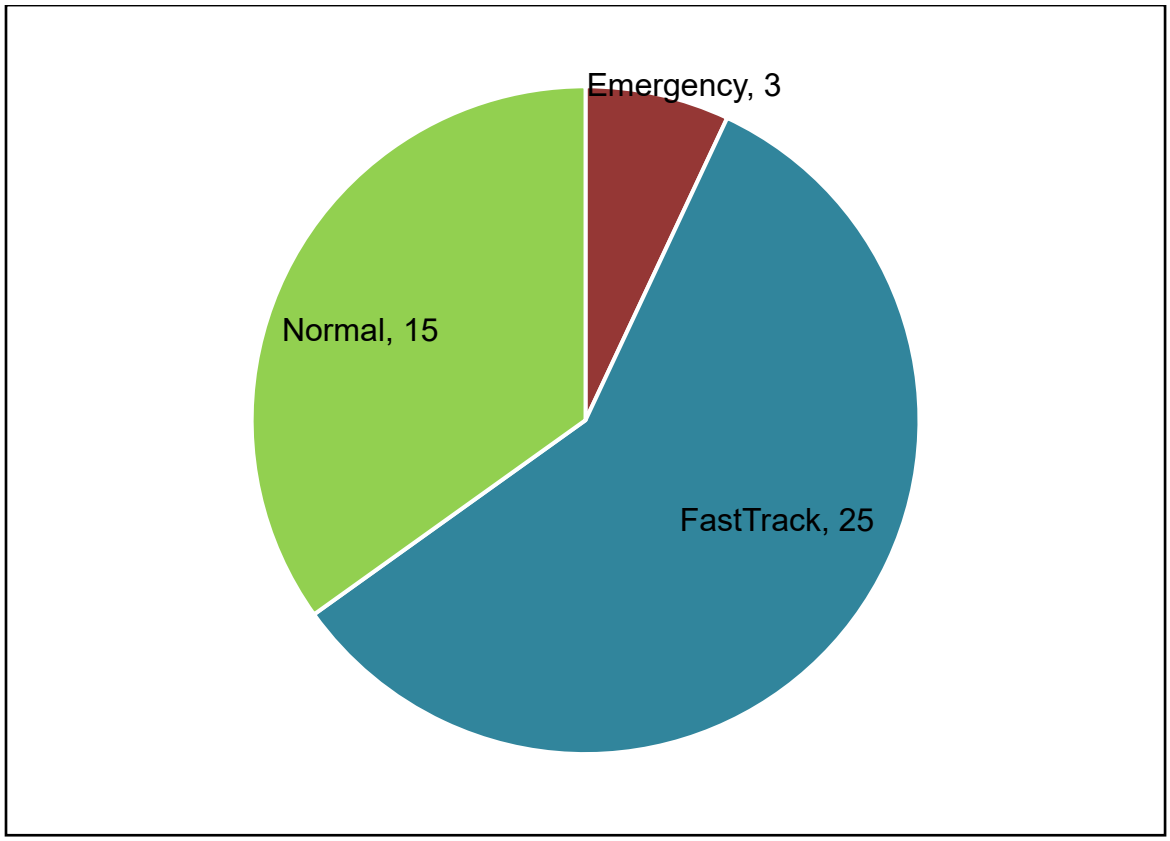
Change Management Key Performance Indicator (KPI)

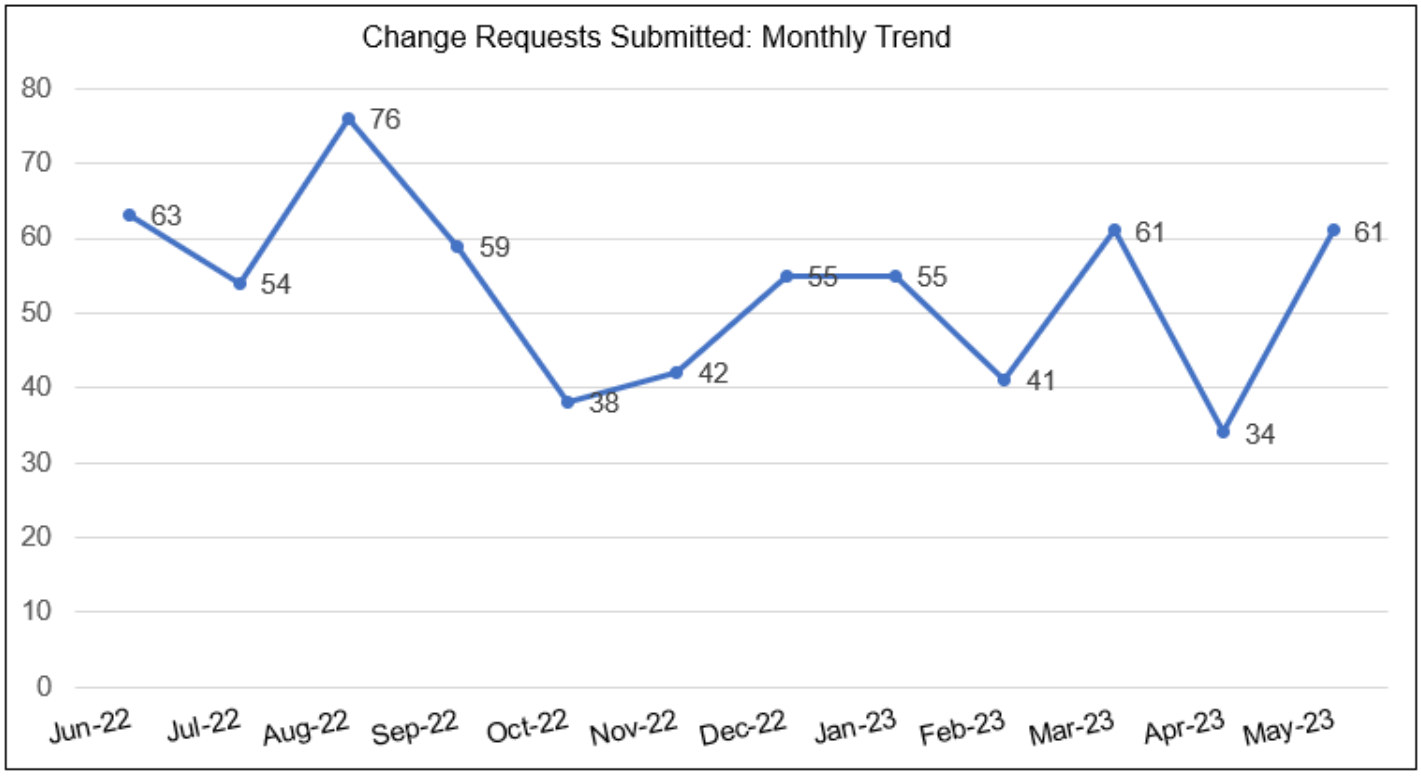
- Change Request Overall Summary in the month of May 2023 KPI:
  - 61 Changes Submitted.
  - 43 Changes Completed and Closed.
  - 133 Active Change Requests in pipeline.
  - 5 Change Requests Cancelled or Rejected.

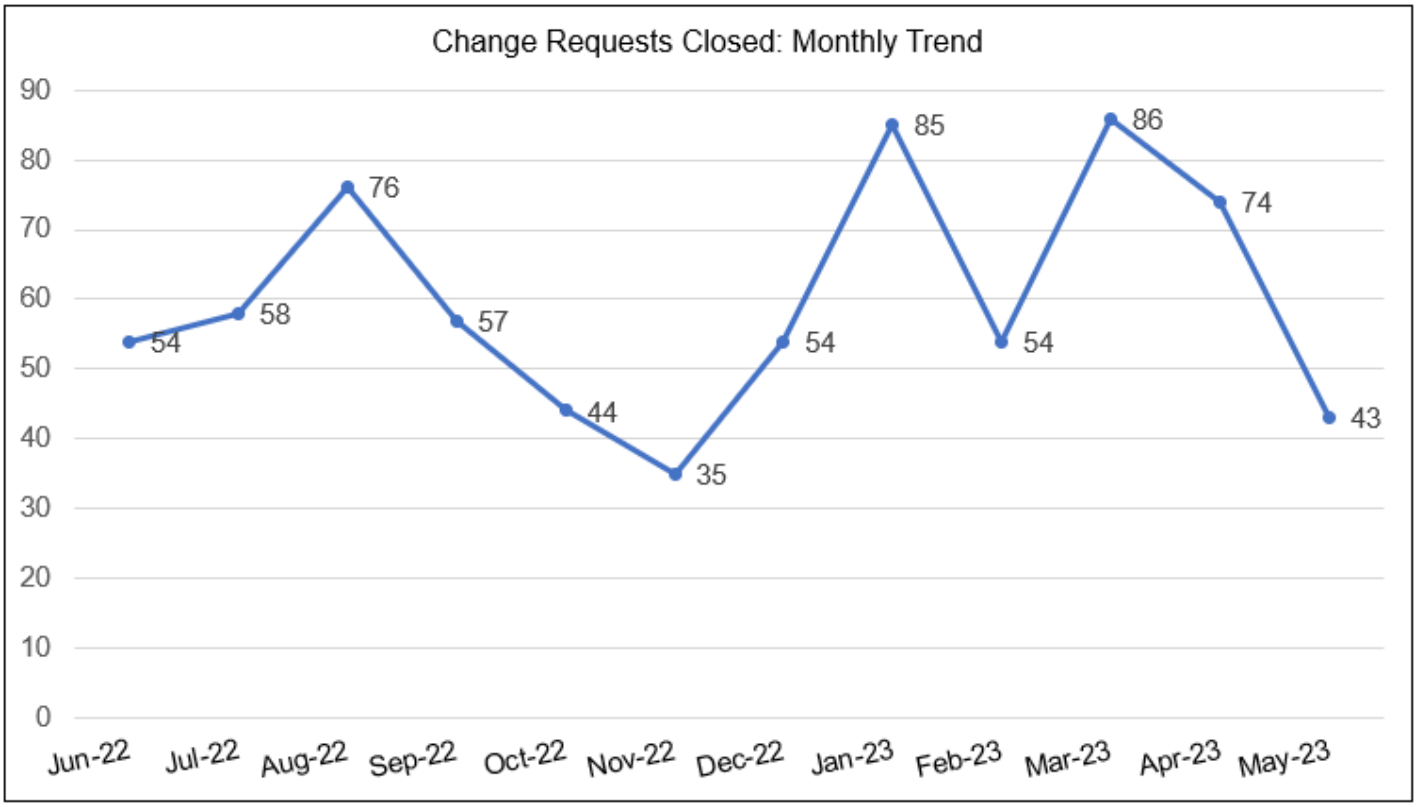
- 61 Change Requests Submitted/Logged in the month of May 2023



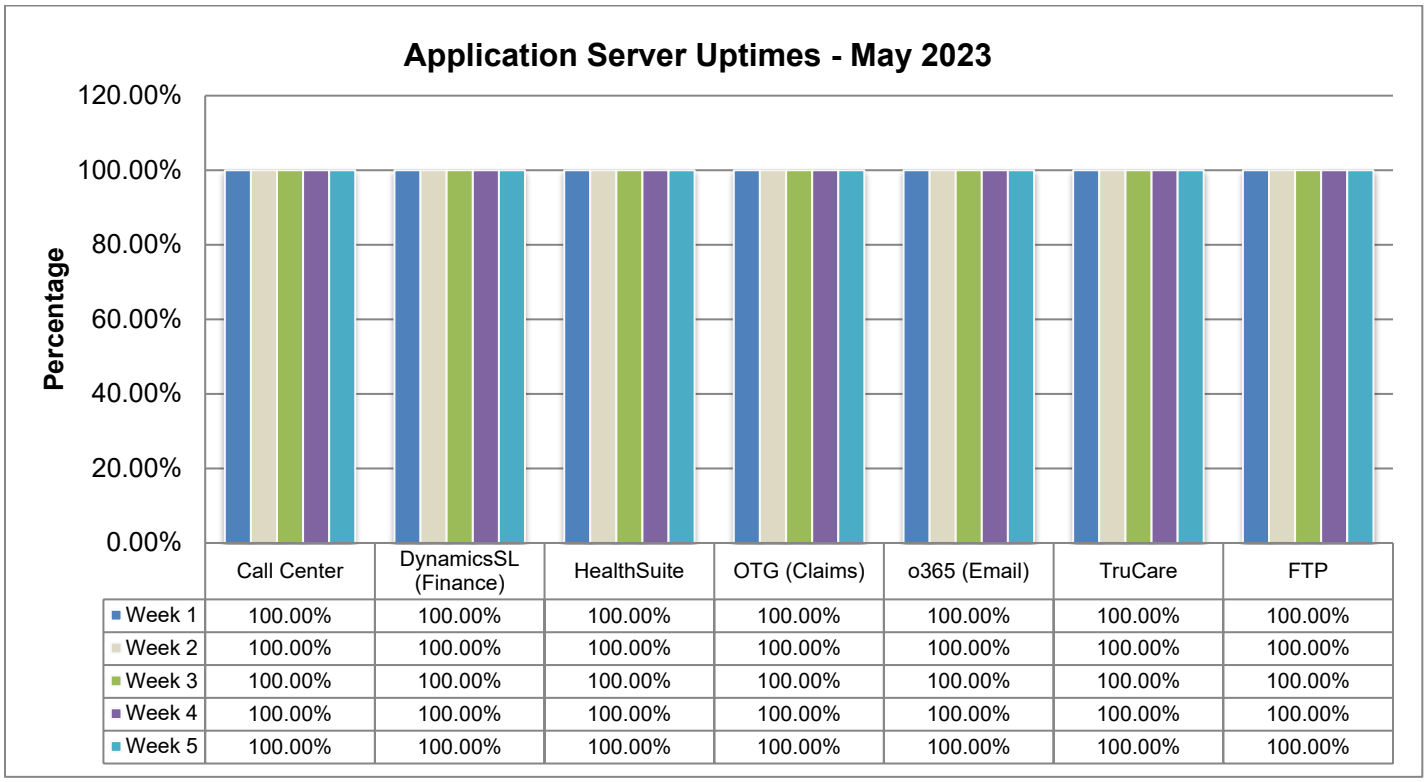
- 43 Change Requests Closed in the month of May 2023




Change Requests Submitted: Monthly Trend
80
70
60
50
40
30
20
10
0
63
54
76
59
38
42
55
55
41
61
34
61
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
May-23

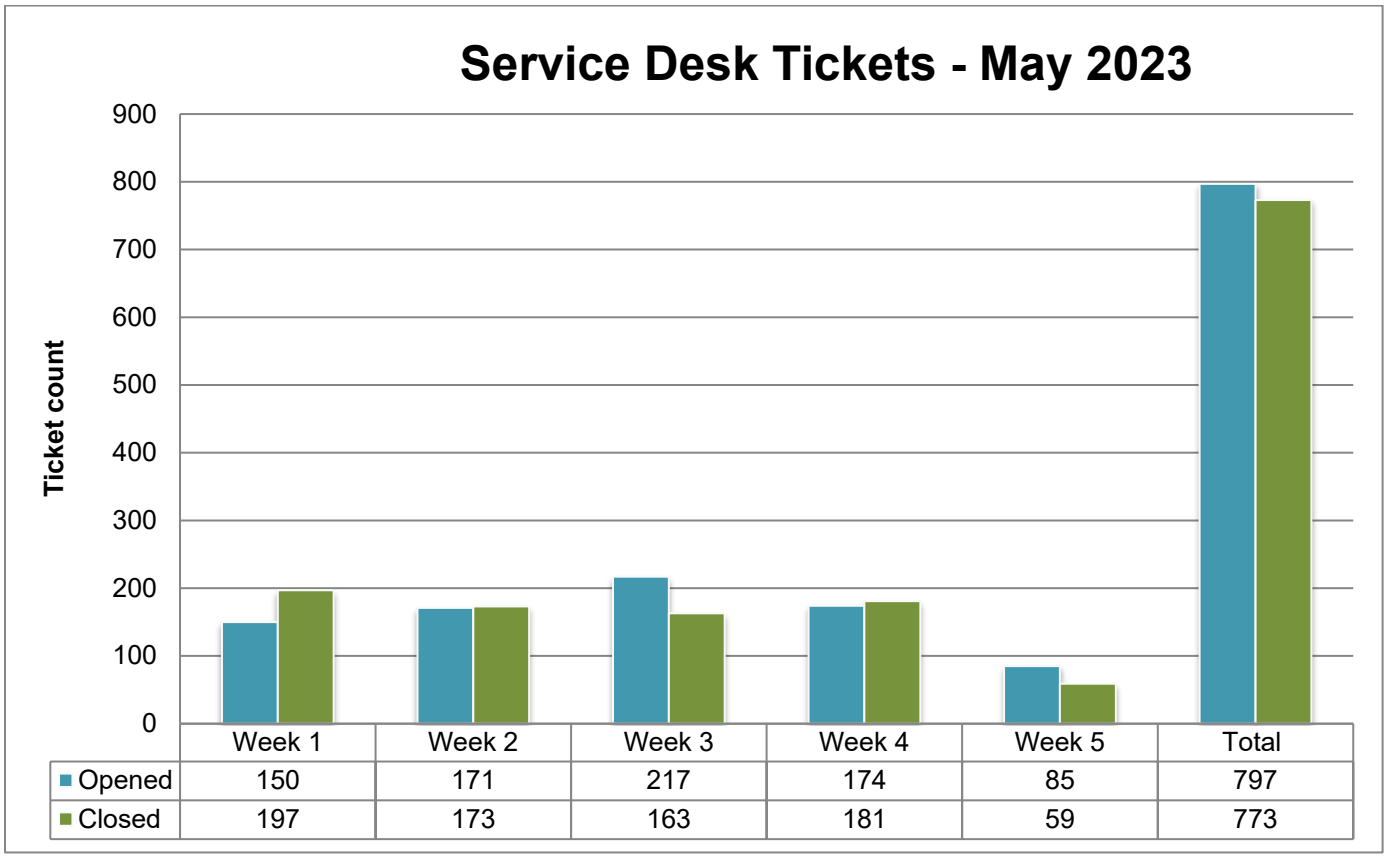

Change Requests Closed: Monthly Trend
90
80
70
60
50
40
30
20
10
0
54
58
76
57
44
35
54
85
54
86
74
43
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
May-23

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.
- Fax Services experienced an 80% failure rate for incoming faxes for the Alliance's top 10 department fax accounts on Friday, May 19th.
    - The issue was mitigated, and Alliance's top 10 department fax accounts have been migrated to a modern fax solution (EtherFax). This covers all Authorization related faxes. Failure rate is now down to 5%.
    - There is now a plan to expedite the migration of all fax numbers to EtherFax within the next 3 months.



	Week 1	Week 2	Week 3	Week 4	Week 5	Total
Opened	150	171	217	174	85	797
Closed	197	173	163	181	59	773

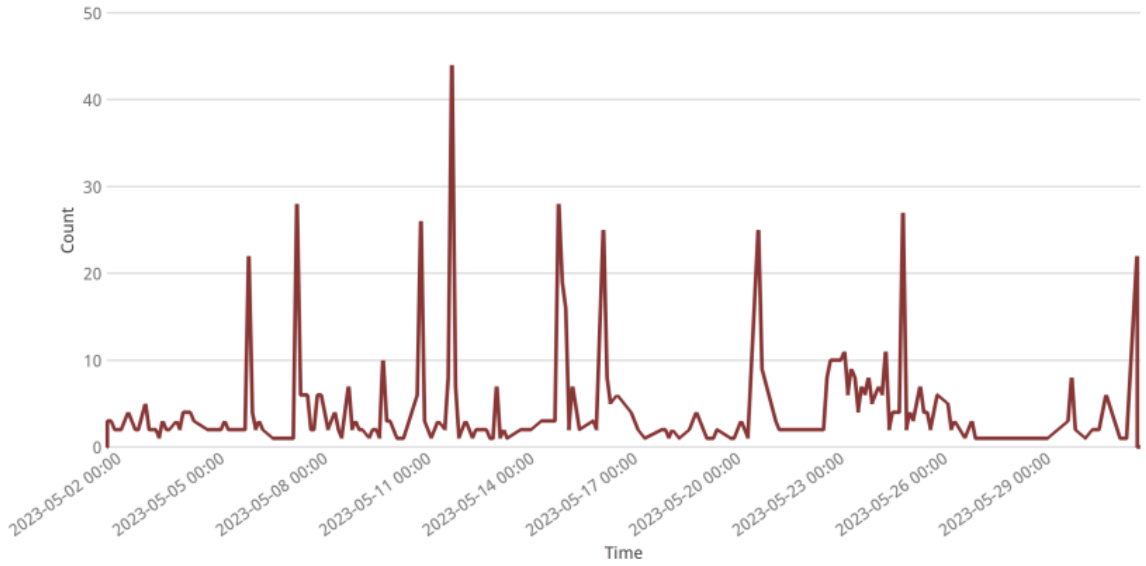
- 797 Service Desk tickets were opened in the month of May 2023, which is .01% lower than the previous month and 773 Service Desk tickets were closed, which is 1.3% lower than the previous month.

- The open ticket count for the month of May is higher than the previous 3-month average of 788.

May 2023

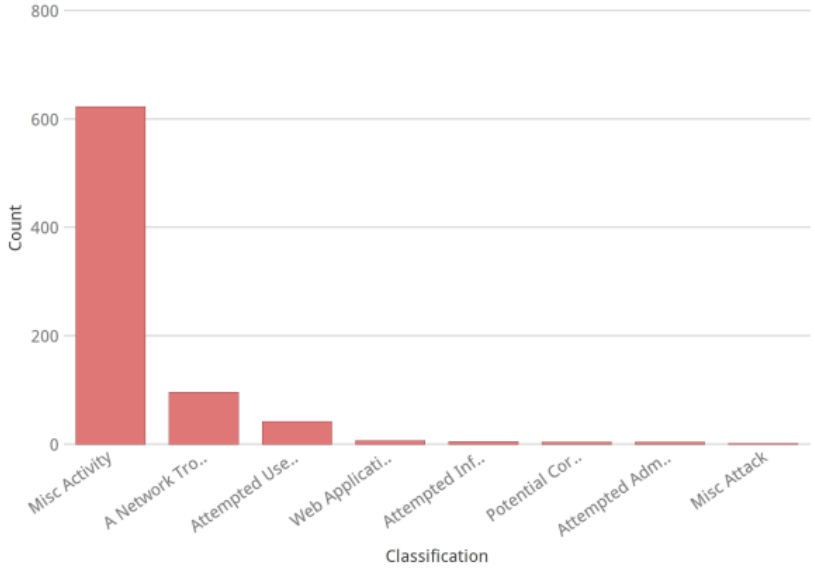
All Intrusion Events

Time Window: *2023-05-01 09:29:00 - 2023-05-31 09:29:00*



Dropped Intrusion Events

Time Window: *2023-05-01 09:30:00 - 2023-05-31 09:30:00*
Constraints: *Inline Result = dropped*



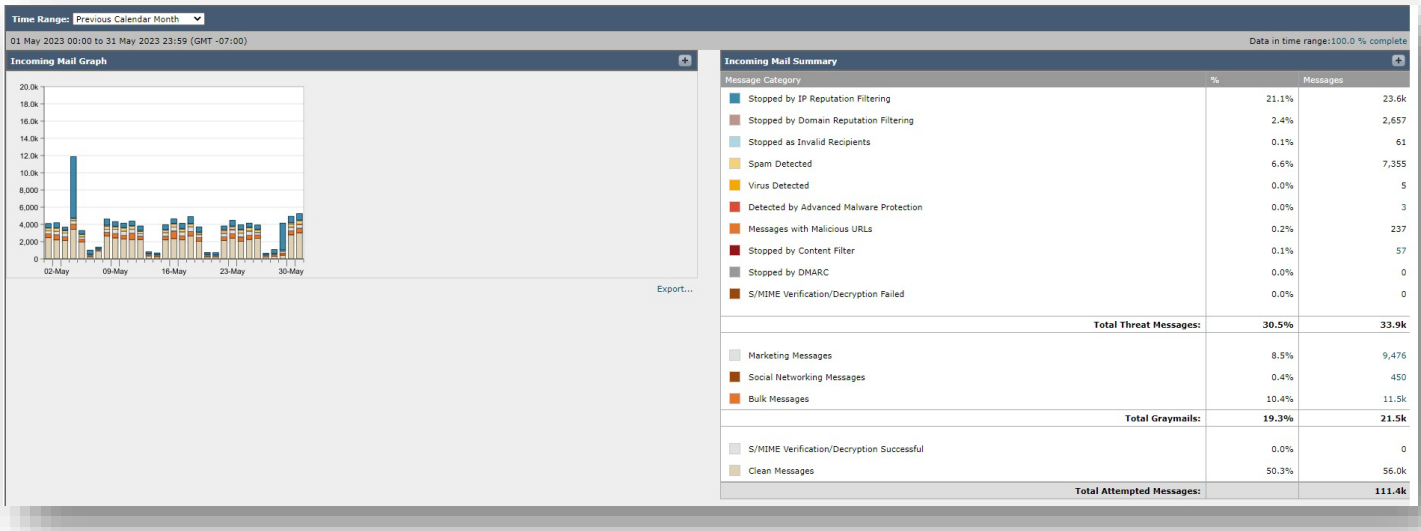
Classification	Count
Misc Activity	623
A Network Trojan was Detected	96
Attempted User Privilege Gain	42
Web Application Attack	7
Attempted Information Leak	5
Potential Corporate Policy Violation	4
Attempted Administrator Privilege Gain	4
Misc Attack	2

IronPort Email Security Gateways
Email Filters

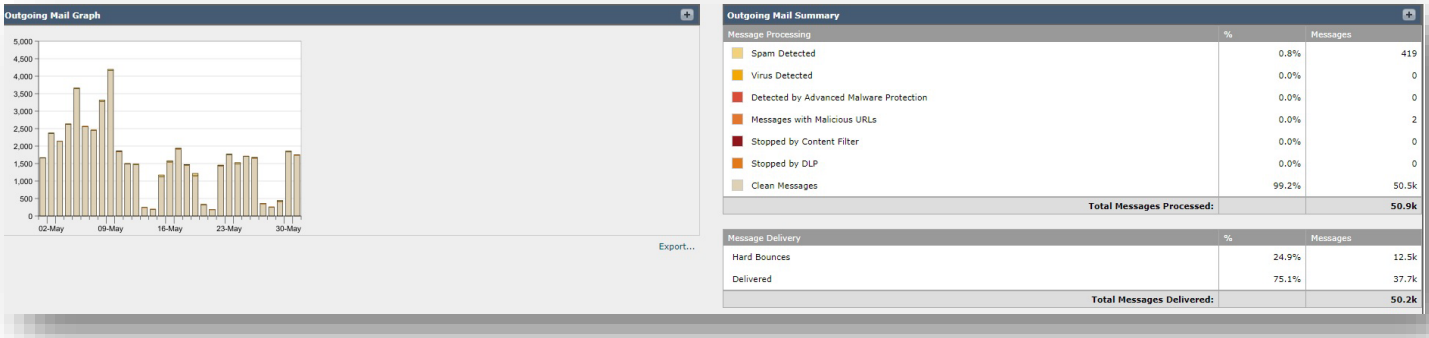
May 2023

MX4

Inbound Mail



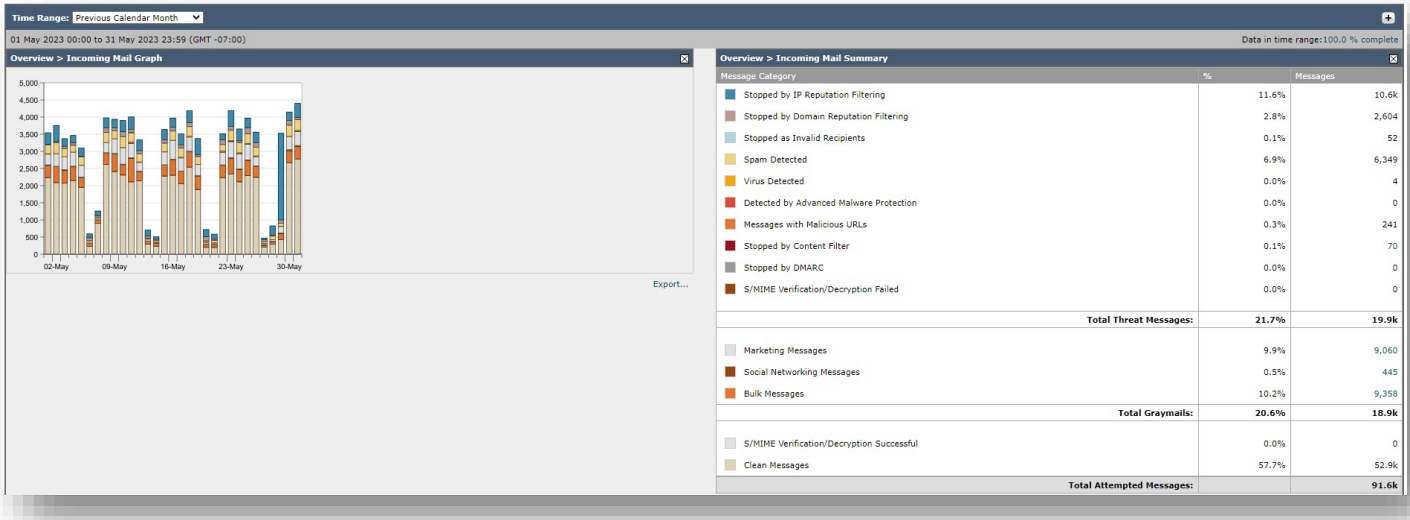
Outbound Mail



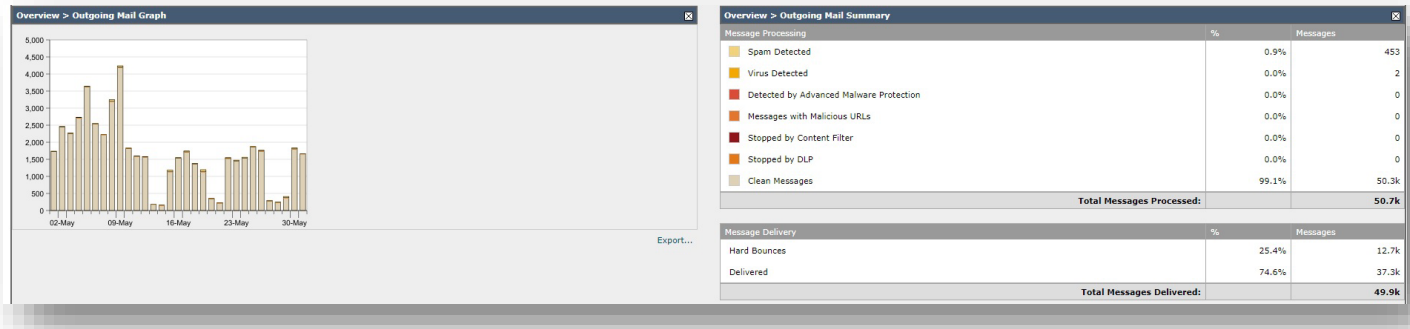
May 2023

MX9

Inbound Mail



Outbound Mail



Item / Date	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	*May-23*
Stopped By Reputation	36k	34.7k	28.2k	27.6k	43.6k	20.9k	23k	53.9k	41.9k	65.3k	60.9k	31.7k	***33.2k***
Invalid Recipients	100	119	78	117	71	94	87	184	204	68	75	97	***113***
Spam Detected	13.9k	13.9k	11.6k	13.3k	14.6k	10.9k	10.9k	10.8k	10.1k	12.5k	15.4k	14.5k	***13.7k***
Virus Detected	18	18	1	0	2	3	3	2	1	3	0	2	***9***
Advanced Malware	0	0	0	1	2	0	0	0	1	1	0	0	***3***
Malicious URLs	296	187	93	448	226	102	61	14	35	34	27	6	***478***
Content Filter	39	125	119	79	111	171	77	23	37	33	40	115	***127***
Marketing Messages	10.7k	12.5k	12.6k	14.5k	13.7k	13.9k	16.1k	13.4k	13.7k	13.9k	15.5k	15.5k	***18.5k***
Attempted Admin Privilege Gain	113	215	215	210	151	68	40	112	61	61	115	170	***4***
Attempted User Privilege Gain	549	157	153	722	395	180	324	797	107	307	87	428	***42***
Attempted Information Leak	5,924	7,839	18,414	12,210	10,748	12,942	12.3k	78.9k	17.8k	17.1k	12.5k	24.4k	***5***
Potential Corp Policy Violation	0	0	277	0	0	0	0	1	0	0	0	0	***4***
Network Scans Detected	0	0	0	0	0	0	0	0	0	0	0	0	***0***
Web Application Attack	0	0	0	4	0	0	0	0	19	1	2	2	***7***
Attempted Denial of Service	0	86	218	215	436	0	214	117	0	0	2.9k	109	***0***
Misc. Attack	874	88	407	733	3,295	469	87	111	240	1,288	2	521	***2***

- All security activity data is based on the current month's metrics as a percentage. This is compared to the previous three month's average, except as noted.
- Email based metrics currently monitored have increased with a return to a reputation-based block for a total of 33.2k.
- Attempted information leaks detected and blocked at the firewall is at 5 for the month of May 2023.
- Network scans returned a value of 0, which is in line with previous month's data.
- Attempted User Privilege Gain is lower at 42 from a previous six-month average of 294.

Analytics

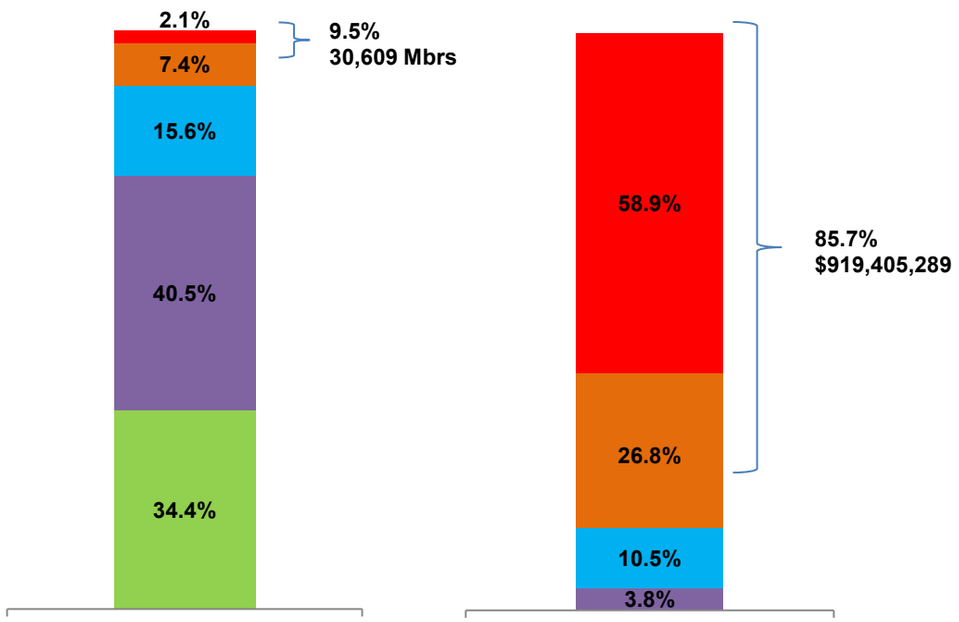
Supporting Documents

Alameda Alliance for Health - Analytics Supporting Documentation: Member - Cost Analysis
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Mar 2022 - Feb 2023

Note: Data incomplete due to claims lag

Run Date: 05/28/2023

Member Cost Distribution



Cost Range	Members	% of Members	Costs	% of Costs
$30K+	6,804	2.1%	$ 632,019,086	58.9%
$5K - $30K	23,805	7.4%	$ 287,386,203	26.8%
$1K - $5K	50,555	15.6%	$ 112,087,316	10.5%
< $1K	131,296	40.5%	$ 41,066,327	3.8%
$0	111,349	34.4%	$ -	0.0%
Totals	**323,809**	**100.0%**	**$ 1,072,558,932**	**100.0%**

Top 9.5% of Members = 85.7% of Costs

Cost Range	Members	% of Total Members	Costs	% of Total Costs
$100K+	1,652	0.5%	$ 366,348,441	34.2%
$75K to $100K	732	0.2%	$ 63,166,602	5.9%
$50K to $75K	1,430	0.4%	$ 87,182,398	8.1%
$40K to $50K	1,191	0.4%	$ 53,118,363	5.0%
$30K to $40K	1,799	0.6%	$ 62,203,282	5.8%
SubTotal	***6,804***	***2.1%***	***$ 632,019,086***	***58.9%***
$20K to $30K	3,242	1.0%	$ 79,357,340	7.4%
$10K to $20K	8,814	2.7%	$ 123,822,137	11.5%
$5K to $10K	11,749	3.6%	$ 84,206,726	7.9%
SubTotal	***23,805***	***7.4%***	***$ 287,386,203***	***26.8%***
Total	**30,609**	***9.5%***	**$ 919,405,289**	***85.7%***

Enrollment Status	Members	Total Costs
Still Enrolled as of Feb 2023	301,247	$ 977,293,769
Dis-Enrolled During Year	22,562	$ 95,265,162
Totals	**323,809**	**$ 1,072,558,932**

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 = 85.7% of Costs
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Mar 2022 - Feb 2023
Note: Data incomplete due to claims lag
Run Date: 05/28/2023

9.5% of Members = 85.7% of Costs
25.8% of members are SPDs and account for 32.0% of costs.
34.0% of members are ACA OE and account for 34.6% of costs.
5.4% of members disenrolled as of Feb 2023 and account for 9.7% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Members	% of Members
IHSS	IHSS	133	613	746	2.4%
MCAL	MCAL - ADULT	779	4,326	5,105	16.7%
	MCAL - BCCTP	-	-	-	0.0%
	MCAL - CHILD	353	2,004	2,357	7.7%
	MCAL - ACA OE	2,347	8,054	10,401	34.0%
	MCAL - SPD	2,426	5,470	7,896	25.8%
	MCAL - DUALS	145	1,712	1,857	6.1%
	MCAL - LTC	3	88	91	0.3%
	MCAL - LTC-DUAL	1	512	513	1.7%
Not Eligible	Not Eligible	617	1,026	1,643	5.4%
Total		**6,804**	**23,805**	**30,609**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Costs	% of Costs
IHSS	IHSS	$ 10,814,605	$ 6,895,352	$ 17,709,957	1.9%
MCAL	MCAL - ADULT	$ 67,043,030	$ 50,193,880	$ 117,236,910	12.8%
	MCAL - BCCTP	$ -	$ -	$ -	0.0%
	MCAL - CHILD	$ 24,040,939	$ 23,094,962	$ 47,135,901	5.1%
	MCAL - ACA OE	$ 220,231,073	$ 98,087,773	$ 318,318,846	34.6%
	MCAL - SPD	$ 223,035,930	$ 70,791,908	$ 293,827,838	32.0%
	MCAL - DUALS	$ 10,648,531	$ 19,907,516	$ 30,556,046	3.3%
	MCAL - LTC	$ 142,692	$ 1,100,257	$ 1,242,949	0.1%
	MCAL - LTC-DUAL	$ 33,383	$ 4,337,793	$ 4,371,176	0.5%
Not Eligible	Not Eligible	$ 76,028,904	$ 12,976,763	$ 89,005,666	9.7%
Total		**$ 632,019,086**	**$ 287,386,203**	**$ 919,405,289**	**100.0%**

Highest Cost Members; Cost Per Member >= $100K
36.6% of members are SPDs and account for 35.0% of costs.
34.3% of members are ACA OE and account for 35.0% of costs.
13.9% of members disenrolled as of Feb 2023 and account for 14.9% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Total Members	% of Members
IHSS	IHSS	28	1.7%
MCAL	MCAL - ADULT	162	9.8%
	MCAL - BCCTP	-	0.0%
	MCAL - CHILD	39	2.4%
	MCAL - ACA OE	566	34.3%
	MCAL - SPD	604	36.6%
	MCAL - DUALS	24	1.5%
	MCAL - LTC	-	0.0%
	MCAL - LTC-DUAL	-	0.0%
Not Eligible	Not Eligible	229	13.9%
Total		**1,652**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Total Costs	% of Costs
IHSS	IHSS	$ 5,315,666	1.5%
MCAL	MCAL - ADULT	$ 36,328,973	9.9%
	MCAL - BCCTP	$ -	0.0%
	MCAL - CHILD	$ 9,344,090	2.6%
	MCAL - ACA OE	$ 128,346,299	35.0%
	MCAL - SPD	$ 128,254,943	35.0%
	MCAL - DUALS	$ 4,232,488	1.2%
	MCAL - LTC	$ -	0.0%
	MCAL - LTC-DUAL	$ -	0.0%
Not Eligible	Not Eligible	$ 54,525,982	14.9%
Total		**$ 366,348,441**	**100.0%**

% of Total Costs By Service Type

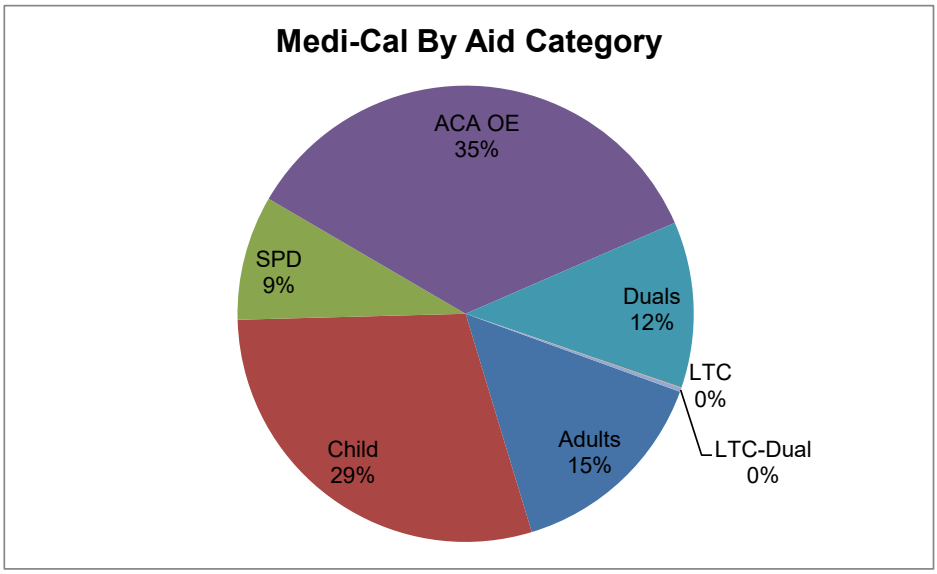
Breakout by Service Type/Location

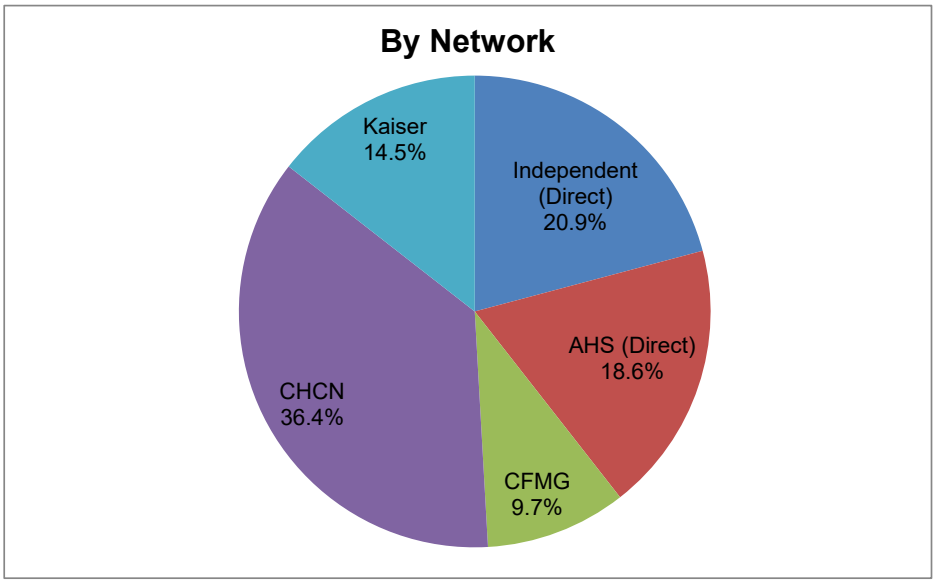
Cost Range	Trauma Costs	Hep C Rx Costs	Pregnancy, Childbirth & Newborn Related Costs	Pharmacy Costs	Inpatient Costs (POS 21)	ER Costs (POS 23)	Outpatient Costs (POS 22)	Office Costs (POS 11)	Dialysis Costs (POS 65)	Other Costs (All Other POS)
$100K+	7%	0%	1%	0%	53%	1%	14%	5%	2%	6%
$75K to $100K	7%	0%	1%	0%	40%	3%	7%	5%	7%	13%
$50K to $75K	5%	0%	2%	1%	38%	3%	7%	7%	7%	13%
$40K to $50K	6%	0%	2%	1%	36%	5%	5%	5%	2%	12%
$30K to $40K	10%	0%	3%	0%	27%	11%	7%	5%	1%	16%
$20K to $30K	4%	2%	4%	1%	26%	7%	8%	6%	1%	15%
$10K to $20K	1%	0%	10%	1%	26%	5%	10%	8%	2%	15%
$5K to $10K	0%	0%	9%	1%	17%	7%	11%	12%	1%	23%
Total	**5%**	**0%**	**3%**	**1%**	**39%**	**4%**	**11%**	**6%**	**2%**	**12%**

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

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Current Membership by Network By Category of Aid							
Category of Aid	**Apr 2023**	**% of Medi-Cal**	**Independent (Direct)**	**AHS (Direct)**	**CFMG**	**CHCN**	**Kaiser**
Adults	52,047	15%	10,066	9,905	847	21,678	9,551
Child	103,173	29%	7,723	9,446	31,364	35,417	19,223
SPD	31,130	9%	10,166	4,556	1,104	13,051	2,253
ACA OE	123,606	35%	18,293	39,262	1,326	48,168	16,557
Duals	41,473	12%	25,109	2,540	3	9,596	4,225
LTC	145	0%	145	-	-	-	-
LTC-Dual	983	0%	983	-	-	-	-
Medi-Cal	352,557		72,485	65,709	34,644	127,910	51,809
Group Care	5,669		2,228	843	-	2,598	-
Total	**358,226**	**100%**	**74,713**	**66,552**	**34,644**	**130,508**	**51,809**
Medi-Cal %	98.4%		97.0%	98.7%	100.0%	98.0%	100.0%
Group Care %	1.6%		3.0%	1.3%	0.0%	2.0%	0.0%
	Network Distribution		*20.9%*	*18.6%*	*9.7%*	*36.4%*	*14.5%*
			% Direct:	**39%**		**% Delegated:**	**61%**

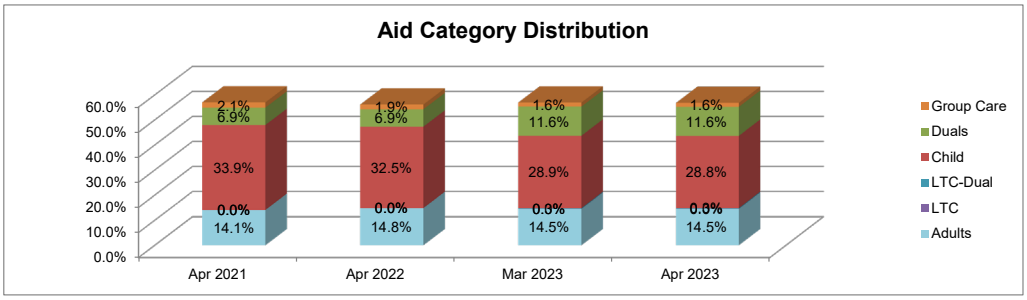




Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

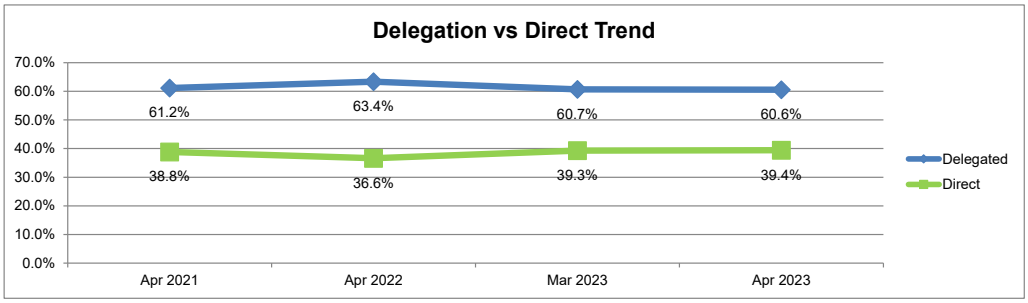
Category of Aid Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Category of Aid	Apr 2021	Apr 2022	Mar 2023	Apr 2023	Apr 2021	Apr 2022	Mar 2023	Apr 2023	Apr 2021 to Apr 2022	Apr 2022 to Apr 2023	Mar 2023 to Apr 2023
Adults	40,052	45,826	51,516	52,047	14.1%	14.8%	14.5%	14.5%	14.4%	13.6%	1.0%
Child	96,233	100,215	102,510	103,173	33.9%	32.5%	28.9%	28.8%	4.1%	3.0%	0.6%
SPD	26,270	26,848	31,021	31,130	9.2%	8.7%	8.7%	8.7%	2.2%	15.9%	0.4%
ACA OE	95,916	108,568	121,852	123,606	33.8%	35.2%	34.3%	34.5%	13.2%	13.9%	1.4%
Duals	19,748	21,456	41,246	41,473	6.9%	6.9%	11.6%	11.6%	8.6%	93.3%	0.6%
LTC	-	-	143	145	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.4%
LTC-Dual	-	-	948	983	0.0%	0.0%	0.3%	0.3%	0.0%	0.0%	3.7%
Medi-Cal Total	278,219	302,913	349,236	352,557	97.9%	98.1%	98.4%	98.4%	8.9%	16.4%	1.0%
Group Care	5,972	5,828	5,723	5,669	2.1%	1.9%	1.6%	1.6%	-2.4%	-2.7%	-0.9%
Total	**284,191**	**308,741**	**354,959**	**358,226**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**8.6%**	**16.0%**	**0.9%**



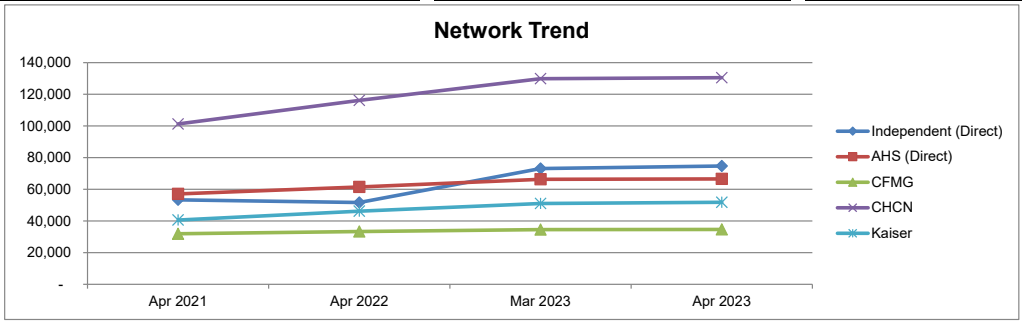
Delegation vs Direct Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Members	Apr 2021	Apr 2022	Mar 2023	Apr 2023	Apr 2021	Apr 2022	Mar 2023	Apr 2023	Apr 2021 to Apr 2022	Apr 2022 to Apr 2023	Mar 2023 to Apr 2023
Delegated	173,804	195,637	215,530	216,961	61.2%	63.4%	60.7%	60.6%	12.6%	10.9%	0.7%
Direct	110,387	113,104	139,429	141,265	38.8%	36.6%	39.3%	39.4%	2.5%	24.9%	1.3%
Total	**284,191**	**308,741**	**354,959**	**358,226**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**8.6%**	**16.0%**	**0.9%**



Network Trend

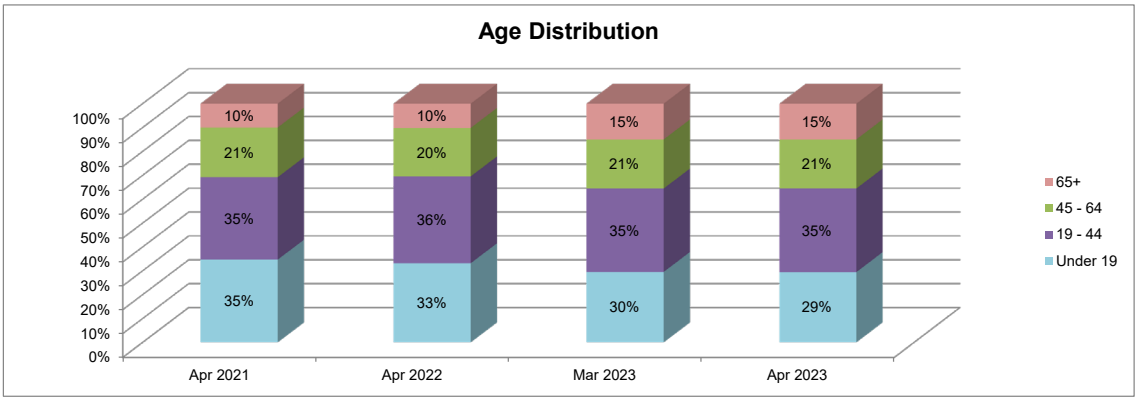
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Network	Apr 2021	Apr 2022	Mar 2023	Apr 2023	Apr 2021	Apr 2022	Mar 2023	Apr 2023	Apr 2021 to Apr 2022	Apr 2022 to Apr 2023	Mar 2023 to Apr 2023
Independent (Direct)	53,300	51,662	73,153	74,713	18.8%	16.7%	20.6%	20.9%	-3.1%	44.6%	2.1%
AHS (Direct)	57,087	61,442	66,276	66,552	20.1%	19.9%	18.7%	18.6%	7.6%	8.3%	0.4%
CFMG	31,935	33,333	34,547	34,644	11.2%	10.8%	9.7%	9.7%	4.4%	3.9%	0.3%
CHCN	101,289	116,169	129,908	130,508	35.6%	37.6%	36.6%	36.4%	14.7%	12.3%	0.5%
Kaiser	40,580	46,135	51,075	51,809	14.3%	14.9%	14.4%	14.5%	13.7%	12.3%	1.4%
Total	**284,191**	**308,741**	**354,959**	**358,226**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**8.6%**	**16.0%**	**0.9%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

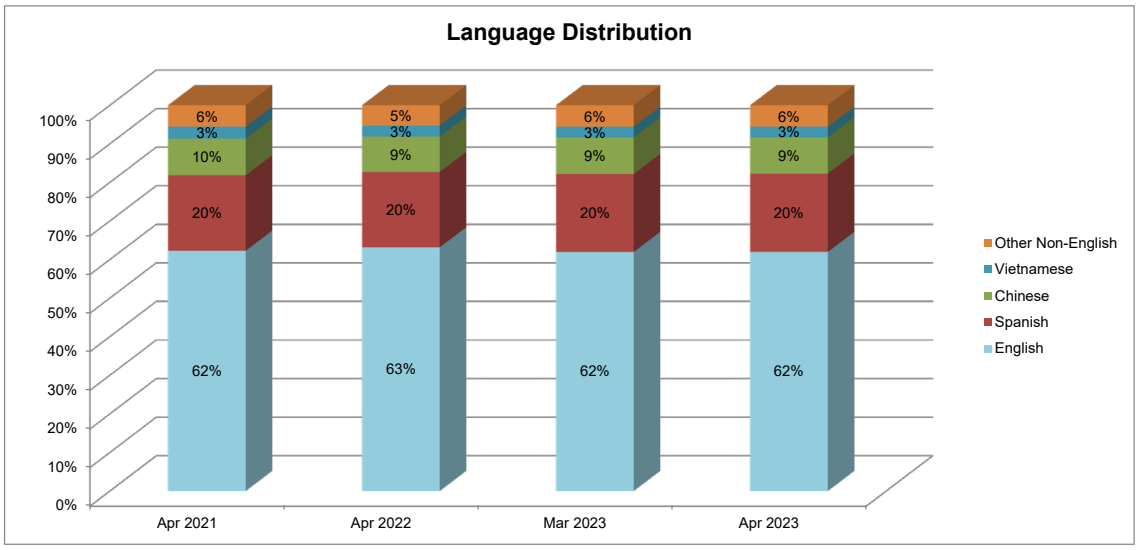
Age Category Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Age Category	Apr 2021	Apr 2022	Mar 2023	Apr 2023	Apr 2021	Apr 2022	Mar 2023	Apr 2023	Apr 2021 to Apr 2022	Apr 2022 to Apr 2023	Mar 2023 to Apr 2023
Under 19	98,595	102,464	104,866	105,525	35%	33%	30%	29%	4%	3%	1%
19 - 44	98,096	112,308	124,034	125,496	35%	36%	35%	35%	14%	12%	1%
45 - 64	59,184	62,659	72,979	73,669	21%	20%	21%	21%	6%	18%	1%
65+	28,316	31,310	53,080	53,536	10%	10%	15%	15%	11%	71%	1%
Total	**284,191**	**308,741**	**354,959**	**358,226**	**100%**	**100%**	**100%**	**100%**	**9%**	**16%**	**1%**



Language Trend

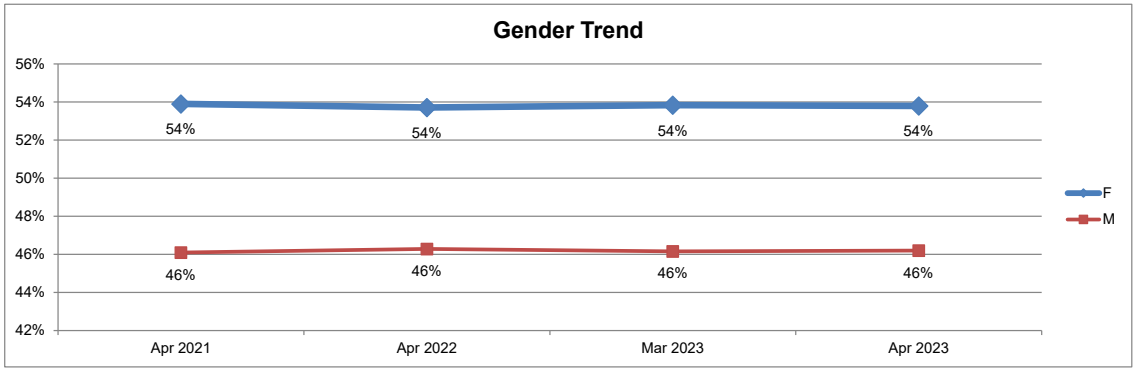
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Language	Apr 2021	Apr 2022	Mar 2023	Apr 2023	Apr 2021	Apr 2022	Mar 2023	Apr 2023	Apr 2021 to Apr 2022	Apr 2022 to Apr 2023	Mar 2023 to Apr 2023
English	176,931	194,983	219,911	221,974	62%	63%	62%	62%	10%	14%	1%
Spanish	55,588	60,230	71,737	72,728	20%	20%	20%	20%	8%	21%	1%
Chinese	27,029	28,433	33,645	33,747	10%	9%	9%	9%	5%	19%	0%
Vietnamese	8,790	8,863	9,773	9,787	3%	3%	3%	3%	1%	10%	0%
Other Non-English	15,853	16,232	19,893	19,990	6%	5%	6%	6%	2%	23%	0%
Total	**284,191**	**308,741**	**354,959**	**358,226**	**100%**	**100%**	**100%**	**100%**	**9%**	**16%**	**1%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

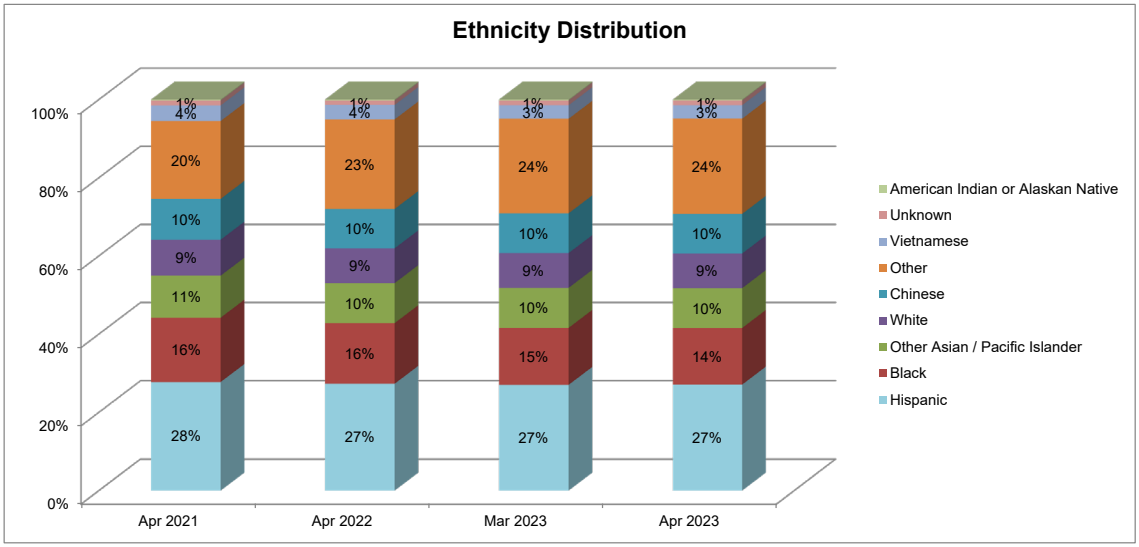
Gender Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Gender	Apr 2021	Apr 2022	Mar 2023	Apr 2023	Apr 2021	Apr 2022	Mar 2023	Apr 2023	Apr 2021 to Apr 2022	Apr 2022 to Apr 2023	Mar 2023 to Apr 2023
F	153,186	165,836	191,101	192,712	54%	54%	54%	54%	8%	16%	1%
M	131,005	142,905	163,858	165,514	46%	46%	46%	46%	9%	16%	1%
Total	**284,191**	**308,741**	**354,959**	**358,226**	**100%**	**100%**	**100%**	**100%**	**9%**	**16%**	**1%**



Ethnicity Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Ethnicity	Apr 2021	Apr 2022	Mar 2023	Apr 2023	Apr 2021	Apr 2022	Mar 2023	Apr 2023	Apr 2021 to Apr 2022	Apr 2022 to Apr 2023	Mar 2023 to Apr 2023
Hispanic	78,831	84,250	95,858	96,968	28%	27%	27%	27%	7%	15%	1%
Black	46,780	47,891	51,755	51,913	16%	16%	15%	14%	2%	8%	0%
Other Asian / Pacific Islander	30,527	31,590	36,336	36,482	11%	10%	10%	10%	3%	15%	0%
White	26,179	27,524	31,596	31,763	9%	9%	9%	9%	5%	15%	1%
Chinese	29,693	31,057	36,098	36,306	10%	10%	10%	10%	5%	17%	1%
Other	56,572	70,736	85,859	87,251	20%	23%	24%	24%	25%	23%	2%
Vietnamese	11,339	11,420	12,260	12,333	4%	4%	3%	3%	1%	8%	1%
Unknown	3,648	3,612	4,460	4,471	1%	1%	1%	1%	-1%	24%	0%
American Indian or Alaskan Native	622	661	737	739	0%	0%	0%	0%	6%	12%	0%
Total	**284,191**	**308,741**	**354,959**	**358,226**	**100%**	**100%**	**100%**	**100%**	**9%**	**16%**	**1%**



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

Medi-Cal By City

City	Apr 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	136,062	39%	19,762	30,780	14,359	56,538	14,623
Hayward	55,345	16%	10,728	11,887	5,743	17,697	9,290
Fremont	32,972	9%	12,980	4,772	1,174	8,849	5,197
San Leandro	31,786	9%	6,459	4,413	3,545	11,581	5,788
Union City	15,074	4%	5,397	2,236	600	4,093	2,748
Alameda	13,615	4%	2,928	2,142	1,713	4,650	2,182
Berkeley	13,503	4%	2,598	1,876	1,347	5,670	2,012
Livermore	10,860	3%	1,668	680	1,968	4,654	1,890
Newark	8,347	2%	2,520	2,593	273	1,511	1,450
Castro Valley	8,909	3%	1,918	1,300	1,109	2,715	1,867
San Lorenzo	7,353	2%	1,294	1,233	712	2,639	1,475
Pleasanton	6,154	2%	1,500	399	543	2,674	1,038
Dublin	6,557	2%	1,558	442	694	2,685	1,178
Emeryville	2,445	1%	529	423	313	765	415
Albany	2,197	1%	340	232	418	777	430
Piedmont	453	0%	89	126	28	102	108
Sunol	80	0%	21	10	7	25	17
Antioch	25	0%	2	3	5	6	9
Other	820	0%	194	162	93	279	92
Total	**352,557**	**100%**	**72,485**	**65,709**	**34,644**	**127,910**	**51,809**

Group Care By City

City	Apr 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	1,819	32%	409	335	-	1,075	-
Hayward	638	11%	306	140	-	192	-
Fremont	609	11%	429	48	-	132	-
San Leandro	567	10%	220	82	-	265	-
Union City	303	5%	200	31	-	72	-
Alameda	284	5%	101	20	-	163	-
Berkeley	168	3%	52	14	-	102	-
Livermore	89	2%	28	3	-	58	-
Newark	142	3%	83	37	-	22	-
Castro Valley	188	3%	85	22	-	81	-
San Lorenzo	130	2%	48	17	-	65	-
Pleasanton	63	1%	24	3	-	36	-
Dublin	105	2%	40	8	-	57	-
Emeryville	31	1%	13	4	-	14	-
Albany	18	0%	5	1	-	12	-
Piedmont	13	0%	3	-	-	10	-
Sunol	-	0%	-	-	-	-	-
Antioch	24	0%	6	5	-	13	-
Other	478	8%	176	73	-	229	-
Total	**5,669**	**100%**	**2,228**	**843**	**-**	**2,598**	**-**

Total By City

City	Apr 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	137,881	38%	20,171	31,115	14,359	57,613	14,623
Hayward	55,983	16%	11,034	12,027	5,743	17,889	9,290
Fremont	33,581	9%	13,409	4,820	1,174	8,981	5,197
San Leandro	32,353	9%	6,679	4,495	3,545	11,846	5,788
Union City	15,377	4%	5,597	2,267	600	4,165	2,748
Alameda	13,899	4%	3,029	2,162	1,713	4,813	2,182
Berkeley	13,671	4%	2,650	1,890	1,347	5,772	2,012
Livermore	10,949	3%	1,696	683	1,968	4,712	1,890
Newark	8,489	2%	2,603	2,630	273	1,533	1,450
Castro Valley	9,097	3%	2,003	1,322	1,109	2,796	1,867
San Lorenzo	7,483	2%	1,342	1,250	712	2,704	1,475
Pleasanton	6,217	2%	1,524	402	543	2,710	1,038
Dublin	6,662	2%	1,598	450	694	2,742	1,178
Emeryville	2,476	1%	542	427	313	779	415
Albany	2,215	1%	345	233	418	789	430
Piedmont	466	0%	92	126	28	112	108
Sunol	80	0%	21	10	7	25	17
Antioch	49	0%	8	8	5	19	9
Other	1,298	0%	370	235	93	508	92
Total	**358,226**	**100%**	**74,713**	**66,552**	**34,644**	**130,508**	**51,809**