ALAMEDA Alliance FOR HEALTH

Health care you can count on.
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Board of Governors

Regular Meeting

Friday, March 10th, 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, March 10th, 2023
12:00 p.m. – 2:00 p.m.

Video Conference Call or

1240 S. Loop Road

Alameda, CA 94502

YOU MAY SUBMIT COMMENTS ON ANY AGENDA ITEM OR ON ANY ITEM NOT ON THE AGENDA, IN WRITING VIA MAIL TO "ATTN: ALLIANCE BOARD," 1240 SOUTH LOOP ROAD, ALAMEDA, CA 94502; OR THROUGH E-COMMENT AT jmurray@alamedaalliance.org. YOU MAY WATCH THE MEETING LIVE BY LOGGING IN VIA COMPUTER AT THE FOLLOWING LINK: Click here to join the meeting OR MAY LISTEN TO THE MEETING BY CALLING IN TO THE FOLLOWING TELEPHONE NUMBER: 1-510-210-0967 Conference ID 8650745#. IF YOU USE THE LINK AND PARTICIPATE VIA COMPUTER, YOU MAY, THROUGH THE USE OF THE CHAT FUNCTION, REQUEST AN OPPORTUNITY TO SPEAK ON ANY AGENDIZED ITEM, INCLUDING GENERAL PUBLIC COMMENT. YOUR REQUEST TO SPEAK MUST BE RECEIVED BEFORE THE ITEM IS CALLED ON THE AGENDA. IF YOU PARTICIPATE BY TELEPHONE, YOU MAY SUBMIT ANY COMMENTS VIA THE E-COMMENT EMAIL ADDRESS DESCRIBED ABOVE OR PROVIDE COMMENTS DURING THE MEETING AT THE END OF EACH TOPIC.

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

1. CALL TO ORDER

(A regular meeting of the Alameda Alliance for Health Board of Governors will be called to order on March 10th, 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) **FEBRUARY 10th, 2023, BOARD OF GOVERNORS MEETING MINUTES**

   b) **FEBRUARY 22nd, 2023, SPECIAL MEETING OF THE BOARD OF GOVERNORS**

   c) **MARCH 7th, 2023, FINANCE COMMITTEE MEETING MINUTES**

   d) **MARCH 2023 SALARY SCHEDULE**

6. **RECOMMENDATION AND APPROVAL OF RESOLUTION #2023-01: ANNOUNCEMENT OF NEW CHIEF EXECUTIVE OFFICER AND PROPOSED EMPLOYMENT TERMS**

7. **BOARD MEMBER REPORTS**

   a) **COMPLIANCE ADVISORY COMMITTEE**

   b) **FINANCE COMMITTEE**

8. **CEO UPDATE**

9. **BOARD BUSINESS**

   a) **ASSEMBLY BILL 2449 – BROWN ACT UPDATES**

   b) **FORM 700 DISCUSSION**

   c) **REVIEW AND APPROVE JANUARY 2023 MONTHLY FINANCIAL STATEMENTS**

   d) **FISCAL YEAR 2023 SECOND QUARTER FORECAST**

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

10. **STANDING COMMITTEE UPDATES**

   a) **PEER REVIEW AND CREDENTIALING COMMITTEE**

   b) **HEALTH CARE QUALITY COMMITTEE**

11. STAFF UPDATES

12. UNFINISHED BUSINESS

13. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS

14. PUBLIC COMMENT (NON-AGENDA ITEMS)

15. ADJOURNMENT

NOTICE TO THE PUBLIC

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

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

NOTICE TO THE PUBLIC

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

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

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

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

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

conducted, you may be limited to raising only those issues which you (or someone else) raised orally at the public hearing or in written correspondence received by the Board at or before the hearing. **Board Business:** Items in this category are general in nature and may require Board action. Public input will be received on each item of Board Business.

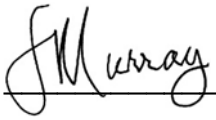
Public Input: If you are interested in addressing the Board, you may submit comments on any agenda item or on any item not on the agenda, in writing via mail to "Attn: Alliance Board," 1240 S. Loop Road, Alameda, CA 94502; or through e-comment at jmurray@alamedaalliance.org. You may also provide comments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

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

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

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

I hereby certify that the agenda for the Board of Governors was posted on the Alameda Alliance for Health's web page at www.alamedaalliance.org by March 6th, 2023, by 12:00 p.m.



_____Clerk of the Board – Jeanette Murray

ALAMEDA Alliance FOR HEALTH

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Consent Calendar

ALAMEDA Alliance FOR HEALTH

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Board of Governors Meeting Minutes

ALAMEDA ALLIANCE FOR HEALTH
BOARD OF GOVERNORS
REGULAR MEETING
February 10th, 2023
12:00 pm – 6:30 pm
Alameda, CA

SUMMARY OF PROCEEDINGS

Board of Governors Present: Rebecca Gebhart (Chair), Dr. Noha Aboelata (Vice-Chair), Aarondeep Basrai, Dr. Rollington Ferguson, James Jackson, Byron Lopez, Dr. Marty Lynch, Dr. Michael Marchiano, Supervisor Lena Tam, Andrea Schwab-Galindo, Jody Moore, Dr. Kelley Meade (virtual), Yeon Park (virtual), Dr. Evan Seevak (virtual), Natalie Williams (virtual)

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

Guests Present on Conference Call: Colleen Chawla, Andrea Ford

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

3. AGENDA APPROVAL OR MODIFICATIONS			
Rebecca Gebhart	None	None	None
4. INTRODUCTIONS			
Rebecca Gebhart	A moment of silence was taken to acknowledge the passing of Alameda County Supervisor Richard Valle, who represented District 2. Scott introduced the new Alliance Board Member Alameda County Supervisor Lena Tam and welcomed her as this was her first meeting.	None	None
5. CONSENT CALENDAR			
Rebecca Gebhart	Chair Gebhart asked that we pull Consent Calendar Item C and move it to Board Business for separate action. A motion was made to approve the following Consent Calendar items: a) January 13th, 2023, Board of Governors Meeting Minutes b) February 7th, 2023, Finance Committee Meeting Minutes	Motion to Approve: February 10th, 2023, Board of Governors Consent Calendar Items A and B. Motion: Natalie Williams Second: Dr. Kelley Meade Vote: Motion passed. No opposed, one abstained (Supervisor Lena Tam).	None
5. c. CEO SALARY GRADE			
Rebecca Gebhart	Chair Gebhart introduced the item, and the following updates were presented: • A salary evaluation was done by Astron Solutions and was also reviewed by the executive search firm, WittKiefer. The	Motion: Approve the CEO Salary Grade as presented.	None

	recommendation is based on a review of the salaries of healthcare organizations of the same size. The salary scale represents an increase from the prior scale. The search committee discussed it at length and are comfortable with the scale. • Dr. Seevak, Andrea Schwab-Galindo and Dr. Ferguson provided their input and validated the recommendation and felt the search firm did its due diligence to present a competitive and fair range based on the current market analysis. *Question: Where are we currently on the salary scale and where are we moving up to?* *Answer: We are currently at Grade 18 and we are moving up to Grade 19 on the Salary Scale.*	Motion: Dr. Michael Marchiano Second: Aaron Basrai Vote: Motion passed unanimously.	
6. a. BOARD MEMBER REPORT – COMPLIANCE ADVISORY COMMITTEE			
Rebecca Gebhart	The Compliance Advisory Committee (CAC) was held on February 10th, 2023, at 10:30 am. Rebecca Gebhart gave the following Compliance Advisory Committee updates. Highlights: Delegation Oversight: • We have certain providers who are delegates and we have put into place a compliance delegation oversight infrastructure to make sure we are monitoring and overseeing our delegates in a comprehensive way. • There is a new process resulting from this delegation infrastructure, which is new monthly meetings with delegates that review audit performance and audit findings and how they will be remediated.	Informational update to the Board of Governors. Vote not required.	None

	Compliance Program Updates: • Second month of review and approval of the Compliance Program and Code of Conduct. The comprehensive Compliance Program incorporates the fundamental elements of an effective compliance program identified by the U.S. Department of Health and Human Services' Office of Inspector General (OIG), and the Prescription Drug Benefit Manual. It is grounded in the seven principles which are: ○ Implementing written policies and procedures. ○ Designates a Compliance Officer and Compliance Committee. ○ Ensures effective training and education. ○ Developing effective lines of communication for internal and external stakeholders. ○ Conducting internal auditing and monitoring, inspections, peer reviews, and external surveys. ○ Enforcing standards. ○ Responding promptly to detected problems and undertaking corrective action. 2023 DMHC Timely Access & Annual Network Review: • The standards for timely access and standard for the network have changed after a 10-year period of no change. Staff has been asked to bring forward to the next Committee meeting what the current standards were and what the standards are changing to and the impact on the organization by those changes. CalAIM: RFP Single Plan Model Transition: • The plan has been working on document submission of deliverables for our single plan model transition. • We have completed the first three sets of deliverables with our document submissions with an initial approval rate of 98%. • Staff is working on the largest deliverable which is eight-seven (87) deliverables that will occur and be submitted in March.		

	Question: What are the deliverables? *Answer: The deliverables are a request that the State has made as part of our new contract and having to do with the document submissions.* *Question: How does the 98% rate compare with the other plans?* *Answer: There have been varying percentages. Most California health plans have been maintaining 90% and above, but ours is on the higher end.*		
6. b. BOARD MEMBER REPORT – FINANCE COMMITTEE			
Dr. Rollington Ferguson	The Finance Committee was held telephonically on February 7, 2023. Highlights: • James Jackson was gratified to see how well our investments are performing and given that we have made a conscious decision to move our investments to funds that are consistent with our mission and that we have not seen a degradation of the return despite having made such a move.	Informational update to the Board of Governors. Vote not required.	None
6. c. CEO SEARCH COMMITTEE			
Dr. Evan Seevak	Dr. Evan Seekak presented the following updates: • Despite the very competitive market, we have had a very strong and experienced candidate pool. • The search committee was assembled in mid-2022 and comprised of the Alliance Executive Committee of the Board (Dr. Seevak, Rebecca Gebhart, Dr. Ferguson, Dr. Lynch) and two additional	Informational update to the Board of Governors. Vote not required.	None

	board members (Andrea Schwab-Galindo and James Jackson) to form the six-member Ad Hoc CEO Search Committee. • Last summer, a stakeholder survey was sent to all the Board Members, senior leadership team, and community members, and all the responses were reviewed. This helped form the candidate profile that the executive search firm, WittKieffer developed and released in early October. • WittKieffer produced a list of ten strong candidates which the search committee reviewed and discussed. From there, the list was narrowed down to six of which five were interviewed. (One withdrew due to family matters). After the first series of interviews, the list of five candidates was narrowed down to two finalists who will be interviewed today by the full Board in a closed session. After the interviews, the search committee will hear feedback from the Board. • Feedback will also be given by a couple of the prospective Board Members, Scott Coffin, and the senior leadership team. • Rebecca Gebhart and Dr. Seevak will work with the search firm and the legal team to negotiate an employment agreement with the top candidate. • A resolution will be brought to the March board meeting for adoption.		
7. CEO UPDATE			
Scott Coffin	Scott Coffin, Chief Executive Officer, presented the following updates: • Scott recognized Jeanette Murray for her years of service as the Clerk of the Board and thanked her as a valued team member. Richard Golfin III introduced the new Board Clerk, Brenda Martinez.	Informational update to the Board of Governors. Vote not required.	None

	Executive Dashboard: • On pages #60 through #64, the key operating metrics show positive results, and credits go to each staff member of the Alliance team! • 100% of the regulatory metrics met compliance in the month of January, and this was completed as the organization continues to scale to meet the increasing Medi-Cal population. Medi-Cal enrollment: • Medi-Cal enrollment is increasing monthly by 1,500 adults and children, which is related to the public health emergency, which has been extended into the month of April. During this time, the annual Medi-Cal redetermination process is suspended. • In addition to the enrollment impacts tied to the pandemic, the Department of Health Care Services “DHCS” is shifting enrollment from regular Medi-Cal (Fee for Service) into Medi-Cal managed care. In October of last year, the DHCS announced that 99% of beneficiaries enrolled in the Fee for Service Program. As of last December, there were approximately 70,000 adults and children enrolled, including foster youth and justice-involved populations. • On February 1st, approximately 17,000 dual eligibles (Medi-Cal, Medicare) were enrolled in Alameda Alliance, resulting in a total of 352,000 beneficiaries. Three years ago, at the start of the pandemic, our total enrollment was 240,000. We have increased by over 110,000.		

	Question: Regarding the enrollment and disenrollment, how will this play out starting in April or June? Are we involved with the County Social Services to mitigate that disenrollment? *Answer: We are in the process of putting together the outreach plan. Our goal would be to start around April. There will be a comprehensive plan put together by the end of the month to share with Scott.* *Question: Will we get redetermined month by month? How many people are we estimating to drop out?* *Answer: It will be month to month based on the determination date (enrollment date). The first disenrollments will occur July 1st. The state estimates approximately 30% could drop out.* *Question: Are we doing other programmatic things now with the large number of new dual enrollments?* *Answer: We are pulling data on our existing duals to see what kind of utilization they have so we can make sure we have appropriate services in that area. We are looking at the whole package of LCSS services and having discussions with providers. We will be meeting soon with Senior Services and looking at the overall package of services.* *Question: Can we get Medicare data?* *Answer: We don't get all the data, just a partial subset of the data.* *Question: Regarding redetermination, are we having talks in regards to targeting the people who are lapsing rather than having every single beneficiary call to inquire about their coverage, so we don't overwhelm the system? Are we targeting people in this phase?* *Answer: Once we get the data-sharing agreement in place, our goal is to go month to month. In May, we would be contacting everyone that is eligible for June. We are going to send postcards to everyone once it gets down to their determination date*:		

	• DHCS recently imposed a $25,000 sanction for failure to meet three quality measures in the measurement year 2021. The first quality measure is for breast cancer screening, and the other two measures are related to pediatric wellness quality measures. These measures missed the minimum performance level as defined by the State of California. • A hearing has been scheduled for May 2nd with the DHCS and the results of the hearing will be communicated to the full Board once a decision is reached by the DHCS. • The State of California should not be imposing financial sanctions on the safety net during a public health emergency. HEDIS results for the measurement year 2021: • On page #58 of the board packet, there is a graph that shows the Alliance's quality scores over the last 8 years. We received confirmation on the calendar year 2021 HEDIS rate, which resulted in a 19.3% improvement as compared to the previous year. • In reference to the statewide performance, the Alliance placed in the 11th position which is in the top quartile. Medi-Cal redeterminations & continuous coverage: • Planning is underway with safety net partners on a county-wide basis to coordinate messaging to Medi-Cal beneficiaries that are targeted and timely. • June 2023 renewal dates will be processed in April, and the coverage changes would take effect on July 1st. • DHCS listening tour is being held next week in this Board Room and includes leaders from the Alameda County Safety-Net. The roundtable is on February 17th.		

	• The Medi-Cal long-term care initiative and insourcing of mental health and autism is being updated later in the meeting by Ruth Watson, Chief of Integrated Planning.		

8. a. BOARD BUSINESS – REVIEW AND APPROVE DECEMBER 2022 MONTHLY FINANCIAL STATEMENTS			

Gil Riojas	Gil Riojas gave the following December 2022 Finance updates:
	
	Executive Summary:
	• For the month ending December 31st, 2022, the Alliance had enrollment of 327,795 members, a Net Income of $2.5 million and 677% of required Tangible Net Equity (TNE).
	
	Enrollment:
	• Total enrollment increased by 1,870 members since November 2022.
	• Total enrollment increased by 14,739 members since June 2022.
	• The disenrollment process associated with the Public Health Emergency (PHE) is projected to restart in May 2023.
	
	Net Income:
	• For the month ending December 31st, 2022, the actual net income was $2.5M, and the budgeted net loss was $4.7M.
	• Planning to provide a second quarter forecast in March with updated information related to our rates.
	• For the fiscal YTD ending December 31st, 2022, the actual net income was $22.7M, and the budget net income was $15M.
	• The favorable variance of $7.1 million in the current month is primarily due to:
	  ○ Unfavorable $2.7 million lower than anticipated Revenue.
	  ○ Favorable $7.8 million lower than anticipated Medical Expense.
		Motion:
		Approve the December 31st, 2022, Monthly Financial Statements as presented.
		
		Motion: Dr. Rollington Ferguson
		Second: Dr. Marty Lynch
		
		Vote: Motion unanimously passed.
		
		No oppositions and no abstentions.
			None

	○ Favorable $1.0 million lower than anticipated Administrative Expense. ○ Favorable $970,000 higher than anticipated Total Other Income. Revenue: • For the month ending December 31st, 2022, the actual revenue was $114.5M vs. the budgeted revenue of $117.3M. • For the month ending December 31st, 2022, the unfavorable revenue variance of $2.7 million is primarily due to: ○ Unfavorable $2.0 million Major Organ Transplant (MOT) risk corridor adjustment ○ Unfavorable $335,000 Maternity Supplemental Revenue due to timing ○ Unfavorable $325,000 Behavioral Health Supplemental Revenue due to timing ○ Favorable one-time Hep-C Supplemental Revenue recoupment of $300,000 *Question: Which hospitals do primarily the major organ transplant?* *Answer: UCSF and Stanford are the contracted hospitals.* Medical Expense: • For the month ending December 31st, 2022, the actual medical expense was $106.8M, and the budgeted medical expense was $114.6M. • Year-to-date medical expense variance is $8.2M favorable to budget. On a PMPM basis, medical expense is 1.6% favorable to budget.		

	Question: Is the variant in the inpatient hospital & SNF FFS due to decreased number or length of stay or both? *Answer: For us it is utilization. The numbers are not as high as what we budgeted for.* Medical Loss Ratio (MLR): • The Medical Loss Ratio was 93.2% for the month and 91.7% for the fiscal year-to-date. Administrative Expense: • For the month ending December 31st, 2022, the actual administrative expense was $6.3M vs. the budgeted administrative expense of $7.3M. • For the fiscal YTD ending December 31st, 2022, the actual administrative expense was $33.3M vs. the budgeted administrative expense of $35.7M. Other Income / (Expense): • Fiscal year-to-date net investments show a gain of $4.0 million. • Fiscal year-to-date claims interest expense, due to delayed payment of certain claims, or recalculated interest on previously paid claim is $158,000. Tangible Net Equity (TNE): • Required TNE is $37.4M • Actual TNE is $253.4M • Excess TNE is $215.9M • TNE % of Required TNE is 677% Cash Position and Assets: • For the month ending December 31st, 2022, the Alliance reported $362.8M in cash; $219.6M in uncommitted cash. Our current ratio		

	is above the minimum required at 1.66 compared to the regulatory minimum of 1.0. *Question: Regarding Categories of Aid, when the redeterminations restart, are certain categories going to go before others or was trying to predict which categories are going to fall off?* *Answer: We are trying to see which categories of aid have had the most positive impact with PHE. As part of our budget process for next year, we're looking now to go back 24 months to see those increases and then deciding and figure when the right time for those will start to go down, by percentage.* *Question: Is there an upper number for cash on hand that we should be concerned about?* *Answer: There is no upper limit of how much you can have on hand. I've heard discussions around reserves if they're too high, when you get up to that 1000% mark but I don't know if we'll ever get there. Another factor the state is looking at is the days of cash on hand. The $200M we have in reserves reflects a couple of months of cash. In times when budgets get delayed from the state level, our goal is to keep making payments for services rendered.*		
8. b. BOARD BUSINESS – MENTAL HEALTH INSOURCING GO-LIVE APRIL 1st			
Ruth Watson	Ruth Watson presented the Mental Health Insourcing Go-Live April 1st Update. Highlights: <u>Current State – Mental Health</u> Staffing: • 8 Behavioral Health Staff Onboarded • Fully staffed with the exception of one resource starting 2/13/23	Informational update to the Board of Governors. Vote not required.	None

	Provider Network: • 106 Fully Executed Contracts (21 ABA Contracts and 85 MH Contracts) – includes Mental Health & Autism Providers. Total of 477 Providers. • Total Impacted Members: 1,145 Medi Cal members • On Target to meet 4/1/23 Go-live date *Question: What is going to happen to the referrals of patients that are in process as we go through this transition? Specifically, if we do not yet have a contract with that provider?* *Answer: Whether we have a contract or not, we will reach out with a letter of agreement. Any provider that doesn't get through credentialing by the March date, we will do letters of agreement in order to make sure that on 4/1, all members can still stay with their same provider. On the note of referrals that may be in progress, we are coordinating with Beacon and we will be sharing the list of that information so we have a team both in member services and in the behavioral health division helping with that transition to referring patients who may be in the referral process.* *Question: Will the process be the same process that we use now with Beacon or will we be changing it?* *Answer: We have a team in Member services who is going to be specifically trained on that very task of working with Members and then giving them the numbers for them to call and make an appointment. If they have any issues or complications, they're escalated to LCSW on Dr. Curry's team that can hand hold them into care.* *Question: In the area of behavioral health and 106 fully executed contracts. What is the breakdown in behavioral health (more psychiatrists)?* *Answer: There are a huge number of LCSW's, LMFT, family therapist, mental health workers and some psychologists make up a huge bulk of the frontline.*		

	Question: Will there be something sent out to the primary care physicians telling them how to make the referral? *Answer: Yes, we are setting up a training on that that we are putting out to the networks letting them know we will have different trainings, like we did for long term care.* *Question: Contracted positions vs. license? What is our oversight role in each case and where are we liable in terms of the oversight role?* *Answer: Each of the providers is credentialed by the Credentialing committee. Through the credentialing process, we verify licensures and any issues with the medical or psychological board. We don't oversee their clinical care or individual care of the members. This is part of the contractual relationship with the provider. The majority of our providers will be our contracted providers and even those that we have LOA's with, we're going to try and bring them into our contracted network. We look at all of their grievances each time their credentialed and see if there are any active issues related to access or other sorts of things. That's why we always prefer having our network providers as opposed to LOA's, to make sure we're not dropping any members and we're keeping continuity of care. During our normal credentialing cycle, we review everybody and talk about every grievance at their credentialing committee to see if there are any trends or patterns.* *Question: What is the oversight to ensure that they are staying aligned with doing well if they do not have a prior history of those patterns being documented? Are there things in place to assure those kinds of steps happen?* *Answer: Part of our contract is they must comply with quality standards. We do quality measurements on patients, including patients in psychiatric care. We monitor and look for flags and triggers and monitor access reports and patient grievances. Finally, we have facility sight reviews for primary care providers to make sure there's a lot of inspections that occur in the office.*		

	Question: As we make the transition, specifically with populations attached to getting mental health care, is there anything we can do to promote a warmer handoff so that people can uptake the services more?
	
	Answer: These are the things on our list to look at once we bring it live in April. We are looking at the dyadic services and promoting those internally.
	
	Operational Readiness:
	• Regulatory – DMHC & DHCS
	  ○ Comment Table responses from AAH to be submitted to DHCS 2/1/23. DMHC shall expedite their review upon request.
	  ○ AAH Transition Plan submitted to DHC 1/31/23 – Pending Review
	
	System Integration/Testing:
	• Claims/HealthX in User Acceptance Testing
	• BH Form 1 in Quality Assurance Testing
	• TruCare – Forms, Queues – Configuration in Progress
	
	Training:
	• BH Staff to Train Member Services Staff – 3/7 & 3/21
	• Provider Training & Orientation – March 1 – March 15
	
	<u>Current State – Long Term Care (LTC)</u>
	Provider Network:
	• 60 Contracts Fully Executed for Custodial Care (covers 93 Facilities)
	• Provider Services is currently assessing current network and awaiting further guidance and data from DHCS on Subacute and ICF populations (pushed out to 1/1/24)
	
	Total Impacted Members:
	• Custodial – 970 Members (expecting additional 500 members by March)
	• Subacute and ICF – awaiting utilization data from the state.		

	Operational Readiness – Custodial Care • Regulatory – completed prior to go live on 1/1/23. • System Integration & Testing – completed prior to go live on 1/1/23. • Communications & Training – completed prior to go live on 1/1/23.		
8. d. BOARD BUSINESS – ALAMEDA WELLNESS CAMPUS			
Doug Biggs	Scott Coffin introduced Doug Biggs, Executive Director, for the Alameda Point Collaborative. Scott shared the following statement: As CEO for the Alliance, my recommendation to the Board of Governors is to fund $4.0 million to the Alameda Point Collaborative to support this project. The Alliance would be joined by the Alameda County Health Care Services Agency, which is committing $8.5 million dollars, for a combined total of $12.5 million dollars. The funding closes the gap that APC needs to initiate the "ground breaking" on the property in 2023, and would be considered by the Alliance as a grant, which is drawn from the corporate financial reserves that has reached nearly $216 million dollars. Currently the financial reserves (referred to as the TNE) are 677%, and the reduction of this investment would not jeopardize our financial solvency, as the reserves are nearly seven times the amount that is required by regulators. Doug Biggs and Colleen Chawla, Director of the Alameda County Health Care Services Agency, presented the board with information on the Alameda Point Collaborative (APC) including a proposal. Highlights: • The Alameda Wellness Campus is a holistic and cohesive campus that is going to provide permanent supportive housing for unhoused elders 55 and above with medical acuity and a medical respite facility that will offer after and pre-care for unhoused residents of Alameda County.	Motion: Allocate $4.0 million dollars of our financial reserves, which would be identified as a grant, to the Alameda Point Collaborative. Motion: Yeon Park Second: Supervisor Lena Tam Vote: Motion passed. One opposition (Dr. Rollington Ferguson) and no abstentions.	None

	• 90% of the clients that they will be serving will be Alameda Alliance members • Respite is a proven model to improve the quality of life for medically fragile, unhoused, while reducing unnecessary emergency room utilization • A similar program in Phoenix that also offered 50 beds, achieved an annual cost savings of $4.3 million by reducing Medicaid costs, hospital admission, emergency room visits and long term care placement. • Requesting a $4 million investment from Alliance in the medical respite facility. A one-time investment from Alliance will have a long term benefit to our members and our organization. • The total cost of the facilities will be $53 million and they've raised the remaining money with the exception of the $4 million. They are at a critical juncture and need to get under construction soon. The County of Alameda has committed to $12.5 million, if needed. They have identified ARPA funding which is incredibly challenging and difficult funding to use for a project like this. *Question: When someone gets referred for respite, how will you be reimbursed? What is your reimbursement model?* *Answer: Our medical partner in this project is Lifelong Medical and they will be operating the respite in the appropriated clinic. We have an agreement with the County for $200/night bed charge and also Medical will cover part of it. The clinic will also serve the residents of the permanent supported housing that will also cover some of the costs.* *Question: How is the selection process? How is it that a patient gets to you?* *Answer: We will be targeting at the top of the coordinated entry list, which is the county wide homeless list but with a preference for medical acuity. We will be working with hospitals throughout the County with the street outreach that Lifelong operates with other outreach teams to identify clients that are suitable for respite and in some cases, we will be setting aside some beds for hospice. The reason we need this dual criteria, once we bring people into respite, we will be working closely with them to get them*		

	connected with health providers and also connect them with permanent supportive housing. Lifelong will have intake specialists on staff who will work with the hospitals directly and qualify them. *Question: Is this population for 55 plus population or is there also the mental health at risk population that is included in this?* *Answer: The main criteria is homeless patients and the focus will be on medical acuity.* *Question: Are there any other facilities similar to this that are offering similar services to the County?* *Answer: There is respite in the County which Lifeline operates but they are not focused on medical acuity so they have a lot of limitations.* *Question: How will the partnership work in terms of partnering with the County hospitals and with the health plan and the prioritization? How are we able to partner together?* *Answer: We are very interested in working with you on the prioritization. We've been doing research and have gotten funding from foundations to do some research on the criteria for respite. We can work together here on developing prioritization of work.* *Comment: Supervisor Tam underscores that the County Board of Supervisors strongly and unanimously supportive of this project and directed staff to find the funding and commend Director Chawla and Scott Coffin for his positive recommendation and based on your TNE you definitely can support this. This project is strongly supported by our community and the City of Alameda. From a healthcare perspective, having health care delivered through the emergency room or staying in the hospital long term is the most expensive form of healthcare so having this ability to discharge patients that need hospice care or wellness care or continued care instead of going back on the streets is something that we definitely need in our community, and hope that the Board supports it.*		

	Comment: Dr. Ferguson thinks it is a great project but thinks we should not grant money for this project but at the end of the day, this board has the fiduciary responsibility for the alliance. A consideration for a loan might be in order. A consideration for some kind of reduction in payments to the Alliance member would be in order and such an agreement should be worked but to grant $4 million when we don't know what the future is going to be does not seem rational. Support in terms of a loan is reasonable. *Comment: Dr. Lynch commented that the investment is to save dollars for the Alliance and to serve our homeless population in a much more medically appropriate, humane way and feels this is a positive thing for our community and our patients and they pay off economically as well.* *Comment: Yeon Park is in support of this project and this will benefit the community and glad to hear that we are starting to look at this from a holistic approach.*		
9. a. STANDING COMMITTEE UPDATES – PEER REVIEW AND CREDENTIALING COMMITTEE			
Dr. Steve O'Brien	The Peer Review and Credentialing Committee (PRCC) was held telephonically on January 17, 2023. Dr. Steve O'Brien gave the following Committee updates: • There were one-hundred thirteen (113) initial providers approved, ninety-three (93) of which were Behavioral Health. Total of four-hundred seventy-seven (477) approved providers. One-hundred-fifty more providers coming in two weeks. • Additionally, fifteen (15) providers were re-credentialed at this meeting.	Informational update to the Board of Governors. Vote not required.	None
10. STAFF UPDATES			
Scott Coffin	None	None	None

11. UNFINISHED BUSINESS			
Scott Coffin	None	None	None
12. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS			
Scott Coffin	None	None	None
13. PUBLIC COMMENT (NON-AGENDA ITEMS)			
Scott Coffin	There were no public comments on non-agenda items.	None	None
14. CLOSED SESSION (STARTING AT 2:15 PM)			
Rebecca Gebhart	PUBLIC EMPLOYEE APPOINTMENT DISCUSSION WILL CONCERN THE CHIEF EXECUTIVE OFFICER POSITION (CALIFORNIA CODE, GOVERNMENT CODE SECTION 54957(b)(1)). PROTECTION OF CONFIDENTIAL INFORMATION PERTAINING TO PUBLIC EMPLOYMENT. ESTIMATED PUBLIC DISCLOSURE WILL OCCUR IN THE MONTH OF MAY 2023.	None	None
15. ADJOURNMENT			
Rebecca Gebhart	Chair Gebhart adjourned the meeting at 2:09 p.m.	None	None

Respectfully Submitted by: Brenda Martinez, Clerk of the Board

ALAMEDA Alliance FOR HEALTH

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Board of Governors Special Meeting Minutes

ALAMEDA ALLIANCE FOR HEALTH
BOARD OF GOVERNORS
SPECIAL MEETING
February 22nd, 2023
6:00 pm – 7:00 pm
(Video Conference Call)
Alameda, CA

SUMMARY OF PROCEEDINGS

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

Alliance Staff Present on Conference Call: Anastacia Swift

Guests Present on Conference Call: Elaina Genser

Excused: Supervisor Lena Tam, Natalie Williams, Dr. Michael Marchiano

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
1. CALL TO ORDER			
Rebecca Gebhart	The special board meeting was called to order by Chair Gebhart at 6:03 pm. The following public announcement was read. "The Board recognizes that there is a proclaimed state of emergency at both the State and the local Alameda County levels, and there are recommended measures to promote social distancing in place. The Board shall therefore conduct its meetings via teleconference in accordance with Assembly Bill 361 for the duration of the proclaimed state of emergency." "Audience, during each agenda item, you will be provided a reasonable amount of time to provide public comment."	None	None
2. ROLL CALL			

Rebecca Gebhart	A telephonic roll call was taken of the Board Members, and a quorum was confirmed.	None	None
3. BOARD BUSINESS			
Rebecca Gebhart	Rebecca Gebhart introduced the Board Business item to Authorize the Board Chair and Chair of the CEO Search Subcommittee to negotiate the CEO Employment Agreement for the finalist candidate. A motion and second was called to Authorize the Board Chair and Chair of the CEO Search Subcommittee to negotiate the CEO Employment Agreement for the finalist candidate. A vote was taken, and the motion passed.	Motion: Approve the Board Business item; to Authorize the Board Chair and Chair of the CEO Search Subcommittee to negotiate the CEO Employment Agreement for the finalist candidate. as presented. Motion: Dr. Rollington Ferguson Second: Dr. Marty Lynch Vote: Motion unanimously passed. No oppositions and no abstentions.	None
4. CLOSED SESSION			

Rebecca Gebhart	Rebecca Gebhart excused the audience as the Closed Session was to start. The Board of Governors, Anastacia Swift, and Elaina Genser went into Closed Session. The Closed Session pertained to the following. a) Public employee appointment discussion will concern the Chief Executive Officer position (Gov. Code Section 54957(b)(1)). Protection of confidential information pertaining to public employment. Estimated public disclosure will occur in the month of March 2023. b) Conference with labor negotiators (Gov. Code Section 54957.6): [Designated Representatives: Rebecca Gebhart, Dr. Evan Seevak, Anastacia Swift, and Elaina Genser]; unrepresented employee: Chief Executive Officer. Estimated public disclosure will occur in the month of March 2023. There were no reportable actions from Closed Session.	None	None
5. ADJOURNMENT			
Rebecca Gebhart	Chair Gebhart adjourned the meeting at 6:48 pm.	None	None

Respectfully Submitted by: Jeanette Murray
Executive Assistant to the Chief Executive Officer

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Finance Committee Meeting Minutes

ALAMEDA ALLIANCE FOR HEALTH
FINANCE COMMITTEE
REGULAR MEETING

March 7th, 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 on Conference Call: James Jackson

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

Alliance Staff in-person: Matt Woodruff, Lao Paul Vang, Sasi Karaiyan, Brenda Martinez, Jeanette Murray

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
CALL TO ORDER, ROLL CALL, and INTRODUCTIONS			
Dr. Rollington Ferguson Scott Coffin	Dr. Ferguson called the Finance Committee meeting to order at 8:02 am. A telephonic Roll Call was then conducted. Scott Coffin introduced Lao Paul Vang, our new Chief of Health Equity.		
CONSENT CALENDAR			
Dr. Rollington Ferguson	Dr. Ferguson presented the Consent Calendar. February 7th, 2023, Finance Committee Minutes were approved at the Board of Governors meeting on February 10th, 2023, and not presented today.	There were no modifications to the Consent Calendar, and no items to approve.	

a.) CEO UPDATE			
Scott Coffin	Scott Coffin provided updates to the committee on the following: **FY2024 Budget** - We are on schedule with our FY24 preliminary budget. Our plan is to present to the Finance Committee and the Board of Governors in June 2023. This upcoming year is expected to be a year of growth and expansion for the company. We will be looking enterprise-wide at the staffing and the correct size at department levels to match the volume of work we are doing. This Friday we plan on bringing forward as part of the Board packet, the Employee Salary Survey. The previous survey was conducted in 2020. The proposed adoption of the Salary Survey adjusts compensation to what is considered to be the market here in the East Bay. There is a small fiscal impact of $75K forecasted for FY2023 through our current budget which is going to be offset by the favorable variance we have. It is estimated that the adoption of these increases will annualize to be around $300K and that will be included in the preliminary budget for the next fiscal year. **Quality Component** – For calendar 2023, the Risk Adjustment Process that refines our Medi-Cal base rates (Countywide Average) there is a new process being added in that considers our base rates and quality scores. We will come back in a future meeting to discuss the potential implications of the quality factor. **Question:** Dr. Ferguson asked what is the percentage range of the possible effect (if there is such a thing) as a maximum predicted effect one way or the other? Gil answered they are still determining what it will be. Scott answered we will bring back some of the information with the low/highs range of impact. It is something that the Board and Finance Committee should be talking about. **Question**: Dr. Marchiano asked, is there any thought on harboring with these physicians to get them up to speed so that we're able to capture what we need to capture for you to get the full amount on the other end? We have money in our current budget and are adding more next year for	Informational update to the Finance Committee Vote not required	

	more outreach campaigns and partnership with providers. as we continue to move forward because of these quality measures. **Question**: Dr. Ferguson asked, are we doing anything in terms of getting an IT network that will be able to capture this? What is our plan for connectivity? Tiffany Cheang responded we do (for some of the larger groups) collect data from some of their EHR systems so that definitely helps. Sometimes it's harder for smaller groups especially since we still have some providers on paper charts. We are looking into other providers we can outreach to, to see if we can get extracts from their HER systems and we're trying to expand that. **Question**: Dr. Marchiano asked, is it wise to form an ad hoc committee to look at something like this? Gil responded, calendar year 2023 we have the quality measures that we're comparing against Anthem. In 2024 we move to a Single Plan model. The question remains for future years it's going to be us and Kaiser. It is unclear if our quality scores will be compared to Kaiser in future periods, but we are monitoring this with DHCS. **Medi-Cal Delivery Model** – Looking ahead into 2024, a couple of things are changing. One, the Alliance and Anthem as their position as a 2-plan to a Single Plan. There are 75,000 beneficiaries enrolled with Anthem right now and whatever the number is at the end of this calendar year will be transitioned over to the Alliance. In addition to that delivery model change, DHCS is also starting a new contract with Kaiser effective January 1, 2024. The 55,000 adults and children that are enrolled in Kaiser today through the Alliance, will have the option to be reassigned to a different part of our provider network or continue with Kaiser if they meet the criteria eligibility. There will be a movement of enrollment with people It's going to be a big change administered at an enterprise level because it's a large change. The delivery model is just one part (Single Plan). The other part is the direct contract that Kaiser has negotiated with the state of California which we will be preparing for later this year. When it all balances out, the increase to our enrollment will be 15K-20K but the change doesn't stop there. There are different Medi-Cal populations moving in/out of the Medicaid program. There are covered		

	services as well as populations coming in. The outgoing will be some of the re-determination – a process that will start June 2023 and run for a year. Our goal with the re-determination is to make sure people land in a place where they have insurance.		
B.) REVIEW AND APPROVE JANUARY 2023 MONTHLY FINANCIAL STATEMENTS			
Gil Riojas	**<u>January 2023 Financial Statement Summary</u>** **Enrollment:** Current enrollment is 329,814 and continues to trend upward. Total enrollment has increased by 2,019 members since December 2022, and 16,758 members since June 2022. We previously expected a larger enrollment in January 2023 than we saw. As previously discussed, we saw an increase of about 2,000 members. Transitions of new members we expected in January did not happen until February. **Question:** James Jackson asked, on Page 6 (Enrollment and Profitability by Program and Category of Aid) – I just noted at the end of the calendar year there were pretty consistent depths as you can see on the right side of the graphs. I apologize if you've explained this before, but I don't know the reason for that so I'm hoping you will speak on that. Gil responded, the impact may be seasonal related with Fall and Winter cold and flu season having an impact on results. Generally, what we see is an uptick of some Medical Expenses associated with these categories of aid that result in an increase of our Net Loss for that month. **Question:** Dr. Ferguson asked would we see the same thing historically? Your explanation would suggest we would see a historical impact. Gil answered, I would say yes except COVID. The impact of COVID over the last couple years has potentially changed that in 2020-2021. Previous to that we could look back and see if that is true. Two new categories of aid were added. The Long-Term Care and Long Term Care Duals categories.	<u>Motion to accept:</u> January 2023 Financial Statements <u>Motion</u>: James Jackson <u>Seconded:</u> Dr. Michael Marchiano <u>Motion Passed</u> No opposed or abstained	

	We will continue to see the enrollment increase until the end of the Public Emergency which is now. As the county starts this removal process that will most likely happen in July of this year, we're starting to see a decrease in enrollment. With us switching to a Single Plan Model there are some shifts that will happen over the next 12-18 months. **Net Income:** For the month ending January 31st, 2023, the Alliance reported a Net Income of $17.7 million (versus budgeted Net Income of $13.9million). The favorable variance is attributed to slightly lower than anticipated Administrative Expenses lower than anticipated Revenue, lower than anticipated Medical Expense but higher than anticipated Total Other Income. For the year-to-date, the Alliance recorded a Net Income of $40.3 million versus a budgeted Net Loss of $1.1million. **Revenue:** For the month ending January 31st, 2023, actual Revenue was lower at $122.6 million vs. our budgeted amount of $136.3 million. This unfavorable revenue variance is primarily related to Enrollment and the delay of the Long Term Care and the Duals from Fee-for service Medi-Cal. **Medical Expense:** Actual Medical Expenses for the month were $99.7 million, vs. our budgeted amount of $130.0 million. For the year-to-date, actual Medical Expenses were $672.8 million versus budgeted $709.8 million. Changes in enrollment impact projected expenses. **Question:** James Jackson referenced the 4th bullet (Outpatient Expense is under budget driven by favorable utilization) then asked, is this anticipated to continue or is there a potential adjustment that can make this positive margin diminish or go away? Gil answered, what we're seeing in utilization, we've seen relatively consistently utilization under what we had budgeted for outpatient expense. As we look at our Q2 forecast, that's one of the things that we will look to be updating and into Q3 as well. I anticipate that outpatient expense will continue to be lower than budget, but I don't think it's declining in a way that we need to make any significant adjustments to what we put in our Q2 forecast.		

	Medical Loss Ratio: Our MLR ratio for this month was reported at 81.3%. Year-to-date MLR was at 90.0%. **Administrative Expense:** Actual Administrative Expenses for the month ending January 31st, 2023 were $6.8 million vs. our budgeted amount of $7.5 million. Our Administrative Loss Ratio (ALR) is 5.6% of our Revenue for the month, and 5.4% of Net Revenue for year-to-date. The year-to-date variances include 1) Delayed timing of new project start dates for Consultants, Computer Support Services, and Purchased Services, and 2) Delayed hiring of new employees. **Question:** Dr. Ferguson asked what is the projected ALR for the rest of the Fiscal Year? Gil responded, for the rest of the Fiscal Year I would anticipate our Administrative Loss Ratio to be in line with what we're seeing now (5-6% range). As we go into our Preliminary Budget for 2024, there is potential for the administrative loss to go higher than that (6-7%) and a lot of that is driven by our employees. As we hire more people that's more Administrative Expenses, and that increases our Administrative Loss Ratio. Our Q2 forecast ALR is forecasting 5.7%. That's our basis for where we are this year and where we think we might be next year. Scott responded as you're looking at the Administrative Loss Ratio Ratio, keep in mind the fluctuation on the top end because it's going to move around. The practices we've been sustaining around cost containment and really focusing on discretionary hiring and making sure these positions are needed on the staffing side. I think you will see this in the Preliminary Budget. **Other Income / (Expense):** As of January 31st, 2023, our YTD interest income from investments show a gain of $5.4 million. YTD claims interest expense is $185,000.		

	TangibleNet Equity (TNE): We reported a TNE of 713%, with an excess of $233 million. This remains a healthy number in terms of our reserves. **Cash and Cash Equivalents:** We reported $389.8 million in cash; $260.0 million is uncommitted. Our current ratio is above the minimum required at 1.75 compared to regulatory minimum of 1.0. **Capital Investments:** We have spent $208,000 in Capital Assets year-to-date. Our annual capital budget is $979,000.		
c.) FISCAL YEAR 2023 SECOND QUARTER FORECAST			
Gil Riojas	Gil Riojas shared our Fiscal Year 2023 2nd Quarter Forecast. Highlights of the Presentation: ▪ Projected Net Income of $61.4 million is favorable to Budget by $43.6 million. ▪ Tangible Net Equity is 629% of required TNE at year-end. ▪ Medical Loss Ratio is 90.4%. ▪ Administrative Loss Ratio is 5.7% ▪ Enrollment at year-end is 359,000. ▪ FTEs at year end are 495, and addition of 6 from the Final Budget. ▪ Revenue is $1.4 billion; $10.7 million lower than Budget, with lower enrollment being mostly offset by higher Medi-Cal rates. ▪ Medical Expense is $1.3 billion; $51.0 million lower than budget, driven by lower Inpatient and Ancillary expense, as well as lower enrollment. ▪ Administrative expense is $82.8 million, $400,000 lower than Budget.	Motion to accept: Fiscal Year 2023 Second Quarter Forecast Motion: Dr. Michael Marchiano Seconded: James Jackson Motion Passed No opposed or abstained	

d.) FISCAL YEAR 2024 AND BEYOND			
Gil Riojas	Gil Riojas shared our Fiscal Year 2024 and Beyond Forecast. Highlights of the Presentation: ▪ Enrollment ➢ Transitions that influence Medi-Cal membership ➢ Group Care remains steady at approximately 5,700 members, ▪ Changes to the Medi-Cal Contract ▪ Changes to Medi-Cal Benefits and Services ➢ New ECM Populations of Focus ➢ Additional Community Supports planned for deployment	Informational update to the Finance Committee Vote not required	
e.) UNFINISHED BUSINESS			
Gil Riojas	We will be providing another forecast at the end of our Fiscal Year along with the Preliminary Budget in June. We are continuing to track enrollment. Which is major. If any changes happen, we will provide evidence. Those are the big drivers between now and the end of the Fiscal Year. **Question:** Dr. Ferguson asked a question regarding lease space and plans for building space in the future. Scott reponded, the building we're in right now is our headquarter building – this building we own. There's no liability on it, nothing owed – other than routine taxes and maintenance.The building across the street is what we lease. We have a 5-year lease on the property, 2 floors and through the contract we had to maintain that lease. The lease will come up for expiration in 2 years, at that point, decisions will need to be made to keep that property or obtain new property. In terms of looking at any other properties, that effort was suspended earlier in the year. Dr. Ferguson would like future updates on any progress on building space leasing. Scott advised we will add it under Unfinished Business and will report out in future business.		

ADJOURNMENT			
Dr. Rollington Ferguson	Dr. Ferguson adjourned the meeting at 8:56 a.m.		

Respectfully Submitted by:
Mashon Jones, Executive Assistant to CISO

ALAMEDA Alliance FOR HEALTH

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March 2023 Salary Schedule

Alameda Alliance for Health
Salary Schedule
Effective: 3/10/2023

Pay Grade	Job	Effective Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
Grade 1			**19.13**	**23.92**	**28.70**	**39,799.72**	**49,749.65**	**59,699.58**
	Facilities Clerk	3/10/2023						
	Information Supprt Clerk	3/10/2023						
	MS Support Services Specialist	3/10/2023						
	Provider Data Clerk	3/10/2023						
	Provider Data Entry Clerk	3/10/2023						
	Provider Network Data Clerk	3/10/2023						
	Receptionist / MS Support Specialist	3/10/2023						
Grade 2			**22.00**	**27.51**	**33.01**	**45,769.68**	**57,212.09**	**68,654.51**
	CM Coordinator	3/10/2023						
	Community Health Worker HHWP	3/10/2023						
	Facilities Coordinator I	3/10/2023						
	Grievance & Appeals Clerk	3/10/2023						
	Member Services Rep I	3/10/2023						
	Member Services Representative I	3/10/2023						
	Member Services Representative I - Bilingual Cantonese	3/10/2023						
	Member Services Representative I - Bilingual Cantonese/Manda	3/10/2023						
	Member Services Representative I - Bilingual Spanish	3/10/2023						
	Member Services Representative I - Bilingual Tagalog	3/10/2023						
	Member Services Representative I - Bilingual Vietnamese	3/10/2023						
	MS Rep I Bilingual	3/10/2023						
	Provider Data Coordinator I	3/10/2023						
	Provider Dispute Resolution Coordinator	3/10/2023						
	Provider Dispute Rsltn Clerk	3/10/2023						
	Provider Relations Rep I	3/10/2023						
	Provider Relations Representative I	3/10/2023						
	Support Services Clerk	3/10/2023						
	Support Services Coordinator I	3/10/2023						
	Third Party Liability/Other Health Coverage Coordinator	3/10/2023						
Grade 3			**26.07**	**32.59**	**39.10**	**54,222.38**	**67,777.97**	**81,333.57**
	Claims Coordinator	3/10/2023						
	Claims Processor I	3/10/2023						
	Credentialing Coordinator	3/10/2023						
	Grievance and Appeals Coord	3/10/2023						
	Health Assessment Coordinator	3/10/2023						
	Member Services Rep II	3/10/2023						
	Member Services Rep II – Bilingual Cantonese/Vietnamese	3/10/2023						
	Member Services Representative II - Bilingual Cantonese	3/10/2023						

Alameda Alliance for Health
Salary Schedule
Effective: 3/10/2023

Pay Grade	Job	Effective Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
	Member Services Representative II - Bilingual Vietnamese	3/10/2023						
	Member Services Representative II Bilingual Spanish	3/10/2023						
	MSR II	3/10/2023						
	MSR Rep II Bilingual	3/10/2023						
	Pharmacy Services Specialist	3/10/2023						
	Provider Data Coordinator II	3/10/2023						
	Provider Relations Coordinator	3/10/2023						
	Provider Relations Rep II	3/10/2023						
	Provider Relations Representative Lead Call Center	3/10/2023						
Grade 4			**29.10**	**36.37**	**43.65**	**60,524.00**	**75,655.00**	**90,786.00**
	Accountant-Payroll	3/10/2023						
	C&L Services Specialist	3/10/2023						
	Claims Analyst	3/10/2023						
	Claims Processor II	3/10/2023						
	Compliance Coordinator	3/10/2023						
	Education Specialist	3/10/2023						
	Facilities Maintenance Spclst	3/10/2023						
	Facility Site Rev QI Coordinat	3/10/2023						
	GL Accountant	3/10/2023						
	Health Education Coordinator	3/10/2023						
	Health Programs Coordinator	3/10/2023						
	Inpatient Util Mgmt Coord	3/10/2023						
	Lead Data Coordinator	3/10/2023						
	Lead Grievance & Appeals Coordinator	3/10/2023						
	Lead Grievance and Appeals Coo	3/10/2023						
	Lead Pharmacy Technician	3/10/2023						
	Lead Staff Accountant	3/10/2023						
	Member Services Rep III	3/10/2023						
	Member Services Rep III - Bilingual Cantonese/Mandarin	3/10/2023						
	Member Services Representative III	3/10/2023						
	Member Services Representative III - Bilingual Cantonese	3/10/2023						
	Member Services Representative III - Bilingual Spanish	3/10/2023						
	Member Services Representative III - Bilingual Tagalog	3/10/2023						
	Outreach Coordinator	3/10/2023						
	Outreach Coordinator - Bilingual Cantonese/Mandarin	3/10/2023						
	Outreach Coordinator - Bilingual Spanish	3/10/2023						
	Outreach Coordinator - Bilingual Vietnamese	3/10/2023						
	Outreach Supervisor	3/10/2023						

Alameda Alliance for Health
Salary Schedule
Effective: 3/10/2023

Pay Grade	Job	Effective Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
	Pharmacy Technician	3/10/2023						
	Provider Data Coordinator III	3/10/2023						
	Provider Data QA Specialist	3/10/2023						
	Provider Relations Rep III	3/10/2023						
	Quality Programs Coordinator	3/10/2023						
	Regulatory/Legal Assistant	3/10/2023						
	Service Desk Coordinator	3/10/2023						
	Utilization Mgmnt Coordinator	3/10/2023						
	Vendor Analyst I	3/10/2023						
	Vendor Management Analyst	3/10/2023						
	Vendor Management Analyst I	3/10/2023						
Grade 5			**33.46**	**41.83**	**50.20**	**69,606.86**	**87,008.58**	**104,410.30**
	Accreditation and Regulatory Compliance Specialist	3/10/2023						
	Assistant to the CEO and Board of Governors	3/10/2023						
	Behavioral Health Case Management Navigator	3/10/2023						
	Behavioral Health Navigator	3/10/2023						
	Behavioral Health Quality Improvement Navigator	3/10/2023						
	Case Management Coordinator	3/10/2023						
	Claims Processor III	3/10/2023						
	Claims Specialist	3/10/2023						
	Claims Specialist - Provider Services	3/10/2023						
	Claims Specialist Lead	3/10/2023						
	Clinical Quality Programs Coordinator	3/10/2023						
	Communications & Content Splst	3/10/2023						
	Community Support Coordinator	3/10/2023						
	Compliance Specialist	3/10/2023						
	Contract Specialist	3/10/2023						
	Disease Management Health Educator	3/10/2023						
	Executive Administrator	3/10/2023						
	Executive Assistant	3/10/2023						
	Executive Assistant to Chief Operating Officer	3/10/2023						
	Health Educator	3/10/2023						
	Health Navigator	3/10/2023						
	Health Navigator, ECM	3/10/2023						
	HEDIS Retriever - Seasonal	3/10/2023						
	Housing Navigator Health Homes	3/10/2023						
	Interpreter Services Coordinator	3/10/2023						
	IT Service Desk Coordinator	3/10/2023						

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	Lead Claims Analyst	3/10/2023						
	Lead Credentialing Coordinator	3/10/2023						
	Medical Coder	3/10/2023						
	Outreach Coordinator – Bilingual Tagalog	3/10/2023						
	Outreach Coordinator II - Bilingual Cantonese/Mandarin	3/10/2023						
	Outreach Coordinator II - Bilingual Vietnamese	3/10/2023						
	Provider Dispute Resolution Analyst	3/10/2023						
	Provider Relations Rep IV	3/10/2023						
	Quality Assurance Specialist	3/10/2023						
	Quality Improvement Project Specialist	3/10/2023						
	Quality Specialist	3/10/2023						
	Recruiter	3/10/2023						
	Senior HR Specialist	3/10/2023						
	Senior Payroll Accountant	3/10/2023						
	Service Desk Supprt Technician	3/10/2023						
	Sr Util Management Specialist	3/10/2023						
	Supervisor Facilities	3/10/2023						
	Support Services Spvsr	3/10/2023						
	Talent & Quality Dvlpmnt Spcls	3/10/2023						
	Technical Analyst I	3/10/2023						
	TOC Health Navigator	3/10/2023						
	Utilization Mgmt Specialist	3/10/2023						
	Vendor Analyst II	3/10/2023						
Grade 6			**38.48**	**48.10**	**57.72**	**80,040.08**	**100,050.09**	**120,060.11**
	Analyst Healthcare	3/10/2023						
	California Children's Services (CCS) Coordinator	3/10/2023						
	Claims Operations Trainer	3/10/2023						
	Communications & Media Spec	3/10/2023						
	Community Base Adult Services Utilization Mgmt. Coordinator	3/10/2023						
	Community Outreach Supervisor - Bilingual Spanish	3/10/2023						
	Community Supports Supervisor	3/10/2023						
	Compliance Auditor	3/10/2023						
	Compliance Auditor - Delegation Oversight	3/10/2023						
	Compliance Auditor - Internal Audit	3/10/2023						
	Compliance Auditor - Internal Audit, SIU and FWA	3/10/2023						
	Compliance Special Investigator	3/10/2023						
	Configuration Analyst	3/10/2023						
	Contract Management Administrator	3/10/2023						

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	Coordinator, Long Term Care	3/10/2023						
	Facilities Manager	3/10/2023						
	HealthCare Analyst	3/10/2023						
	Inpatient Util Mgmt LVN	3/10/2023						
	Interim Facilities Manager	3/10/2023						
	Interim Manager, Claims Recovery and Resolution	3/10/2023						
	Interim Manager, Peer Review and Credentialing	3/10/2023						
	IT Service Desk Support Technician	3/10/2023						
	Lead Interpreter Services Coordinator	3/10/2023						
	Learning Development and Quality Supervisor	3/10/2023						
	Member Liaison Specialist, Behavioral Health	3/10/2023						
	Member Liaison Specialist, BH – Bilingual Spanish	3/10/2023						
	Member Services Supervisor	3/10/2023						
	Member Services Supervisor Behavioral Health	3/10/2023						
	Mgr Claims Recvry and Resln	3/10/2023						
	Privacy Compliance Specialist	3/10/2023						
	Provider Dispute Resolution Supervisor	3/10/2023						
	Provider Reln Call Ctr Spv	3/10/2023						
	Recruiting Supervisor	3/10/2023						
	Regulatory Compliance Specialist	3/10/2023						
	Regulatory Compliance Specialist, Legislative Policy and Ana	3/10/2023						
	Senior Payroll Analyst	3/10/2023						
	Sr GL Accountant	3/10/2023						
	Strategic Communications Coordinator	3/10/2023						
	Supervisor Claims Processing	3/10/2023						
	Supervisor Claims Support Services	3/10/2023						
	Supervisor, Network Data Validation	3/10/2023						
	Supervisor, Provider Relations Call Center	3/10/2023						
	Transportation Coordinator	3/10/2023						
Grade 7			**44.26**	**55.32**	**66.38**	**92,051.06**	**115,063.83**	**138,076.59**
	Business System Analyst	3/10/2023						
	Case Manager	3/10/2023						
	Clinical RN Specialist	3/10/2023						
	Comp Benefits Manager	3/10/2023						
	Data Quality Analyst	3/10/2023						
	Grievance & Appeals Manager	3/10/2023						
	HR Generalist	3/10/2023						
	HRIS Analyst	3/10/2023						

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Pay Grade	Job	Effective Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
	Interim Case Manager	3/10/2023						
	Interim Complex Case Manager, Nurse	3/10/2023						
	Interim Manager, Claims Production	3/10/2023						
	Interim Manager, Communications & Outreach	3/10/2023						
	Interim Manager, Compliance Audits and Investigations	3/10/2023						
	Interim Manager, Grievance and Appeals	3/10/2023						
	Interim Public Affairs Manager	3/10/2023						
	Jr. Business Analyst	3/10/2023						
	Jr. Systems Administrator	3/10/2023						
	Lead Accountant	3/10/2023						
	Lead Outpatient Utilization Management Coordinator	3/10/2023						
	Lead Quality Improvement Project Specialist	3/10/2023						
	Legal Analyst	3/10/2023						
	Legal Analyst I	3/10/2023						
	Manager Community Relations	3/10/2023						
	Manager, Claims Production	3/10/2023						
	Manager, Public Relations	3/10/2023						
	Medical Social Worker	3/10/2023						
	Mgr Peer Review Credentialing	3/10/2023						
	Nurse Liaison for Community Care Management	3/10/2023						
	OB Case Manager	3/10/2023						
	Population Health and Equity Specialist	3/10/2023						
	Public Affairs Manager	3/10/2023						
	Qualty Improv Nurse Specialist	3/10/2023						
	Retrospective UM Nurse	3/10/2023						
	Senior Accountant	3/10/2023						
	Senior Analyst Operations	3/10/2023						
	Senior Analyst, Healthcare	3/10/2023						
	Senior Contract Specialist	3/10/2023						
	Senior Data Analyst Healthcare	3/10/2023						
	Senior Financial Analyst	3/10/2023						
	Senior HealthCare Analyst	3/10/2023						
	Senior Service Desk Technician	3/10/2023						
	Social Worker, Long Term Care	3/10/2023						
	Sr Financial Analyst HealthCare	3/10/2023						
	Sr Financial Analyst Planning	3/10/2023						
	Sr. Quality Assurance and Reporting Analyst	3/10/2023						
	Strategic Account Representative	3/10/2023						

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	Supervisor, Health Plan Audits	3/10/2023						
	Supervisor, Health Plan Investigations	3/10/2023						
	Technical Writer	3/10/2023						
	TOC Social Worker	3/10/2023						
	Whole Person Care Data Analyst	3/10/2023						
Grade 8			**50.89**	**63.61**	**76.34**	**105,853.04**	**132,316.29**	**158,779.55**
	Behavioral Health Triage Specialist	3/10/2023						
	Business Analyst	3/10/2023						
	Business Analyst, Integrated Planning	3/10/2023						
	Clerk of the Board	3/10/2023						
	Clinical Nurse Specialist, G&A Unit	3/10/2023						
	Clinical Nurse Specialist, PDR Unit	3/10/2023						
	Clinical Review Nurse	3/10/2023						
	Clinical Supervisor Utilization Management	3/10/2023						
	Clinical Supervisor, Outpatient Utilization Management	3/10/2023						
	CM RN Supervisor	3/10/2023						
	Complex Case Manager, Nurse	3/10/2023						
	Compliance Manager	3/10/2023						
	EDI Analyst	3/10/2023						
	EDI Data Analyst	3/10/2023						
	EDI Report Developer	3/10/2023						
	ETL Developer	3/10/2023						
	Inpatient Util Mgmt Reviewer	3/10/2023						
	Inpatient Utiliz Mgmt RN	3/10/2023						
	Interim Manager, Health Education	3/10/2023						
	Interim Manager, Member Services	3/10/2023						
	Interim Manager, Regulatory Affairs & Compliance	3/10/2023						
	IT Service Desk Supervisor	3/10/2023						
	Jr. Application Developer	3/10/2023						
	Jr. ETL Developer	3/10/2023						
	Lead Technical Analyst	3/10/2023						
	Manager Claims Operations Support	3/10/2023						
	Manager, Compliance Audits and Investigations	3/10/2023						
	Manager, Compliance Audits, and Investigations	3/10/2023						
	Manager, Health Education	3/10/2023						
	Manager, Provider Services	3/10/2023						
	Manager, Provider Services Call Center	3/10/2023						
	Manager, Regulatory Affairs & Compliance	3/10/2023						

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	Member Services Manager	3/10/2023						
	Out of Plan Nurse Specialist	3/10/2023						
	Out of Plan Services Nurse Specialist	3/10/2023						
	Outpatient Utilization Management Nurse	3/10/2023						
	Quality Review Nurse	3/10/2023						
	Senior Configuration Analyst (IT)	3/10/2023						
	Senior HR Generalist	3/10/2023						
	Sr. ETL Analyst	3/10/2023						
	Supervisor Case Management	3/10/2023						
	Supervisor Outpatient Utilization Management	3/10/2023						
	System Administrator Communications	3/10/2023						
	Systems Administrator	3/10/2023						
	Technical Analyst II	3/10/2023						
	Technical Business Analyst	3/10/2023						
	Technical PMO Business Analyst	3/10/2023						
Grade 9			**58.52**	**73.16**	**87.79**	**121,730.28**	**152,162.85**	**182,595.42**
	Applied Behavioral Analysis Analyst	3/10/2023						
	Behavioral Health Case Management Nurse	3/10/2023						
	CCS Outpatient Utilization Management Nurse	3/10/2023						
	Clinical Manager of Enhanced Care Management (ECM)	3/10/2023						
	Clinical Manager, Health Homes	3/10/2023						
	Clinical Quality Manager	3/10/2023						
	EDI Lead	3/10/2023						
	EDI Manager	3/10/2023						
	EDI Software Developer	3/10/2023						
	Enhanced Care Management, Nurse	3/10/2023						
	Human Resources Manager	3/10/2023						
	Interim Clinical Manager, Health Homes	3/10/2023						
	Interim Clinical Quality Manager	3/10/2023						
	Interim EDI Manager	3/10/2023						
	Interim Human Resources Manager	3/10/2023						
	Interim Lead Complex Case Manager	3/10/2023						
	Interim Manager, Accounting	3/10/2023						
	Interim Manager, Healthcare Analytics	3/10/2023						
	Interim Manager, Service Desk	3/10/2023						
	Interim Manager, Transition of Care	3/10/2023						
	Interim Manager, Vendor Management	3/10/2023						
	Interim Program Manager / Senior Project Manager - Managed Care	3/10/2023						

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	Interim Program Reimbursement Manager	3/10/2023						
	Lead Data Analyst, Healthcare Finance	3/10/2023						
	Lead Financial Analyst Healthcare	3/10/2023						
	Lead Financial Analyst Planning	3/10/2023						
	Lead Financial Analyst, Reporting	3/10/2023						
	Lead System Administrator	3/10/2023						
	Lead System Administrators	3/10/2023						
	Liaison, Clinical Initiatives and Leadership Development	3/10/2023						
	Manager HealthCare Analytics	3/10/2023						
	Manager Transition of Care	3/10/2023						
	Manager Vendor Management	3/10/2023						
	Manager, IT Service Desk	3/10/2023						
	Manager, Population Health and Equity	3/10/2023						
	Nurse Specialist, Long Term Care	3/10/2023						
	Program Mgr/Sr. PM, Mngd Care	3/10/2023						
	Program Reimbursement Manager	3/10/2023						
	Project Manager	3/10/2023						
	Quality Improvement Manager	3/10/2023						
	Senior Business Intelligence Analyst	3/10/2023						
	Senior Data Quality Analyst	3/10/2023						
	Senior ETL Developer	3/10/2023						
	Sharepoint Developer	3/10/2023						
	Sr Qlty Improv Nurse Spclst	3/10/2023						
	Sr. Application Analyst Release Management & Shared Services	3/10/2023						
	Supervisor QA and Analysis	3/10/2023						
	Supervisor, IT Applications	3/10/2023						
	Technical Quality Assurance Analyst	3/10/2023						
Grade 10			**65.44**	**81.80**	**98.16**	**136,119.77**	**170,149.72**	**204,179.66**
	Applications Development Supervisor	3/10/2023						
	Business Objects Adm Developer	3/10/2023						
	Change Control Process Improvement Manager	3/10/2023						
	Clinical Pharmacist	3/10/2023						
	Data Architect	3/10/2023						
	Database & Applications Architect	3/10/2023						
	Database Administrator	3/10/2023						
	Director Accreditation	3/10/2023						
	Director Complaints and Reslns	3/10/2023						
	Director Member Services	3/10/2023						

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Pay Grade	Job	Effective Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
	Director, Health Care Services	3/10/2023						
	Director, Incentives & Reporting	3/10/2023						
	Director, Quality Analytics	3/10/2023						
	Director, Social Determinants of Health	3/10/2023						
	Finance Program Manager	3/10/2023						
	Interim Assistant Controller	3/10/2023						
	Interim Change Control & Process Improvement Manager	3/10/2023						
	Interim Data Architect and Delivery Manager	3/10/2023						
	Interim Director of Accreditation	3/10/2023						
	Interim Director of Vendor Management	3/10/2023						
	Interim Director, Clinical Services	3/10/2023						
	Interim Director, Complaints and Resolutions	3/10/2023						
	Interim Director, Health Care Services	3/10/2023						
	Interim Director, Member Services	3/10/2023						
	Interim Director, Quality Analytics	3/10/2023						
	Interim Manager Financial Planning & Analysis - Healthcare	3/10/2023						
	Interim Manager, Access to Care	3/10/2023						
	Interim Manager, Analytics	3/10/2023						
	Interim Manager, Applications	3/10/2023						
	Interim Manager, Case Management	3/10/2023						
	Interim Manager, Corporate Planning	3/10/2023						
	Interim Manager, Data Integration	3/10/2023						
	Interim Manager, Inpatient Utilization Management	3/10/2023						
	Interim Manager, Legal Services	3/10/2023						
	Interim Manager, Outpatient Utilization Management	3/10/2023						
	Interim Manager, Quality Analytics	3/10/2023						
	Interim Senior Project Manager	3/10/2023						
	Lead Complex Case Manager	3/10/2023						
	Manager Analytics	3/10/2023						
	Manager Applications	3/10/2023						
	Manager Case Management	3/10/2023						
	Manager Corporate Planning	3/10/2023						
	Manager Data Integration	3/10/2023						
	Manager, Access to Care	3/10/2023						
	Manager, Accounting	3/10/2023						
	Manager, Legal Services	3/10/2023						
	Manager, Long Term Care	3/10/2023						
	Manager, Payroll	3/10/2023						

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Pay Grade	Job	Effective Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
	Manager, Quality Analytics	3/10/2023						
	Manager, Quality Assurance Release Mgmt Shared Services	3/10/2023						
	Mgr Fin Pln and Analys HlthCar	3/10/2023						
	Mgr Fn Pln and Analys Planning	3/10/2023						
	Mgr Inpatient Utilization Mgmt	3/10/2023						
	Mgr Outpatient Utiliz Mgmt	3/10/2023						
	Network Architect	3/10/2023						
	Quality Improvement Supervisor	3/10/2023						
	Senior .Net Developer	3/10/2023						
	Senior Business Analyst	3/10/2023						
	Senior Infrastructure Engineer	3/10/2023						
	Senior Manager, Applications	3/10/2023						
	Senior Network Analyst	3/10/2023						
	Senior System Administrator	3/10/2023						
	Sr Database Administrator	3/10/2023						
	Sr Project Manager	3/10/2023						
	Sr. Business Analyst/Integrated Planning	3/10/2023						
	Sr. Lead Business Analyst	3/10/2023						
	Sr. Manager, Provider Services	3/10/2023						
	Sr. Technical Project Manager	3/10/2023						
	Supervisor, Accounting	3/10/2023						
	Systems & Security Engineer	3/10/2023						
	Systems Engineer	3/10/2023						
	Voice Engineer	3/10/2023						
Grade 11			**77.40**	**96.75**	**116.10**	**160,989.86**	**201,237.32**	**241,484.79**
	Assistant Controller	3/10/2023						
	Associate Director, Applications	3/10/2023						
	Associate Director, Infrastructure	3/10/2023						
	Associate Director, IT Infrastructure & Service Desk	3/10/2023						
	Data Architect and Delivery Manager	3/10/2023						
	Development and Data Integration Director	3/10/2023						
	Director Claims	3/10/2023						
	Director Clinical Initiatives and Clinical Leadership Development	3/10/2023						
	Director Compliance	3/10/2023						
	Director of Population Health and Equity	3/10/2023						
	Director of Portfolio Management & Service Excellence	3/10/2023						
	Director of Vendor Management	3/10/2023						
	Director Pharmacy Services	3/10/2023						

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	Director, Quality Assurance	3/10/2023						
	ETL Lead	3/10/2023						
	Information Security Director	3/10/2023						
	Interim Associate Director, Applications	3/10/2023						
	Interim Associate Director, Infrastructure	3/10/2023						
	Interim Associate Director, IT Infrastructure & Service Desk	3/10/2023						
	Interim Director of Portfolio Management & Service Excellence	3/10/2023						
	Interim Director, Claims	3/10/2023						
	Interim Director, Clinical Initiatives and Clinical Leadership Development	3/10/2023						
	Interim Director, Compliance	3/10/2023						
	Interim Director, Compliance & Special Investigations	3/10/2023						
	Interim Director, Financial Planning & Analysis	3/10/2023						
	Interim Director, Pharmacy Services	3/10/2023						
	Interim Director, Provider Services	3/10/2023						
	Interim Director, Quality Assurance	3/10/2023						
	Interim Director, Social Determinants of Health	3/10/2023						
	Interim Senior Manager, Communications & Outreach	3/10/2023						
	Interim Sr. Manager, Peer Review and Credentialing	3/10/2023						
	Lead Clinical Pharmacist	3/10/2023						
	Pharmacy Supervisor	3/10/2023						
	Senior Database Administrator Lead	3/10/2023						
	Senior Manager Analytics	3/10/2023						
	Senior Manager Financial Planning & Analysis	3/10/2023						
	Senior Manager, Communications & Outreach	3/10/2023						
	Senior Manager, Financial Planning and Analysis - Healthcare	3/10/2023						
	Senior Manager, Outpatient Utilization Management	3/10/2023						
	Senior Manager, Public Affairs and Media Relations	3/10/2023						
	Senior Program Manager - Portfolio Programs	3/10/2023						
	Senior Program Manager – State Directed and Special Programs	3/10/2023						
	Sr. Manager, Member Services	3/10/2023						
	Sr. Manager, Peer Review and Credentialing	3/10/2023						
	Staff Attorney	3/10/2023						
Grade 12			**89.02**	**111.27**	**133.52**	**185,153.97**	**231,442.47**	**277,730.96**
	Director Applications Development	3/10/2023						
	Director Applications Management and Configuration	3/10/2023						
	Director Data Integration & Application Development	3/10/2023						
	Director Fin Plan and Analysis	3/10/2023						
	Director Healthcare Analytics	3/10/2023						

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	Director Infrastructure	3/10/2023						
	Director Provider Services	3/10/2023						
	Director, Applications Management, Quality & Process Improve	3/10/2023						
	Director, Compliance & Special Investigations	3/10/2023						
	Director, Data Exchange and Interoperability	3/10/2023						
	Director, IT Infrastructure	3/10/2023						
	Executive Director HR	3/10/2023						
	Interim Controller	3/10/2023						
	Interim Director, Application Management	3/10/2023						
	Interim Director, Application Management & Configuration	3/10/2023						
	Interim Director, Applications Management, Quality & Process Improve	3/10/2023						
	Interim Director, Data Exchange and Interoperability	3/10/2023						
	Interim Director, Healthcare Analytics	3/10/2023						
	Interim Director, Infrastructure	3/10/2023						
	Interim Executive Director, Human Resources	3/10/2023						
	Interim Senior Director Facilities	3/10/2023						
	Interim Senior Director of Financial Planning and Analysis	3/10/2023						
	Interim Senior Director of Health Care Services	3/10/2023						
	Interim Senior Director of Quality	3/10/2023						
	Interim Senior Director, Behavioral Health	3/10/2023						
	Interim Senior Director, Member Services	3/10/2023						
	Interim Senior Director/Pharmacy Services	3/10/2023						
	Senior Director Facilities	3/10/2023						
	Senior Director Integrated Planning	3/10/2023						
	Senior Director of Health Care Services	3/10/2023						
	Senior Director Pharmacy Services	3/10/2023						
	Senior Director Quality	3/10/2023						
	Senior Director, Behavioral Health	3/10/2023						
	Senior Director, Member Services	3/10/2023						
	Senior Director, Portfolio Management & Service Excellence	3/10/2023						
	Senior Manager, Financial Reporting	3/10/2023						
	Senior Program Director	3/10/2023						
	Supervising Associate Counsel	3/10/2023						
	Utilization Management Physician Reviewer	3/10/2023						
Grade 13			**120.28**	**150.35**	**180.42**	**250,176.80**	**312,721.00**	**375,265.20**
	Controller	3/10/2023						
	Director, Provider Services and Provider Contracting	3/10/2023						
	Executive Director Information Technology	3/10/2023						

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	Interim Executive Director, IT	3/10/2023						
	Senior Director Analytics	3/10/2023						
	Senior Director, Financial Planning & Analysis	3/10/2023						
Grade 14			**125.18**	**156.47**	**187.77**	**260,370.69**	**325,463.37**	**390,556.04**
Grade 15			**128.70**	**160.88**	**193.05**	**267,700.48**	**334,625.61**	**401,550.73**
	CCO General Counsel	3/10/2023						
	Chief Analytics Officer	3/10/2023						
	Chief Compliance Officer	3/10/2023						
	Chief Compliance Officer & Chief Privacy Officer	3/10/2023						
	Chief Human Resources Officer	3/10/2023						
	Chief Information Officer	3/10/2023						
	Chief Information Officer & Chief Security Officer	3/10/2023						
	Chief Projects Officer	3/10/2023						
	Interim Chief Analytics Officer	3/10/2023						
	Interim Chief Compliance Officer	3/10/2023						
	Interim Chief Compliance Officer & Chief Privacy Officer	3/10/2023						
	Interim Chief Human Resources Officer	3/10/2023						
	Interim Chief Information Officer	3/10/2023						
	Interim Chief Information Officer & Chief Security Officer	3/10/2023						
	Interim Chief Projects Officer	3/10/2023						
	Interim Medical Director	3/10/2023						
	Interim Quality Improvement Medical Director	3/10/2023						
	Medical Director	3/10/2023						
	Quality Improvement Medical Director	3/10/2023						
Grade 16			**141.03**	**176.29**	**211.55**	**293,352.15**	**366,690.19**	**440,028.23**
	Chief Financial Officer	3/10/2023						
	Interim Chief Financial Officer	3/10/2023						
	Interim Senior Medical Director	3/10/2023						
	Senior Medical Director	3/10/2023						
Grade 17			**164.81**	**206.01**	**247.21**	**342,804.16**	**428,505.20**	**514,206.24**
	Chief Medical Officer	3/10/2023						
	Chief Operating Officer	3/10/2023						
	Interim Chief Medical Officer	3/10/2023						
	Interim Chief Operating Officer (COO)	3/10/2023						
Grade 18			**197.72**	**247.15**	**296.58**	**411,260.93**	**514,076.16**	**616,891.39**
Grade 19			**219.77**	**292.11**	**388.17**	**457,115.00**	**607,593.00**	**807,395.00**

Alameda Alliance for Health
Salary Schedule
Effective: 3/10/2023

Pay Grade	Job	Effective Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
	Chief Executive Officer	2/10/2023						
	Interim Chief Executive Officer	2/10/2023						

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RECOMMENDATION & APPROVAL

New Chief Executive Officer:

Proposed Terms & Resolution

RESOLUTION NO. 2023-01

A RESOLUTION OF BORAD OF GOVERNORS OF THE ALAMEDA ALLIANCE FOR HEALTH AUTHORIZING AN EMPLOYMENT AGREEMENT FOR CHIEF EXECUTIVE OFFICER OF ALAMEDA ALLIANCE FOR HEALTH

WHEREAS, the Board of Governors ("Board") of the Alameda Alliance for Health ("AAH") has created a subcommittee ("Search Committee") charged with searching for and recommending a candidate to serve as Chief Executive Officer ("CEO") for AAH, and negotiating an employment agreement with such CEO candidate; and

WHEREAS, the Search Committee recommends Matthew Woodruff as the preferred candidate to serve as CEO of AAH; and

WHEREAS, the Board accepts and agrees with the Search Committee's recommendations, and AAH therefore desires to hire Matthew Woodruff to serve as the CEO of AAH effective June 1st, 2023; and

NOW, THEREFORE, THE BOARD OF GOVERNORS OF THE ALAMEDA ALLIANCE FOR HEALTH DOES HEREBY RESOLVE, DECLARE, DETERMINE, ORDER, AND RECOMMEND AS FOLLOWS:

SECTION 1. That the AAH Board selects Matthew Woodruff as the preferred candidate to serve as CEO of AAH.

SECTION 2. That the Board hereby authorizes the Search Committee to approve the final form of the agreement for employment of the CEO ("Agreement") subject to the following parameters: (1) the Agreement shall provide for a term to commence in April of 2023 and to expire in May of 2027; (2) the maximum base salary under the Agreement shall be four hundred seventy-seven thousand five hundred dollars ($477,500); (3) the base salary under the Agreement may be adjusted annually by the Board in its discretion, (4) the CEO will be entitled to performance pay equal to no more than eight percent (8%) of the base salary if AAH satisfies performance metrics specified in the Agreement; (5) on June 1st, 2024, the CEO shall receive an amount equal to five percent (5%) of CEO's then applicable base salary as a retention incentive (6) the Agreement shall provide for benefits generally available to management employees of AAH; (7) the Agreement shall provide for executive coaching to support the professional development of the CEO; and (8) the Agreement shall in all other material respects be substantially similar to the Amended and Restated Employment Agreement for AAH's current CEO, dated November 8th, 2020 including without limitation provisions relating to severance pay, periodic performance evaluation, and procedures for contract renewal.

SECTION 3. The Board Chair is hereby authorized to execute and enter into the Agreement with Mr. Woodruff, so long is such Agreement is fully consistent with the parameters described in Section 2, above.

SECTION 4. The Alliance Secretary shall certify the adoption of this resolution.

PASSED AND ADOPTED by the Board at a meeting held on the 10th day of March 2023.

_____
CHAIR, BOARD OF GOVERNORS

ATTEST:

_____
Secretary

TO: Alameda Alliance for Health Board of Governors

FROM: CEO Search Subcommittee

DATE: March 10th, 2023

SUBJECT: Recommendation and Approval of Resolution #2023-01 – New Chief Executive Officer and Proposed Employment Terms

Background:

The CEO Search Subcomittee, comprised of Chair Gebhart, Boardmembers Dr. Seevak, Dr. Rollington Ferguson, Andrea Schwab-Galindo, Dr. Marty Lynch, and Mr. James Jackson was formed to advise on on the search, selection, and hiring of a new Chief Exeutive Officer (CEO) for the Alameda Alliance for Health (AAH). A final recommendation was made to the Board of Governors (Board) at a Special Session held on February 22nd, 2023. During the Special Session, the Board authorized Chair Gebhart and Dr. Seevak to negotiate the CEO Employment Agreement (Employment Agreement) with the preferred candidate. The Board is now required to consider and approve the terms of the Employment Agreement in an open session at a regularly-scheduled meeting.

Key Terms of Employment Agreement:

Key Terms of the Employment Agreement with the new CEO include:

Term:

- The Employment Agreement commences on April 1st, 2023, with CEO assuming full responsibilities as CEO on June 1st, 2023. The agreement will expire on May 31st, 2027, unless extended by agreement between AAH and CEO, or earlier terminated.
- Either party may terminate the Employment Agreement without cause. However, at least 90 days prior notice must be provided if CEO elects to terminate without cause.

Salary & Other Compensation:

- The starting base salary is $477,500 per annum. This figure is consistent with the current executive salary scheme and supported by independent market data.This amount may be increased in the Board's discretion, based upon merit and performance.
- In addition to the base salary, the CEO shall, each year, receive an amount up to eight percent (8%) of the CEO's then-applicable Base Salary if, using data from the close of the most recently completed fiscal year, AAH satisfies performance metrics specified in the Employment Agreement.

- In addition, on June 1st, 2024, the CEO shall receive an amount equal to five percent (5%) of CEO's then applicable base salary as a retention incentive.

Benefits:

- The benefits, including but not limited to medical, dental, retirement and leaves are commensurate with the package received by executive management with the addition of executive coaching.

Remaining Terms:

- Remaining terms and conditions of the Employment Agreement shall be substantially similar to the Amended and Restated Employment Agreement for AAH's current CEO, dated November 8th, 2020, including without limitation provisions relating to severance pay, periodic performance evaluation, and procedures for contract renewal.

Prior Board Action: February 22nd, 2023 – Special Session authorizing Chair Gebhart and Dr. Seevak to negotiate an Employment Agreement with the preferred candidate for CEO.

Board Action Requested: Authorize the Board Chair to enter into the Employment Agreement, so long as it is fully consistent with the parameters described in this report and adopt Resolution #2023-01.

Fiscal Impact: No additional impact given the current provision in the budget for executive compensation.

Budgeted/Authorized: Yes.

Strategic Plan Pillar: All

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CEO Update

Scott Coffin

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

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

Date: **March 10th, 2023**

Subject: **CEO Report**

- **Financials:**

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

	January	YTD
Medi-Cal	$17.1M	$38.8M
Group Care	$624K	$1.6M
Totals	**$17.6M**	**$40.4M**

  - **Revenue $122.6 million in January 2023, and nearly $748 million Year-to-Date (YTD)**.

    - Medical expenses $99.6 million in January, and $673 million year-to-date (seven months); medical loss ratio is 81.3% for the month, and averages 90% year-to-date.
    - Administrative expenses $6.8 million in January, and $40 million year-to-date; 5.6% of revenue for the month, and averages 5.3% for the first six months in the fiscal year.

  - **Tangible Net Equity (TNE)**: Financial reserves are 713%, and represent $233 million in excess TNE.

  - **Total enrollment in January 2023 reached 329,814.**

  - **Preliminary enrollment in the month of March exceeds 355,000 members**; increasing membership is driven in the Medi-Cal line of business, and is a combination the public health emergency and the transition of beneficiaries from regular Medi-Cal to managed care (i.e. Duals, Optional Expansion).

  - **Medi-Cal Redeterminations**. Alameda Alliance for Health is partnering with Alameda County agencies and community-based organizations, and other safety-net partners to form an outreach campaign for the resumption of Medi-Cal redeterminations, and to promote continuous coverage. The

outreach campaign will be co-funded and co-branded, and begins in the current fiscal year, and extends into next fiscal year. No impact to current fiscal year is anticipated, and the forecasted expenses in Fiscal Year 2024 will be include in the preliminary budget (see below).

- **Preliminary fiscal year 2024 budget** is on schedule for presentation at the June 2023 Board of Governors and Finance Committee meetings.

- **Second Quarter Forecast 2023:**

  - Second quarter forecast highlights, by 6/30/2023, include:
    - Revenue $1.4 billion
    - $61.2 million net income
    - Tangible net equity: 679%, $273.5 million
    - Total enrollment: 359,0000
    - Medical loss ratio: 90.4%

- **Key Performance Indicators:**

  - **Regulatory Metrics:**

    - Approximately 98% of regulatory metrics met compliance in the month of February. The only regulatory metric below the threshold is institutional encounter data (0-90 days). The performance in February is 0.7% below the minimum and is anticipated to resume to full compliance in the month of March.

  - **Non-Regulatory Metrics:**

    - The Member Services call center reported an abandonment rate of 24%, and a 43% service level, for the month of February. The results are 18% and 37% below the internal thresholds respectively. Inbound call volume exceeded 17,000 for the month. The average talk time is over 7 minutes per call, and is attributed to the enrollment of new Medi-Cal members (Duals).

- **Medi-Cal Enrollment 2023-2024:**

  - The DHCS has announced that 99% of Medi-Cal beneficiaries will be transitioning from the “regular Medi-Cal” fee-for-service system into the managed care system by 12/31/2023. As of February 2023, approximately 45,000 adults and children are enrolled in Medi-Cal fee-for-service in Alameda County.

  - The DHCS is forecasting that over 20% of Medi-Cal enrollment may be disenrolled in 2023-2024 due to ineligibility.

- Undocumented adults, ages 26 to 49, will be enrolled in Medi-Cal managed care by 1/1/2024.

- **Program Implementations [2023]:**

  The following program implementations are currently in the operational readiness phase or have been launched through the CalAIM initiative.

  Mental Health & Autism Spectrum Services:

  - Insourcing of mental health & autism spectrum services is tracking to complete on 3/31/2023.
  - Full compliance with SB855 pending approval from the DMHC, and the approval is forecasted prior to go-live on 4/1/23.
  - Conditional approval from DMHC may be required to support the go-live date, as the administration of health services terminate on 3/31/2023.

  Medi-Cal Only:

  - CalAIM: First phase of the Long-Term Care (skilled nursing facilities) launched January 1st, 2023; second phase begins January 2024 with the intermediate care facilities serving developmentally disable people.
  - CalAIM: Population health (phase one) launched 1/1/23
  - CalAIM: Justice Involved begins 4/1/24; self-funded pilot is being planned to begin in July 2023, and is focused on the post-release navigation and coordinated re-entry services.
  - CalAIM: Additional ECM Populations of Focus in 2023.

- **Single Plan Model:**

  - The California DHCS has approved the Medi-Cal delivery model change in Alameda County and is scheduled to implement on January 1st, 2024.
  - The Alliance's Integrated Planning, Compliance, Health Care Services, and Operations Divisions are coordinating resources to meet the regulatory readiness requirements.
  - Effective January 1st, 2024, Alameda County will become the "Prime" Medi-Cal option for Alameda County residents enrolled in the Medi-Cal program.

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Executive Dashboard

OPERATIONS DASHBOARD

MARCH 2023

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Financials

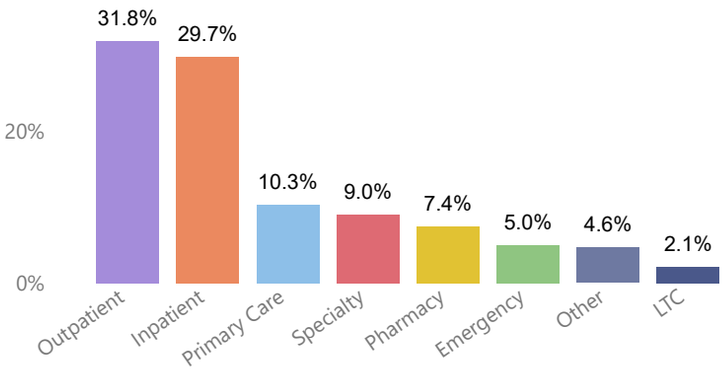
Income & Expenses

	JANUARY 2023	FISCAL YTD
REVENUE	$ 122.6 M	$ 747.8 M
MEDICAL EXPENSE	$ (99.7) M	$ (672.8) M
ADMIN EXPENSE	$ (6.8) M	$ (40.1) M
OTHER	$ 1.6 M	$ 5.4 M
NET INCOME	$ 17.7 M	$ 40.3 M

Gross Margin %

10.0%

Medical Expenses



Liquid Reserves

MLR Net %

90.0%

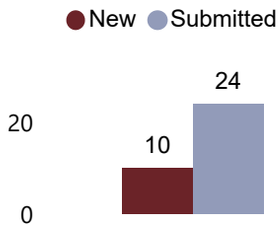
TNE %

713.1%

TNE $

$271.0M

Reinsurance Cases



Balance Sheet

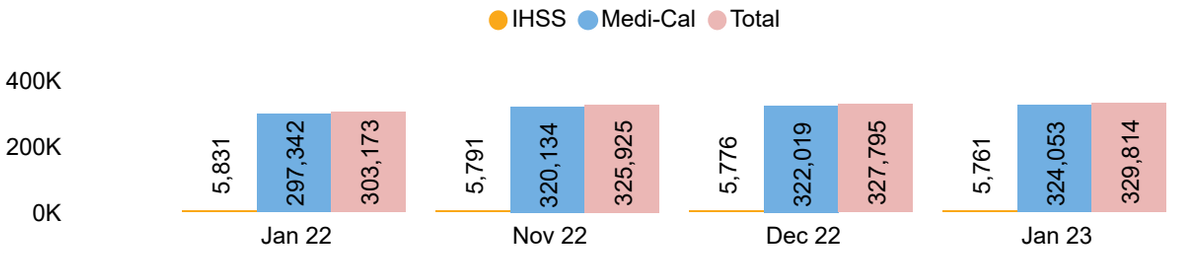
Cash Equivalents	$389.8M
Pass-Through Liabilities	$129.8M
Uncommitted Cash	$260.0M
Working Capital	$236.9M

Current Ratio

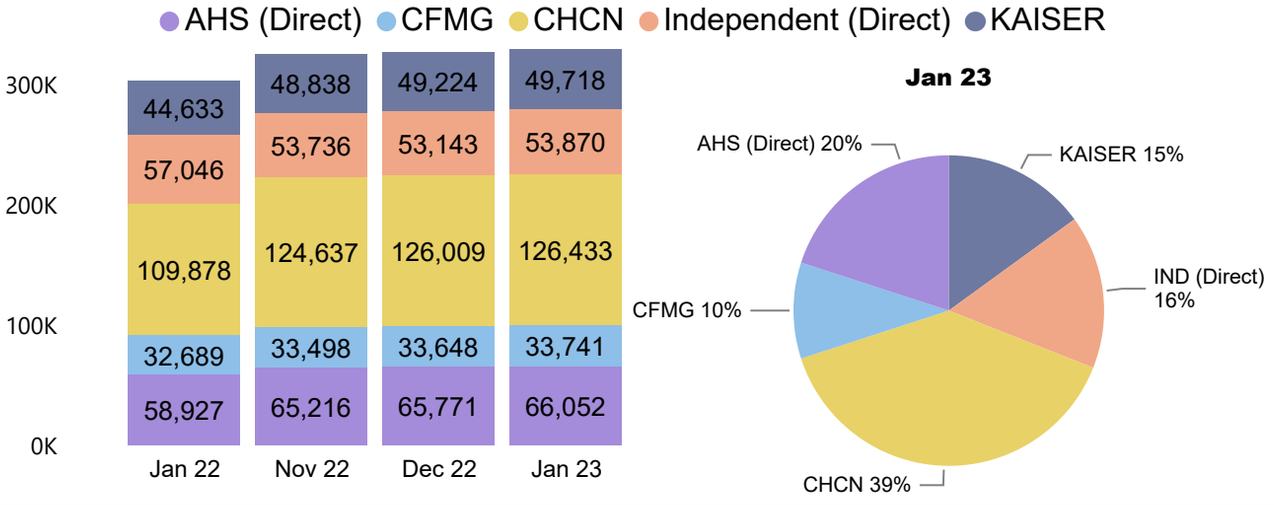
1.75

Membership

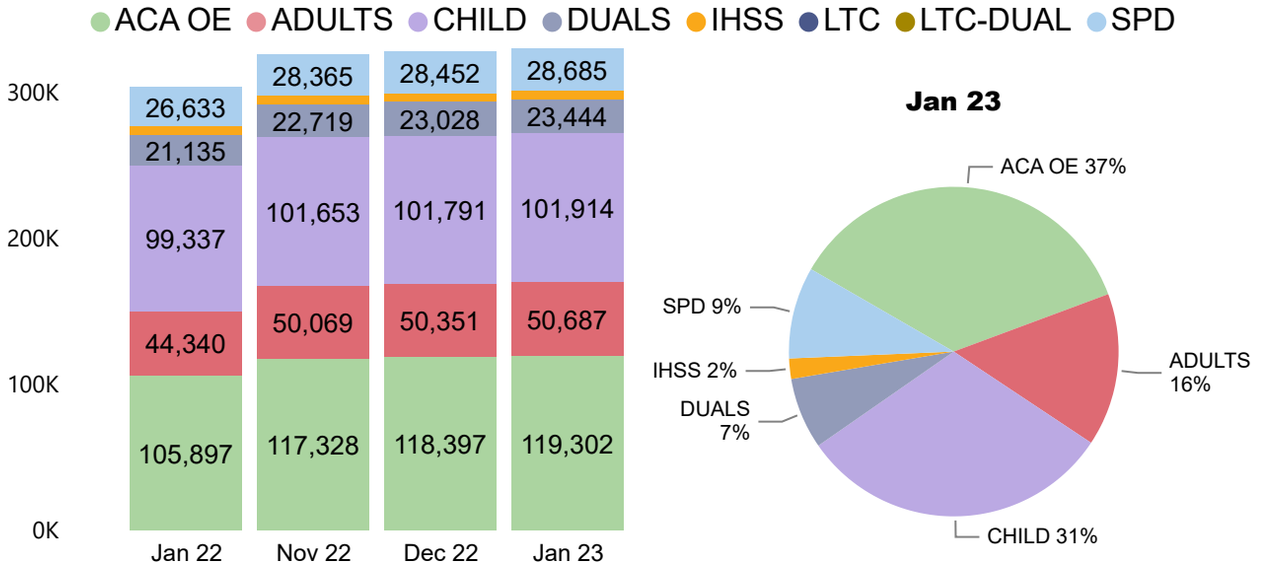
By Plan



By Network



By Category



OPERATIONS DASHBOARD

MARCH 2023

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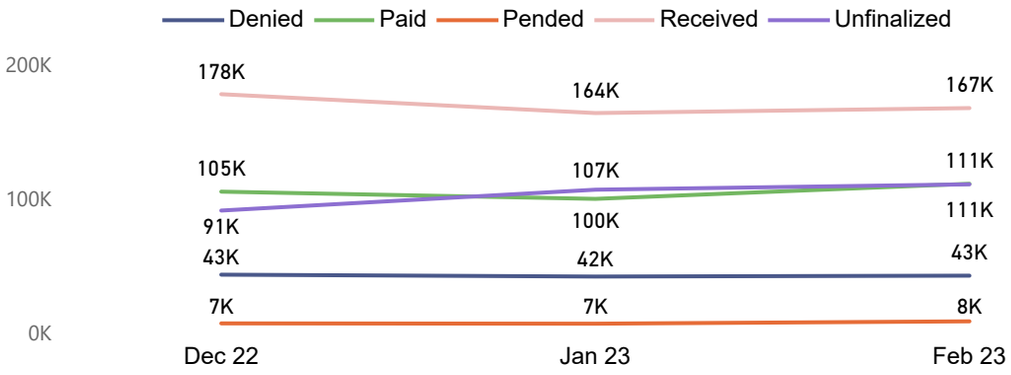
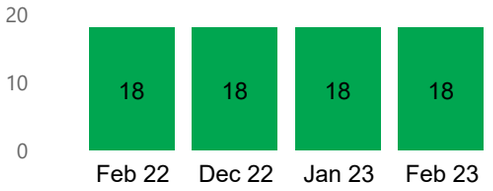
Claims

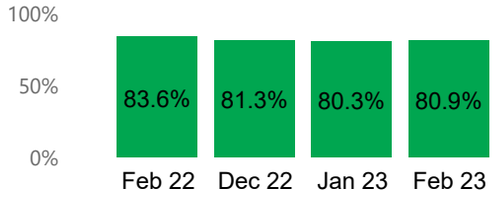
Claims Processing



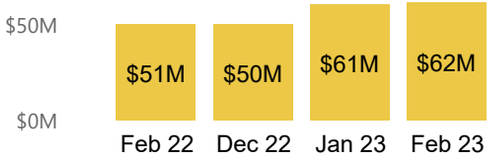
Average Payment TAT (Days)



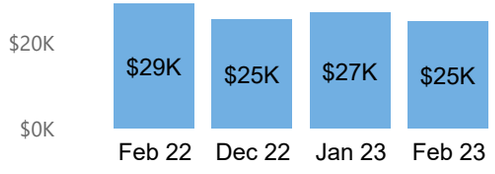
Auto Adjudication Rate (%)



Claims Paid ($)

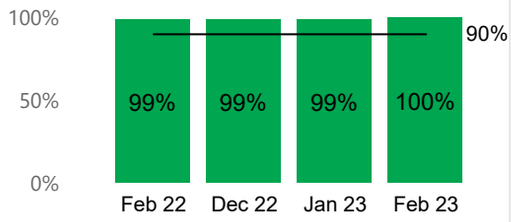


Interest Paid ($)

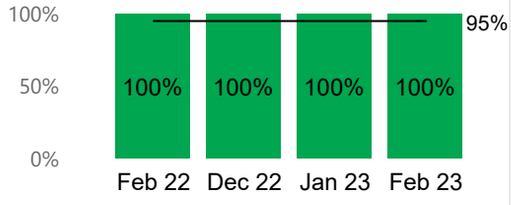


Claims Compliance

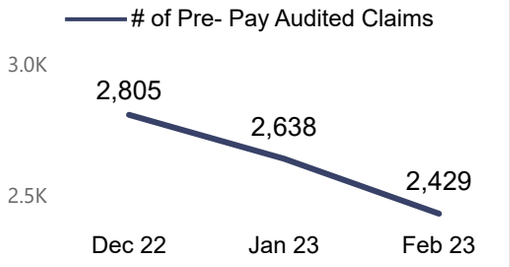
Processed 30 Cal Days (%)



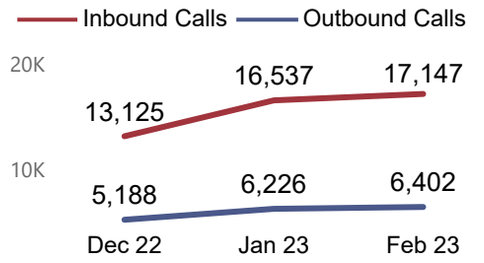
Processed 45 Work Days (%)



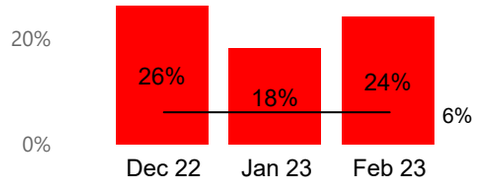
Claims Auditing



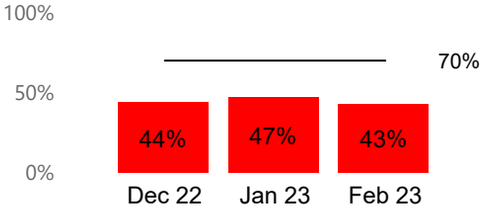
Member Services



Abandoned Call Rate (%)

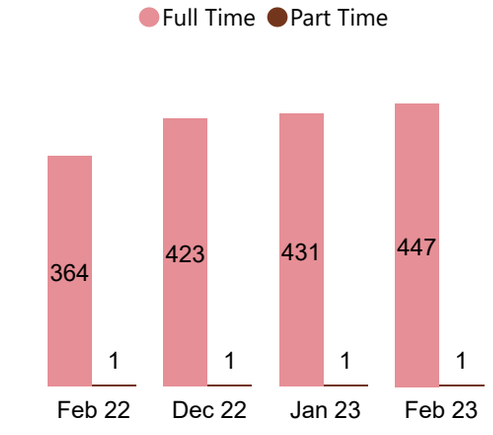


Calls Answered in 60 Seconds (%)

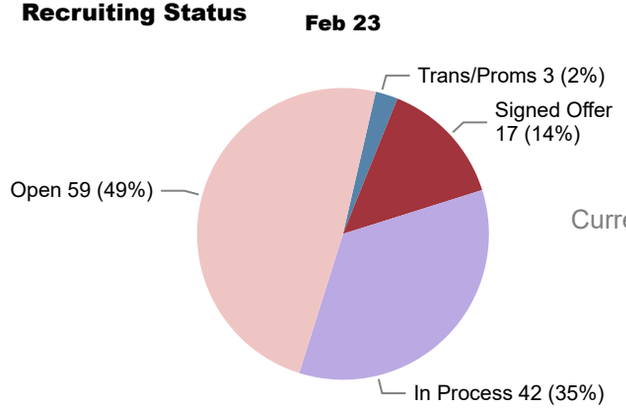


Average Call Times	Dec 22	Jan 23	Feb 23
Wait Time	07:44	04:32	06:07
Call Duration	06:55	06:59	07:09

Human Resources

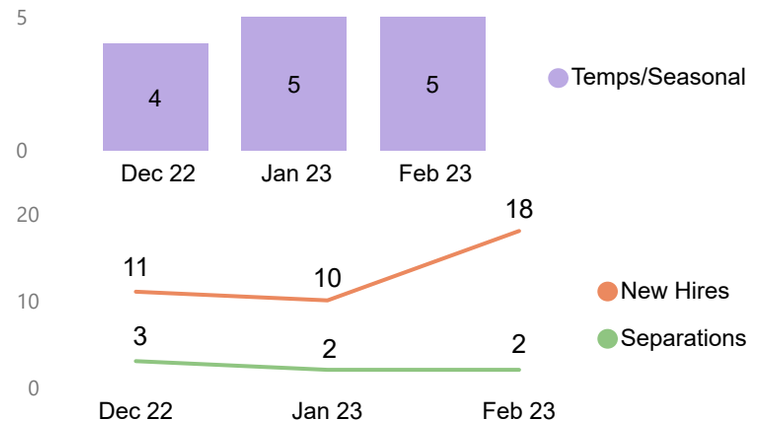


Recruiting Status Feb 23



Current Vacancy

12%



OPERATIONS DASHBOARD

MARCH 2023

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Provider Services

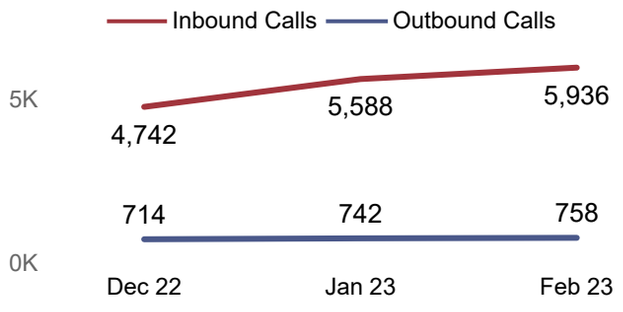
Provider Network

Hospital	17
Specialist	9,644
Primary Care Physician	755
Skilled Nursing Facility	93
Urgent Care	8
Health Centers (FQHCs and Non-FQHCs)	67
Transportation	380
TOTAL	**10,964**

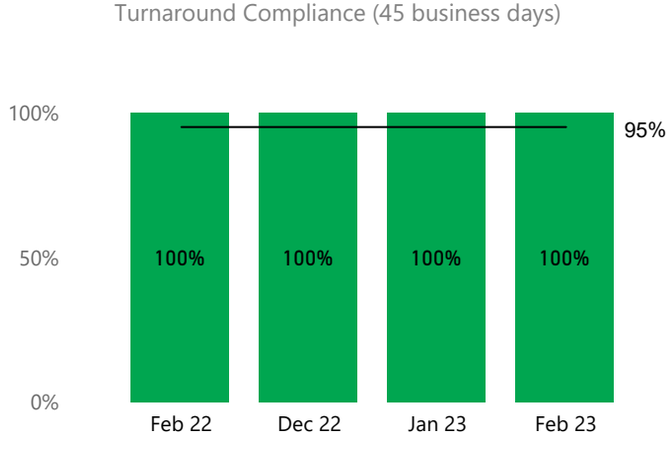
Provider Credentialing

2,085

Provider Call Center

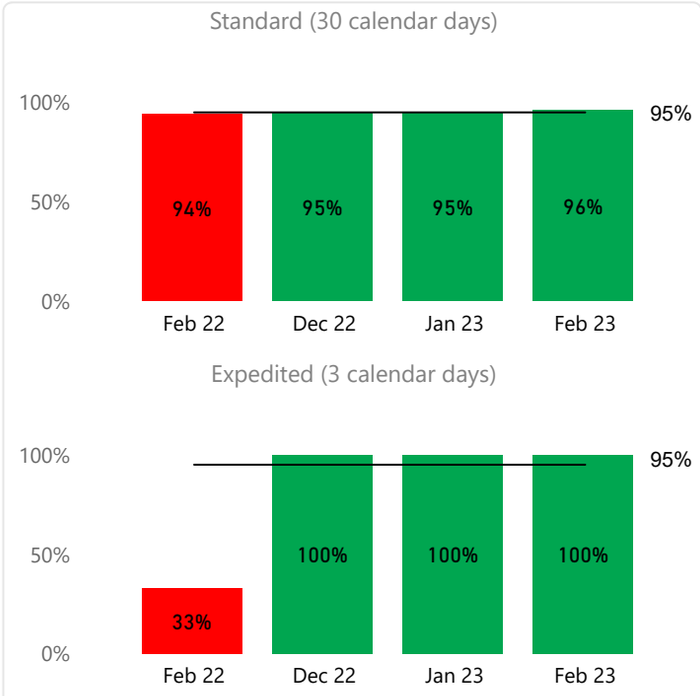


Provider Disputes & Resolutions

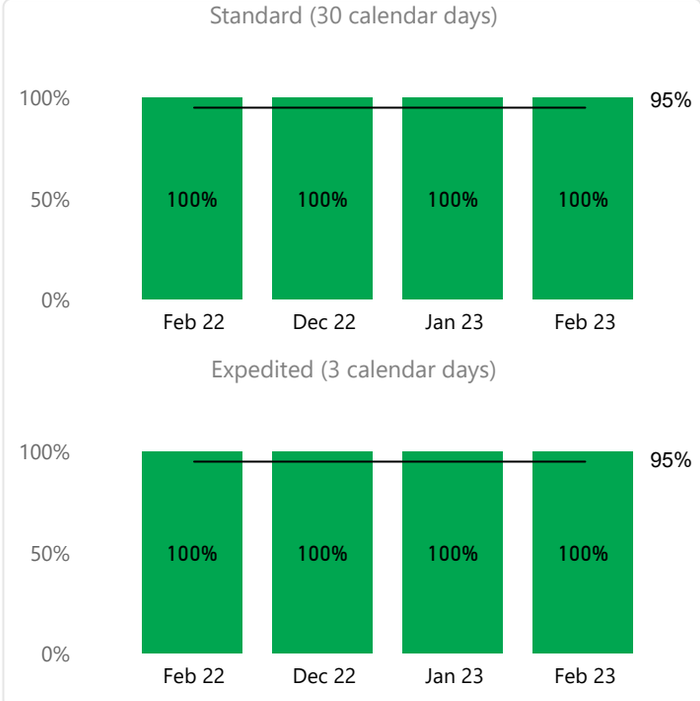


Compliance

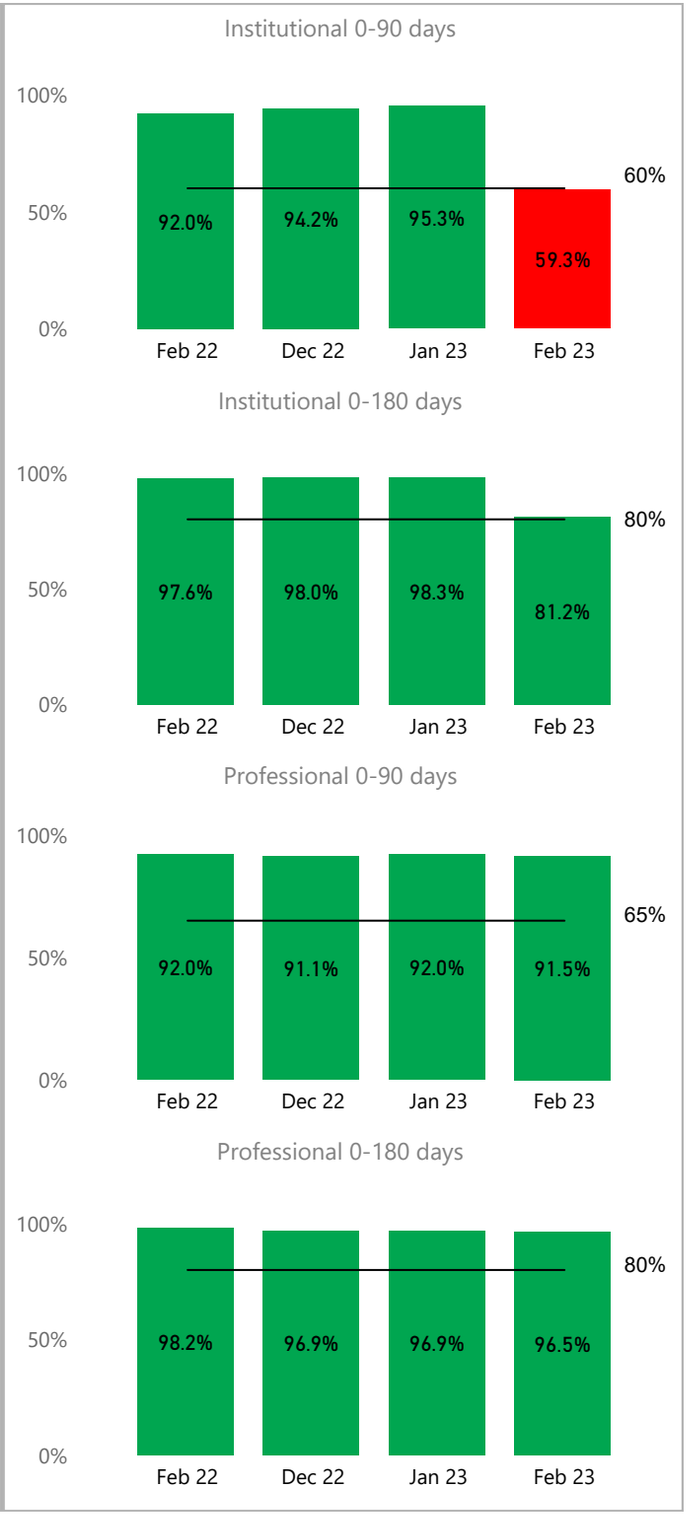
Member Grievances



Member Appeals

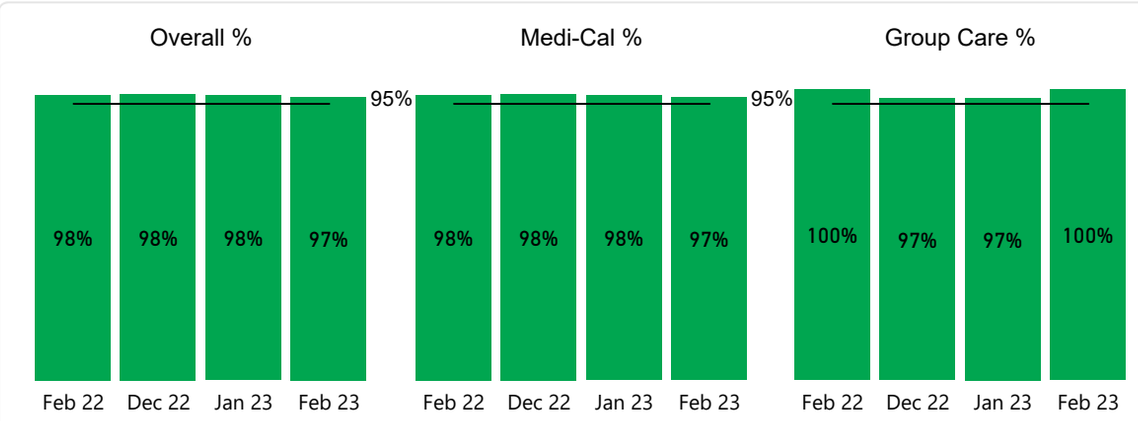


Encounter Data

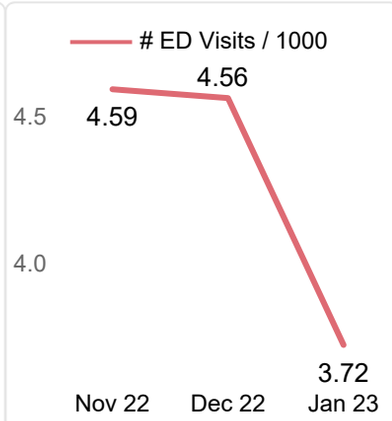


Health Care Services

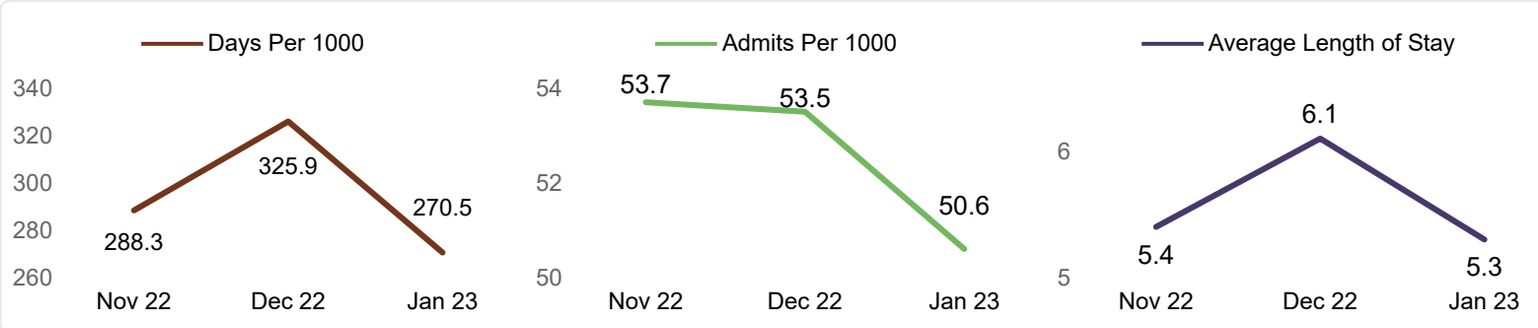
Authorization Turnaround



ED Utilization

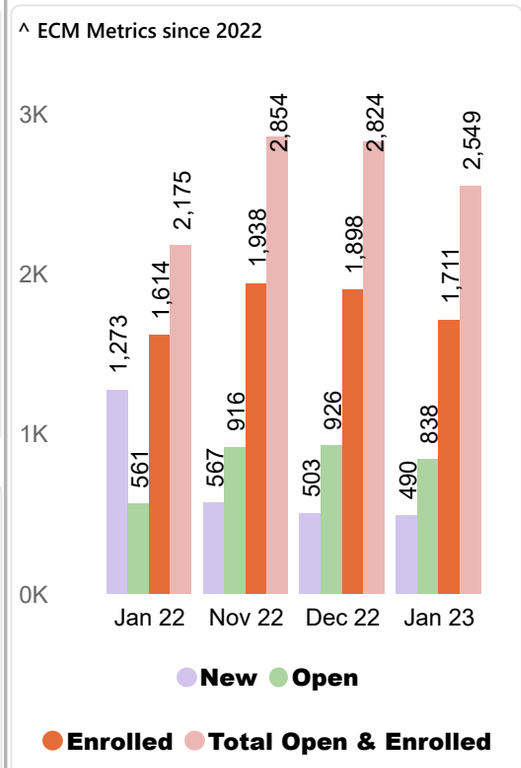


Inpatient Utilization

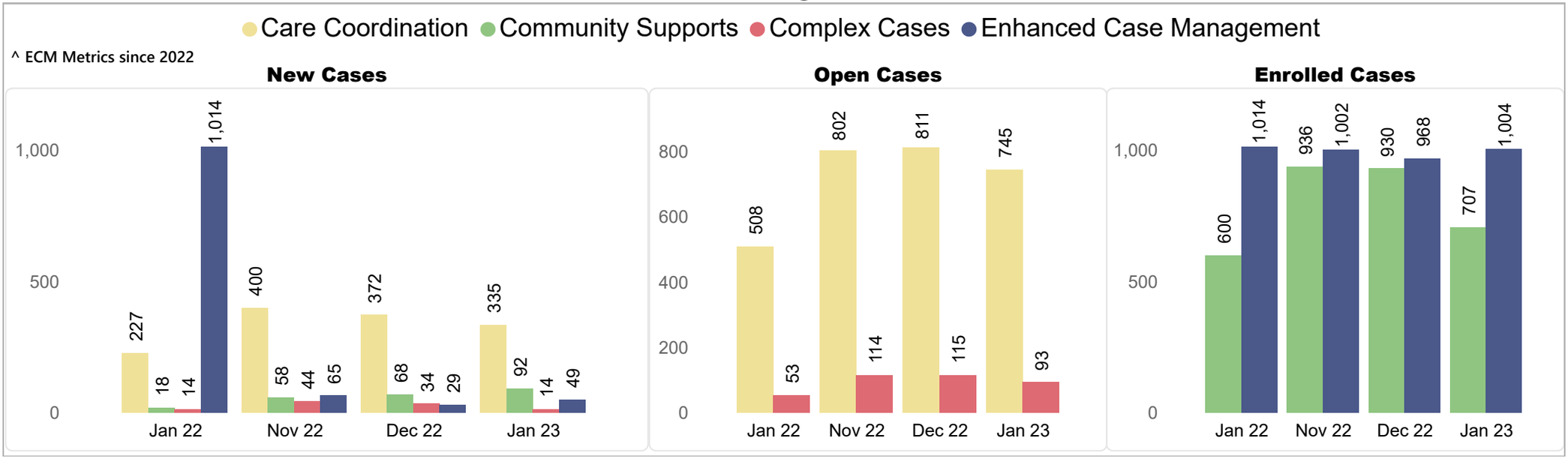


Case Management

Total Cases^



Case Management^



Technology (Business Availability)

Applications	Feb 22	Dec 22	Jan 23	Feb 23
HEALTHsuite System	98.9%	100.0%	100.0%	100.0%
Other Applications	100.0%	100.0%	100.0%	100.0%
TruCare System	100.0%	100.0%	100.0%	100.0%

Outpatient Authorization Denial Rates *

OP Authorization Denial Rates	Feb 22	Dec 22	Jan 23	Feb 23
Denial Rate Excluding Partial Denials (%)	4.0%	3.0%	2.9%	2.9%
Overall Denial Rate (%)	4.5%	3.4%	3.1%	3.1%
Partial Denial Rate (%)	0.6%	0.4%	0.3%	0.3%

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

Pharmacy Authorizations

Authorizations	Feb 22	Dec 22	Jan 23	Feb 23
Approved Prior Authorizations	18	25	28	36
Closed Prior Authorizations	63	77	66	75
Denied Prior Authorizations	25	30	23	18
Total Prior Authorizations	106	132	117	129

ALAMEDA Alliance FOR HEALTH

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Legislative Tracking

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: Introduced: 12/5/2022
Status: 12/6/2022-From printer. May be heard in committee January 5th.
Location: 12/5/2022-A. PRINT

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 PPACA. This bill would declare the intent of the Legislature to enact legislation to expand Covered California access to all Californians regardless of immigration status.

AB 47 **(Boerner Horvath D) Pelvic floor physical therapy coverage.**
Current Text: Introduced: 12/5/2022
Status: 1/26/2023-Referred to Com. on HEALTH.
Location: 1/26/2023-A. 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 contract or health insurance policy issued, amended, or renewed on or after January 1st, 2024, to provide coverage for pelvic floor physical therapy after pregnancy. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program.

AB 48 **(Aguiar-Curry D) Nursing Facility Resident Informed Consent Protection Act of 2023.**
Current Text: Introduced: 12/5/2022
Status: 1/26/2023-Referred to Coms. on HEALTH and JUD.
Location: 1/26/2023-A. 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.

AB 55 **(Rodriguez D) Emergency medical services.**
Current Text: Introduced: 12/5/2022
Status: 1/26/2023-Referred to Com. on HEALTH.
Location: 1/26/2023-A. HEALTH

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

Summary: Current law requires, with exceptions, that the reimbursement to emergency medical transport providers for emergency medical transports, as defined, be increased by application of an add-on to the associated Medi-Cal fee-for-service payment schedule. Current law requires that the add-on increase be calculated on or before June 15th, 2018, and remain the same for later state fiscal years, to the extent the department determines federal financial participation is available and is not otherwise jeopardized. Under current law, the resulting fee-for-service payment schedule amounts are equal to the sum of the Medi-Cal fee-for-service payment schedule amount for the 2015–16 state fiscal year and the add-on increase. This bill would set the Medi-Cal fee-for-service reimbursement rate for emergency medical transports at $350 per transport. Under the bill, the resulting fee-for-service payment schedule amounts would instead be equal to the sum of the Medi-Cal fee-for-service payment schedule amount, based on the $350 rate, and the add-on increase.

AB 85 **(Weber D) Social determinants of health: screening and outreach.**
Current Text: Introduced: 12/16/2022
Status: 1/26/2023-Referred to Com. on HEALTH.
Location: 1/26/2023-A. HEALTH

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

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 require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1st, 2024, to include coverage for screenings for social determinants of health, as defined. The bill would require a health care service plan or health insurer to provide primary care providers with adequate access to community health workers in counties where the health care service plan or health insurer has enrollees or insureds, as specified. The bill would authorize the respective departments to adopt guidance to implement its provisions. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program. The bill would make social determinants of health screenings a covered benefit for Medi-Cal beneficiaries and would require the State Department of Health Care Services to provide reimbursement for those screenings.

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

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

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: 2/14/2023
Last Amend: 2/14/2023
Status: 2/15/2023-Re-referred to Com. on HEALTH.
Location: 1/26/2023-A. HEALTH

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 insurer to annually audit and delete inaccurate listings from its provider directories and would require a provider directory to be 60% accurate on January 1st, 2024, with increasing required percentage accuracy benchmarks to be met each year until the directories are 95% accurate on or before January 1st, 2027. The bill would subject a plan or insurer to administrative penalties for failure to meet the prescribed benchmarks and for each inaccurate listing in its directories. If a plan or insurer has not financially compensated a provider in the prior year, the bill would require the plan or insurer to delete the provider from its directory beginning July 1st, 2024, unless specified criteria applies. 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. 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 365 **(Aguiar-Curry D) Medi-Cal: diabetes management.**
Current Text: Introduced: 2/1/2023
Status: 2/9/2023-Referred to Com. on HEALTH.
Location: 2/9/2023-A. HEALTH

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

Summary: Would add continuous glucose monitors and related supplies required for use with those monitors as a covered benefit under the Medi-Cal program, subject to utilization controls based on clinical practice guidelines, as specified. The bill would authorize the State Department of Health Care Services to require a manufacturer of a continuous glucose monitor to enter into a rebate agreement with the department. The bill would limit its implementation to the extent that any necessary federal approvals are obtained and federal financial participation is not otherwise jeopardized.

AB 425 **(Alvarez D) Medi-Cal: pharmacogenomic testing.**
Current Text: Introduced: 2/6/2023
Status: 2/17/2023-Referred to Com. on HEALTH.
Location: 2/17/2023-A. HEALTH

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 covered benefits under the Medi-Cal program. This bill, the Pharmacogenomics Advancing Total Health for All Act (PATH for All Act), subject to an appropriation, would add pharmacogenomic testing as a covered benefit under Medi-Cal, as specified. The bill would define pharmacogenomic testing as laboratory genetic testing, by a

laboratory with specified licensing, accreditation, and certification, to identify how a person's genetics may impact the efficacy, toxicity, and safety of medications. The bill would cover the benefit under Medi-Cal if a medication, as defined, is being considered for use, or is already being administered, and is approved for use, in treating a Medi-Cal beneficiary's condition and is known to have a gene-drug or drug-drug-gene interaction that has been demonstrated to be clinically actionable, as specified, if the test is ordered by an enrolled Medi-Cal clinician or pharmacist.

AB 483 **(Muratsuchi D) Local educational agency: Medi-Cal billing option.**
Current Text: Introduced: 2/7/2023
Status: 2/17/2023-Referred to Com. on HEALTH.
Location: 2/17/2023-A. HEALTH

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

Summary: Current law establishes the Administrative Claiming process under which the State Department of Health Care Services is authorized to contract with local governmental agencies and local educational consortia for the purpose of obtaining federal matching funds to assist with the performance of administrative activities relating to the Medi-Cal program that are provided by a local governmental agency or local educational agency (LEA). Current law requires the department to engage in specified activities relating to the LEA Medi-Cal Billing Option, including amending the Medicaid state plan to ensure that schools are reimbursed for all eligible services, consulting with specified entities in formulating state plan amendments, examining methodologies for increasing school participation in the LEA Medi-Cal Billing Option, and conducting an audit of a Medi-Cal Billing Option claim consistent with prescribed requirements, such as generally accepted accounting principles. Current law requires the department to file an annual report with the Legislature that includes, among other things, a summary of department activities. This bill would require the department 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 1st, 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.

AB 488 **(Nguyen, Stephanie D) Medi-Cal: skilled nursing facilities: vision loss.**
Current Text: Introduced: 2/7/2023
Status: 2/17/2023-Referred to Com. on HEALTH.
Location: 2/17/2023-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 Health Care Services, subject to any necessary federal approvals, for managed care rating periods that begin between January 1st, 2023, and December 31st, 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 564 **(Villapudua D) Medi-Cal enrollment.**
Current Text: Introduced: 2/8/2023
Status: 2/17/2023-Referred to Com. on HEALTH.
Location: 2/17/2023-A. HEALTH

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

Summary: Current law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. Current department regulations require an applicant or provider to meet specified standards and to submit a completed application package on specified forms as a condition for enrollment, continued enrollment, or enrollment at a new location or a change in location, and requires these forms to contain, among other things, an original signature in ink. This bill would require the department to allow applicants or providers to submit electronic signatures for all enrollment forms, including, but not limited to, claims and remit forms, in the Medi-Cal program.

AB 576 **(Weber D) Medi-Cal: reimbursement for abortion.**
Current Text: Introduced: 2/8/2023
Status: 2/17/2023-Referred to Com. on HEALTH.
Location: 2/17/2023-A. HEALTH

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

Summary: Current law provides that abortion is a covered benefit under Medi-Cal. Existing regulation authorizes reimbursement for specified medications used to terminate a pregnancy through the 70th day from the first day of the recipient's last menstrual period. This bill would require the department to fully reimburse providers for the provision of medication to terminate a pregnancy that aligns with clinical guidelines, evidence-based research, and the discretion of the provider.

AB 586 **(Calderon D) Medi-Cal: community supports: climate change remediation.**
Current Text: Introduced: 2/9/2023
Status: 2/17/2023-Referred to Com. on HEALTH.
Location: 2/17/2023-A. HEALTH

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

Summary: Current law, subject to 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 are 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 deposits, environmental accessibility adaptations or home modifications, and asthma remediation. This bill would add climate change remediation to the above-described list of community supports. For purposes of these provisions, the bill would define “climate change remediation” as coverage of devices and installation of those devices, as necessary, to address health-related complications, barriers, or other factors linked to extreme weather or other climate events, including air conditioners, heaters, air filters, or generators, among other specified devices for certain purposes.

AB 608 **(Schiavo D) Medi-Cal: comprehensive perinatal services.**
Current Text: Introduced: 2/9/2023
Status: 2/17/2023-Referred to Com. on HEALTH.
Location: 2/17/2023-A. HEALTH

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 post pregnancy eligibility period, and as part of comprehensive perinatal services under Medi-Cal, would require the department to cover additional comprehensive perinatal assessments and individualized care plans and to provide additional visits and units of services in an amount, duration, and scope that are at least proportional to those available on July 27th, 2021, during pregnancy and the initial 60-day post pregnancy period in effect on that date. The bill would require the department to collaborate with the State Department of Public Health and a broad stakeholder group to determine the specific number of additional comprehensive perinatal assessments, individualized care plans, visits, and units of services to be covered.

AB 614 **(Wood D) Medi-Cal.**
Current Text: Introduced: 2/9/2023
Status: 2/17/2023-Referred to Com. on HEALTH.
Location: 2/17/2023-A. 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 719 **(Boerner Horvath D) Medi-Cal benefits.**
Current Text: Introduced: 2/13/2023
Status: 2/23/2023-Referred to Com. on HEALTH.
Location: 2/23/2023-A. HEALTH

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

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 State Department of Health Care Services 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 service.

AB 722 **(Bonta D) Alameda Health System Hospital Authority.**
Current Text: Introduced: 2/13/2023
Status: 2/23/2023-Referred to Com. on L. GOV.
Location: 2/23/2023-A. L. GOV.

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

Summary: Current law prohibits the Alameda Health System Hospital Authority, before January 1st, 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 indefinitely the authority's ability to enter into those contracts.

AB 847 **(Rivas, Luz D) Medi-Cal: pediatric palliative care services.**
Current Text: Introduced: 2/14/2023
Status: 2/15/2023-From printer. May be heard in committee March 17.
Location: 2/14/2023-A. PRINT

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 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 31st, 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 state the intent of the Legislature to enact legislation that would enhance the scope of pediatric palliative care services that have been transitioned from the PPC Waiver to the EPSDT benefit, under the Medi-Cal program.

AB 931 **(Irwin D) Prior authorization: physical therapy.**
Current Text: Introduced: 2/14/2023
Status: 2/23/2023-Referred to Com. on HEALTH.

Location: 2/23/2023-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 health insurance policy issued, amended, or renewed on or after January 1st, 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 1022 **(Mathis R) Medi-Cal: Program of All-Inclusive Care for the Elderly.**
Current Text: Introduced: 2/15/2023
Status: 3/2/2023-Referred to Com. on HEALTH.
Location: 3/2/2023-A. HEALTH

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

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 and 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 1085 **(Maienschein D) Medi-Cal: housing support services.**
Current Text: Introduced: 2/15/2023
Status: 2/23/2023-Referred to Com. on HEALTH.
Location: 2/23/2023-A. HEALTH

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

Summary: Current law, subject to 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 are 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 take into consideration specified information, including the number of providers in relation to each

region's or county's number of people experiencing homelessness. Existing law requires the department to report the outcomes of the analysis to the Legislature by January 1st, 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
Status: 3/2/2023-Referred to Coms. on HEALTH and JUD.
Location: 3/2/2023-A. HEALTH

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

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 1st, 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 1202 **(Lackey R) Medi-Cal: time or distance standards: children's health care services.**
Current Text: Introduced: 2/16/2023
Status: 3/2/2023-Referred to Com. on HEALTH.
Location: 3/2/2023-A. HEALTH

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

Summary: Current law establishes, until January 1st, 2026, certain time or distance and appointment time standards for specified Medi-Cal managed care covered services, consistent with federal regulations relating to network adequacy standards, to ensure that those services are available and accessible to enrollees of Medi-Cal managed care plans in a timely manner, as specified. Current law sets forth various limits on the number of miles or minutes from the enrollee's place of residence, depending on the type of service or specialty and, in some cases, on the county. Current law authorizes a Medi-Cal managed care plan to use clinically appropriate video synchronous interaction as a means of demonstrating compliance with those standards. Current law authorizes the State Department of Health Care Services, upon request of a Medi-Cal managed care plan, to authorize alternative access standards for those standards under certain conditions, with the request being approved or denied on ZIP Code and provider type basis, as specified. This bill would require the department to conduct an analysis to identify the number of Medi-Cal providers needed to ensure adequate access to children's health care services, through compliance by Medi-Cal managed care plans with the above-described time or distance and appointment time standards across all service areas or counties of the state.

AB 1316 **(Irwin D) Emergency services: psychiatric emergency medical conditions.**
Current Text: Introduced: 2/16/2023

Status: 3/2/2023-Referred to Coms. on HEALTH and JUD.
Location: 3/2/2023-A. HEALTH

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 is 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 1338 **(Petrie-Norris D) Medi-Cal: community supports.**
Current Text: Introduced: 2/16/2023
Status: 3/2/2023-Referred to Com. on HEALTH.
Location: 3/2/2023-A. HEALTH

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

Summary: The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Current law, subject to 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 are 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. This bill would add fitness, physical activity, recreational sports, and mental wellness memberships to the above-described list of community supports.

AB 1451 **(Jackson D) Behavioral health crisis treatment.**
Current Text: Introduced: 2/17/2023
Status: 2/17/2023-Read first time. To print. From printer. May be heard in committee March 20.
Location: 2/17/2023-A. PRINT

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

Summary: This bill would require a health care service plan contract or health insurance policy issued, amended, renewed, or delivered on or after January 1st, 2024, to provide coverage for treatment of a behavioral health crisis that is identified during an appointment at a contracted facility where an enrollee or insured is receiving treatment from a contracted provider for a medical condition, as specified. The bill would authorize treatment for the behavioral health crisis to be provided at the contracted facility, if the facility has the appropriate staff to provide that care. The bill would require the treatment to be provided without preauthorization and would authorize the provider or facility to use same-day billing to obtain reimbursement for both the medical and behavioral health services provided to the enrollee or insured. 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 1481 **(Boerner Horvath D) Medi-Cal: pregnant individuals or targeted low-income children.**
Current Text: Introduced: 2/17/2023
Status: 2/18/2023-From printer. May be heard in committee March 20.
Location: 2/17/2023-A. PRINT

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 comprehensive perinatal services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would make technical, nonsubstantive changes to one of those provisions. This bill contains other existing laws.

AB 1644 **(Bonta D) Medi-Cal: medically supportive food and nutrition services.**
Current Text: Introduced: 2/17/2023
Status: 2/18/2023-From printer. May be heard in committee March 20.
Location: 2/17/2023-A. PRINT

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. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would state the intent of the Legislature to enact legislation that would, on and after July 1st, 2025, make medically supportive food and nutrition services a covered benefit for all eligible beneficiaries under the Medi-Cal program, as specified. This bill contains other existing laws.

AB 1690 **(Kalra D) Universal health care coverage.**
Current Text: Introduced: 2/17/2023
Status: 2/18/2023-From printer. May be heard in committee March 20.
Location: 2/17/2023-A. PRINT

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 1698 **(Wood D) Medi-Cal.**
Current Text: Introduced: 2/17/2023
Status: 2/18/2023-From printer. May be heard in committee March 20.
Location: 2/17/2023-A. PRINT

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.

SB 43 **(Eggman D) Behavioral health.**
Current Text: Amended: 2/28/2023
Last Amend: 2/28/2023
Status: 2/28/2023-From committee with author's amendments. Read second time and amended. Re-referred to Com. on RLS.
Location: 12/5/2022-S. RLS.

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 that will result in substantial risk of serious harm to the physical or mental health of a person due to a mental health disorder or a substance use disorder. The bill defines “serious harm” for purposes of these provisions to mean significant deterioration, debilitation, or illness due to a person’s inability to carry out specified tasks, 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: Introduced: 1/9/2023
Status: 1/18/2023-Referred to Com. on HEALTH.
Location: 1/18/2023-S. HEALTH

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 expand the above-described prohibitions to prohibit limiting or excluding coverage of a dose of a drug or dosage form and would apply these prohibitions to a prescription drug that is prescribed for off-label use. The bill would prohibit a health care service plan contract from requiring additional cost sharing not already imposed for a drug that was previously approved for coverage. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

SB 72 **(Skinner D) Budget Act of 2023.**
Current Text: Introduced: 1/10/2023
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 238 **(Wiener D) Health care coverage: independent medical review.**
Current Text: Introduced: 1/24/2023
Status: 2/1/2023-Referred to Com. on HEALTH.
Location: 2/1/2023-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 regulation of disability insurers by the Department of Insurance. Current law establishes the Independent Medical Review System within each department, under which an enrollee or insured may seek review if a health care service has been denied, modified, or delayed by a health care service plan or disability insurer and the enrollee or insured has previously filed a grievance that remains unresolved after 30 days. This bill would require a decision regarding a disputed health care service to be automatically submitted to the relevant Independent Medical Review System if the decision is to deny, modify, or delay specified mental health care services for an enrollee or insured 0 to 21 years of age, inclusive.

SB 282 **(Eggman D) Medi-Cal: federally qualified health centers and rural health clinics.**
Current Text: Introduced: 2/1/2023
Status: 2/9/2023-Referred to Com. on RLS.
Location: 2/1/2023-S. RLS.

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

Summary: Current law establishes the 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. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would make technical, nonsubstantive changes to these provisions.

SB 299 **(Eggman D) Medi-Cal eligibility: redetermination.**
Current Text: Introduced: 2/2/2023
Status: 2/15/2023-Referred to Com. on HEALTH.
Location: 2/15/2023-S. HEALTH

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

Summary: Current law generally requires a county to redetermine a Medi-Cal beneficiary's eligibility to receive Medi-Cal benefits every 12 months and whenever the county receives information about changes in a beneficiary's circumstances that may affect their eligibility for Medi-Cal benefits. In response to a change in circumstances, if a county cannot obtain sufficient information to redetermine eligibility, existing law requires the county to send to the beneficiary a form that is prepopulated with the information that the county has obtained and that states the information needed to renew eligibility. Under current law, if the purpose for a

redetermination is loss of contact with the beneficiary, as evidenced by the return of mail, as specified, a return of the prepopulated form requires the county to immediately send a notice of action terminating Medi-Cal eligibility. This bill would delete the above-described requirement for a county to send a notice of action terminating eligibility if the prepopulated form is returned and the purpose for the redetermination is loss of contact with the beneficiary. To the extent that the bill would modify county duties relating to the redetermination of Medi-Cal eligibility, the bill would impose a state-mandated local program.

SB 311 **(Eggman D) Medi-Cal: Part A buy-in.**
Current Text: Introduced: 2/6/2023
Status: 2/15/2023-Referred to Com. on HEALTH.
Location: 2/15/2023-S. 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 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 1st, 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: prior authorization.**
Current Text: Introduced: 2/6/2023
Status: 2/15/2023-Referred to Com. on HEALTH.
Location: 2/15/2023-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, delivered, or renewed on or after January 1st, 2024, from requiring prior authorization or other utilization review for laparoscopic surgery for endometriosis. 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 496 **(Limón D) Biomarker testing.**
Current Text: Introduced: 2/14/2023
Status: 2/22/2023-Referred to Com. on HEALTH.
Location: 2/22/2023-S. HEALTH

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 or health insurance policy issued, amended, or renewed on or after July 1st, 2024, to provide coverage for biomarker testing, including whole genome sequencing, for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's or insured's disease or condition 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 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.

SB 502 **(Allen D) Medi-Cal: children: mobile optometric office.**
Current Text: Introduced: 2/14/2023
Status: 2/22/2023-Referred to Com. on HEALTH.
Location: 2/22/2023-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, subject to an appropriation, 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. This bill contains other related provisions and other existing laws.

SB 598 **(Skinner D) Health care coverage: prior authorization.**
Current Text: Introduced: 2/15/2023
Status: 2/22/2023-Referred to Com. on HEALTH.
Location: 2/22/2023-S. HEALTH

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

Summary: Would, on or after January 1st, 2025, prohibit a health care service plan or health insurer from requiring a contracted health professional to complete or obtain a prior authorization for any 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. 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 694 **(Eggman D) Medi-Cal: self-measured blood pressure devices and services.**
Current Text: Introduced: 2/16/2023
Status: 3/1/2023-Referred to Com. on HEALTH.
Location: 3/1/2023-S. HEALTH

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

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: Introduced: 2/17/2023
Status: 3/1/2023-Referred to Com. on HEALTH.
Location: 3/1/2023-S. HEALTH

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

Summary: Would require a health care service plan contract or health insurance policy that is issued, amended, or renewed on or after January 1st, 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 health 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 health insurer from placing different conditions or coverage limitations on fertility medications or services, or the diagnosis and treatment of infertility and fertility services, than would apply to other conditions, as specified. With respect to a health care service plan, the bill would not apply to Medi-Cal managed care health care service plan contracts or any entity that enters into a contract with the State Department of Health Care Services for the delivery of health care services pursuant to specified provisions.

ALAMEDA Alliance FOR HEALTH

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Service you can trust.

Board Business

Ralph M. Brown Act: Remote Participation Rules Post-Pandemic

Alameda Alliance for Health
Legal Services Department
March 10th, 2023

ALAMEDA Alliance FOR HEALTH

- Alliance Board of Governors (Board) and Standing Committees meetings:
  - Subject to the Brown Act
- Post COVID: Primarily remote meetings
  - Exec. Orders allowed remote
  - Assembly Bill (AB) 361
    - → Remote meetings allowed
    - → State of Emergency (SOE) that recommends social distancing.
- COVID-19 SOE ended on February 28th, 2023
  - 100% remote participation ended

Alliance Standing Committees Subject to Brown Act

- Compliance Advisory Committee
- Member Advisory Committee (MAC)
- Executive Committee
- Finance Committee
- Health Care Quality Committee (HCQC)
- Pharmacy & Therapeutics (P&T) Committee
- Strategic Planning Committee

- As of January 1st, 2023 - allows *some* remote participation
  - Fewer restrictions than pre-pandemic
  - More restrictions than under AB 361
- Quorum of Members required in person at meetings:
  - ***At single location***
  - ***Identified on the agenda***
  - ***In Alameda County, and***
  - ***Open to the public***
- Members can be remote only if:
  - ***"Just Cause" or "Emergency Circumstances"***
  - If one of above exceptions is met, remote member ***does not*** have to:
    - → List remote location on agenda.
    - → Post agenda at remote location.
    - → Make remote location publicly accessible.

- A member must attend remotely due to:
  - Childcare or caregiving of a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner;
  - Contagious illness;
  - Need related to a physical or mental disability; or
  - Travel while on business of the Alliance or another state or local agency.

- Member must:
  - Notify Board/Committee at earliest opportunity
  - Provide a general description of reason.

- "A physical or family medical emergency that prevents a member from attending in person."

- Member must:
  - Request permission from Board/Committee
  - Provide general description of circumstances
    - → No personal/medical information required

  - To utilize this exception, the Board/Committee must:
    - → *Take action* to approve request by *majority vote*.

- Members can participate in meetings remotely if:
  - Sick
  - Potentially Contagious
  - Other emergency circumstances preventing in-person attendance.

- Members *may not* participate remotely:
  - For *more than three consecutive months* ***or***
  - *20% of regular meetings in a calendar year* (e.g., two meetings).

- Members must:
  - Use audio and visual technology
  - Publicly disclose whether any individual over age 18 is present

Participation Pursuant to Traditional Brown Act Rules

Q: If member needs to participate remotely and doesn't qualify under an AB 2449 exception, or reached limit on use?

A: Member can participate remotely using traditional (pre-pandemic) Brown Act Rules. This includes:

- Listing remote location on agenda
  - Provided to Board Clerk or Committee Chair at least one week before the meeting
- Posting an agenda at remote location (e.g., on door)
- Making remote location publicly accessible (during meeting)

Thanks!

Questions?

Contact:

DeptLegal@alamedaalliance.org

ALAMEDA Alliance FOR HEALTH

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

FORM 700

2022-2023 Statement of Economic Interests

Form 700

A Public Document

Table of Contents

Helpful Resources

- Video Tutorials
- Reference Pamphlet
- Excel Version
- FAQs
- Gift and Travel Fact Sheet for State and Local Officials

California Fair Political Practices Commission

1102 Q Street, Suite 3000 • Sacramento, CA 95811
Email Advice: advice@fppc.ca.gov
Toll-free advice line: 1 (866) ASK-FPPC • 1 (866) 275-3772
Telephone: (916) 322-5660 • Website: www.fppc.ca.gov

December 2022

Quick Start Guide

Detailed instructions begin on page 3.

WHEN IS THE ANNUAL STATEMENT DUE?

- March 1 – Elected State Officers, Judges and Court Commissioners, State Board and Commission members listed in Government Code Section 87200
- April 1 – Most other filers

WHERE DO I FILE?

Most people file the Form 700 with their agency. If you're not sure where to file your Form 700, contact your filing officer or the person who asked you to complete it.

ITEMS TO NOTE!

- The Form 700 is a public document.
- Only filers serving in active military duty may receive an extension on the filing deadline.
- You must also report interests held by your spouse or registered domestic partner.
- Your agency's conflict of interest code will help you to complete the Form 700. You are encouraged to get your conflict of interest code from the person who asked you to complete the Form 700.

NOTHING TO REPORT?

Mark the "No reportable interests" box on Part 4 of the Cover Page, and submit only the signed Cover Page. Please review each schedule carefully!

Schedule	Common Reportable Interests	Common Non-Reportable Interests
A-1: Investments	Stocks, including those held in an IRA or 401K. Each stock must be listed.	Insurance policies, government bonds, diversified mutual funds, funds similar to diversified mutual funds.
A-2: Business Entitites/Trusts	Business entities, sole proprietorships, partnerships, LLCs, corporations and trusts. (e.g., Form 1099 filers).	Savings and checking accounts, cryptocurrency, and annuities.
B: Real Property	Rental property in filer's jurisdiction, or within two miles of the boundaries of the jurisdiction.	A residence used exclusively as a personal residence (such as a home or vacation property).
C: Income	Non-governmental salaries. Note that filers are required to report only half of their spouse's or partner's salary.	Governmental salary (from school district, for example).
D: Gifts	Gifts from businesses, vendors, or other contractors (meals, tickets, etc.).	Gifts from family members.
E: Travel Payments	Travel payments from third parties (not your employer).	Travel paid by your government agency.

Note: Like reportable interests, non-reportable interests may also create conflicts of interest and could be grounds for disqualification from certain decisions.

QUESTIONS?

- advice@fppc.ca.gov
- (866) 275-3772 Mon-Thurs, 9-11:30 a.m.

E-FILING ISSUES?

- If using your agency's system, please contact technical support at your agency.
- If using FPPC's e-filing system, write to form700@fppc.ca.gov.

What's New

Gift Limit Increase

The gift limit increased to **$520** for calendar years **2021** and **2022**.

Who must file:

- Elected and appointed officials and candidates listed in Government Code Section 87200
- Employees, appointed officials, and consultants filing pursuant to a conflict of interest code ("code filers"). **Obtain your disclosure categories, which describe the interests you must report, from your agency;** they are not part of the Form 700
- Candidates running for local elective offices that are designated in a conflict of interest code (e.g., county sheriffs, city clerks, school board trustees, and water board members)

Exception:

- Candidates for a county central committee are not required to file the Form 700
- Employees in newly created positions of existing agencies

For more information, see Reference Pamphlet, page 3, at *www.fppc.ca.gov.*

Where to file:

87200 Filers

State offices	➲	Your agency
Judicial offices	➲	The clerk of your court
Retired Judges	➲	Directly with FPPC
County offices	➲	Your county filing official
City offices	➲	Your city clerk
Multi-County offices	➲	Your agency

Code Filers — State and Local Officials, Employees, and Consultants Designated in a Conflict of Interest

Code: File with your agency, board, or commission unless otherwise specified in your agency's code (e.g., Legislative staff files directly with FPPC). In most cases, the agency, board, or commission will retain the statements.

Members of Newly Created Boards and Commissions: File with your agency or with your agency's code reviewing body pursuant to Regulation 18754.

Employees in Newly Created Positions of Existing Agencies: File with your agency or with your agency's code reviewing body. (See Reference Pamphlet, page 3.)

Candidates file as follow:

State offices, Judicial offices and multi-county offices	➲	County elections official with whom you file your declaration of candidacy
County offices	➲	County elections official
City offices	➲	City Clerk
Public Employee's Retirement System (CalPERS)	➲	CalPERS
State Teacher's Retirement Board (CalSTRS)	➲	CalSTRS

How to file:

The Form 700 is available at *www.fppc.ca.gov*. Form 700 schedules are also available in Excel format. Each Statement must have a handwritten "wet" signature or "secure electronic signature," meaning either (1) a signature submitted using an approved electronic filing system or (2) if permitted by the filing officer, a digital signature submitted via the filer's agency email address. (See Regulations 18104 and 18757.) Companies such as Adobe and DocuSign offer digital signature services. All statements are signed under the penalty of perjury and must be verified by the filer. See Regulation 18723.1(c) for filing instructions for copies of expanded statements.

When to file:

Annual Statements

➲ **March 1, 2023**

- Elected State Officers
- Judges and Court Commissioners
- State Board and State Commission Members listed in Government Code Section 87200

➲ **April 3, 2023**

- Most other filers

Individuals filing under conflict of interest codes in city and county jurisdictions should verify the annual filing date with their filing official or filing officer.

Statements postmarked by the filing deadline are considered filed on time.

Statements of 30 pages or less may be emailed or faxed by the deadline as long as the originally signed paper version is sent by first class mail to the filing official within 24 hours.

Assuming Office and Leaving Office Statements

Most filers file within 30 days of assuming or leaving office or within 30 days of the effective date of a newly adopted or amended conflict of interest code.

Exception:

If you assumed office between October 1, 2022, and December 31, 2022, and filed an assuming office statement, you are not required to file an annual statement until March 1, 2024, or April 1, 2024, whichever is applicable. The annual statement will cover the day after you assumed office through December 31, 2023. (See Reference Pamphlet, page 6, for additional exceptions.

Candidate Statements

File no later than the final filing date for the declaration of candidacy or nomination documents. A candidate statement is not required if you filed an assuming office or annual statement for the same jurisdiction within 60 days before filing a declaration of candidacy or other nomination documents.

Late Statements

There is no provision for filing deadline extensions unless the filer is serving in active military duty. (See page 19 for information on penalties and fines.)

Amendments

Statements may be amended at any time. You are only required to amend the schedule that needs to be revised. It is not necessary to amend the entire filed form. The amended schedule(s) is attached to your original filed statement. Obtain amendment schedules at *www.fppc.ca.gov.*

Types of Statements

Assuming Office Statement:

If you are a newly appointed official or are newly employed in a position designated, or that will be designated, in a state or local agency's conflict of interest code, your assuming office date is the date you were sworn in or otherwise authorized to serve in the position. If you are a newly elected official, your assuming office date is the date you were sworn in.

- Report: Investments, interests in real property, and business positions held on the date you assumed the office or position must be reported. In addition, income (including loans, gifts, and travel payments) received during the 12 months prior to the date you assumed the office or position.

For positions subject to confirmation by the State Senate or the Commission on Judicial Appointments, your assuming office date is the date you were appointed or nominated to the position.

- Example: Maria Lopez was nominated by the Governor to serve on a state agency board that is subject to state Senate confirmation. The assuming office date is the date Maria's nomination is submitted to the Senate. Maria must report investments, interests in real property, and business positions Maria holds on that date, and income (including loans, gifts, and travel payments) received during the 12 months prior to that date.

If your office or position has been added to a newly adopted or newly amended conflict of interest code, use the effective date of the code or amendment, whichever is applicable.

- Report: Investments, interests in real property, and business positions held on the effective date of the code or amendment must be reported. In addition, income (including loans, gifts, and travel payments) received during the 12 months prior to the effective date of the code or amendment.

Annual Statement:

Generally, the period covered is January 1, 2022, through December 31, 2022. If the period covered by the statement is different than January 1, 2022, through December 31, 2022, (for example, you assumed office between October 1, 2021, and December 31, 2021 or you are combining statements), you must specify the period covered.

- Investments, interests in real property, business positions held, and income (including loans, gifts, and travel payments) received during the period covered by the statement must be reported. Do not change the preprinted dates on Schedules A-1, A-2, and B unless you are required to report the acquisition or disposition of an interest that did not occur in 2022.
- If your disclosure category changes during a reporting period, disclose under the old category until the effective date of the conflict of interest code amendment and disclose under the new disclosure category through the end of the reporting period.

Leaving Office Statement:

Generally, the period covered is January 1, 2022, through the date you stopped performing the duties of your position. If the period covered differs from January 1, 2022, through the date you stopped performing the duties of your position (for example, you assumed office between October 1, 2021, and December 31, 2021, or you are combining statements), the period covered must be specified. The reporting period can cover parts of two calendar years.

- Report: Investments, interests in real property, business positions held, and income (including loans, gifts, and travel payments) received during the period covered by the statement. Do not change the preprinted dates on Schedules A-1, A-2, and B unless you are required to report the acquisition or disposition of an interest that did not occur in 2022.

Candidate Statement:

If you are filing a statement in connection with your candidacy for state or local office, investments, interests in real property, and business positions held on the date of filing your declaration of candidacy must be reported. In addition, income (including loans, gifts, and travel payments) received during the 12 months prior to the date of filing your declaration of candidacy is reportable. Do not change the preprinted dates on Schedules A-1, A-2, and B.

Candidates running for local elective offices (e.g., county sheriffs, city clerks, school board trustees, or water district board members) must file candidate statements, as required by the conflict of interest code for the elected position. The code may be obtained from the agency of the elected position.

Amendments:

If you discover errors or omissions on any statement, file an amendment as soon as possible. You are only required to amend the schedule that needs to be revised; it is not necessary to refile the entire form. Obtain amendment schedules from the FPPC website at *www.fppc.ca.gov.*

Note: Once you file your statement, you may not withdraw it. All changes must be noted on amendment schedules.

Expanded Statement:

If you hold multiple positions subject to reporting requirements, you may be able to file an expanded statement for each position, rather than a separate and distinct statement for each position. The expanded statement must cover all reportable interests for all jurisdictions and list all positions on the Form 700 or on an attachment for which it is filed. The rules and processes governing the filing of an expanded statement are set forth in Regulation 18723.1.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) **(FIRST)** **(MIDDLE)**

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

☐ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement *(Check at least one box)*

☐ **Annual:** The period covered is January 1, **2022,** through December 31, **2022**.

-or-

The period covered is _____/_____/_____, through December 31, **2022**.

☐ **Assuming Office:** Date assumed _____/_____/_____

☐ **Leaving Office:** Date Left _____/_____/_____
(Check one circle.)

☐ The period covered is January 1, **2022**, through the date of leaving office.

-or-

☐ The period covered is _____/_____/_____, through the date of leaving office.

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► ***Total number of pages including this cover page:*** _____

Schedules attached

☐ **Schedule A-1 -** *Investments* – schedule attached

☐ **Schedule A-2 -** *Investments* – schedule attached

☐ **Schedule B -** *Real Property* – schedule attached

☐ **Schedule C -** *Income, Loans, & Business Positions* – schedule attached

☐ **Schedule D -** *Income – Gifts* – schedule attached

☐ **Schedule E -** *Income – Gifts – Travel Payments* – schedule attached

-or- ☐ ***None*** **-** *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER
( )

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed _____
(month, day, year)

Signature _____
(File the originally signed paper statement with your filing official.)

Instructions
Cover Page

Enter your name, mailing address, and daytime telephone number in the spaces provided. **Because the Form 700 is a public document, you may list your business/office address instead of your home address.**

Part 1. Office, Agency, or Court

- Enter the name of the office sought or held, or the agency or court. Consultants must enter the public agency name rather than their private firm's name. (Examples: State Assembly; Board of Supervisors; Office of the Mayor; Department of Finance; Hope County Superior Court).
- Indicate the name of your division, board, or district, if applicable. (Examples: Division of Waste Management; Board of Accountancy; District 45). **Do not use acronyms.**
- Enter your position title. (Examples: Director; Chief Counsel; City Council Member; Staff Services Analyst).
- If you hold multiple positions (i.e., a city council member who also is a member of a county board or commission) you may be required to file separate and distinct statements with each agency. To simplify your filing obligations, in some cases you may instead complete a single expanded statement and file it with each agency.
    - The rules and processes governing the filing of an expanded statement are set forth in Regulation 18723.1. To file an expanded statement for multiple positions, enter the name of each agency with which you are required to file and your position title with each agency in the space provided. **Do not use acronyms.** Attach an additional sheet if necessary. Complete one statement disclosing all reportable interests for all jurisdictions. Then file the expanded statement with each agency as directed by Regulation 18723.1(c).

If you assume or leave a position after a filing deadline, you must complete a separate statement. For example, a city council member who assumes a position with a county special district after the April annual filing deadline must file a separate assuming office statement. In subsequent years, the city council member may expand their annual filing to include both positions.

Example:

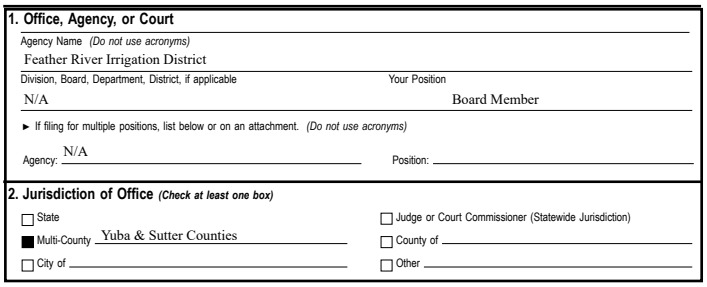
Brian Bourne is a city council member for the City of Lincoln and a board member for the Camp Far West Irrigation District – a multi-county agency that covers the Counties of Placer and Yuba. The City is located within Placer County. Brian may complete one expanded statement to disclose all reportable interests for both offices and list both positions on the Cover Page. Brian will file the expanded statement with each the City and the District as directed by Regulation 18723.1(c).

Part 2. Jurisdiction of Office

- Check the box indicating the jurisdiction of your agency and, if applicable, identify the jurisdiction. Judges, judicial candidates, and court commissioners have statewide jurisdiction. All other filers should review the Reference Pamphlet, page 13, to determine their jurisdiction.
- If your agency is a multi-county office, list each county in which your agency has jurisdiction.
- If your agency is not a state office, court, county office, city office, or multi-county office (e.g., school districts, special districts and JPAs), check the "other" box and enter the county or city in which the agency has jurisdiction.

Example:

This filer is a member of a water district board with jurisdiction in portions of Yuba and Sutter Counties.


1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*: Feather River Irrigation District

Division, Board, Department, District, if applicable: N/A

Your Position: Board Member

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: N/A Position:

2. Jurisdiction of Office *(Check at least one box)*

☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)

■ Multi-County Yuba & Sutter Counties ☐ County of

☐ City of ☐ Other

Part 3. Type of Statement

Check at least one box. The period covered by a statement is determined by the type of statement you are filing. If you are completing a 2022 annual statement, **do not** change the pre-printed dates to reflect 2023. Your annual statement is used for reporting the **previous year's** economic interests. Economic interests for your annual filing covering January 1, 2023, through December 31, 2023, will be disclosed on your statement filed in 2024. See Reference Pamphlet, page 4.

Combining Statements: Certain types of statements for the same position may be combined. For example, if you leave office after January 1, but before the deadline for filing your annual statement, you may combine your annual and leaving office statements. File by the earliest deadline. Consult your filing officer or the FPPC.

Part 4. Schedule Summary

- Complete the Schedule Summary after you have reviewed each schedule to determine if you have reportable interests.
- Enter the total number of completed pages including the cover page and either check the box for each schedule you use to disclose interests; **or** if you have nothing to disclose on any schedule, check the "No reportable interests" box. Please **do not** attach any blank schedules.

Part 5. Verification

Complete the verification by signing the statement and entering the date signed. Each statement must have an original "wet" signature unless filed with a secure electronic signature. (See page 3 above.) All statements must be signed under penalty of perjury and be verified by the filer pursuant to Government Code Section 81004. See Regulation 18723.1(c) for filing instructions for copies of expanded statements. **When you sign your statement, you are stating, under penalty of perjury, that it is true and correct.** Only the filer has authority to sign the statement. An unsigned statement is not considered filed and you may be subject to late filing penalties.

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☐ Stock ☐ Other ______________ (Describe)
- ☐ Partnership ☐ Income Received of $0 - $499
- ☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/**22** ACQUIRED ___/___/**22** DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☐ Stock ☐ Other ______________ (Describe)
- ☐ Partnership ☐ Income Received of $0 - $499
- ☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/**22** ACQUIRED ___/___/**22** DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☐ Stock ☐ Other ______________ (Describe)
- ☐ Partnership ☐ Income Received of $0 - $499
- ☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/**22** ACQUIRED ___/___/**22** DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☐ Stock ☐ Other ______________ (Describe)
- ☐ Partnership ☐ Income Received of $0 - $499
- ☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/**22** ACQUIRED ___/___/**22** DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☐ Stock ☐ Other ______________ (Describe)
- ☐ Partnership ☐ Income Received of $0 - $499
- ☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/**22** ACQUIRED ___/___/**22** DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☐ Stock ☐ Other ______________ (Describe)
- ☐ Partnership ☐ Income Received of $0 - $499
- ☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/**22** ACQUIRED ___/___/**22** DISPOSED

Comments: ______________________________

Instructions – Schedules A-1 and A-2
Investments

"Investment" means a financial interest in any business entity (including a consulting business or other independent contracting business) that is located in, doing business in, planning to do business in, or that has done business during the previous two years in your agency's jurisdiction in which you, your spouse or registered domestic partner, or your dependent children had a direct, indirect, or beneficial interest totaling $2,000 or more at any time during the reporting period. (See Reference Pamphlet, page 13.)

Reportable investments include:

- Stocks, bonds, warrants, and options, including those held in margin or brokerage accounts and managed investment funds (See Reference Pamphlet, page 13.)
- Sole proprietorships
- Your own business or your spouse's or registered domestic partner's business (See Reference Pamphlet, page 8, for the definition of "business entity.")
- Your spouse's or registered domestic partner's investments even if they are legally separate property
- Partnerships (e.g., a law firm or family farm)
- Investments in reportable business entities held in a retirement account (See Reference Pamphlet, page 15.)
- If you, your spouse or registered domestic partner, and dependent children together had a 10% or greater ownership interest in a business entity or trust (including a living trust), you must disclose investments held by the business entity or trust. (See Reference Pamphlet, page 16, for more information on disclosing trusts.)
- Business trusts

You are not required to disclose:

- Government bonds, diversified mutual funds, certain funds similar to diversified mutual funds (such as exchange traded funds) and investments held in certain retirement accounts. (See Reference Pamphlet, page 13.) (Regulation 18237)
- Bank accounts, savings accounts, money market accounts and certificates of deposits
- Cryptocurrency
- Insurance policies
- Annuities
- Commodities
- Shares in a credit union
- Government bonds (including municipal bonds)

Reminders

- Do you know your agency's jurisdiction?
- Did you hold investments at any time during the period covered by this statement?
- Code filers – your disclosure categories may only require disclosure of specific investments.

- Retirement accounts invested in non-reportable interests (e.g., insurance policies, mutual funds, or government bonds) (See Reference Pamphlet, page 15.)
- Government defined-benefit pension plans (such as CalPERS and CalSTRS plans)
- Certain interests held in a blind trust (See Reference Pamphlet, page 16.)

Use Schedule A-1 to report ownership of less than 10% (e.g., stock). Schedule C (Income) may also be required if the investment is not a stock or corporate bond. (See second example below.)

Use Schedule A-2 to report ownership of 10% or greater (e.g., a sole proprietorship).

To Complete Schedule A-1:

Do not attach brokerage or financial statements.

- Disclose the name of the business entity. Do not use acronyms for the name of the business entity.
- Provide a general description of the business activity of the entity (e.g., pharmaceuticals, computers, automobile manufacturing, or communications).
- Check the box indicating the highest fair market value of your investment during the reporting period. If you are filing a candidate or an assuming office statement, indicate the fair market value on the filing date or the date you took office, respectively. (See page 20 for more information.)
- Identify the nature of your investment (e.g., stocks, warrants, options, or bonds).
- An acquired or disposed of date is only required if you initially acquired or entirely disposed of the investment interest during the reporting period. The date of a stock dividend reinvestment or partial disposal is not required. Generally, these dates will not apply if you are filing a candidate or an assuming office statement.

Examples:

Frank Byrd holds a state agency position. Frank's conflict of interest code requires full disclosure of investments. Frank must disclose stock holdings of $2,000 or more in any company that is located in or does business in California, as well as those stocks held by Franks's spouse or registered domestic partner and dependent children.

Alice Lance is a city council member. Alice has a 4% interest, worth $5,000, in a limited partnership located in the city. Alice must disclose the partnership on Schedule A-1 and income of $500 or more received from the partnership on Schedule C.

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

► 1. BUSINESS ENTITY OR TRUST

Name

Address *(Business Address Acceptable)*

Check one

☐ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
- ☐ $0 - $1,999
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/22 ACQUIRED __/__/22 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION _____

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None or ☐ Names listed below

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/22 ACQUIRED __/__/22 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

---

► 1. BUSINESS ENTITY OR TRUST

Name

Address *(Business Address Acceptable)*

Check one

☐ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
- ☐ $0 - $1,999
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/22 ACQUIRED __/__/22 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION _____

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None or ☐ Names listed below

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/22 ACQUIRED __/__/22 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

Instructions – Schedule A-2
Investments, Income, and Assets of Business Entities/Trusts

Use Schedule A-2 to report investments in a business entity (including a consulting business or other independent contracting business) or trust (including a living trust) in which you, your spouse or registered domestic partner, and your dependent children, together or separately, had a 10% or greater interest, totaling $2,000 or more, during the reporting period and which is located in, doing business in, planning to do business in, or which has done business during the previous two years in your agency's jurisdiction. (See Reference Pamphlet, page 13.) A trust located outside your agency's jurisdiction is reportable if it holds assets that are located in or doing business in the jurisdiction. Do not report a trust that contains non-reportable interests. For example, a trust containing only your personal residence not used in whole or in part as a business, your savings account, and some municipal bonds, is not reportable.

Also report on Schedule A-2 investments and real property held by that entity or trust if your pro rata share of the investment or real property interest was $2,000 or more during the reporting period.

To Complete Schedule A-2:

Part 1. Disclose the name and address of the business entity or trust. If you are reporting an interest in a business entity, check "Business Entity" and complete the box as follows:

- Provide a general description of the business activity of the entity.
- Check the box indicating the highest fair market value of your investment during the reporting period.
- If you initially acquired or entirely disposed of this interest during the reporting period, enter the date acquired or disposed.
- Identify the nature of your investment.
- Disclose the job title or business position you held with the entity, if any (i.e., if you were a director, officer, partner, trustee, employee, or held any position of management). A business position held by your spouse is not reportable.

Part 2. Check the box indicating **your pro rata** share of the **gross** income received **by** the business entity or trust. This amount includes your pro rata share of the **gross** income **from** the business entity or trust, as well as your community property interest in your spouse's or registered domestic partner's share. Gross income is the total amount of income before deducting expenses, losses, or taxes.

Part 3. Disclose the name of each source of income that is located in, doing business in, planning to do business in, or that has done business during the previous two years in your agency's jurisdiction, as follows:

- Disclose each source of income and outstanding loan **to the business entity or trust** identified in Part 1 if your pro rata share of the **gross** income (including your community property interest in your spouse's or registered domestic partner's share) to the business entity or trust from that source was $10,000 or more during the reporting period. (See Reference Pamphlet, page 11, for examples.) Income from governmental sources may be reportable if not considered salary. See Regulation 18232. Loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status are not reportable.
- Disclose each individual or entity that was a source of commission income of $10,000 or more during the reporting period through the business entity identified in Part 1. (See Reference Pamphlet, page 8.)

You may be required to disclose sources of income located outside your jurisdiction. For example, you may have a client who resides outside your jurisdiction who does business on a regular basis with you. Such a client, if a reportable source of $10,000 or more, must be disclosed.

Mark "None" if you do not have any reportable $10,000 sources of income to disclose. Phrases such as "various clients" or "not disclosing sources pursuant to attorney-client privilege" are not adequate disclosure. (See Reference Pamphlet, page 14, for information on procedures to request an exemption from disclosing privileged information.)

Part 4. Report any investments or interests in real property held or leased **by the entity or trust** identified in Part 1 if your pro rata share of the interest held was $2,000 or more during the reporting period. Attach additional schedules or use FPPC's Form 700 Excel spreadsheet if needed.

- Check the applicable box identifying the interest held as real property or an investment.
- If investment, provide the name and description of the business entity.
- If real property, report the precise location (e.g., an assessor's parcel number or address).
- Check the box indicating the highest fair market value of your interest in the real property or investment during the reporting period. (Report the fair market value of the portion of your residence claimed as a tax deduction if you are utilizing your residence for business purposes.)
- Identify the nature of your interest.
- Enter the date acquired or disposed only if you initially acquired or entirely disposed of your interest in the property or investment during the reporting period.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/22 ACQUIRED __/__/22 DISPOSED

NATURE OF INTEREST
- ☐ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- ☐ None

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/22 ACQUIRED __/__/22 DISPOSED

NATURE OF INTEREST
- ☐ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- ☐ None

* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

Comments: _____

Instructions – Schedule B
Interests in Real Property

Report interests in real property located in your agency's jurisdiction in which you, your spouse or registered domestic partner, or your dependent children had a direct, indirect, or beneficial interest totaling $2,000 or more any time during the reporting period. Real property is also considered to be "within the jurisdiction" of a local government agency if the property or any part of it is located within two miles outside the boundaries of the jurisdiction or within two miles of any land owned or used by the local government agency. (See Reference Pamphlet, page 13.)

Interests in real property include:

- An ownership interest (including a beneficial ownership interest)
- A deed of trust, easement, or option to acquire property
- A leasehold interest (See Reference Pamphlet, page 14.)
- A mining lease
- An interest in real property held in a retirement account (See Reference Pamphlet, page 15.)
- An interest in real property held by a business entity or trust in which you, your spouse or registered domestic partner, and your dependent children together had a 10% or greater ownership interest (Report on Schedule A-2.)
- Your spouse's or registered domestic partner's interests in real property that are legally held separately by him or her

You are <u>not</u> required to report:

- A residence, such as a home or vacation cabin, used exclusively as a personal residence (However, a residence in which you rent out a room or for which you claim a business deduction may be reportable. If reportable, report the fair market value of the portion claimed as a tax deduction.)
- Some interests in real property held through a blind trust (See Reference Pamphlet, page 16.)
    - **Please note:** A non-reportable property can still be grounds for a conflict of interest and may be disqualifying.

To Complete Schedule B:

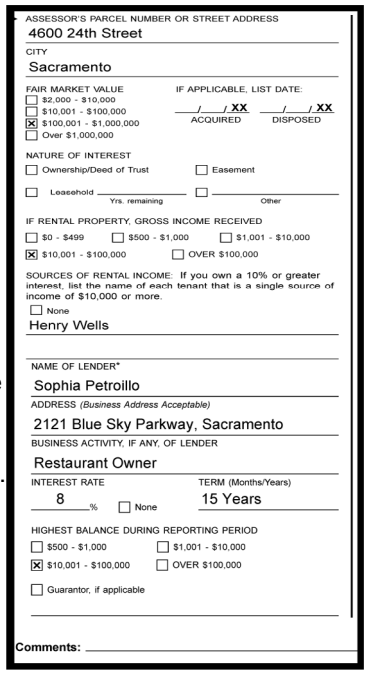
- Report the precise location (e.g., an assessor's parcel number or address) of the real property.
- Check the box indicating the fair market value of your interest in the property (regardless of what you owe on the property).
- Enter the date acquired or disposed only if you initially acquired or entirely disposed of your interest in the property during the reporting period.
- Identify the nature of your interest. If it is a leasehold, disclose the number of years remaining on the lease.
- If you received rental income, check the box indicating the gross amount you received.
- If you had a 10% or greater interest in real property and received rental income, list the name of the source(s) if your pro rata share of the gross income from any single tenant was $10,000 or more during the reporting period. If you received a total of $10,000 or more from two or more tenants acting in concert (in most cases, this will apply to married couples), disclose the name of each tenant. Otherwise, mark "None."
- Loans from a private lender that total $500 or more and are secured by real property may be reportable. **Loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status are not reportable.**

  When reporting a loan:
    - Provide the name and address of the lender.
    - Describe the lender's business activity.
    - Disclose the interest rate and term of the loan. For variable interest rate loans, disclose the conditions of the loan (e.g., Prime + 2) or the average interest rate paid during the reporting period. The term of a loan is the total number of months or years given for repayment of the loan at the time the loan was established.
    - Check the box indicating the highest balance of the loan during the reporting period.
    - Identify a guarantor, if applicable.

If you have more than one reportable loan on a single piece of real property, report the additional loan(s) on Schedule C.

Example:

Allison Gande is a city planning commissioner. During the reporting period, Allison received rental income of $12,000, from a single tenant who rented property owned in the city's jurisdiction. If Allison received $6,000 each from two tenants, the tenants' names would not be required because no single tenant paid her $10,000 or more. A married couple is considered a single tenant.


ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
4600 24th Street
CITY
Sacramento
FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000
IF APPLICABLE, LIST DATE:
___/___/ XX ACQUIRED
___/___/ XX DISPOSED
NATURE OF INTEREST
☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold ____ Yrs. remaining ☐ ____ Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ $0 - $499 ☐ $500 - $1,000 ☐ $1,001 - $10,000
☒ $10,001 - $100,000 ☐ OVER $100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
☐ None
Henry Wells
NAME OF LENDER*
Sophia Petroillo
ADDRESS (Business Address Acceptable)
2121 Blue Sky Parkway, Sacramento
BUSINESS ACTIVITY, IF ANY, OF LENDER
Restaurant Owner
INTEREST RATE
8 %
☐ None
TERM (Months/Years)
15 Years
HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000 ☐ $1,001 - $10,000
☒ $10,001 - $100,000 ☐ OVER $100,000
☐ Guarantor, if applicable
Comments:

Reminders

- Income and loans already reported on Schedule B are not also required to be reported on Schedule C.
- Real property already reported on Schedule A-2, Part 4 is not also required to be reported on Schedule B.
- Code filers – do your disclosure categories require disclosure of real property?

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

☐ No Income - Business Position Only
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

☐ Sale of _____ *(Real property, car, boat, etc.)*

☐ Loan repayment

☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

☐ Other _____ *(Describe)*

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

☐ No Income - Business Position Only
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

☐ Sale of _____ *(Real property, car, boat, etc.)*

☐ Loan repayment

☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

☐ Other _____ *(Describe)*

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

_____

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____ *Street address*

_____ *City*

☐ Guarantor _____

☐ Other _____ *(Describe)*

Comments: _____

Instructions – Schedule C
Income, Loans, & Business Positions
(Income Other Than Gifts and Travel Payments)

Reporting Income:
Report the source and amount of gross income of $500 or more you received during the reporting period. Gross income is the total amount of income before deducting expenses, losses, or taxes and includes loans other than loans from a commercial lending institution. (See Reference Pamphlet, page 11.) You must also report the source of income to your spouse or registered domestic partner if your community property share was $500 or more during the reporting period.

The source and income must be reported only if the source is located in, doing business in, planning to do business in, or has done business during the previous two years in your agency's jurisdiction. (See Reference Pamphlet, page 13.) Reportable sources of income may be further limited by your disclosure category located in your agency's conflict of interest code.

Reporting Business Positions:
You must report your job title with each reportable business entity even if you received no income during the reporting period. Use the comments section to indicate that no income was received.

Commonly reportable income and loans include:
- Salary/wages, per diem, and reimbursement for expenses including travel payments provided by your employer
- Community property interest (50%) in your spouse's or registered domestic partner's income - **report the employer's name and all other required information**
- Income from investment interests, such as partnerships, reported on Schedule A-1
- Commission income not required to be reported on Schedule A-2 (See Reference Pamphlet, page 8.)
- Gross income from any sale, including the sale of a house or car (Report your pro rata share of the total sale price.)
- Rental income not required to be reported on Schedule B
- Prizes or awards not disclosed as gifts
- Payments received on loans you made to others
- An honorarium received prior to becoming a public official (See Reference Pamphlet, page 10.)
- Incentive compensation (See Reference Pamphlet, page 12.)

Reminders
- Code filers – your disclosure categories may not require disclosure of all sources of income.
- If you or your spouse or registered domestic partner are self-employed, report the business entity on Schedule A-2.
- Do not disclose on Schedule C income, loans, or business positions already reported on Schedules A-2 or B.

You are <u>not</u> required to report:
- Salary, reimbursement for expenses or per diem, or social security, disability, or other similar benefit payments received by you or your spouse or registered domestic partner from a federal, state, or local government agency.
- Stock dividends and income from the sale of stock unless the source can be identified.
- Income from a PERS retirement account.

(See Reference Pamphlet, page 12.)

To Complete Schedule C:

Part 1. Income Received/Business Position Disclosure
- Disclose the name and address of each source of income or each business entity with which you held a business position.
- Provide a general description of the business activity if the source is a business entity.
- Check the box indicating the amount of gross income received.
- Identify the consideration for which the income was received.
- For income from commission sales, check the box indicating the gross income received and list the name of each source of commission income of $10,000 or more. (See Reference Pamphlet, page 8.) **Note: If you receive commission income on a regular basis or have an ownership interest of 10% or more, you must disclose the business entity and the income on Schedule A-2.**
- Disclose the job title or business position, if any, that you held with the business entity, even if you did not receive income during the reporting period.

Part 2. Loans Received or Outstanding During the Reporting Period
- Provide the name and address of the lender.
- Provide a general description of the business activity if the lender is a business entity.
- Check the box indicating the highest balance of the loan during the reporting period.
- Disclose the interest rate and the term of the loan.
  - For variable interest rate loans, disclose the conditions of the loan (e.g., Prime + 2) or the average interest rate paid during the reporting period.
  - The term of the loan is the total number of months or years given for repayment of the loan at the time the loan was entered into.
- Identify the security, if any, for the loan.

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name ______________________

► NAME OF SOURCE *(Not an Acronym)*

____

ADDRESS *(Business Address Acceptable)*

____

BUSINESS ACTIVITY, IF ANY, OF SOURCE

____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	$__________	______________________
____/____/____	$__________	______________________
____/____/____	$__________	______________________

► NAME OF SOURCE *(Not an Acronym)*

____

ADDRESS *(Business Address Acceptable)*

____

BUSINESS ACTIVITY, IF ANY, OF SOURCE

____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	$__________	______________________
____/____/____	$__________	______________________
____/____/____	$__________	______________________

► NAME OF SOURCE *(Not an Acronym)*

____

ADDRESS *(Business Address Acceptable)*

____

BUSINESS ACTIVITY, IF ANY, OF SOURCE

____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	$__________	______________________
____/____/____	$__________	______________________
____/____/____	$__________	______________________

► NAME OF SOURCE *(Not an Acronym)*

____

ADDRESS *(Business Address Acceptable)*

____

BUSINESS ACTIVITY, IF ANY, OF SOURCE

____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	$__________	______________________
____/____/____	$__________	______________________
____/____/____	$__________	______________________

► NAME OF SOURCE *(Not an Acronym)*

____

ADDRESS *(Business Address Acceptable)*

____

BUSINESS ACTIVITY, IF ANY, OF SOURCE

____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	$__________	______________________
____/____/____	$__________	______________________
____/____/____	$__________	______________________

► NAME OF SOURCE *(Not an Acronym)*

____

ADDRESS *(Business Address Acceptable)*

____

BUSINESS ACTIVITY, IF ANY, OF SOURCE

____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	$__________	______________________
____/____/____	$__________	______________________
____/____/____	$__________	______________________

Comments: ______________________

____

Instructions – Schedule D
Income – Gifts

A gift is anything of value for which you have not provided equal or greater consideration to the donor. A gift is reportable if its fair market value is $50 or more. In addition, multiple gifts totaling $50 or more received during the reporting period from a single source must be reported.

It is the acceptance of a gift, not the ultimate use to which it is put, that imposes your reporting obligation. Except as noted below, you must report a gift even if you never used it or if you gave it away to another person.

If the exact amount of a gift is unknown, you must make a good faith estimate of the item's fair market value. Listing the value of a gift as "over $50" or "value unknown" is not adequate disclosure. In addition, if you received a gift through an intermediary, you must disclose the name, address, and business activity of both the donor and the intermediary. You may indicate an intermediary either in the "source" field after the name or in the "comments" section at the bottom of Schedule D.

Commonly reportable gifts include:

- Tickets/passes to sporting or entertainment events
- Tickets/passes to amusement parks
- Parking passes not used for official agency business
- Food, beverages, and accommodations, including those provided in direct connection with your attendance at a convention, conference, meeting, social event, meal, or like gathering
- Rebates/discounts not made in the regular course of business to members of the public without regard to official status
- Wedding gifts (See Reference Pamphlet, page 16)
- An honorarium received prior to assuming office (You may report an honorarium as income on Schedule C, rather than as a gift on Schedule D, if you provided services of equal or greater value than the payment received. See Reference Pamphlet, page 10.)
- Transportation and lodging (See Schedule E.)
- Forgiveness of a loan received by you

Reminders

- Gifts from a single source are subject to a $520 limit in 2022. (See Reference Pamphlet, page 10.)
- Code filers – you only need to report gifts from reportable sources.

Gift Tracking Mobile Application

- FPPC has created a gift tracking app for mobile devices that helps filers track gifts and provides a quick and easy way to upload the information to the Form 700. Visit FPPC's website to download the app.

You are <u>not</u> required to disclose:

- Gifts that were not used and that, within 30 days after receipt, were returned to the donor or delivered to a charitable organization or government agency without being claimed by you as a charitable contribution for tax purposes
- Gifts from your spouse or registered domestic partner, child, parent, grandparent, grandchild, brother, sister, and certain other family members (See Regulation 18942 for a complete list.). The exception does not apply if the donor was acting as an agent or intermediary for a reportable source who was the true donor.
- Gifts of similar value exchanged between you and an individual, other than a lobbyist registered to lobby your state agency, on holidays, birthdays, or similar occasions
- Gifts of informational material provided to assist you in the performance of your official duties (e.g., books, pamphlets, reports, calendars, periodicals, or educational seminars)
- A monetary bequest or inheritance (However, inherited investments or real property may be reportable on other schedules.)
- Personalized plaques or trophies with an individual value of less than $250
- Campaign contributions
- Up to two tickets, for your own use, to attend a fundraiser for a campaign committee or candidate, or to a fundraiser for an organization exempt from taxation under Section 501(c)(3) of the Internal Revenue Code. The ticket must be received from the organization or committee holding the fundraiser.
- Gifts given to members of your immediate family if the source has an established relationship with the family member and there is no evidence to suggest the donor had a purpose to influence you. (See Regulation 18943.)
- Free admission, food, and nominal items (such as a pen, pencil, mouse pad, note pad or similar item) available to all attendees, at the event at which the official makes a speech (as defined in Regulation 18950(b)(2)), so long as the admission is provided by the person who organizes the event.
- Any other payment not identified above, that would otherwise meet the definition of gift, where the payment is made by an individual who is not a lobbyist registered to lobby the official's state agency, where it is clear that the gift was made because of an existing personal or business relationship unrelated to the official's position and there is no evidence whatsoever at the time the gift is made to suggest the donor had a purpose to influence you.

To Complete Schedule D:

- Disclose the full name (not an acronym), address, and, if a business entity, the business activity of the source.
- Provide the date (month, day, and year) of receipt, and disclose the fair market value and description of the gift.

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

SCHEDULE E
Income – Gifts
Travel Payments, Advances, and Reimbursements

- **Mark either the gift or income box.**
- **Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.**
- **For gifts of travel, provide the travel destination.**

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: $ _____
(If gift)

► MUST CHECK ONE: ☐ Gift **-or-** ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► If Gift, Provide Travel Destination

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: $ _____
(If gift)

► MUST CHECK ONE: ☐ Gift **-or-** ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► If Gift, Provide Travel Destination

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: $ _____
(If gift)

► MUST CHECK ONE: ☐ Gift **-or-** ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► If Gift, Provide Travel Destination

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: $ _____
(If gift)

► MUST CHECK ONE: ☐ Gift **-or-** ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► If Gift, Provide Travel Destination

Comments:

Instructions – Schedule E
Travel Payments, Advances, and Reimbursements

Travel payments reportable on Schedule E include advances and reimbursements for travel and related expenses, including lodging and meals.

Gifts of travel may be subject to the gift limit. In addition, certain travel payments are reportable gifts, but are not subject to the gift limit. To avoid possible misinterpretation or the perception that you have received a gift in excess of the gift limit, you may wish to provide a specific description of the purpose of your travel. (See the FPPC fact sheet entitled "Limitations and Restrictions on Gifts, Honoraria, Travel, and Loans" to read about travel payments under section 89506(a).)

You are <u>not</u> required to disclose:

- Travel payments received from any state, local, or federal government agency for which you provided services equal or greater in value than the payments received, such as reimbursement for travel on agency business from your government agency employer.
- A payment for travel from another local, state, or federal government agency and related per diem expenses when the travel is for education, training or other inter-agency programs or purposes.
- Travel payments received from your employer in the normal course of your employment that are included in the income reported on Schedule C.
- A travel payment that was received from a nonprofit entity exempt from taxation under Internal Revenue Code Section 501(c)(3) for which you provided equal or greater consideration, such as reimbursement for travel on business for a 501(c)(3) organization for which you are a board member.

  Note: Certain travel payments may not be reportable if reported via email on Form 801 by your agency.

To Complete Schedule E:

- Disclose the full name (not an acronym) and address of the source of the travel payment.
- Identify the business activity if the source is a business entity.
- Check the box to identify the payment as a gift or income, report the amount, and disclose the date(s).
  - **Travel payments are gifts** if you did not provide services that were equal to or greater in value than the payments received. You must disclose gifts totaling $50 or more from a single source during the period covered by the statement.

    When reporting travel payments that are gifts, you must provide a description of the gift, the **date(s)** received, and the **travel destination.**
  - **Travel payments are income** if you provided services that were equal to or greater in value than the payments received. You must disclose income totaling $500 or more from a single source during the period covered by the statement. You have the burden of proving the payments are income rather than gifts. When reporting travel payments as income, you must describe the services you provided in exchange for the payment. You are not required to disclose the date(s) for travel payments that are income.

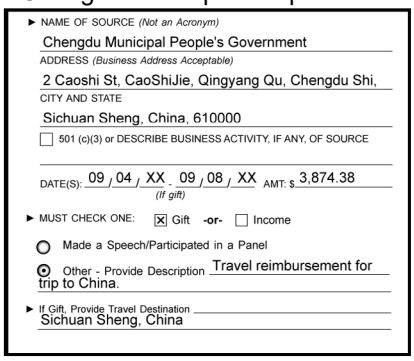
Example:

City council member MaryClaire Chandler is the chair of a 501(c)(6) trade association, and the association pays for MaryClaire's travel to attend its meetings. Because MaryClaire is deemed to be providing equal or greater consideration for the travel payment by virtue of serving on the board, this payment may be reported as income. Payments for MaryClaire to attend other events for which they are not providing services are likely considered gifts. Note that the same payment from a 501(c)(3) would NOT be reportable.


► NAME OF SOURCE *(Not an Acronym)*
Health Services Trade Association
ADDRESS *(Business Address Acceptable)*
1230 K Street, Suite 610
CITY AND STATE
Sacramento, CA
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Association of Healthcare Workers
DATE(S): __/__/____ - __/__/____ *(If gift)* AMT: $ 550.00
► MUST CHECK ONE: ☐ Gift -or- ☒ Income
○ Made a Speech/Participated in a Panel
◉ Other - Provide Description Travel reimbursement for board meeting.
► If Gift, Provide Travel Destination

Example:

Mayor Kim travels to China on a trip organized by China Silicon Valley Business Development, a California nonprofit, 501(c)(6) organization. The Chengdu Municipal People's Government pays for Mayor Kim's airfare and travel costs, as well as meals and lodging during the trip. The trip's agenda shows that the trip's purpose is to promote job creation and economic activity in China and in Silicon Valley, so the trip is reasonably related to a governmental purpose. Thus, Mayor Kim must report the gift of travel, but the gift is exempt from the gift limit. In this case, the travel payments are not subject to the gift limit because the source is a foreign government and because the travel is reasonably related to a governmental purpose. (Section 89506(a)(2).) Note that Mayor Kim could be disqualified from participating in or making decisions about The Chengdu Municipal People's Government for 12 months. Also note that if China Silicon Valley Business Development (a 501(c)(6) organization) paid for the travel costs rather than the governmental organization, the payments would be subject to the gift limits. (See the FPPC fact sheet, Limitations and Restrictions on Gifts, Honoraria, Travel and Loans, at www.fppc.ca.gov.)


► NAME OF SOURCE *(Not an Acronym)*
Chengdu Municipal People's Government
ADDRESS *(Business Address Acceptable)*
2 Caoshi St, CaoShiJie, Qingyang Qu, Chengdu Shi,
CITY AND STATE
Sichuan Sheng, China, 610000
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 09 / 04 / XX - 09 / 08 / XX *(If gift)* AMT: $ 3,874.38
► MUST CHECK ONE: ☒ Gift -or- ☐ Income
○ Made a Speech/Participated in a Panel
◉ Other - Provide Description Travel reimbursement for trip to China.
► If Gift, Provide Travel Destination
Sichuan Sheng, China

Restrictions and Prohibitions

The Political Reform Act (Gov. Code Sections 81000-91014) requires most state and local government officials and employees to publicly disclose their economic interests including personal assets and income. The Act's conflict of interest provisions also disqualify a public official from taking part in a governmental decision if it is reasonably foreseeable that the decision will have a material financial effect on these economic interests as well as the official's personal finances and those of immediate family. (Gov. Code Sections 87100 and 87103.) The Fair Political Practices Commission (FPPC) is the state agency responsible for issuing the attached Statement of Economic Interests, Form 700, and for interpreting the Act's provisions.

Gift Prohibition

Gifts received by most state and local officials, employees, and candidates are subject to a limit. In 2021-2022, the gift limit increased to $520 from a single source during a calendar year.

Additionally, state officials, state candidates, and certain state employees are subject to a $10 limit per calendar month on gifts from lobbyists and lobbying firms registered with the Secretary of State. See Reference Pamphlet, page 10.

State and local officials and employees should check with their agency to determine if other restrictions apply.

Disqualification

Public officials are, under certain circumstances, required to disqualify themselves from making, participating in, or attempting to influence governmental decisions that will affect their economic interests. This may include interests they are not required to disclose. For example, a personal residence is often not reportable, but may be grounds for disqualification. Specific disqualification requirements apply to 87200 filers (e.g., city councilmembers, members of boards of supervisors, planning commissioners, etc.). These officials must publicly identify the economic interest that creates a conflict of interest and leave the room before a discussion or vote takes place at a public meeting. For more information, consult Government Code Section 87105, Regulation 18707, and the Guide to Recognizing Conflicts of Interest page at *www.fppc.ca.gov.*

Honorarium Ban

Most state and local officials, employees, and candidates are prohibited from accepting an honorarium for any speech given, article published, or attendance at a conference, convention, meeting, or like gathering. (See Reference Pamphlet, page 10.)

Loan Restrictions

Certain state and local officials are subject to restrictions on loans. (See Reference Pamphlet, page 14.)

Post-Governmental Employment

There are restrictions on representing clients or employers before former agencies. The provisions apply to elected state officials, most state employees, local elected officials, county chief administrative officers, city managers, including the chief administrator of a city, and general managers or chief administrators of local special districts and JPAs. The FPPC website has fact sheets explaining the provisions.

Late Filing

The filing officer who retains originally-signed or electronically filed statements of economic interests may impose on an individual a fine for any statement that is filed late. The fine is $10 per day up to a maximum of $100. Late filing penalties may be reduced or waived under certain circumstances.

Persons who fail to timely file their Form 700 may be referred to the FPPC's Enforcement Division (and, in some cases, to the Attorney General or district attorney) for investigation and possible prosecution. In addition to the late filing penalties, a fine of up to $5,000 per violation may be imposed.

For assistance concerning reporting, prohibitions, and restrictions under the Act:

- Email questions to advice@fppc.ca.gov.
- Call the FPPC toll-free at (866) 275-3772.

Form 700 is a Public Document Public Access Must Be Provided

Statements of Economic Interests are public documents. The filing officer must permit any member of the public to inspect and receive a copy of any statement.

- Statements must be available as soon as possible during the agency's regular business hours, but in any event not later than the second business day after the statement is received. Access to the Form 700 is not subject to the Public Records Act procedures.
- No conditions may be placed on persons seeking access to the forms.
- No information or identification may be required from persons seeking access.
- Reproduction fees of no more than 10 cents per page may be charged.

Questions and Answers

General

Q. What is the reporting period for disclosing interests on an assuming office statement or a candidate statement?

A. On an assuming office statement, disclose all reportable investments, interests in real property, and business positions held on the date you assumed office. In addition, you must disclose income (including loans, gifts and travel payments) received during the 12 months prior to the date you assumed office.

On a candidate statement, disclose all reportable investments, interests in real property, and business positions held on the date you file your declaration of candidacy. You must also disclose income (including loans, gifts and travel payments) received during the 12 months prior to the date you file your declaration of candidacy.

Q. I hold two other board positions in addition to my position with the county. Must I file three statements of economic interests?

A. Yes, three are required. However, you may instead complete an expanded statement listing the county and the two boards on the Cover Page or an attachment as the agencies for which you will be filing. Disclose all reportable economic interests in all three jurisdictions on the expanded statement. File the expanded statement for your primary position providing an original "wet" signature unless filed with a secure electronic signature. (See page 3 above.) File copies of the expanded statement with the other two agencies as required by Regulation 18723.1(c). Remember to complete separate statements for positions that you leave or assume during the year.

Q. I am a department head who recently began acting as city manager. Should I file as the city manager?

A. Yes. File an assuming office statement as city manager. Persons serving as "acting," "interim," or "alternate" must file as if they hold the position because they are or may be performing the duties of the position.

Q. My spouse and I are currently separated and in the process of obtaining a divorce. Must I still report my spouse's income, investments, and interests in real property?

A. Yes. A public official must continue to report a spouse's economic interests until such time as dissolution of marriage proceedings is final. However, if a separate property agreement has been reached prior to that time, your estranged spouse's income may not have to be reported. Contact the FPPC for more information.

Q. As a designated employee, I left one state agency to work for another state agency. Must I file a leaving office statement?

A. Yes. You may also need to file an assuming office statement for the new agency.

Investment Disclosure

Q. I have an investment interest in shares of stock in a company that does not have an office in my jurisdiction. Must I still disclose my investment interest in this company?

A. Probably. The definition of "doing business in the jurisdiction" is not limited to whether the business has an office or physical location in your jurisdiction. (See Reference Pamphlet, page 13.)

Q. My spouse and I have a living trust. The trust holds rental property in my jurisdiction, our primary residence, and investments in diversified mutual funds. I have full disclosure. How is this trust disclosed?

A. Disclose the name of the trust, the rental property and its income on Schedule A-2. Your primary residence and investments in diversified mutual funds registered with the SEC are not reportable.

Q. I am required to report all investments. I have an IRA that contains stocks through an account managed by a brokerage firm. Must I disclose these stocks even though they are held in an IRA and I did not decide which stocks to purchase?

A. Yes. Disclose on Schedule A-1 or A-2 any stock worth $2,000 or more in a business entity located in or doing business in your jurisdiction.

Q. The value of my stock changed during the reporting period. How do I report the value of the stock?

A. You are required to report the highest value that the stock reached during the reporting period. You may use your monthly statements to determine the highest value. You may also use the entity's website to determine the highest value. You are encouraged to keep a record of where you found the reported value. Note that for an assuming office statement, you must report the value of the stock on the date you assumed office.

Q. I am the sole owner of my business, an S-Corporation. I believe that the nature of the business is such that it cannot be said to have any "fair market value" because it has no assets. I operate the corporation under an agreement with a large insurance company. My contract does not have resale value because of its nature as a personal services contract. Must I report the fair market value for my business on Schedule A-2 of the Form 700?

A. Yes. Even if there are no *tangible* assets, intangible assets, such as relationships with companies and clients are commonly sold to qualified professionals. The "fair market value" is often quantified for other purposes, such as marital dissolutions or estate planning. In addition, the IRS presumes that "personal services corporations" have a fair market value. A professional "book of business" and the associated goodwill that generates income are not without a determinable value. The Form 700 does not require a precise fair market value; it is only necessary to check a box indicating the broad range within which the value falls.

Q. I own stock in IBM and must report this investment on Schedule A-1. I initially purchased this stock in the early 1990s; however, I am constantly buying and selling shares. Must I note these dates in the "Acquired" and "Disposed" fields?

A. No. You must only report dates in the "Acquired" or "Disposed" fields when, during the reporting period, you initially purchase a reportable investment worth $2,000 or more or when you dispose of the entire investment. You are not required to track the partial trading of an investment.

Q. On last year's filing I reported stock in Encoe valued at $2,000 - $10,000. Late last year the value of this stock fell below and remains at less than $2,000. How should this be reported on this year's statement?

A. You are not required to report an investment if the value was less than $2,000 during the **entire** reporting period. However, because a disposed date is not required for stocks that fall below $2,000, you may want to report the stock and note in the "comments" section that the value fell below $2,000. This would be for informational purposes only; it is not a requirement.

Q. We have a Section 529 account set up to save money for our son's college education. Is this reportable?

A. If the Section 529 account contains reportable interests (e.g., common stock valued at $2,000 or more), those interests are reportable (not the actual Section 529 account). If the account contains solely mutual funds, then nothing is reported.

Income Disclosure

Q. I reported a business entity on Schedule A-2. Clients of my business are located in several states. Must I report all clients from whom my pro rata share of income is $10,000 or more on Schedule A-2, Part 3?

A. No, only the clients located in or doing business on a regular basis in your jurisdiction must be disclosed.

Q. I believe I am not required to disclose the names of clients from whom my pro rata share of income is $10,000 or more on Schedule A-2 because of their right to privacy. Is there an exception for reporting clients' names?

A. Regulation 18740 provides a procedure for requesting an exemption to allow a client's name not to be disclosed if disclosure of the name would violate a legally recognized privilege under California or Federal law. This regulation may be obtained from our website at *www.fppc.ca.gov. (*See Reference Pamphlet, page 14.)

Q. I am sole owner of a private law practice that is not reportable based on my limited disclosure category. However, some of the sources of income to my law practice are from reportable sources. Do I have to disclose this income?

A. Yes, even though the law practice is not reportable, reportable sources of income to the law practice of $10,000 or more must be disclosed. This information would be disclosed on Schedule C with a note in the "comments" section indicating that the business entity is not a reportable investment. The note would be for informational purposes only; it is not a requirement.

Q. I am the sole owner of my business. Where do I disclose my income - on Schedule A-2 or Schedule C?

A. Sources of income to a business in which you have an ownership interest of 10% or greater are disclosed on Schedule A-2. (See Reference Pamphlet, page 8.)

Q. My spouse is a partner in a four-person firm where all of their business is based on their own billings and collections from various clients. How do I report my community property interest in this business and the income generated in this manner?

A. If your spouse's investment in the firm is 10% or greater, disclose 100% of your spouse's share of the business on Schedule A-2, Part 1 and 50% of your spouse's income on Schedule A-2, Parts 2 and 3. For example, a client of your spouse's must be a source of at least $20,000 during the reporting period before the client's name is reported.

Q. How do I disclose my spouse's or registered domestic partner's salary?

A. Report the name of the employer as a source of income on Schedule C.

Q. I am a doctor. For purposes of reporting $10,000 sources of income on Schedule A-2, Part 3, are the patients or their insurance carriers considered sources of income?

A. If your patients exercise sufficient control by selecting you instead of other doctors, then your patients, rather than their insurance carriers, are sources of income to you. (See Reference Pamphlet, page 14.)

Q. I received a loan from my grandfather to purchase my home. Is this loan reportable?

A. No. Loans received from family members are not reportable.

Q. Many years ago, I loaned my parents several thousand dollars, which they paid back this year. Do I need to report this loan repayment on my Form 700?

A. No. Payments received on a loan made to a family member are not reportable.

Real Property Disclosure

Q. During this reporting period we switched our principal place of residence into a rental. I have full disclosure and the property is located in my agency's jurisdiction, so it is now reportable. Because I have not reported this property before, do I need to show an "acquired" date?

A. No, you are not required to show an "acquired" date because you previously owned the property. However, you may want to note in the "comments" section that the property was not previously reported because it was used exclusively as your residence. This would be for informational purposes only; it is not a requirement.

Q. I am a city manager, and I own a rental property located in an adjacent city, but one mile from the city limit. Do I need to report this property interest?

A. Yes. You are required to report this property because it is located within 2 miles of the boundaries of the city you manage.

Q. Must I report a home that I own as a personal residence for my daughter?

A. You are not required to disclose a home used as a personal residence for a family member unless you receive income from it, such as rental income.

Q. I am a co-signer on a loan for a rental property owned by a friend. Since I am listed on the deed of trust, do I need to report my friend's property as an interest in real property on my Form 700?

A. No. Simply being a co-signer on a loan for property does not create a reportable interest in that real property.

Gift Disclosure

Q. If I received a reportable gift of two tickets to a concert valued at $100 each, but gave the tickets to a friend because I could not attend the concert, do I have any reporting obligations?

A. Yes. Since you accepted the gift and exercised discretion and control of the use of the tickets, you must disclose the gift on Schedule D.

Q. Julia and Jared Benson, a married couple, want to give a piece of artwork to a county supervisor. Is each spouse considered a separate source for purposes of the gift limit and disclosure?

A. Yes, each spouse may make a gift valued at the gift limit during a calendar year. For example, during 2022 the gift limit was $520, so the Bensons may have given the supervisor artwork valued at no more than $1,040. The supervisor must identify Jared and Julia Benson as the sources of the gift.

Q. I am a Form 700 filer with full disclosure. Our agency holds a holiday raffle to raise funds for a local charity. I bought $10 worth of raffle tickets and won a gift basket valued at $120. The gift basket was donated by Doug Brewer, a citizen in our city. At the same event, I bought raffle tickets for, and won a quilt valued at $70. The quilt was donated by a coworker. Are these reportable gifts?

A. Because the gift basket was donated by an outside source (not an agency employee), you have received a reportable gift valued at $110 (the value of the basket less the consideration paid). The source of the gift is Doug Brewer and the agency is disclosed as the intermediary. Because the quilt was donated by an employee of your agency, it is not a reportable gift.

Q. My agency is responsible for disbursing grants. An applicant (501(c)(3) organization) met with agency employees to present its application. At this meeting, the applicant provided food and beverages. Would the food and beverages be considered gifts to the employees? These employees are designated in our agency's conflict of interest code and the applicant is a reportable source of income under the code.

A. Yes. If the value of the food and beverages consumed by any one filer, plus any other gifts received from the same source during the reporting period total $50 or more, the food and beverages would be reported using the fair market value and would be subject to the gift limit.

Q. I received free admission to an educational conference related to my official duties. Part of the conference fees included a round of golf. Is the value of the golf considered informational material?

A. No. The value of personal benefits, such as golf, attendance at a concert, or sporting event, are gifts subject to reporting and limits.

ALAMEDA Alliance FOR HEALTH

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

Finance

Gil Riojas

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

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

Date: **March 10th, 2023**

Subject: **Finance Report – January 2023**

Executive Summary

- For the month ended January 31st, 2023, the Alliance had enrollment of 329,814 members, a Net Income of $17.7 million and 713% of required Tangible Net Equity (TNE).

Overall Results: (in Thousands)

	Month	YTD
Revenue	$122,581	$747,850
Medical Expense	99,673	672,818
Admin. Expense	6,806	40,095
Other Inc. / (Exp.)	1,572	5,402
Net Income	**$17,674**	**$40,338**

Net Income by Program: (in Thousands)

	Month	YTD
Medi-Cal	$17,050	$38,751
Group Care	624	1,588
	$17,674	**$40,338**

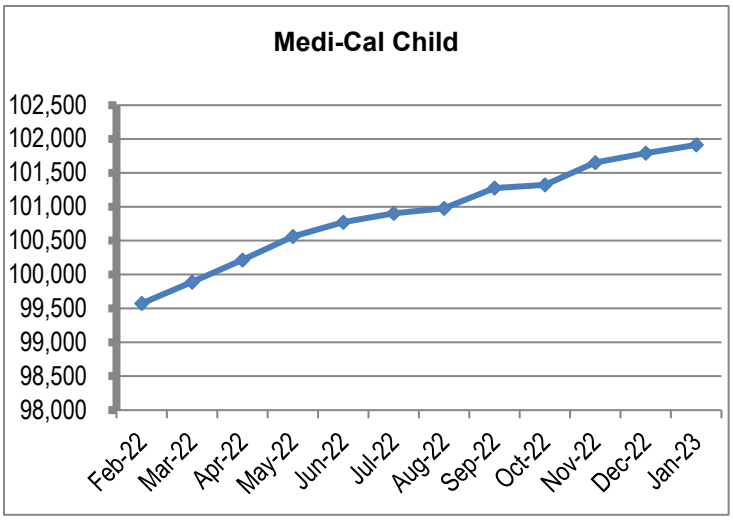
Enrollment

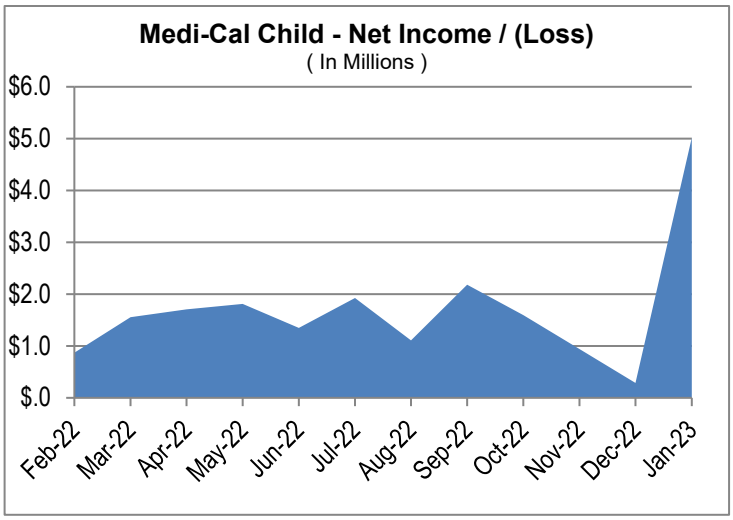
- Total enrollment increased by 2,019 members since December 2022.
- Total enrollment increased by 16,758 members since June 2022.

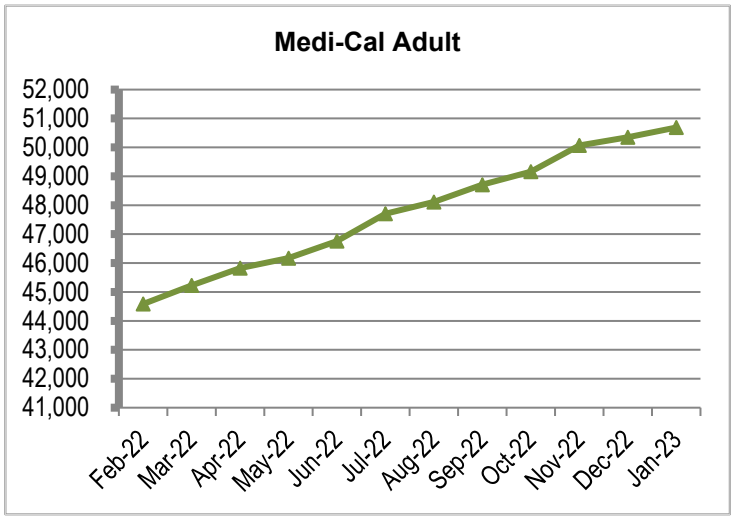
Monthly Membership and YTD Member Months
Actual vs. Budget
For the Month and Fiscal Year-to-Date

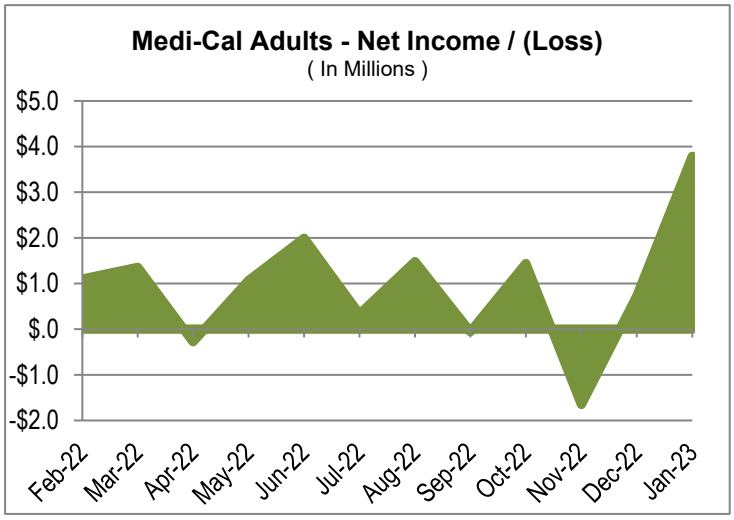
Enrollment					Member Months			
January-2023					Year-to-Date			
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
				Medi-Cal:				
50,687	50,068	619	1.2%	Adult	344,799	342,823	1,976	0.6%
101,914	102,032	(118)	-0.1%	Child	709,837	709,766	71	0.0%
28,685	31,537	(2,852)	-9.0%	SPD	198,008	200,772	(2,764)	-1.4%
23,444	44,376	(20,932)	-47.2%	Duals	157,980	178,535	(20,555)	-11.5%
119,302	119,956	(654)	-0.5%	ACA OE	813,780	812,167	1,613	0.2%
6	153	(147)	-96.1%	LTC	6	153	(147)	-96.1%
15	1,184	(1,169)	-98.7%	LTC/Duals	15	1,184	(1,169)	-98.7%
324,053	**349,306**	**(25,253)**	**-7.2%**	**Medi-Cal Total**	**2,224,425**	**2,245,400**	**(20,975)**	**-0.9%**
5,761	5,789	(28)	-0.5%	Group Care	40,525	40,564	(39)	-0.1%
329,814	**355,095**	**(25,281)**	**-7.1%**	**Total**	**2,264,950**	**2,285,964**	**(21,014)**	**-0.9%**

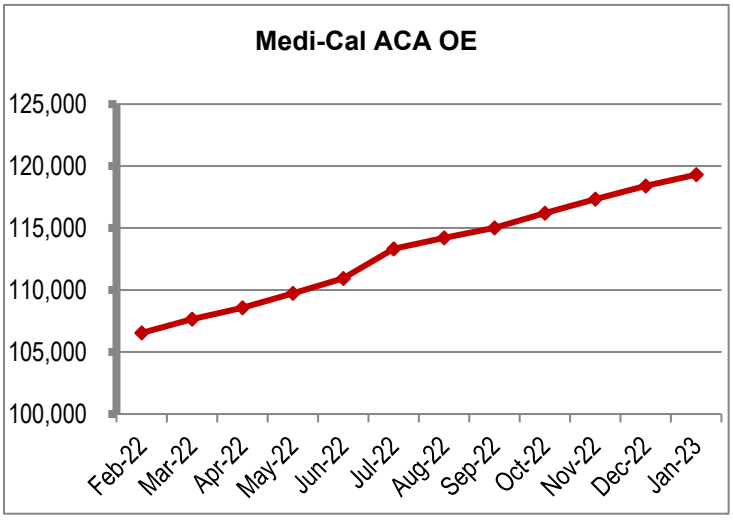
Enrollment and Profitability by Program and Category of Aid

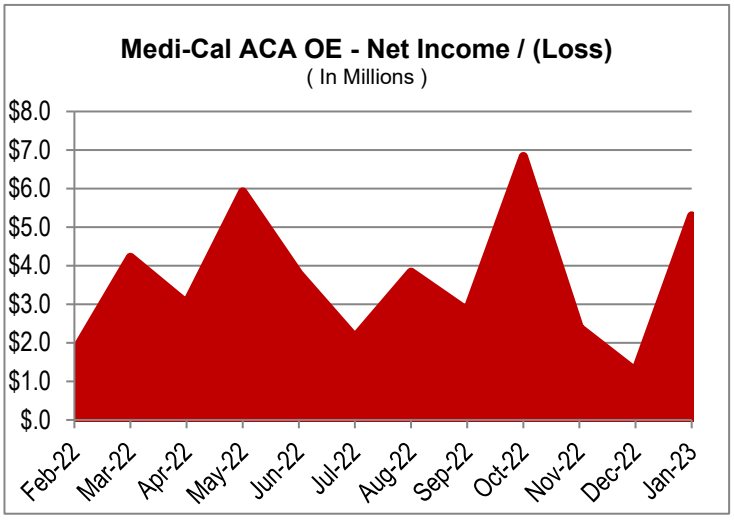












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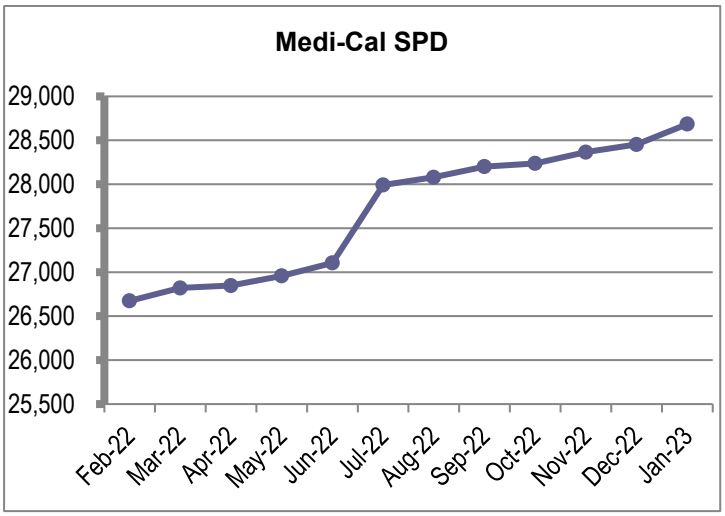
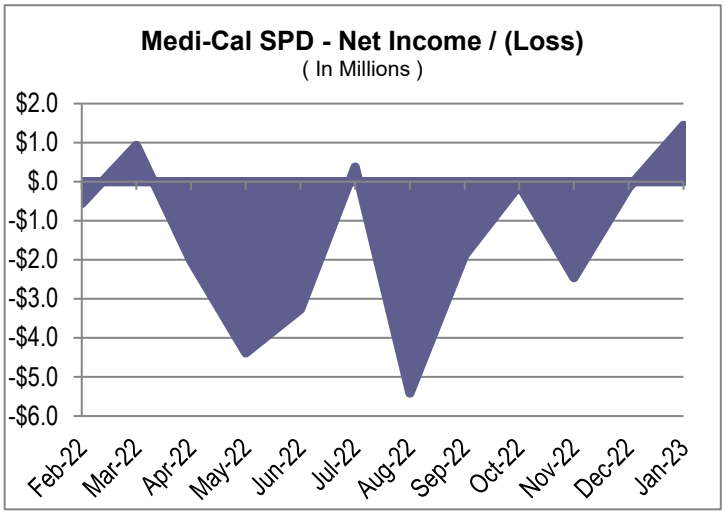
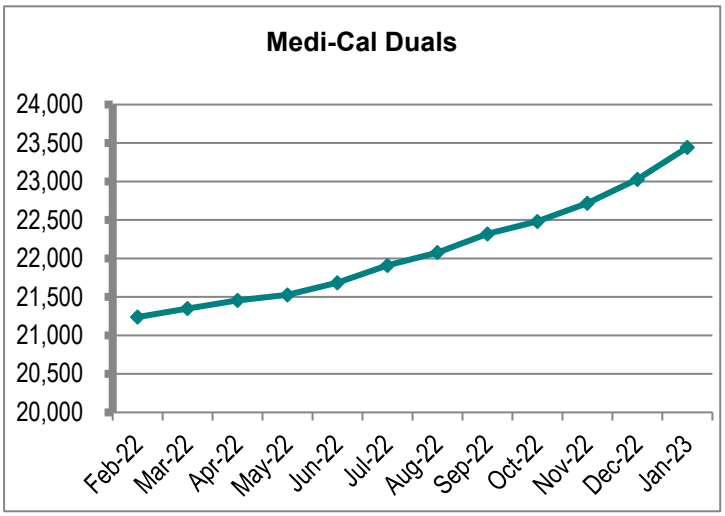
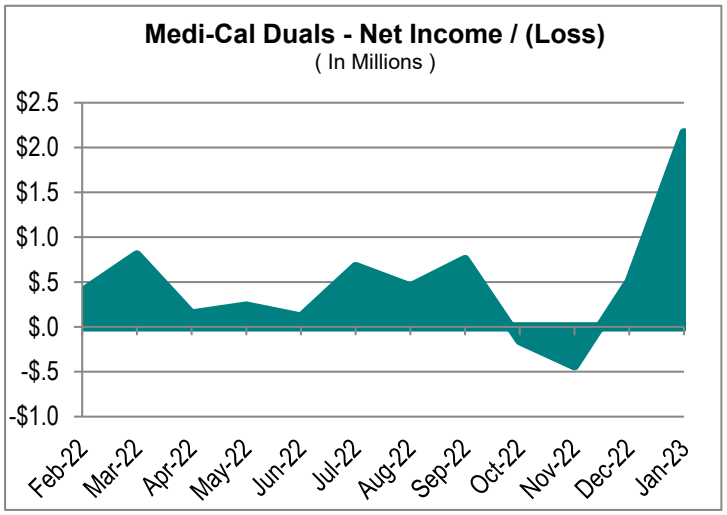
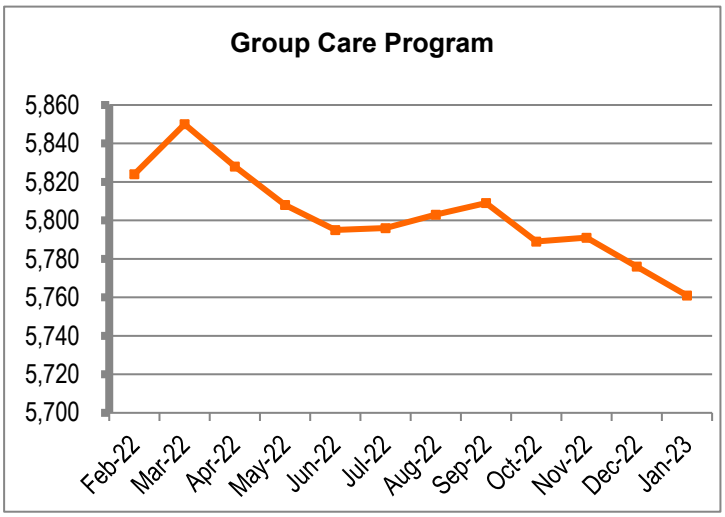
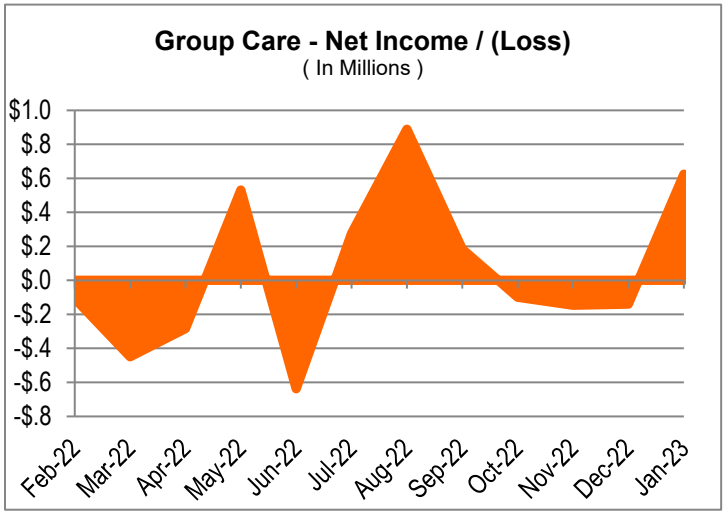




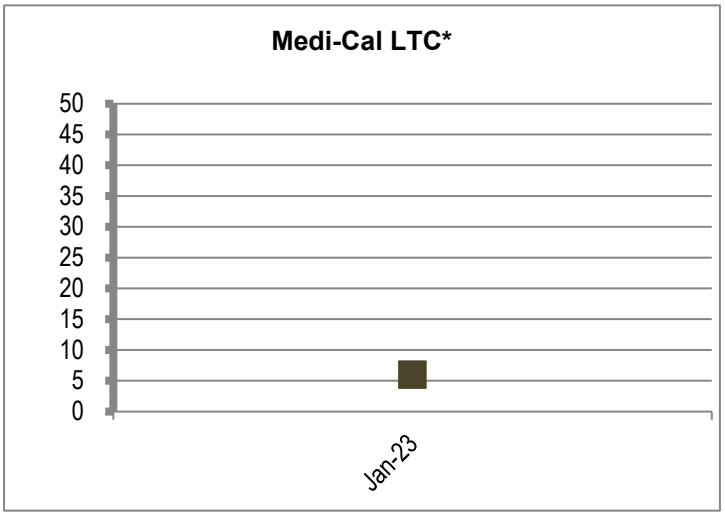


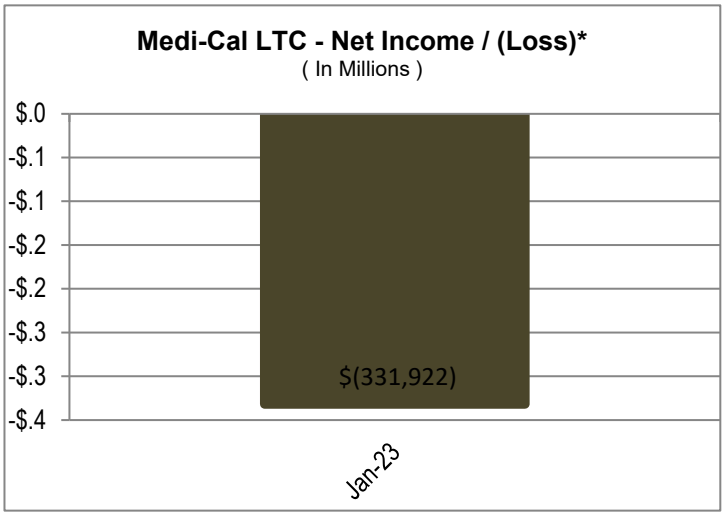




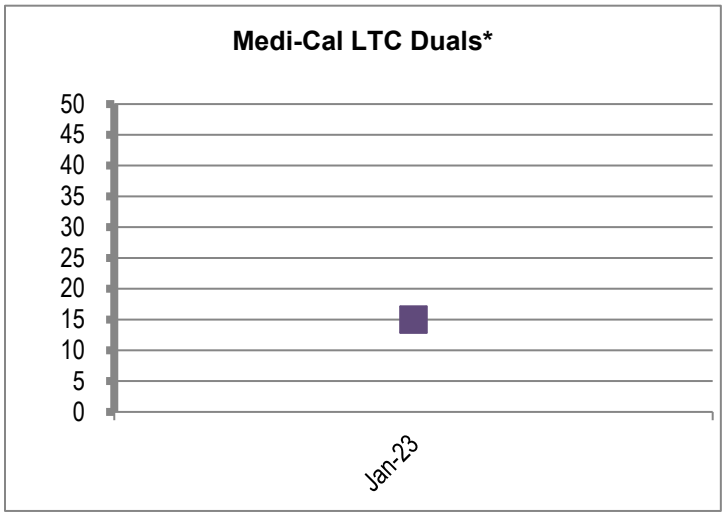


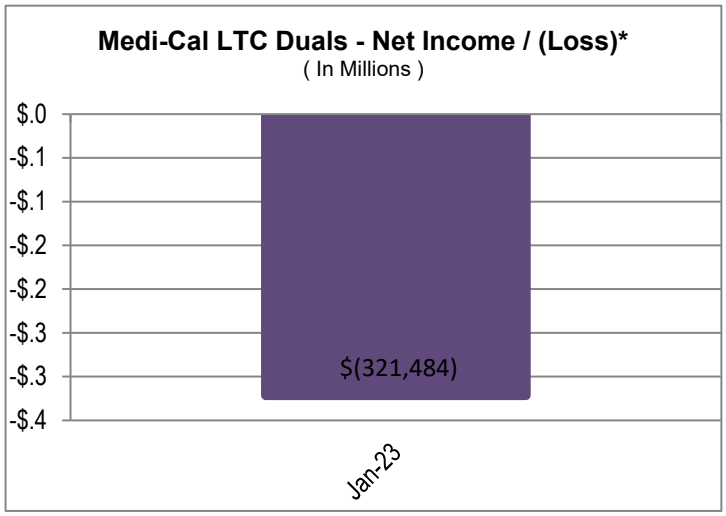
Enrollment and Profitability by Program and Category of Aid



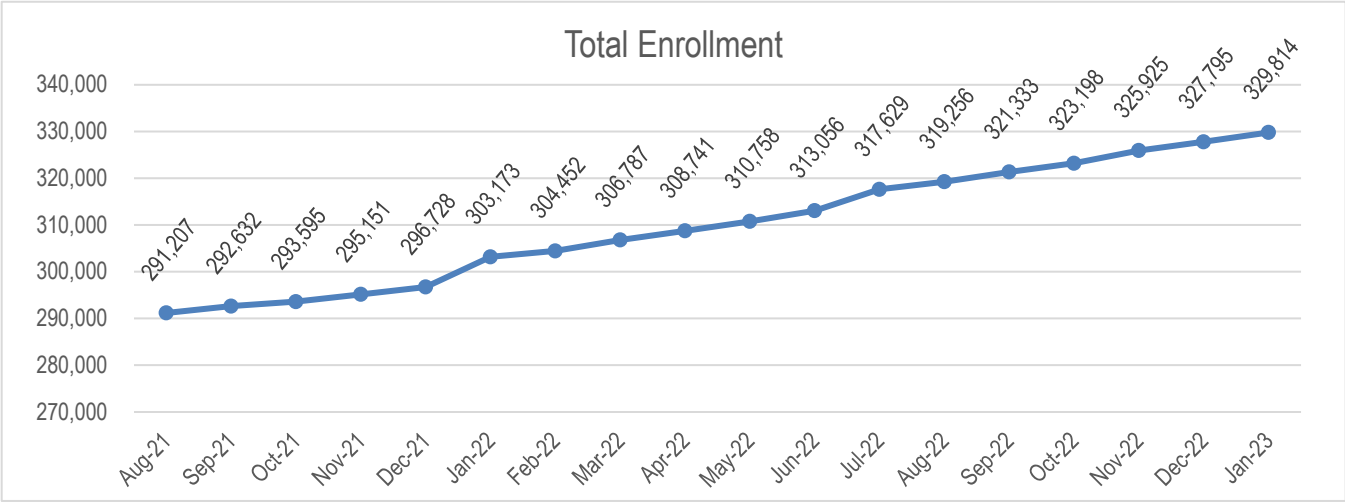


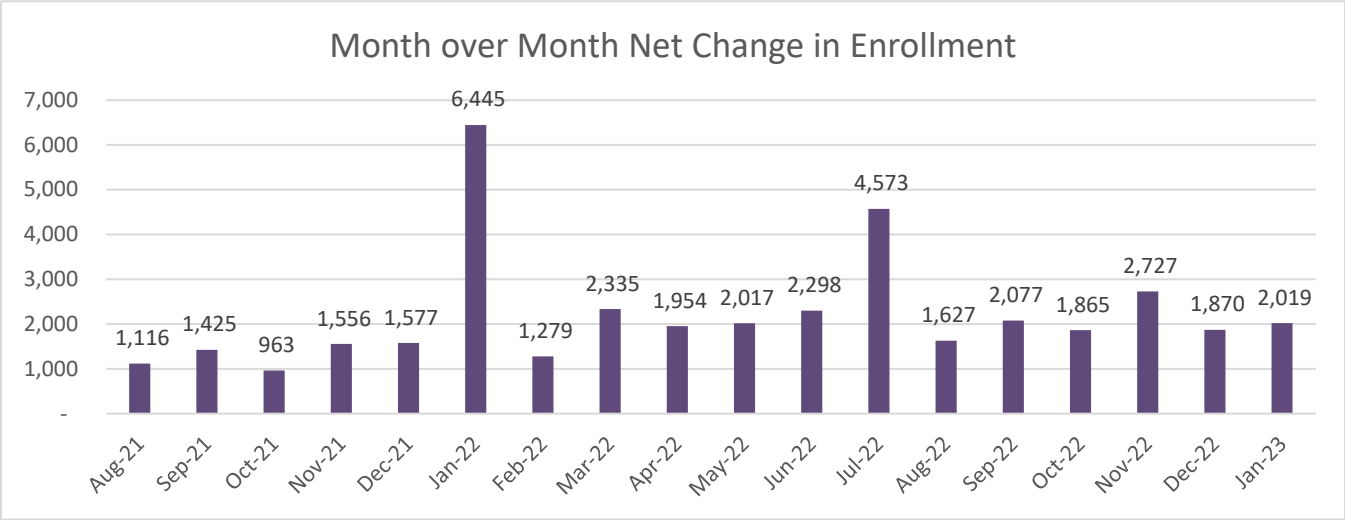
*LTC Members began to transfer from Fee-For-Service in January 2023.





Net Change in Enrollment





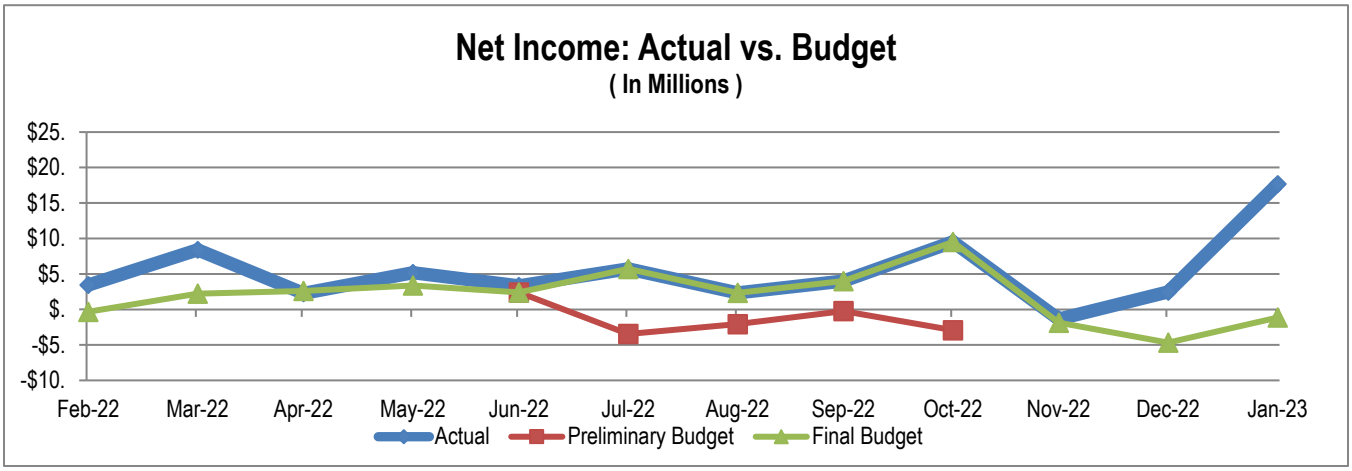
- The disenrollment process associated with the Public Health Emergency (PHE) is projected to restart in May 2023.

Net Income

- For the month ended January 31st, 2023:
  - Actual Net Income: $17.7 million.
  - Budgeted Net Loss: $1.1 million.

- For the fiscal YTD ended January 31st, 2023:
  - Actual Net Income: $40.3 million.
  - Budgeted Net Income: $13.9 million.

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

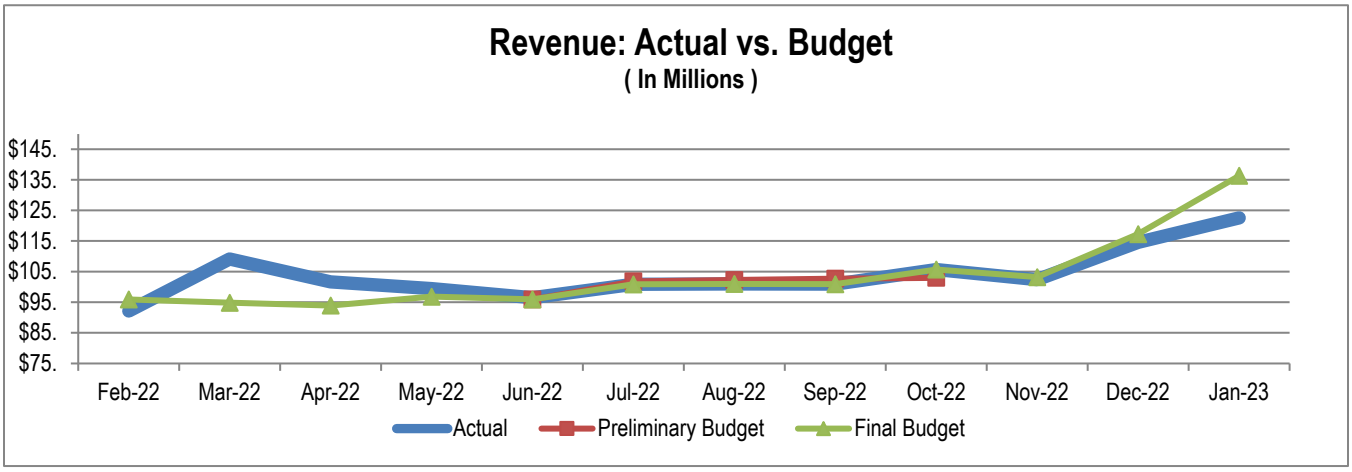


- The favorable variance of $18.8 million in the current month is primarily due to:
  - Unfavorable $13.7 million lower than anticipated Revenue.
  - Favorable $30.4 million lower than anticipated Medical Expense.
  - Favorable $1.5 million higher than anticipated Total Other Income.
  - Favorable $667,000 lower than anticipated Administrative Expense.

Revenue

- For the month ended January 31st, 2023:
  - Actual Revenue: $122.6 million.
  - Budgeted Revenue: $136.3 million.

- For the fiscal YTD ended January 31st, 2023:
  - Actual Revenue: $747.8 million.
  - Budgeted Revenue: $765.1 million.



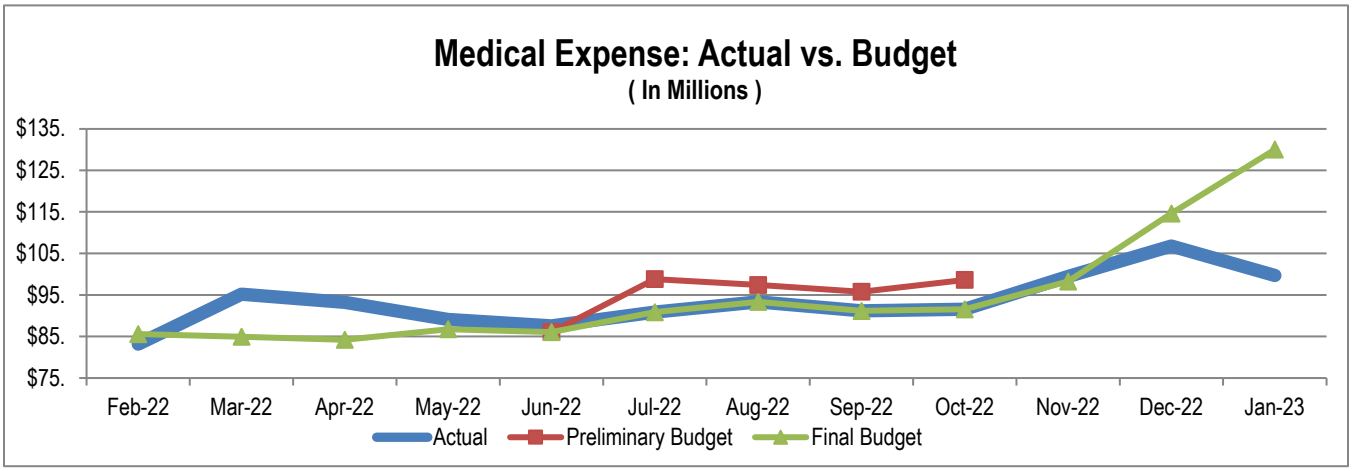
*Note: The Final Budget contains actual results from June – October.

- For the month ended January 31, 2023, the unfavorable revenue variance of $13.7 million is primarily due to:
  - Unfavorable $19.0 million Medi-Cal Base Capitation. This is driven by the delay of the transition of LTC and Duals from Fee-for-service Medi-Cal.
  - Favorable $2.7 million Behavioral Health Supplemental Revenue due retroactive revenue relating to calendar year 2022.
  - Favorable $2.0 million Capitation revenue due to variances between FY23 budget rates and higher CY 2023 rates, received after the Budget was finalized.

Medical Expense

- For the month ended January 31st, 2023:
  - Actual Medical Expense: $99.7 million.
  - Budgeted Medical Expense: $130.0 million.

- For the fiscal YTD ended January 31st, 2023:
  - Actual Medical Expense: $672.8 million.
  - Budgeted Medical Expense: $709.8 million.



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

- Reported financial results include medical expense, which contains estimates for Incurred-But-Not-Paid (IBNP) claims. Calculation of monthly IBNP is based on historical trends and claims payment. The Alliance's IBNP reserves are reviewed by our Actuarial Consultants.

- For January, updates to Fee-For-Service (FFS) decreased the estimate for prior period unpaid Medical Expenses by $185,000. YTD, the estimate for prior years increased by $2.0 million (per table below) versus Budget.

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

	Actual			Budget	Variance Actual vs. BudgetFavorable/(Unfavorable)	
	Adjusted	Change in IBNP	Reported		$	%
Capitated Medical Expense	$171,133,865	$0	$171,133,865	$171,097,770	($36,095)	0.0%
Primary Care FFS	32,852,301	$28,785	$32,881,086	31,459,399	($1,392,902)	-4.4%
Specialty Care FFS	32,859,363	($33,674)	$32,825,689	35,647,974	$2,788,610	7.8%
Outpatient FFS	62,869,728	$1,565,663	$64,435,390	63,938,122	$1,068,394	1.7%
Ancillary FFS	42,249,474	$289,040	$42,538,514	52,850,494	$10,601,020	20.1%
Pharmacy FFS	49,954,576	$155,602	$50,110,178	49,115,117	($839,459)	-1.7%
ER Services FFS	33,682,338	$57,029	$33,739,367	35,286,000	$1,603,662	4.5%
Long Term Care FFS	13,996,223	$43,175	$14,039,398	22,098,950	$8,102,727	36.7%
Inpatient Hospital & SNF FFS	199,949,016	($119,255)	$199,829,761	215,177,968	$15,228,952	7.1%
Other Benefits & Services	27,329,667	$0	$27,329,667	28,359,690	$1,030,024	3.6%
Net Reinsurance	(394,880)	$0	($394,880)	(310,159)	$84,721	27.3%
	$666,481,672	**$1,986,364**	**$668,468,036**	**$704,721,325**	**$38,239,653**	**5.4%**

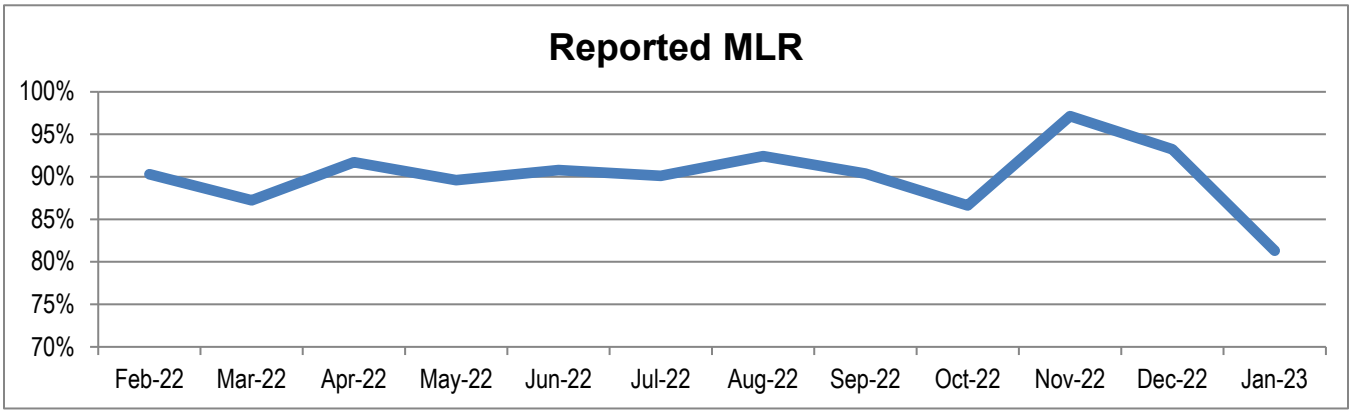
Medical Expense - Actual vs. Budget (Per Member Per Month) Adjusted to Eliminate the Impact of Prior Year IBNP Estimates						
	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Adjusted	Change in IBNP	Reported		$	%
Capitated Medical Expense	$75.56	$0.00	$75.56	$74.85	($0.71)	-0.9%
Primary Care FFS	$14.50	$0.01	$14.52	$13.76	($0.74)	-5.4%
Specialty Care FFS	$14.51	($0.01)	$14.49	$15.59	$1.09	7.0%
Outpatient FFS	$27.76	$0.69	$28.45	$27.97	$0.21	0.8%
Ancillary FFS	$18.65	$0.13	$18.78	$23.12	$4.47	19.3%
Pharmacy FFS	$22.06	$0.07	$22.12	$21.49	($0.57)	-2.7%
ER Services FFS	$14.87	$0.03	$14.90	$15.44	$0.56	3.7%
Long Term Care FFS	$6.18	$0.02	$6.20	$9.67	$3.49	36.1%
Inpatient Hospital & SNF FFS	$88.28	($0.05)	$88.23	$94.13	$5.85	6.2%
Other Benefits & Services	$12.07	$0.00	$12.07	$12.41	$0.34	2.7%
Net Reinsurance	($0.17)	$0.00	($0.17)	($0.14)	$0.04	28.5%
	$294.26	**$0.88**	**$295.14**	**$308.28**	**$14.02**	**4.5%**

- Excluding the effect of prior year estimates for IBNP, year-to-date medical expense variance is $38.2 million favorable to budget. On a PMPM basis, medical expense is 4.5% favorable to budget. For per-member-per-month expense:
    - Capitated Expense is slightly under budget, with unfavorable transportation expense, reflecting the delay of that contract to FFS. Additional unfavorable BHT Supplemental expense was partially offset by favorable Global Subcontract and FQHC expense.
    - Primary Care Expense is unfavorable compared to budget, driven by unfavorable utilization across all populations except for Duals.
    - Specialty Care Expense is under budget, favorable across all populations and generally driven by utilization except for the SPD category of aid which is driven by unit cost.
    - Outpatient Expense is under budget, driven by favorable utilization across all populations except for the SPD population which is driven by unfavorable unit cost.
    - Ancillary Expense is under budget across all populations driven by favorable utilization as well as the non-emergency transportation remaining as a capitated expense instead of moving to fee-for-service.
    - Pharmacy Expense is over budget mostly due to unfavorable Non-PBM expense which is predominantly driven by unfavorable unit cost in the ACA OE population.
    - Emergency Room Expense is under budget driven by favorable unit cost across all populations except for the Child and Group Care populations which are driven by unfavorable utilization.

- Long Term Care Expense is under budget, driven by favorable utilization across all populations, largely because the transition of LTC members from FFS was delayed.
- Inpatient Expense is under budget driven by favorable utilization offset by unfavorable unit cost.
- Other Benefits & Services are under budget, due to favorable interpreter services, consultant fees, medical professional services, community relations and employee expense.
- Net Reinsurance year-to-date is favorable because more recoveries were received than budgeted.

Medical Loss Ratio (MLR)

- The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 81.3% for the month and 90.0% for the fiscal year-to-date.



Administrative Expense

- For the month ended January 31st, 2023:
  - Actual Administrative Expense: $6.8 million.
  - Budgeted Administrative Expense: $7.5 million.

- For the fiscal YTD ended January 31st, 2023:
  - Actual Administrative Expense: $40.1 million.
  - Budgeted Administrative Expense: $43.2 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 %**
$4,025,640	$4,352,498	$326,858	7.5%	Employee Expense	$24,540,323	$25,510,253	$969,930	3.8%
374,448	414,616	40,168	9.7%	Medical Benefits Admin Expense	2,410,787	2,479,903	69,116	2.8%
881,948	1,348,002	466,054	34.6%	Purchased & Professional Services	5,528,599	7,199,163	1,670,564	23.2%
1,524,328	1,358,202	(166,126)	-12.2%	Other Admin Expense	7,615,592	7,963,497	347,905	4.4%
$6,806,364	$7,473,318	$666,954	8.9%	Total Administrative Expense	$40,095,301	$43,152,816	$3,057,515	7.1%

The year-to-date variances include:

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

The Administrative Loss Ratio (ALR) is 5.6% of net revenue for the month and 5.4% of net revenue year-to-date.

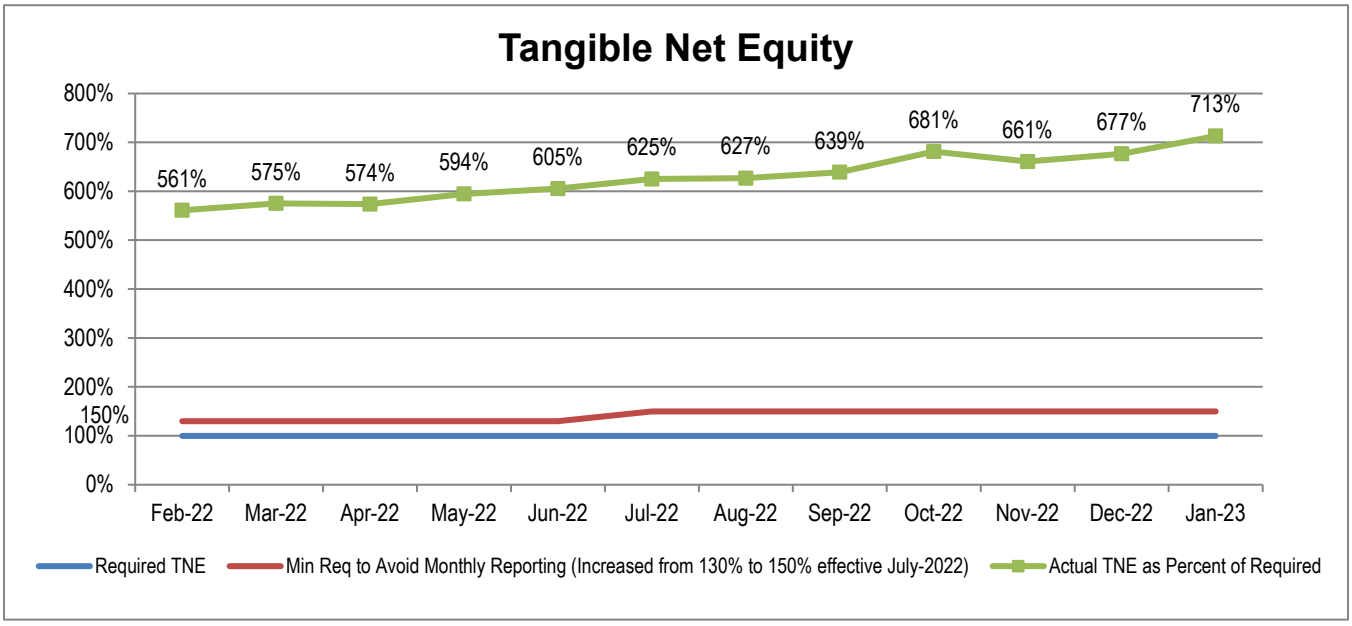
Other Income / (Expense)

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

- Fiscal year-to-date net investments show a gain of $5.4 million.
- Fiscal year-to-date claims interest expense, due to delayed payment of certain claims, or recalculated interest on previously paid claims is $185,000.

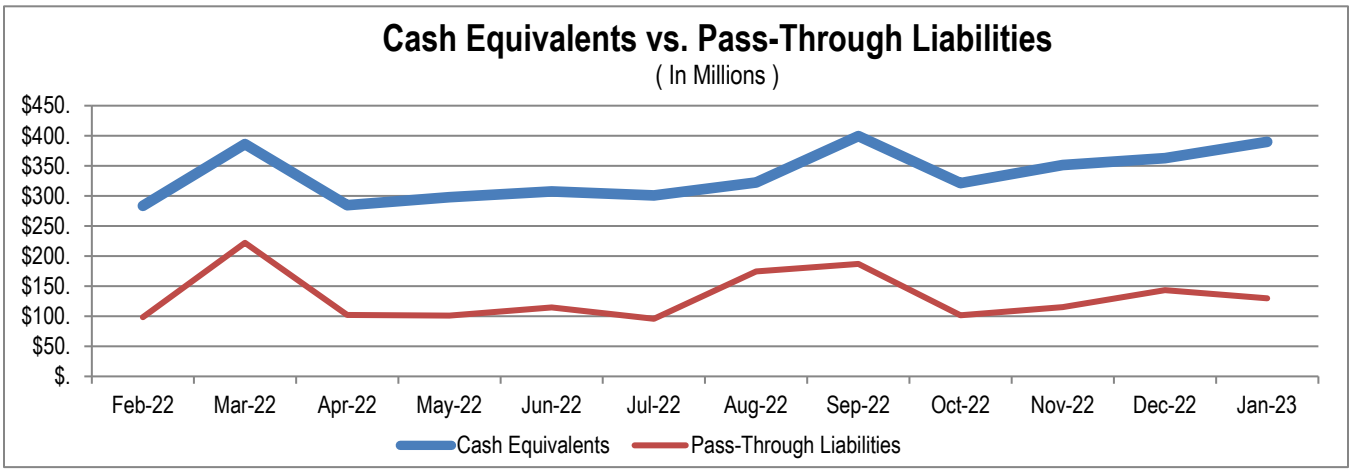
Tangible Net Equity (TNE)

- 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 $38.0 million
    - Actual TNE $271.0 million
    - Excess TNE $233.0 million
    - TNE % of Required TNE 713%



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

- Key Metrics
  - Cash & Cash Equivalents $389.8 million
  - Pass-Through Liabilities $129.8 million
  - Uncommitted Cash $260.0 million
  - Working Capital $236.9 million
  - Current Ratio 1.75 (regulatory minimum is 1.0)



Capital Investment

- Fiscal year-to-date capital assets acquired: $208,000.

- Annual capital budget: $979,000.

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

Caveats to Financial Statements

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

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

Finance

Supporting Documents

ALAMEDA ALLIANCE FOR HEALTH

STATEMENT OF REVENUE & EXPENSES
ACTUAL VS. BUDGET (WITH MEDICAL EXPENSE BY PAYMENT TYPE)
COMBINED BASIS (RESTRICTED & UNRESTRICTED FUNDS)
FOR THE MONTH AND FISCAL YTD ENDED January 31, 2023

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				MEMBERSHIP				
324,053	349,306	(25,253)	(7.2%)	1 - Medi-Cal	2,224,425	2,245,400	(20,975)	(0.9%)
5,761	5,789	(28)	(0.5%)	2 - Group Care	40,525	40,564	(39)	(0.1%)
329,814	**355,095**	**(25,281)**	**(7.1%)**	**3 - TOTAL MEMBER MONTHS**	**2,264,950**	**2,285,964**	**(21,014)**	**(0.9%)**
				REVENUE				
$122,581,229	**$136,318,381**	**($13,737,153)**	**(10.1%)**	**4 - TOTAL REVENUE**	**$747,849,921**	**$765,143,645**	**($17,293,724)**	**(2.3%)**
				MEDICAL EXPENSES				
				Capitated Medical Expenses:				
$27,024,693	$28,074,511	$1,049,817	3.7%	5 - Capitated Medical Expense	$171,133,865	$171,097,769	($36,095)	(0.0%)
				Fee for Service Medical Expenses:				
$29,755,405	$36,149,358	$6,393,953	17.7%	6 - Inpatient Hospital FFS Expense	$199,829,761	$215,177,968	$15,348,207	7.1%
$4,859,912	$4,630,241	($229,671)	(5.0%)	7 - Primary Care Physician FFS Expense	$32,881,086	$31,459,399	($1,421,687)	(4.5%)
$4,547,136	$5,716,785	$1,169,650	20.5%	8 - Specialty Care Physician Expense	$32,825,689	$35,647,975	$2,822,285	7.9%
$3,794,667	$10,901,120	$7,106,453	65.2%	9 - Ancillary Medical Expense	$42,538,514	$52,850,495	$10,311,980	19.5%
$7,389,281	$10,174,959	$2,785,678	27.4%	10 - Outpatient Medical Expense	$64,435,390	$63,938,121	($497,268)	(0.8%)
$5,043,549	$5,806,392	$762,843	13.1%	11 - Emergency Expense	$33,739,367	$35,286,000	$1,546,633	4.4%
$5,650,397	$7,676,982	$2,026,585	26.4%	12 - Pharmacy Expense	$50,110,178	$49,115,118	($995,061)	(2.0%)
$7,257,829	$15,796,326	$8,538,498	54.1%	13 - Long Term Care FFS Expense	$14,039,398	$22,098,950	$8,059,552	36.5%
$68,298,175	$96,852,163	$28,553,988	29.5%	14 - Total Fee for Service Expense	$470,399,384	$505,574,026	$35,174,640	7.0%
$4,420,367	$4,882,769	$462,402	9.5%	15 - Other Benefits & Services	$31,750,034	$33,242,459	$1,492,426	4.5%
($70,097)	$219,807	$289,903	131.9%	16 - Reinsurance Expense	($464,976)	($90,352)	$374,624	(414.6%)
$99,673,139	**$130,029,250**	**$30,356,110**	**23.3%**	**18 - TOTAL MEDICAL EXPENSES**	**$672,818,306**	**$709,823,902**	**$37,005,595**	**5.2%**
$22,908,090	**$6,289,131**	**$16,618,957**	**264.2%**	**19 - GROSS MARGIN**	**$75,031,614**	**$55,319,743**	**$19,711,871**	**35.6%**
				ADMINISTRATIVE EXPENSES				
$4,025,640	$4,352,498	$326,858	7.5%	20 - Personnel Expense	$24,540,323	$25,510,253	$969,931	3.8%
$374,448	$414,616	$40,168	9.7%	21 - Benefits Administration Expense	$2,410,787	$2,479,903	$69,115	2.8%
$881,948	$1,348,002	$466,054	34.6%	22 - Purchased & Professional Services	$5,528,599	$7,199,163	$1,670,565	23.2%
$1,524,328	$1,358,202	($166,126)	(12.2%)	23 - Other Administrative Expense	$7,615,592	$7,963,497	$347,905	4.4%
$6,806,364	**$7,473,318**	**$666,953**	**8.9%**	**24 - TOTAL ADMINISTRATIVE EXPENSE**	**$40,095,301**	**$43,152,816**	**$3,057,516**	**7.1%**
$16,101,726	**($1,184,187)**	**$17,285,910**	**1,459.7%**	**25 - NET OPERATING INCOME / (LOSS)**	**$34,936,314**	**$12,166,927**	**$22,769,387**	**187.1%**
				OTHER INCOME / EXPENSE				
$1,572,040	**$48,750**	**$1,523,290**	**3,124.7%**	**26 - TOTAL OTHER INCOME / (EXPENSE)**	**$5,402,129**	**$1,718,880**	**$3,683,249**	**214.3%**
$17,673,766	**($1,135,437)**	**$18,809,200**	**1,656.6%**	**27 - NET INCOME / (LOSS)**	**$40,338,442**	**$13,885,807**	**$26,452,636**	**190.5%**
5.6%	**5.5%**	**-0.1%**	**-1.8%**	**28 - Admin Exp % of Revenue**	**5.4%**	**5.6%**	**0.2%**	**3.6%**

ALAMEDA ALLIANCE FOR HEALTH
BALANCE SHEETS
CURRENT MONTH VS. PRIOR MONTH
FOR THE MONTH AND FISCAL YTD ENDED January 31, 2023

	January	December	Difference	% Difference
CURRENT ASSETS:				
Cash & Equivalents				
Cash	$62,069,719	$74,060,195	($11,990,476)	-16.19%
Short-Term Investments	327,699,774	288,752,330	38,947,444	13.49%
Interest Receivable	429,283	312,872	116,411	37.21%
Other Receivables - Net	147,729,007	158,638,877	(10,909,870)	-6.88%
Prepaid Expenses	5,376,937	4,787,431	589,505	12.31%
Prepaid Inventoried Items	37,287	12,735	24,552	192.79%
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	**$554,074,949**	**$537,297,382**	**$16,777,566**	**3.12%**
OTHER ASSETS:				
Long-Term Investments	27,695,423	32,265,850	(4,570,427)	-14.16%
Restricted Assets	350,000	350,000	0	0.00%
Lease Asset - Office Space (Net)	1,753,877	1,816,516	(62,638)	-3.45%
Lease Asset - Office Equipment (Net)	216,693	220,989	(4,296)	-1.94%
TOTAL OTHER ASSETS	**$30,015,994**	**$34,653,355**	**($4,637,362)**	**-13.38%**
PROPERTY AND EQUIPMENT:				
Land, Building & Improvements	10,113,570	10,113,570	0	0.00%
Furniture And Equipment	11,724,087	11,724,087	0	0.00%
Leasehold Improvement	902,447	902,447	0	0.00%
Internally-Developed Software	14,824,002	14,824,002	0	0.00%
Fixed Assets at Cost	37,564,105	37,564,105	0	0.00%
Less: Accumulated Depreciation	(32,160,787)	(32,092,999)	(67,788)	0.21%
NET PROPERTY AND EQUIPMENT	**$5,403,318**	**$5,471,106**	**($67,788)**	**-1.24%**
TOTAL ASSETS	**$589,494,261**	**$577,421,843**	**$12,072,417**	**2.09%**
CURRENT LIABILITIES:				
Accounts Payable	42,848	722,968	(680,120)	-94.07%
Other Accrued Expenses	3,571,392	1,563,855	2,007,537	128.37%
Interest Payable	9,440	9,757	(317)	-3.25%
Pass-Through Liabilities	129,757,535	143,244,212	(13,486,677)	-9.42%
Claims Payable	33,846,576	31,232,985	2,613,591	8.37%
IBNP Reserves	130,640,318	127,322,771	3,317,547	2.61%
Payroll Liabilities	5,979,383	5,273,747	705,636	13.38%
CalPERS Deferred Inflow	6,781,898	6,781,898	0	0.00%
Risk Sharing	5,591,939	5,591,939	0	0.00%
Provider Grants/ New Health Program	140,406	152,718	(12,312)	-8.06%
ST Lease Liability - Office Space	787,676	781,706	5,970	0.76%
ST Lease Liability - Office Equipment	49,875	49,703	172	0.35%
TOTAL CURRENT LIABILITIES	**$317,199,285**	**$322,728,258**	**($5,528,973)**	**-1.71%**
LONG TERM LIABILITIES:				
LT Lease Liability - Office Space	1,157,743	1,225,883	(68,140)	-5.56%
LT Lease Liability - Office Equipment	174,488	178,724	(4,236)	-2.37%
TOTAL LONG TERM LIABILITIES	**$1,332,232**	**$1,404,607**	**($72,375)**	**-5.15%**
TOTAL LIABILITIES	**$318,531,517**	**$324,132,865**	**($5,601,348)**	**-1.73%**
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)	40,338,442	22,664,677	17,673,766	77.98%
TOTAL NET WORTH	**$270,962,744**	**$253,288,978**	**$17,673,766**	**6.98%**
TOTAL LIABILITIES AND NET WORTH	**$589,494,261**	**$577,421,843**	**$12,072,417**	**2.09%**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 1/31/2023

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	$2,630,730	$7,931,165	$15,882,331	$18,528,979
Total	2,630,730	7,931,165	15,882,331	18,528,979
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	119,950,483	331,557,763	631,138,896	729,320,546
Allowance for Doubtful Accounts	0	0	0	0
Deferred Premium Revenue	0	(369,251)	0	0
Premium Receivable	10,952,016	1,060,629	(8,539,385)	53,216,132
Total	130,902,499	332,249,141	622,599,511	782,536,678
Investment & Other Income Cash Flows				
Other Revenue (Grants)	6,535	(5,880)	(14,367)	(27,082)
Investment Income	1,602,937	3,943,991	5,175,405	5,689,062
Interest Receivable	(116,411)	(51,916)	(139,181)	(150,846)
Total	1,493,061	3,886,195	5,021,857	5,511,134
Medical & Hospital Cash Flows				
Total Medical Expenses	(100,115,194)	(306,344,924)	(582,399,428)	(673,260,359)
Other Receivable	1,197,233	38,072	(810,207)	655,749
Claims Payable	2,613,591	5,267,449	11,098,915	14,257,853
IBNP Payable	3,317,547	9,505,300	7,151,711	17,535,944
Risk Share Payable	0	0	(1,782,993)	(1,782,993)
Health Program	(12,312)	(38,492)	(74,355)	(86,266)
Other Liabilities	0	0	(1)	1
Total	(92,999,135)	(291,572,595)	(566,816,358)	(642,680,071)
Administrative Cash Flows				
Total Administrative Expenses	(6,843,783)	(18,739,476)	(35,591,276)	(40,354,760)
Prepaid Expenses	(631,967)	(863,708)	(193,643)	(84,939)
CalPERS Pension Asset	0	0	0	0
CalPERS Deferred Outflow	0	0	0	0
Trade Accounts Payable	1,327,418	1,278,993	1,447,584	908,483
Other Accrued Liabilities	(317)	(947)	(2,765)	(3,077)
Payroll Liabilities	705,637	78,434	1,103,846	1,271,948
Net Lease Assets/Liabilities (Short term & Long term)	700	3,049	147	5,271
Depreciation Expense	67,788	206,084	409,095	477,768
Total	(5,374,524)	(18,037,571)	(32,827,012)	(37,779,306)
Interest Paid				
Debt Interest Expense	0	0	0	0
Total Cash Flows from Operating Activities	**36,652,631**	**34,456,335**	**43,860,329**	**126,117,414**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 1/31/2023

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM INVESTING ACTIVITIES				
Investment Cash Flows				
Long Term Investments	4,570,427	6,655,804	12,293,410	7,373,426
	4,570,427	6,655,804	12,293,410	7,373,426
Restricted Cash & Other Asset Cash Flows				
Provider Pass-Thru-Liabilities	(13,487,278)	28,274,357	33,776,577	(50,145,031)
Restricted Cash	0	0	0	0
	(13,487,278)	28,274,357	33,776,577	(50,145,031)
Fixed Asset Cash Flows				
Depreciation expense	67,788	206,084	409,095	477,768
Fixed Asset Acquisitions	0	(11,056)	(207,855)	(207,855)
Change in A/D	(67,788)	(206,084)	(409,095)	(477,768)
	0	(11,056)	(207,855)	(207,855)
Total Cash Flows from Investing Activities	**(8,916,851)**	**34,919,105**	**45,862,132**	**(42,979,460)**
Financing Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Total Cash Flows	**27,735,780**	**69,375,440**	**89,722,461**	**83,137,954**
Rounding	(778,812)	(778,816)	(778,815)	(778,812)
Cash @ Beginning of Period	362,812,525	321,172,869	300,825,847	307,410,351
Cash @ End of Period	**$389,769,493**	**$389,769,493**	**$389,769,493**	**$389,769,493**
Difference (rounding)	0	0	0	0

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 1/31/2023

	MONTH	3 MONTHS	6 MONTHS	YTD
NET INCOME RECONCILIATION				
Net Income / (Loss)	$17,231,708	$18,342,640	$34,191,562	$39,896,386
Add back: Depreciation	67,788	206,084	409,095	477,768
Receivables				
Premiums Receivable	10,952,016	1,060,629	(8,539,385)	53,216,132
First Care Receivable	0	0	0	0
Family Care Receivable	0	0	0	0
Healthy Kids Receivable	0	0	0	0
Interest Receivable	(116,411)	(51,916)	(139,181)	(150,846)
Other Receivable	1,197,233	38,072	(810,207)	655,749
FQHC Receivable	0	0	0	0
Allowance for Doubtful Accounts	0	0	0	0
Total	12,032,838	1,046,785	(9,488,773)	53,721,035
Prepaid Expenses	(631,967)	(863,708)	(193,643)	(84,939)
Trade Payables	1,327,418	1,278,993	1,447,584	908,483
Claims Payable, IBNR & Risk Share				
IBNP	3,317,547	9,505,300	7,151,711	17,535,944
Claims Payable	2,613,591	5,267,449	11,098,915	14,257,853
Risk Share Payable	0	0	(1,782,993)	(1,782,993)
Other Liabilities	0	0	(1)	1
Total	5,931,138	14,772,749	16,467,632	30,010,805
Unearned Revenue				
Total	0	(369,251)	0	0
Other Liabilities				
Accrued Expenses	(317)	(947)	(2,765)	(3,077)
Payroll Liabilities	705,637	78,434	1,103,846	1,271,948
Net Lease Assets/Liabilities (Short term & Long term)	700	3,049	147	5,271
Health Program	(12,312)	(38,492)	(74,355)	(86,266)
Accrued Sub Debt Interest	0	0	0	0
Total Change in Other Liabilities	693,708	42,044	1,026,873	1,187,876
Cash Flows from Operating Activities	**$36,652,631**	**$34,456,336**	**$43,860,330**	**$126,117,414**
Difference (rounding)	0	1	1	0

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 1/31/2023

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received From:				
Capitation Received from State of CA	$130,902,499	$332,249,141	$622,599,511	$782,536,678
Commercial Premium Revenue	2,630,730	7,931,165	15,882,331	18,528,979
Other Income	6,535	(5,880)	(14,367)	(27,082)
Investment Income	1,486,526	3,892,075	5,036,224	5,538,216
Cash Paid To:				
Medical Expenses	(92,999,135)	(291,572,595)	(566,816,358)	(642,680,071)
Vendor & Employee Expenses	(5,374,524)	(18,037,571)	(32,827,012)	(37,779,306)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	36,652,631	34,456,335	43,860,329	126,117,414
Cash Flows from Financing Activities:				
Purchases of Fixed Assets	0	(11,056)	(207,855)	(207,855)
Net Cash Provided By (Used In) Financing Activities	0	(11,056)	(207,855)	(207,855)
Cash Flows from Investing Activities:				
Changes in Investments	4,570,427	6,655,804	12,293,410	7,373,426
Restricted Cash	(13,487,278)	28,274,357	33,776,577	(50,145,031)
Net Cash Provided By (Used In) Investing Activities	(8,916,851)	34,930,161	46,069,987	(42,771,605)
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Net Change in Cash	**27,735,780**	**69,375,440**	**89,722,461**	**83,137,954**
Cash @ Beginning of Period	362,812,525	321,172,869	300,825,847	307,410,351
Subtotal	$390,548,305	$390,548,309	$390,548,308	$390,548,305
Rounding	(778,812)	(778,816)	(778,815)	(778,812)
Cash @ End of Period	**$389,769,493**	**$389,769,493**	**$389,769,493**	**$389,769,493**
RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:				
Net Income / (Loss)	$17,231,708	$18,342,640	$34,191,562	$39,896,386
Depreciation	67,788	206,084	409,095	477,768
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	12,032,838	1,046,785	(9,488,773)	53,721,035
Prepaid Expenses	(631,967)	(863,708)	(193,643)	(84,939)
Trade Payables	1,327,418	1,278,993	1,447,584	908,483
Claims payable & IBNP	5,931,138	14,772,749	16,467,632	30,010,805
Deferred Revenue	0	(369,251)	0	0
Accrued Interest	0	0	0	0
Other Liabilities	693,708	42,044	1,026,873	1,187,876
Subtotal	36,652,631	34,456,336	43,860,330	126,117,414
Rounding	0	(1)	(1)	0
Cash Flows from Operating Activities	**$36,652,631**	**$34,456,335**	**$43,860,329**	**$126,117,414**
Rounding Difference	0	(1)	(1)	0

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE MONTH OF JANUARY 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	101,914	50,687	28,685	119,302	23,444	6	15	324,053	5,761	329,814
Net Revenue	$15,289,449	$16,793,330	$34,759,685	$46,099,444	$6,823,447	$63,979	$121,164	$119,950,498	$2,630,731	$122,581,229
Medical Expense	$9,881,829	$12,389,152	$31,792,203	$39,193,545	$4,134,054	$333,308	$75,403	$97,799,495	$1,873,644	$99,673,139
Gross Margin	$5,407,620	$4,404,178	$2,967,482	$6,905,898	$2,689,393	-$269,329	$45,761	$22,151,003	$757,086	$22,908,090
Administrative Expense	$476,192	$795,040	$2,011,415	$2,102,366	$682,746	$83,622	$490,602	$6,641,984	$164,380	$6,806,364
Operating Income / (Expense)	$4,931,428	$3,609,138	$956,067	$4,803,533	$2,006,647	-$352,951	-$444,841	$15,509,020	$592,707	$16,101,726
Other Income / (Expense)	$88,120	$179,783	$485,457	$484,443	$158,517	$21,029	$123,357	$1,540,706	$31,334	$1,572,040
Net Income / (Loss)	**$5,019,548**	**$3,788,921**	**$1,441,524**	**$5,287,976**	**$2,165,164**	**-$331,922**	**-$321,484**	**$17,049,725**	**$624,041**	**$17,673,766**
PMPM Metrics:										
Revenue PMPM	$150.02	$331.31	$1,211.77	$386.41	$291.05	$10,663.20	$8,077.61	$370.16	$456.64	$371.67
Medical Expense PMPM	$96.96	$244.42	$1,108.32	$328.52	$176.34	$55,551.31	$5,026.90	$301.80	$325.23	$302.21
Gross Margin PMPM	$53.06	$86.89	$103.45	$57.89	$114.72	-$44,888.11	$3,050.71	$68.36	$131.42	$69.46
Administrative Expense PMPM	$4.67	$15.69	$70.12	$17.62	$29.12	$13,937.05	$32,706.79	$20.50	$28.53	$20.64
Operating Income / (Expense) PMPM	$48.39	$71.20	$33.33	$40.26	$85.59	-$58,825.16	-$29,656.08	$47.86	$102.88	$48.82
Other Income / (Expense) PMPM	$0.86	$3.55	$16.92	$4.06	$6.76	$3,504.76	$8,223.78	$4.75	$5.44	$4.77
Net Income / (Loss) PMPM	$49.25	$74.75	$50.25	$44.32	$92.35	-$55,320.40	-$21,432.30	$52.61	$108.32	$53.59
Ratio:										
Medical Loss Ratio	64.6%	73.8%	91.5%	85.0%	60.6%	521.0%	62.2%	81.5%	71.2%	81.3%
Gross Margin Ratio	35.4%	26.2%	8.5%	15.0%	39.4%	-421.0%	37.8%	18.5%	28.8%	18.7%
Administrative Expense Ratio	3.1%	4.7%	5.8%	4.6%	10.0%	130.7%	404.9%	5.5%	6.2%	5.6%
Net Income Ratio	32.8%	22.6%	4.1%	11.5%	31.7%	-518.8%	-265.3%	14.2%	23.7%	14.4%

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE FISCAL YEAR TO DATE JANUARY 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	709,837	344,799	198,008	813,780	157,980	6	15	2,224,425	40,525	2,264,950
Net Revenue	$91,953,014	$110,531,296	$197,043,612	$297,008,599	$32,599,279	$63,979	$121,164	$729,320,942	$18,528,979	$747,849,921
Medical Expense	$76,056,848	$99,811,970	$194,123,233	$259,427,221	$27,143,903	$333,308	$75,403	$656,971,885	$15,846,421	$672,818,306
Gross Margin	$15,896,166	$10,719,327	$2,920,379	$37,581,378	$5,455,376	-$269,329	$45,761	$72,349,057	$2,682,558	$75,031,614
Administrative Expense	$3,167,949	$5,372,262	$12,927,977	$15,051,057	$1,767,808	$83,622	$490,602	$38,861,277	$1,234,024	$40,095,301
Operating Income / (Expense)	$12,728,217	$5,347,064	-$10,007,598	$22,530,321	$3,687,568	-$352,951	-$444,841	$33,487,780	$1,448,534	$34,936,314
Other Income / (Expense)	$332,016	$713,228	$1,814,046	$1,994,224	$264,880	$21,029	$123,357	$5,262,779	$139,349	$5,402,129
Net Income / (Loss)	**$13,060,233**	**$6,060,293**	**-$8,193,552**	**$24,524,544**	**$3,952,447**	**-$331,922**	**-$321,484**	**$38,750,559**	**$1,587,883**	**$40,338,442**
PMPM Metrics:										
Revenue PMPM	$129.54	$320.57	$995.13	$364.97	$206.35	$10,663.20	$8,077.61	$327.87	$457.22	$330.18
Medical Expense PMPM	$107.15	$289.48	$980.38	$318.79	$171.82	$55,551.31	$5,026.90	$295.34	$391.03	$297.06
Gross Margin PMPM	$22.39	$31.09	$14.75	$46.18	$34.53	-$44,888.11	$3,050.71	$32.52	$66.20	$33.13
Administrative Expense PMPM	$4.46	$15.58	$65.29	$18.50	$11.19	$13,937.05	$32,706.79	$17.47	$30.45	$17.70
Operating Income / (Expense) PMPM	$17.93	$15.51	-$50.54	$27.69	$23.34	-$58,825.16	-$29,656.08	$15.05	$35.74	$15.42
Other Income / (Expense) PMPM	$0.47	$2.07	$9.16	$2.45	$1.68	$3,504.76	$8,223.78	$2.37	$3.44	$2.39
Net Income / (Loss) PMPM	$18.40	$17.58	-$41.38	$30.14	$25.02	-$55,320.40	-$21,432.30	$17.42	$39.18	$17.81
Ratio:										
Medical Loss Ratio	82.7%	90.3%	98.5%	87.3%	83.3%	521.0%	62.2%	90.1%	85.5%	90.0%
Gross Margin Ratio	17.3%	9.7%	1.5%	12.7%	16.7%	-421.0%	37.8%	9.9%	14.5%	10.0%
Administrative Expense Ratio	3.4%	4.9%	6.6%	5.1%	5.4%	130.7%	404.9%	5.3%	6.7%	5.4%
Net Income Ratio	14.2%	5.5%	-4.2%	8.3%	12.1%	-518.8%	-265.3%	5.3%	8.6%	5.4%

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED January 31, 2023

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				ADMINISTRATIVE EXPENSE SUMMARY				
$4,025,640	$4,352,497	$326,858	7.5%	Personnel Expenses	$24,540,323	$25,510,254	$969,931	3.8%
374,448	414,616	40,168	9.7%	Benefits Administration Expense	2,410,787	2,479,902	69,115	2.8%
881,948	1,348,002	466,054	34.6%	Purchased & Professional Services	5,528,599	7,199,164	1,670,565	23.2%
238,373	279,029	40,656	14.6%	Occupancy	1,737,369	1,876,255	138,886	7.4%
538,973	87,764	(451,209)	(514.1%)	Printing Postage & Promotion	1,806,594	1,194,405	(612,190)	(51.3%)
742,345	963,259	220,914	22.9%	Licenses Insurance & Fees	4,004,182	4,734,615	730,433	15.4%
4,637	28,150	23,513	83.5%	Supplies & Other Expenses	67,447	158,222	90,776	57.4%
$2,780,724	$3,120,820	$340,096	10.9%	Total Other Administrative Expense	$15,554,978	$17,642,563	$2,087,585	11.8%
$6,806,364	$7,473,317	$666,953	8.9%	Total Administrative Expenses	$40,095,301	$43,152,817	$3,057,516	7.1%

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED January 31, 2023

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				Personnel Expenses				
2,533,348	2,319,176	(214,171)	(9.2%)	Salaries & Wages	16,341,070	15,583,741	(757,328)	(4.9%)
281,053	262,586	(18,468)	(7.0%)	Paid Time Off	1,741,601	1,798,784	57,183	3.2%
4,645	4,215	(430)	(10.2%)	Incentives	13,407	17,742	4,335	24.4%
0	28,846	28,846	100.0%	Severance Pay	0	75,000	75,000	100.0%
132,086	108,670	(23,416)	(21.5%)	Payroll Taxes	359,333	346,492	(12,841)	(3.7%)
8,885	19,467	10,581	54.4%	Overtime	152,941	163,305	10,364	6.3%
213,491	194,923	(18,568)	(9.5%)	CalPERS ER Match	1,200,301	1,221,571	21,271	1.7%
611,080	831,867	220,787	26.5%	Employee Benefits	3,686,742	4,224,445	537,703	12.7%
120,967	129,088	8,121	6.3%	Personal Floating Holiday	123,016	131,147	8,132	6.2%
9,100	29,223	20,124	68.9%	Employee Relations	100,934	159,409	58,475	36.7%
13,530	18,450	4,920	26.7%	Work from Home Stipend	80,590	94,910	14,320	15.1%
800	2,464	1,665	67.5%	Transportation Reimbursement	4,473	10,920	6,447	59.0%
3,487	14,055	10,568	75.2%	Travel & Lodging	36,648	80,320	43,672	54.4%
27,599	156,842	129,243	82.4%	Temporary Help Services	315,329	689,310	373,981	54.3%
6,566	70,836	64,270	90.7%	Staff Development/Training	54,843	263,504	208,661	79.2%
59,003	161,790	102,787	63.5%	Staff Recruitment/Advertising	329,097	649,653	320,556	49.3%
$4,025,640	**$4,352,497**	**$326,858**	**7.5%**	**Total Employee Expenses**	**$24,540,323**	**$25,510,254**	**$969,931**	**3.8%**
				Benefit Administration Expense				
20,426	15,387	(5,039)	(32.7%)	RX Administration Expense	139,414	115,353	(24,061)	(20.9%)
317,657	360,066	42,409	11.8%	Behavioral Hlth Administration Fees	2,095,219	2,157,259	62,040	2.9%
36,365	39,163	2,797	7.1%	Telemedicine Admin Fees	176,155	178,591	2,436	1.4%
0	0	0	0.0%	Housing & Homelessness Incentive Program (HHIP) Expense	0	28,700	28,700	100.0%
$374,448	**$414,616**	**$40,168**	**9.7%**	**Total Benefit Administration Expenses**	**$2,410,787**	**$2,479,902**	**$69,115**	**2.8%**
				Purchased & Professional Services				
401,894	510,172	108,278	21.2%	Consulting Services	2,215,764	2,815,383	599,620	21.3%
340,540	426,224	85,684	20.1%	Computer Support Services	2,006,648	2,260,736	254,088	11.2%
11,564	12,017	453	3.8%	Professional Fees-Accounting	75,737	77,273	1,536	2.0%
0	17	17	100.0%	Professional Fees-Medical	276	326	50	15.4%
13,700	57,254	43,554	76.1%	Other Purchased Services	356,393	554,021	197,627	35.7%
0	1,400	1,400	100.0%	Maint.& Repair-Office Equipment	1,567	5,767	4,200	72.8%
21,644	134,683	113,039	83.9%	HMS Recovery Fees	481,077	648,165	167,089	25.8%
49,173	61,193	12,020	19.6%	Hardware (Non-Capital)	112,576	186,546	73,971	39.7%
32,032	31,709	(323)	(1.0%)	Provider Relations-Credentialing	189,654	181,055	(8,599)	(4.7%)
11,400	113,333	101,933	89.9%	Legal Fees	88,908	469,891	380,983	81.1%
$881,948	**$1,348,002**	**$466,054**	**34.6%**	**Total Purchased & Professional Services**	**$5,528,599**	**$7,199,164**	**$1,670,565**	**23.2%**
				Occupancy				
67,788	71,623	3,835	5.4%	Depreciation	477,768	478,727	960	0.2%
62,638	71,987	9,349	13.0%	Building Lease	435,896	463,942	28,046	6.0%
3,222	5,917	2,694	45.5%	Leased and Rented Office Equipment	29,283	35,062	5,779	16.5%
12,819	17,235	4,416	25.6%	Utilities	92,391	104,710	12,320	11.8%
73,484	79,700	6,216	7.8%	Telephone	521,305	537,338	16,033	3.0%
18,421	32,567	14,146	43.4%	Building Maintenance	180,727	256,476	75,748	29.5%
$238,373	**$279,029**	**$40,656**	**14.6%**	**Total Occupancy**	**$1,737,369**	**$1,876,255**	**$138,886**	**7.4%**
				Printing Postage & Promotion				
124,834	25,631	(99,203)	(387.0%)	Postage	341,881	421,171	79,291	18.8%
0	5,500	5,500	100.0%	Design & Layout	31,575	37,350	5,775	15.5%

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED January 31, 2023

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
390,367	38,691	(351,676)	(908.9%)	Printing Services	701,678	475,849	(225,829)	(47.5%)
1,985	2,500	515	20.6%	Mailing Services	45,837	38,329	(7,508)	(19.6%)
1,418	5,358	3,941	73.5%	Courier/Delivery Service	33,245	37,372	4,127	11.0%
590	267	(323)	(121.2%)	Pre-Printed Materials and Publications	590	2,750	2,160	78.6%
0	0	0	0.0%	Promotional Products	0	17,000	17,000	100.0%
0	150	150	100.0%	Promotional Services	0	450	450	100.0%
7,075	1,500	(5,575)	(371.7%)	Community Relations	551,345	101,170	(450,175)	(445.0%)
12,704	8,167	(4,537)	(55.6%)	Translation - Non-Clinical	100,443	62,963	(37,481)	(59.5%)
$538,973	**$87,764**	**($451,209)**	**(514.1%)**	**Total Printing Postage & Promotion**	**$1,806,594**	**$1,194,405**	**($612,190)**	**(51.3%)**
				Licenses Insurance & Fees				
0	0	0	0.0%	Regulatory Penalties	25,000	100,000	75,000	75.0%
20,692	24,700	4,008	16.2%	Bank Fees	159,010	169,247	10,238	6.0%
77,935	94,481	16,547	17.5%	Insurance	535,451	582,598	47,147	8.1%
558,063	696,215	138,152	19.8%	Licenses, Permits and Fees	2,707,724	3,097,787	390,062	12.6%
85,655	147,862	62,207	42.1%	Subscriptions & Dues	576,997	784,984	207,986	26.5%
$742,345	**$963,259**	**$220,914**	**22.9%**	**Total Licenses Insurance & Postage**	**$4,004,182**	**$4,734,615**	**$730,433**	**15.4%**
				Supplies & Other Expenses				
1,246	7,653	6,407	83.7%	Office and Other Supplies	14,802	45,031	30,229	67.1%
2,599	4,000	1,401	35.0%	Ergonomic Supplies	33,239	35,005	1,766	5.0%
740	6,400	5,660	88.4%	Commissary-Food & Beverage	10,536	27,191	16,655	61.3%
0	150	150	100.0%	Member Incentive Expense	6,925	20,150	13,225	65.6%
52	4,167	4,114	98.7%	Covid-19 Vaccination Incentive Expense	558	12,766	12,208	95.6%
0	100	100	100.0%	Covid-19 IT Expenses	0	300	300	100.0%
0	5,681	5,681	100.0%	Covid-19 Non IT Expenses	1,386	17,779	16,393	92.2%
$4,637	**$28,150**	**$23,513**	**83.5%**	**Total Supplies & Other Expense**	**$67,447**	**$158,222**	**$90,776**	**57.4%**
$6,806,364	**$7,473,317**	**$666,953**	**8.9%**	**TOTAL ADMINISTRATIVE EXPENSE**	**$40,095,301**	**$43,152,817**	**$3,057,516**	**7.1%**

ALAMEDA ALLIANCE FOR HEALTH
CAPITAL SPENDING INCLUDING CONSTRUCTION-IN-PROCESS
ACTUAL VS. BUDGET
FOR THE FISCAL YEAR-TO-DATE ENDED JANUARY 31, 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	$ -		**$ -**	$ 60,000	$ 60,000
	Pure Storage Shelf	IT-FY23-04	$ 70,000		**$ 70,000**	$ 70,000	$ -
	Call Center Hardware	IT-FY23-05	$ -		**$ -**	$ 60,000	$ 60,000
	FAX DMG	IT-FY23-06	$ -		**$ -**	$ 80,000	$ 80,000
	Wireless)	IT-FY23-07	$ -		**$ -**	$ 60,000	$ 60,000
	Network / AV Cabling	IT-FY23-08	$ -	$ -	**$ -**	$ 60,000	$ 60,000
Hardware Subtotal			**$ 172,807**	**$ -**	**$ 172,807**	**$ 560,000**	**$ 387,193**
2. Software:							
	Zerto	AC-FY23-01	$ -		**$ -**	$ 80,000	$ 80,000
Software Subtotal			**$ -**	**$ -**	**$ -**	**$ 80,000**	**$ 80,000**
3. Building Improvement:							
	ADT (ACME) Security: Readers, HID Boxes, Doors - Planned/Unplanned requirements or replairs	FA-FY23-01	**$ -**	$ -	**$ -**	$ 50,000	$ 50,000
	HVAC (Clinton): Replace VAV boxes, equipment, duct work - Planned/Unplanned requirements or repairs	FA-FY23-02	$ -	$ -	**$ -**	$ 50,000	$ 50,000
	EV Charging Stations: Equipment, Electrical, Design, Engineering, Permits, Construction	FA-FY23-03	$ -	$ -	**$ -**	$ 100,000	$ 100,000
	Seismic Improvements (Carryover from FY22)	FA-FY23-07	$ 23,992	$ -	**$ 23,992**	$ 38,992	$ 15,000
	Contingencies	FA-FY23-16	**$ -**	$ -	**$ -**	$ 100,000	$ 100,000
Building Improvement Subtotal			**$ 23,992**	**$ -**	**$ 23,992**	**$ 338,992**	**$ 315,000**
4. Furniture & Equipment:							
			$ -		**$ -**	$ -	$ -
Furniture & Equipment Subtotal			**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
GRAND TOTAL			**$ 196,799**	**$ -**	**$ 196,799**	**$ 978,992**	**$ 782,193**

5. Reconciliation to Balance Sheet:

Fixed Assets @ Cost - 1/31/23	**$ 37,564,105**
Fixed Assets @ Cost - 6/30/22	**$ 37,356,250**
Fixed Assets Acquired YTD	**$ 207,855**

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

TANGIBLE NET EQUITY (TNE)

	Jul-22	Aug-22	QTR. END Sep-22	Oct-22	Nov-22	QTR. END Dec-22	Jan-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
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
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
Subordinated Debt & Interest	$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**
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
Required TNE[(1)]	**$37,812,719**	**$38,083,218**	**$37,973,977**	**$37,017,602**	**$37,956,874**	**$37,433,625**	**$37,998,057**
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
TNE Excess / (Deficiency)	$198,516,410	$200,583,885	$204,688,187	$215,160,450	$212,859,281	$215,855,353	$232,964,686
Actual TNE as a Multiple of Required	**6.25**	**6.27**	**6.39**	**6.81**	**6.61**	**6.77**	**7.13**

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
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)
Net Lease Assets/Liabilities/Interest	106,376	204,722	206,107	206,549	207,567	208,268	208,652
CD Pledged to DMHC	(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**
Liquid TNE as Multiple of Required	**6.10**	**6.12**	**6.24**	**6.65**	**6.45**	**6.61**	**6.98**

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						709,837
Adult	47,707	48,112	48,711	49,162	50,069	50,351	50,687						344,799
SPD	27,990	28,079	28,200	28,237	28,365	28,452	28,685						198,008
ACA OE	113,322	114,208	115,018	116,205	117,328	118,397	119,302						813,780
Duals	21,911	22,077	22,319	22,482	22,719	23,028	23,444						157,980
MCAL LTC	0	0	0	0	0	0	6						6
MCAL LTC Duals	0	0	0	0	0	0	15						15
Medi-Cal Program	311,833	313,453	315,524	317,409	320,134	322,019	324,053						2,224,425
Group Care Program	5,796	5,803	5,809	5,789	5,791	5,776	5,761						40,525
Total	**317,629**	**319,256**	**321,333**	**323,198**	**325,925**	**327,795**	**329,814**						**2,264,950**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	131	74	299	47	330	138	123						1,142
Adult	946	405	599	451	907	282	336						3,926
SPD	886	89	121	37	128	87	233						1,581
ACA OE	2,384	886	810	1,187	1,123	1,069	905						8,364
Duals	225	166	242	163	237	309	416						1,758
MCAL LTC	0	0	0	0	0	0	6						6
MCAL LTC Duals	0	0	0	0	0	0	15						15
Medi-Cal Program	4,572	1,620	2,071	1,885	2,725	1,885	2,034						16,792
Group Care Program	1	7	6	(20)	2	(15)	(15)						(34)
Total	**4,573**	**1,627**	**2,077**	**1,865**	**2,727**	**1,870**	**2,019**						**16,758**
Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	32.4%	32.2%	32.1%	31.9%	31.8%	31.6%	31.4%						31.9%
Adult % of Medi-Cal	15.3%	15.3%	15.4%	15.5%	15.6%	15.6%	15.6%						15.5%
SPD % of Medi-Cal	9.0%	9.0%	8.9%	8.9%	8.9%	8.8%	8.9%						8.9%
ACA OE % of Medi-Cal	36.3%	36.4%	36.5%	36.6%	36.6%	36.8%	36.8%						36.6%
Duals % of Medi-Cal	7.0%	7.0%	7.1%	7.1%	7.1%	7.2%	7.2%						7.1%
Medi-Cal Program % of Total	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.3%						98.2%
Group Care Program % of Total	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.7%						1.8%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**						**100.0%**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 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						372,276
Alameda Health System	62,784	63,910	64,424	64,799	65,216	65,771	66,052						452,956
	117,124	116,108	116,842	117,370	118,952	118,914	119,922						825,232
Delegated:													
CFMG	33,466	33,594	33,577	33,617	33,498	33,648	33,741						235,141
CHCN	119,514	121,703	122,696	123,666	124,637	126,009	126,433						864,658
Kaiser	47,525	47,851	48,218	48,545	48,838	49,224	49,718						339,919
Delegated Subtotal	200,505	203,148	204,491	205,828	206,973	208,881	209,892						1,439,718
Total	**317,629**	**319,256**	**321,333**	**323,198**	**325,925**	**327,795**	**329,814**						**2,264,950**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	2,973	(1,016)	734	528	1,582	(38)	1,008						5,771
Delegated:													
CFMG	58	128	(17)	40	(119)	150	93						333
CHCN	1,103	2,189	993	970	971	1,372	424						8,022
Kaiser	439	326	367	327	293	386	494						2,632
Delegated Subtotal	1,600	2,643	1,343	1,337	1,145	1,908	1,011						10,987
Total	**4,573**	**1,627**	**2,077**	**1,865**	**2,727**	**1,870**	**2,019**						**16,758**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	36.9%	36.4%	36.4%	36.3%	36.5%	36.3%	36.4%						36.4%
Delegated:													
CFMG	10.5%	10.5%	10.4%	10.4%	10.3%	10.3%	10.2%						10.4%
CHCN	37.6%	38.1%	38.2%	38.3%	38.2%	38.4%	38.3%						38.2%
Kaiser	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.1%						15.0%
Delegated Subtotal	63.1%	63.6%	63.6%	63.7%	63.5%	63.7%	63.6%						63.6%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**						**100.0%**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING

FOR THE FISCAL YEAR 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	117,370	117,370	117,768	118,167	132,827	133,300	133,775	134,250	133,844	133,438	0	1,389,233
Delegated:													
CFMG	33,466	33,617	33,617	33,689	33,761	34,005	34,077	34,149	34,222	34,146	34,070	0	372,819
CHCN	119,514	123,666	123,666	124,059	124,454	135,070	135,521	135,974	136,430	136,024	135,617	0	1,429,995
Kaiser	47,525	48,545	48,545	48,700	48,855	53,193	53,372	53,552	53,732	53,571	53,410	0	563,000
Delegated Subtotal	200,505	205,828	205,828	206,448	207,070	222,268	222,970	223,675	224,384	223,741	223,097	0	2,365,814
Total	**317,629**	**323,198**	**323,198**	**324,216**	**325,237**	**355,095**	**356,270**	**357,450**	**358,634**	**357,585**	**356,535**	**0**	**3,755,047**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	6,018	246	0	398	399	14,660	473	475	475	(406)	(406)	0	22,332
Delegated:													
CFMG	2,058	151	0	72	72	244	72	72	73	(76)	(76)	0	2,662
CHCN	13,283	4,152	0	393	395	10,616	451	453	456	(406)	(407)	0	29,386
Kaiser	4,574	1,020	0	155	155	4,338	179	180	180	(161)	(161)	0	10,459
Delegated Subtotal	19,915	5,323	0	620	622	15,198	702	705	709	(643)	(644)	0	42,507
Total	**25,933**	**5,569**	**0**	**1,018**	**1,021**	**29,858**	**1,175**	**1,180**	**1,184**	**(1,049)**	**(1,050)**	**0**	**64,839**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	36.9%	36.3%	36.3%	36.3%	36.3%	37.4%	37.4%	37.4%	37.4%	37.4%	37.4%	0.0%	37.0%
Delegated:													
CFMG	10.5%	10.4%	10.4%	10.4%	10.4%	9.6%	9.6%	9.6%	9.5%	9.5%	9.6%	0.0%	9.9%
CHCN	37.6%	38.3%	38.3%	38.3%	38.3%	38.0%	38.0%	38.0%	38.0%	38.0%	38.0%	0.0%	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%	0.0%	15.0%
Delegated Subtotal	63.1%	63.7%	63.7%	63.7%	63.7%	62.6%	62.6%	62.6%	62.6%	62.6%	62.6%	0.0%	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%**	**0.0%**	**100.0%**

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

	Variance Jul-22	Variance Aug-22	Variance Sep-22	Variance Oct-22	Variance Nov-22	Variance Dec-22	Variance Jan-23	Variance Feb-23	Variance Mar-23	Variance Apr-23	Variance May-23	Variance Jun-23	Member Month Variance
Enrollment Variance by Plan & Aid Category - Favorable/(Unfavorable)													
Medi-Cal Program:													
Child	0	0	0	0	127	62	(118)						71
Adult	0	0	0	0	661	696	619						1,976
SPD	0	0	0	0	43	45	(2,852)						(2,764)
ACA OE	0	0	0	0	774	1,493	(654)						1,613
Duals	0	0	0	0	102	275	(20,932)						(20,555)
MCAL LTC	0	0	0	0	0	0	(147)						(147)
MCAL LTC Duals	0	0	0	0	0	0	(1,169)						(1,169)
Medi-Cal Program	0	0	0	0	1,707	2,571	(25,253)						(20,975)
Group Care Program	0	0	0	0	2	(13)	(28)						(39)
Total	**0**	**0**	**0**	**0**	**1,709**	**2,558**	**(25,281)**						**(21,014)**
Current Direct/Delegate Enrollment Variance - Favorable/(Unfavorable)													
Directly-Contracted	0	(1,262)	(528)	(398)	785	(13,913)	(13,378)						(28,694)
Delegated:													
CFMG	0	(23)	(40)	(72)	(263)	(357)	(336)						(1,091)
CHCN	0	(1,963)	(970)	(393)	183	(9,061)	(9,088)						(21,292)
Kaiser	0	(694)	(327)	(155)	(17)	(3,969)	(3,654)						(8,816)
Delegated Subtotal	0	(2,680)	(1,337)	(620)	(97)	(13,387)	(13,078)						(31,199)
Total	**0**	**(3,942)**	**(1,865)**	**(1,018)**	**688**	**(27,300)**	**(26,456)**						**(59,893)**

ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED January 31, 2023

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				CAPITATED MEDICAL EXPENSES:				
$1,141,560	$1,145,763	$4,204	0.4%	PCP-Capitation	$7,957,966	$7,961,997	$4,031	0.1%
3,043,828	4,777,657	1,733,829	36.3%	PCP-Capitation - FQHC	28,619,614	30,285,821	1,666,208	5.5%
293,371	295,468	2,097	0.7%	Specialty-Capitation	2,043,073	2,047,158	4,086	0.2%
4,231,639	4,128,459	(103,180)	(2.5%)	Specialty-Capitation FQHC	25,862,434	25,684,367	(178,068)	(0.7%)
445,807	482,135	36,328	7.5%	Laboratory-Capitation	3,067,757	3,097,786	30,029	1.0%
1,155,294	0	(1,155,294)	0.0%	Transportation (Ambulance)-Cap	7,211,489	4,820,922	(2,390,567)	(49.6%)
238,242	252,850	14,608	5.8%	Vision Cap	1,640,118	1,652,222	12,105	0.7%
85,430	86,049	619	0.7%	CFMG Capitation	594,981	596,175	1,194	0.2%
1,028,538	205,001	(823,537)	(401.7%)	Anc IPA Admin Capitation FQHC	2,110,460	1,283,482	(826,978)	(64.4%)
13,281,940	15,331,262	2,049,322	13.4%	Kaiser Capitation	79,981,370	82,196,799	2,215,428	2.7%
1,080,196	0	(1,080,196)	0.0%	BHT Supplemental Expense	5,523,598	4,099,732	(1,423,866)	(34.7%)
0	0	0	0.0%	Hep-C Supplemental Expense	(15,082)	(15,349)	(267)	1.7%
403,790	603,298	199,508	33.1%	Maternity Supplemental Expense	2,438,982	3,045,407	606,425	19.9%
595,059	766,569	171,510	22.4%	DME - Cap	4,097,106	4,341,250	244,145	5.6%
$27,024,693	**$28,074,510**	**$1,049,817**	**3.7%**	**5 - TOTAL CAPITATED EXPENSES**	**$171,133,865**	**$171,097,770**	**($36,095)**	**(0.0%)**
				FEE FOR SERVICE MEDICAL EXPENSES:				
(2,502,668)	0	2,502,668	0.0%	IBNP-Inpatient Services	3,650,515	2,799,249	(851,266)	(30.4%)
(75,080)	0	75,080	0.0%	IBNP-Settlement (IP)	109,517	83,979	(25,538)	(30.4%)
(200,214)	0	200,214	0.0%	IBNP-Claims Fluctuation (IP)	292,039	223,940	(68,099)	(30.4%)
30,004,314	36,149,358	6,145,044	17.0%	Inpatient Hospitalization-FFS	179,327,111	202,596,861	23,269,750	11.5%
1,523,605	0	(1,523,605)	0.0%	IP OB - Mom & NB	9,411,163	5,348,714	(4,062,449)	(76.0%)
93,725	0	(93,725)	0.0%	IP Behavioral Health	1,659,868	982,572	(677,296)	(68.9%)
911,723	0	(911,723)	0.0%	IP - Facility Rehab FFS	5,379,549	3,142,653	(2,236,895)	(71.2%)
$29,755,405	**$36,149,358**	**$6,393,953**	**17.7%**	**6 - Inpatient Hospital & SNF FFS Expense**	**$199,829,761**	**$215,177,968**	**$15,348,207**	**7.1%**
202,645	0	(202,645)	0.0%	IBNP-PCP	994,046	628,624	(365,422)	(58.1%)
6,079	0	(6,079)	0.0%	IBNP-Settlement (PCP)	29,826	18,862	(10,964)	(58.1%)
16,212	0	(16,212)	0.0%	IBNP-Claims Fluctuation (PCP)	79,526	50,291	(29,235)	(58.1%)
1,301,465	1,551,836	250,371	16.1%	Primary Care Non-Contracted FF	10,140,335	9,688,160	(452,176)	(4.7%)
159,598	102,548	(57,050)	(55.6%)	PCP FQHC FFS	1,110,577	815,754	(294,823)	(36.1%)
2,268,481	2,975,857	707,376	23.8%	Prop 56 Direct Payment Expenses	14,267,710	16,716,791	2,449,081	14.7%
14,407	0	(14,407)	0.0%	Prop 56 Hyde Direct Payment Expenses	101,296	57,389	(43,907)	(76.5%)
79,411	0	(79,411)	0.0%	Prop 56-Trauma Expense	547,553	310,921	(236,632)	(76.1%)
96,289	0	(96,289)	0.0%	Prop 56-Dev. Screening Exp.	692,296	396,554	(295,742)	(74.6%)
715,024	0	(715,024)	0.0%	Prop 56-Fam. Planning Exp.	4,919,011	2,777,346	(2,141,665)	(77.1%)
301	0	(301)	0.0%	Prop 56-Value Based Purchasing	(1,090)	(1,293)	(203)	15.7%
$4,859,912	**$4,630,242**	**($229,671)**	**(5.0%)**	**7 - Primary Care Physician FFS Expense**	**$32,881,086**	**$31,459,399**	**($1,421,687)**	**(4.5%)**
872,285	0	(872,285)	0.0%	IBNP-Specialist	788,947	479,524	(309,423)	(64.5%)
1,529,923	5,658,683	4,128,761	73.0%	Specialty Care-FFS	15,730,108	25,528,872	9,798,763	38.4%
124,880	0	(124,880)	0.0%	Anesthesiology - FFS	997,702	546,925	(450,777)	(82.4%)

ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED January 31, 2023

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
816,577	0	(816,577)	0.0%	Spec Rad Therapy - FFS	5,913,099	3,377,385	(2,535,714)	(75.1%)
13,236	0	(13,236)	0.0%	Obstetrics-FFS	320,728	269,748	(50,980)	(18.9%)
275,906	0	(275,906)	0.0%	Spec IP Surgery - FFS	2,354,944	1,351,027	(1,003,917)	(74.3%)
456,409	0	(456,409)	0.0%	Spec OP Surgery - FFS	3,673,267	2,234,372	(1,438,895)	(64.4%)
310,318	0	(310,318)	0.0%	Spec IP Physician	2,570,144	1,438,762	(1,131,383)	(78.6%)
51,651	58,102	6,451	11.1%	SCP FQHC FFS	389,969	368,618	(21,350)	(5.8%)
26,168	0	(26,168)	0.0%	IBNP-Settlement (SCP)	23,667	14,383	(9,284)	(64.5%)
69,784	0	(69,784)	0.0%	IBNP-Claims Fluctuation (SCP)	63,114	38,359	(24,755)	(64.5%)
$4,547,136	**$5,716,785**	**$1,169,650**	**20.5%**	**8 - Specialty Care Physician Expense**	**$32,825,689**	**$35,647,974**	**$2,822,285**	**7.9%**
584,065	0	(584,065)	0.0%	IBNP-Ancillary	474,663	321,732	(152,931)	(47.5%)
17,523	0	(17,523)	0.0%	IBNP Settlement (ANC)	14,240	9,649	(4,591)	(47.6%)
46,726	0	(46,726)	0.0%	IBNP Claims Fluctuation (ANC)	37,975	25,737	(12,238)	(47.6%)
235,601	0	(235,601)	0.0%	Acupuncture/Biofeedback	1,772,098	1,141,414	(630,684)	(55.3%)
73,253	0	(73,253)	0.0%	Hearing Devices	724,874	465,938	(258,936)	(55.6%)
26,070	0	(26,070)	0.0%	Imaging/MRI/CT Global	264,309	161,874	(102,436)	(63.3%)
38,217	0	(38,217)	0.0%	Vision FFS	329,484	184,029	(145,455)	(79.0%)
10	0	(10)	0.0%	Family Planning	47,128	47,111	(17)	(0.0%)
416,486	0	(416,486)	0.0%	Laboratory-FFS	4,323,363	2,694,430	(1,628,932)	(60.5%)
99,862	0	(99,862)	0.0%	ANC Therapist	760,741	443,518	(317,222)	(71.5%)
626,496	0	(626,496)	0.0%	Transportation (Ambulance)-FFS	4,415,193	2,305,579	(2,109,615)	(91.5%)
87,929	0	(87,929)	0.0%	Transportation (Other)-FFS	885,977	533,749	(352,228)	(66.0%)
427,821	0	(427,821)	0.0%	Hospice	2,952,160	1,554,127	(1,398,032)	(90.0%)
918,718	0	(918,718)	0.0%	Home Health Services	6,156,537	3,120,909	(3,035,628)	(97.3%)
268	7,436,126	7,435,858	100.0%	Other Medical-FFS	2,425	17,391,874	17,389,449	100.0%
(112,905)	0	112,905	0.0%	HMS Medical Refunds	(353,707)	84,120	437,827	520.5%
(1,478,321)	0	1,478,321	0.0%	Refunds-Medical Payments	(1,477,386)	(69)	1,477,317	(2,144,457.4%)
2,254	0	(2,254)	0.0%	DME & Medical Supplies	1,140,419	1,126,912	(13,507)	(1.2%)
0	598,069	598,069	100.0%	GEMT Direct Payment Expense	0	1,931,228	1,931,228	100.0%
184,096	0	(184,096)	0.0%	Community Based Adult Services (CBAS)	3,070,980	1,783,368	(1,287,612)	(72.2%)
1,274,036	1,349,934	75,898	5.6%	ECM Base/Outreach FFS Anc.	6,695,189	6,622,385	(72,805)	(1.1%)
0	0	0	0.0%	ECM Outreach FFS Ancillary	(5,200)	9,825	15,025	152.9%
143,002	142,053	(949)	(0.7%)	CS - Housing Deposits FFS Ancillary	2,766,283	1,904,852	(861,431)	(45.2%)
(49,086)	804,971	854,057	106.1%	CS - Housing Tenancy FFS Ancillary	2,147,622	4,214,337	2,066,715	49.0%
70,937	180,949	110,012	60.8%	CS - Housing Navigation Services FFS Ancillary	1,706,723	1,480,156	(226,567)	(15.3%)
79,946	204,877	124,931	61.0%	CS - Medical Respite FFS Ancillary	2,013,361	1,901,502	(111,860)	(5.9%)
78,657	136,018	57,361	42.2%	CS - Medically Tailored Meals FFS Ancillary	1,392,650	1,076,593	(316,056)	(29.4%)
3,008	37,159	34,152	91.9%	CS - Asthma Remediation FFS Ancillary	271,738	272,051	313	0.1%
0	10,964	10,964	100.0%	MOT- Wrap Around (Non Medical MOT Cost)	8,674	41,565	32,891	79.1%
$3,794,667	**$10,901,120**	**$7,106,453**	**65.2%**	**9 - Ancillary Medical Expense**	**$42,538,514**	**$52,850,494**	**$10,311,980**	**19.5%**
(671,520)	0	671,520	0.0%	IBNP-Outpatient	3,125,572	1,712,767	(1,412,805)	(82.5%)
(20,146)	0	20,146	0.0%	IBNP Settlement (OP)	93,766	51,384	(42,382)	(82.5%)

ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED January 31, 2023

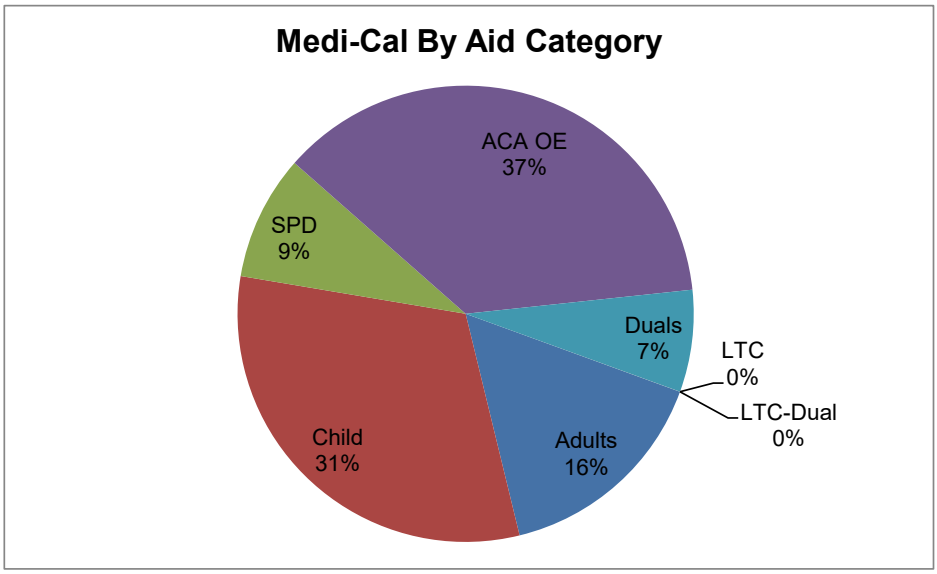
CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
(53,722)	0	53,722	0.0%	IBNP Claims Fluctuation (OP)	250,047	137,022	(113,025)	(82.5%)
1,181,825	10,174,959	8,993,134	88.4%	Out-Patient FFS	9,107,961	33,692,576	24,584,615	73.0%
1,492,875	0	(1,492,875)	0.0%	OP Ambul Surgery - FFS	10,754,345	6,320,713	(4,433,632)	(70.1%)
1,251,147	0	(1,251,147)	0.0%	OP Fac Imaging Services-FFS	7,968,448	4,151,392	(3,817,055)	(91.9%)
862,552	0	(862,552)	0.0%	Behav Health - FFS	5,684,522	3,072,756	(2,611,765)	(85.0%)
1,124,450	0	(1,124,450)	0.0%	Behavioral Health Therapy - FFS	8,277,321	4,559,994	(3,717,327)	(81.5%)
412,349	0	(412,349)	0.0%	OP Facility - Lab FFS	3,445,279	1,978,515	(1,466,764)	(74.1%)
112,675	0	(112,675)	0.0%	OP Facility - Cardio FFS	749,342	419,692	(329,650)	(78.5%)
45,372	0	(45,372)	0.0%	OP Facility - PT/OT/ST FFS	319,240	185,180	(134,060)	(72.4%)
1,651,425	0	(1,651,425)	0.0%	OP Facility - Dialysis FFS	14,659,548	7,656,130	(7,003,417)	(91.5%)
$7,389,281	**$10,174,959**	**$2,785,678**	**27.4%**	**10 - Outpatient Medical Expense Medical Expense**	**$64,435,390**	**$63,938,122**	**($497,268)**	**(0.8%)**
354,107	0	(354,107)	0.0%	IBNP-Emergency	726,222	337,708	(388,514)	(115.0%)
10,623	0	(10,623)	0.0%	IBNP Settlement (ER)	21,784	10,128	(11,656)	(115.1%)
28,328	0	(28,328)	0.0%	IBNP Claims Fluctuation (ER)	58,098	27,018	(31,080)	(115.0%)
580,132	0	(580,132)	0.0%	Special ER Physician-FFS	4,451,728	2,522,209	(1,929,519)	(76.5%)
4,070,359	5,806,392	1,736,033	29.9%	ER-Facility	28,481,535	32,388,937	3,907,402	12.1%
$5,043,549	**$5,806,392**	**$762,843**	**13.1%**	**11 - Emergency Expense**	**$33,739,367**	**$35,286,000**	**$1,546,633**	**4.4%**
(949,822)	0	949,822	0.0%	IBNP-Pharmacy	938,494	955,216	16,722	1.8%
(28,495)	0	28,495	0.0%	IBNP Settlement (RX)	28,154	28,657	503	1.8%
(75,986)	0	75,986	0.0%	IBNP Claims Fluctuation (RX)	75,077	76,415	1,338	1.8%
(904,456)	342,482	1,246,938	364.1%	Pharmacy-FFS	1,819,609	2,848,516	1,028,907	36.1%
62,619	7,301,987	7,239,368	99.1%	Pharmacy- Non-PBM FFS-Other Anc	13,715,240	33,958,455	20,243,215	59.6%
5,522,205	0	(5,522,205)	0.0%	Pharmacy- Non-PBM FFS-OP FAC	22,749,149	7,474,895	(15,274,254)	(204.3%)
114,939	0	(114,939)	0.0%	Pharmacy- Non-PBM FFS-PCP	612,437	222,232	(390,205)	(175.6%)
1,882,810	0	(1,882,810)	0.0%	Pharmacy- Non-PBM FFS-SCP	10,039,631	3,401,156	(6,638,475)	(195.2%)
5,013	0	(5,013)	0.0%	Pharmacy- Non-PBM FFS-FQHC	42,303	11,510	(30,793)	(267.5%)
21,580	0	(21,580)	0.0%	Pharmacy- Non-PBM FFS-HH	155,823	100,717	(55,106)	(54.7%)
(11)	0	11	0.0%	HMS RX Refunds	(65,739)	(59,403)	6,336	(10.7%)
0	32,513	32,513	100.0%	Pharmacy-Rebate	0	96,752	96,752	100.0%
$5,650,397	**$7,676,981**	**$2,026,585**	**26.4%**	**12 - Pharmacy Expense**	**$50,110,178**	**$49,115,117**	**($995,061)**	**(2.0%)**
5,099,690	0	(5,099,690)	0.0%	IBNR LTC	5,099,690	0	(5,099,690)	0.0%
152,990	0	(152,990)	0.0%	IBNR Settlement (LTC)	152,990	0	(152,990)	0.0%
407,975	0	(407,975)	0.0%	IBNR Claims Fluctuation (LTC)	407,975	0	(407,975)	0.0%
1,597,174	15,796,326	14,199,153	89.9%	LTC SNF	8,378,743	22,098,950	13,720,207	62.1%
$7,257,829	**$15,796,326**	**$8,538,498**	**54.1%**	**13 - Long Term Care FFS Expense**	**$14,039,398**	**$22,098,950**	**$8,059,552**	**36.5%**
$68,298,175	**$96,852,163**	**$28,553,988**	**29.5%**	**14 - TOTAL FFS MEDICAL EXPENSES**	**$470,399,384**	**$505,574,024**	**$35,174,640**	**7.0%**
0	(31,145)	(31,145)	100.0%	Clinical Vacancy	0	(274,670)	(274,670)	100.0%
78,449	144,051	65,601	45.5%	Quality Analytics	501,556	634,529	132,973	21.0%

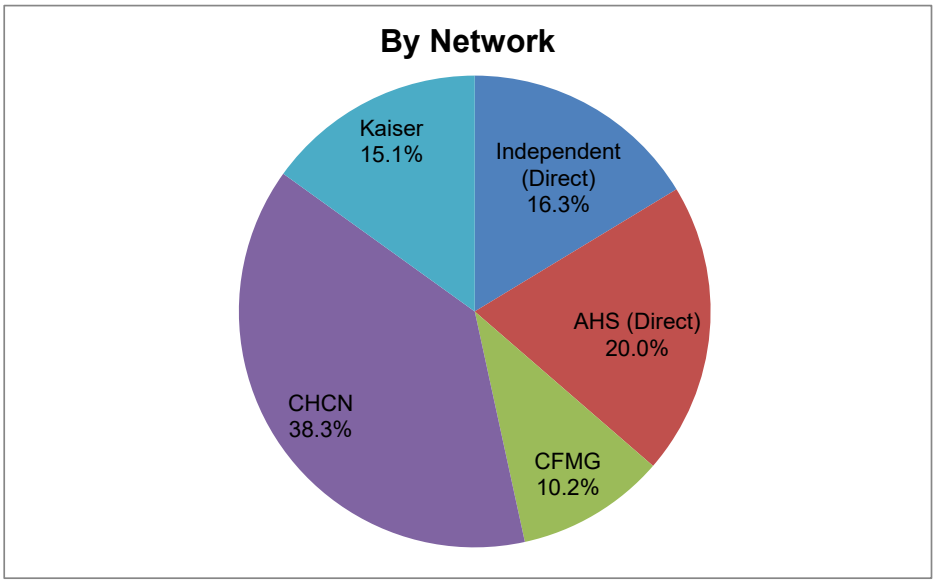
ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED January 31, 2023

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
597,992	661,669	63,677	9.6%	Health Plan Services Department Total	3,368,566	3,685,255	316,689	8.6%
426,750	473,621	46,872	9.9%	Case & Disease Management Department Total	2,900,049	3,199,286	299,237	9.4%
2,402,207	2,526,592	124,385	4.9%	Medical Services Department Total	19,188,470	19,365,602	177,132	0.9%
550,710	693,295	142,584	20.6%	Quality Management Department Total	3,797,050	4,441,349	644,298	14.5%
170,467	189,191	18,724	9.9%	HCS Behavioral Health Department Total	917,409	982,111	64,702	6.6%
157,778	151,972	(5,805)	(3.8%)	Pharmacy Services Department Total	898,438	925,941	27,503	3.0%
36,013	73,523	37,509	51.0%	Regulatory Readiness Total	178,495	283,056	104,561	36.9%
$4,420,367	**$4,882,769**	**$462,402**	**9.5%**	**15 - Other Benefits & Services**	**$31,750,034**	**$33,242,459**	**$1,492,426**	**4.5%**
				Reinsurance Expense				
(901,781)	(659,420)	242,361	(36.8%)	Reinsurance Recoveries	(6,181,392)	(5,849,197)	332,195	(5.7%)
831,684	879,227	47,543	5.4%	Stop-Loss Expense	5,716,416	5,758,845	42,429	0.7%
($70,097)	**$219,807**	**$289,903**	**131.9%**	**16 - Reinsurance Expense**	**($464,976)**	**($90,352)**	**$374,624**	**(414.6%)**
$99,673,139	**$130,029,249**	**$30,356,110**	**23.3%**	**17 - TOTAL MEDICAL EXPENSES**	**$672,818,306**	**$709,823,901**	**$37,005,595**	**5.2%**

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Current Membership by Network By Category of Aid							
Category of Aid	**Jan 2023**	**% of Medi-Cal**	**Independent (Direct)**	**AHS (Direct)**	**CFMG**	**CHCN**	**Kaiser**
Adults	50,687	16%	9,533	9,987	863	21,039	9,265
Child	101,914	31%	7,476	9,355	30,604	35,656	18,823
SPD	28,685	9%	8,536	4,559	1,019	12,389	2,182
ACA OE	119,302	37%	16,975	38,795	1,251	46,613	15,668
Duals	23,444	7%	9,056	2,491	4	8,113	3,780
LTC	6	0%	6	-	-	-	-
LTC-Dual	15	0%	15	-	-	-	-
Medi-Cal	324,053		51,597	65,187	33,741	123,810	49,718
Group Care	5,761		2,273	865	-	2,623	-
Total	**329,814**	**100%**	**53,870**	**66,052**	**33,741**	**126,433**	**49,718**
Medi-Cal %	98.3%		95.8%	98.7%	100.0%	97.9%	100.0%
Group Care %	1.7%		4.2%	1.3%	0.0%	2.1%	0.0%
	Network Distribution		*16.3%*	*20.0%*	*10.2%*	*38.3%*	*15.1%*
			% Direct:	**36%**		**% Delegated:**	**64%**

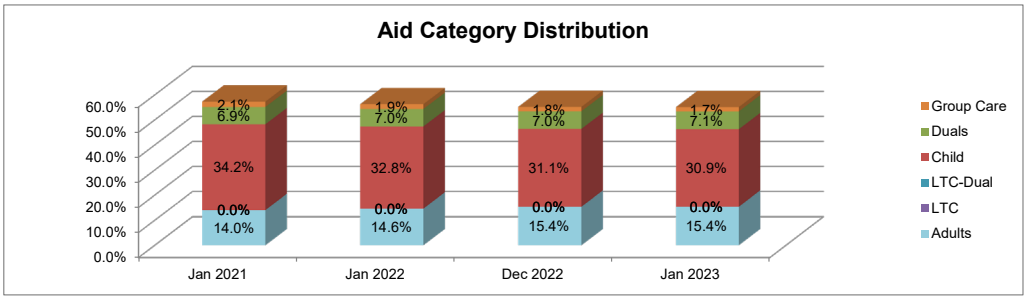




Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

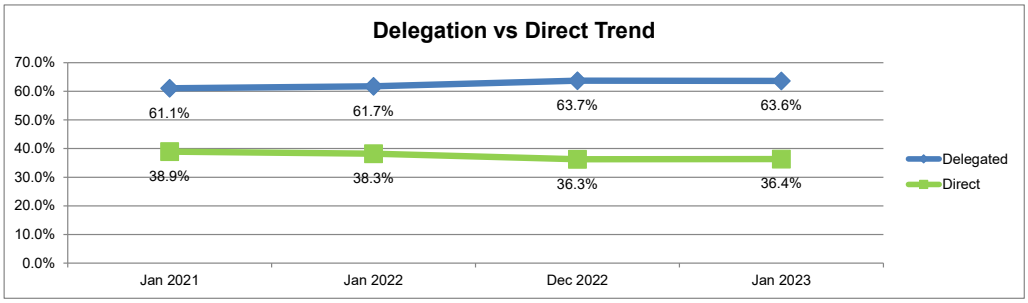
Category of Aid Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Category of Aid	Jan 2021	Jan 2022	Dec 2022	Jan 2023	Jan 2021	Jan 2022	Dec 2022	Jan 2023	Jan 2021 to Jan 2022	Jan 2022 to Jan 2023	Dec 2022 to Jan 2023
Adults	38,994	44,340	50,351	50,687	14.0%	14.6%	15.4%	15.4%	13.7%	14.3%	0.7%
Child	95,103	99,337	101,791	101,914	34.2%	32.8%	31.1%	30.9%	4.5%	2.6%	0.1%
SPD	26,354	26,633	28,452	28,685	9.5%	8.8%	8.7%	8.7%	1.1%	7.7%	0.8%
ACA OE	92,257	105,897	118,397	119,302	33.2%	34.9%	36.1%	36.2%	14.8%	12.7%	0.8%
Duals	19,215	21,135	23,028	23,444	6.9%	7.0%	7.0%	7.1%	10.0%	10.9%	1.8%
LTC	-	-	-	6	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
LTC-Dual	-	-	-	15	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Medi-Cal Total	271,923	297,342	322,019	324,053	97.9%	98.1%	98.2%	98.3%	9.3%	9.0%	0.6%
Group Care	5,961	5,831	5,776	5,761	2.1%	1.9%	1.8%	1.7%	-2.2%	-1.2%	-0.3%
Total	**277,884**	**303,173**	**327,795**	**329,814**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**9.1%**	**8.8%**	**0.6%**



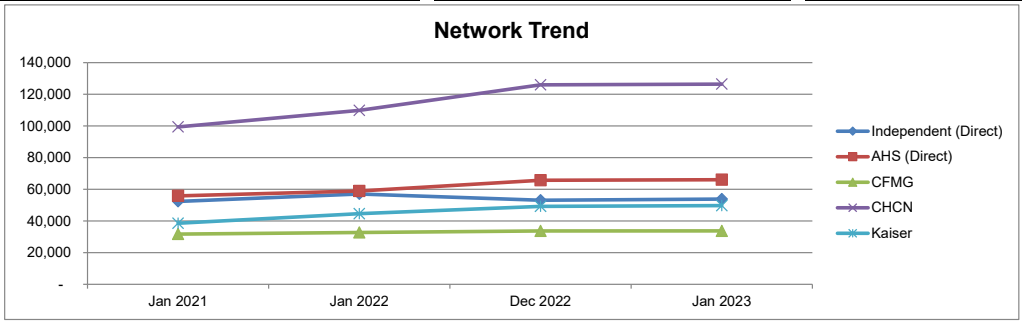
Delegation vs Direct Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Members	Jan 2021	Jan 2022	Dec 2022	Jan 2023	Jan 2021	Jan 2022	Dec 2022	Jan 2023	Jan 2021 to Jan 2022	Jan 2022 to Jan 2023	Dec 2022 to Jan 2023
Delegated	169,701	187,200	208,881	209,892	61.1%	61.7%	63.7%	63.6%	10.3%	12.1%	0.5%
Direct	108,183	115,973	118,914	119,922	38.9%	38.3%	36.3%	36.4%	7.2%	3.4%	0.8%
Total	**277,884**	**303,173**	**327,795**	**329,814**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**9.1%**	**8.8%**	**0.6%**



Network Trend

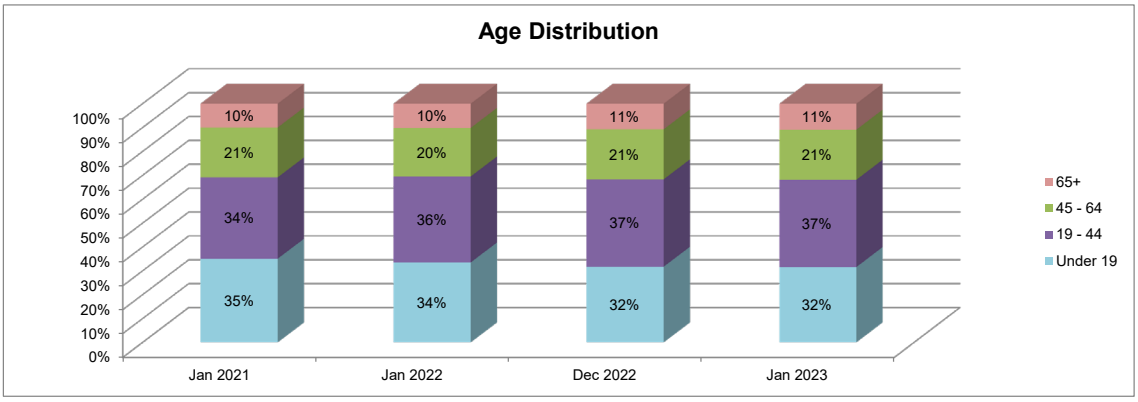
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Network	Jan 2021	Jan 2022	Dec 2022	Jan 2023	Jan 2021	Jan 2022	Dec 2022	Jan 2023	Jan 2021 to Jan 2022	Jan 2022 to Jan 2023	Dec 2022 to Jan 2023
Independent (Direct)	52,336	57,046	53,143	53,870	18.8%	18.8%	16.2%	16.3%	9.0%	-5.6%	1.4%
AHS (Direct)	55,847	58,927	65,771	66,052	20.1%	19.4%	20.1%	20.0%	5.5%	12.1%	0.4%
CFMG	31,714	32,689	33,648	33,741	11.4%	10.8%	10.3%	10.2%	3.1%	3.2%	0.3%
CHCN	99,414	109,878	126,009	126,433	35.8%	36.2%	38.4%	38.3%	10.5%	15.1%	0.3%
Kaiser	38,573	44,633	49,224	49,718	13.9%	14.7%	15.0%	15.1%	15.7%	11.4%	1.0%
Total	**277,884**	**303,173**	**327,795**	**329,814**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**9.1%**	**8.8%**	**0.6%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

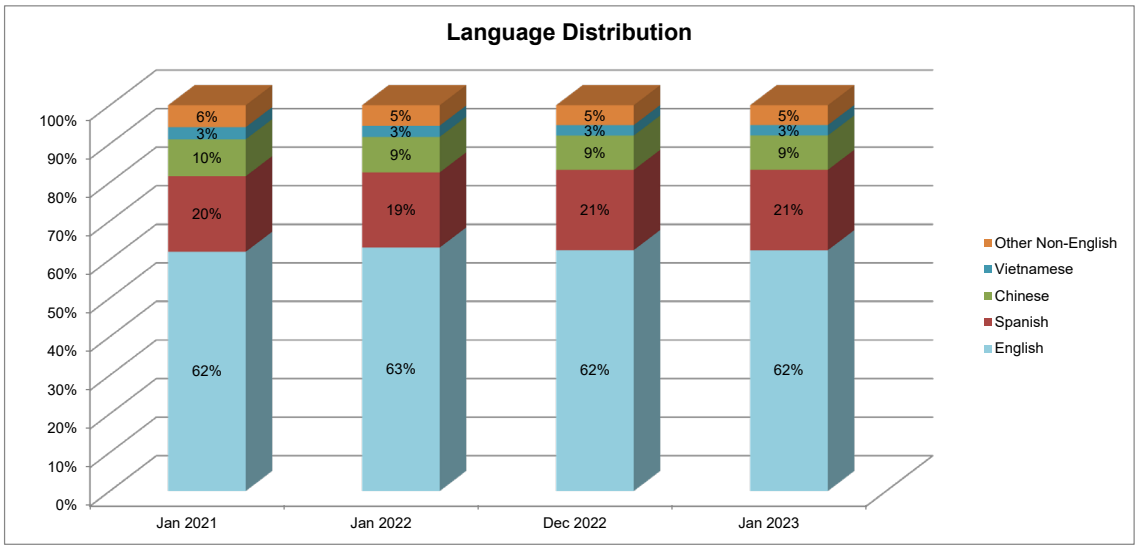
Age Category Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Age Category	Jan 2021	Jan 2022	Dec 2022	Jan 2023	Jan 2021	Jan 2022	Dec 2022	Jan 2023	Jan 2021 to Jan 2022	Jan 2022 to Jan 2023	Dec 2022 to Jan 2023
Under 19	97,507	101,615	104,022	104,152	35%	34%	32%	32%	4%	2%	0%
19 - 44	94,684	109,198	119,997	120,648	34%	36%	37%	37%	15%	10%	1%
45 - 64	58,017	61,651	68,606	69,127	21%	20%	21%	21%	6%	12%	1%
65+	27,676	30,709	35,170	35,887	10%	10%	11%	11%	11%	17%	2%
Total	**277,884**	**303,173**	**327,795**	**329,814**	**100%**	**100%**	**100%**	**100%**	**9%**	**9%**	**1%**



Language Trend

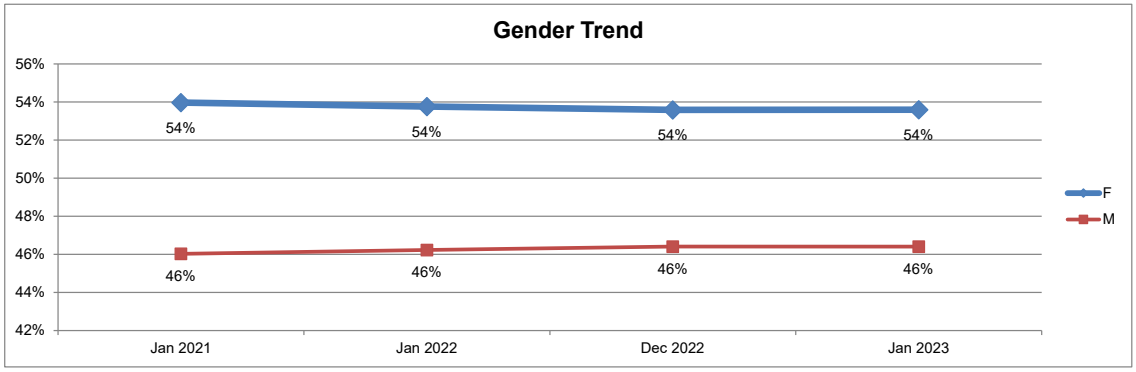
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Language	Jan 2021	Jan 2022	Dec 2022	Jan 2023	Jan 2021	Jan 2022	Dec 2022	Jan 2023	Jan 2021 to Jan 2022	Jan 2022 to Jan 2023	Dec 2022 to Jan 2023
English	172,244	191,279	204,635	205,802	62%	63%	62%	62%	11%	8%	1%
Spanish	54,485	59,086	68,179	68,746	20%	19%	21%	21%	8%	16%	1%
Chinese	26,616	27,931	29,182	29,364	10%	9%	9%	9%	5%	5%	1%
Vietnamese	8,707	8,831	8,904	8,924	3%	3%	3%	3%	1%	1%	0%
Other Non-English	15,832	16,046	16,895	16,978	6%	5%	5%	5%	1%	6%	0%
Total	**277,884**	**303,173**	**327,795**	**329,814**	**100%**	**100%**	**100%**	**100%**	**9%**	**9%**	**1%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

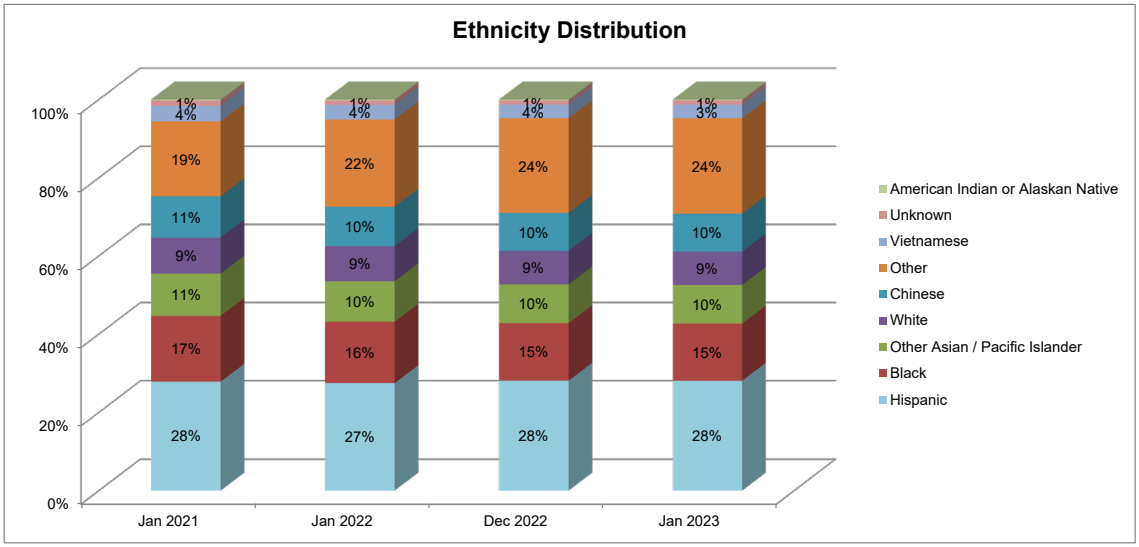
Gender Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Gender	Jan 2021	Jan 2022	Dec 2022	Jan 2023	Jan 2021	Jan 2022	Dec 2022	Jan 2023	Jan 2021 to Jan 2022	Jan 2022 to Jan 2023	Dec 2022 to Jan 2023
F	149,977	162,997	175,661	176,768	54%	54%	54%	54%	9%	8%	1%
M	127,907	140,176	152,134	153,046	46%	46%	46%	46%	10%	9%	1%
Total	**277,884**	**303,173**	**327,795**	**329,814**	**100%**	**100%**	**100%**	**100%**	**9%**	**9%**	**1%**



Ethnicity Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Ethnicity	Jan 2021	Jan 2022	Dec 2022	Jan 2023	Jan 2021	Jan 2022	Dec 2022	Jan 2023	Jan 2021 to Jan 2022	Jan 2022 to Jan 2023	Dec 2022 to Jan 2023
Hispanic	77,331	83,229	92,030	92,528	28%	27%	28%	28%	8%	11%	1%
Black	46,714	47,604	48,301	48,188	17%	16%	15%	15%	2%	1%	0%
Other Asian / Pacific Islander	30,076	31,403	32,466	32,634	11%	10%	10%	10%	4%	4%	1%
White	25,637	27,265	28,063	28,155	9%	9%	9%	9%	6%	3%	0%
Chinese	29,332	30,557	31,839	32,069	11%	10%	10%	10%	4%	5%	1%
Other	53,208	67,560	79,375	80,433	19%	22%	24%	24%	27%	19%	1%
Vietnamese	11,202	11,406	11,505	11,535	4%	4%	4%	3%	2%	1%	0%
Unknown	3,772	3,506	3,531	3,582	1%	1%	1%	1%	-7%	2%	1%
American Indian or Alaskan Native	612	643	685	690	0%	0%	0%	0%	5%	7%	1%
Total	**277,884**	**303,173**	**327,795**	**329,814**	**100%**	**100%**	**100%**	**100%**	**9%**	**9%**	**1%**



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

Medi-Cal By City

City	Jan 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	126,549	39%	13,099	30,873	14,188	54,307	14,082
Hayward	51,116	16%	7,517	11,706	5,537	17,357	8,999
Fremont	29,618	9%	10,374	4,615	1,024	8,667	4,938
San Leandro	29,349	9%	4,781	4,370	3,488	11,194	5,516
Union City	13,471	4%	4,087	2,163	534	4,057	2,630
Alameda	12,326	4%	2,099	2,099	1,636	4,422	2,070
Berkeley	12,098	4%	1,520	1,836	1,328	5,521	1,893
Livermore	9,958	3%	1,056	697	1,930	4,471	1,804
Newark	7,617	2%	1,912	2,543	251	1,507	1,404
Castro Valley	8,132	3%	1,361	1,277	1,084	2,638	1,772
San Lorenzo	6,811	2%	912	1,193	686	2,581	1,439
Pleasanton	5,507	2%	1,024	404	509	2,578	992
Dublin	5,928	2%	1,064	443	691	2,610	1,120
Emeryville	2,220	1%	348	415	318	746	393
Albany	1,995	1%	234	239	374	734	414
Piedmont	407	0%	52	127	28	99	101
Sunol	65	0%	10	10	4	24	17
Antioch	26	0%	6	3	4	9	4
Other	860	0%	141	174	127	288	130
Total	**324,053**	**100%**	**51,597**	**65,187**	**33,741**	**123,810**	**49,718**

Group Care By City

City	Jan 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	1,870	32%	416	365	-	1,089	-
Hayward	641	11%	322	129	-	190	-
Fremont	614	11%	442	42	-	130	-
San Leandro	590	10%	220	88	-	282	-
Union City	303	5%	205	32	-	66	-
Alameda	279	5%	95	23	-	161	-
Berkeley	174	3%	52	12	-	110	-
Livermore	89	2%	30	1	-	58	-
Newark	146	3%	86	38	-	22	-
Castro Valley	187	3%	84	21	-	82	-
San Lorenzo	126	2%	51	17	-	58	-
Pleasanton	62	1%	25	3	-	34	-
Dublin	105	2%	38	10	-	57	-
Emeryville	31	1%	13	4	-	14	-
Albany	17	0%	6	1	-	10	-
Piedmont	13	0%	3	-	-	10	-
Sunol	-	0%	-	-	-	-	-
Antioch	27	0%	6	6	-	15	-
Other	487	8%	179	73	-	235	-
Total	**5,761**	**100%**	**2,273**	**865**	**-**	**2,623**	**-**

Total By City

City	Jan 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	128,419	39%	13,515	31,238	14,188	55,396	14,082
Hayward	51,757	16%	7,839	11,835	5,537	17,547	8,999
Fremont	30,232	9%	10,816	4,657	1,024	8,797	4,938
San Leandro	29,939	9%	5,001	4,458	3,488	11,476	5,516
Union City	13,774	4%	4,292	2,195	534	4,123	2,630
Alameda	12,605	4%	2,194	2,122	1,636	4,583	2,070
Berkeley	12,272	4%	1,572	1,848	1,328	5,631	1,893
Livermore	10,047	3%	1,086	698	1,930	4,529	1,804
Newark	7,763	2%	1,998	2,581	251	1,529	1,404
Castro Valley	8,319	3%	1,445	1,298	1,084	2,720	1,772
San Lorenzo	6,937	2%	963	1,210	686	2,639	1,439
Pleasanton	5,569	2%	1,049	407	509	2,612	992
Dublin	6,033	2%	1,102	453	691	2,667	1,120
Emeryville	2,251	1%	361	419	318	760	393
Albany	2,012	1%	240	240	374	744	414
Piedmont	420	0%	55	127	28	109	101
Sunol	65	0%	10	10	4	24	17
Antioch	53	0%	12	9	4	24	4
Other	1,347	0%	320	247	127	523	130
Total	**329,814**	**100%**	**53,870**	**66,052**	**33,741**	**126,433**	**49,718**

FY 2023 Second Quarter Forecast

Presented to the Alameda Alliance Board of Governors

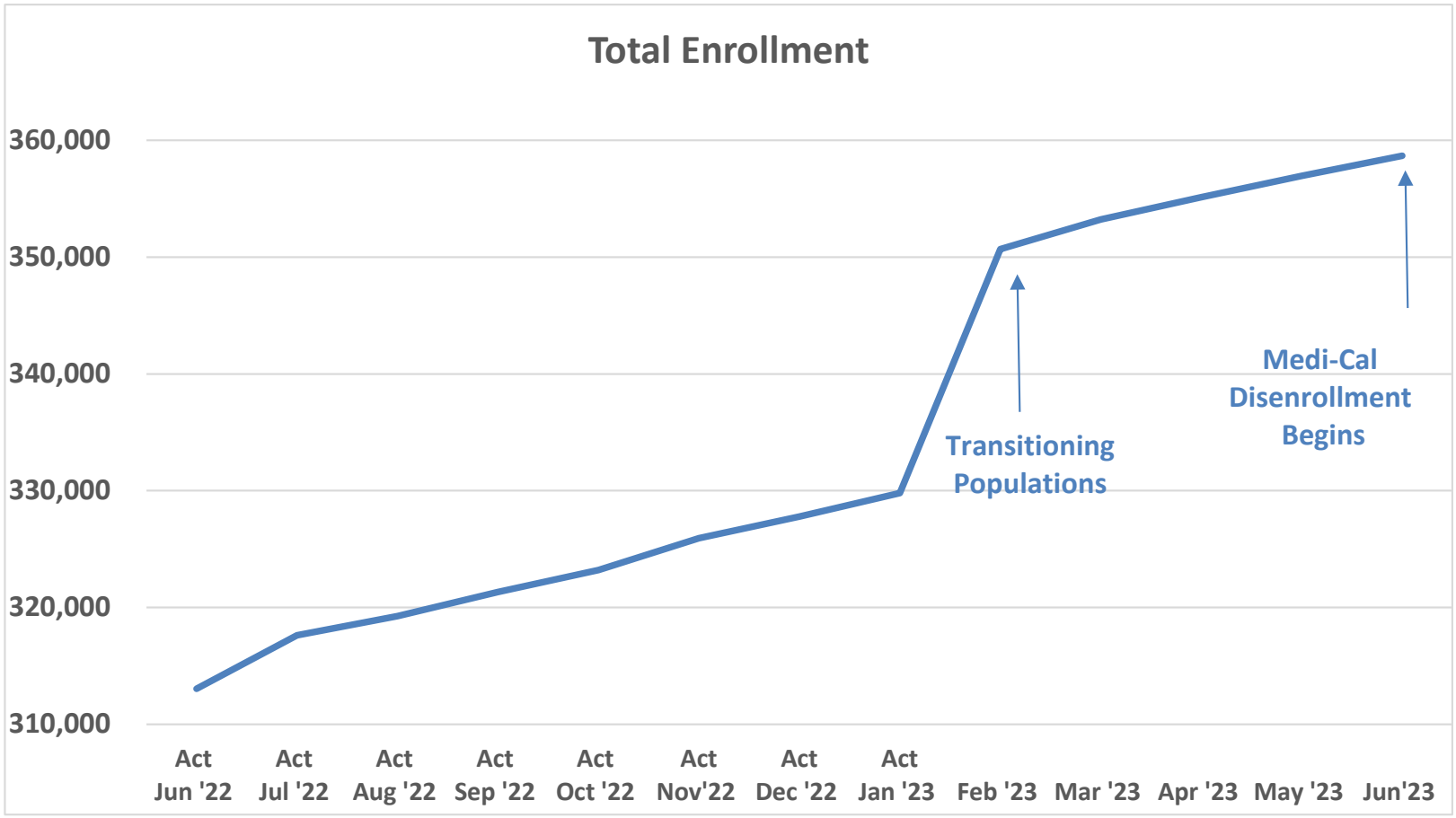
March 10, 2023

ALAMEDA Alliance FOR HEALTH

- Net Income of $61.4 million is favorable to Budget by $43.6 million.
- Tangible Net Equity at year-end is 629% of required. TNE at year-end is $273.5 million.
- Medical Loss Ratio is 90.4%.
  - Medi-Cal 90.5%, Group Care 85.5%
- Administrative Loss Ratio is 5.7%.
- Enrollment at year-end is 359,000.
- FTEs at year end are 495, an addition of 6 from the Final Budget.
- Revenue is $1.4 billion; $10.7 million lower than Budget, with lower enrollment being mostly offset by higher Medi-Cal rates.
  - For January – June 2023, Medi-Cal rates received after the Budget was finalized results in projected revenue $15.0 million higher than anticipated.
- Medical Expense is $1.3 billion; $51.0 million lower that budget, driven by lower Inpatient and Ancillary expense, as well as lower enrollment.
- Administrative expense is $82.8 million, $400,000 lower than Budget.

FY2023 Second Quarter Forecast

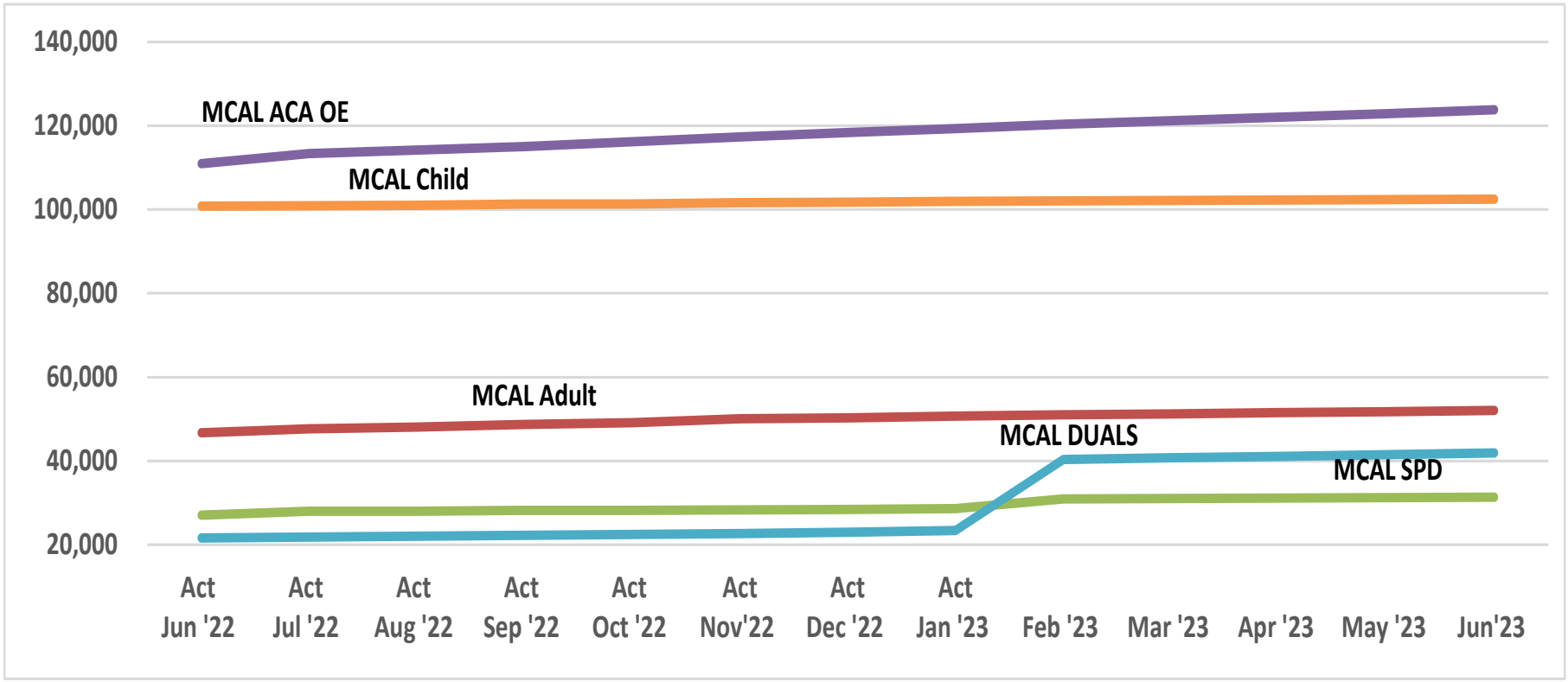
Membership Forecast



Transitioning populations include Long-Term Care members and SPD Duals.

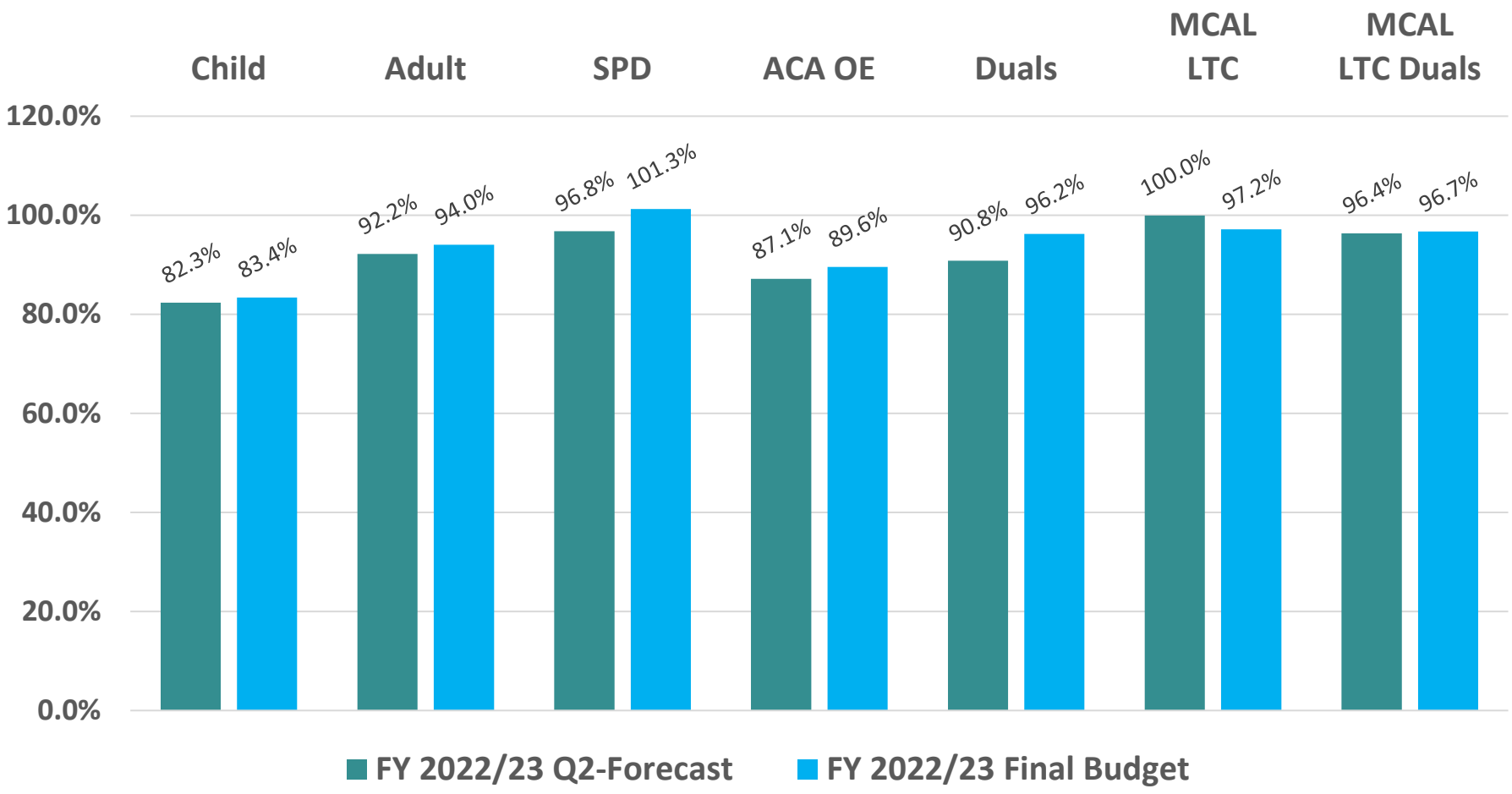
FY2023 Second Quarter Forecast

Membership Forecast by Population



$ in Thousands	FY 2023 Q2 Forecast			FY 2023 Final Budget			Variance F/(U)		
	Medi-Cal	Group Care	Total	Medi-Cal	Group Care	Total	Medi-Cal	Group Care	Total
Enrollment at Year-End	*352,933*	*5,746*	*358,679*	*350,746*	*5,789*	*356,535*	*2,187*	*(43)*	*2,144*
Member Months	*3,971,482*	*69,255*	*4,040,737*	*4,002,929*	*69,509*	*4,072,438*	*(31,447)*	*(254)*	*(31,701)*
Revenues	$1,409,677	$31,665	$1,441,342	$1,420,246	$31,773	$1,452,019	($10,569)	($108)	($10,677)
Medical Expense	1,275,732	27,063	1,302,795	1,326,944	26,808	1,353,752	51,212	(255)	50,957
Gross Margin	**133,945**	**4,602**	**138,547**	**93,302**	**4,965**	**98,267**	**40,643**	**(363)**	**40,280**
Administrative Expense	80,682	2,100	82,783	80,151	2,263	82,414	(532)	163	(369)
Operating Margin	**53,262**	**2,502**	**55,764**	**13,151**	**2,702**	**15,853**	**40,111**	**(200)**	**39,911**
Other Income / (Expense)	5,501	144	5,646	1,909	54	1,963	3,592	91	3,683
Net Income / (Loss)	**$58,764**	**$2,646**	**$61,410**	**$15,061**	**$2,755**	**$17,816**	**$43,703**	**($109)**	**$43,594**
Administrative Expense % of Revenue	**5.7%**	**6.6%**	**5.7%**	**5.6%**	**7.1%**	**5.7%**	**-0.1%**	**0.5%**	**-0.1%**
Medical Loss Ratio	**90.5%**	**85.5%**	**90.4%**	**93.4%**	**84.4%**	**93.2%**	**2.9%**	**-1.1%**	**2.8%**
TNE at Year-End			**$273,534**			**$240,612**			**$32,922**
TNE Percent of Required at Year-End			**629.2%**			**531.5%**			**97.7%**

Q2-23 Forecast
March 10, 2023



Q2-23 Forecast
March 10, 2023

FY2023 Second Quarter Forecast

Staffing Comparison to Budget

Administrative FTEs	FY23 Q2 Forecast	FY23 Final Budget	Increase/ Decrease
Administrative Vacancy	(32.3)	(32.1)	(0.3)
Operations	4.0	4.0	0.0
Executive	4.0	4.0	0.0
Finance	30.0	30.0	0.0
Healthcare Analytics	16.5	16.5	0.0
Claims	43.0	43.0	0.0
Information Technology	12.0	12.0	0.0
IT Infrastructure	7.0	7.0	0.0
Apps Mgmt., IT Quality & Process Imp.	15.0	15.0	0.0
IT Development	15.0	15.0	0.0
IT Data Exchange	9.0	9.0	0.0
IT-Ops and Quality Apps Mgt.	9.0	9.0	0.0
Member Services	68.0	67.0	1.0
Provider Services	33.0	33.0	0.0
Credentialing	6.0	6.0	0.0
Health Plan Operations	1.0	1.0	0.0
Human Resources	17.0	17.0	0.0
Vendor Management	7.0	7.0	0.0
Legal Services	8.0	8.0	0.0
Facilities & Support Services	7.0	7.0	0.0
Marketing & Communication	10.0	10.0	0.0
Privacy and SIU	11.0	10.0	1.0
Regulatory Affairs & Compliance	7.0	8.0	(1.0)
Grievance and Appeals	17.0	17.0	0.0
Integrated Planning	21.0	19.0	2.0
Total Administrative FTEs	**345.2**	**342.4**	**2.7**

Clinical FTEs	FY23 Q2 Forecast	FY23 Final Budget	Increase/ Decrease
Clinical Vacancy	0.0	0.0	0.0
Quality Analytics	4.0	4.0	0.0
Utilization Management	50.9	50.9	0.0
Case/Disease Management	39.0	36.0	3.0
Medical Services	4.0	4.0	0.0
Quality Management	29.0	29.0	0.0
HCS Behavioral Health	10.0	10.0	0.0
Pharmacy Services	9.0	9.0	0.0
Regulatory Readiness	4.0	4.0	0.0
Total Clinical FTEs	**149.9**	**146.9**	**3.0**

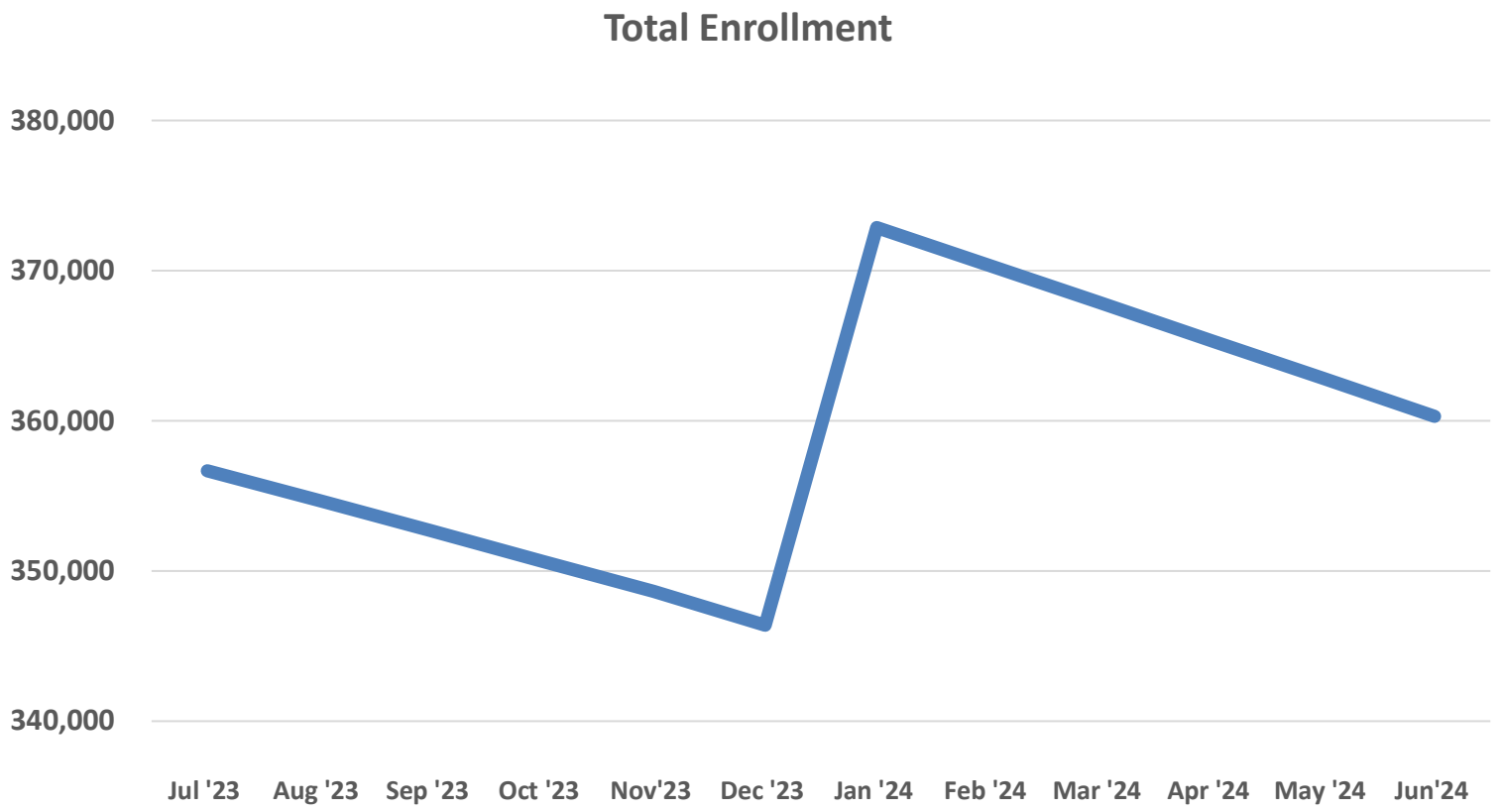
Total FTEs	**495.0**	**489.4**	**5.7**

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

- Enrollment
  - Medi-Cal membership is influenced by the following transitions
    - Single Plan Model on 1/1/24
    - Kaiser Permanente direct contract with DHCS on 1/1/24
    - Addition of LTC populations of focus on 1/1/24
    - Undocumented Adults ages 26 – 49 on 1/1/24
    - Medi-Cal re-determinations largely occurring July 2023 – June 2024
  - Group Care remains steady at approximately 5,700 members.
- Changes to the Medi-Cal Contract
    - Increased regulations and reporting
    - Alternative Payment Methodologies
    - Increased Quality Requirements
    - Additional Health Equity Requirements.
- Changes to Medi-Cal Benefits and Services
  - New ECM Populations of Focus
    - LTC Intermediate Care Facilities and beneficiaries with developmental disabilities
    - Persons transitioning from incarceration
    - Pregnant and Post Partum individuals at risk for adverse peri-natal outcomes
  - Additional Community Supports planned for deployment
    - Home Modifications
    - Sobering Centers.

FY2023 Second Quarter Forecast

FY2024 Membership Forecast



Medi-Cal disenrollment continues throughout the fiscal year.
Single Plan Model begins in January.
Kaiser Permanente direct contract with DHCS begins in January.
Addition of LTC populations of focus in January.
Undocumented Adults ages 26 – 49 enroll in January.

ALAMEDA Alliance FOR HEALTH

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

Mental Health Insourcing Update

Board of Governors

Mental Health Insourcing Update

March 10th, 2023

ALAMEDA Alliance FOR HEALTH

Mental Health Insourcing

- Insourcing of mental health and autism spectrum services is tracking to complete on 3/31/2023
- Full compliance with SB855 pending approval from the DMHC; approval is forecasted prior to go-live on 4/1/2023
  - Conditional approval from DMHC may be required to support the go-live as the administration of health services terminates on 3/31/2023
- Contracting – 137 fully executed contracts
  - 665 total providers including mental health and autism providers
- Staffing – Behavioral Health and Member Services teams are fully staffed
- Communications
  - Impacted Member Letter and Member Notice – first letter/notice mailed on 2/1/2023 and second letter/notice to be mailed on 3/1/2023
- Crisis Support Services (after hours) – vendor engaged

Mental Health Insourcing

- Beacon De-Implementation Activities
  - ABA Authorization Report and Referring Provider Report delivered to AAH on 2/21/2023
  - Pending/Open Member Cases Report delivered to AAH on 2/23/2023
  - Provider Notification Letter sent on 2/20/2023
- Work in Progress
  - Systems configuration continues
  - Behavioral Health work queues and forms have been developed and ready for User Acceptance Testing (UAT)
  - End-to-end process workflow development continues
  - Provider Portal online forms are in test

Questions?

ALAMEDA Alliance FOR HEALTH

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

Operations

Matt Woodruff

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

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

Date: **March 10th, 2023**

Subject: **Operations Report**

Member Services

- 12-Month Trend Blended Summary:

    - The Member Services Department received a nine percent (9%) increase in calls in February 2023, totaling 17,147 compared to 15,678 in February 2022. Call volume pre-pandemic in February 2019 was 14,233, which is seventeen percent (17%) lower than the current call volume.
    - The abandonment rate for February 2023 was twenty-four percent (24%), compared to twenty-six percent (26%) in February 2022.
    - The Department's service level was forty-three percent (43%) in February 2023, compared to thirty-two percent (32%) in February 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 seven minutes and nine seconds (07:09) for February 2023, compared to five minutes and forty-three seconds (05:43) for February 2022.
    - The top five call reasons for February 2023 were: 1). Eligibility/Enrollment, 2). Change of PCP 3). Kaiser, 4). Benefits, 5). ID Card Request. The top five call reasons for February 2022 were: 1) Kaiser., 2). Eligibility/Enrollment, 3). Change of PCP, 4). Benefits, 5). ID Card Requests.
    - February utilization for the member automated eligibility IVR system totaled one thousand and thirty-four (1034).
    - 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 sixty-four (964) web-based requests in February 2023 compared to seven hundred thirty-eight (738) in February 2022. The top three web reason requests for February 2023 were: 1). ID Card Requests 2). Change of PCP, 3). Update Contact Information. Sixteen (16) members were assisted in-person in February 2023.

Claims

- 12-Month Trend Summary:

    - The Claims Department received 167,475 claims in February 2023 compared to 162,433 in February 2022.
    - Auto Adjudication was 80.9% in February 2023 compared to 83.6% in February 2022.
    - Claims compliance for the 30-day turn-around time was 99.4% in February 2023 compared to 98.8% in February 2022. The 45-day turn-around time was 99.9% in February 2023 compared to 99.9% in February 2022.

- Monthly Analysis:

    - In February, we received a total of 167,475 claims in the HEALTHsuite system. This represents an increase of 2.27% from January and is higher, by 5,042 claims, than the number of claims received in February 2022; the higher volume of received claims remains attributed to increased membership.
    - We received 86.93% of claims via EDI and 13.07% of claims via paper.
    - During February, 99.9% of our claims were processed within 45 working days.
    - The Auto Adjudication rate was 80.9% for February.

Provider Services

- 12-Month Trend Summary:

    - The Provider Services department's call volume in February 2023 was 5,936 calls compared to 4,334 calls in February 2022.
    - Provider Services continuously works to achieve first call resolution and reduction of the abandonment rates. Efforts to promote provider satisfaction is our priority.
    - The Provider Services department completed 182 calls/visits during February 2023.
    - The Provider Services department answered 4,032 calls for February 2023 and made 758 outbound calls.

Credentialing

- 12-Month Trend Summary:
    - At the Peer Review and Credentialing (PRCC) meeting held on February 21, 2023, there were two hundred and forty-two (242) initial network providers approved; six (6) primary care provider, twelve (12) specialists, one (1) ancillary provider, thirteen (13) midlevel providers, and two hundred and ten (210) behavioral health providers. Additionally, thirty-four (34) providers were re-credentialed at this meeting; seven (7) primary care providers, twenty-one (21) specialists, four (4) ancillary providers, and two (2) midlevel providers.
    - Please refer to the Credentialing charts and graphs located in the Operations supporting documentation for more information.

Provider Dispute Resolution

- 12-Month Trend Summary:
    - In February 2023, the Provider Dispute Resolution (PDR) team received 996 PDRs versus 709 in February 2022.
    - The PDR team resolved 889 cases in February 2023 compared to 815 cases in February 2022.
    - In February 2023, the PDR team upheld 72% of cases versus 71% in February 2022.
    - The PDR team resolved 100% of cases within the compliance standard of 95% within 45 working days in February 2023 compared to 100% in February 2022.

- Monthly Analysis:
    - AAH received 996 PDRs in February 2023.
    - In February, 889 PDRs were resolved. Out of the 889 PDRs, 641 were upheld, and 248 were overturned.
    - The overturn rate for PDRs was 28% which did not meet our goal of 25% or less.

Community Relations and Outreach

- 12-Month Trend Summary:

    - In February 2023, the Alliance completed 304-member orientation outreach calls and 108 member orientations by phone.
    - The C&O Department reached 115 people (98% identified as Alliance members) during outreach activities, compared to 104 individuals (100% self-identified as Alliance members) in February 2022.
    - The C&O Department spent a total of $250 in donations, fees, and/or sponsorships, compared to $0 in February 2022.
    - The C&O Department reached members in 12 cities/unincorporated areas throughout Alameda County, Bay Area, and the U.S., compared to 14 cities in February 2022.

- Monthly Analysis:

    - In February 2023, the C&O Department completed 304-member orientation outreach calls and 108 member orientations by phone, 1 community event, and 68 Alliance website inquiries.
    - Among the 115 people reached, 98% identified as Alliance members.
    - In February 2023, the C&O Department reached members in 12 locations throughout Alameda County, Bay Area, and the U.S.
    - Please see attached **Addendum A**.

Operations

Supporting Documents

Member Services

Blended Call Results

Blended Results	Feb 2023
Incoming Calls (R/V)	17,147
Abandoned Rate (R/V)	24%
Answered Calls (R/V)	13,053
Average Speed to Answer (ASA)	8:25
Calls Answered in 60 Seconds (R/V)	43%
Average Talk Time (ATT)	07:09
Outbound Calls	6,402

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

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

Claims Department
January 2023 Final and February 2023 Final

METRICS		
Claims Compliance	**Jan-23**	**Feb-23**
90% of clean claims processed within 30 calendar days	99.2%	99.4%
95% of all claims processed within 45 working days	99.9%	99.9%
Claims Volume (Received)	**Jan-23**	**Feb-23**
Paper claims	21,181	21,885
EDI claims	142,583	145,590
Claim Volume Total	**163,764**	**167,475**
Percentage of Claims Volume by Submission Method	**Jan-23**	**Feb-23**
% Paper	12.93%	13.07%
% EDI	87.07%	86.93%
Claims Processed	**Jan-23**	**Feb-23**
HEALTHsuite Paid (original claims)	99,776	111,043
HEALTHsuite Denied (original claims)	41,857	42,512
HEALTHsuite Original Claims Sub-Total	**141,633**	**153,555**
HEALTHsuite Adjustments	1,020	27,326
HEALTHsuite Total	**142,653**	**180,881**
Claims Expense	**Jan-23**	**Feb-23**
Medical Claims Paid	$60,755,515	$61,837,573
Interest Paid	$27,088	$25,121
Auto Adjudication	**Jan-23**	**Feb-23**
Claims Auto Adjudicated	113,724	124,194
% Auto Adjudicated	80.3%	80.9%
Average Days from Receipt to Payment	**Jan-23**	**Feb-23**
HEALTHsuite	18	18
Pended Claim Age	**Jan-23**	**Feb-23**
0-29 calendar days	6,631	8,418
HEALTHsuite		
30-59 calendar days	81	44
HEALTHsuite		
Over 60 calendar days	0	0
HEALTHsuite		
Overall Denial Rate	**Jan-23**	**Feb-23**
Claims denied in HEALTHsuite	41,857	42,512
% Denied	29.3%	23.5%

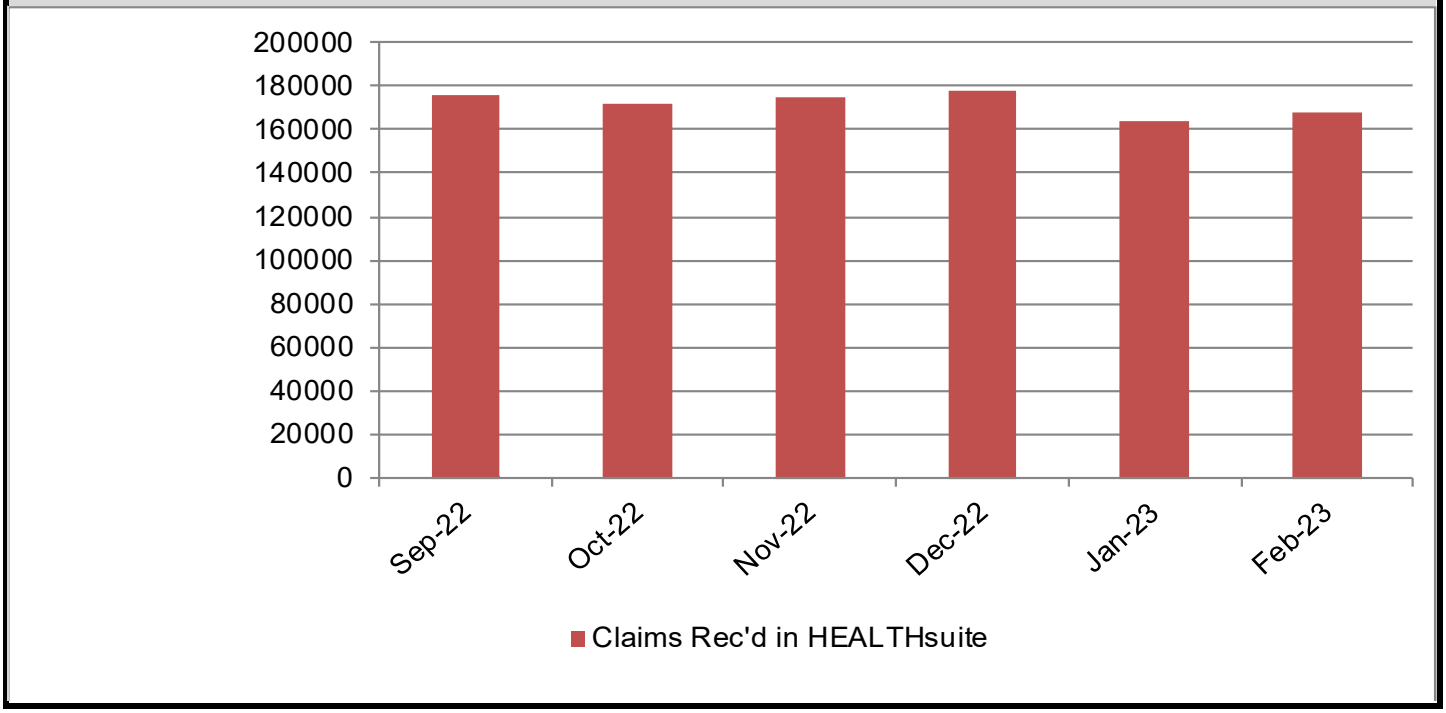
Claims Department
January 2023 Final and February 2023 Final

Feb-23

Top 5 HEALTHsuite Denial Reasons	% of all denials
Responsibility of Provider	29%
No Benefits Found For Dates of Service	16%
Non-Covered Benefit For This Plan	9%
Duplicate Claim	8%
Must Submit Paper Claim With Copy of Primary Payor EOB	5%
% Total of all denials	**67%**

Claims Received By Month

Run Date	10/1/2022	11/1/2022	12/1/2022	1/1/2023	2/1/2023	3/1/2023
Claims Received Through	**Sep-22**	**Oct-22**	**Nov-22**	**Dec-22**	**Jan-23**	**Feb-23**
Claims Rec'd in HEALTHsuite	175,955	171,386	174,429	177,828	163,764	167,475



Provider Relations Dashboard February 2023

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Incoming Calls (PR)	5588	5936										
Abandoned Calls	1698	1904										
Answered Calls (PR)	3890	4032										
Recordings/Voicemails	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Incoming Calls (R/V)	1231	953										
Abandoned Calls (R/V)												
Answered Calls (R/V)	1231	953										
Outbound Calls	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Outbound Calls	741	758										
N/A												
Outbound Calls	741	758										
Totals	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Total Incoming, R/V, Outbound Calls	7560	7647										
Abandoned Calls	1698	1904										
Total Answered Incoming, R/V, Outbound Calls	5862	5743										

Provider Relations Dashboard February 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%										
Benefits	3.6%	3.4%										
Claims Inquiry	46.7%	46.0%										
Change of PCP	4.9%	3.8%										
Complaint/Grievance (includes PDR's)	2.9%	1.7%										
Contracts	0.9%	0.7%										
Demographic Change	0.0%	0.0%										
Eligibility - Call from Provider	19.4%	20.6%										
Exempt Grievance/ G&A	0.0%	0.0%										
General Inquiry/Non member	0.0%	0.0%										
Health Education	0.0%	0.0%										
Intrepreter Services Request	0.7%	0.9%										
Kaiser	0.0%	0.0%										
Member bill	0.0%	0.0%										
Provider Portal Assistance	2.7%	2.9%										
Pharmacy	0.2%	0.1%										
Prop 56	0.4%	0.5%										
Provider Network Info	0.0%	0.1%										
Transportation Services	0.2%	0.4%										
Transferred Call	0.0%	0.0%										
All Other Calls	12.2%	14.0%										
TOTAL	100.0%	100.0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Field Visit Activity Details

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Claims Issues	30	28										
Contracting/Credentialing	29	18										
Drop-ins	142	96										
JOM's	0	2										
New Provider Orientation	0	20										
Quarterly Visits	0	0										
UM Issues	13	18										
Total Field Visits	214	182	0	0	0	0	0	0	0	0	0	0

ALLIANCE NETWORK SUMMARY, CURRENTLY CREDENTIALED PRACTITIONERS

Practitioners		BH/ABA 665	AHP 416	PCP 349	SPEC 644	PCP/SPEC 11
AAH/AHS/CHCN Breakdown			AAH 998	AHS 219	CHCN 479	COMBINATION OF GROUPS 389
Facilities	**341**					

VENDOR SUMMARY

Credentialing Verification Organization, Symply CVO

	Number		**Average Calendar Days in Process**	**Goal - Business Days**	**Goal - 98% Accuracy**	**Compliant**
Initial Files in Process	393		74	25	Y	N
Recred Files in Process	149		46	25	Y	Y
Expirables updated Insurance, License, DEA, Board Certifications						Y
Files currently in process	**542**					

CAQH Applications Processed in February 2023

Standard Providers and Allied Health	**Invoice not received**

February 2023 Peer Review and Credentialing Committee Approvals

Initial Credentialing	**Number**
PCP	6
SPEC	12
ANCILLARY	1
MIDLEVEL/AHP	13
BH/ABA	210
	242
Recredentialing	
PCP	7
SPEC	21
ANCILLARY	4
MIDLEVEL/AHP	2
BH/ABA	0
	34
TOTAL	**276**

February 2023 Facility Approvals

Initial Credentialing	9
Recredentialing	10
	19
Facility Files in Process	**29**

February 2023 Employee Metrics 5

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

LAST NAME	FIRST NAME	CATEGORY	INITIAL/RE-CREDS	CRED DATE
Abdon	Jia Qi	Allied Health	INITIAL	2/21/2023
Abraham	Jonathan	Specialist	INITIAL	2/21/2023
Adams	Cecilia	BH/ABA	INITIAL	2/21/2023
Aldrete	Jessica	BH/ABA-Telehealth	INITIAL	2/21/2023
Aleman	Jeanette	BH/ABA-Telehealth	INITIAL	2/21/2023
Alexander	Tianita	BH/ABA	INITIAL	2/21/2023
Allgeier	Ariana	BH/ABA	INITIAL	2/21/2023
Alva-House	Natiha	BH/ABA	INITIAL	2/21/2023
Amador	Miriam	BH/ABA-Telehealth	INITIAL	2/21/2023
Anderson	Gera	BH/ABA	INITIAL	2/21/2023
Andrews	Thomas	BH/ABA-Telehealth	INITIAL	2/21/2023
Archibald	Hannah	Primary Care Physician	INITIAL	2/21/2023
Ardourel	Maylis	BH/ABA	INITIAL	2/21/2023
Ashton	Hailey	BH/ABA-Telehealth	INITIAL	2/21/2023
Avila	Lily	BH/ABA-Telehealth	INITIAL	2/21/2023
Ayers-Cluff	Heather	BH/ABA	INITIAL	2/21/2023
Bailey	Johari	BH/ABA	INITIAL	2/21/2023
Baker	Shana	BH/ABA-Telehealth	INITIAL	2/21/2023
Bakkie	Caylan	BH/ABA	INITIAL	2/21/2023
Ballard	Marissa	BH/ABA-Telehealth	INITIAL	2/21/2023
Baron	Seth	BH/ABA-Telehealth	INITIAL	2/21/2023
Beane	Eric	Allied Health	INITIAL	2/21/2023
Beban	Marylou	BH/ABA-Telehealth	INITIAL	2/21/2023
Bermudez	Ana	Specialist	INITIAL	2/21/2023
Bettencourt	Ashley	BH/ABA-Telehealth	INITIAL	2/21/2023
Bi	Susanna	BH/ABA	INITIAL	2/21/2023
Bilbeisi	Abier	BH/ABA	INITIAL	2/21/2023
Bonu Mochungong	Tafor	Primary Care Physician	INITIAL	2/21/2023
Borgo	Talia	Allied Health	INITIAL	2/21/2023
Bradley	Yvonne	BH/ABA	INITIAL	2/21/2023
Brown	Addie	BH/ABA	INITIAL	2/21/2023
Butler	Christine	BH/ABA-Telehealth	INITIAL	2/21/2023
Cangelosi	Caroline	BH/ABA-Telehealth	INITIAL	2/21/2023
Carlos	Justin	BH/ABA-Telehealth	INITIAL	2/21/2023
Carroll	Charkeia	BH/ABA	INITIAL	2/21/2023
Cassano	Danielle	BH/ABA-Telehealth	INITIAL	2/21/2023
Centino	Alexandria	BH/ABA-Telehealth	INITIAL	2/21/2023
Chan	Jordan	BH/ABA-Telehealth	INITIAL	2/21/2023
Chavez	Nancy	BH/ABA-Telehealth	INITIAL	2/21/2023
Chege	James	BH/ABA	INITIAL	2/21/2023
Cheng	Ryu	BH/ABA	INITIAL	2/21/2023
Chien	Lai	BH/ABA	INITIAL	2/21/2023
Chio	Joyce	BH/ABA-Telehealth	INITIAL	2/21/2023
Cole	Lauren	BH/ABA-Telehealth	INITIAL	2/21/2023
Collatos	Christine	BH/ABA-Telehealth	INITIAL	2/21/2023
Conboy	Elane	BH/ABA	INITIAL	2/21/2023
Cork	Jessica	BH/ABA	INITIAL	2/21/2023
Cruz	Lizbeth	BH/ABA	INITIAL	2/21/2023
Cuestas	Dominique	BH/ABA-Telehealth	INITIAL	2/21/2023
Cummings	Kataunya	BH/ABA	INITIAL	2/21/2023
Daniels	Tara	BH/ABA	INITIAL	2/21/2023
Dasgupta	Sunavo	Specialist	INITIAL	2/21/2023
Derentz	Ann	BH/ABA	INITIAL	2/21/2023
Desai	Anya	Primary Care Physician	INITIAL	2/21/2023
Dimercurio	Devon	BH/ABA	INITIAL	2/21/2023

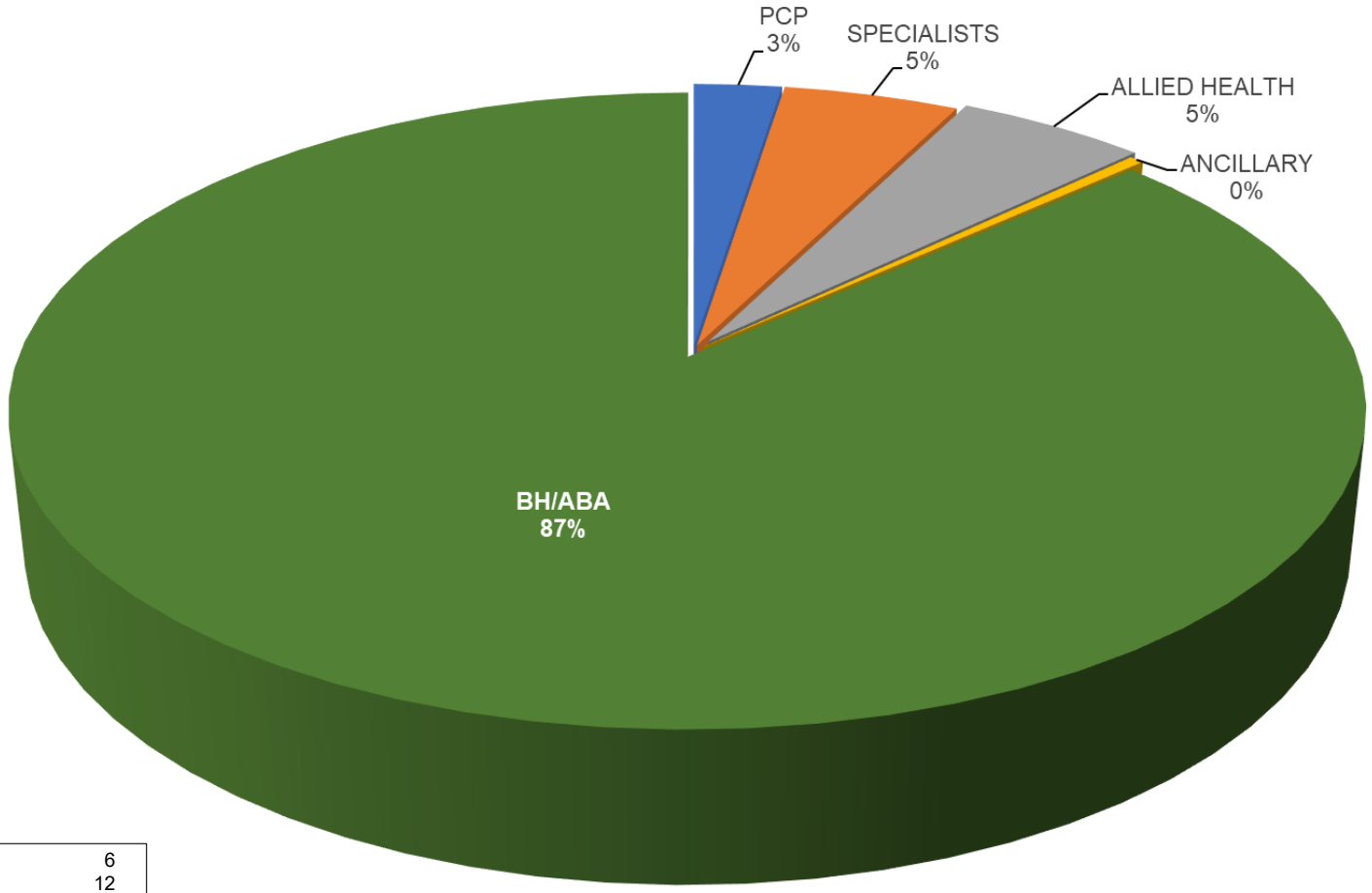
LAST NAME	FIRST NAME	CATEGORY	INITIAL/RE-CREDS	CRED DATE
Domville	Julia	BH/ABA	INITIAL	2/21/2023
Douglass	Robyn	BH/ABA	INITIAL	2/21/2023
Elenz-Martin	Kameron	BH/ABA-Telehealth	INITIAL	2/21/2023
Eugene	Lessie	BH/ABA-Telehealth	INITIAL	2/21/2023
Ferrara	Leonard	BH/ABA	INITIAL	2/21/2023
Finley	Victoria	BH/ABA-Telehealth	INITIAL	2/21/2023
Finn	Joseph	BH/ABA-Telehealth	INITIAL	2/21/2023
Floreza	Janelle	BH/ABA	INITIAL	2/21/2023
Forrester	Bailey	BH/ABA-Telehealth	INITIAL	2/21/2023
Fu	Shu-Wing	BH/ABA-Telehealth	INITIAL	2/21/2023
Gagnon	John	BH/ABA-Telehealth	INITIAL	2/21/2023
Garcia	Briana	BH/ABA-Telehealth	INITIAL	2/21/2023
Garcia-Ruiz	Nuria	Specialist	INITIAL	2/21/2023
Gee	Garwood	Specialist	INITIAL	2/21/2023
Gonzalez	Joseph	BH/ABA	INITIAL	2/21/2023
Graf	Benjamin	BH/ABA	INITIAL	2/21/2023
Greer	Benjamin	BH/ABA	INITIAL	2/21/2023
Griswold	Lindsey	BH/ABA	INITIAL	2/21/2023
Guerrero	Jordon	BH/ABA-Telehealth	INITIAL	2/21/2023
Gupton	Azizi	BH/ABA	INITIAL	2/21/2023
Hanhan	Paul	BH/ABA	INITIAL	2/21/2023
Hansen	Aaron	BH/ABA	INITIAL	2/21/2023
Hassan	Amal	Primary Care Physician	INITIAL	2/21/2023
Heater	Gale	BH/ABA	INITIAL	2/21/2023
Hendersen	Melanie	BH/ABA-Telehealth	INITIAL	2/21/2023
Herreid	Alexis	BH/ABA-Telehealth	INITIAL	2/21/2023
Hicks	Matthew	BH/ABA-Telehealth	INITIAL	2/21/2023
Holt	Allison	BH/ABA-Telehealth	INITIAL	2/21/2023
Holzapfel	Corbin	BH/ABA-Telehealth	INITIAL	2/21/2023
Hotpeti	Priti	BH/ABA	INITIAL	2/21/2023
Huang	Marjorie	BH/ABA	INITIAL	2/21/2023
Hudleston	Michelle	BH/ABA	INITIAL	2/21/2023
Huynh	Kathy	BH/ABA	INITIAL	2/21/2023
Isaacson	Allison	BH/ABA	INITIAL	2/21/2023
Jackson	Brandi	BH/ABA	INITIAL	2/21/2023
Jackson	Clarissa	BH/ABA-Telehealth	INITIAL	2/21/2023
Jahangiri	Mohammad	BH/ABA	INITIAL	2/21/2023
Jaime	Jessica	BH/ABA-Telehealth	INITIAL	2/21/2023
Johnson	Claudius	BH/ABA	INITIAL	2/21/2023
Johnson	Lisa	BH/ABA-Telehealth	INITIAL	2/21/2023
Jollie	Maria	BH/ABA	INITIAL	2/21/2023
Kamboj	Georgia	Specialist	INITIAL	2/21/2023
Kang	Esther	BH/ABA	INITIAL	2/21/2023
Keeton	Victoria	Allied Health	INITIAL	2/21/2023
Khan	Shahbaz	BH/ABA	INITIAL	2/21/2023
Klinger	Venus	BH/ABA	INITIAL	2/21/2023
Kooner	Jasmeet	BH/ABA-Telehealth	INITIAL	2/21/2023
Kung	Evelyn	BH/ABA-Telehealth	INITIAL	2/21/2023
Kwon	Stephanie	BH/ABA-Telehealth	INITIAL	2/21/2023
Lam	Jenny	BH/ABA	INITIAL	2/21/2023
Landon	Christina	BH/ABA-Telehealth	INITIAL	2/21/2023
Le	Amanda	Primary Care Physician	INITIAL	2/21/2023
Le	Kevin	BH/ABA	INITIAL	2/21/2023
Le	Thuy Vi	BH/ABA-Telehealth	INITIAL	2/21/2023
Leamy	Jordan	BH/ABA-Telehealth	INITIAL	2/21/2023

LAST NAME	FIRST NAME	CATEGORY	INITIAL/RE-CREDS	CRED DATE
Leon-Martinez	Daisy	Specialist	INITIAL	2/21/2023
Leu	Longhao	BH/ABA	INITIAL	2/21/2023
Levesque	Lauren	BH/ABA-Telehealth	INITIAL	2/21/2023
Li	Judy	BH/ABA-Telehealth	INITIAL	2/21/2023
Lomongsod	Alexa	Allied Health	INITIAL	2/21/2023
Long	Courtney	BH/ABA-Telehealth	INITIAL	2/21/2023
Lopez	Darien	BH/ABA-Telehealth	INITIAL	2/21/2023
Lopez	Mia	BH/ABA-Telehealth	INITIAL	2/21/2023
Lukas	Brian	BH/ABA	INITIAL	2/21/2023
Lum	Selena	BH/ABA-Telehealth	INITIAL	2/21/2023
Lymos	Larry	BH/ABA	INITIAL	2/21/2023
Lyons	Hannah	Allied Health	INITIAL	2/21/2023
Macalisang	Ma. Juim	BH/ABA	INITIAL	2/21/2023
Macias	Stacy	BH/ABA	INITIAL	2/21/2023
Magbiray	Sheena	BH/ABA-Telehealth	INITIAL	2/21/2023
Maharaj	Amanda	Ancillary	INITIAL	2/21/2023
Maharjan	Deenu	Primary Care Physician	INITIAL	2/21/2023
Maldonado	Markie	BH/ABA	INITIAL	2/21/2023
Mallampati	Divya	Specialist	INITIAL	2/21/2023
Manriquez	Monica	BH/ABA-Telehealth	INITIAL	2/21/2023
Maraach	Dana	BH/ABA	INITIAL	2/21/2023
Marasigan	Jiarra	BH/ABA-Telehealth	INITIAL	2/21/2023
Marietta	Sherry	BH/ABA-Telehealth	INITIAL	2/21/2023
Martinez-Guizado	Paola	BH/ABA-Telehealth	INITIAL	2/21/2023
McFarland	Nancy	BH/ABA-Telehealth	INITIAL	2/21/2023
McNeill	Megan	BH/ABA-Telehealth	INITIAL	2/21/2023
Medina	Meagan	BH/ABA-Telehealth	INITIAL	2/21/2023
Meinhofer	Ira	BH/ABA	INITIAL	2/21/2023
Mejia	Jayme	Allied Health	INITIAL	2/21/2023
Melville	Taylor	BH/ABA	INITIAL	2/21/2023
Meu	Hilary	BH/ABA	INITIAL	2/21/2023
Meyer	Christina	BH/ABA-Telehealth	INITIAL	2/21/2023
Miguel Acido	Debieh Amberlyn	BH/ABA	INITIAL	2/21/2023
Miklich	Jeanette	BH/ABA	INITIAL	2/21/2023
Miller	Laura	BH/ABA	INITIAL	2/21/2023
Miller	Meghan	Allied Health	INITIAL	2/21/2023
Mitchell	James	Specialist	INITIAL	2/21/2023
Mohler	Kristina	BH/ABA-Telehealth	INITIAL	2/21/2023
Molles	Keely	BH/ABA-Telehealth	INITIAL	2/21/2023
Moni	Caleb	BH/ABA-Telehealth	INITIAL	2/21/2023
Montague	Kelly	BH/ABA	INITIAL	2/21/2023
Mored	Myra	BH/ABA	INITIAL	2/21/2023
Morowit	Elizabeth	BH/ABA	INITIAL	2/21/2023
Moser	Eva	BH/ABA-Telehealth	INITIAL	2/21/2023
Mourad	Rola	BH/ABA	INITIAL	2/21/2023
Moznavsky	Anna	BH/ABA-Telehealth	INITIAL	2/21/2023
Muk	Jenny	BH/ABA-Telehealth	INITIAL	2/21/2023
Munoz	Maria	BH/ABA-Telehealth	INITIAL	2/21/2023
Muturi	Maureen	BH/ABA	INITIAL	2/21/2023
Mwashita	Emily	BH/ABA	INITIAL	2/21/2023
Myers	Norma	BH/ABA	INITIAL	2/21/2023
Nabhan	David	BH/ABA-Telehealth	INITIAL	2/21/2023
Newbury	Colleen	BH/ABA	INITIAL	2/21/2023
Nguyen	Georgina	BH/ABA	INITIAL	2/21/2023
Nirva	Nicole	BH/ABA-Telehealth	INITIAL	2/21/2023
Olio	Devin	BH/ABA	INITIAL	2/21/2023
Olivares	Jennifer	BH/ABA-Telehealth	INITIAL	2/21/2023
Ortiz	Erika	BH/ABA	INITIAL	2/21/2023
Ou	Sarah	BH/ABA	INITIAL	2/21/2023
Park	Samuel	BH/ABA	INITIAL	2/21/2023

LAST NAME	FIRST NAME	CATEGORY	INITIAL/RE-CREDS	CRED DATE
Paulos	Joshua	BH/ABA	INITIAL	2/21/2023
Pavia	Danielle	BH/ABA-Telehealth	INITIAL	2/21/2023
Peace	Elizabeth	BH/ABA-Telehealth	INITIAL	2/21/2023
Perry	Kelli	BH/ABA	INITIAL	2/21/2023
Piccolo	Liesl	Allied Health	INITIAL	2/21/2023
Pipitone	Jessica	BH/ABA-Telehealth	INITIAL	2/21/2023
Qualls	Tyson	BH/ABA-Telehealth	INITIAL	2/21/2023
Quinonez	Maria	BH/ABA	INITIAL	2/21/2023
Rajpal	Aman	Specialist	INITIAL	2/21/2023
Ralston	Scott	BH/ABA	INITIAL	2/21/2023
Ransom	Brandi	BH/ABA	INITIAL	2/21/2023
Rasmussen	Angela	BH/ABA-Telehealth	INITIAL	2/21/2023
Redding	Tamisha	BH/ABA-Telehealth	INITIAL	2/21/2023
Reyder	Julia	BH/ABA-Telehealth	INITIAL	2/21/2023
Reyes	Trinh	BH/ABA	INITIAL	2/21/2023
Reynolds	Shawna	BH/ABA	INITIAL	2/21/2023
Rivera	Karlana	BH/ABA-Telehealth	INITIAL	2/21/2023
Robertson	Elizabeth	BH/ABA	INITIAL	2/21/2023
Rowley	Kimberly	BH/ABA-Telehealth	INITIAL	2/21/2023
Rubio	Nadia	BH/ABA-Telehealth	INITIAL	2/21/2023
Rufael	Mariyam-Ifteam	BH/ABA	INITIAL	2/21/2023
Sabo	Connie	BH/ABA	INITIAL	2/21/2023
Sakhai	Kambiz	BH/ABA-Telehealth	INITIAL	2/21/2023
Sanchez-Arvizu	Marian	BH/ABA-Telehealth	INITIAL	2/21/2023
Sanpedro Duarte	Denis	BH/ABA	INITIAL	2/21/2023
Scoggins	Radiant	BH/ABA	INITIAL	2/21/2023
Sebhatu	Selamawit	BH/ABA-Telehealth	INITIAL	2/21/2023
Sepehrband	Shirin	BH/ABA-Telehealth	INITIAL	2/21/2023
Sertyn	Sandra	BH/ABA-Telehealth	INITIAL	2/21/2023
Sharma	Ranjana	Specialist	INITIAL	2/21/2023
Sierra	Lorenzo	BH/ABA	INITIAL	2/21/2023
Siguenza	Merari	BH/ABA-Telehealth	INITIAL	2/21/2023
Simmons	Robert	BH/ABA-Telehealth	INITIAL	2/21/2023
Simpson	Laura	BH/ABA	INITIAL	2/21/2023
Smith	Sheila	BH/ABA-Telehealth	INITIAL	2/21/2023
Sommers	Brookelynn	BH/ABA-Telehealth	INITIAL	2/21/2023
Soni	Surbhee	BH/ABA	INITIAL	2/21/2023
Soong	Allison	Allied Health	INITIAL	2/21/2023
Stark	Anna	BH/ABA	INITIAL	2/21/2023
Stephens	Michael	BH/ABA	INITIAL	2/21/2023
Stewart	Tanisha	BH/ABA	INITIAL	2/21/2023
Stimbra-Mora	Mariane	BH/ABA	INITIAL	2/21/2023
Strickland-Ramsay	Marcella	BH/ABA	INITIAL	2/21/2023
Stultz	Sandra	BH/ABA-Telehealth	INITIAL	2/21/2023
Suresh	Sandhya	BH/ABA	INITIAL	2/21/2023
Sussman	Lynda	BH/ABA	INITIAL	2/21/2023
Thanawala	Katherine	Allied Health	INITIAL	2/21/2023
Ton-That	Matthew	Specialist	INITIAL	2/21/2023
Torres	Janelle	BH/ABA-Telehealth	INITIAL	2/21/2023
Torres	Nancy	BH/ABA-Telehealth	INITIAL	2/21/2023
Tran	Samantha	BH/ABA-Telehealth	INITIAL	2/21/2023
Turner	Cassie	BH/ABA	INITIAL	2/21/2023
Ulmer	Sally	BH/ABA	INITIAL	2/21/2023
Vargas	Jose-Guadalupe	BH/ABA	INITIAL	2/21/2023
Vazquez	Akilah	BH/ABA	INITIAL	2/21/2023
Vidal	Nissa-Belle	BH/ABA-Telehealth	INITIAL	2/21/2023
Villagerardo	Suenia	BH/ABA	INITIAL	2/21/2023
Welsh	Stanton	BH/ABA	INITIAL	2/21/2023
Whisenant	Jazmine	BH/ABA	INITIAL	2/21/2023
Whitaker	Lily	Allied Health	INITIAL	2/21/2023
Wise	Angelica	BH/ABA-Telehealth	INITIAL	2/21/2023
Wolde	Hanna	BH/ABA-Telehealth	INITIAL	2/21/2023
Wolf-Schneider	Rachel	BH/ABA-Telehealth	INITIAL	2/21/2023

LAST NAME	FIRST NAME	CATEGORY	INITIAL/RE-CREDS	CRED DATE
Yang	Gloria	BH/ABA-Telehealth	INITIAL	2/21/2023
Youngs	Clarence	BH/ABA	INITIAL	2/21/2023
Yu	Carmen	Allied Health	INITIAL	2/21/2023
Zaragoza	Delia	BH/ABA	INITIAL	2/21/2023
Zarrabi	Ladan	BH/ABA-Telehealth	INITIAL	2/21/2023
Zertuche	Kara	BH/ABA-Telehealth	INITIAL	2/21/2023
Zhang	Wenyu	BH/ABA	INITIAL	2/21/2023
Zimmerman	Daniel	BH/ABA-Telehealth	INITIAL	2/21/2023
Zimmermann	Matthew	BH/ABA	INITIAL	2/21/2023
Ahmadi	Ebrahim	Primary Care Physician	RE-CRED	2/21/2023
Bayard	Paul	Primary Care Physician	RE-CRED	2/21/2023
Bui	David	Specialist	RE-CRED	2/21/2023
Conolly	Patricia	Primary Care Physician	RE-CRED	2/21/2023
Dai	Jing	Specialist	RE-CRED	2/21/2023
Doherty	Deborah	Specialist	RE-CRED	2/21/2023
Dos Santos Kellum	Silvia	Ancillary	RE-CRED	2/21/2023
Driscoll	Helen	Primary Care Physician	RE-CRED	2/21/2023
Gangopadhyay	Thien	Allied Health	RE-CRED	2/21/2023
Gentry	Yvette	Specialist	RE-CRED	2/21/2023
Goldin	Michael	Specialist	RE-CRED	2/21/2023
Han	James	Specialist	RE-CRED	2/21/2023
Hua	Sherwin	Specialist	RE-CRED	2/21/2023
Kadakia	Mitul	Specialist	RE-CRED	2/21/2023
Katta	Prasad	Specialist	RE-CRED	2/21/2023
Kay	Kerry	Primary Care Physician	RE-CRED	2/21/2023
Kelly	Kerry-Ann	Specialist	RE-CRED	2/21/2023
Khakmahd	Oliver	Specialist	RE-CRED	2/21/2023
Lai	James	Specialist	RE-CRED	2/21/2023
Li	Tsung	Specialist	RE-CRED	2/21/2023
Mampalam	Thomas	Specialist	RE-CRED	2/21/2023
Pai	Shan	Specialist	RE-CRED	2/21/2023
Pareek	Gautam	Primary Care Physician	RE-CRED	2/21/2023
Parma	Jennifer	Primary Care Physician	RE-CRED	2/21/2023
Patel	Kiritkumar	Specialist	RE-CRED	2/21/2023
Polisetty	Rama	Specialist	RE-CRED	2/21/2023
Schiff	Steve	Allied Health	RE-CRED	2/21/2023
Sheppard	Barry	Specialist	RE-CRED	2/21/2023
Tamboli	Kavita	Ancillary	RE-CRED	2/21/2023
Tran	Xuananh	Specialist	RE-CRED	2/21/2023
Trivedi	Zalak	Ancillary	RE-CRED	2/21/2023
Tukenmez	Denise	Specialist	RE-CRED	2/21/2023
Veerappan	Annamalai	Specialist	RE-CRED	2/21/2023
Young	Steven	Ancillary	RE-CRED	2/21/2023

FEBRUARY PEER REVIEW AND CREDENTIALING INITAL APPROVAL CHART



PCP	6
Specialists	12
Allied Health	13
Ancillary	1
BH/ABA	210
Total	242

Provider Dispute Resolution
January 2023 and February 2023

METRICS

PDR Compliance	Jan-23	Feb-23
# of PDRs Resolved	806	889
# Resolved Within 45 Working Days	804	889
% of PDRs Resolved Within 45 Working Days	99.8%	100.0%

PDRs Received	Jan-23	Feb-23
# of PDRs Received	979	996
PDR Volume Total	**979**	**996**

PDRs Resolved	Jan-23	Feb-23
# of PDRs Upheld	586	641
% of PDRs Upheld	73%	72%
# of PDRs Overturned	220	248
% of PDRs Overturned	27%	28%
Total # of PDRs Resolved	**806**	**889**

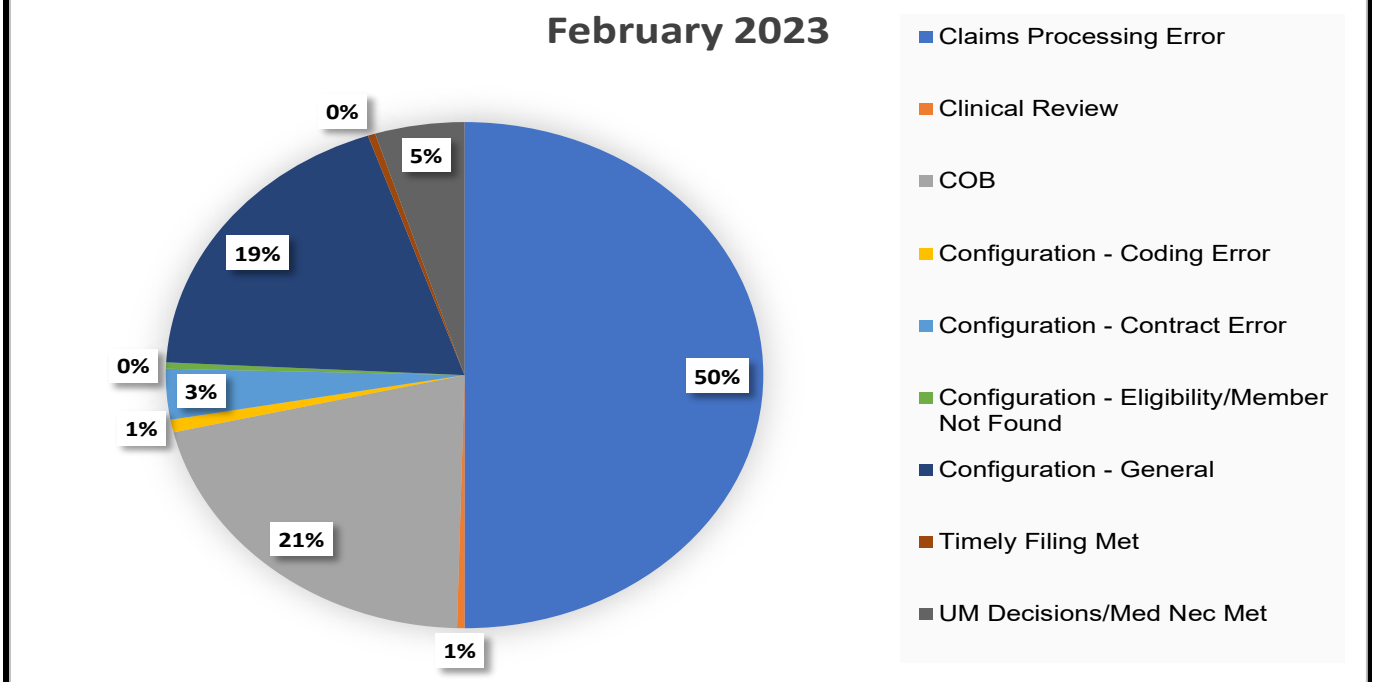
Average Turnaround Time	Jan-23	Feb-23
Average # of Days to Resolve PDRs	30	30
Oldest Unresolved PDR in Days	44	44

Unresolved PDR Age	Jan-23	Feb-23
0-45 Working Days	1,096	1,254
Over 45 Working Days	0	0
Total # of Unresolved PDRs	**1,096**	**1,254**

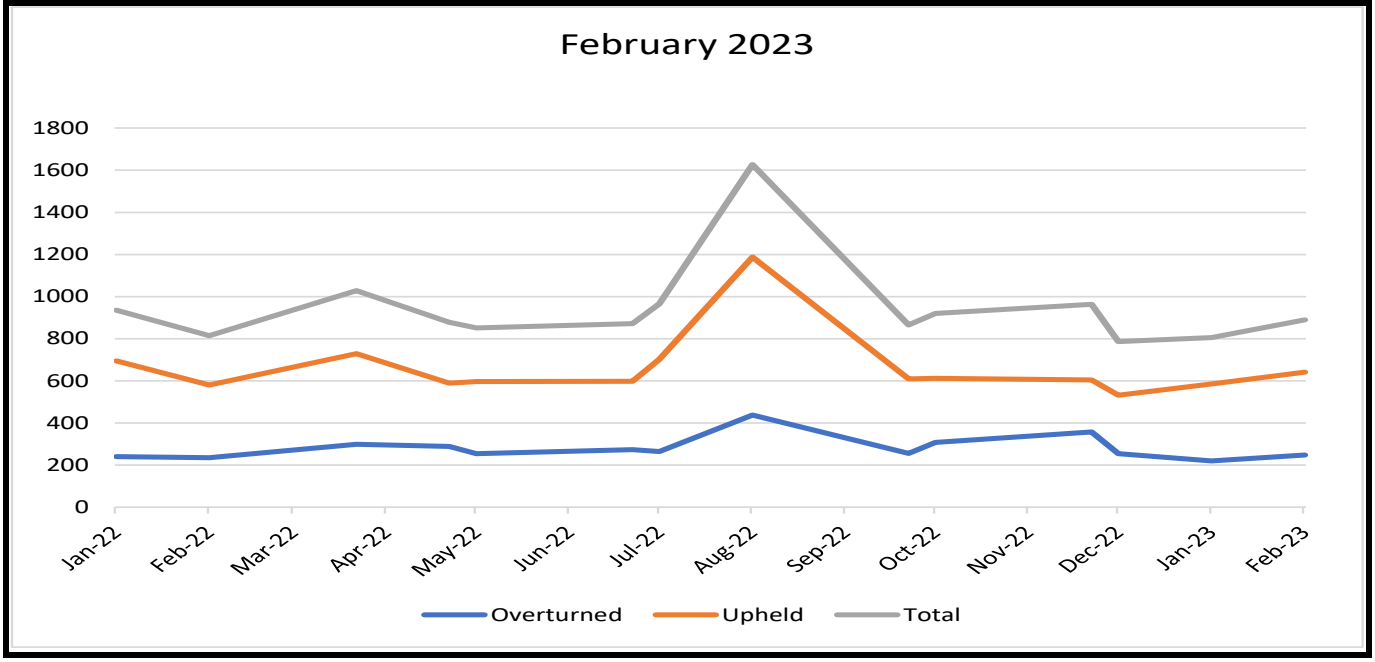
Provider Dispute Resolution
January 2023 and February 2023

Feb-23

PDR Resolved Case Overturn Reasons



Rolling 12-Month PDR Trend Line



During February 2023, the Alliance completed **304** member orientation outreach calls and conducted **108** member orientations (**36%** member participation rate). In addition, in February 2023, the Outreach team completed **68** Alliance website inquiries, **9** service requests, and **1** community event. The Alliance reached a total of **7** people and spent a total of $250 in donations, fees, and/or sponsorships at the Black Joy Parade community event.**

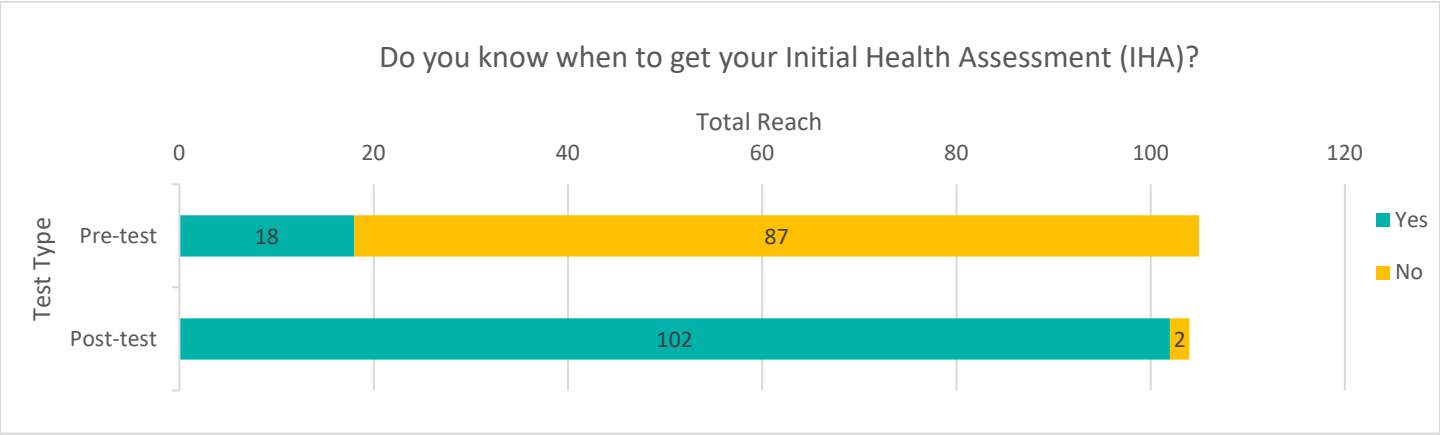
The Communications & Outreach Department started reporting the number of members reached during outreach activities in late February 2018. Since July 2018, **26,715** self-identified Alliance members have been reached during outreach activities.

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

On **Wednesday, March 18, 2020,** the Alliance began conducting member orientations by phone. As of February 28th, 2023, the Outreach Team completed 24,167-member orientation outreach calls and conducted 6,571 member orientations (27.2% member participation rate).

The Alliance Member Orientation (MO) program has been in place since August 2016. In 2019, the program was recognized as a promising practice to increase member knowledge and awareness about the Initial Health Assessment, by the Department of Health Care Services (DHCS), Managed Care Quality and Monitoring Division (MCQMD). We have steadily increased program participation. Our 2019 6-month average participation rate was **111** members per month. Between February 1, through February 28, 2023 (19 working days) – **108** net new members completed a MO by phone.

After completing a MO **98.1%** of members who completed the post-test survey in February 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\Q3\2. February 2023**

FY 2021-2022 FEBRUARY 2022 TOTALS

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

14 CITIES

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

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

$0.00
TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

FY 2022-2023 FEBRUARY 2023 TOTALS

- 1 COMMUNITY EVENTS
- 0 MEMBER EDUCATION EVENTS
- 108 MEMBER ORIENTATIONS
- 0 MEETINGS/ PRESENTATIONS
- 0 COMMUNITY TRAINING
- 4 TOTAL INITIATED/ INVITED EVENTS
- **109 TOTAL COMPLETED EVENTS**

12 CITIES*

Alameda
Albany
Castro Valley
Dublin
Fremont
Hayward
Newark
Oakland
Pleasanton
San Francisco
San Leandro
Union City

- 7 TOTAL REACHED AT COMMUNITY EVENTS
- 0 TOTAL REACHED AT MEMBER EDUCATION EVENTS
- 108 TOTAL REACHED AT MEMBER ORIENTATIONS
- 0 TOTAL REACHED AT MEETINGS/PRESENTATIONS
- 0 COMMUNITY TRAINING
- 113 MEMBERS REACHED AT ALL EVENTS
- **115 TOTAL REACHED AT ALL EVENTS**

$250.00
TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

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

Compliance

Richard Golfin III

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

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

Date: **March 10th, 2023**

Subject: **Compliance Division Report**

Compliance Audit Updates

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

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

  - Focused Audit:
    - Transportation

  - Beginning in March 2023, the Plan will conduct a series of Mock Interviews with staff. The Plan completed submission of the Focused Audit deliverables on February 24th, 2023. The deliverables for the Routine Survey were submitted to the DHCS on March 2nd, 2023.

- 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 the February updates on February 15th, 2023. On February 22nd, 2023, the Plan received a response to the February CAP updates including additional questions for the Plan. The Plan's next CAP update is due on March 15th, 2023.

- 2022 DMHC Routine Financial Examination:
    - On February 25th, 2022, the DMHC sent notice to the Plan of the 2022 DMHC Routine Financial Examination beginning August 15th, 2022. The Plan's CAP response was submitted to the Department on January 17th, 2023. The Plan received the Final Report on February 24th, 2023. The Department concluded that the Plan's compliance efforts are responsive to the deficiencies cited and the corrective actions required. Therefore, no further response is required. The audit is officially closed.

- 2022 DMHC Behavioral Health Investigation [MHPAEA]:
    - In 2021, the DMHC began investigating full-service commercial health plans to evaluate and assess barriers providers experience in providing behavioral health services. Pre-audit submissions concluded in July 2022 with more than 1,100 documents provided to DMHC auditors. The Plan received additional document requests during the month of February 2023. The documents and responses were submitted in a timely manner. The Plan remains on standby for additional information or preliminary reports.

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

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. On February 21st, 2023, the State announced that requirements concerning the Emergency Preparedness and Response Plan will have an extended implementation date of January 1st, 2025.

    - The Plan submitted twenty-seven (27) deliverables to DHCS on February 21st, 2023; one (1) deliverable on March 1st, 2023; and nineteen (19) deliverables on March 6th, 2023. The Plan is currently preparing for its next submission of thirty-one (31) deliverables due to DHCS on March 30th, 2023, and continuing its efforts in implementing new requirements and monitoring potential Business Process Impacts as a result of the changes.

- On March 2nd, 2023, the Plan received confirmation from the State that there are about two-hundred-thirty-three (233) deliverables for the duration of the Operational Readiness contract. The State is expected to provide more information on the remaining, undisclosed requirements in Spring 2023.

- 2022 Corporate Compliance Training – Board of Governors & Staff:
  - The HIPAA Privacy Breach Notification Rule requires that Covered Entities notify affected individuals of breaches of their PHI. In addition, a Covered Entity must also notify the Office of Civil Rights Secretary within 60 days after the end of the calendar year. The Alliance has zero (0) breaches to report for 2022.

Compliance

Supporting Documents

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

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

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

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

ALAMEDA Alliance FOR HEALTH

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

Health Care Services

Steve O'Brien, MD

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

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

Date: **March 10th, 2023**

Subject: **Health Care Services Report**

Utilization Management: Outpatient

- Effective 1/1/23 DHCS has expanded the Continuity of Care (CoC) program for all members. CoC ensures new members with the Alliance:
    - Have access to services consistent with the access they previously were receiving.
    - The expanded program now includes PCP services, DME, OP rehab (speech, occupational and physical therapy) Behavioral Health and respiratory therapy.

- OP UM has assessed current CoC processes across all applicable departments. A framework is developed to execute all new APL requirements.

- Progress continues with UM/Claims configuration alignment, with completion target of Q2 2023. There are nine Prior Authorization (PA) categories remaining to be configured. Updated coding for processed PA categories are now available on the website, with links to the applicable coding for each category as well as a master coding list. The same list will be published for our delegates to ensure adherence to Alliance processes. Providers will continue to be informed of the coding alignment changes so that they can bill and receive payment in a timely manner.

- Prior-authorizations to Tertiary/Quaternary (T/Q) centers were implemented on 1/1/23. UM Medical Director is beginning to analyze trends to identify the level of referral appropriateness.

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

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

- Pharmacy referrals through the UM Medical benefit will be transitioning to the Pharmacy department for full PA management at the end of Q2 2023. This allows for additional specialized focus overview with subject matter experts.

Outpatient Authorization Denial Rates			
Denial Rate Type	**Nov 2022**	**Dec 2022**	**Jan 2023**
Overall Denial Rate	**3.1%**	**2.7%**	**3.4%**
Denial Rate Excluding Partial Denials	**2.7%**	**2.3%**	**2.9%**
Partial Denial Rate	**0.3%**	**0.4%**	**0.5%**

Turn Around Time Compliance			
Line of Business	**Nov 2022**	**Dec 2022**	**Jan 2023**
Overall	**98%**	**98%**	**98%**
Medi-Cal	**98%**	**98%**	**99%**
IHSS	**99%**	**97%**	**97%**
Benchmark	***95%***	***95%***	***95%***

Utilization Management: Inpatient

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

- As of January 1, 2023, Transitional Care Services for High Risk members is supported by the inpatient UM department workflows and staff training to align with Case Management department for the launch of Transitional Care Services. This includes identification of high risk members admitted to a hospital and transitioning from one level of care to the next, completion of discharge risk assessment, hospital notification of assigned Care Manager and completion of a discharge document for the member.

- Readmission reduction: IP UM and CM are collaborating with hospital partners and with their community based TCS programs to focus on readmission reduction, aligning with their readmission reduction goals. TCS is being expanded to include all high-risk members in 2023, and IP UM is working with CM to engage hospital and community partners in this effort. IP Team is developing a Risk of Readmission screening tool to identify members at higher readmission risk, and to refer to the CM department or community partners to engage the member as they leave the inpatient setting.

- IP UM department continues to meet weekly with contracted hospital providers including Alameda Health System, Sutter, Kindred LTACH, Kentfield LTACH and Washington Hospital for rounds on mutual patients to discuss UM issues, address discharge barriers, and improve throughput and real time communication.

Inpatient Med-Surg Utilization Total All Aid Categories **Actuals (excludes Maternity)**			
Metric	**Oct 2022**	**Nov 2022**	**Dec 2022**
Authorized LOS	**5.9**	**5.1**	**5.7**
Admits/1,000	**55.3**	**53.2**	**51.8**
Days/1,000	**327.9**	**272.7**	**294.3**

Turn Around Time Compliance			
Line of Business	**Oct 2022**	**Nov 2022**	**Dec 2022**
Overall	**97%**	**96%**	**96%**
Medi-Cal	**97%**	**96%**	**96%**
IHSS	**93%**	**100%**	**96%**
Benchmark	***95%***	***95%***	***95%***

Utilization Management: Long Term Care

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

- As of March 1st, AAH has received information on 1201 members who are assigned to AAH for Long Term Care (LTC.) The LTC team is working through authorizations for these members. All members coming into LTC SNFs are automatically given 12-month authorizations to ensure there is no disruption in their care.

- Interactive Provider Portal forms have been created for LTC Authorization and Referral Request Forms to enable providers to complete their requests online, as well as check the status of the request. End to end testing is being completed and the forms are planned to be available to providers by mid-March 2023.
- Claims are being received and paid, and the LTC team is supporting the Claims team to resolve issues in provider billing.

- The LTC team is collaborating with the IP UM Team and the Case Management team to integrate processes across the teams so that the member receives seamless care transitions across the continuum within AAH and out to community settings.

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	36
Denied	18
Closed	75
Total	**129**

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

- Medications for obesity, GERD, Type 2 diabetes, high cholesterol, skin disease, alcohol/opioid use disorder and nerve pain are top ten categories for denials.

Rank	Drug Name	Common Use	Common Denial Reason
1	WEGOVY 0.25 MG/0.5 ML PEN	Obesity	Criteria for approval not met
2	WEGOVY 1 MG/0.5 ML PEN	Obesity	Criteria for approval not met
3	OMEPRAZOLE MAG DR 20 MG TABLET	GERD	Criteria for approval not met
4	RYBELSUS 3 MG TABLET	Type 2 Diabetes	Criteria for approval not met
5	JARDIANCE 10 MG TABLET	Type 2 Diabetes	Criteria for approval not met
6	REPATHA 140 MG/ML SURECLICK	High cholesterol	Criteria for approval not met
7	JARDIANCE 25 MG TABLET	Type 2 Diabetes	Criteria for approval not met
8	DICLOFENAC SODIUM 3% GEL	Skin disease	Criteria for approval not met
9	VIVITROL 380 MG VIAL	Alcohol/opioid use disorder	Criteria for approval not met
10	LIDOCAINE 5% PATCH	Nerve Pain	Criteria for approval not met

- The Alameda Alliance for Health (AAH) Pharmacy Department has successfully participated in 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 February 24, 2023, approximately 25.53 million point-of-sale pharmacy paid claims to participating pharmacies totaling approximately $2.58 billion in payments
    - Processed 39,925 prior authorization requests
    - Answered 85,833 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

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

Month	Number of TOC Cases
January 2023	2
February 2023	0

- 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

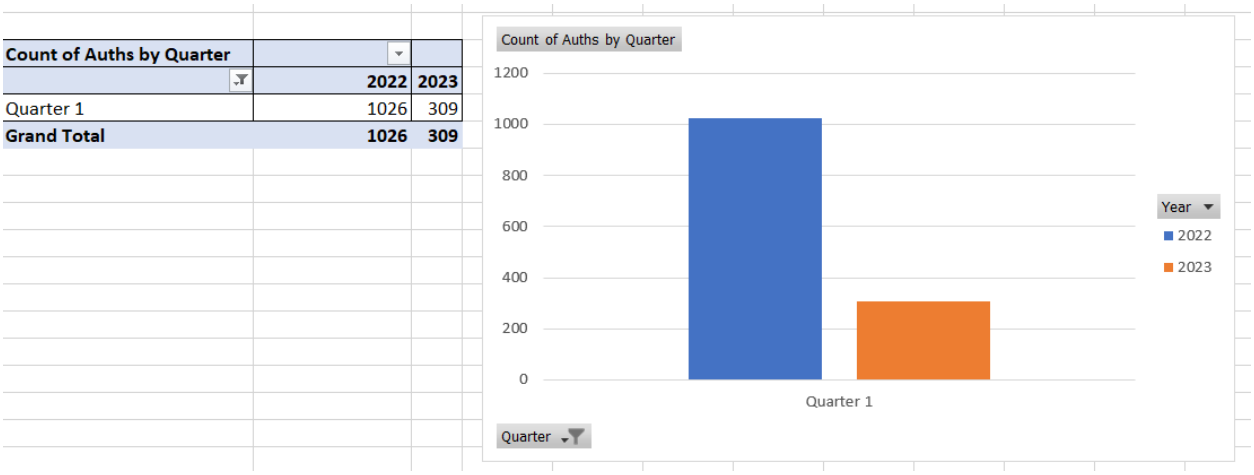


Figure 1 Quarter 1 of 2023 only includes January 2023

- 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 presented our Asthma Affinity Project in CMS Spotlight Webinar with Texas state team on 2/22/2023 for approx. 220 attendees/delegates. DHCS was also able to support and introduce our project.

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

Case and Disease Management

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

- Transitions of Care (TCS) program incorporates DHCS's new requirements for Transitional Care Services for high-risk members. Transitional Care Services went live 1/1/23. Requirements include an assigned care manager, discharge risk assessment and discharge documentation to ensure the member understands their discharge plan. CM is working closely with IP UM and ECM to provide TCS services for high risk members.

- CM is collaborating with the Long-Term Care team in providing transitional care services.

- Major Organ Transplant (MOT) CM Bundle was deployed, and the volume continues to increase, (294 members.) The case management nurses have been trained to support members throughout the MOT process.

- CM continues to consult for the Behavioral Health (BH) team on case management to assist the BH team as they stand up BH insourcing.

- CM is enrolling high-risk utilizers in case management services. The department has improved the workflow to increase engagement with high utilizers.

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

Case Type	Cases Opened in January 2023	Total Open Cases as of January 2023	Cases Opened in February 2023	Total Open Cases as of February 2023
Care Coordination	337	745	383	786
Complex Case Management	14	93	27	82
Transitions of Care (TCS)	310	539	238	458

CalAIM

- Work with IPD, Analytics and Provider Service teams continues for the next Populations of Focus (Children/Youth) to launch 07/01/23.
    - Meetings continue with California Children's Services (CCS) to discuss the new ECM Population of Focus, Children and Youth, and CCS's role when this population launches in July of 2023.

- DHCS announced Justice Involved Population of Focus will launch 01/01/24.

- ECM Model of Care (MOC) updates submitted to DHCS 02/15/23.

- Received DHCS approval for our ECM Prime & Subcontractor Authorization Alignment

- ECM RN (new position) started 02/13/23.

- New ECM Provider selection process for the July '23 launch underway. Final recommendations will be presented to SLT 3/8/23.

- Two existing Anthem ECM providers have submitted Entity Interest forms to provide ECM for AAH. Both are currently under review.

Case Type	ECM Outreach in November 2022	Total Open Cases as of October 2022	ECM Outreach in December 2022	Total Open Cases as of December 2022	ECM Outreach in January 2023	Total Open Cases as of January 2023
ECM	272	918	270	931	408*	991

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

- We are working toward adding 3 CS services on July 1, 2023 (personal caregiver services, home modifications & caregiver respite) and

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

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

- 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

Community Supports	Services Authorized in Oct 2022	Services Authorized in Nov 2022	Services Authorized in Dec 2022	Services Authorized in Jan 2023
Housing Navigation	394	413	424	305
Housing Deposits	229	227	234	202
Housing Tenancy	1030	1064	1120	658
Asthma Remediation	32	30	29	30
Meals	321	395	384	442
Medical Respite	33	36	38	38

Grievances & Appeals

- All cases were resolved within the goal of 95% within regulatory timeframes.
- Total grievances resolved in February were 6.36 complaints per 1,000 members.
- The Alliance's goal is to have an overturn rate of less than 25%, for the reporting period of February 2023; we did not meet our goal at 33.3% overturn rate.

February 2023 Cases	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	724	30 Calendar Days	95% compliance within standard	694	95.9%	2.06
Expedited Grievance	0	72 Hours	95% compliance within standard	NA	NA	NA
Exempt Grievance	1,507	Next Business Day	95% compliance within standard	1,507	100.0%	4.28
Standard Appeal	9	30 Calendar Days	95% compliance within standard	9	100.0%	0.03
Expedited Appeal	0	72 Hours	95% compliance within standard	NA	NA	NA
Total Cases:	2,240		95% compliance within standard	2,210	98.7%	6.36

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

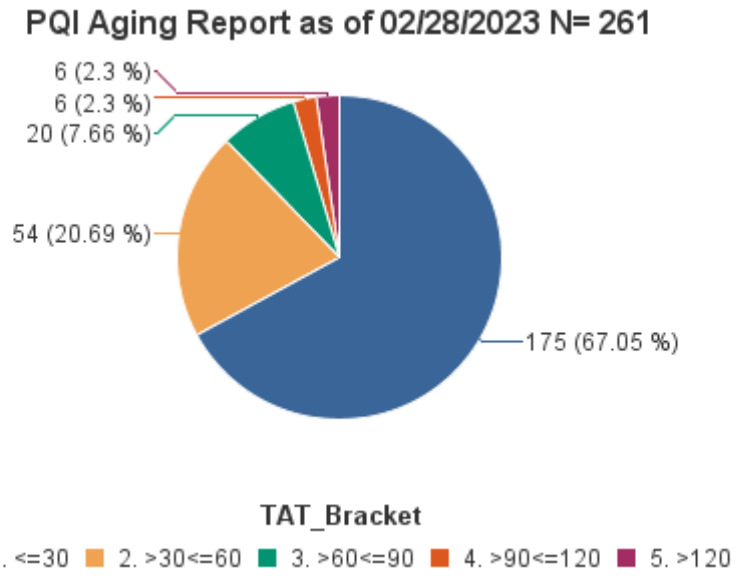
Quality

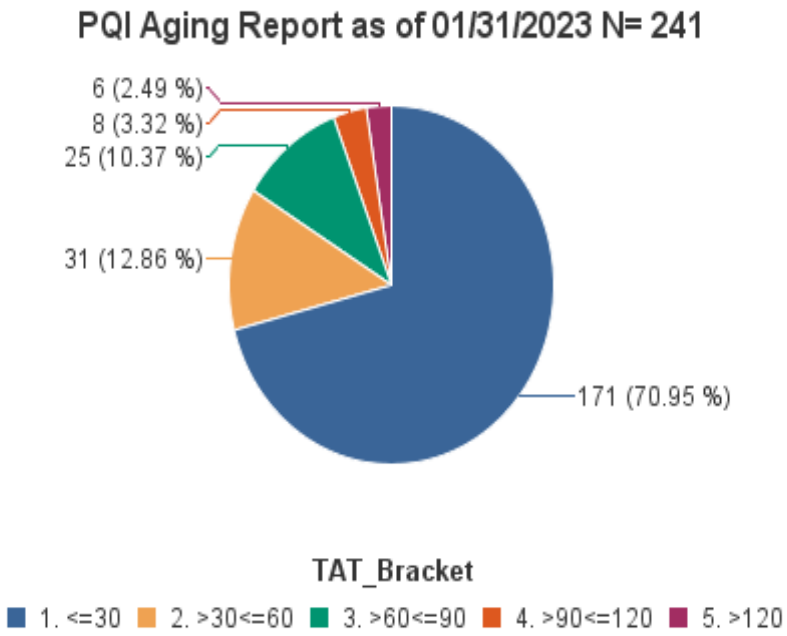
- Quality Improvement continues to track and trend PQI Turn-Around-Time (TAT) compliance. Our goal is closure of PQIs cases within 120 days from receipt to resolution via nurse investigation and procurement of medical records and/or provider responses followed by final MD review when applicable.

- 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.

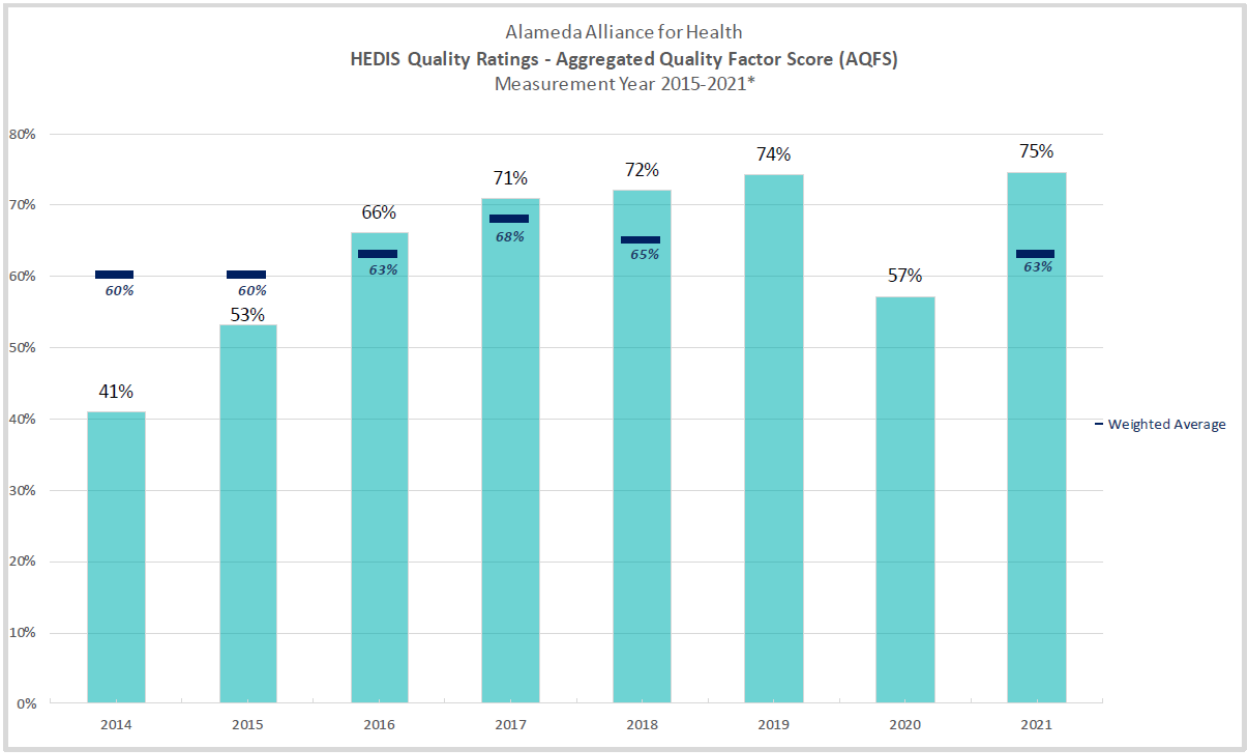
- PQI cases open > 120 days made up 2.49% of total cases for January and 2.3% in February. Therefore, turnaround times for case review and closure remain well under the benchmark of 5% per PQI P&P QI-104.

- 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 continues to be a priority.





- The California Department of Health Care Services (DHCS) uses the Aggregated Quality Factor Score (AQFS) to rate the quality of Medi-Cal managed care plans throughout California, which includes Health Care Effectiveness Data and Information Set (HEDIS). HEDIS indicates performance on the quality of care and service, including access and availability of care, chronic condition management, prevention and screening, and overall health care utilization. Alameda Alliance for Health commitment to continuously improve the quality of care and customer service experience is proven in the significant gains seen in 2021with a scores of 75%, seen in the chart below. This is an improvement from MY2018, the last year DHCS reported the AQFS scores prior to the pandemic. Furthermore, the Alliance ranked 11th amongst California Managed Care Plan, also an improvement over MY2018 where we ranked 14th.



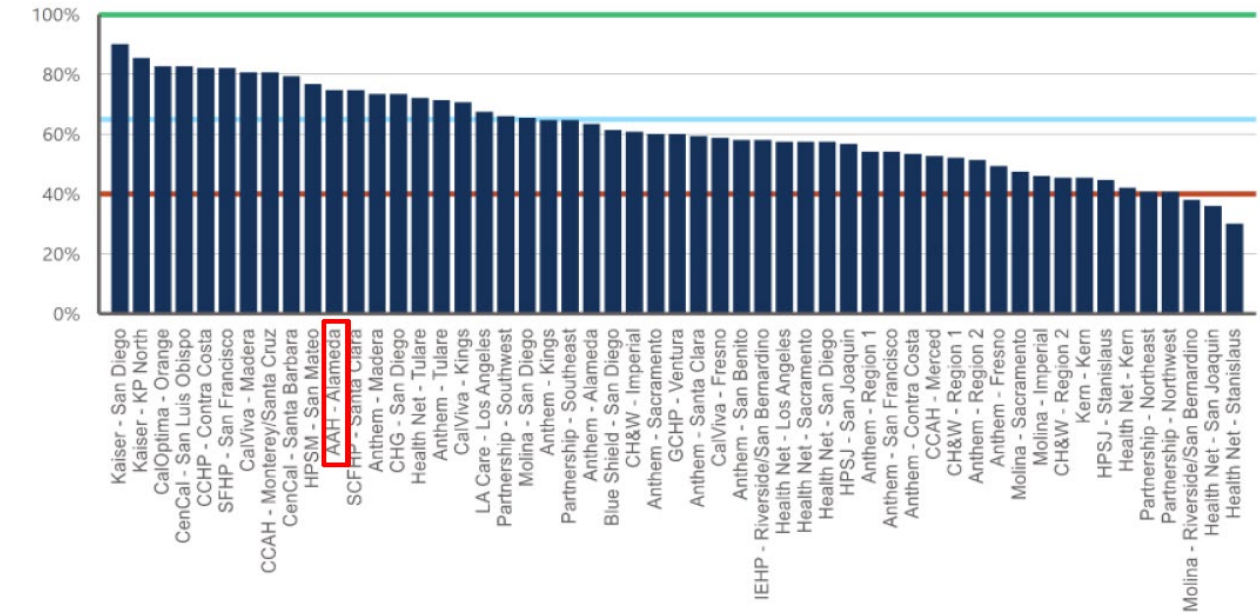
* DHCS did not report AQFS in 2019 and 2020 due to PHE. Rates reported are based on AAH estimates.

Managed Care Performance Monitoring
Dashboard Report Released January 2023

2022 HEDIS® Aggregated Quality Factor Score (AQFS)

HPL - 100% Weighted Average - 63% MPL - 40%

By HEDIS® Reporting Unit



- Into 2022-23 AAH intends to devote resources and staff to quality improvement. Below is an overview of resources and interventions:

2022 Quality Improvement Projects

- BCS Texting campaign and incentive projects in partnership with high-volume, low-performing providers. Year to date, we screened over 182 women through these projects.

- Partner with a mobile mammography organization to improve access and bring mammography screenings to convenient locations. Our first mobile mammography event took place December 9, 2022, completing 17 breast cancer screenings. AAH is confirmed for an additional five mobile mammography events in 2023.

- Partnering with First 5 Alameda to make outreach calls and support services targeting members 0-5 years for well child visits. AAH's partnership with First 5 also includes Provider ACEs Training, Member Care Coordination and Provider Support. The First 5 partnership significantly expanded member outreach in 2022.

- Provided financial support to Children First Medical Group to launch a well visit texting campaign; thus far, CFMG has sent messages to over 30,000 AAH members encouraging members to access care and receive their preventative screening.

- Partnering with 5 high-volume, low-performing pediatric providers to outreach to members and provide member incentive to access preventative care.

- Active outreach to members who are missing 1-2 well visits from the series in an effort to encourage care with their provider.

- Sharing care gap reports to providers to identify members eligible for the W15, W30 and BCS metrics.

- New Multidisciplinary Workgroups: In 2023, AAH will continue its efforts to improve the MCAS measure below MPL by focusing on access, collaboration with community partners, and focused workgroups dedicated to improving rates on the MCAS measures. The multidisciplinary workgroups will include domains focused on:
    - Well-Child Health
    - Women's Health
    - Chronic Disease
    - Behavioral Health

- The workgroups will continue successful projects from 2022, and in addition focus on the new 2023 measures held to MPL. Each workgroup will be led by a Quality Improvement Project Specialist and include members from Access and Availability, Health Education, Population Health, Provider Relations, Member Services, Pharmacy, Behavioral Health, and Health Analytics. Teams will conduct data analysis, determine barriers and opportunities, and initiate projects to improve MCAS rates specific to the workgroup domain. Quarterly, teams will report the progress of projects to the Quality Improvement Steering Committee.

Information Technology

Sasikumar Karaiyan

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

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

Date: **March 10th, 2023**

Subject: **Information Technology Report**

Call Center System Availability

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

Disaster Recovery (DR) and Business Continuity Plan (BCP)

- One of the Alliance primary objectives for fiscal year 2022/2023 is the implementation of an enterprise IT Disaster Recovery program to enable our core business areas the ability to restore and continue operations when there is a disaster.

- IT Disaster Recovery involves a set of policies, tools, and procedures to enable the recovery or continuation of vital technology infrastructure and systems following a natural or human-induced disaster. IT Disaster Recovery focuses on technology systems supporting critical business functions, which involve keeping all essential aspects of the business functioning, despite significant disruptive events.

- The Business Continuity Plan document has been drafted and completed. This document will serve as a playbook to help ensure the safety of our employees, to keep the organization and members informed through communication designed channels and restore business functions in the event of a disaster.

- On February 15th, 2023, the project team hit major milestone as they successfully submitted the final procedure updates for all tier 1 applications.

- On February 27th, 2023, our vendor published the DR runbook for review and executive project sign-off is expected to be completed before the end of March 2023.

IT Security Program

- IT Security 2.0 initiative is one of the Alliance's top priorities for fiscal year 2022 and 2023. Our goal is to elevate and further improve our security posture, ensure that our network perimeter is secure from threats and vulnerabilities, and to improve and strengthen our security policies and procedures.

- This program will include multiple phases and remediation efforts are now in progress.

    - **Key initiatives include:**

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

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

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

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

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

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

- 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 February 2023, we completed 80% of the deployment and remaining will be completed before end of March 2023.

Encounter Data

- In the month of February 2023, the Alliance submitted 170 encounter files to the Department of Health Care Services (DHCS) with a total of 300,241 encounters.

- The institutional timeliness percentage within a lag time of 0-90 days for Outbound 837 Encounters was at 59%, which is below the target threshold of 60%. In the month of February 2023, as part of the UCSF and CHO newly executed contract, the Alliance had to reprocess over 42,000 claims (that had received dates from 7/2/2022 to 1/30/2023) which had dates of service outside the allowed lag time for the metric.

Enrollment

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

HealthSuite

- A total of 153,555 claims were processed in the month of February 2023, out of which 124,194 claims auto adjudicated. This sets the auto-adjudication rate for this period to 80.9%.

TruCare

- A total of 13,484 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 and improve authorization and claim processing metrics.

- In February 2023, we launched professional claims capability on the portal enabling the providers to directly submit claims to the Alliance. Furthermore, we made significant progress in developing the forms to directly accept the Long-Term Care Authorization and Referral forms and Behavioural Health provider forms from our providers.

Information Technology

Supporting Documents

Enrollment

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

Month	Total MC[1]	MC[1] - Add/ Reinstatements	MC[1] - Terminated	Total GC[2]	GC[2] - Add/ Reinstatements	GC[2]- Terminated
February	346,284	24,151	1,999	5,747	128	143

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

Table 1-2 Summary of Primary Care Physician (PCP) Auto-Assignment For the Month of February 2023

Auto-Assignments	Member Count
Auto-assignments MC	1,313
Auto-assignments Expansion	1,224
Auto-assignments GC	38
PCP Changes (PCP Change Tool) Total	2,463

TruCare Application

- See Table 2-1 “Summary of TruCare Authorizations for the month of February 2023”.
- There were 13,484 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 February 2023

Transaction Type	Inbound EDI Auths	Errored	Total Auths Loaded in TruCare
EDI	3,830	441	3,622
Paper to EDI	3,518	2,642	1,698
Provider Portal	2,868	642	2,803
Manual Entry	N/A	N/A	1,675
Total			9,798

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 January 2023

Group	Individual User Accounts	Individual User Accounts Accessed	Total Logins	New Users
Provider	10,037	4,013	168,432	390
MCAL	91,360	2,781	6,897	606
IHSS	3,326	9	65	13
AAH Staff	198	53	946	3
Total	**104,921**	**6,856**	**176,340**	**1,012**

Table 3-2 Top Pages Viewed for the Month of January 2023

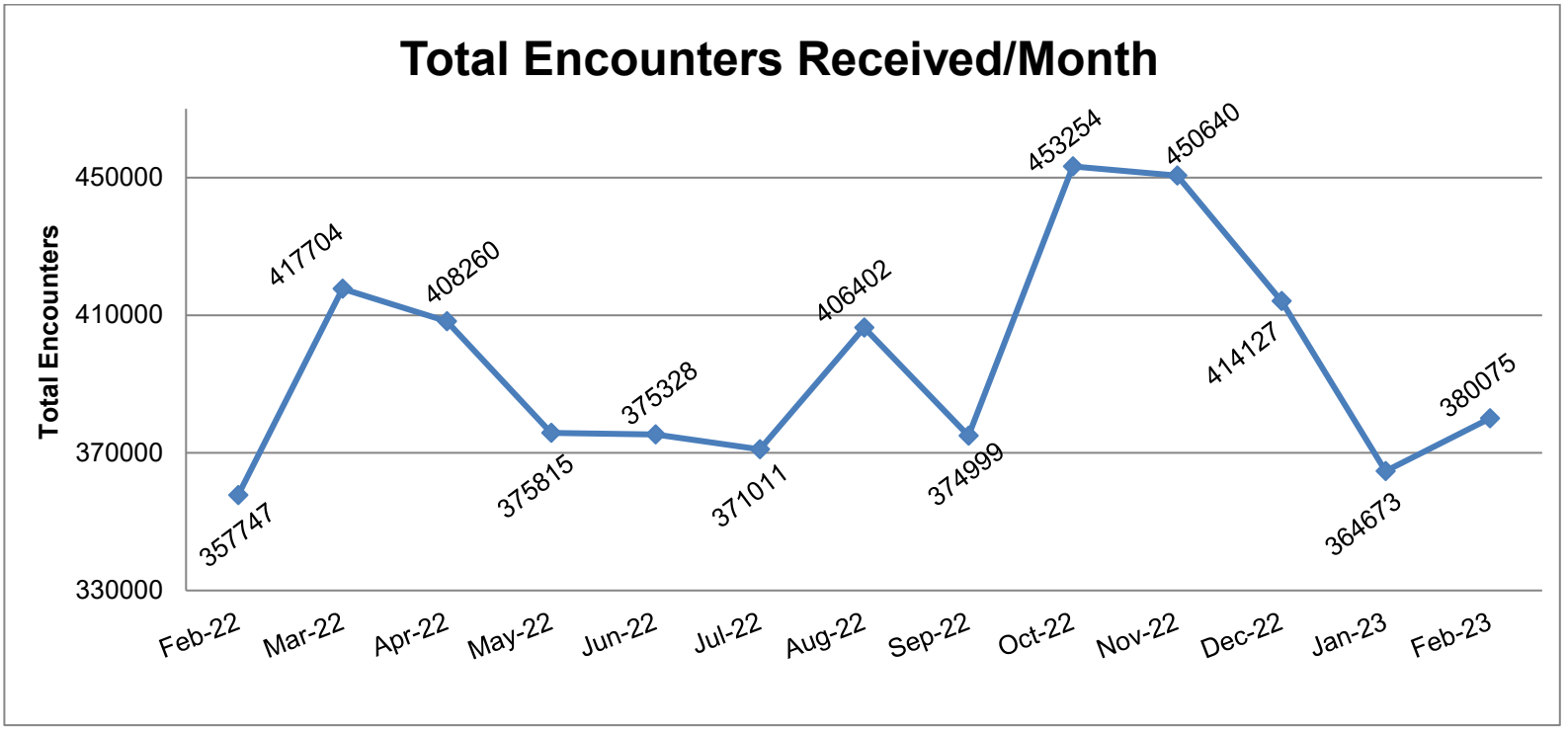
Top 25 Pages Viewed		
Category	**Page Name**	**January-23**
Provider	Member Eligibility	712831
Provider	Claim Status	144242
Provider - Authorizations	Auth Submit	15632
Provider - Authorizations	Auth Search	4946
Member	Member Eligibility	3702
Member	Member ID Card	1001
Member	Find a Doctor or Facility	1845
Provider	Member Roster	1632
Member	Select or Change Your PCP	1372
Provider - Provider Directory	Provider Directory	898
Member - Help & Resources	Member ID Card	1877
Member	My Claims Services	937
Provider - Reports	Reports	755
Member	Request Kaiser as my Provider	608
Member	Authorizations & Referrals	514
Member	My Pharmacy Medication Benefits	321
Provider - Home	Forms	236
Member– Help & Resources	FAQs	249
Provider - Provider Directory	Provider Manual	245
Member – Help & Resources	Forms	280
Member – Help & Resources	Authorizations & Referrals	217
Member-EXR	Contact Us	71

Encounter Data from Trading Partners 2023

- **ACBH**: February monthly files (39 records) were received on time.
- **AHS:** February weekly files (5,377 records) were received on time.
- **BAC:** February monthly file (34 records) were received on time.
- **Beacon:** February weekly files (11,036 records) were received on time.
- **CHCN:** February weekly files (83,191 records) were received on time.
- **CHME:** February monthly file (5,303 records) were received on time.
- **CFMG:** February weekly files (11,694 records) were received on time.
- **Docustream:** February monthly files (1,794 records) were received on time.
- **HCSA:** February monthly files (1,976 records) were received on time.
- **IOA:** February monthly files (172 records) were received on time.
- **Kaiser:** February bi-weekly files (56,965 records) were received on time.
- **LogistiCare:** February weekly files (18,034 records) were received on time.
- **March Vision:** February monthly file (3,434 records) were received on time.
- **Quest Diagnostics:** February weekly files (13,551 records) were received on time.
- **Teladoc:** February monthly files (0 records).
    - Teladoc has switched to submitting claims as of July 2022.
- **Magellan**: February monthly files (315,839 records) were received on time.

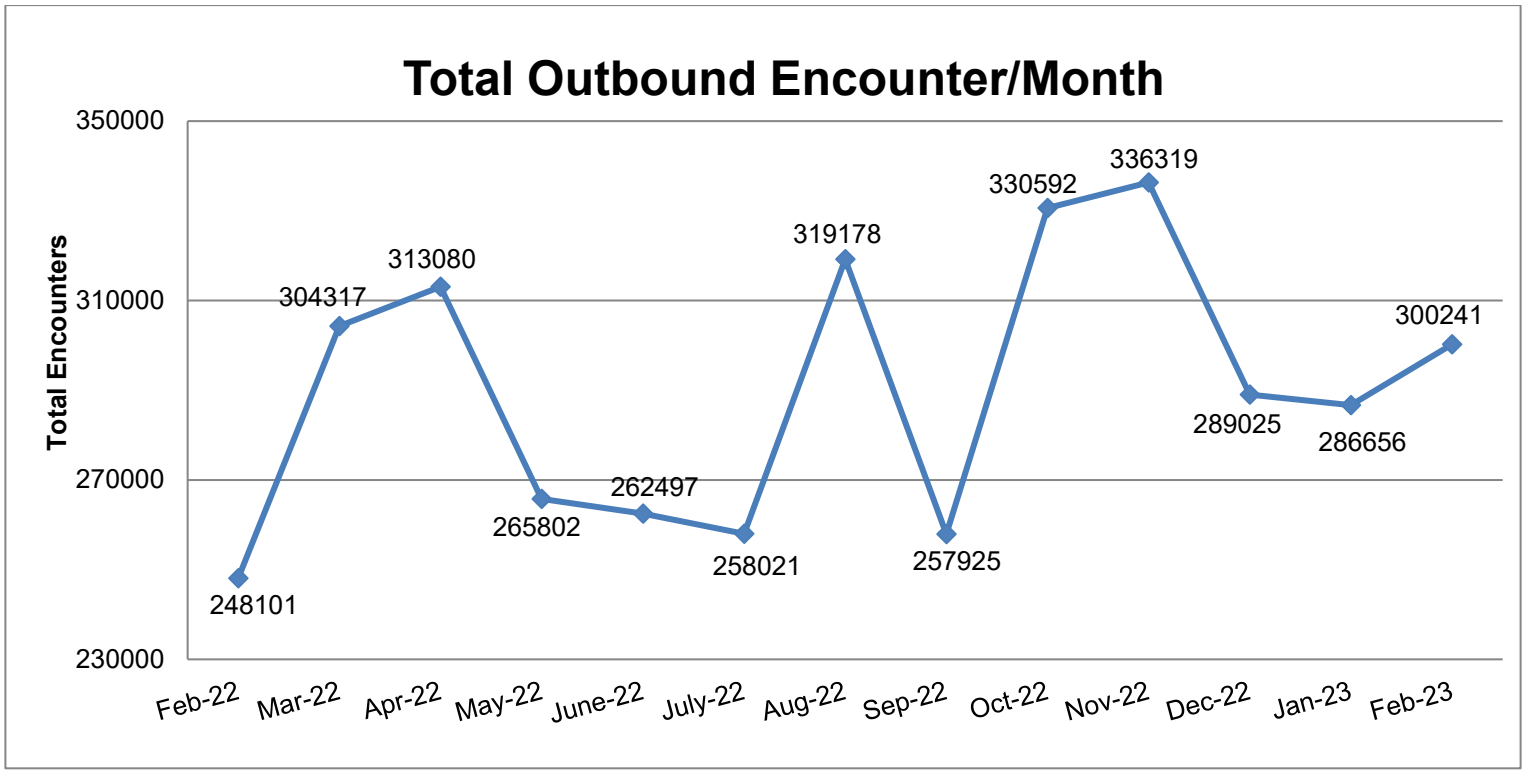
Trading Partner Medical Encounter Inbound Submission History

Trading Partners	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Health Suite	162433	185738	189172	163272	173269	176217	177945	175955	171386	174429	177828	163764	167475
ACBH									8	51	87	86	39
AHS	5630	6215	7717	6105	5486	5742	5482	5609	5589	6015	6332	4568	5377
BAC	34	12	45	63	53	66	53	37	39	38	35	199	34
Beacon	10966	16088	14303	13796	18340	15678	21310	16040	13490	12883	10437	13824	11036
CHCN	77276	79363	74683	80340	67339	69636	84302	75234	136445	108148	83258	87182	83191
CHME	4706	4778	4955	4551	4578	4853	4722	5191	5214	5152	4822	4574	5303
Claimsnet	13228	13522	10943	14075	10300	7744	10631	6940	15668	19173	12790	9679	11694
Docustream	1304	2130	2220	1140	1263	1236	1149	1715	1294	1435	1487	1327	1794
HCSA		3630	2029	1824	1880	3366	1869	4440	2098	3734	1781	1825	1976
IOA													172
Kaiser	52179	68530	69174	51214	62952	47584	62477	48613	63341	76637	81333	35798	56965
Logisticare	16393	19841	16232	20299	14590	20981	20200	19257	19041	23451	16946	24456	18034
March Vision	1445	3559	3425	3345	3188	3040	2708	3824	3693	3497	4427	3598	3434
Quest	12121	14268	13330	15757	12058	14868	13554	12144	15948	15997	12564	13793	13551
Teladoc	32	30	32	34	32	0	0	0	0	0	0	0	0
Total	357747	417704	408260	375815	375328	371011	406402	374999	453254	450640	414127	364673	380075



Outbound Medical Encounter Submission

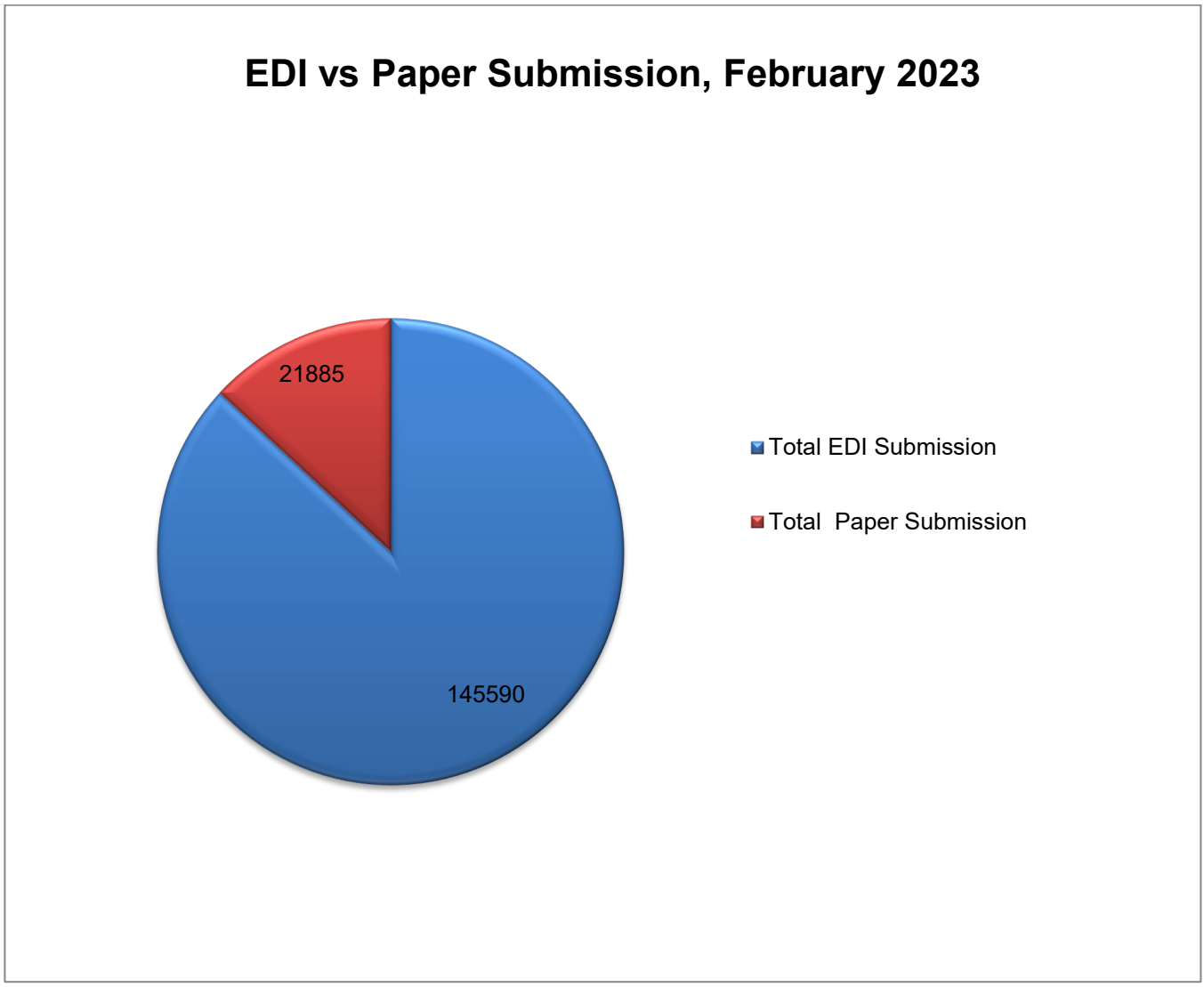
Trading Partners	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Health Suite	97141	103843	133252	93919	90605	92682	121957	96495	121299	95516	97435	114224	128102
ACBH									4	36	60	56	21
AHS	5524	6142	6251	7156	5363	5702	5168	4360	6626	5915	5208	5439	5260
BAC	34	12	45	61	52	63	50	37	37	38	33	196	33
Beacon	8140	12332	11273	9221	9534	14711	17246	12054	10967	10172	8001	11282	8910
CHCN	44745	58795	49365	49911	51060	49003	60678	50714	74449	92283	55698	58881	58279
CHME	4585	4702	4686	4448	4470	4714	4618	5069	5016	4843	4729	4470	5181
Claimsnet	9917	9677	8100	8410	7985	7209	7248	4614	10491	11118	8983	8241	8334
Docustream	66	72	14	3406	854	1070	964	1436	1060	1134	1268	1117	1521
HCSA		3112	1810		1719	1579	1770	2368	2013	2001	1725	1777	1304
IOA													168
Kaiser	51831	67559	67177	50894	62562	47331	61831	47861	62682	75808	80464	35360	55930
Logisticare	16242	19700	16123	19777	14677	20828	20022	19001	18457	23178	16729	24291	12223
March Vision	1072	2724	2575	2464	2392	2206	1969	2631	2601	2396	2938	2454	2308
Quest	8774	15620	12378	14602	11192	10923	15657	11285	14890	11881	5754	18868	12667
Teladoc	30	27	31	15	32	0	0	0	0	0	0	0	0
Total	248101	304317	313080	265802	262497	258021	319178	257925	330592	336319	289025	286656	300241



HealthSuite Paper vs EDI Claims Submission Breakdown

Period	Total EDI Submission	Total Paper Submission	Total Claims
23-Feb	145590	21885	167475

Key: EDI – Electronic Data Interchange

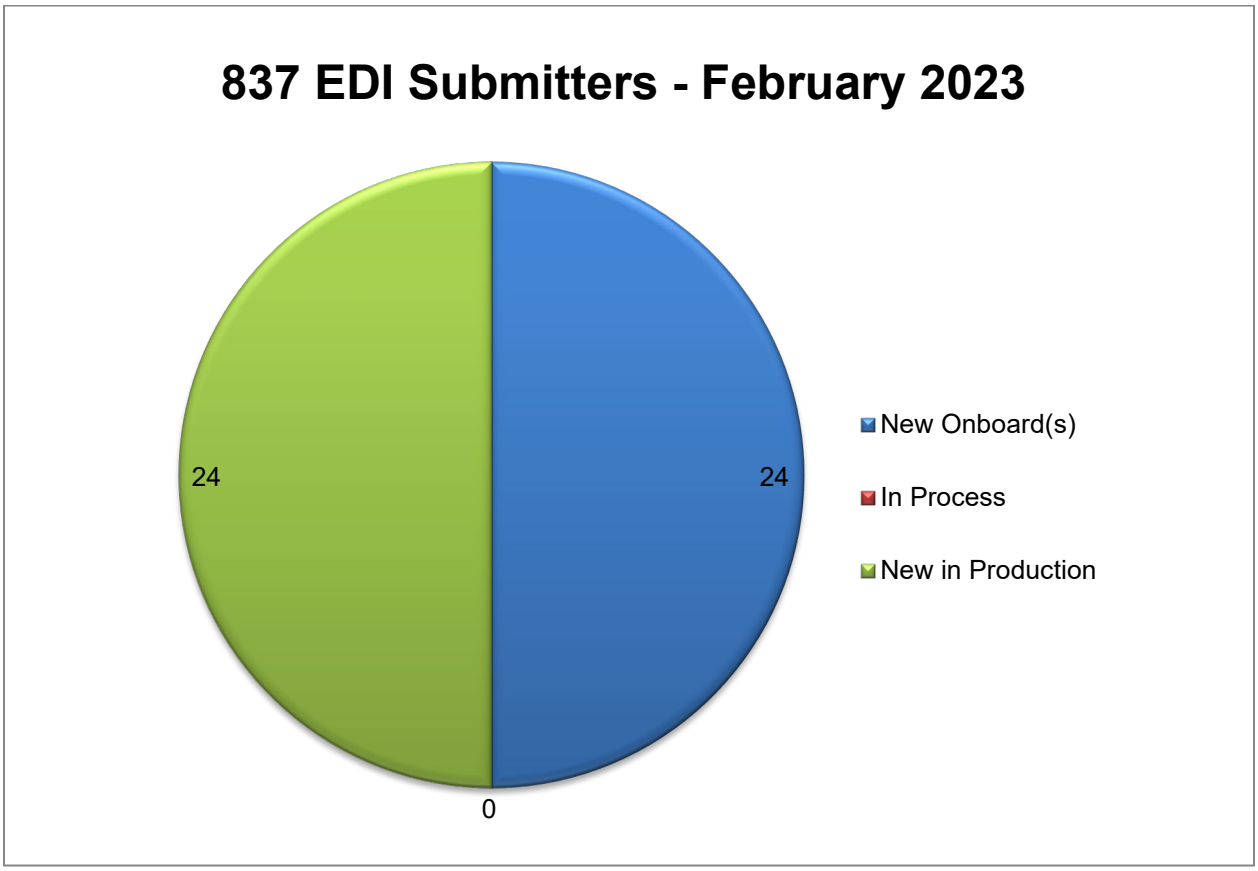


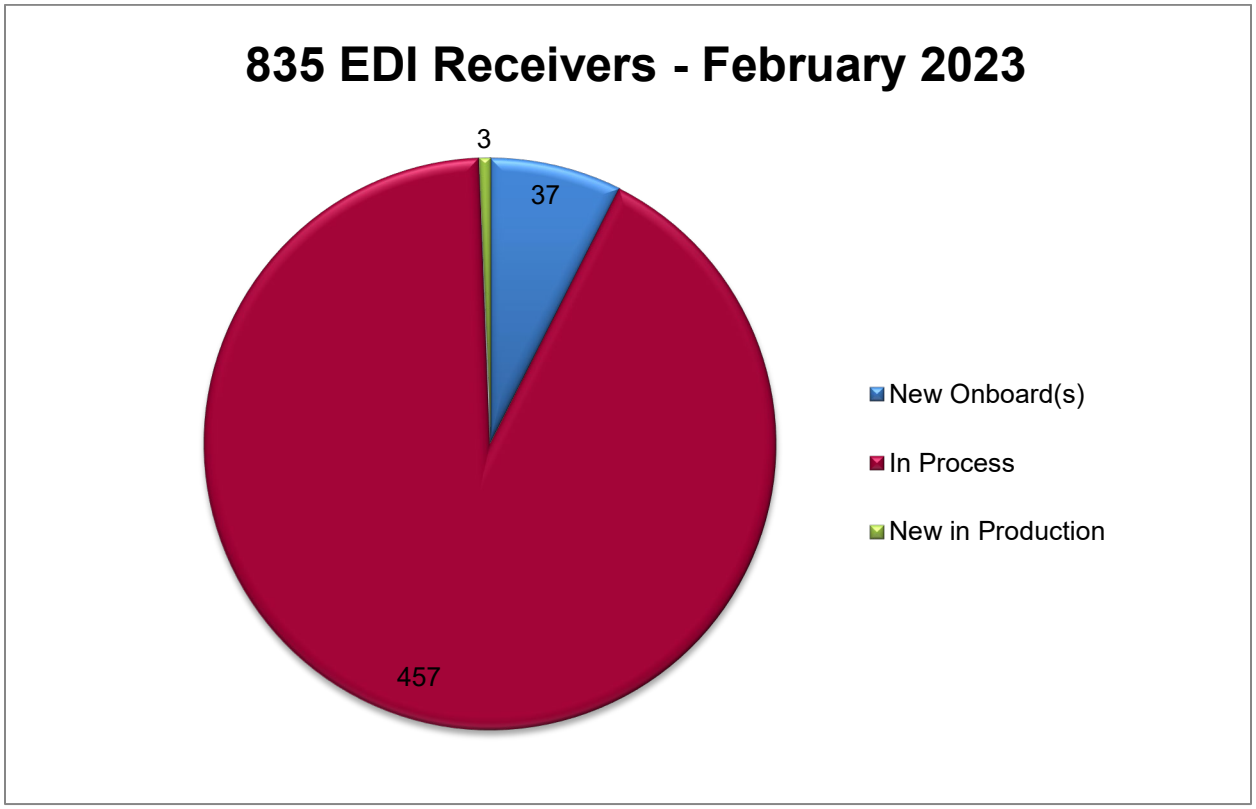
Onboarding EDI Providers - Updates

- February 2023 EDI Claims:
  - A total of 1528 new EDI submitters have been added since October 2015, with 24 added in February 2023.
  - The total number of EDI submitters is 2268 providers.

- February 2023 EDI Remittances (ERA):
  - A total of 630 new ERA receivers have been added since October 2015, with 3 added in February 2023.
  - The total number of ERA receivers is 646 providers.

	837				835			
	New On Boards	In Process	New In Production	Total In Production	New On Boards	In Process	New In Production	Total In Production
Mar-22	36	0	36	2057	22	268	12	441
Apr-22	11	3	8	2065	19	275	12	453
May-22	17	3	14	2079	13	285	3	456
Jun-22	8	1	7	2086	29	301	13	469
Jul-22	38	1	27	2113	54	339	16	485
Aug-22	26	0	26	2139	46	354	31	516
Sep-22	11	0	11	2150	57	385	26	542
Oct-22	17	0	17	2167	48	407	26	568
Nov-22	49	2	47	2214	50	410	47	615
Dec-22	19	0	19	2233	20	421	9	624
Jan-23	13	2	11	2244	21	423	19	643
Feb-23	24	0	24	2268	37	457	3	646


837 EDI Submitters - February 2023
24
24
0
New Onboard(s)
In Process
New in Production


835 EDI Receivers - February 2023
3
37
457
New Onboard(s)
In Process
New in Production

Encounter Data Submission Reconciliation Form (EDSRF) and File Reconciliations

- EDSRF Submission: Below is the total number of encounter files that AAH submitted in the month of February 2023.

File Type	Feb-23
837 I Files	31
837 P Files	139
Total Files	170

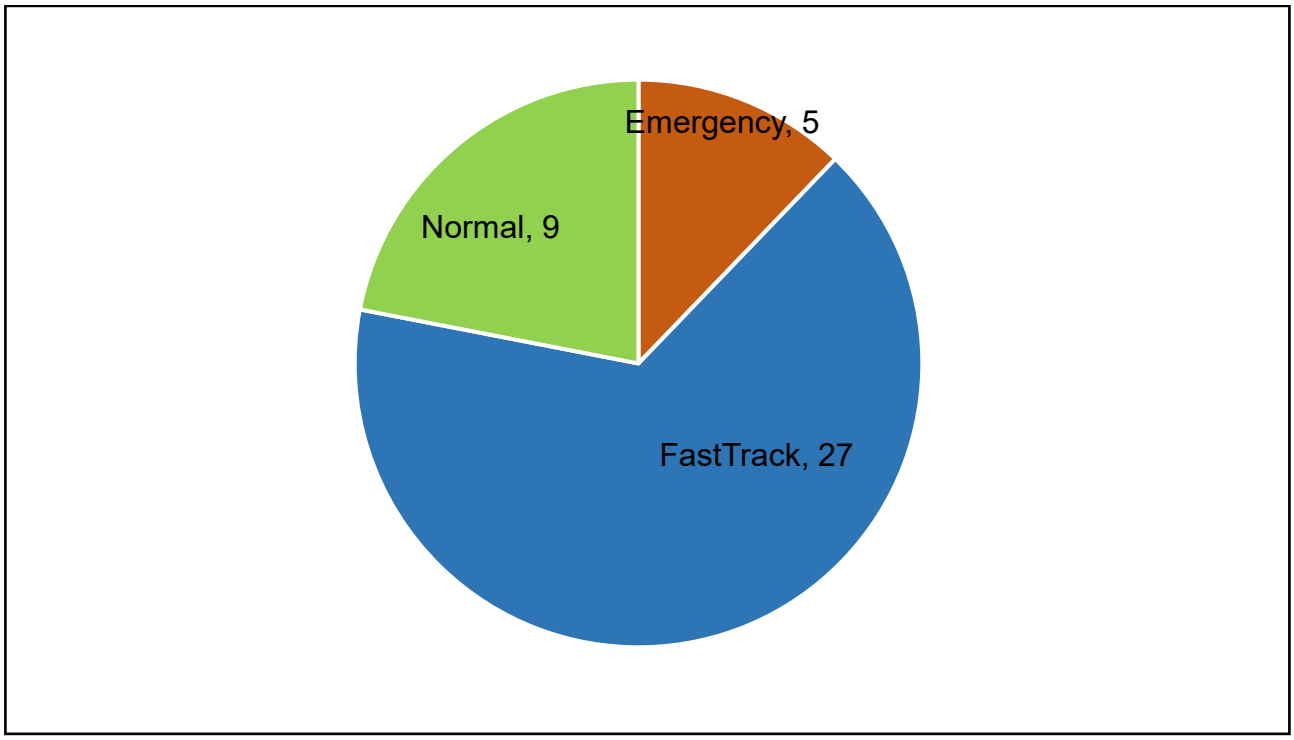
Lag-time Metrics/Key Performance Indicators (KPI)

AAH Encounters: Outbound 837	Feb-23	Target
Timeliness-% Within Lag Time – Institutional 0-90 days	59%	60%
Timeliness-% Within Lag Time – Institutional 0-180 days	81%	80%
Timeliness-% Within Lag Time – Professional 0-90 days	91%	65%
Timeliness-% Within Lag Time – Professional 0-180 days	97%	80%

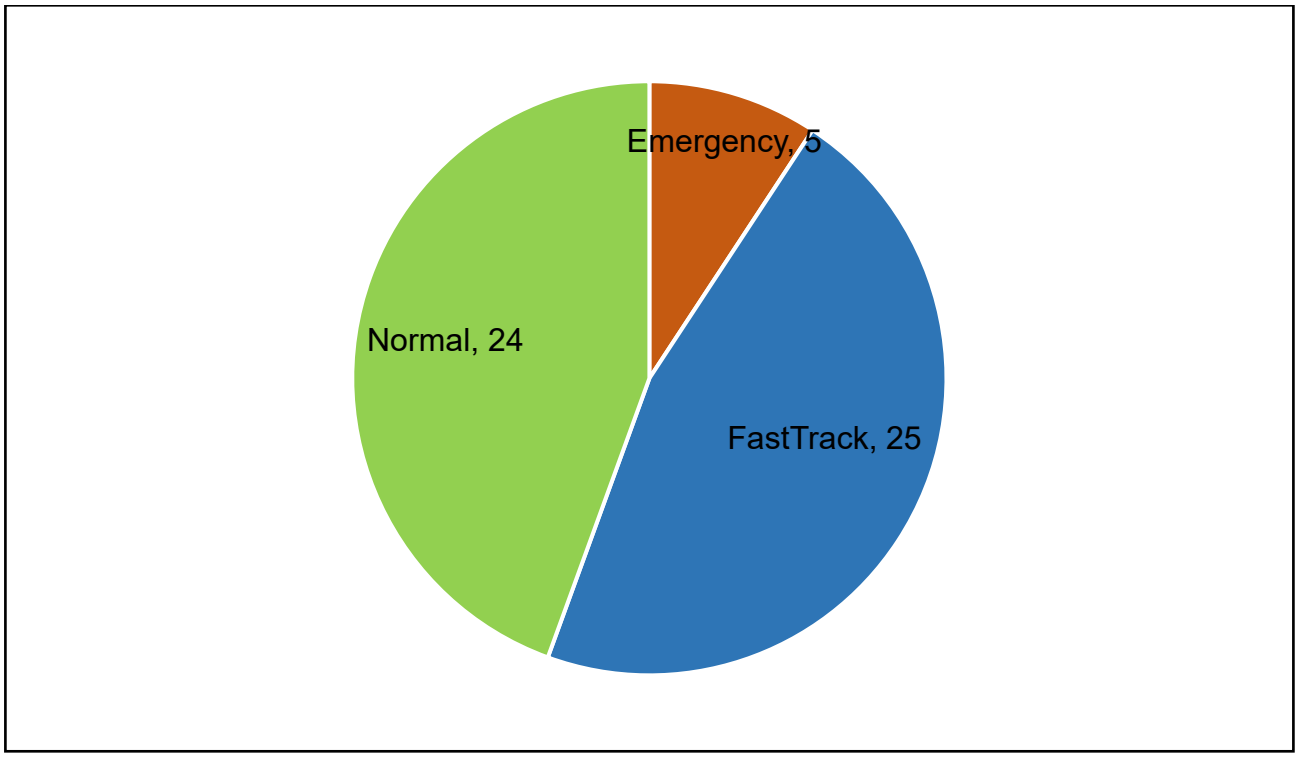
Change Management Key Performance Indicator (KPI)

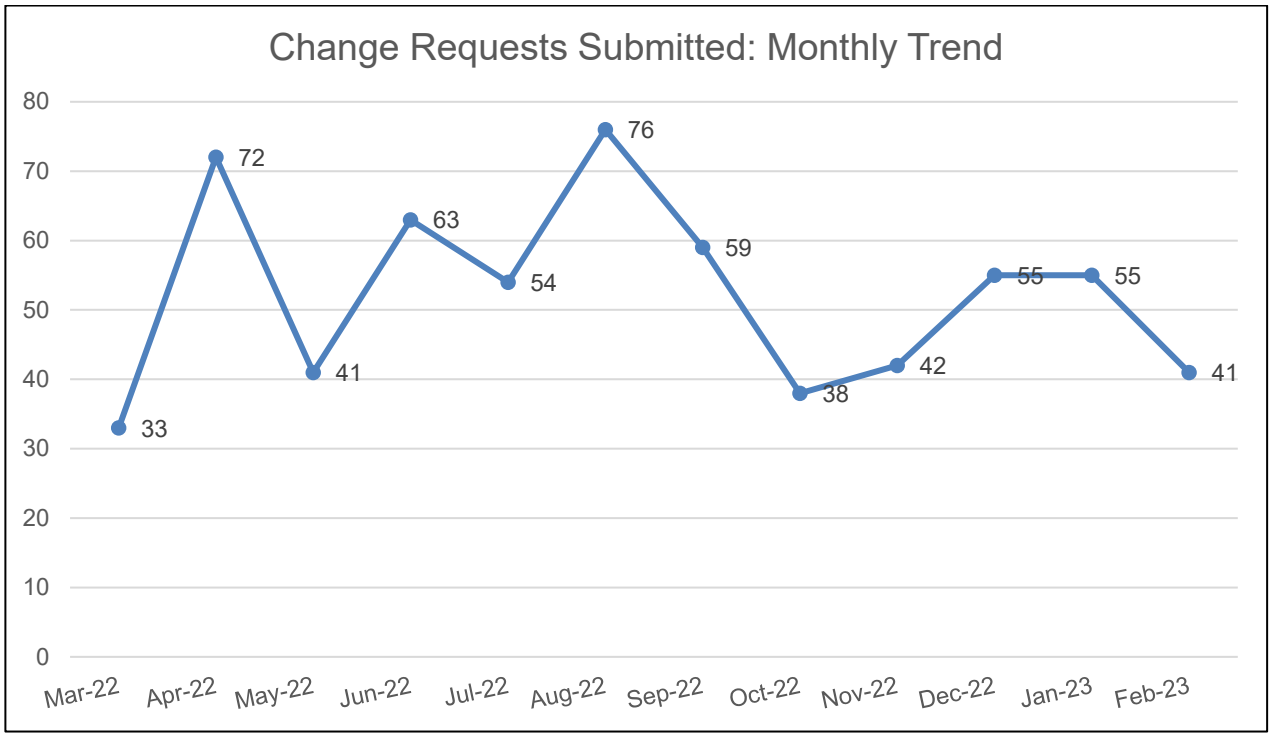
- Change Request Overall Summary in the month of February 2023 KPI:
  - 41 Changes Submitted.
  - 54 Changes Completed and Closed.
  - 142 Active Change Requests in pipeline.
  - 4 Change Requests Cancelled or Rejected.

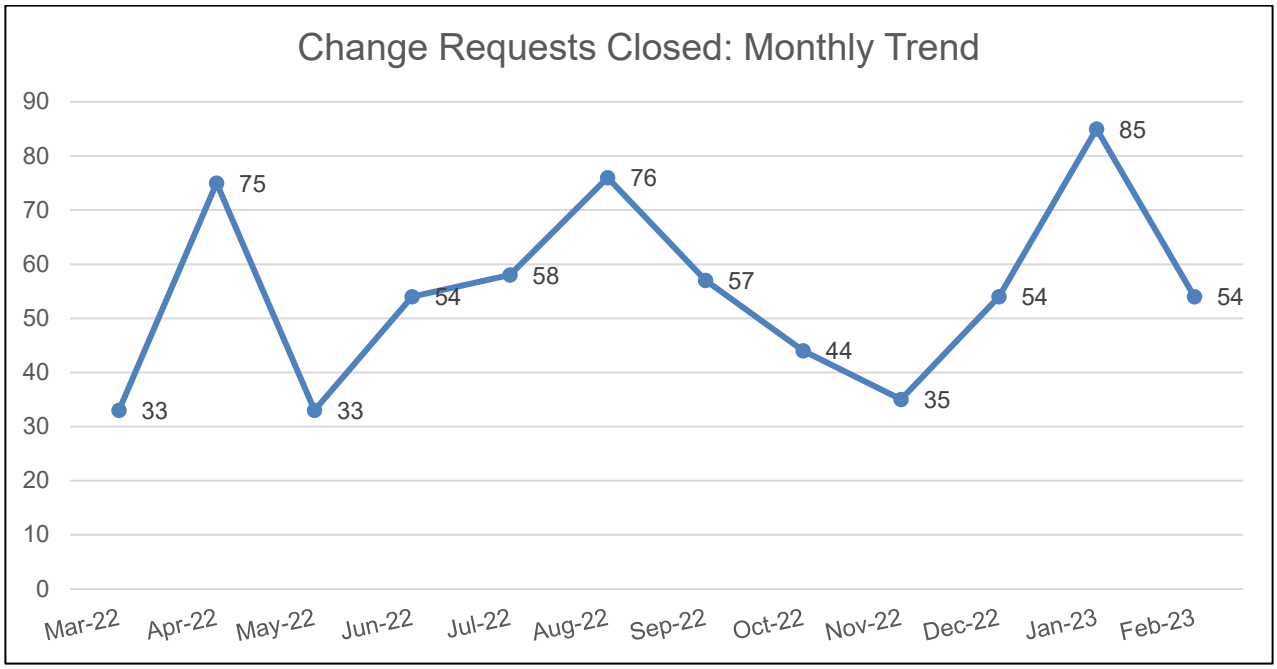
- 41 Change Requests Submitted/Logged in the month of February 2023



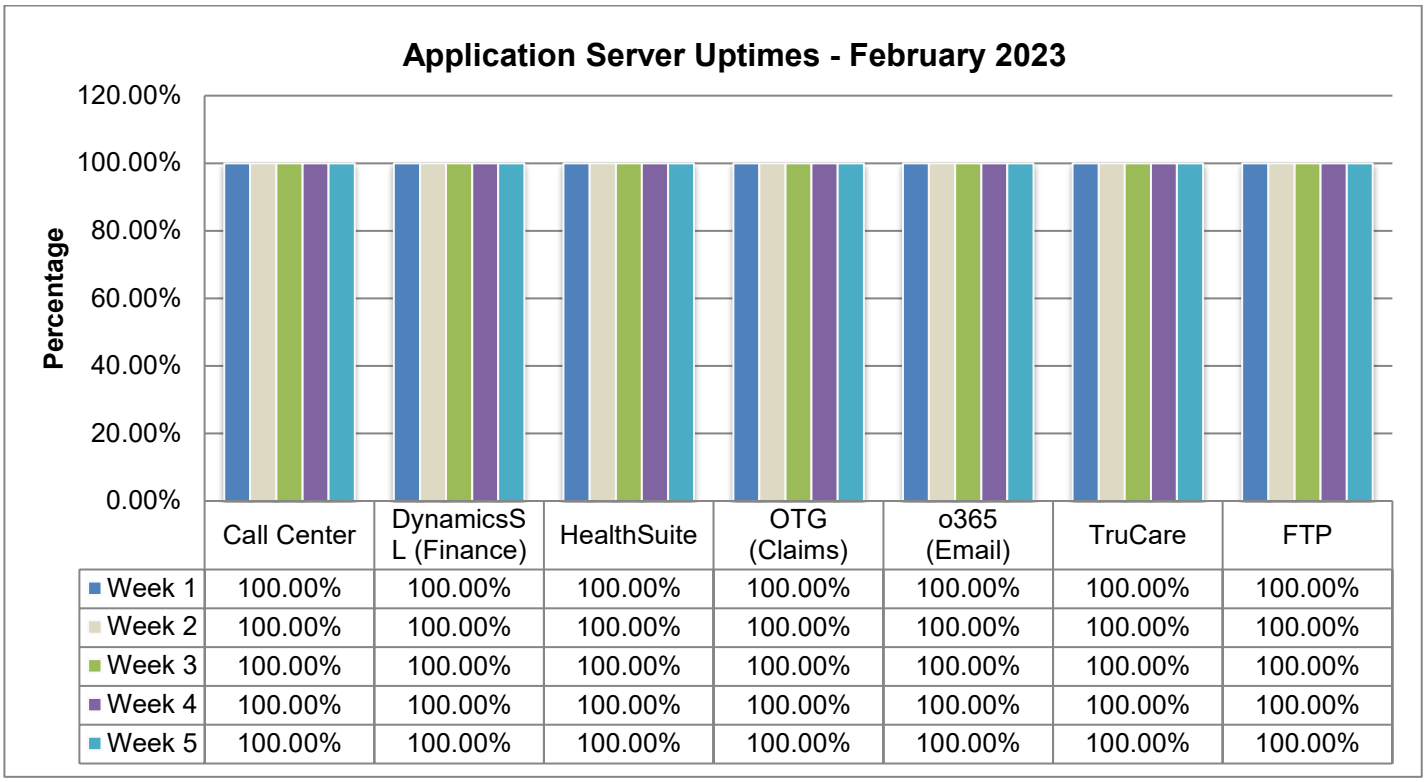
- 54 Change Requests Closed in the month of February 2023




Change Requests Submitted: Monthly Trend
80
70
60
50
40
30
20
10
0
33
72
41
63
54
76
59
38
42
55
55
41
Mar-22
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23


Change Requests Closed: Monthly Trend
90
80
70
60
50
40
30
20
10
0
33
75
33
54
58
76
57
44
35
54
85
54
Mar-22
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23

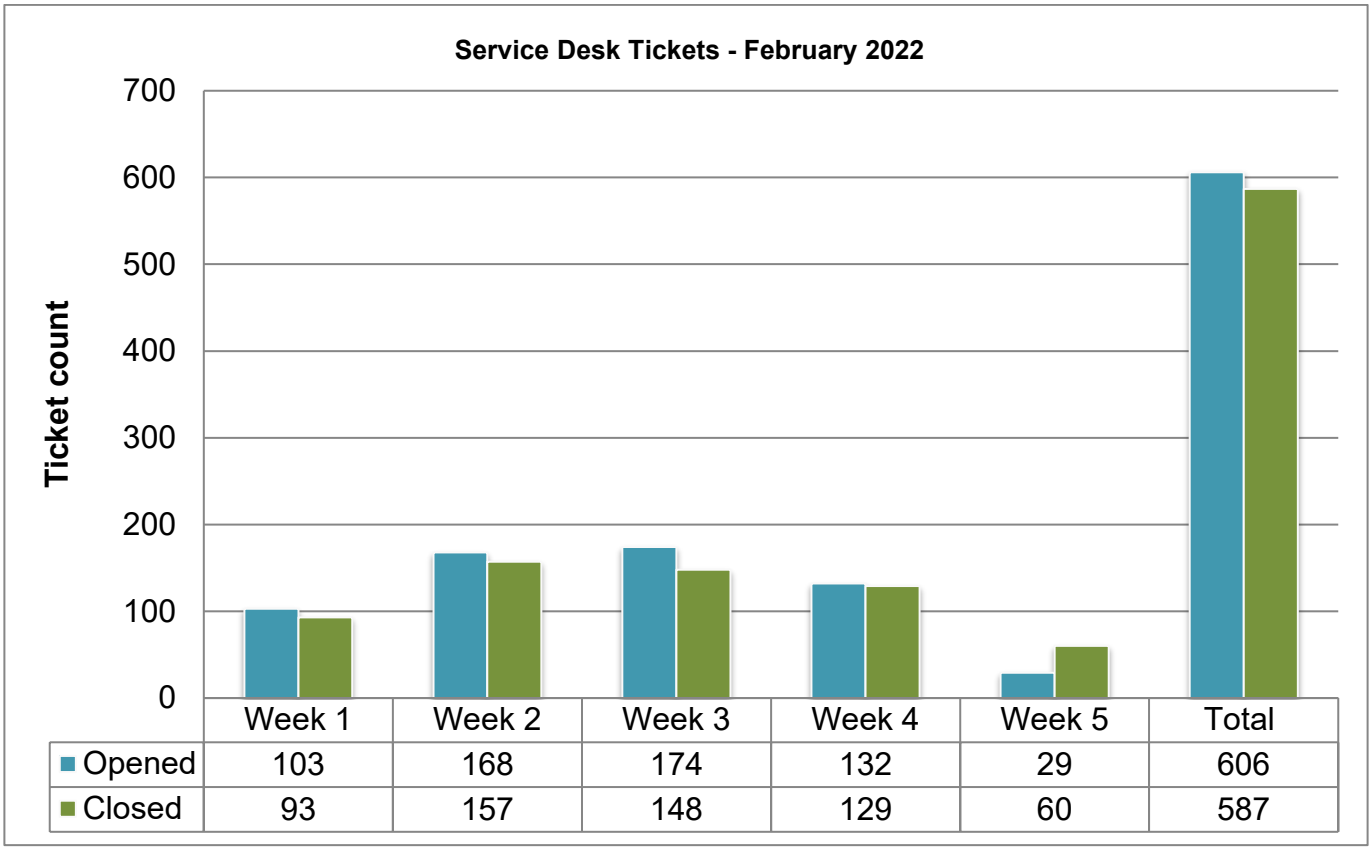
IT Stats: Infrastructure



	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.
- Email reputation issue was experienced on Monday, February 13th, 2023.
    - A small percentage of outgoing emails were impacted as it only affected entities that use Proofpoint as their email filter solution.
    - The issue was resolved within 2 hours of discovery.

- 606 Service Desk tickets were opened in the month of February 2023, which is 8.5% lower than the previous month and 587 Service Desk tickets were closed, which is 12.2% lower than the previous month.



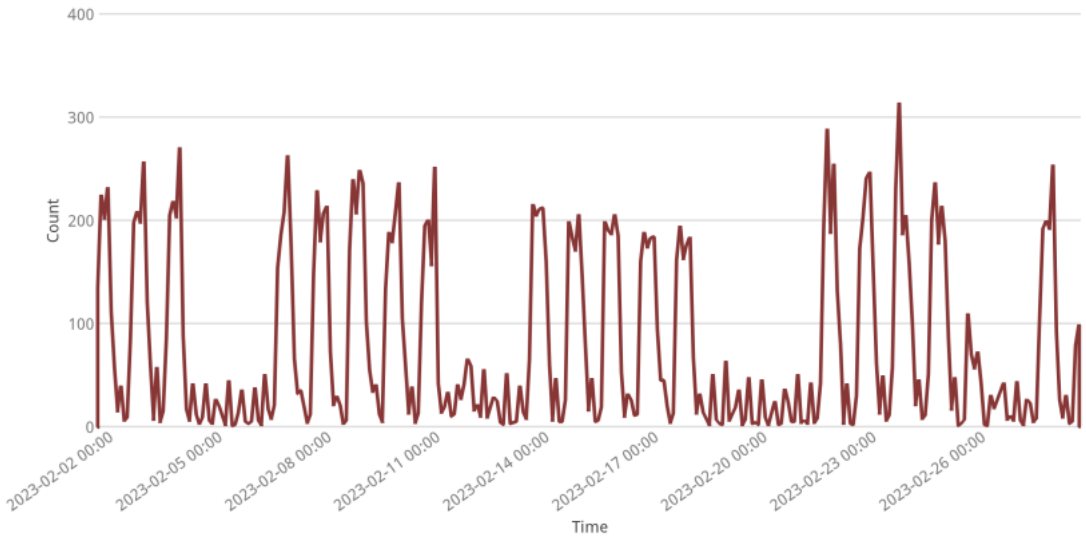
	Week 1	Week 2	Week 3	Week 4	Week 5	Total
Opened	103	168	174	132	29	606
Closed	93	157	148	129	60	587

- The open ticket count for the month of February is lower than the previous 3-month average of 732.

February 2023

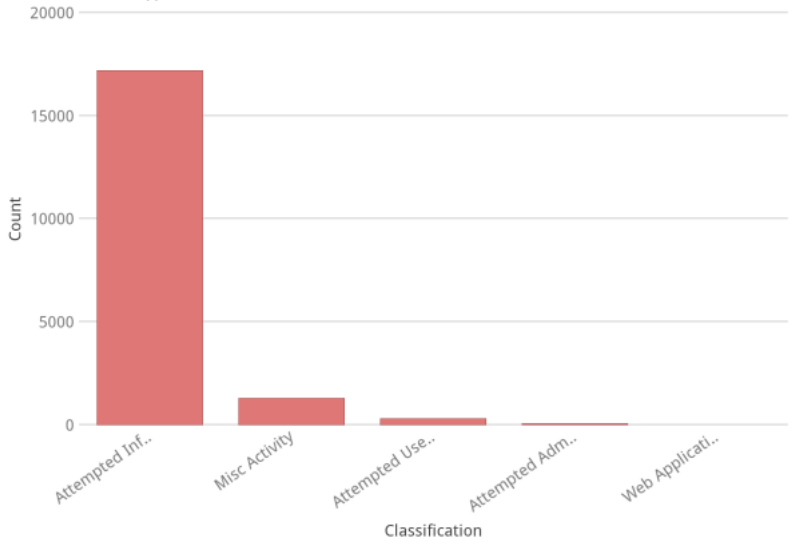
All Intrusion Events

Time Window: *2023-02-01 09:29:00 - 2023-02-28 09:29:00*



Dropped Intrusion Events

Time Window: *2023-02-01 09:30:00 - 2023-02-28 09:30:00*
Constraints: *Inline Result = dropped*



Classification	Count
Attempted Information Leak	17,177
Misc Activity	1,288
Attempted User Privilege Gain	307
Attempted Administrator Privilege Gain	61
Web Application Attack	1

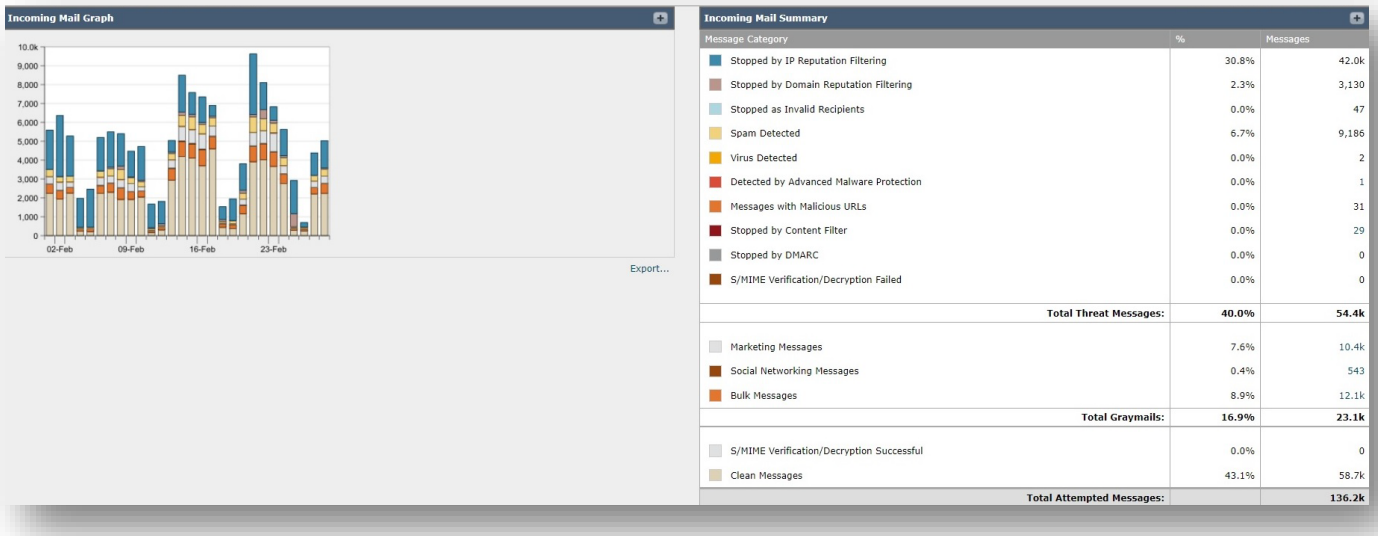
IronPort Email Security Gateways

Email Filters

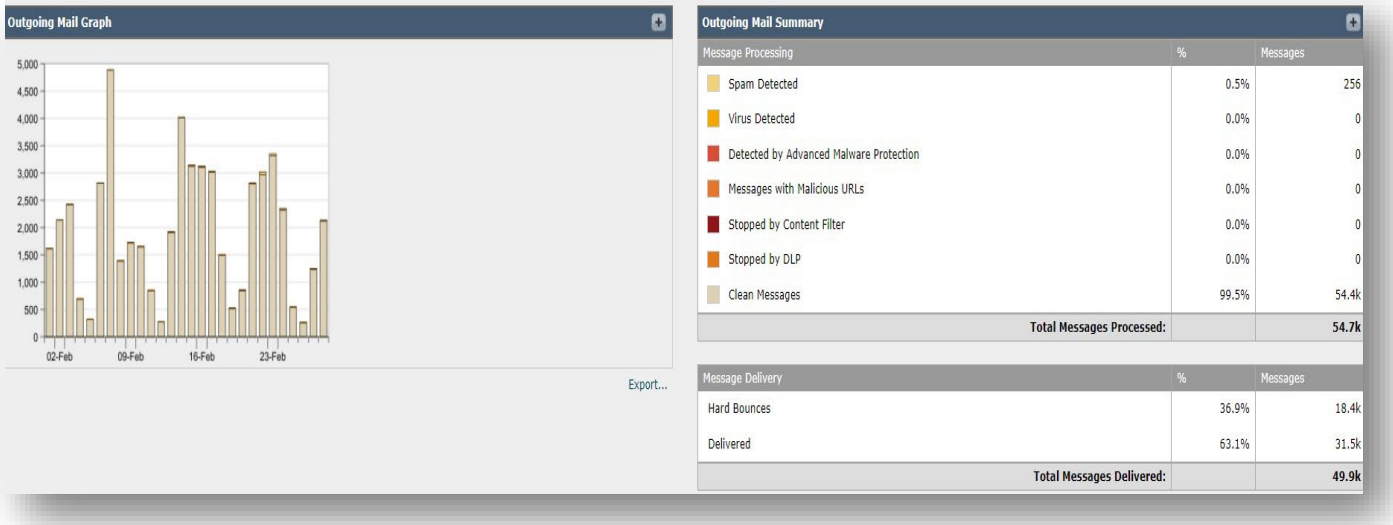
February 2023

MX4

Inbound Mail



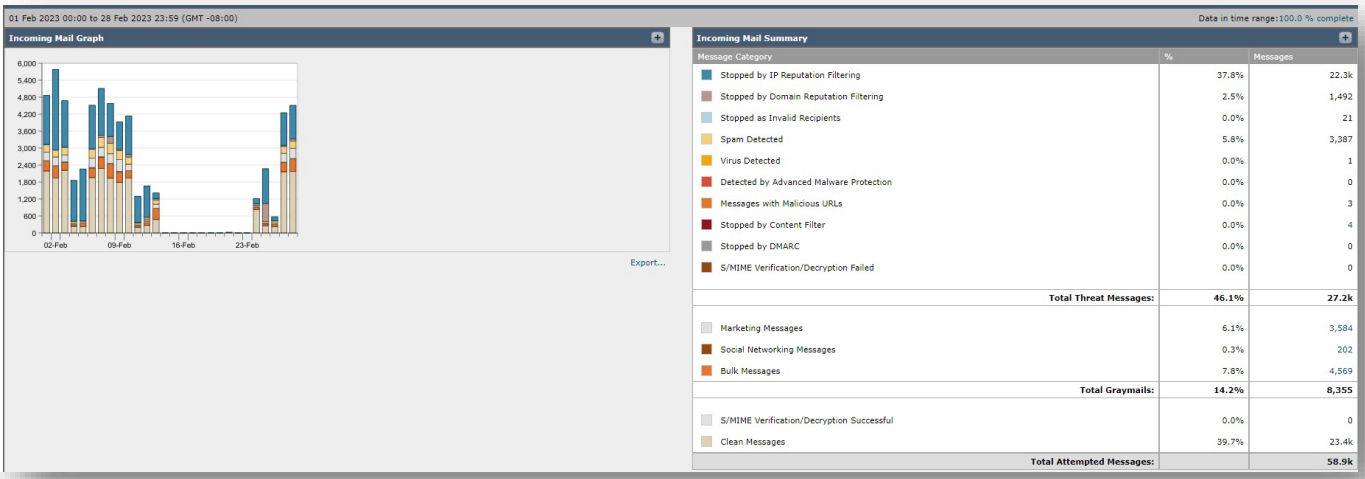
Outbound Mail



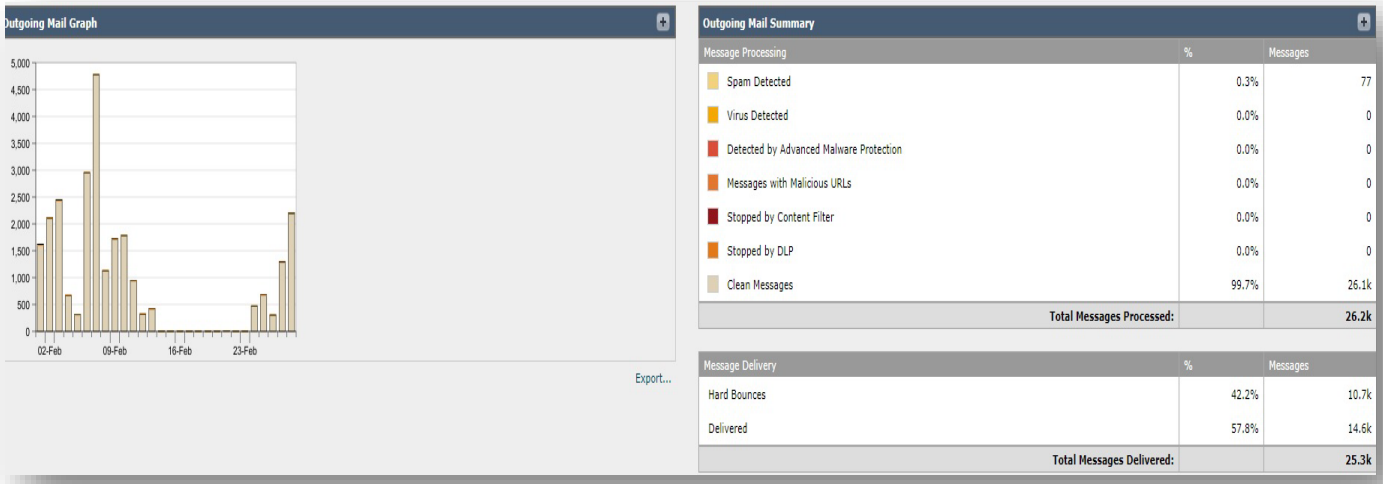
February 2023

MX9

Inbound Mail



Outbound Mail



Item / Date	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	***Feb-23***
Stopped By Reputation	329.9k	52.8k	36k	36k	34.7k	28.2k	27.6k	43.6k	20.9k	23k	53.9k	41.9k	***65.3k***
Invalid Recipients	69	389	117	100	119	78	117	71	94	87	184	204	***68***
Spam Detected	10.3k	15k	13.7k	13.9k	13.9k	11.6k	13.3k	14.6k	10.9k	10.9k	10.8k	10.1k	***12,573***
Virus Detected	13	1	4	18	18	1	0	2	3	3	2	1	***3***
Advanced Malware	4	2	1	0	0	0	1	2	0	0	0	1	***1***
Malicious URLs	89	41	159	296	187	93	448	226	102	61	14	35	***34***
Content Filter	54	39	115	39	125	119	79	111	171	77	23	37	***33***
Marketing Messages	9,588	8,864	11.3k	10.7k	12.5k	12.6k	14.5k	13.7k	13.9k	16.1k	13.4k	13.7k	***13.9k***
Attempted Admin Privilege Gain	116	132	143	113	215	215	210	151	68	40	112	61	***61***
Attempted User Privilege Gain	663	789	401	549	157	153	722	395	180	324	797	107	***307***
Attempted Information Leak	5,813	5,192	5,207	5,924	7,839	18,414	12,210	10,748	12,942	12.3k	78.9k	17.8k	***17.1k***
Potential Corp Policy Violation	0	0	0	0	0	277	0	0	0	0	1	0	***0***
Network Scans Detected	0	0	0	0	0	0	0	0	0	0	0	0	***0***
Web Application Attack	1	0	0	0	0	0	4	0	0	0	0	19	***1***
Attempted Denial of Service	0	0	50	0	86	218	215	436	0	214	117	0	***0***
Misc. Attack	626	308	78	874	88	407	733	3,295	469	87	111	240	***1,288***

- 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 65.3k.
- Attempted information leaks detected and blocked at the firewall is at 17.1k for the month of February 2023.
- Network scans returned a value of 0, which is in line with previous month's data.
- Attempted User Privilege Gain is higher at 307 from a previous six-month average of 351.

Integrated Planning

Ruth Watson

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

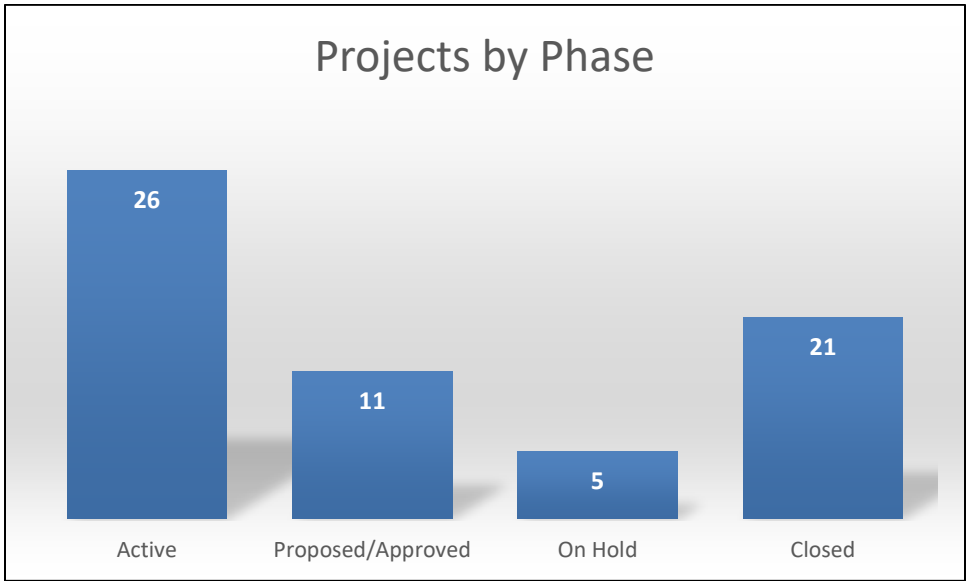
From: **Ruth Watson, Chief of Integrated Planning**

Date: **March 10th, 2023**

Subject: **Integrated Planning Division Report**

Project Management Office

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



Integrated Planning - CalAIM Initiatives

- Enhanced Care Management (ECM) and Community Supports (CS)
  - Enhanced Care Management
    - Two new Populations of Focus (PoF) went live on January 1st, 2023
      - Adults Living in the Community Who Are At-Risk for Long Term Care (LTC) Institutionalization.
      - Nursing Facility Residents Transitioning to the Community.
  - July 2023 ECM Populations of Focus
    - Children and Youth

        - Submitted ECM MOC Addendum II to DHCS on February 15th, 2023.
    - January 2024 ECM Populations of Focus
        - DHCS has added a new PoF for "High Risk Pregnant and Postpartum Individuals" with a scheduled implementation date of January 2024.
        - Individuals Transitioning from Incarceration, originally scheduled for implementation in January 2023 and subsequently delayed to July 2023 is now scheduled to go live January 2024.
    - Community Supports
        - Submitted CS MOC to DHCS on February 15th, 2023.
        - AAH is piloting two (2) other CS services that align with the new January 2023 PoF.

- Long Term Care (LTC) Carve-In – AAH became responsible for all members residing in LTC facilities as of January 1st, 2023.
    - Does not include Pediatric and Adult Subacute Facilities, Intermediate Care Facilities (ICF), or Institutions for Mental Disease (IMD) which have been delayed until January 2024.
    - 1,236 LTC Members have now transitioned to AAH through February
        - 475 Members with incorrect Aid Codes continue to be worked by the LTC Team.
    - March 2023 eligibility file received from DHCS on February 28th
        - AAH identified 40 new LTC members with the correct LTC Aid Codes
        - Cross-reference activities identified an additional 4 LTC members without the appropriate LTC Aid Codes.
        - AAH staff continues to work with facilities regarding eligibility issues
    - LTC Command Center continues to meet regularly.
        - Weekly reporting continued through February as required by DHCS; will transition to monthly reporting in March.

- Population Health Management (PHM) Program – effective January 1st, 2023
    - DHCS extended submission date for all P&Ps to 3/8/2023
    - Staffing
        - Chief Health Equity Officer started on February 21st.
        - Population Health Equity (PHE) Manager started on February 13th.
        - Additional staffing needs are being evaluated in light of future DHCS requirements for Transitional Care Services.
    - Evaluation to determine the impact of the 2022 Population Health Management Strategy is in process.
    - Population Needs Assessment
        - NCQA requirement
        - Data development required for evaluating member population, review of PHM Programs offered by AAH, and identification of future program needs is in process with an expected completion in early March.

- Community Health Worker Benefit – new Medi-Cal benefit that was effective July 1st, 2022, to promote the MCP's contractual obligations to meet DHCS broader Population Health Management standards
    - Internal CHW strategy meetings continue
        - Strategy Narrative completed
    - P&Ps related to the CHW All Plan Letter were approved by DHCS on 2/8/2023.
    - Met with CHCN, FQHCs, and Local Education Agencies (LEAs) to discuss the potential use of CHWs as part of the Student Behavioral Health Incentive Program (SBHIP).
    - AAH continues to participate in the CHW Practice Design Workgroup which includes County staff as well as representatives from organizations throughout the state who utilize CHWs.

- CalAIM Incentive Payment Program (IPP) – three-year DHCS program to provide funding for the support of ECM and CS in 1) Delivery System Infrastructure, 2) ECM Provider Capacity Building, and 3) Community Supports Provider Capacity Building and Community Supports Take-Up.
    - On February 22nd, MCPs received the finalized Submission 2B Measure Set from DHCS.
        - Quantitative and narrative responses are due to DHCS on March 15th.
    - The Alliance is currently reviewing 11 IPP Applications that were received during Wave 3 from currently contracted providers or providers in the process of contracting with the Alliance to support ECM and CS services.

Other Initiatives

- Mental Health (Mild to Moderate/Autism Spectrum Disorder) Insourcing – services currently performed by Beacon Health Options will be brought in-house as of April 1st, 2023.
- Transition Plan submitted to DHCS on 1/27/2023 30 days before go-live as required.
- DMHC Comment Table submitted to DMHC on 2/17/2023 and pending response
    - DMHC has made commitment to provide an expedited response due to timeframe before go-live
- Contracting:
    - 137 fully executed contracts.
        - 665 total providers including mental health and autism providers
- Staffing:
    - Behavioral Health and Customer Services teams are fully staffed
    - Behavioral Health Triage Specialist started 2/13/2023

- Communications
    - Member Notification

        - Impacted Member Letter and Member Notice – first letter mailed on 2/1/23 and second letter to be mailed 3/1/2023
- Training:
    - Provider Online Orientation and Trainings are scheduled for mid to late March

- Crisis Support Services (CSS) – After Hours Call Vendor:
    - Engaged for IT related activities for sharing member information
    - CSS creating scripts for their staff
    - CSS will train AAH Member Services Staff regarding member call in scenarios

- Beacon De-Implementation Activities:
    - ABA Authorization Report and Referring Provider Report delivered to AAH on 2/21/2023
    - Pending/Open Member Cases Report delivered to AAH on 2/23/2023
    - Provider Notification Letter sent 2/28/2023

- ACBH and CHCN/OCHIN – Data Exchange Efforts:
    - CHCN/OCHIN – Execution of Statement of Work is in progress
        - Estimated date for execution is 2-4 weeks
        - AAH is working with CHCN team to forecast the data exchange implementation date
    - ACBH – Test Data File exchange ongoing
    - AAH IT Development and Data Exchange Team finalized schema

- Work in progress
    - AAH systems – system configuration ongoing
    - Behavioral Health department queues – completed and ready for User Acceptance Testing (UAT)
    - Department forms have been designed, configured, and validated by the Business and currently waiting UAT
    - Workflows – development of end-to-end processes underway
    - Provider Portal Online forms – QA testing underway with IT
        - Portal Single Sign-On for providers – completed in Test environment.
        - Deliverables, timelines, and risks will continue to be assessed frequently.
        - The Alliance continues to work with our state regulators to ensure compliance for the April 1st, 2023, Go Live.

- Behavioral Health Integration (BHI) Incentive Program – Program ended December 31st, 2022.
    - Program wrap-up includes submission of Program Year 2, Q4 Milestone report in February 2023 and Program Year 2 Annual report in March 2023.
    - Student Behavioral Health Incentive Program (SBHIP) – DHCS program commenced January 1st, 2022, and continues through December 31st, 2024.

- AAH submitted the SBHIP Needs Assessment and four Targeted Interventions Project Plans to DHCS on December 30th, 2022, for review and approval
    - Full approval of all four Targeted Intervention Project Plans was received on February 24th, 2023, which will result in successful achievement of 50% of the Targeted Intervention allocation ($4.4M).
    - DHCS is expected to complete their review of the Needs Assessments by mid-March 2023.
    - Associated funding (up to $4.8M) for these two deliverables is anticipated for release by DHCS in April 2023.
- Partner meetings continue with Local Education Agencies (LEAs), Anthem Blue Cross, Alameda County Office of Education (ACOE), Alameda County Center for Healthy Schools and Communities (CHSC), and the Community Health Center Network (CHCN) to support project plan development.

- Housing and Homelessness Incentive Program (HHIP) – DHCS program commenced January 1st, 2022 and continues through December 31st, 2023.
- MOU between AAH and HCSA to define deliverables and milestones that must be met to receive funding was fully executed December 30th, 2022.
    - HCSA completed their HHIP data reporting deliverable on February 15th, 2023.
    - As of February 23rd, 2023, $908,000 in total payments have been delivered to HCSA for HHIP milestone completion.
- Workgroup meetings continue with HCSA and Anthem Blue Cross, as well as internally, to implement Investment Plan initiatives.
- Two progress reports are due to DHCS as part of the program requirements; the Submission 1 Report for reporting period May 1st, 2022 – December 31st, 2022, is due to DHCS on March 10th, 2023.

Justice-Involved/Coordinated Re-Entry:

- DHCS received approval from CMS on January 26th regarding the ability to provide up to 90 Days of pre-release services
- Go-live date for implementation is scheduled for April 2024
- Correctional facilities will have the ability to select their go-live date within a 24-month phase-in period

- Managed Care Contract Operational Readiness:
    - Group 2 Deliverable Status
    - Total Deliverables – 90
        - Approved by DHCS – 70
        - On Hold by DHCS – 16
        - Additional Information Requests - 4
    - Upcoming Q1 2023 Operational Readiness Deliverable Dates
        - Wave 5 deliverables due 3/6/23 – 19 total deliverables
        - Wave 5 deliverables due 3/30/23 – 32 total deliverables

- Portfolio Project Management (PPM) Tool – Team Dynamix (TDX) is the selected tool and is being implemented in a phased approach, starting January 2023:
    - Implementation Phase:
        - Completed the People import from Active Directory
        - Configured Functional Roles
        - Setup Expense Types
        - Test, approve, and go-live with Regulatory Affairs & Compliance (RAC) Intake Flow Process
        - Provided training for Project Manager on how to use the waterfall project plans
        - IPD Team tested the intake & fast-track processes
    - Work in Progress:
        - Resource Capacity Planning
        - Teams Integration Testing
        - Add remaining projects from Roadmap into TDX

Recruiting and Staffing

- Project Management Open position(s):
    - Recruitment continues for the following positions:
        - Senior Manager, Project Management Office (PMO) – filled by internal candidate as of 2/21/2023
        - Project Manager – started 2/21/2023
        - Senior Project Manager
        - Senior Technical Project Manager
        - Technical Business Analyst – offer made and accepted; candidate scheduled to start 4/3/2023
        - Business Analyst, Incentives & Reporting
        - Business Analyst, Integrated Planning
        - Business Analyst, Project Management Office (PMO)

Projects and Programs

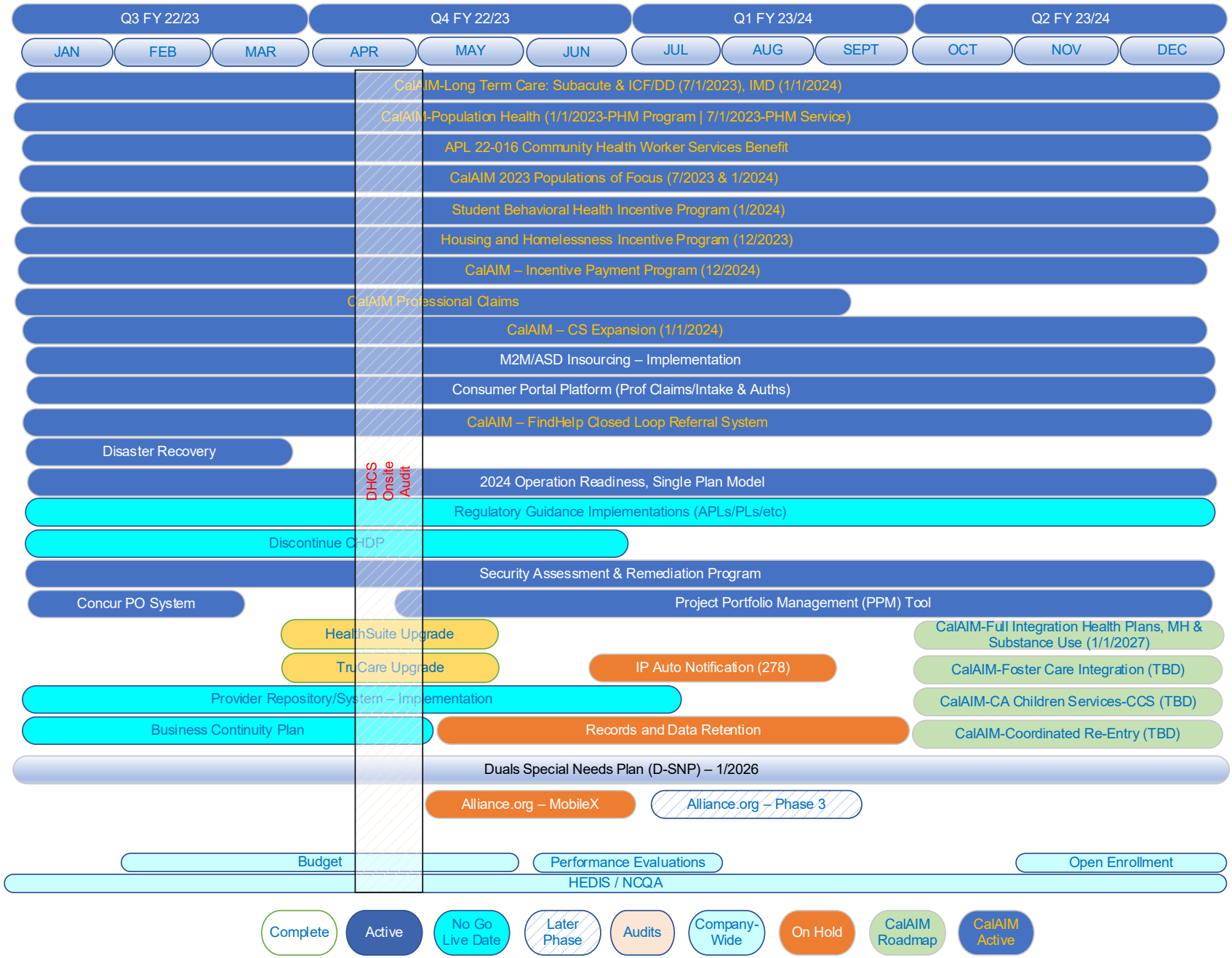
Supporting Documents

Project Descriptions

Key projects currently in-flight:

- California Advancing and Innovating Medi-Cal (CalAIM) – program to provide targeted and coordinated care for vulnerable populations with complex health needs
    - Enhanced Care Management (ECM) – ECM will target eight (8) specific populations of vulnerable and high-risk children and adults
        - Three (3) Populations of Focus (PoF) transitioned from HHP and/or WPC on January 1st, 2022.
        - Two (2) additional PoF became effective on January 1st, 2023.
        - One (1) PoF will become effective on July 1st, 2023.
        - Two (2) PoF will become effective on January 1st, 2024.
    - Community Supports (CS) effective January 1st, 2022 – menu of optional services, including housing-related and flexible wraparound services, to avoid costlier alternatives to hospitalization, skilled nursing facility admission and/or discharge delays
        - Six (6) Community Supports were implemented on January 1st, 2022
        - Three (3) additional CS services are targeted for implementation on July 1st, 2023
        - Two (2) additional CS services will be piloted in 2023
            - These services support the two LTC PoF that are effective January 2023
        - One (1) additional CS service is targeted for implementation by January 1st, 2024
    - Major Organ Transplants (MOT) – currently not within the scope of many Medi-Cal managed care plans (MCPs); carved into all MCPs effective January 1st, 2022
        - Applicable to all adults as well as children if the transplant is not covered by California Children's Services
    - CalAIM Incentive Payment Program (IPP) – The CalAIM ECM and CS programs will require significant new investments in care management capabilities, ECM and CS infrastructure, information technology (IT) and data exchange, and workforce capacity across MCPs, city and county agencies, providers, and other community-based organizations. CalAIM incentive payments are intended to:
        - Build appropriate and sustainable ECM and ILOS capacity
        - Drive MCP investment in necessary delivery system infrastructure
        - Incentivize MCP take-up of ILOS
        - Bridge current silos across physical and behavioral health care service delivery
        - Reduce health disparities and promote health equity
        - Achieve improvements in quality performance
    - Long Term Care - currently not within the scope of many Medi-Cal MCPs; benefit was carved into all MCPs effective January 1st, 2023:
        - Subacute, ICF/DD and IMD facilities scheduled for implementation January 1st, 2024.
    - Justice Involved/Coordinated Re-Entry – adults and children/youth transitioning from incarceration or juvenile facilities will be enrolled into Medi-Cal upon release

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


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

ALAMEDA Alliance FOR HEALTH

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

Performance & Analytics

Tiffany Cheang

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

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

Date: **March 10th, 2023**

Subject: **Performance & Analytics Report**

Member Cost Analysis

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

- For the Current reporting period, the top 9.6% of members account for 85.2% of total costs.

- In comparison, the Prior reporting period was lower at 8.6% of members accounting for 83.6% of total costs.

- Characteristics of the top utilizing population remained fairly consistent between the reporting periods:

    - The SPD (non-duals) and ACA OE categories of aid increased to account for 61.1% of the members, with SPDs accounting for 26.3% and ACA OE's at 34.8%.
    - The percent of members with costs >= $30K slightly increased from 1.9% to 2.2%.
    - 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 36.8%.
        - Demographics for member city and gender for members with costs >= $30K follow the same distribution as the overall Alliance population.
        - However, the age distribution of the top 9.6% is more concentrated in the 45–66-year-old category (40.0%) compared to the overall population (21.0%).

Analytics

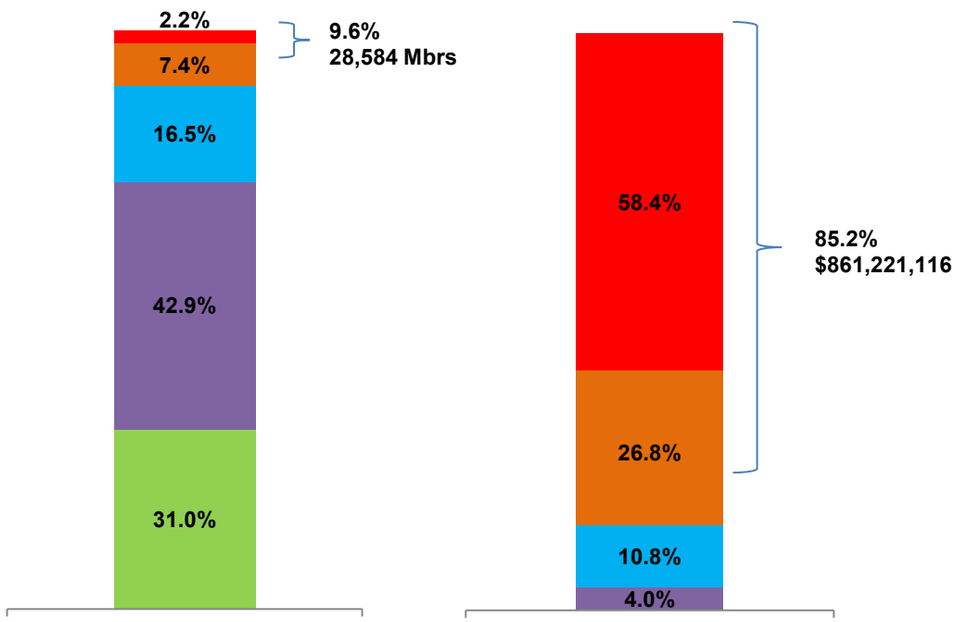
Supporting Documents

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

Note: Data incomplete due to claims lag

Run Date: 02/27/2023

Member Cost Distribution



Cost Range	Members	% of Members	Costs	% of Costs
$30K+	6,448	2.2%	$ 590,731,399	58.4%
$5K - $30K	22,136	7.4%	$ 270,489,717	26.8%
$1K - $5K	49,406	16.5%	$ 109,555,145	10.8%
< $1K	128,363	42.9%	$ 40,294,101	4.0%
$0	92,902	31.0%	$ -	0.0%
Totals	**299,255**	**100.0%**	**$ 1,011,070,362**	**100.0%**

Top 9.6% of Members = 85.2% of Costs

Cost Range	Members	% of Total Members	Costs	% of Total Costs
$100K+	1,504	0.5%	$ 335,553,560	33.2%
$75K to $100K	735	0.2%	$ 63,528,839	6.3%
$50K to $75K	1,341	0.4%	$ 81,359,373	8.0%
$40K to $50K	1,128	0.4%	$ 50,215,450	5.0%
$30K to $40K	1,740	0.6%	$ 60,074,177	5.9%
SubTotal	***6,448***	***2.2%***	***$ 590,731,399***	***58.4%***
$20K to $30K	3,126	1.0%	$ 76,396,373	7.6%
$10K to $20K	8,373	2.8%	$ 118,004,319	11.7%
$5K to $10K	10,637	3.6%	$ 76,089,025	7.5%
SubTotal	***22,136***	***7.4%***	***$ 270,489,717***	***26.8%***
Total	**28,584**	***9.6%***	**$ 861,221,116**	***85.2%***

Enrollment Status	Members	Total Costs
Still Enrolled as of Nov 2022	276,603	$ 914,773,075
Dis-Enrolled During Year	22,652	$ 96,297,287
Totals	**299,255**	**$ 1,011,070,362**

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
9.6% of Members = 85.2% of Costs
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Dec 2021 - Nov 2022
Note: Data incomplete due to claims lag
Run Date: 02/27/2023

9.6% of Members = 85.2% of Costs
26.3% of members are SPDs and account for 31.6% of costs.
34.8% of members are ACA OE and account for 34.8% of costs.
5.9% of members disenrolled as of Nov 2022 and account for 10.5% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Members	% of Members
IHSS	IHSS	135	617	752	2.6%
MCAL	MCAL - ADULT	741	4,162	4,903	17.2%
	MCAL - BCCTP	-	-	-	0.0%
	MCAL - CHILD	329	1,890	2,219	7.8%
	MCAL - ACA OE	2,206	7,746	9,952	34.8%
	MCAL - SPD	2,273	5,251	7,524	26.3%
	MCAL - DUALS	134	1,406	1,540	5.4%
Not Eligible	Not Eligible	630	1,064	1,694	5.9%
Total		**6,448**	**22,136**	**28,584**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Costs	% of Costs
IHSS	IHSS	$ 11,126,398	$ 6,683,041	$ 17,809,439	2.1%
MCAL	MCAL - ADULT	$ 61,558,864	$ 48,696,206	$ 110,255,070	12.8%
	MCAL - BCCTP	$ -	$ -	$ -	0.0%
	MCAL - CHILD	$ 22,171,290	$ 21,768,739	$ 43,940,029	5.1%
	MCAL - ACA OE	$ 205,408,761	$ 94,505,308	$ 299,914,069	34.8%
	MCAL - SPD	$ 203,987,389	$ 68,487,277	$ 272,474,666	31.6%
	MCAL - DUALS	$ 9,710,363	$ 17,015,718	$ 26,726,081	3.1%
Not Eligible	Not Eligible	$ 76,768,335	$ 13,333,428	$ 90,101,763	10.5%
Total		**$ 590,731,399**	**$ 270,489,717**	**$ 861,221,116**	**100.0%**

Highest Cost Members; Cost Per Member >= $100K
35.3% of members are SPDs and account for 33.8% of costs.
33.4% of members are ACA OE and account for 35.0% of costs.
15.1% of members disenrolled as of Nov 2022 and account for 16.1% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Total Members	% of Members
IHSS	IHSS	30	2.0%
MCAL	MCAL - ADULT	149	9.9%
	MCAL - BCCTP	-	0.0%
	MCAL - CHILD	39	2.6%
	MCAL - ACA OE	503	33.4%
	MCAL - SPD	531	35.3%
	MCAL - DUALS	25	1.7%
Not Eligible	Not Eligible	227	15.1%
Total		**1,504**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Total Costs	% of Costs
IHSS	IHSS	$ 5,556,230	1.7%
MCAL	MCAL - ADULT	$ 32,261,434	9.6%
	MCAL - BCCTP	$ -	0.0%
	MCAL - CHILD	$ 8,591,572	2.6%
	MCAL - ACA OE	$ 117,508,272	35.0%
	MCAL - SPD	$ 113,528,857	33.8%
	MCAL - DUALS	$ 4,162,501	1.2%
Not Eligible	Not Eligible	$ 53,944,693	16.1%
Total		**$ 335,553,560**	**100.0%**

% of Total Costs By Service Type

Cost Range	Trauma Costs	Hep C Rx Costs	Pregnancy, Childbirth & Newborn Related Costs
$100K+	6%	0%	1%
$75K to $100K	7%	0%	2%
$50K to $75K	5%	0%	2%
$40K to $50K	5%	1%	3%
$30K to $40K	10%	1%	3%
$20K to $30K	4%	3%	6%
$10K to $20K	0%	0%	13%
$5K to $10K	0%	0%	9%
Total	**3%**	**0%**	**7%**

Breakout by Service Type/Location

Pharmacy Costs	Inpatient Costs (POS 21)	ER Costs (POS 23)	Outpatient Costs (POS 22)	Office Costs (POS 11)	Dialysis Costs (POS 65)	Other Costs (All Other POS)
1%	44%	2%	16%	8%	2%	7%
2%	37%	2%	8%	6%	9%	10%
1%	33%	3%	7%	9%	8%	12%
2%	38%	4%	6%	5%	1%	11%
1%	25%	12%	5%	5%	1%	13%
2%	26%	7%	8%	6%	1%	14%
3%	28%	5%	10%	9%	2%	12%
3%	18%	9%	11%	14%	0%	17%
2%	**30%**	**5%**	**11%**	**9%**	**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

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Human Resources

Anastacia Swift

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

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

Date: **March 10th, 2023**

Subject: **Human Resources Report**

Staffing

- As of March 1st, 2023, the Alliance had 447 full time employees and 1-part time employee.

- On March 1st, 2023, the Alliance had 59 open positions in which 17 signed offer acceptance letters have been received with start dates in the near future resulting in a total of 42 positions open to date. The Alliance is actively recruiting for the remaining 42 positions and several of these positions are in the interviewing or job offer stage.

- Summary of open positions by department:

Department	Open Positions March 1st	Signed Offers Accepted by Department	Remaining Recruitment Positions
Healthcare Services	15	8	7
Operations	20	6	14
Healthcare Analytics	3	0	3
Information Technology	5	1	4
Finance	3	2	1
Compliance & Legal	3	0	3
Human Resources	2	0	2
Executive	1	0	1
Integrated Planning	7	0	7
Total	59	17	42

- Our current recruitment rate is 12%.

Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in February 2023 included:
    - 5 years:
        - Ashley Asejo (Quality Management)
        - Karina Rivera (Operations)
        - Cindy Rogers (IT Data Exchange)
    - 6 years:
        - Katrina Vo (Marketing & Communications)
        - Christine Corpus (Finance)
    - 7 years:
        - Anna Afuola (Grievance & Appeals)
        - Arwyn Gonzales (IT Infrastructure)
        - Roxana Beltran-Murillo (Claims)
        - Sharanjit Kaur (IT – Ops & Quality Apps Management)
    - 8 years:
        - Andre Morgan (Apps Management, IT Quality & Process Improvement)
        - Errin Poston (Provider Services)
    - 10 years:
        - Tiffany Cheang (Healthcare Analytics)
    - 12 years:
        - Judith Rosas (Member Services)
    - 19 years:
        - Eric Val Verde (Finance)