ALAMEDA Alliance FOR HEALTH

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

# Board of Governors

## Regular Meeting

**Friday, May 12th, 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, May 12th, 2023
12:00 p.m. – 2:00 p.m.

Video Conference Call and

1240 S. Loop Road

Alameda, CA 94502

**PUBLIC COMMENTS**: Public Comments can be submitted for any agendized item or for any item not listed on the agenda, by mailing your comment to: "Attn: Clerk of the Board," 1240 S. Loop Road, Alameda, CA 94502 or by emailing the Clerk of the Board at: brmartinez@alamedaalliance.org. You may attend meetings in person or by computer by logging in to the following link: CLICK HERE TO JOIN THE MEETING. You may also listen to the meeting by calling in to the following telephone number: 1-510-210-0967 conference id 8650745#. If you use the link and participate via computer, you may use the chat function, and request an opportunity to speak on any agendized item, including general public comment. Your request to speak must be received before the item is called on the agenda. If you participate by telephone, please submit your comments to the Clerk of the Board at the email address listed above or by providing your comments during the meeting at the end of each agenda item. Oral comments to address the board of governors are limited to three (3) minutes per person. Whenever possible, the board would appreciate it if public comment communication was provided prior to the commencement of the meeting.

**PLEASE NOTE:** The Alameda Alliance for Health is making every effort to follow the spirit and intent of the Brown Act and other applicable laws regulating the conduct of public meetings.

## 1. CALL TO ORDER

*(A regular meeting of the Alameda Alliance for Health Board of Governors will be called to order on May 12th, 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) APRIL 14th, 2023, BOARD OF GOVERNORS MEETING MINUTES

### b) APRIL 14th, 2023, COMPLIANCE ADVISORY COMMITTEE MEETING MINUTES

### c) MAY 9th, 2023, FINANCE COMMITTEE MEETING MINUTES

6. **BOARD MEMBER REPORTS**
    a) **COMPLIANCE ADVISORY COMMITTEE**
    b) **FINANCE COMMITTEE**
7. **CEO UPDATE**
8. **BOARD BUSINESS**
    a) **REVIEW AND APPROVE MARCH 2023 MONTHLY FINANCIAL STATEMENTS**
    b) **MENTAL HEALTH INSOURCING UPDATE**
    c) **ENROLLMENT FORECAST (MEDI-CAL AND GROUP CARE)**
    d) **CONTINUOUS COVERAGE INITIATIVE**
    e) **CEO TRANSITION UPDATE**
    f) **BOARD SEAT DESIGNEES**
9. **STANDING COMMITTEE UPDATES**
    a) **PEER REVIEW AND CREDENTIALING COMMITTEE – APRIL 18, 2023**
10. **STAFF UPDATES**
11. **UNFINISHED BUSINESS**
12. **STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS**
13. **PUBLIC COMMENT (NON-AGENDA ITEMS)**
14. **ADJOURNMENT**

## NOTICE TO THE PUBLIC

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

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

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

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

**Supplemental Material Received After the Posting of the Agenda:** Any supplemental materials or documents distributed to a majority of the Board regarding any item on this agenda after the posting of the agenda will be available for public review. To obtain a document, please call the Clerk of the Board at (510) 995-1207.

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

**Americans With Disabilities Act (ADA)**: It is the intention of the Alameda Alliance for Health to comply with the Americans with Disabilities Act (ADA) in all respects. If, as an attendee or a participant at this meeting, you will need special assistance beyond what is normally provided, the Alameda Alliance for Health will attempt to accommodate you in every reasonable manner. Please contact the Clerk of the Board, Brenda Martinez, at (510) 995-1207 at least 48 hours prior to the meeting to inform us of your needs and to determine if accommodation is feasible. Please advise us at that time if you will need accommodations to attend or participate in meetings on a regular basis.

I hereby certify that the agenda for the Board of Governors was posted on the Alameda Alliance for Health's web page at www.alamedaalliance.org by May 10th, 2023, by 12:00 p.m.

_____Clerk of the Board – Brenda Martinez

BOARD OF GOVERNORS
Regular Meeting Minutes
Friday, April 14th, 2023
12:00 p.m. – 2:00 p.m.

Video Conference Call and

1240 S. Loop Road
Alameda, CA 94502

## CALL TO ORDER

**Board of Governors Present:** Rebecca Gebhart (Chair), Dr. Noha Aboelata (Vice-Chair), James Jackson, Byron Lopez, Dr. Marty Lynch, Dr. Michael Marchiano, Dr. Kelley Meade, Jody Moore, Andrea Schwab-Galindo, Dr. Evan Seevak (arrived at 12:08 p.m.), Supervisor Lena Tam

**Board of Governors Remote:** Yeon Park (AB 2449 "Just Cause" exception)

**Board of Governors Excused:** Aarondeep Basrai, Dr. Rollington Ferguson, Natalie Williams

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

**Guests: None**

Chair Gebhart called the regular Board of Governors meeting to order at 12:00 p.m.

## 1. ROLL CALL

Roll call was taken by the Clerk of the Board, and a quorum was confirmed.

## 2. AGENDA APPROVAL OR MODIFICATIONS

There were no modifications to the agenda.

## 3. INTRODUCTIONS

There were no introductions.

## 4. CONSENT CALENDAR

### a) MARCH 10th, 2023, BOARD OF GOVERNORS MEETING MINUTES

### b) APRIL 11th, 2023, FINANCE COMMITTEE MEETING MINUTES

**Motion**: A motion was made by Yeon Park and seconded by James Jackson to approve Consent Calendar Agenda Items 4a through 4b.

**Vote**: Motion unanimously passed.

**Ayes**: James Jackson, Byron Lopez, Dr. Marty Lynch, Dr. Michael Marchiano, Dr. Kelley Meade, Jody Moore, Yeon Parks, Andrea Schwab-Galindo, Supervisor Lena Tam, Vice Chair Dr. Noha Aboelata, Chair Rebecca Gebhart.

No opposition or abstentions.

## 5. BOARD MEMBER REPORTS

### a) COMPLIANCE ADVISORY COMMITTEE

Chair Gebhart announced that on March 30th, she sent her resignation as Chair of the Compliance Committee. A new chair will be elected in June when the seat term ends. Vice Chair Dr. Meade provided an update on the Compliance Advisory Committee meeting held on April 14th, 2023. Delegate audits for Kaiser, CFMG, CHCN, and several other vendors were completed and reported on.

The MLR for reporting for delegation activity for DHCS now have a new responsibility to work with the plan to report their Medical Loss Ratio (MLR) and to see if it meets a certain threshold to work with the State on medical expense. The MLR contract language is expected closer to Quarter 4 in 2023. Due to time constraints, the Medi-Cal program updates and AB 2449 update were deferred to the next meeting for a lengthier discussion.

Dr. Lynch thanked Rebecca for taking on the Chair role at a time when it was needed and handling it since its inception.

### b) FINANCE COMMITTEE

In Dr. Ferguson's absence, Dr. Marchiano provided an update on the Finance Committee meeting held on April 11th, 2023. Dr. Marchiano provided a summary for February which included a net income of $14.3 million and Tangible Net Equity (TNE) at an all-time high of 716% of required. Enrollment continues to grow and is currently at 355,000 members.

The Board presented Dr. Seevak with an award recognizing his many years of service as Chair and Vice Chair to the Alameda Alliance for Health Board of Governors from 2012-2022.

## 6. CEO UPDATE

Scott Coffin, Chief Executive Officer, presented the following updates:

The organization's cash flow and operating performance are at their best, and many credits go to Alliance team members and support from the Board of Governors.

- We are getting ready for a very important routine medical survey audit which kicks off on April 17th, 2023. We will be reporting on this as we make further progress.
- Department of Health Care Services (DHCS) has approved the County through its full support from the Board of Supervisors to transition to a single plan mode which means that Alameda Alliance will be the prime Medi-Cal plan and in parallel with Kaiser Permanente, which currently contracts with us today, will be discontinuing that contract and they will become a contracted Medi-Cal option. This change takes effect on December 31st, 2023.

Next month Alameda Alliance will be hosting a conversation to talk about what this means to enrollment and how it ties back into our forecast, which was presented previously to the Board

and approved for our second quarter forecast. The discussion will also center around the many things happening right now, which include:

- Changes in the delivery model
- New contract with Kaiser
- Medi-Cal redeterminations
- Work we are doing in partnership with Alameda County health centers and many community-based organizations around the continuous coverage, which is tied to the Medi-Cal redetermination process starting back up.
- Initiative at DHCS to transition 99% of adults and children inside the Medi-Cal Fee-For-Service program over into Medi-Cal managed care.

Highlights:

- We have been timely in terms of our regulatory submissions and are moving forward as planned.
- We have not formally engaged yet with the State of California on the Kaiser transition, but we are waiting for some guidance to formalize what the transition will look like. We will be updating the Board in future meetings about how the transition will work.
- On April 1st, 2023, the Medi-Cal program will expand to include individuals coming out of incarceration. It is a coordinated re-entry program called Justice-Involved for formerly incarcerated and those being released who don't have a place to go or a plan. We are at the initial stages of developing a pilot program, and the plan is to launch it in July of this year, in partnership with Roots Community Health as well as Alameda County Health Care Services Agency, Social Services Agency, Probation Department, Sheriff's Office, and Santa Rita jail. This pilot is going to focus on the post-release steps it takes when a person is released from incarceration. In April 2024, it will also include a pre-release. We will begin a pilot this year to start the process of getting to know the systems that don't work completely together. We will include funding in the preliminary 2024 budget, which is on track for delivery or presentation at the June board meeting. The pilot will be included in the budget as a proposed program which will run for about 9-10 months until it becomes a state-funded program, and then it will shift over into a state-funded model. This Justice Involved pilot is going to be a partnership, and we will be connecting organizations that have not historically worked together and starting the process of sharing data.
- Enhanced Care Management (ECM) population of focus in July will be kids. We have about 13,000 people eligible for the current ECM population, and there are over 8,000 kids that will be joining the list. This will be a big increase. Fortunately, we have new providers that have come on board to help with ECM for that population.
- Call Center has reached an all-time high of over 20,000 phone calls in one month.

*<u>Question</u>: How will the Board hear updates on how the project is growing?*

*<u>Answer</u>: The initiative will likely be run through our Integrated Planning Division, and there will be periodic reports in terms of progress. There will also be opportunities to develop some reporting that we do not have today. This represents a new pathway, and we will be learning a lot about how the benefit is going to be rolling out and how we crosswalk and how we can provide a seamless experience for individuals. Recently, Alliance formed a new department called Incentives and Reporting, where one side of the department works on all of the Medicaid incentive programs that are currently active. In addition, on the reporting side, it ties in with Analytics and*

*will give us an idea of what is happening and what is changing. This pilot is also tying into services that already exist, and we will take what is there and expand it. It is a unique opportunity, and we are one of the only counties that are doing a pilot in this area.*

*Question: In terms of the huge increase in calls, what have those calls been about, and how it relates to us getting new Fee-for-Service people and changes in the Medi-Cal landscape? How was the team's capacity in being able to answer those calls?*

*Answer: Month over month, we had over 4,000 more calls than we had previously. We jumped up to almost 5,000 calls from the previous month. Back in February, we had a large group of dual members. For the month of February, most of the calls were related to assigning a PCP for the duals because we don't assign a PCP because Medicare is primary. For the long-term care members, we do assign a PCP depending on the network and other factors. For the month of March, many of the calls focused on changing the PCP that was automatically assigned to them. In February, we received almost 24,000 new members, which equated to almost 4,000 additional calls. In terms of the capacity issue, we were within compliance. For the months of February and March, we have been able to improve, but we are not where we want to be yet as far as our metrics are concerned. We are in the process of hiring more member service reps. We aren't quite staffed appropriately yet, but hoping to be staffed adequately by the end of June or July.*

## 7. BOARD BUSINESS

### a) APPROVE RESCHEDULED BOARD OF GOVERNORS BOARD MEETING DATE FOR NOVEMBER 2023

Richard Golfin III presented a staff report recommending the Board meeting in November be rescheduled to November 17th, 2023, due to the regular meeting falling on a federal holiday (Veterans Day Observed).

**Motion:** A motion was made by Yeon Park and seconded by Dr. Evan Seevak to approve rescheduling the Board of Governors Board Meeting date to November 17th, 2023.

**Vote**: Motion unanimously passed.

**Ayes**: James Jackson, Byron Lopez, Dr. Marty Lynch, Dr. Michael Marchiano, Dr. Kelley Meade, Jody Moore, Yeon Park, Andrea Schwab-Galindo, Dr. Evan Seevak, Supervisor Lena Tam, Vice Chair Dr. Noha Aboelata, Chair Rebecca Gebhart.

No opposition or abstentions.

### b) REVIEW AND APPROVE FEBRUARY 2023 MONTHLY FINANCIAL STATEMENTS

Chief Financial Officer Gil Riojas provided the following February 2023 Finance updates:

Executive Summary

- For the month ended February 28th, 2023, the Alliance had an enrollment of 352,049 members, a Net Income of $14.3 million, and 716% of the required Tangible Net Equity (TNE).

Enrollment

- Enrollment had a significant increase from January, andisup to over 352,000 members. Our membership increased by over 22,000 members. Three and a half years ago, it was about 240,000 members, so a significant increase over the last three and a half years.
- We continue to see increases in our Child Category of Aid and Adults Optional Expansion. A larger increase in our seniors and persons with disabilities and then a significant increase in our duals were the primary drivers of that jump.
- Two new categories of aid were added, which are Medi-Cal Long Term Care enrollees and Medi-Cal Long Term Care Duals enrollees. Both categories also showed increases in January and February.

Net Income

- For the month ended February 28th, 2023:
    - Actual Net Income: $14.3 million.
    - Budgeted Net Income: $7.5 million.
- For the fiscal YTD ended February 28th, 2023:
    - Actual Net Income: $54.6 million
    - Budgeted Net Income: $21.4 million.

Revenue

- Revenue continues to increase. It is expected that as membership goes up, the revenue numbers will continue to go up.
    - For the month ended January 31st, 2023:
        - Actual Revenue: $122.6 million.
        - Budget Revenue: $136.3 million.
- It is expected that by the end of March, we will cross the billion-dollar mark in terms of revenue. It is anticipated that the revenue for the year to be about $1.3 billion to $1.5 billion as membership increases over the next several months.

Medical Expense

- Medical Expenses have increased as a result of membership increases. For the month ended February 28th, 2023:
    - Actual Medical Expense: $116.4 million.
    - Budgeted Medical Expense: $122.2 million.
- For the fiscal YTD ended February 28th, 2023:
    - Actual Medical Expense: $789.2 million
    - Budgeted Medical Expense: $832 million

*<u>Question</u>: In terms of Inpatients, are we analyzing how our patients in the different care management programs and ECM are doing compared to what we would expect?*

*<u>Answer</u>: We are trending well, but we will do a full analysis once we have enough data. We will probably start doing this later this quarter.*

*<u>Question</u>: Was the budget based on historical numbers and trends based on the last year or two? In relation to COVID, do you have a sense of how this affected the trend in Inpatient care?*

*<u>Answer</u>: Historical numbers certainly influence our budget along with enrollment changes.*

*In relation to COVID, we did see a significant spike in inflation back in December 2021 because of COVID. We have not seen that since then. There certainly was a reduction related to our information expenses that aligned with COVID.*

*Question: In terms of enrollment, when the optional expansion population came in, they were very profitable for a couple of years because they hadn't tuned in to how to access services, and then they became higher cost as they learned how to access services. Can you speak to any of the changes in the numbers of the lines of business right now that may look like they are profitable, but over time, they will learn to utilize services, and it will become more of a balancing act?*

*Answer: That is something we are considering. As we think about the disenrollment process, we might be left with members who need more care, and the members who did not receive care and didn't need care are the ones that are going away, so the level of risk for us as a plan changes.*

Medical Loss Ratio (MLR)

- The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 86% for the month and 89.4% for the fiscal year-to-date.

On a year-to-date basis, we will maintain our medical loss ratio at about 85%, but it will certainly be lower than it has been historically. This is something that we are tracking, as well as where our medical loss ratio will be as our population changes, which could lead to our medical loss ratio going up.

*Question: Is it going down because the denominator changed, and is it related to our number of enrollees and rates that we are getting for the members that might or might not know how to access care?*

*Answer: It could be related to this. We also look at our medical expenses, which are a similar driver for this as well. Also, our memberships have gone up 50% since COVID.*

*Comment: Specifically with developmental disabilities, we are taking on this insourcing, and we have a lack of services. It would be a great idea if we could link up with colleges such as Laney and others to create a greater influx of people in the field. Connecting this with the County workforce development is also a good idea.*

Administrative Expense

- Administrative expenses are favorable this month. For the month ended February 28th, 2023:
    - Actual Administrative Expense: $6.3 million.
    - Budgeted Administrative Expense: $7.3 million.

- For the fiscal YTD ended February 28th, 2023:
    - Actual Administrative Expense: $46.4 million.
    - Budgeted Administrative Expense: $50.4 million.

*Question: Why do we see an uptick in more applications and more positions?*

*Answer: It is a combination of more outreach or more marketing and using different recruiters at a time when in healthcare overall, it is challenging to recruit. In addition, in combination with our work model and more hands on deck to help get those positions posted and pushed out has helped.*

Other Income/ (Expense)

- Another reason for the significant net income is related to our investment interest income, which continues to grow by about $1.8 million from the previous month.

Tangible Net Equity (TNE)

- The Alliance exceeds DMHC's required TNE.
  - Required TNE - $39.9 million
  - Actual TNE - $285.2 million
  - Excess TNE - $245.4 million
  - TNE % of Required TNE – 716%

**Motion:** A motion was made by Dr. Michael Marchiano and seconded by Dr. Evan Seevak to approve the February 2023 monthly financial statements as presented.

**Vote**: Motion unanimously passed.

**Ayes**: James Jackson, Byron Lopez, Dr. Marty Lynch, Dr. Michael Marchiano, Jody Moore, Yeon Parks, Andrea Schwab-Galindo, Dr. Evan Seevak, Supervisor Lena Tam, Vice Chair Dr. Noha Aboelata, Chair Rebecca Gebhart.

No opposition or abstentions.

*Comment: Dr. Seevak suggested that with the remarkably favorable financial results, it might be good for us to think about what we could do with some of the money and to have a meeting with Matt or Scott to think this through. Chair Gebhart agreed and will discuss with Matt and Scott about revisiting this discussion in June or July.*

*Follow-Up: Chair Gebhart asked if Richard could look into the history of having to vote to approve the financial statement. Is this a legacy item from conservatorship? Is this something that we need to do on the go-forward?*

## c) BEHAVIORAL HEALTH INSOURCING UPDATE

Ruth Watson, Chief Projects Officer, presented an update on Behavioral Health Insourcing. We went live on April 1st, 2023, with a few little bumps in the road, but overall, it was a very good launch.

Pre-Launch Activities

- Notification to Members via the website and a 60-day and 30-day notice to all members.
- We were able to get the 800 number from Beacon moved over to us, which meant a seamless transition for members.
- Up-to-date Provider Director with 500+ Behavioral Health (BH) providers.
- Credentialed 871 providers.
- There have been five Provider Townhalls and six Fax Blasts sending information, and we have created a FAQs document.
- Training provided to Member Services, Provider Services, and Behavioral Health Staff.
- User Acceptance Testing, End-to-End Testing, and Business Production Testing
- IT Builds and Deployments with the Provider Portal and Internal Systems, Fax, Phone, and Email.

Staffing to Support Behavioral Health Insourcing

- A total of 32 positions company-wide to support the initial "lift and shift" Behavioral Health functions.
- Nine (9) dedicated Behavioral Health positions in Health Care Services.
- Four (4) dedicated positions in Member Services
- Nineteen (19) additional staff positions supporting Behavioral Health as part of overall job duties.

Workflows

- Member Services ←→ Behavioral Health
    - We have been working closely with member services to work the workflows, map them and make sure that patients who call into member services get connected with the right level of response.
- Provider Services ←→ Behavioral Health
    - We've been in a close working relationship with our provider services team to train the provider services representatives on what it is to support a behavioral health clinician because that's very different from supporting a primary care doctor or physical health provider. We answer questions and take questions from providers when necessary.
- Case Management ←→ Behavioral Health
    - Behavioral Health in house means that we can collaborate directly between behavioral health clinicians and the CM nurses to help coordinate and care for our members' whole person needs.
- ACBH ←→ Behavioral Health
    - This has been a successful collaboration with ACBH over the past number of months, where a "No Wrong Door" collaborative monthly meeting is held. This has allowed us to develop a project to do bidirectional data transfer to accomplish the care coordination that we need to do for our members being treated in the County and needing to access treatment in our network.

Regulatory Compliance

- As mentioned previously, there was a risk in getting our Material Modification completed prior to go-live, and we were able to make that happen.
- Included eight (8) conditions that need to be met. There are six (6) that must be satisfied by April 28th, 2023.

Additional Day 1 Readiness

- Multiple reports to support go-live in production.
- Internal bridge lines open during business hours to report and address issues.
- Daily Touchpoint meetings with Business and IT.
- Additional Beacon supplied reports will give us more data.
- Post go-live support by Beacon will continue for 90 days.

*<u>Question</u>: In relation to the modifications to the provider portal that you proposed to help communication between the Behavioral Health providers and the medical providers, how will you track that to see if it is used or if you consider it successful? If it's not, are you going to have a Plan B to try to help facilitate communication between providers?*

*Answer: Built into the design is a requirement that the Behavioral Health provider fills out an initial coordination of care treatment report that contains the essential information that we would want to pass on to co-treating providers and clinicians, including the diagnosis, where the problem is being addressed, the treatment plan and what kind of treatment is going to proceed. When that is submitted, it triggers the authorization for the services for that payment of initial plus the follow-up visits. This avoids having to use P for P or various ways to try and leverage the provider to do this step. That is the design that overcomes the lack of uptake from providers. This will happen automatically on the back end between Epic and our systems. This is how we get the data in. Pushing it out to primary care doctors and co-treating providers in the County is our next big task. We still have work to do when it comes to securely packaging it and sending it to the primary care, and validating that the primary care received it.*

*Question: How will the flow work with dual eligibles receiving Behavioral Health Services and the Medicare side, and how the flow of that will work into Alliance's Behavioral Health/Mental Health services?*

*Answer: We will follow the same workflow and requirements for dual as Medi-Cal when it comes to our Behavioral Health Network, submitting the care coordination information. The workflow for care coordination should be the same for both lines of business.*

*Question: On the care coordination side, there was discussion of the goodness of having a relationship with the Alliance as an internal case manager so that your Behavioral Health Care manager can work directly. How are you planning to do the same coordination with the care managers out at the Community partners' organizations?*

*Answer: We have developed a primary care referral form for both ABA and mental health. We published them on our website, and then we're distributing them to Primary Care Providers so they have a pathway to make referrals. Care coordination with care coordinators within those systems of care is still a day-two item because we've been so focused on building our network.*

*Question: In terms of the work being done with CHCN, Epic, and the connectivity issue, how long do you anticipate that may take?*

*Answer: We are waiting for CHCN to complete their development, and they have promised to complete this before the end of June.*

*Question: If you assess that somebody more appropriately needs SMI services and you refer them to County Behavioral Health, is there a way to track this to ensure those services are delivered timely?*

*Answer: There is a new requirement around closed-loop referrals, and this is the reason that we got such good traction and collaboration from the County because they have the same requirements. If we create a data interface that can validate the closed loop referral happening, we can avoid a tremendous amount of chasing information anecdotally and between individuals in both systems to try and accomplish that closed loop validation.*

Key Issues and Risks

- For the first two weeks, which is not unusual with the new program, there were longer calls than anticipated as our members came to us with questions. We are adding additional staff quickly just to make sure that we have enough staff to ensure that people are served and get their answers quickly.
- Open Cases.
- Autism Case Report.

- Workaround in process to enhance search functionality to allow for provider subspecialty search.

Phase 2 – Post Go-Live

- Stabilize and monitor the first 90-120 days following "lift and shift."
- Office Hours for Behavioral Health providers – schedule being finalized.
- Identification of Day 2 reports.
- System automation.
- Review and explore post-go-live enhancements and changes.
- Develop a roadmap.
- Implement Behavioral Health Stakeholder Group – anticipated start in July 2023.

### d) MEDI-CAL CONTINUOUS COVERAGE UPDATE

Matthew Woodruff, Chief Operating Officer, presented the Board with an update on the end of the Continuous Coverage requirement.

Highlights:

- Effective April 1st, 2023, redetermination started for enrollees with a June 2023 renewal date.
- We have had a great working relationship so far with Alameda Social Services Agency and have also had meetings with Anthem, Kaiser, and also many community partners.
- 14-month renewal period from April 2023 through June 2024 and will require individuals to keep coverage until their renewal
- Estimates are: 30% may be disenrolled, 36% auto renewed, and up to 35% of 834 member data may be inaccurate.
- The Alliance is working with Alameda County Social Services Agency on finalizing the Department of Health Services draft Data Sharing Agreement, and it is currently being reviewed by County Counsel.
- The Alliance is partnering with Alameda County Social Services Agency on a community outreach plan.
- The Social Services Agency estimates 22,300 renewals due per month over the next 14 months.

*Question: How many people will not be eligible for Medi-Cal, and what impact will that have on the system? What will happen to those that are no longer eligible?*

*Answer: The County, Social Services Agency, The Alliance, Anthem, Kaiser, and anybody that currently has Medi-Cal members (who are no longer eligible), are required to connect them to Covered California, and then these members can enroll in either the bronze or silver plan. They can still go straight through Social Services, and they will connect them directly. It is our job to help coordinate.*

### e) CEO TRANSITION UPDATE

Scott Coffin and Matthew Woodruff provided an update on the transition activities.

- April and May are focused on looking at everything across the enterprise that a CEO needs to know about, such as the financial regulatory policy, including many of the things you see in this board packet.
- Focus is on the internal side and external side which includes the relationships within Alameda County and making sure that those transitions are smooth.

    - Many introductory meetings are being scheduled.
    - Meet and Greet with the elected and appointed officials in Sacramento as well as with the Alameda County Board of Supervisors.
    - Meetings with eleven (11) Mayors.
    - Relationships with safety net leaders
- Currently in Week 3 of the transition process where the focus was on the budget process.
- A progress report with an update on areas of progress will be shared in May.

## 8. STANDING COMMITTEE UPDATES

### a) HEALTH CARE QUALITY COMMITTEE – MARCH 31, 2023

Dr. O'Brien provided an update on the Health Care Quality Committee meeting that met on March 31st. The name of the committee will change as required by the State. The Quality Committee will become the Quality Improvement Health Equity Committee (QIHEC). Our new Health Equity Officer, Paul Vang, was in attendance and has officially joined the committee. The contents will adjust slightly to include equity-related issues. Dr. Chapman, Medical Director at Alameda County Behavioral Health, provided a report on medication monitoring. The committee also reviewed the Utilization Management and Case Management Trilogy documents for the annual evaluation of how the program went and the work plan that was approved. Several other policies were approved in preparation for the audit that is happening next week.

### b) PEER REVIEW AND CREDENTIALING COMMITTEE – MARCH 21, 2023

Dr. O'Brien provided an update on the Peer Review and Credentialing Committee meeting that met on March 21st. Two hundred ninety initial providers were approved, including 234 Behavioral Health providers and eleven PCPs. Thirty-four providers were re-credentialed, and one initial applicant was declined to be admitted by the committee based on his application.

### c) PHARMACY & THERAPEUTICS COMMITTEE – MARCH 28, 2023

Dr. O'Brien provided an update on the Pharmacy & Therapeutics Committee meeting that met on March 28th. The committee reviewed 10 therapeutic categories, drug monographs, 31 Formulary modifications, and 30 prior authorization guidelines.

### d) MEMBER ADVISORY COMMITTEE – MARCH 16, 2023

Scott Coffin provided an update on the Member Advisory Committee that met on March 16th. Presentations were given on the public health emergency and the continuous coverage Medi-Cal redetermination initiative, as well as a presentation from the newly formed office of Health Equity. Operational reports were provided on timely access and an update on the health education program. The Grievances and Appeals, utilization, and Community Outreach team were presented to the committee. Scott thanked Jody Moore and Natalie Williams for serving and being active members of the committee. The next MAC meeting will be held on June 15th, 2023.

## 9. STAFF UPDATES

There were no staff updates.

**ALAMEDA ALLIANCE FOR HEALTH**
**FINANCE COMMITTEE**
**REGULAR MEETING**

**May 9th, 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, James Jackson, Gil Riojas

## CALL TO ORDER, ROLL CALL, AND INTRODUCTIONS

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

## CONSENT CALENDAR

Dr. Ferguson presented the Consent Calendar.

**Motion**: A motion was made by James Jackson and seconded by Dr. Ferguson to approve the March 2023 monthly financial statements as presented.

**Vote**: Motion unanimously passed.

**Ayes**: James Jackson, Dr. Michael Marchiano, Gil Riojas, Dr. Ferguson

No opposition or abstentions.

### a) REVIEW & APPROVE MARCH 2023 MONTHLY FINANCIAL STATEMENTS

**Enrollment**

Following last month's significant increase, there was a slightly lower increase, but still consistent with what we'd seen in previous months, with a 2900-member increase from the previous month. We continue to see increases in our Child Category of Aid and Adults Optional Expansion. A larger increase in our seniors and persons with disabilities and then a significant increase in our duals were the primary drivers of that jump. Two new categories of aid were added, which are Medi-Cal Long Term Care enrollees and Medi-Cal Long Term Care Duals enrollees. Both categories also showed increases in January and February.

**Net Income**

For the month ending March 31st, 2023, the Alliance reported an Actual Net Income of $10.7 million and a Budgeted Net Loss of $1.6 million. For the fiscal YTD ending March

31st, 2023, the Alliance reported an Actual Net Income of $65.3 million and a Budgeted Net Income of $19.8 million.

## Revenue

Revenue continues to increase. It is expected that as membership goes up, the revenue numbers will continue to go up. For the month ending March 31st, 2023, Actual Revenue was $138.2 million and Budgeted Revenue was $137.3 million. For the fiscal YTD ending March 31st, 2023, Actual Revenue was $1.0 billion, and the Budgeted Revenue was $1.0 billion. For the month ending March 31st, 2023, the favorable revenue variance of $890,000 was primarily due to favorable $3.4 million Capitation revenue due to higher than budgeted CY 2023 rates, received after the Budget was finalized. There was an unfavorable $3.0 million Medi-Cal Base Capitation. This is driven by lower than budgeted enrollment.

## Medical Expense

Medical Expenses have increased as a result of membership increases. For the month ending March 31st, 2023, the Actual Medical Expense was $123.8 million, and the Budgeted Medical Expense was $131.1 million. For the fiscal YTD ending March 31st, 2023, the Actual Medical Expense was $913.0 million, and the Budgeted Medical Expense was $963.1 million.

## Medical Loss Ratio (MLR)

The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 89.6% for the month and 89.4% for the fiscal year-to-date.

## Administrative Expenses

Administrative expenses were shown as unfavorable this month. For the month ending March 31st, 2023, the Actual Administrative Expense was $5.9 million, and the Budgeted Administrative Expense was $7.8 million. For the fiscal YTD ending March 31st, 2023, the Actual Administrative Expense was $52.2 million, and the Budgeted Administrative Expense was $58.2 million.

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 and temporary help. The Administrative Loss Ratio (ALR) is 4.3% of net revenue for the month and 5.1% of net revenue year-to-date.

## Tangible Net Equity (TNE)

TNE is a calculation of a company's total tangible assets minus the company's total liabilities. The Alliance exceeds DMHC's required TNE. The Required TNE - $39.6 million; Actual TNE - $295.9 million; Excess TNE - $256.3 million; TNE % of Required TNE - 747%.

Question: There are three more months and currently reporting out about 65 million net income right now. With trends being hard to apply here especially during COVID, is there any idea on what the remainder of the years will look like?
Answer: I can see our net income at the end of the year being somewhere upwards of $75 to $80 million. And there are a lot of factors that could change, but that's kind of where I see things heading now. And that's what we'll present in our meeting next month: our Q3 forecast. So as part of our budget process for next year, we're also updating our Q3 forecasts, which should give us a really good indication of where we're going to end up by the end of June.

**ADJOURNMENT**

Dr. Ferguson adjourned the meeting at 8:45 a.m.

Respectfully Submitted by:

*Brenda Martinez, Clerk of the Board*

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

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

**Date:** **May 12th, 2023**

**Subject:** **CEO Report**

- **Alameda Alliance's Retrospective Review: 2015 to 2023**
    - Alameda Alliance for Health exited state-mandated conservatorship on November 1st, 2015.
    - Annual revenues increased by $1.0 billion ($700 million to $1.7 billion).
    - Reported net income six of eight years; aggregate net income of $300 million dollars.
    - Financial reserves (Tangible Net Equity) increased by $126 million ($66 million to $192 million).
    - Restructured entire organization into nine divisions, adding over 270 full-time staff.
    - Continuous scaling of the operations to maintain customer service and regulatory compliance, the Medi-Cal enrollment increased by nearly 114,000 adults & youth.
    - Expanded the provider network to 10,000 access points to meet timely access standards and give our members more choice, and earned record-setting satisfaction scores in 2023.
    - Over $91 million dollars paid to primary care providers through the performance incentive and CalAIM incentive programs; additional $6.6 million distributed to safety-net providers as part of the public health emergency for a total of nearly $98 million dollars.
    - Decreased regulatory deficiencies from 89 findings (second highest in state) to a current average range of 15-20 deficiencies; total findings including DMHC & DHCS audits for finance, claims, health care services, and other audits.
    - State of California has recognized the partnership between Alameda Alliance and Alameda Health System and established an unprecedented

base rate increase in 2018 that infused nearly $60 million dollars into the safety-net.

- Initiated the Diversity, Equity, Inclusion, and Belonging Committee in 2021; hired the Chief of Health Equity hired in 2023 to partner with community-based organizations, provider partners, Board of Governors, and Staff to implement strategies that address health disparities, promote population health management, improve staff retention, and to influence progressive change in the corporate culture.
- Eliminated long-term debt, achieved goals on a series of cost containment intiatives, and maintained low administrative expense ratios.
- Maintained NCQA health plan accreditation for both lines of business.
- HEDIS scores improved for six consecutive years, shifting the Alliance from third-lowest in the State of California to the eleventh highest performer; scores increased by 38% and holdig steady, setting a record for managed health plans.
- Development of structure and best practices have prepared the organization to meet readiness requirements to expand into the Medicare Advantage D-SNP in 2026.

- **Financials:**

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

| | March | YTD |
|---|---|---|
| **Medi-Cal** ..... | $10.6M | $63.2M |
| **Group Care** ..... | $44.8K | $2.1M |
| **Totals .....** | **$10.7M** | **$65.3M** |

  - **Revenue $138.2 million in March 2023, and nearly $1.0 billion Year-to-Date (YTD)**.

    - Medical expenses $123.7 million in March, and nearly $913 million year-to-date (nine months); medical loss ratio is 89.6% for the month, and averages 89.4% year-to-date.

        - Administrative expenses $5.9M million in March, and $52.2 million year-to-date; 4.3% of revenue for the month, and averages 5.1% for the first nine months in the fiscal year.

    - **Tangible Net Equity (TNE)**: Financial reserves are 747% and represent $256.3 million in excess TNE.

    - **Total enrollment in March 2023 reached 354,959.** Med-Cal enrollment represents 98.3% of the total enrollment, and GroupCare is 1.7%.

- **Key Performance Indicators:**

    - **Regulatory Metrics:**

        - Approximately 99% of regulatory metrics were met compliance in the month of March.
        - Member Grievance: A total of one expedited grievance was received, which is required to be processed in 72 hours, and the turnaround time was not met, resulting in non-compliance.

    - **Non-Regulatory Metrics:**

        - Member Services Call Center: The Member Services call center reported a record-setting inbound call volume that exceeded 16,200 calls from members. Overall, the member call center improved to attain 18% call abandonment rate, and 69% of calls were answered in 30 seconds or less.

- **Medi-Cal Program (CalAIM):**

    - 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. Approximately 50,000 adults and youth are enrolled in regular Medi-Cal today.
    - The public health emergency ended, and the resumption of the annual Medi-Cal redeterminations began in April 2023, and the first phase of disenrollments is scheduled for July 1st, 2023. The redeterminations are estimated to result in 30% disenrollments due to ineligibility (income, dependents, etc.). Of the 440,000 residents enrolled in the Medi-Cal program, approximately 18% have incorrect addresses in the statewide enrollment system; the inability for beneficiaries to complete the application process could jeopardize Medi-Cal eligibility for over 50,000 residents.

- Undocumented adults, ages 26 to 49, will be enrolled in Medi-Cal managed care by 1/1/2024. The adults are currently enrolled in the Alameda County's HealthPAC program.

- **Continuous Coverage Initiative:**

  - Alameda Alliance for Health is partnering with Alameda County agencies and community-based organizations, and other safety-net partners to form a 12-month outreach campaign for the resumption of Medi-Cal redeterminations, and to promote continuous coverage; the outreach campaign will be co-founded and co-branded, and begins in the current fiscal year, and extends into next fiscal year. Expenses for this outreach campaign will be encumbered in the current fiscal year, and a majority of expense will be proposed in the fiscal year 2024 preliminary budget scheduled for Board approval on June 12th, 2023.
  - The Board of Governors has received several presentations, and presentations have been delivered at the Alameda County Board of Supervisors to create more awareness in the community.

- **Mental Health & Autism Spectrum Services:**
  - Insourcing of mental health & autism spectrum services completed on 3/31/2023.
  - The Alliance received conditional approval from the DMHC, and approval from the DHCS, prior to go-live on 4/1/23.
  - The first phase of this insourcing initiative is referred to as the stabilization phase and is forecasted to last 4-5 months.

- **Justice Involved Pilot:**

  - The coordinated re-entry services officially start April 1st, 2024; pre-release and post-release services will be combined into Medi-Cal managed care that will link together county agencies, correctional facilities, and managed care health plans & providers into a single system of care.
  - Alameda Alliance is funding a pilot that concentrates on the post-release navigation and coordinated re-entry services in the Santa Rita Jail in Dublin, CA.
  - The pilot is targeted to start in July 2023 and shortly after the launch of the state-funded benefit in 2024 (approximately 12 months).
  - Partnerships with Roots Community Health, Alameda County Sheriff's Office, Alameda County Probation Department, Alameda County Social Services Agency, Alameda County Health Care Services Agency, and other community-based organizations will be formed through this pilot program.

- **Medi-Cal delivery model change in Alameda County:**

    - Alameda County Board of Supervisors approved to change the Medi-Cal delivery model, effective January 1st, 2024.
    - Alameda Alliance for Health will be designated as the prime Medi-Cal option for nearly 390,000 adults and children.
    - Kaiser Permanente is contracting directly with the State of California for Medi-Cal managed care services, effective January 1st, 2024. Approximately 50,000 of the Alliance members, currently enrolled with Alliance and assigned to Kaiser, will have the choice to enroll directly into Kaiser Permanente.

# OPERATIONS DASHBOARD

MAY 2023

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## Financials

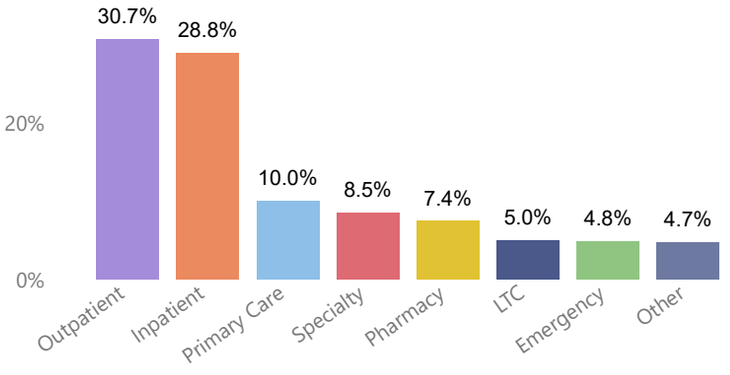
### Income & Expenses

| | MARCH 2023 | FISCAL YTD |
|---|---|---|
| REVENUE | $ 138.2 M | $ 1.0 B |
| MEDICAL EXPENSE | $ (123.8) M | $ (913.0) M |
| ADMIN EXPENSE | $ (5.9) M | $ (52.2) M |
| OTHER | $ 2.2 M | $ 9.2 M |
| NET INCOME | $ 10.7 M | $ 65.3 M |

Gross Margin %

**10.6%**

### Medical Expenses




### Liquid Reserves

MLR Net %

**89.4%**

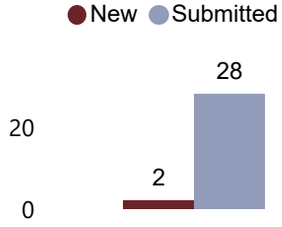
TNE %

**747.1%**

TNE $

**$295.9M**

### Reinsurance Cases




### Balance Sheet

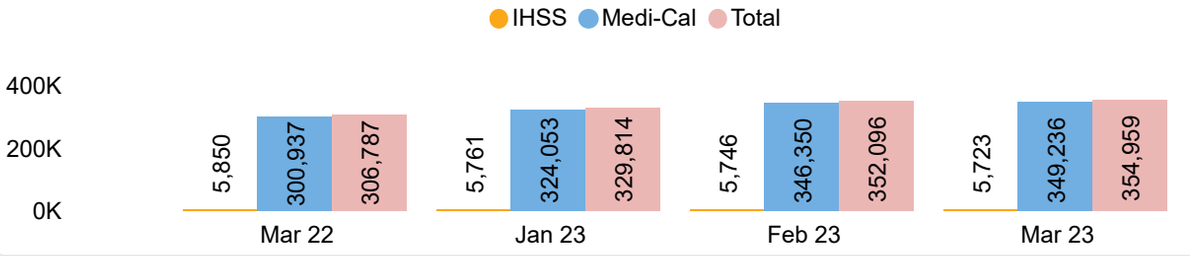
| | |
|---|---|
| Cash Equivalents | $634.8M |
| Pass-Through Liabilities | $340.5M |
| Uncommitted Cash | $294.3M |
| Working Capital | $266.4M |

Current Ratio

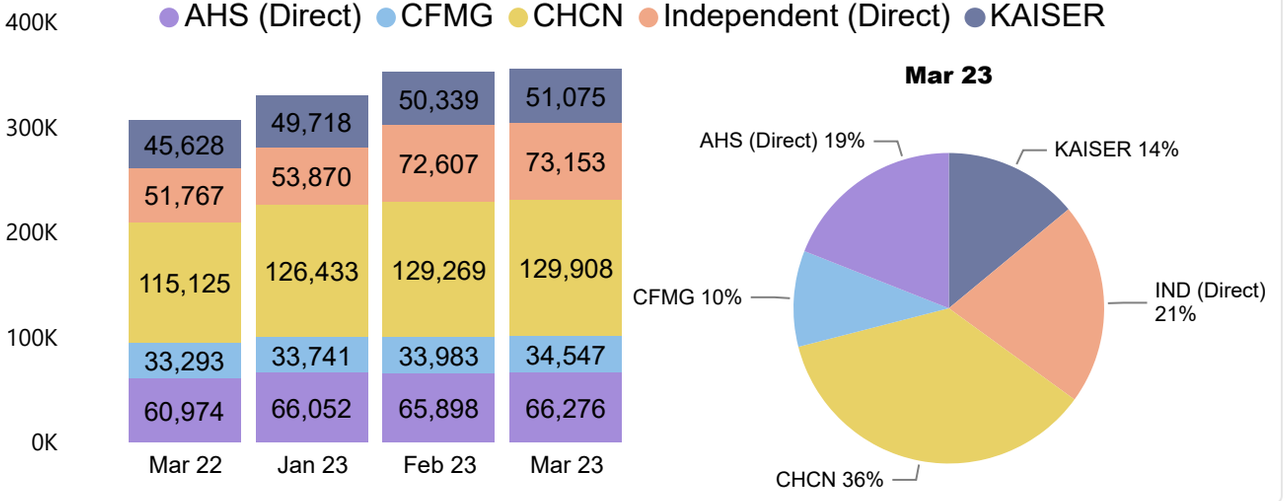
**1.48**

## Membership

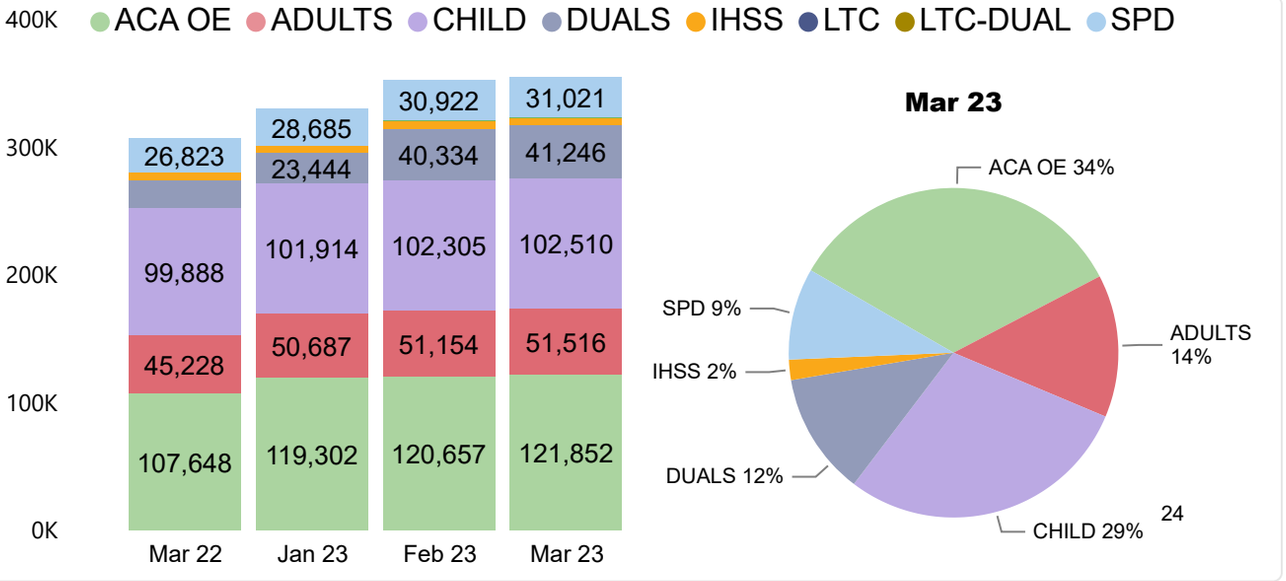
### By Plan




### By Network




### By Category



# OPERATIONS DASHBOARD

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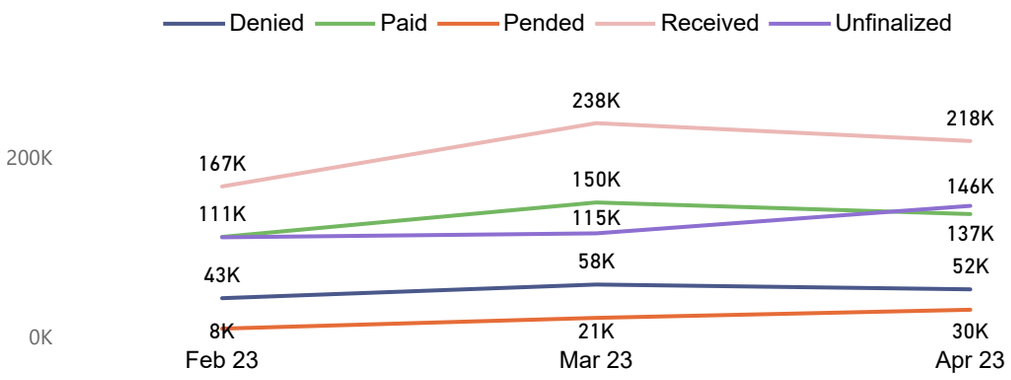
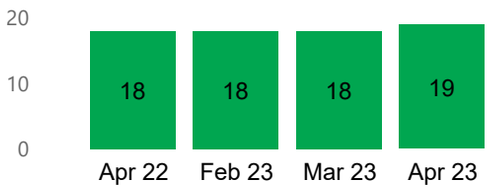
## Claims

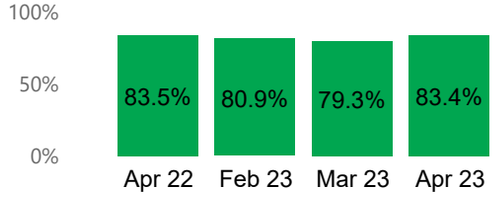
### Claims Processing



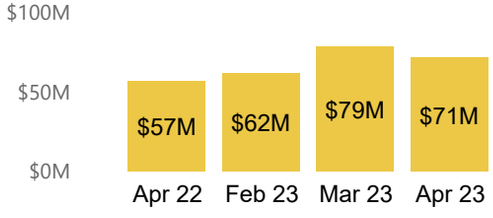

### Average Payment TAT (Days)



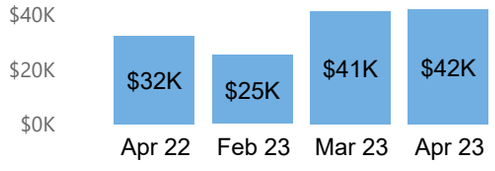

### Auto Adjudication Rate (%)




### Claims Paid ($)

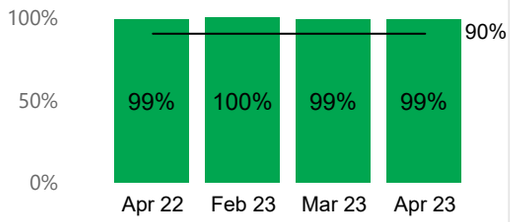



### Interest Paid ($)

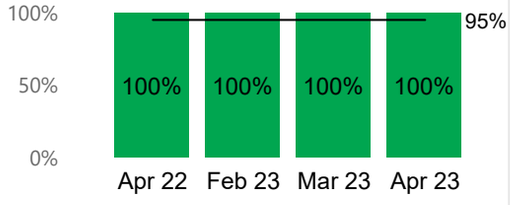



### Claims Compliance

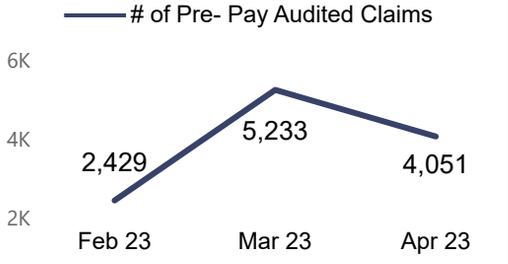
#### Processed 30 Cal Days (%)



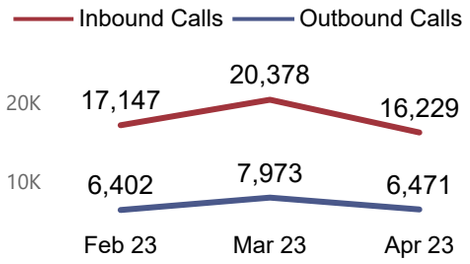

#### Processed 45 Work Days (%)



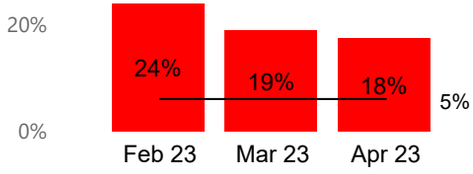

### Claims Auditing



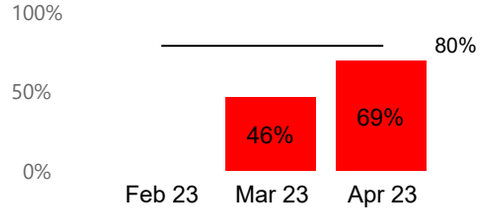

## Member Services




### Abandoned Call Rate (%)

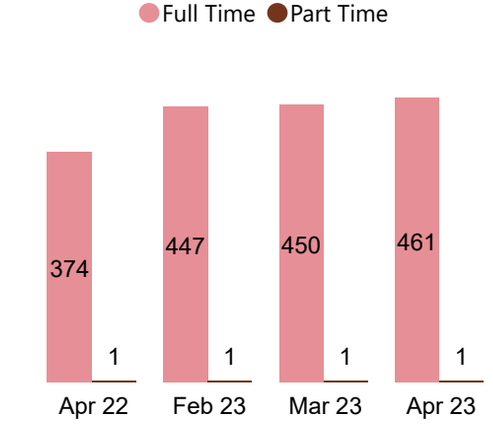



### Calls Answered in 30 Seconds (%)

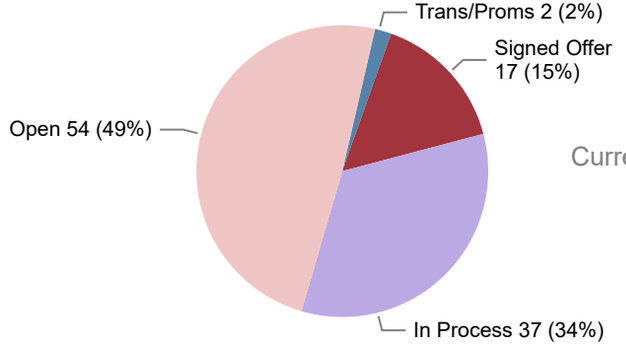



| Average Call Times | Feb 23 | Mar 23 | Apr 23 |
|---|---|---|---|
| Wait Time | 06:07 | 04:16 | 01:48 |
| Call Duration | 07:09 | 06:52 | 04:57 |

## Human Resources

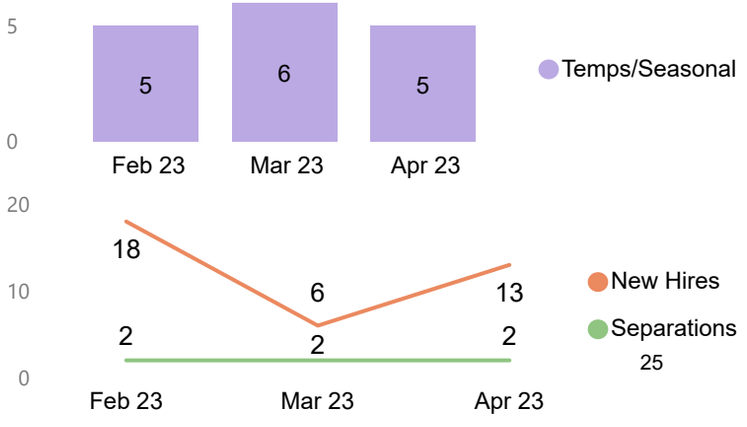



### Recruiting Status Apr 23




Current Vacancy

**11%**



# OPERATIONS DASHBOARD

MAY 2023

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## Provider Services

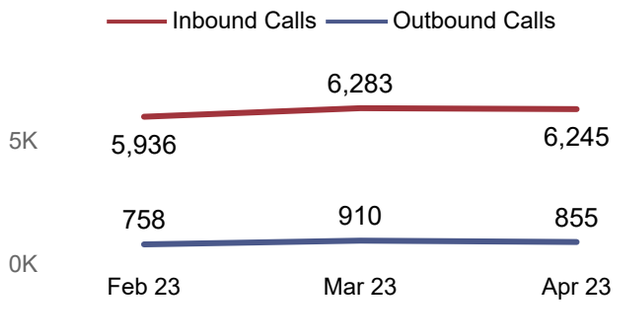
### Provider Network

| | |
|---|---|
| Hospital | 17 |
| Specialist | 9,257 |
| Primary Care Physician | 768 |
| Skilled Nursing Facility | 98 |
| Urgent Care | 8 |
| Health Centers (FQHCs and Non-FQHCs) | 67 |
| Transportation | 380 |
| **TOTAL** | **10,595** |

### Provider Credentialing

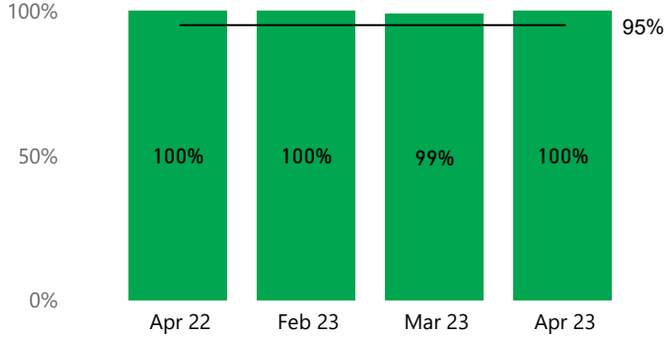
2,392

### Provider Call Center




### Provider Disputes & Resolutions

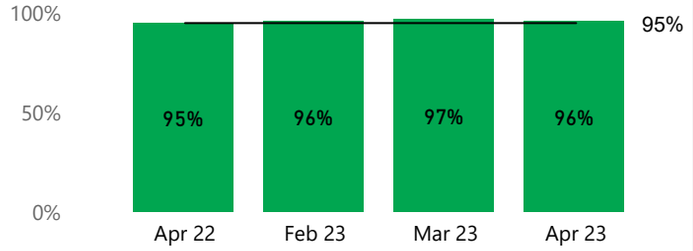
Turnaround Compliance (45 business days)



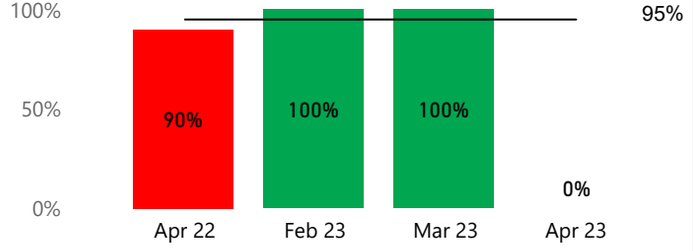

## Compliance

### Member Grievances

Standard (30 calendar days)

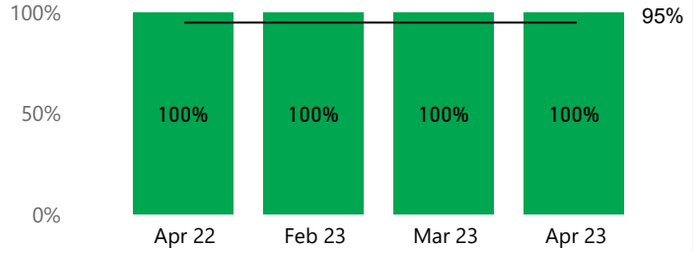



Expedited (3 calendar days)

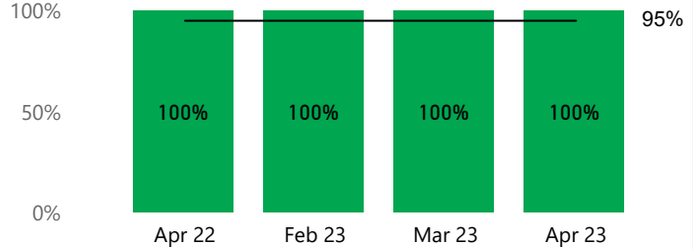



### Member Appeals

Standard (30 calendar days)

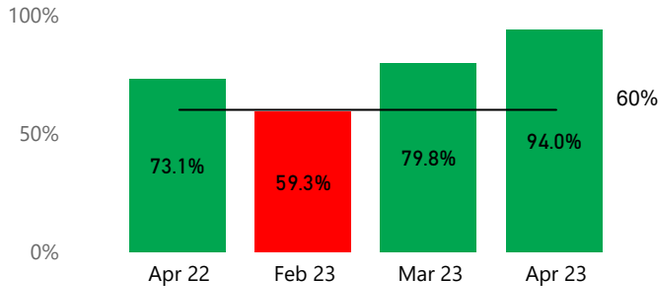



Expedited (3 calendar days)

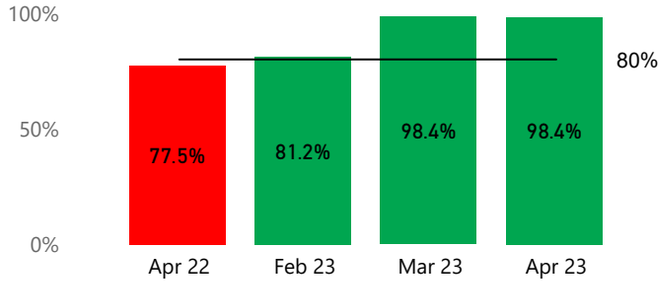



## Encounter Data

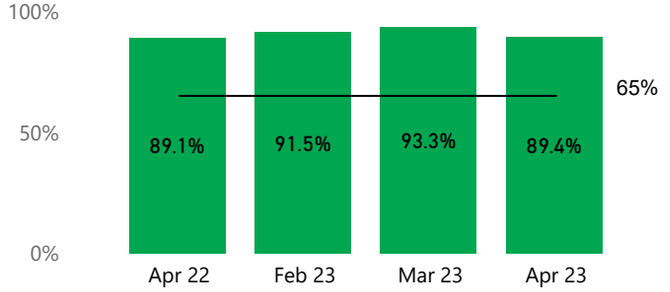
Institutional 0-90 days



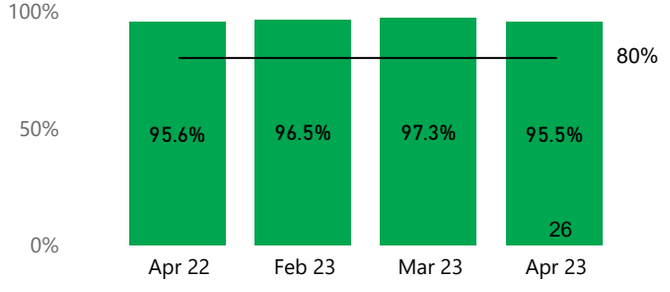

Institutional 0-180 days




Professional 0-90 days




Professional 0-180 days



# OPERATIONS DASHBOARD

MAY 2023

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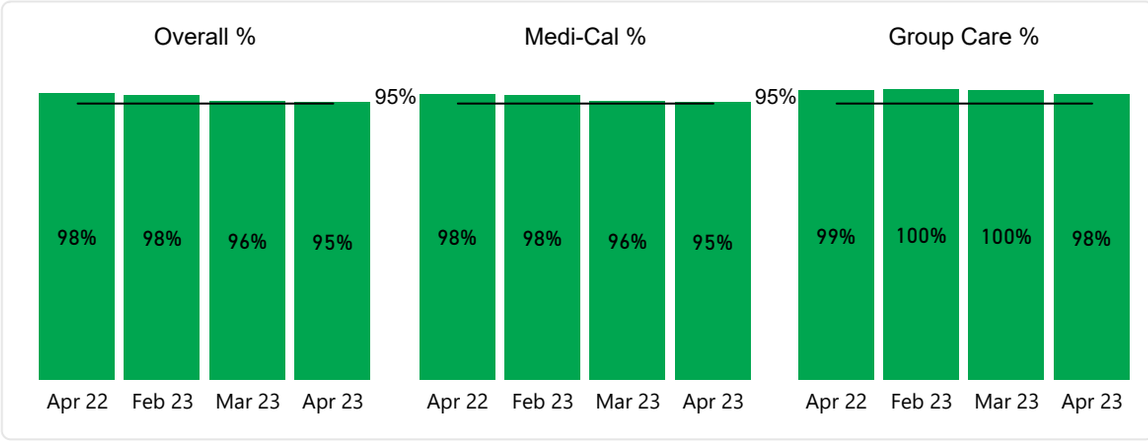
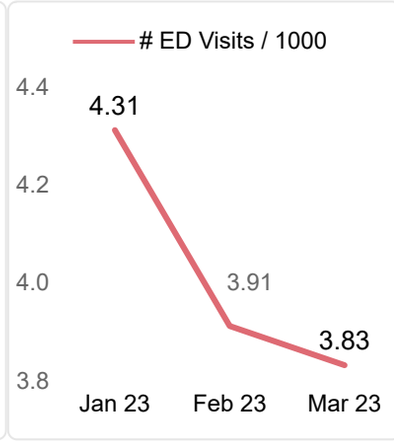
## Health Care Services

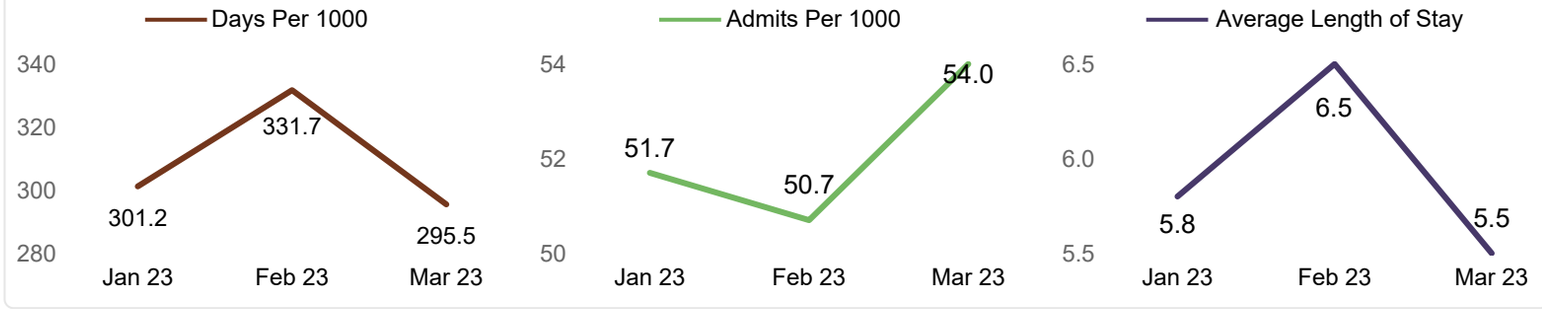
### Authorization Turnaround




### ED Utilization

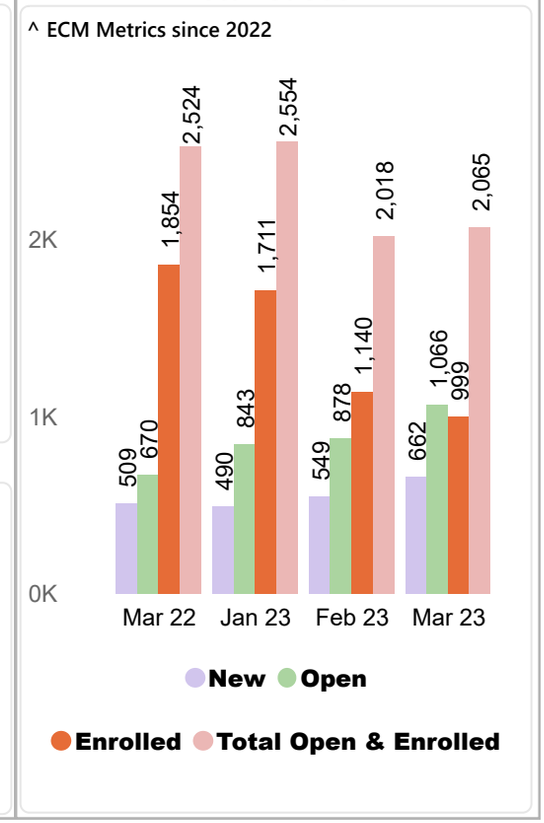



### Inpatient Utilization

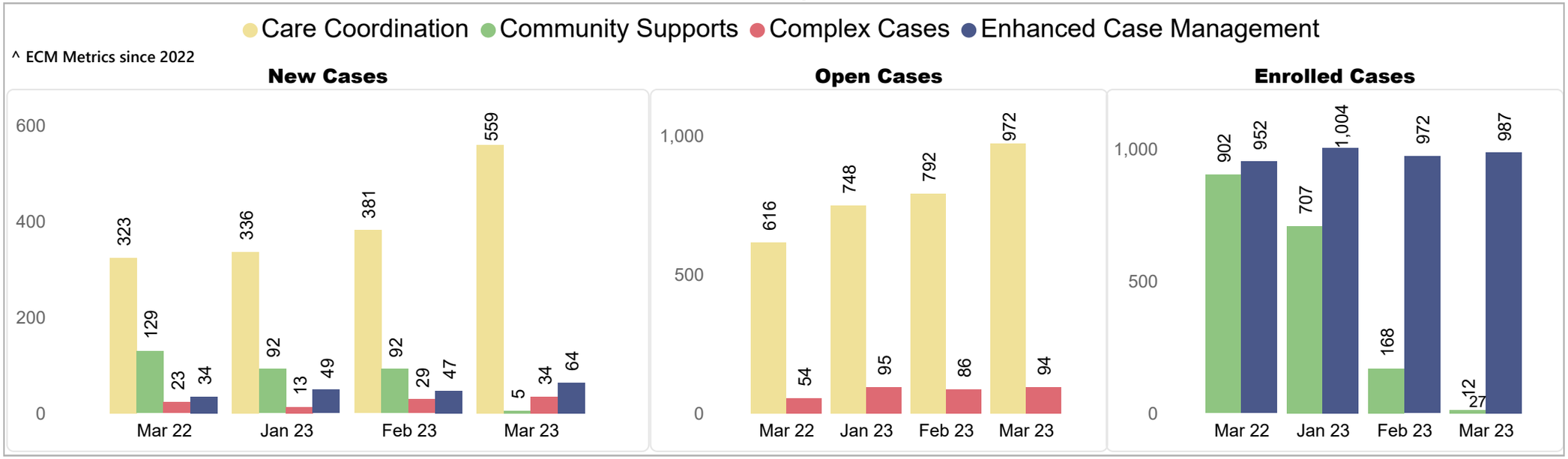



## Case Management

### Total Cases^




## Case Management^



## Technology (Business Availability)

| Applications | Apr 22 | Feb 23 | Mar 23 | Apr 23 |
|---|---|---|---|---|
| HEALTHsuite System | 100.0% | 100.0% | 100.0% | 100.0% |
| Other Applications | 100.0% | 100.0% | 100.0% | 100.0% |
| TruCare System | 100.0% | 100.0% | 100.0% | 100.0% |

## Outpatient Authorization Denial Rates *

| OP Authorization Denial Rates | Apr 22 | Feb 23 | Mar 23 | Apr 23 |
|---|---|---|---|---|
| Denial Rate Excluding Partial Denials (%) | 4.1% | 3.3% | 3.2% | 2.6% |
| Overall Denial Rate (%) | 4.6% | 3.5% | 3.7% | 2.9% |
| Partial Denial Rate (%) | 0.6% | 0.3% | 0.4% | 0.3% |

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

## Pharmacy Authorizations

| Authorizations | Apr 22 | Feb 23 | Mar 23 | Apr 23 |
|---|---|---|---|---|
| Approved Prior Authorizations | 19 | 36 | 32 | 37 |
| Closed Prior Authorizations | 67 | 75 | 99 | 95 |
| Denied Prior Authorizations | 33 | 18 | 37 | 43 |
| Total Prior Authorizations | 119 | 129 | 168 | 175 |

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

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

**Date:** **May 12th , 2023**

**Subject:** **Finance Report – March 2023**

## Executive Summary

- For the month ended March 31st, 2023, the Alliance had enrollment of 354,959 members, a Net Income of $10.7 million and 747% of required Tangible Net Equity (TNE).

**Overall Results**: (in Thousands)

| | Month | YTD |
|---|---|---|
| Revenue | $138,200 | $1,021,355 |
| Medical Expense | 123,778 | 912,969 |
| Admin. Expense | 5,877 | 52,228 |
| Other Inc. / (Exp.) | 2,168 | 9,163 |
| Net Income | **$10,713** | **$65,321** |

**Net Income by Program**: (in Thousands)

| | Month | YTD |
|---|---|---|
| Medi-Cal | $10,668 | $63,180 |
| Group Care | 45 | 2,141 |
| | **$10,713** | **$65,321** |

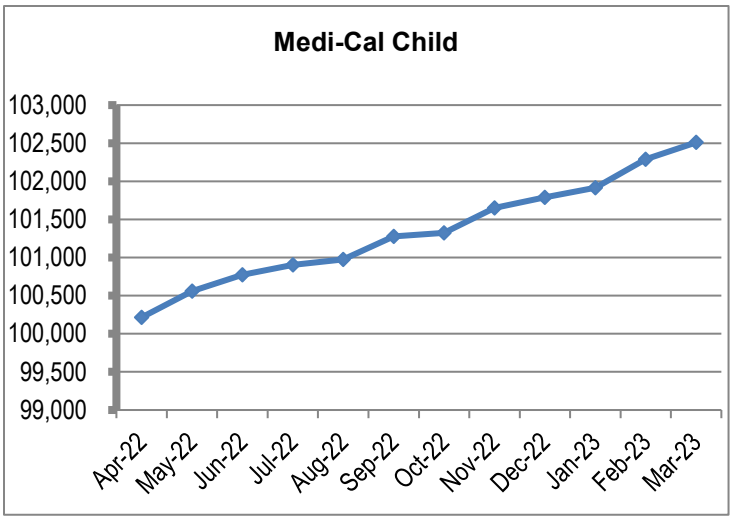
## Enrollment

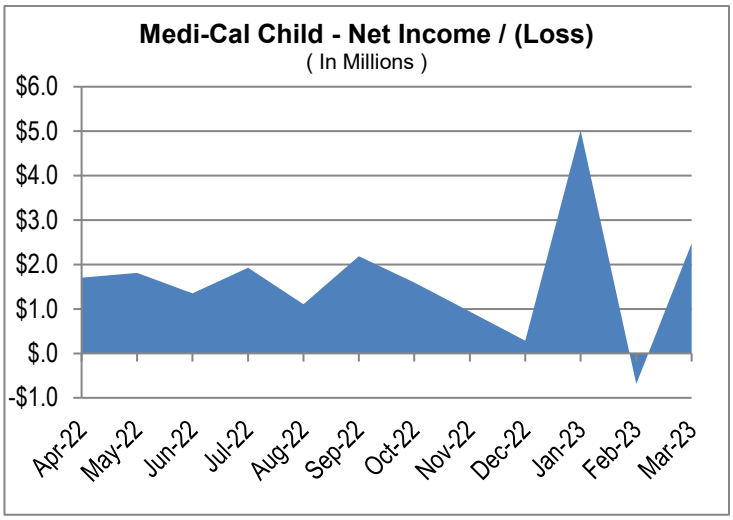
- Total enrollment increased by 2,910 members since February 2023.
- Total enrollment increased by 41,903 members since June 2022.

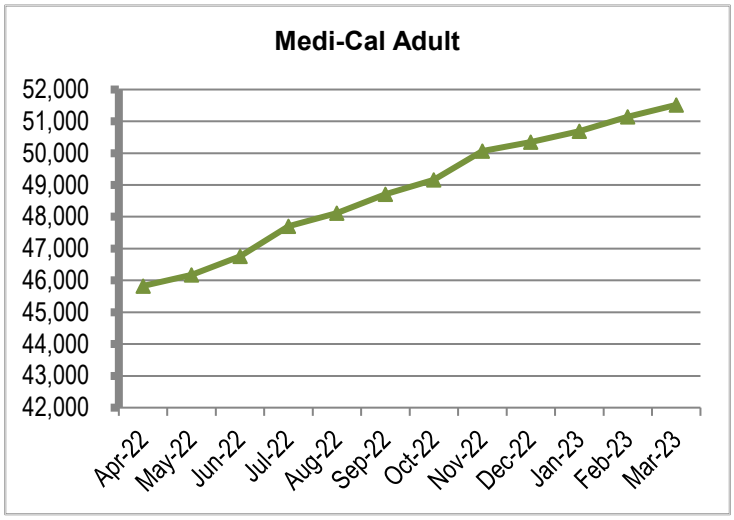
**Monthly Membership and YTD Member Months**
**Actual vs. Budget**
**For the Month and Fiscal Year-to-Date**

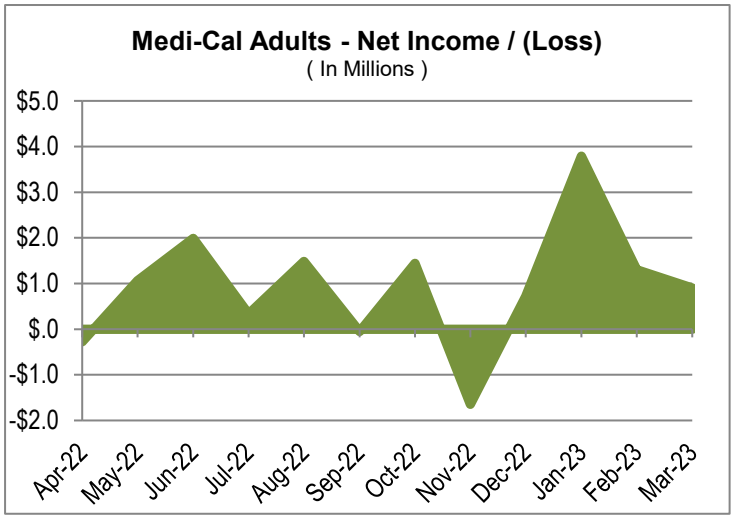
| Enrollment | | | | | Member Months | | | |
|---|---|---|---|---|---|---|---|---|
| March-2023 | | | | | Year-to-Date | | | |
| Actual | Budget | Variance | Variance % | | Actual | Budget | Variance | Variance % |
| | | | | **Medi-Cal:** | | | | |
| 51,517 | 50,570 | 947 | 1.9% | Adult | 447,457 | 443,711 | 3,746 | 0.8% |
| 102,510 | 102,440 | 70 | 0.1% | Child | 914,635 | 914,442 | 193 | 0.0% |
| 31,021 | 31,727 | (706) | -2.2% | SPD | 259,942 | 264,131 | (4,189) | -1.6% |
| 41,245 | 44,910 | (3,665) | -8.2% | Duals | 239,555 | 268,087 | (28,532) | -10.6% |
| 121,852 | 120,677 | 1,175 | 1.0% | ACA OE | 1,056,285 | 1,053,160 | 3,125 | 0.3% |
| 143 | 153 | (10) | -6.5% | LTC | 278 | 459 | (181) | -39.4% |
| 948 | 1,184 | 628 | 53.0% | LTC/Duals | 1,812 | 3,552 | (1,740) | -49.0% |
| **349,236** | **351,661** | **(2,425)** | **-0.7%** | **Medi-Cal Total** | **2,919,964** | **2,947,542** | **(27,578)** | **-0.9%** |
| 5,723 | 5,789 | (66) | -1.1% | Group Care | 51,994 | 52,142 | (148) | -0.3% |
| **354,959** | **357,450** | **(2,491)** | **-0.7%** | **Total** | **2,971,958** | **2,999,684** | **(27,726)** | **-0.9%** |

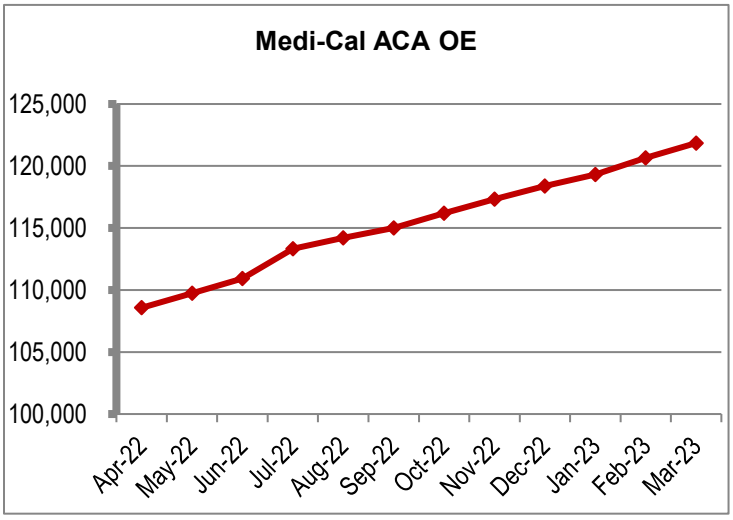
# Enrollment and Profitability by Program and Category of Aid

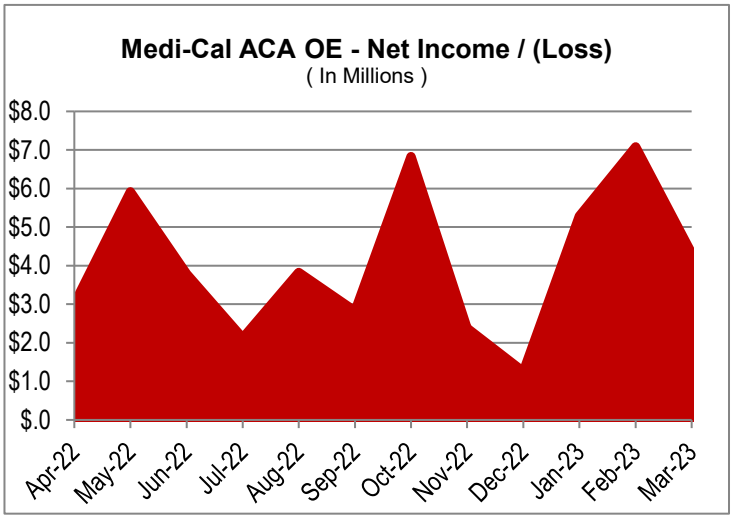


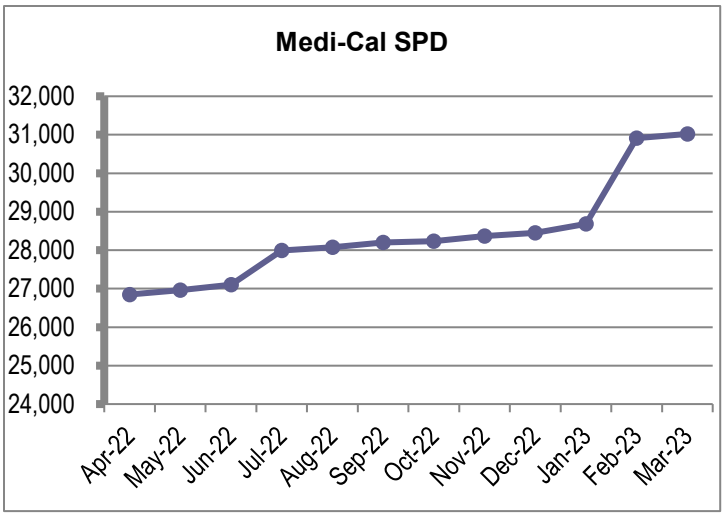



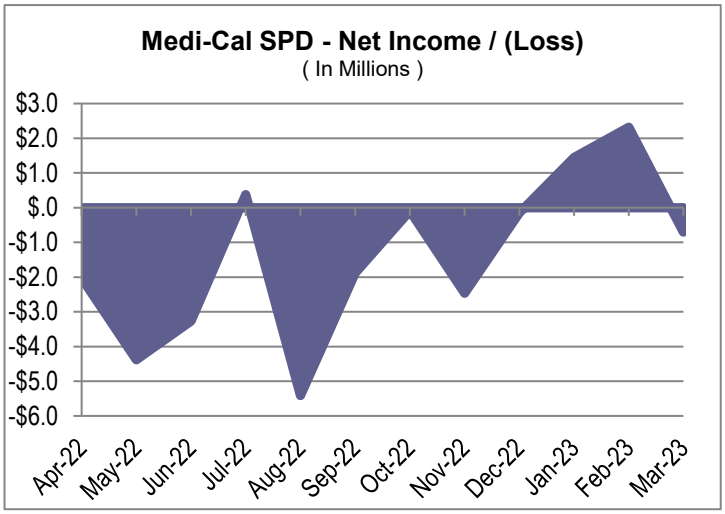



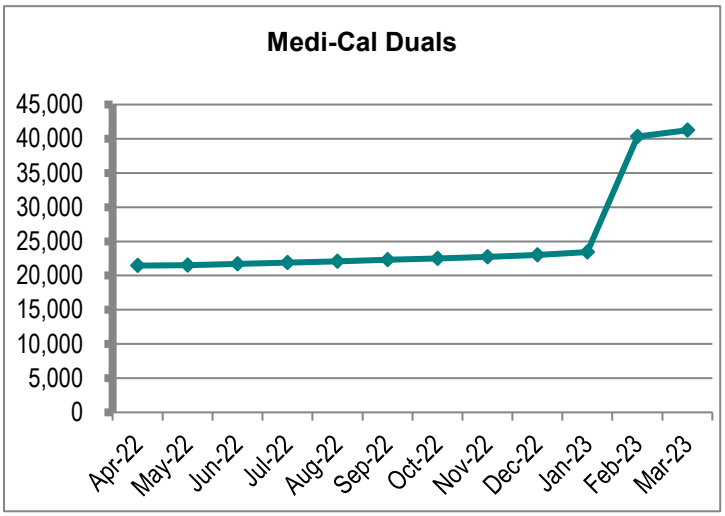



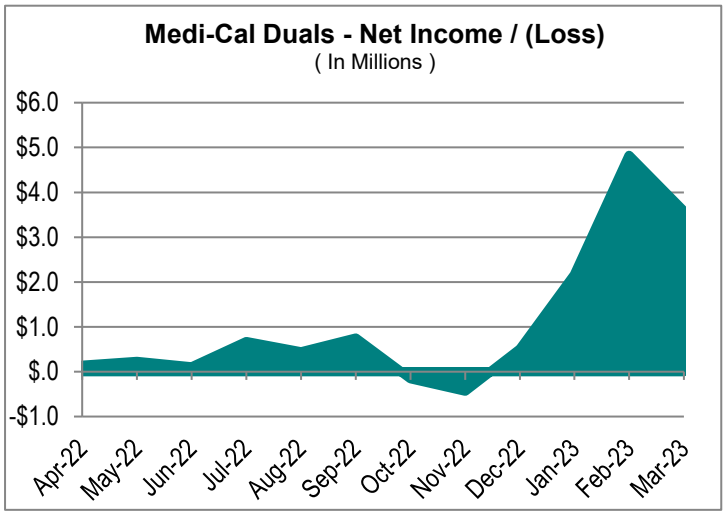



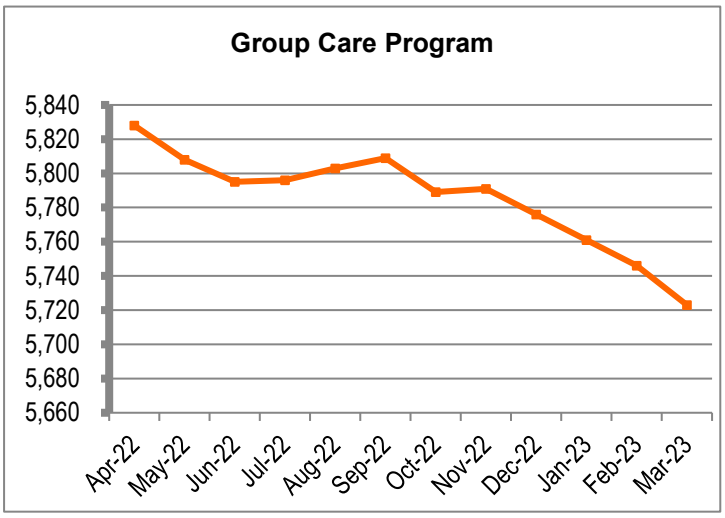
# Enrollment and Profitability by Program and Category of Aid

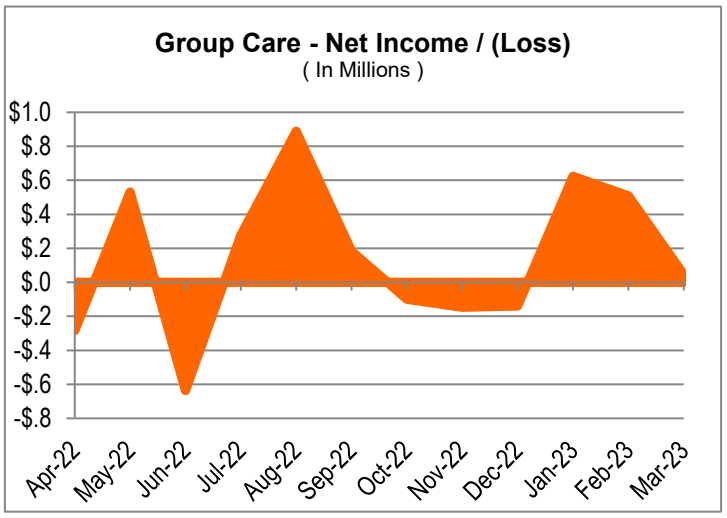


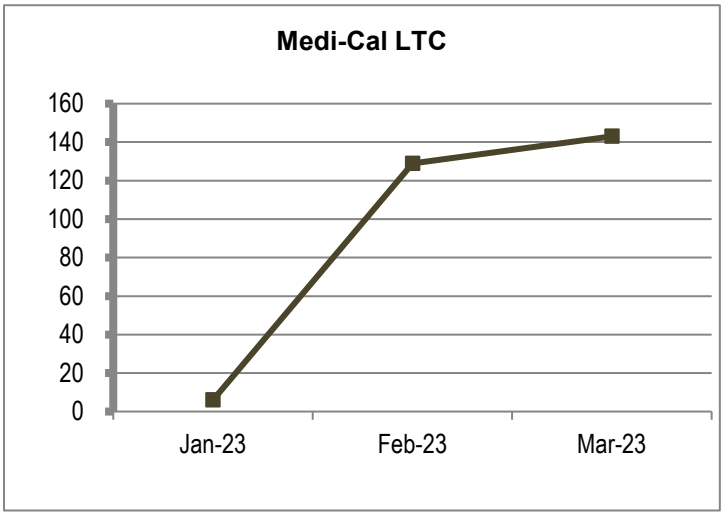



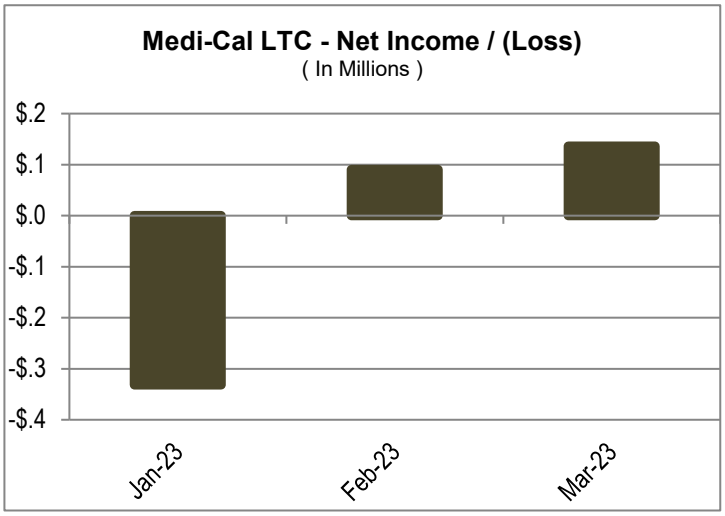



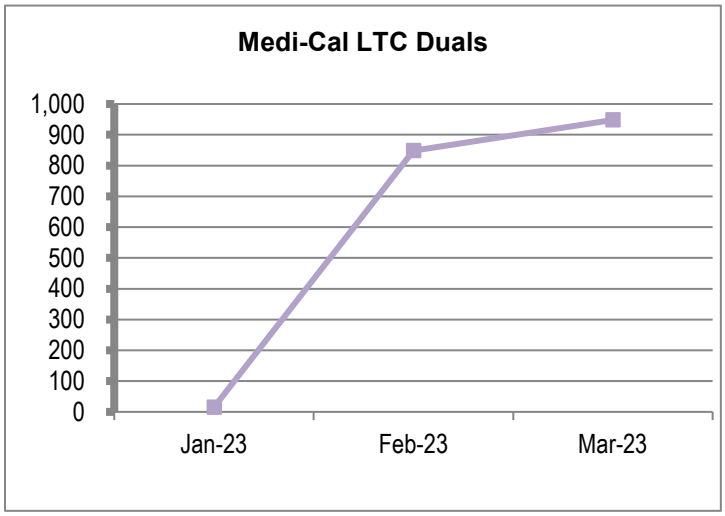



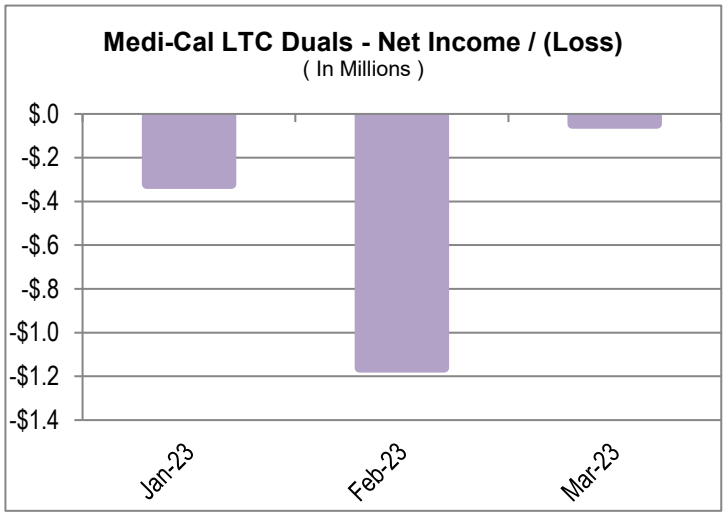
# Enrollment and Profitability by Program and Category of Aid



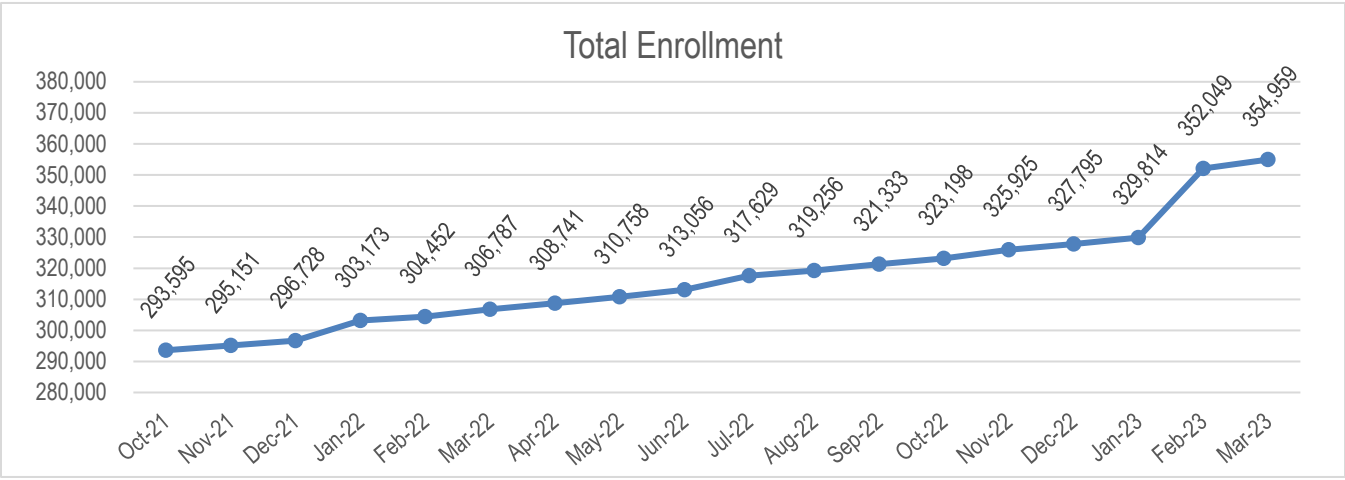



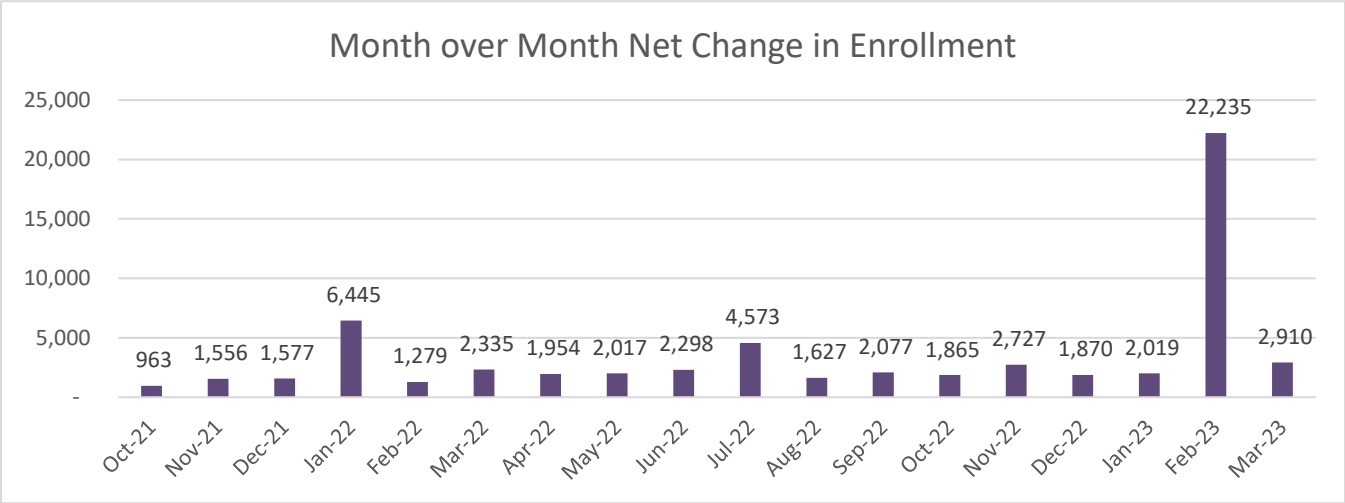

*LTC Members began to transfer from Fee-For-Service in January 2023.




# Net Change in Enrollment



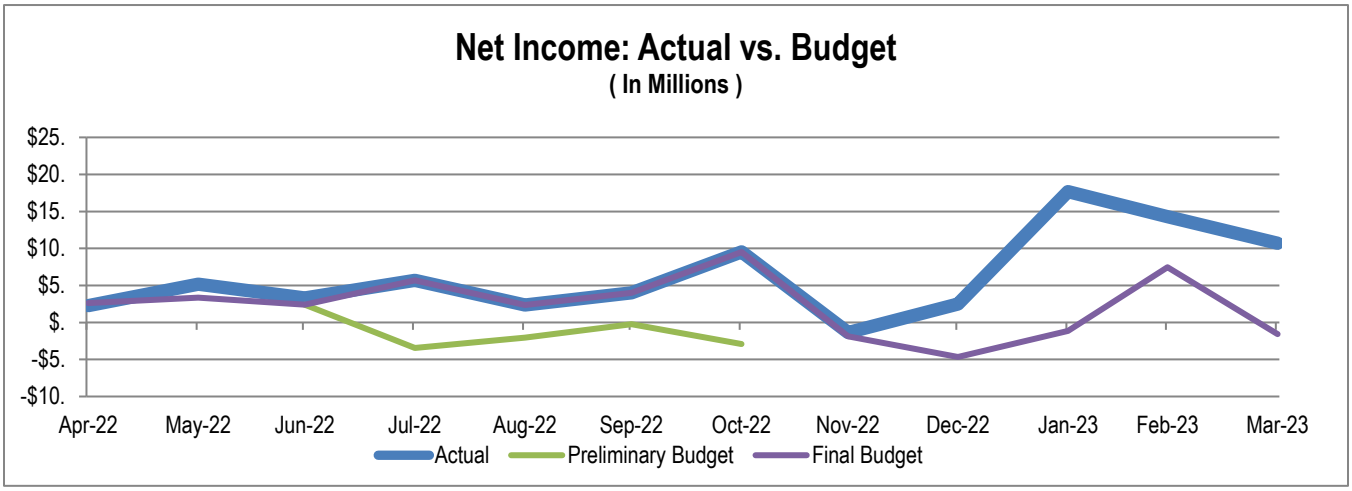



- The Public Health Emergency (PHE) is ending in May 2023. The Alliance expects disenrollments related to redetermination to restart in July 2023.

## Net Income

- For the month ended March 31st, 2023:
  - Actual Net Income: $10.7 million.
  - Budgeted Net Loss: $1.6 million.

- For the fiscal YTD ended March 31st, 2023:
  - Actual Net Income: $65.3 million.
  - Budgeted Net Income: $19.8 million.

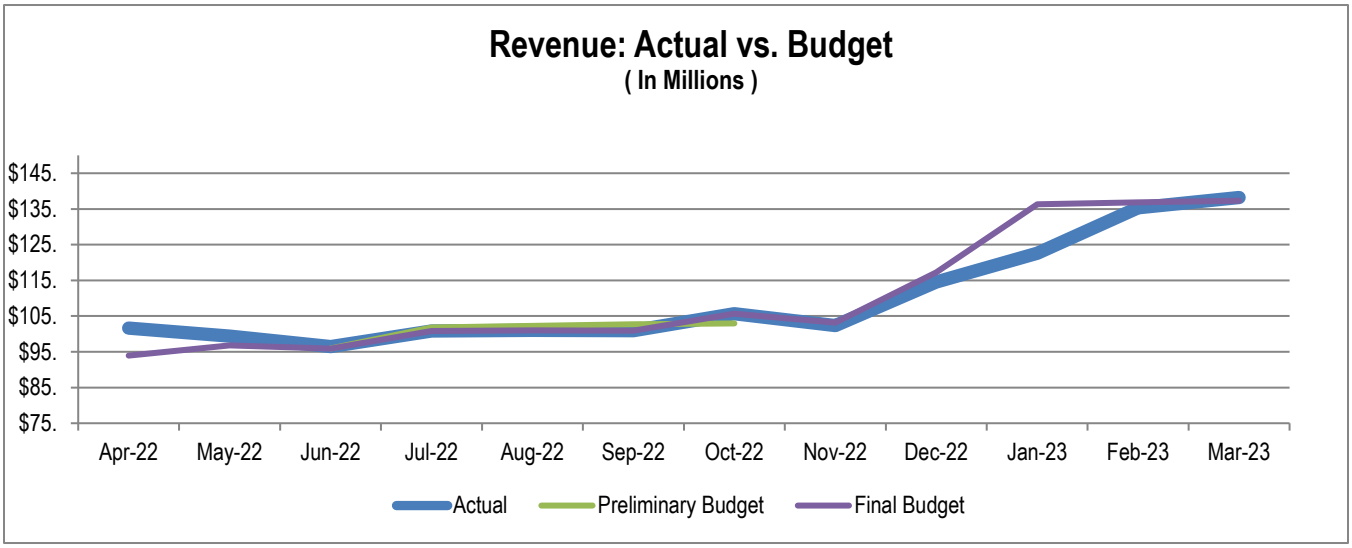



- The favorable variance of $12.3 million in the current month is primarily due to:
  - Favorable $7.3 million lower than anticipated Medical Expense.
  - Favorable $2.1 million higher than anticipated Total Other Income.
  - Favorable $1.9 million lower than anticipated Administrative Expense.
  - Favorable $900 thousand in higher than anticipated Revenue.

## Revenue

- For the month ended March 31st, 2023:
  - Actual Revenue: $138.2 million.
  - Budgeted Revenue: $137.3 million.

- For the fiscal YTD ended March 31st, 2023:
  - Actual Revenue: $1.0 billion.
  - Budgeted Revenue: $1.0 billion.

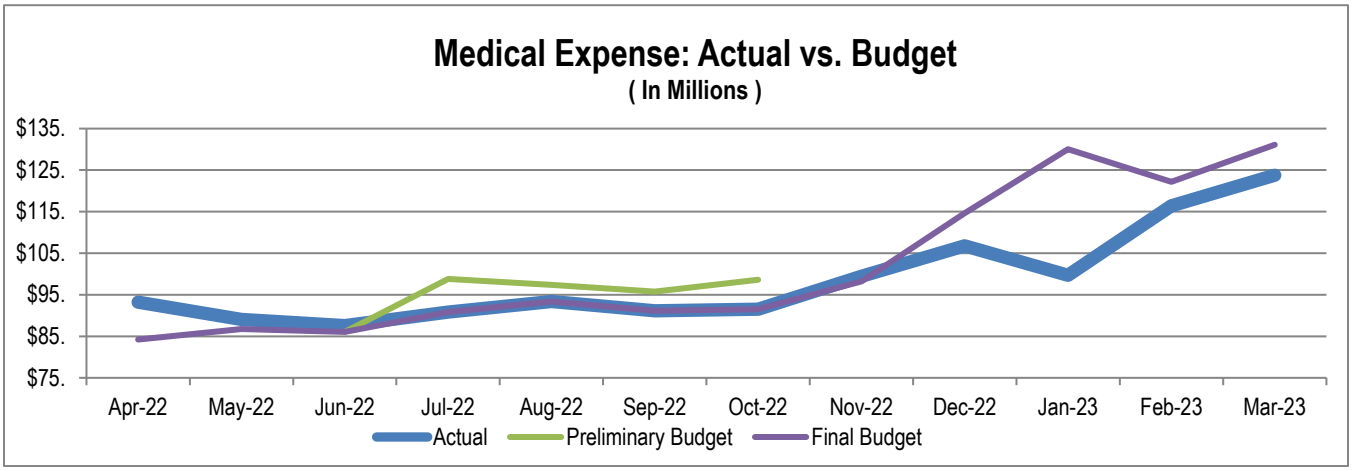



- For the month ended March 31st, 2023, the favorable revenue variance of $890,000 is primarily due to:
  - Favorable $3.4 million Capitation revenue due to higher than budgeted CY 2023 rates, received after the Budget was finalized.
  - Unfavorable $3.0 million Medi-Cal Base Capitation. This is driven by lower than budgeted enrollment.

## Medical Expense

- For the month ended March 31st, 2023:
  - Actual Medical Expense: $123.8 million.
  - Budgeted Medical Expense: $131.1 million.

- For the fiscal YTD ended March 31st, 2023:
  - Actual Medical Expense: $913.0 million.
  - Budgeted Medical Expense: $963.1 million.




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

- For March, updates to Fee-For-Service (FFS) decreased the estimate for prior period unpaid Medical Expenses by $1.9 million. YTD, the estimate for prior years increased by $2.4 million (per table below) versus Budget.

**Medical Expense - Actual vs. Budget** (In Dollars)

**Adjusted to Eliminate the Impact of Prior Period IBNP Estimates**

| | Actual | | | Budget | Variance Actual vs. Budget Favorable/(Unfavorable) | |
|---|---|---|---|---|---|---|
| | Adjusted | Change in IBNP | Reported | | $ | % |
| **Capitated Medical Expense** | $222,355,259 | $0 | $222,355,259 | $227,496,270 | $5,141,010 | 2.3% |
| **Primary Care FFS** | 43,365,715 | $32,798 | $43,398,513 | 40,609,129 | ($2,756,586) | -6.8% |
| **Specialty Care FFS** | 41,604,447 | $10,274 | $41,614,721 | 46,604,167 | $4,999,720 | 10.7% |
| **Outpatient FFS** | 82,297,963 | $985,173 | $83,283,135 | 83,298,765 | $1,000,803 | 1.2% |
| **Ancillary FFS** | 57,444,298 | $763,507 | $58,207,806 | 74,270,865 | $16,826,566 | 22.7% |
| **Pharmacy FFS** | 67,612,334 | $218,194 | $67,830,528 | 63,843,519 | ($3,768,815) | -5.9% |
| **ER Services FFS** | 44,047,591 | $102,180 | $44,149,771 | 46,405,014 | $2,357,423 | 5.1% |
| **Long Term Care FFS** | 263,231,300 | $103,829 | $263,335,129 | 284,361,650 | $21,130,349 | 7.4% |
| **Inpatient Hospital & SNF FFS** | 45,390,987 | $202,305 | $45,593,292 | 53,013,457 | $7,622,469 | 14.4% |
| **Other Benefits & Services** | 43,386,829 | $0 | $43,386,829 | 42,886,270 | ($500,559) | -1.2% |
| **Net Reinsurance** | (185,665) | $0 | ($185,665) | 351,210 | $536,875 | 152.9% |
| | **$910,551,060** | **$2,418,259** | **$912,969,318** | **$963,140,315** | **$52,589,255** | **5.5%** |

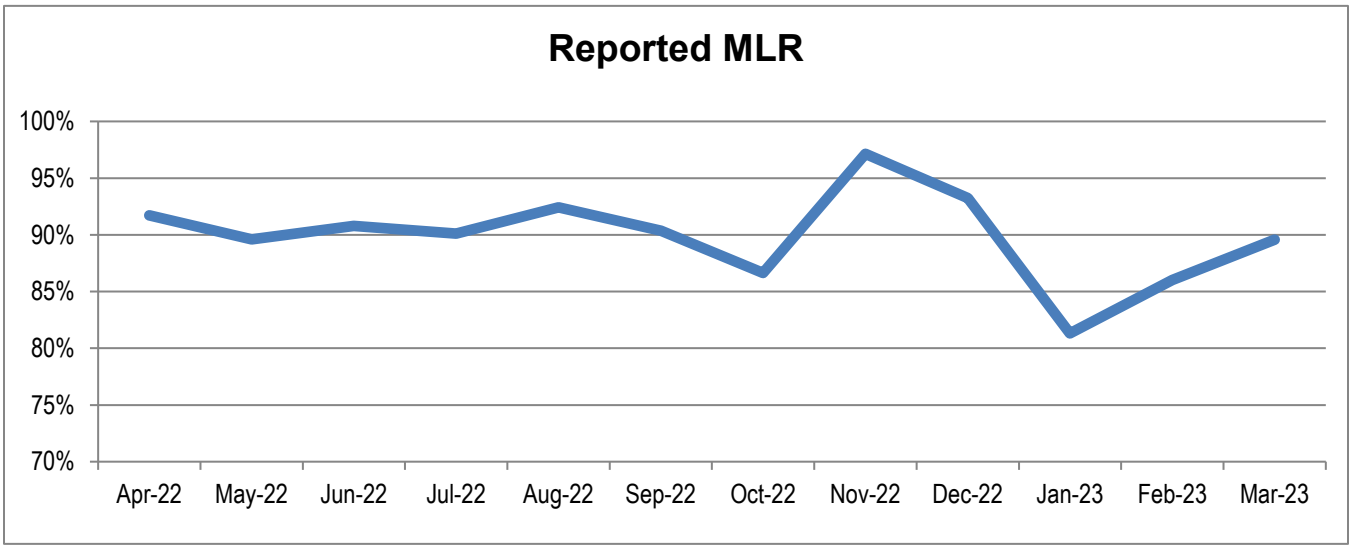
| Medical Expense - Actual vs. Budget (Per Member Per Month)<br>Adjusted to Eliminate the Impact of Prior Year IBNP Estimates | | | | | | |
|---|---|---|---|---|---|---|
| | Actual | | | Budget | Variance Actual vs. Budget Favorable/(Unfavorable) | |
| | Adjusted | Change in IBNP | Reported | | $ | % |
| Capitated Medical Expense | $74.82 | $0.00 | $74.82 | $75.84 | $1.02 | 1.3% |
| Primary Care FFS | $14.59 | $0.01 | $14.60 | $13.54 | ($1.05) | -7.8% |
| Specialty Care FFS | $14.00 | $0.00 | $14.00 | $15.54 | $1.54 | 9.9% |
| Outpatient FFS | $27.69 | $0.33 | $28.02 | $27.77 | $0.08 | 0.3% |
| Ancillary FFS | $19.33 | $0.26 | $19.59 | $24.76 | $5.43 | 21.9% |
| Pharmacy FFS | $22.75 | $0.07 | $22.82 | $21.28 | ($1.47) | -6.9% |
| ER Services FFS | $14.82 | $0.03 | $14.86 | $15.47 | $0.65 | 4.2% |
| Long Term Care FFS | $88.57 | $0.03 | $88.61 | $94.80 | $6.23 | 6.6% |
| Inpatient Hospital & SNF FFS | $15.27 | $0.07 | $15.34 | $17.67 | $2.40 | 13.6% |
| Other Benefits & Services | $14.60 | $0.00 | $14.60 | $14.30 | ($0.30) | -2.1% |
| Net Reinsurance | ($0.06) | $0.00 | ($0.06) | $0.12 | $0.18 | 153.4% |
| | **$306.38** | **$0.81** | **$307.19** | **$321.08** | **$14.70** | **4.6%** |

- Excluding the effect of prior year estimates for IBNP, year-to-date medical expense variance is $52.6 million favorable to budget. On a PMPM basis, medical expense is 4.6% favorable to budget. For per-member-per-month expense:
    - Capitated is slightly under budget, driven by favorable global subcontract and FQHC expense, partially offset by unfavorable transportation expense due to delay in conversion of contract from capitation to fee for service, along with unfavorable retroactive 2022 BHT supplemental expense.
    - Primary Care Expense is unfavorable compared to budget across all populations except for LTC Duals, driven generally by unfavorable utilization except for the LTC and Duals populations.
    - Specialty Care Expense is below budget, favorable across all populations except for LTC and generally driven by utilization except for in the SPD aid code category which is driven by unit cost.
    - Outpatient Expense is slightly over budget, driven by unfavorable unit cost in the SPD, Adult, ACA OE and LTC populations offset by favorable utilization for the other populations.
    - Ancillary Expense is under budget across all populations driven by favorable utilization and unit cost. Some of the YTD variance is related to non-emergency transportation, which remained as a capitated expense in Jan-23 instead of moving to fee-for-service as budgeted.

- Pharmacy Expense is over budget mostly due to unfavorable Non-PBM expense which is solely 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 the Duals populations which are driven by unfavorable utilization.
- Inpatient Expense is under budget driven by favorable utilization, and lower than expected catastrophic case and major organ transplant expense across all populations except for the Group Care and the LTC Duals populations which are driven by unfavorable unit cost.
- Other Benefits & Services are over budget, due to new community relations program implementations offset by favorable interpreter services, consultant fees, medical professional services, other purchased services and employee expense.
- Net Reinsurance year-to-date is favorable because more recoveries were received than anticipated.

## Medical Loss Ratio (MLR)

- The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 89.6% for the month and 89.4% for the fiscal year-to-date.




## Administrative Expense

- For the month ended March 31st, 2023:
  - Actual Administrative Expense: $5.9 million.
  - Budgeted Administrative Expense: $7.8 million.

- For the fiscal YTD ended March 31st, 2023:

- Actual Administrative Expense: $52.2 million.
- Budgeted Administrative Expense: $58.2 million.

| **Summary of Administrative Expense** (In Dollars)<br>**For the Month and Fiscal Year-to-Date**<br>**Favorable/(Unfavorable)** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Month** | | | | | **Year-to-Date** | | | |
| **Actual** | **Budget** | **Variance $** | **Variance %** | | **Actual** | **Budget** | **Variance $** | **Variance %** |
| $3,440,645 | $4,268,600 | $827,955 | 19.4% | Employee Expense | $32,158,337 | $33,902,447 | $1,744,110 | 5.1% |
| 419,678 | 417,228 | (2,450) | -0.6% | Medical Benefits Admin Expense | 3,248,908 | 3,313,049 | 64,141 | 1.9% |
| 1,015,672 | 1,355,130 | 339,458 | 25.0% | Purchased & Professional Services | 7,290,920 | 9,777,371 | 2,486,451 | 25.4% |
| 1,001,001 | 1,777,525 | 776,524 | 43.7% | Other Admin Expense | 9,529,760 | 11,235,372 | 1,705,612 | 15.2% |
| $5,876,996 | $7,818,483 | $1,941,487 | 24.8% | Total Administrative Expense | $52,227,924 | $58,228,245 | $6,000,321 | 10.3% |

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 and temporary help.

The Administrative Loss Ratio (ALR) is 4.3% of net revenue for the month and 5.1% of net revenue year-to-date.

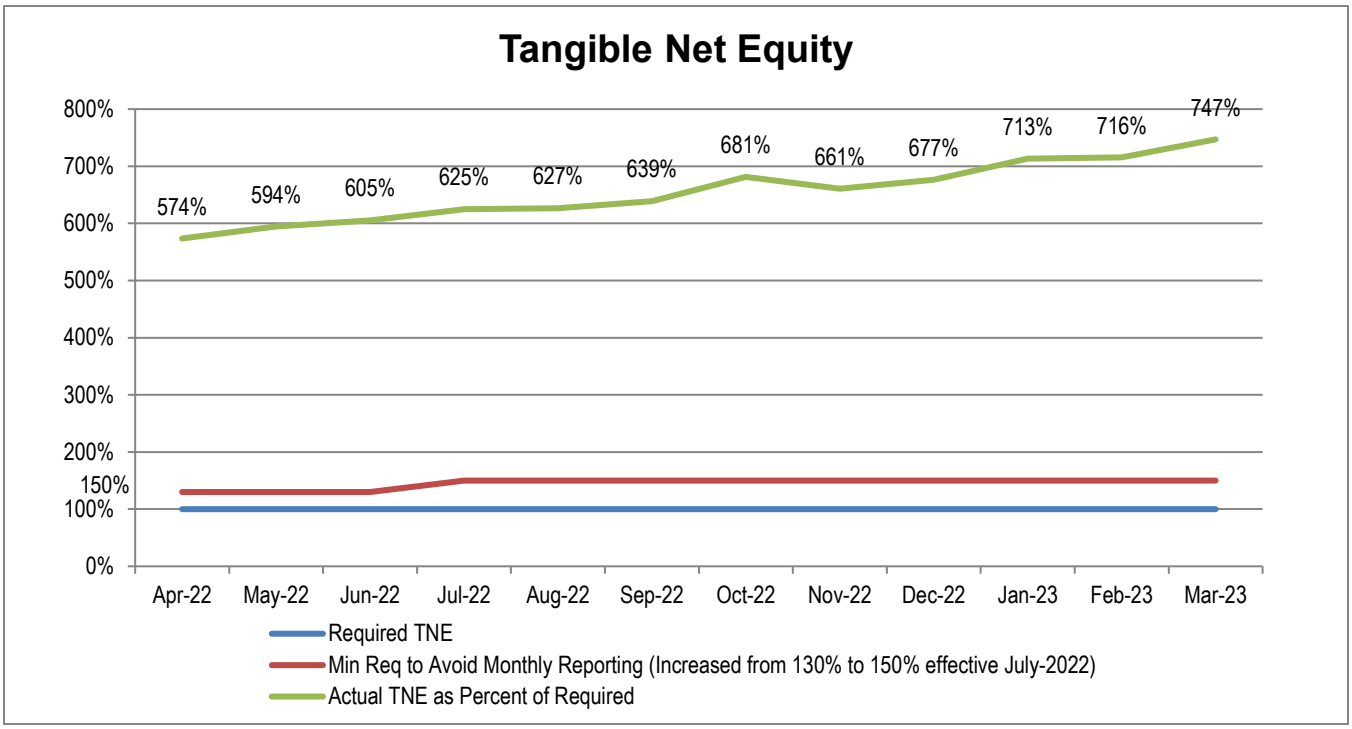
## Other Income / (Expense)

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

- Fiscal year-to-date net investments show a gain of $9.4 million.
- Fiscal year-to-date claims interest expense, due to delayed payment of certain claims, or recalculated interest on previously paid claims is $250,000.

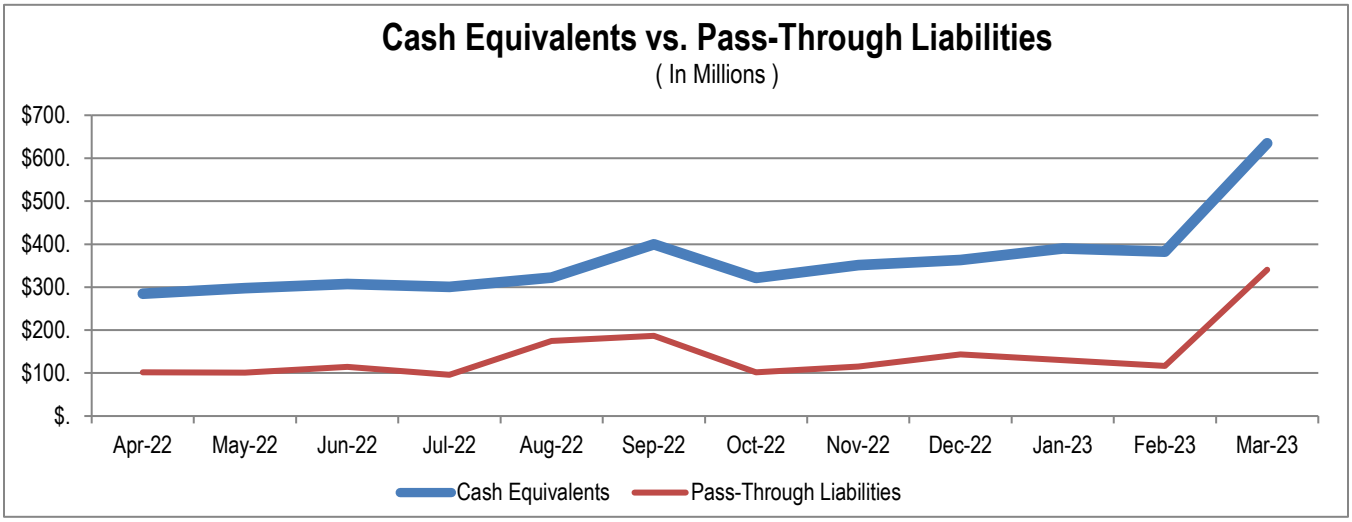
## Tangible Net Equity (TNE)

- 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 $39.6 million
    - Actual TNE $295.9 million
    - Excess TNE $256.3 million
    - TNE % of Required TNE 747%




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

- Key Metrics
  - Cash & Cash Equivalents $634.8 million
  - Pass-Through Liabilities $340.5 million
  - Uncommitted Cash $294.3 million
  - Working Capital $266.4 million
  - Current Ratio 1.48 (regulatory minimum is 1.0)



## Capital Investment

- Fiscal year-to-date capital assets acquired: $225,000.
- 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.

# Mental Health Insourcing Update

*Presented to the Alameda Alliance Board of Governors*

*Presented by:*
*Peter Currie, Ph.D, Senior Director of Behavorial Health*
*and*
*Laura Grossmann-Hicks, MPH, Senior Director of Behavorial Health and Long Term Care Operations*

*May 12, 2023*



ALAMEDA Alliance FOR HEALTH

# Mental Health Insourcing Update: Pre-Launch

**Member**

- Notifications (letters & website)
- Same behavioral health 800 number

**Provider**

- Contracted and credentialed >900 + blanket Letters of Agreement
- Notifications and Townhalls

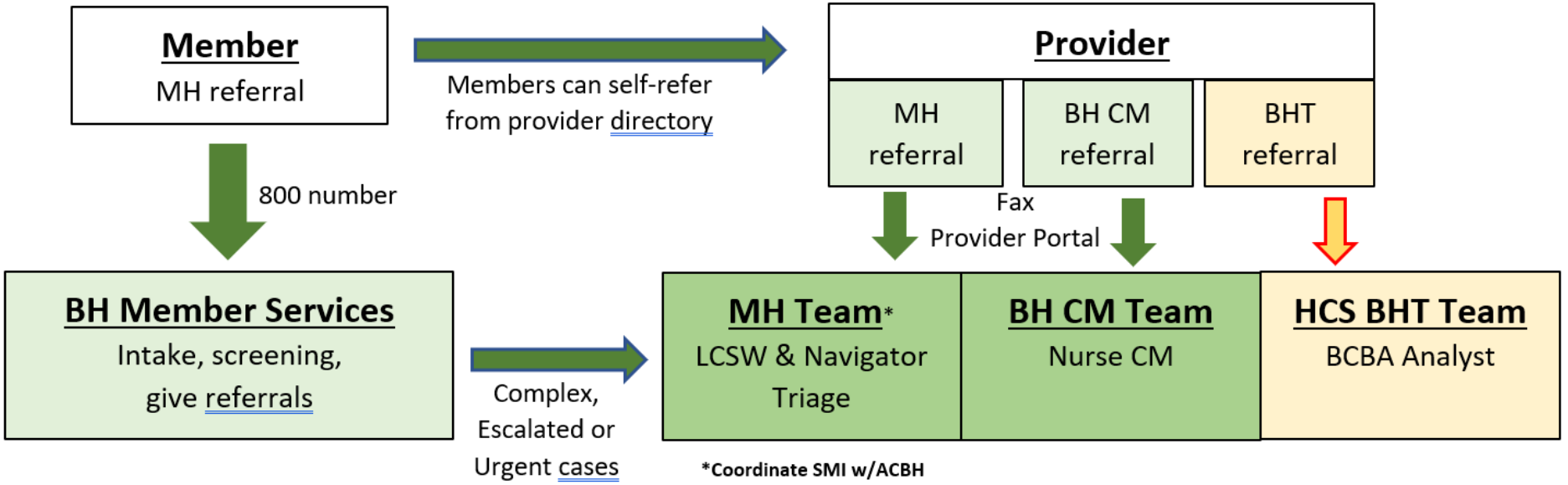
**Internal Processes**

- Hired >30 staff
- Policy and Procedures, workflows
- Trainings – Member Services, Provider Services, Healthcare Services
- IT systems, Provider Portal

**External Partners**

- Alameda County Behavioral Health, Beacon, Providers, Special Needs Committee

# Mental Health Insourcing Update: Launch



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# Mental Health Insourcing Update: Launch

**Operations**

- All Beacon authorizations honored
- No authorization/no limit for mental health therapy
- Meeting regulatory requirements

**Transition**

- Coordinated effectively with Beacon and Alameda County Behavioral Health
- Waiting lists for BHT & diagnostic services → plan implemented to resolve
- Psychiatry access tighter than desired
- Volume overall higher
- Laura Grossmann-Hicks, Senior Director Behavioral Health and Long-Term Care Operations

**Next Steps**

- Immediate plan for waiting lists
- Increase staffing in key areas
- Network expansion in psychiatry and diagnostic evaluations for BHT
- Continue good work with Alameda County Behavioral Health on the data exchange
- Implement Day 2 improvements

# Mental Health Insourcing Update: Post Go-Live

- Stabilize and monitor first 90-120 days following “lift and shift”
- Internal touchpoint meetings – moved from daily to weekly
- Bi-weekly meetings with Carelon (Beacon) to solidify transition of all functions prior to 6/30
- Weekly Office Hours for Behavioral Health providers – one for ABA providers and one for mental health providers
- Report development – regulatory and management/oversight

# *FY 2024 Enrollment Forecast*

*Presented to the Alameda Alliance Board of Governors*

*May 12th, 2023*



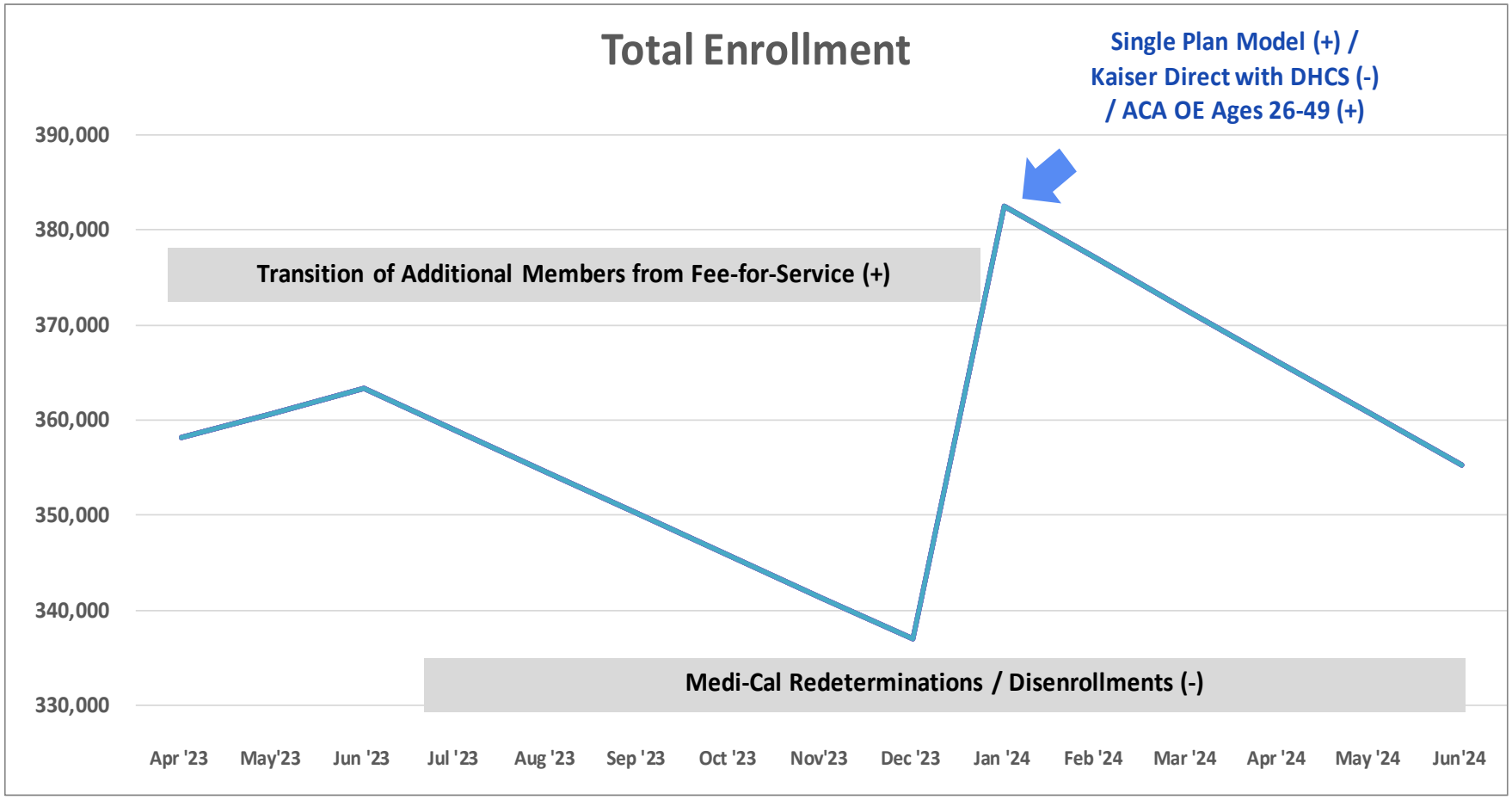
ALAMEDA Alliance FOR HEALTH

## FY2024 Enrollment Preview

# Highlights

- DHCS is moving 99% of Fee-for-Service members into Medi-Cal Managed Care by January 2024. Approximately 40,000 remain in the fee-for-service system today.
- Medi-Cal disenrollments start in July 2023, on the member's anniversary date, effective over 12 months. The initial forecast is a reduction of approximately 6,000 per month. Duals and LTC members will not experience significant disenrollments.
- Anthem's approximately 80,100 members move to the Alliance in January 2024; members will be distributed into Alliance's direct and delegated provider network.
- Kaiser Permanente's Medi-Cal contract with DHCS begins in January 2024, decreasing the Alliance's enrollment by approximately 43,400 members. Existing membership is fully delegated to Kaiser today.
- Approximately 16,300 adults enrolled in HealthPAC (ages 26-49) are moved into Medi-Cal managed care in January 2024.
- The Alliance's enrollment peaks at 382,500 in January 2024.and is projected to be 355,300 at the end of June 2024.
- The Group Care line of business remains unchanged; enrollment ranges between 5,700 to 5,900 adults.

# FY2024 Enrollment Preview
## Timeline



# Public Health Emergency - and the end of the Continuous Coverage Requirement

*Presented to the Alameda Alliance Board of Governors*

*Matthew Woodruff, Chief Operating Officer*

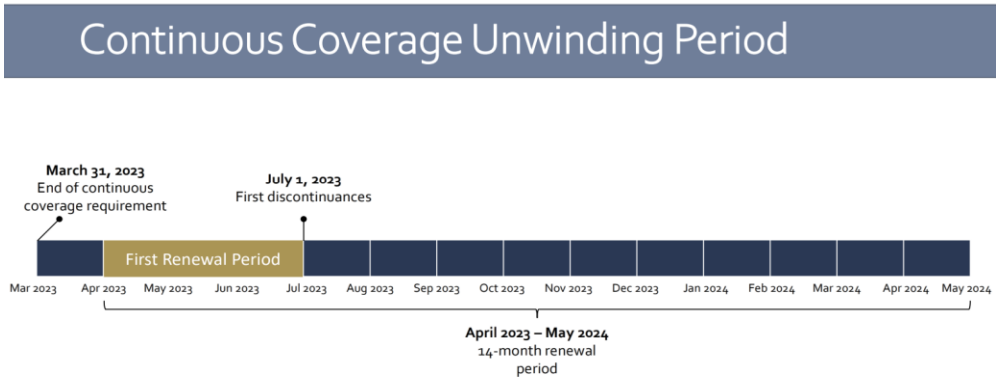
*May 12th, 2023*



ALAMEDA Alliance FOR HEALTH

# Continuous Medi-Cal Coverage Plan

- Effective April 1st, 2023, redetermination started for enrollees with a June 2023 renewal date.
  - 14-month renewal period April 2023 through June 2024
  - State requires individuals to keep coverage until their renewal




- The Alliance is working with Alameda County Social Services Agency, Anthem, Kaiser, and community partners to support members through the redetermination renewal process and assist with Covered CA transitions.

# Continuous Medi-Cal Coverage Plan

**Member Outreach**

| Communication Method | Started | Duration |
|---|---|---|
| Call Center Scripts | √ | May 2022 – June 2024 |
| Text Message | √ | May 2023 – May 2023 |
| Automated Calls | √ | May 2023 – June 2024 |
| Postcards | √ | April 2023 – June 2024 |
| Resource Flyer | √ | April 2023 – June 2024 |
| Website | √ | May 2022 – June 2024 |
| **Multi-Media Outreach** | | |
| BART | | June 2023 – June 2024 |
| Billboard | √ | April 2023 – June 2024 |
| Bus | √ | May 2023 – June 2024 |
| Ethnic Radio | | June 2023 – June 2024 |
| Local TV | | June 2023 – June 2024 |
| Social Media | √ | May 2022 – June 2024 |

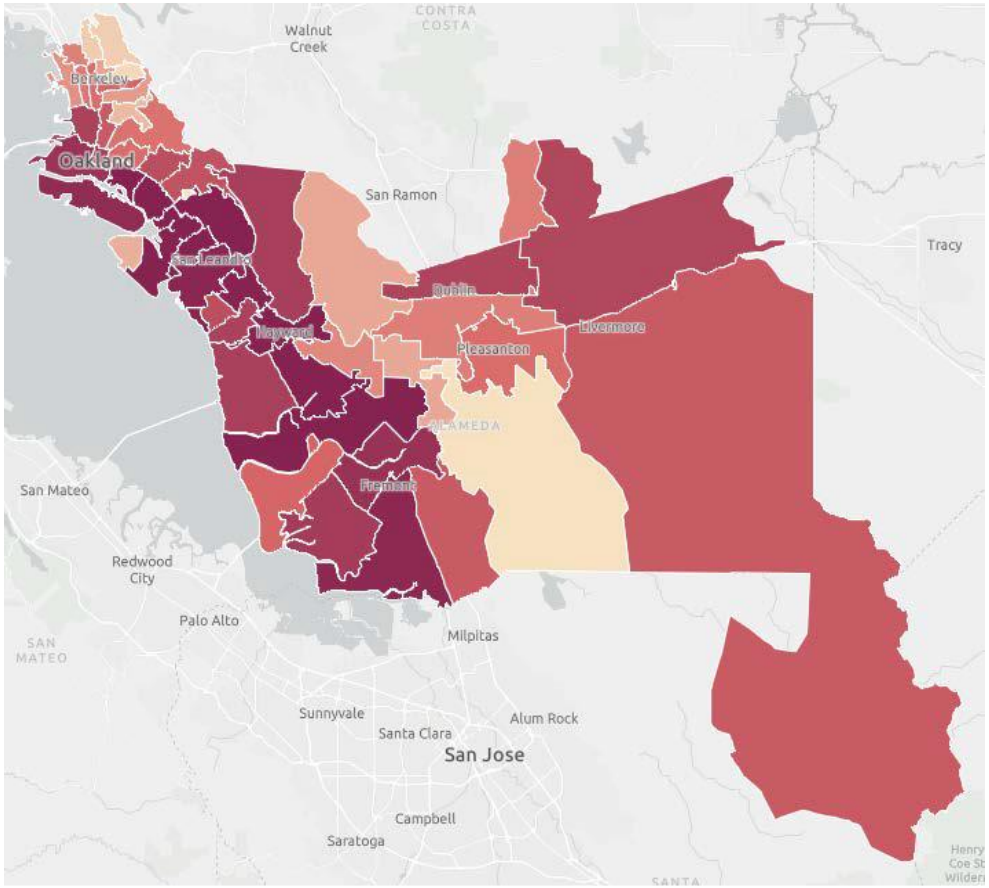



*Image source: Alameda County Social Services Agency*

# Continuous Medi-Cal Coverage Plan

## KEEP YOURSELF AND YOUR FAMILY COVERED.

### Take action to keep your Medi-Cal.

Medi-Cal covers vital health care services for you and your family, including doctor visits, prescriptions, vaccinations, mental health care, and more. So, if you have Medi-Cal, make sure you renew it when it's time.

**1 Update your information.**

Make sure Medi-Cal has your current:

- Address
- Phone number
- Email address

To update your information, you can log in to your account at **www.mybenefitscalwin.org**. You can also call the Alameda County Social Services Agency toll-free at **1.888.999.4772** or visit **www.alamedacountysocialservices.org**.

**2 Check your mailbox.**

Alameda County Social Services Agency will mail you a letter about your Medi-Cal eligibility. You may need to complete a renewal form. If you're sent a renewal form, submit your information by mail, phone, in person, or online, so you don't lose your coverage.

**3 Create or check your online account.**

You can sign up to receive alerts on your case. Create or log into your account to get these alerts. You may submit renewals or request information online.

**4 Renew it or lose it.**

If you get a renewal form in the mail, complete it, and submit your information by mail, phone, in-person, or online, to keep your coverage. If you need help completing your renewal form, call for an appointment at one of the enrollment assistance locations listed on the back.

To learn more and sign up for general updates, please visit **www.keepmedicalcoverage.org**.

ALAMEDA Alliance FOR HEALTH

C&O_CBO CONTACTS 03/2023

## KEEP YOURSELF AND YOUR FAMILY COVERED.

If you need help to complete your renewal form, please call for an appointment at a location near you.

**Asian Health Services**
818 Webster St.
Oakland, CA 94607
**1.510.986.6880**

**Asian Health Services - Frank Kiang Medical Center**
250 E. 18th St.
2nd Floor
Oakland, CA 94606
**1.510.986.6860**

**Asian Health Services - Rolland & Kathryn Lowe Medical Center**
835 Webster St.
Oakland, CA 94607
**1.510.318.5800**

**Axis Community Health - Pleasanton**
5925 W. Las Positas Blvd.
Suite 100
Pleasanton, CA 94588
**1.925.462.1755**

**Axis Community Health - Livermore**
3311 Pacific Ave.
Livermore, CA 94550
**1.925.462.1755**

**Bay Area Community Health - Liberty**
39500 Liberty St.
Fremont, CA 94538
**1.510.252.5860**

**Bay Area Community Health - Mowry I**
2299 Mowry Ave.
Suite 3B
Fremont, CA 94538
**1.510.252.5860**

**Bay Area Community Health - Mowry II**
1999 Mowry Ave.
Suite F
Fremont, CA 94538
**1.510.252.5860**

**Bay Area Community Health - Main Street Village Clinic**
3607 Main St.
Suite B
Fremont, CA 94538
**1.510.252.5860**

**Bay Area Community Healthy - Irvington**
40910 Fremont Blvd.
Fremont, CA 94538
**1.510.252.5860**

**Center for Empowering Refugees and Immigrants**
544 International Blvd.
Suite 9
Oakland, CA 94606
**1.510.444.1671**

**East Bay Agency for Children**
43030 Newport Dr.
Fremont, CA 94538
**1.510.656.4206**

**East Oakland Health Center**
7450 International Blvd.
Oakland, CA 94621
**1.510.835.9610** ext. 2256

**Family Bridges**
168 11th St.
Oakland, CA 94607
**1.510.839.2022**

**Kidango**
44000 Old Warm Springs Blvd.
Fremont, CA 94538
**1.510.650.7484**

**Korean Community Center of the East Bay**
97 Callen Ave.
San Leandro, CA 94577
**1.844.828.2254**

**La Clínica de la Raza - Transit Village**
3451 East 12th St.
Oakland, CA 94601
**1.510.535.3650**

**La Clínica de la Raza - San Antonio Neighborhood Health Center**
1030 International Blvd.
Oakland, CA 94606
**1.510.238.5462**

**La Familia**
22366 Fuller Ave.
Hayward, CA 94541
**1.510.589.4009**

**LifeLong Medical Care**
837 Addison St.
Berkeley, CA 94710
**1.510.981.3250**

**Native American Health Center**
2950 International Blvd.
Oakland, CA 94601
**1.510.535.4406,** press 1

**Roots Community Health Center**
9925 International Blvd.
Oakland, CA 94603
**1.510.777.1177**

**Ruby's Place**
20880 Baker Rd.
Castro Valley, CA 94546
**1.510.581.5626**

**Tiburcio Vasquez Health Center - Hayward**
22331 Mission Blvd.
Hayward, CA 94541
**1.510.288.3505**

**Tiburcio Vasquez Health Center - San Leandro**
16110 E. 14th St.
San Leandro, CA 94578
**1.510.288.3505**

**Tiburcio Vasquez Health Center - Union City**
33255 9th St.
Union City, CA 94587
**1.510.288.3505**

**Tiburcio Vasquez Health Center - Silva Clinic**
680 W. Tennyson Rd.
Hayward, CA 94544
**1.510.288.3505**

**West Oakland Health Council**
700 Adeline St.
Oakland, CA 94607
**1.510.835.9610** ext. 2256

# Continuous Medi-Cal Coverage Plan

- Automatic renewal process:
  - All MAGI (Modified Adjusted Gross Income) Medi-Cal beneficiaries will go through the automated ex parte process:
    - → Autorenewal will occur if CalWIN is able to electronically verify with the Federal Services Data Hub:
      - – Income is at or under the threshold for the applicable Medi-Cal program
      - – None of the household members are deceased
    - → Alameda County SSA estimates 36% will auto renew
- Redetermination Mailing
  - The yellow envelope packet mailing will be generated if CalWIN is not able to verify income and household information with the Federal Services Data Hub
    - → Represents 64% that will need manual redetermination
    - → Mailed 75-80 days before the end of the month that the renewal is due
      - – For example, for renewals that are due on June 30th, the packet was mailed between April 10th and April 15th.

# *CEO Transition Update*

*Presented to the Alameda Alliance Board of Governors*

*May 12th, 2023*



ALAMEDA Alliance FOR HEALTH

## CEO Transition
# Highlights

- 60-day executive transition:
  - Regular meetings scheduled each week, started in late March following announcement:
  - Combination of in-office and in the field (East Bay, Sacramento)
- Key topics include the following:
  - Relationship building with state officials.
  - Financials, capital and operational expenses, and fiscal budgets.
  - Organization structure, leadership, and staff.
  - Strategic roadmap, corporate goals & objectives.
  - Diversity, Equity, Inclusion, and Belonging.
  - Legal & regulatory compliance, policies & procedures.
  - Project portfolio, CalAIM initiatives, and the public health emergency.
  - Medicare operational readiness, accreditation, and regulatory matters.
  - Executive meetings with provider partners and other contracted entities.

## CEO Transition
# Highlights

- Joint in-person and video meetings with local community & state leaders
  - State and County: Elected & Appointed Leaders,
  - Mayor's Council,
  - Local & State Trade Associations, LHPC Board of Directors,
  - Alameda County Board of Supervisors, County Administrator & Agency Directors,
    - Health Committee
    - Social Services Committee
  - Safety-net hospitals and health centers,
  - Community-based organizations.

- CEO transition scheduled to compete prior to May 31st, 2023

# Board Composition: Designated Seats Two (2) New Board Member Seats

- I. One member shall ~~represent~~ be the Alameda County Health Care Services Agency Director ~~seat and shall be nominated by the Alameda County Health Care Service Agency~~ or the Director's designee.
- J. One member shall ~~represent~~ be the Alameda County Social Services Agency Director ~~seat and shall be nominated by the Alameda County Social Services Agency~~ or the Director's designee.
- *The language above is contained in the proposed Alameda County Ordinance for the county agency board seats, and would include the additional two (2) Board Seats (CHCN, LTC).*

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

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

**Date:** **May 12th, 2023**

**Subject:** **Operations Report**

## Member Services

- 12-Month Trend Blended Summary:

    - The Member Services Department received a twenty-three percent (23%) increase in calls in April 2023, totaling 16,229 compared to 12,430 in April 2022. Call volume pre-pandemic in April 2019 was 14,911, which is eight percent (8%) lower than the current call volume.
    - The abandonment rate for April 2023 was eighteen percent (18%), compared to fifteen percent (15%) in April 2022.
    - The Department's service level was sixty-nine percent (69%) in April 2023, compared to forty-eight percent (48%) in April 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 four minutes and fifty-seven seconds (04:57) for April 2023, compared to six minutes and thirty seconds (06:30) for April 2022.
    - Ninety-seven percent (97%) of calls were answered within 10 minutes for April 2023 compared to eighty-one (81%) in April 2022.
    - The top five call reasons for April 2023 were: 1). Change of PCP, 2). Benefits 3). Eligibility/Enrollment, 4). Kaiser, 5). ID Card Request. The top five call reasons for April 2022 were: 1). Eligibility/Enrollment, 2). Kaiser, 3). Change of PCP, 4). Benefits, 5). ID Card Requests.
    - April utilization for the member automated eligibility IVR system totaled eleven hundred forty-seven (1147) in April 2023 compared to two hundred-ten (210) in April 2022.
    - The Department continues to service members via multiple communication channels (telephonic, email, online, web-based requests, and in-person) while honoring the organization's policies. The Department responded to eight hundred fifty-four (854) web-based requests in April 2023 compared to seven hundred forty (740) in April 2022. The top three web reason requests for April 2023 were: 1). Change of PCP, 2). ID Card Requests, 3). Update Contact Information. Fifteen (15) members were assisted in person in April 2023.

- 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 eleven hundred thirty-four (1134) web-based requests in March 2023 compared to nine hundred seventy-four (974) in March 2022. The top three web reason requests for March 2023 were: 1). ID Card Requests, 2). Change of PCP, 3). Update Contact Information. Fifteen (15) members were assisted in person in March 2023.

- MS BH:
  - The Member Services Behavioral Health Unit received a total of sixteen hundred sixty-eight (1,668) calls in April 2023.
  - The abandonment rate was twenty-four percent (24%).
  - The service level was seventy-six percent (76%).
  - The Average Talk Time (ATT) was nine minutes and twenty-nine seconds (09:29). ATT is expected to be higher than normal calls due to the DHCS requirements to complete a screening for all members initiating MH services for the first time.
  - Two hundred fifty-five (255) screenings were completed in April 2023.
  - Forty-two (42) referrals were made in April 2023 to the County.

**Claims**

- 12-Month Trend Summary:
  - The Claims Department received 218,296 claims in April 2023 compared to 189,172 in April 2022.
  - Auto Adjudication was 83.4% in April 2023 compared to 83.5% in April 2022.
  - Claims compliance for the 30-day turnaround time was 98.6% in April 2023 compared to 98.7% in April 2022. The 45-day turnaround time was 99.9% in April 2023 compared to 99.9% in April 2022.

- Monthly Analysis:
  - In April, we received a total of 218,296 claims in the HEALTHsuite system. This represents a decrease of 8.39% from March and is higher, by 29,124 claims, than the number of claims received in April 2022; the higher volume of received claims remains attributed to increased membership.
  - We received 88.21% of claims via EDI and 11.79% of claims via paper.
  - During April, 99.9% of our claims were processed within 45 working days.
  - The Auto Adjudication rate was 83.4% for April.

## Provider Services

- 12-Month Trend Summary:
    - The Provider Services department's call volume in April 2023 was 6,245 calls compared to 5,767 calls in April 2022.
    - Provider Services' goal is to achieve first call resolution and reduction of the abandonment rates. Efforts to promote provider satisfaction is our priority.
    - The Provider Services department completed 893 calls/visits during April 2023.
    - The Provider Services department answered 4,437 calls for April 2023 and made 855 outbound calls.

## Credentialing

- 12-Month Trend Summary:
    - At the Peer Review and Credentialing (PRCC) meeting held on April 18, 2023, there were eighty-nine (89) initial network providers approved; five (5) primary care providers, ten (10) specialists, three (3) ancillary providers, sixteen (16) midlevel providers, and fifty-five (55) behavioral health providers. Additionally, forty-six (46) providers were re-credentialed at this meeting; ten (10) primary care providers, twenty-three (23) specialists, three (3) ancillary providers, and ten (10) midlevel providers.

    - Please refer to the Credentialing charts and graphs located in the Operations supporting documentation for more information.

## Provider Dispute Resolution

- 12-Month Trend Summary:
    - In April 2023, the Provider Dispute Resolution (PDR) team received 1618 PDRs versus 1081 in April 2022.
    - The PDR team resolved 685 cases in April 2023 compared to 878 cases in April 2022.
    - In April 2023, the PDR team upheld 72% of cases versus 67% in April 2022.
    - The PDR team resolved 99.7% of cases within the compliance standard of 95% within 45 working days in April 2023, compared to 99.9% in April 2022.

- Monthly Analysis:

- AAH received 1618 PDRs in April 2023.
- In April, 685 PDRs were resolved. Out of the 685 PDRs, 491 were upheld, and 194 were overturned.
- The overturn rate for PDRs was 28%, which did not meet our goal of 25% or less.
- 683 out of 685 cases were resolved within 45 working days resulting in a 99.7% compliance rate.
- The average turnaround time for resolving PDRs in April was 34 days.
- There were 2349 PDRs pending resolution as of 04/30/2023, with no cases older than 45 working days.

**Community Relations and Outreach**

- 12-Month Trend Summary:
  - In April 2023, the Alliance completed 538-member orientation outreach calls and 110 member orientations by phone.
  - The C&O Department reached 320 people (40% identified as Alliance members) during outreach activities, compared to 102 individuals (100% self-identified as Alliance members) in April 2022.
  - The C&O Department spent $25 in donations, fees, and/or sponsorships, compared to $0 in April 2022.
  - The C&O Department reached members in 12 cities/unincorporated areas throughout Alameda County, Bay Area, and the U.S., compared to 12 cities in April 2022.

- Monthly Analysis:
  - In April 2023, the C&O Department completed 538-member orientation outreach calls and 110 member orientations by phone, 1 community event, and 54 Alliance website inquiries.
  - Among the 320 people reached, 40% identified as Alliance members.
  - The C&O Department reached members in 12 locations throughout Alameda County.
  - Please see attached **Addendum A**.

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

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

**Date:** **May 12th, 2023**

**Subject:** **Compliance Division Report**

## Compliance Audit Updates

- 2023 DHCS Routine Medical Survey:
    - The onsite virtual interview was conducted from April 17th, 2023, through April 28th, 2023. A Focused Audit was conducted concurrently during the Routine Survey. The review period covered April 1st, 2022, through March 31st, 2023. The DHCS conducted its closing session on April 28th, 2023, and shared their initial observations and concerns. DHCS Observations covered the following:
        - Category 1 – Utilization Management;
            - NOAs from an Alliance delegate were not sent to approximately 400 members during the audit period. This is still under review by the Plan and a CAP will be issued to the delegate.
        - Category 2 -Case Management & IHA,
            - IHA Completion and reasonable attempts to contact members (potential 2022 repeat finding)
            - BHT Treatment Plans did not contain all criteria or necessary elements.
        - Category 3 – Access & Availability,
            - PCS forms not obtained for every ride (potential 2022 repeat finding)
            - Some transportation providers may not have been enrolled in Medi-Cal
            - Observations regarding Family Planning and State Supported Services payment inaccuracies.
        - Category 4 – Grievance and Appeals,
            - QoC grievance letters not sent within 30-calendar days
            - Observations re potential grievance classification types
        - Category 5 – FWA,
            - Two FWA cases not reported within 10 days of receipt (potential 2022 repeat finding)

- **General Audit Observation:** The SMEs were very well prepared for their audit sessions, which was evidenced by the smooth transitions from the auditors' questions to the SMEs responses. SMEs were so informative with their responses

during the first interview session that six follow-up sessions for Week Two were cancelled.

- 2022 DHCS Routine Medical Survey:
    - The 2022 DHCS Routine Medical Survey was held on April 4th, 2022, and completed April 13th, 2022. On September 13th, 2022, the Plan received the Final Audit Report which detailed 15 findings, 9 of which were repeat findings from the previous audit year. The DHCS requires the Plan to provide a monthly update of the CAP progress. The updates are due to the DHCS every 15th of the month. The Plan submitted additional documentation on April 14th, 2023, and completed submitting the remaining request on May 4th, 2023.

- 2022 DMHC RBO Audits:
    - In 2022, the DMHC examined the claims settlement practices and the provider dispute resolution mechanism of Children First Medical Group, Inc. (RBO) and Community Health Center Network, Inc. (RBO). The Plan received the audit report from DMHC for CFMG and CHCN on December 20th, 2022, and December 28th, 2022, respectively. Deficiencies were found in the following areas:
    - CFMG
        - Claims Payment Accuracy: 1 deficiency
        - Misdirected Claims: 1 deficiency
        - Reimbursement of Claim Overpayments: 1 deficiency
    - CHCN
        - Claims Payment Accuracy: 2 deficiencies
        - Incorrect Claim Denials: 1 deficiency
    - The DMHC required both RBOs to submit a CAP to the Plan. The Plan has completed this request. The Plan's oversight includes quarterly audits of the RBOs claims payment practices beginning with Q1 2023 dates of service. The Plan is drafting audit notification letters to be sent out to both CHCN and CFMG for the quarter audit.

**Compliance Activity Updates**

- 2022 RFP Contract Award & Review:
    - On February 9th, 2022, the DHCS released Request for Proposal (RFP) #20-10029 soliciting submissions for the 2024 Contract for the provision of managed health care services to Medi-Cal beneficiaries. Implementation is to take place through December 31st, 2023, for the majority of the contract's requirements. The State has noted that the Emergency Preparedness and Response Plan will have an extended implementation date of January 1st, 2025. The Plan has identified an internal target implementation date of October 27th, 2023, for all other requirements.

- As of April 27th, 2023, the Plan has submitted a total of one-hundred-thirty-seven (137) deliverables with an overall approval rate of ninety-six percent (96%). The Plan is preparing for its next submission of fifteen (15) deliverables due to DHCS on May 22nd, 2023, and continuing its efforts in implementing new requirements and monitoring potential Business Process Impacts as a result of the changes. The State is expected to provide more information on the remaining, undisclosed requirements in Spring 2023.

- Proposed Modifications to the HIPAA Privacy Rule:
  - In December 2020, the Office for Civil Rights (OCR) proposed modifications to the HIPAA Privacy Rule to Empower Individuals, Improve Coordinated Care and Reduce Regulatory Burdens. On June 22nd, 2022, the OCR announced the new rules will be implemented in March 2023. In April 2023 the OCR stated that the proposed modifications would likely not be published in 2023.

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

- Behavioral Health Insourcing:
  - On September 2nd, 2022, Alameda Alliance for Health filed a Notice of Material Modification (Notice) requesting the Department of Managed Health Care's approval to terminate the administrative services agreement with Beacon Health Strategies, LLC and insource and administer mental health, substance abuse disorder, and behavioral health services. On March 29th, 2023, DMHC issued an Order of Approval and final Undertakings issued. As expected, the Order was issued subject to and conditioned upon the Alliance's full performance to the Department's satisfaction of seven Undertakings. On April 11th, the DMHC advised AAH that it was adding an additional undertaking. On April 12th the revised undertakings were signed by AAH's CEO. On April 13th, 2023, DMHC issued a revised Order of Approval.

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

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

**Date:** **May 12th, 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 to have access to services consistent with the access they previously were receiving. Workflows have been designed and socialized for all applicable internal departments. Training for delegates to be scheduled in May.

- Authorizations for referrals to Tertiary/Quaternary (T/Q) centers were implemented on 1/1/23. Initial data will begin to be available Q2. The UM Medical Director will begin to analyze trends to identify the level of referral appropriateness.

- OP UM is consulting for the new Long Term Care UM team in outpatient referral management to ensure standard UM practices across the Alliance. Training to reinforce individual UM functions will begin mid-May.

- Pharmacy referrals through the UM Medical benefit is on track to transition to the Pharmacy department for full PA management on 6/1/23. This allows for additional specialized focus overview with subject matter experts.

- To guide the growing UM lines of business, a new UM Director is starting May 15th

| Outpatient Authorization Denial Rates | | | |
|---|---|---|---|
| **Denial Rate Type** | **Feb 2023** | **March2023** | **April 2023** |
| Overall Denial Rate | **2. 0%** | **1.9%** | **0.4%** |
| Denial Rate Excluding Partial Denials | **1.6%** | **1.5%** | **0.3%** |
| Partial Denial Rate | **1.1%** | **0. 4%** | **0.1%** |

| Turn Around Time Compliance | | | |
|---|---|---|---|
| **Line of Business** | **Feb 2023** | **March 2023** | **April 2023** |
| Overall | **99%** | **96%** | **95%** |
| Medi-Cal | **99%** | **96%** | **95%** |
| IHSS | **100%** | **100%** | **98%** |
| *Benchmark* | ***95%*** | ***95%*** | ***95%*** |

**Utilization Management: Inpatient**

- January 1st, 2023, FFS Medi-Cal members residing in Long Term Care SNFs began to come into AAH. AAH experienced a 40% increase in Skilled SNF admissions, in Q1 2023 related to both Long Term Care and the duals population. Both the duals and members in long term care have a higher hospitalization rate, that contributed to increases in acute admissions of these vulnerable members, and actively managing the increase in authorization volume. The IP UM team continues to support the LTC UM team processes with training on current IP and OP processes for the management of these members.

- Beginning January 1st, 2023, the Plan assumed responsibility for providing Transitional Care Services for High-Risk members discharging from one level of care to the next lower level of care: such as hospital to SNF or home. IP UM team identifies high risk members admitted to a hospital, conducts discharge assessment, provides name of Care Manager for inclusion in the discharge summary, and refers to Case Management department for follow up.

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

- IP UM team conducted internal training regarding SNF Pre-Admission Screening and Resident Review (PASRR,) process, feedback from contracted providers confirm that they are completing PASRRs for members requiring SNF placement.

Ongoing monitoring for the PASRRs and requesting documentation from SNFs is underway.

| Turn Around Time Compliance | | | |
|---|---|---|---|
| **Metric** | **Jan 2023** | **Feb 2023** | **Mar 2023** |
| Overall | **96%** | **97%** | **94%** |
| Medi-Cal | **96%** | **97%** | **94%** |
| IHSS | **97%** | **100%** | **100%** |
| *Benchmark* | ***95%*** | ***95%*** | ***95%*** |
| **Inpatient Med-Surg Utilization**<br>Total All Aid Categories<br>**Actuals (excludes Maternity)** | | | |
| **Metric** | **Jan 2023** | **Feb 2023** | **Mar 2023** |
| Authorized LOS | **5.8** | **6.5** | **5.5** |
| Admits/1,000 | **51.7** | **50.7** | **54.0** |
| Days/1,000 | **301.2** | **331.7** | **295.5** |

**Utilization Management: Long Term Care**

- As of May 1st, 2023, there are 1707 AAH Members in Long Term Care nursing facilities.

- DHCS is keeping a close eye on the roll out of the LTC carve in, and extensive data is being requested from health plans, on a quarterly basis. The first quarterly Post Transition Monitoring report was submitted to DHCS, and automated reporting systems are being developed with analytics for future reports.

- LTC worked with Analytics to revise the Turn Around Time (TAT) report to reflect the LTC TATs in order to track compliance and ensure timely authorization determinations.

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

- The draft APL regarding the Intermediate Care Facility/Developmental Disability (ICF-DD) / Subacute carve-in on 1/1/2024 was released by DHCS. The LTC team is working with the Integrated Planning Department to ready the Alliance for this significant transition. Collaborative meetings with the Regional Center of East Bay are happening monthly. LTC Team is also working with ICF providers to identify and revise processes to support this transition.

- LTC team is working with Nursing Facilities to obtain the PASRR forms as part of the authorization process for members coming into the facilities, working closely with the IP teams working with the hospitals to manage this process.

## Pharmacy

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

| Decisions | Number of PAs Processed |
|---|---|
| Approved | 37 |
| Denied | 43 |
| Closed | 95 |
| Total | **175** |

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

- Medications for diabetes, dry eyes, overactive bladder, fungal infections, colon cleanse, weight management and high triglycerides are top ten categories for denials.

| Rank | Drug Name | Common Use | Common Denial Reason |
|---|---|---|---|
| 1 | JARDIANCE 10MG TABLET | Diabetes | Criteria for approval not met |
| 2 | OZEMPIC 0.25-0.5 MG/DOSE PEN | Diabetes | Criteria for approval not met |
| 3 | XIIDRA 5% EYE DROPS | Dry Eyes | Criteria for approval not met |
| 4 | MYRBETRIQ ER 25 MG TABLET | Overactive bladder | Criteria for approval not met |
| 5 | TERBINAFINE HCL 250 MG TABLET | Fungal infections | Criteria for approval not met |
| 6 | SUTAB 1.479-0.225-0.188 GM TAB | Colon cleanse | Criteria for approval not met |
| 7 | FARXIGA 10 MG TABLET | Diabetes | Criteria for approval not met |
| 8 | WEGOVY 0.5 MG/0.5 ML PEN | Weight management | Criteria for approval not met |
| 9 | JARDIANCE 25 MG TABLET | Diabetes | Criteria for approval not met |
| 10 | ICOSAPENTYL ETHYL 1 GRAM CAPSULE | High triglycerides | Criteria for approval not met |

- The Alameda Alliance for Health (AAH) Pharmacy Department has successfully carried out Medi-Cal RX go-live as of 1/1/2022 and continues to serve its members with the same high standards of care.
    - As of April 21st, 2023, approximately 52.48 million point-of-sale pharmacy paid claims to participating pharmacies totaling approximately $5.13 billion in payments.
    - Processed 133,293 prior authorization requests.
    - Answered 177,472 calls and 100 percent of virtual hold calls and voicemails have been returned.
    - We have closed submitting Medi-Cal PAs and informing doctor offices to submit to Medi-Cal RX:

| Month | Number of Total PA Closed |
|---|---|
| January 2023 | 30 |
| February 2023 | 39 |
| March 2023 | 60 |
| April 2023 | 50 |

- The AAH Pharmacy Department is collaborating with multiple departments within healthcare services. 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.
    - Referred cases from the CMDM daily feed are evaluated to determine if the AAH Pharmacy Dept is required for each case. The pharmacy department is focusing on lower volume, higher need cases where pharmacy may have the greatest impact on member outcomes:

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

| Month | Number of Auth |
|---|---|
| January 2023 | 309 |
| February 2023 | 291 |
| March 2023 | 482 |

- Pharmacy is collaborating with CDPH, QI and HealthEd for additional asthma intervention, smoking cessation initiatives, for members on use of opioids, and an educational campaign to providers on untreated hepatitis B and C and recent elimination of the X-waiver to prescribe buprenorphine.

**Case and Disease Management**

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

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

- Major Organ Transplant (MOT) CM Bundle continues to be offered to members. The volume continues to increase, (337 members.) All nurses in case management have been trained and are now supporting members throughout the MOT process.

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

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

- CM is 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 March 2023 | Total Open Cases as of March 2023 | Cases Opened in April 2023 | Total Open Cases as of April 2023 |
|---|---|---|---|---|
| Care Coordination | 559 | 972 | 508 | 963 |
| Complex Case Management | 34 | 94 | 27 | 92 |
| Transitions of Care (TCS) | 295 | 589 | 263 | 491 |

**CalAIM Enhanced Case Management**

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

- Received ECM AIR from DHCS for only one question. Response due 05/12/23.

- Meetings have started with onboarding new ECM providers, including California Children's Services (CCS) to discuss the new ECM Population of Focus, Children and Youth.

- CHCN will expand to serve unaccompanied homeless children/youth & Pregnant Postpartum Teens, as well as other newly eligible youth.

- Currently, AHS will not be expanding to serve the children/youth POFs.

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

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

- Onboarding meetings have begun for the new ECM Providers:

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

*Current Anthem providers in the county

| Case Type | ECM Outreach in January 2023 | Total Open Cases as of January 2023 | ECM Outreach in February 2023 | Total Open Cases as of February 2023 | ECM Outreach in March 2023 | Total Open Cases as of March 2023 |
|---|---|---|---|---|---|---|
| ECM | 408 | 959 | 455 | 978 | 457 | 1019 |

**Community Supports**

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

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

- CS meets weekly with each CS provider to work through logistical issues as they arise, 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 Dec 2022 | Services Authorized in Jan 2023 | Services Authorized in Feb 2023 | Services Authorized in March 2023 |
|---|---|---|---|---|
| Housing Navigation | 424 | 309 | 313 | 296 |
| Housing Deposits | 235 | 205 | 155 | 114 |
| Housing Tenancy | 1120 | 720 | 709 | 689 |
| Asthma Remediation | 29 | 34 | 42 | 39 |
| Meals | 395 | 474 | 583 | 593 |
| Medical Respite | 38 | 38 | 42 | 37 |

**Grievances & Appeals**

- All cases were resolved within the goal of 95% within regulatory timeframes.

- Total grievances resolved in April were 7.05 complaints per 1,000 members.

- The Alliance's goal is to have an overturn rate of less than 25%, for the reporting period of April 2023; we met our goal at 19.4% overturn rate.

- **Out of Compliance:** We did not meet our goal of 95% compliance rate for expedited grievances, we resolved one expedited grievance for the month, and it was resolved within 4 days, just missing our 72-hour turnaround time requirement.

| April 2023 Cases | Total Cases | TAT Standard | Benchmark | Total in Compliance | Compliance Rate | Per 1,000 Members* |
|---|---|---|---|---|---|---|
| **Standard Grievance** | 793 | 30 Calendar Days | 95% compliance within standard | 762 | 96.1% | 2.21 |
| **Expedited Grievance** | 1 | 72 Hours | 95% compliance within standard | 0 | 0.0% | 0.003 |
| **Exempt Grievance** | 1,701 | Next Business Day | 95% compliance within standard | 1,701 | 100.0% | 4.75 |
| **Standard Appeal** | 30 | 30 Calendar Days | 95% compliance within standard | 30 | 100.0% | 0.08 |
| **Expedited Appeal** | 1 | 72 Hours | 95% compliance within standard | 1 | 100.0% | 0.003 |
| **Total Cases:** | 2,526 | | 95% compliance within standard | 2,494 | 98.7% | 7.05 |

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

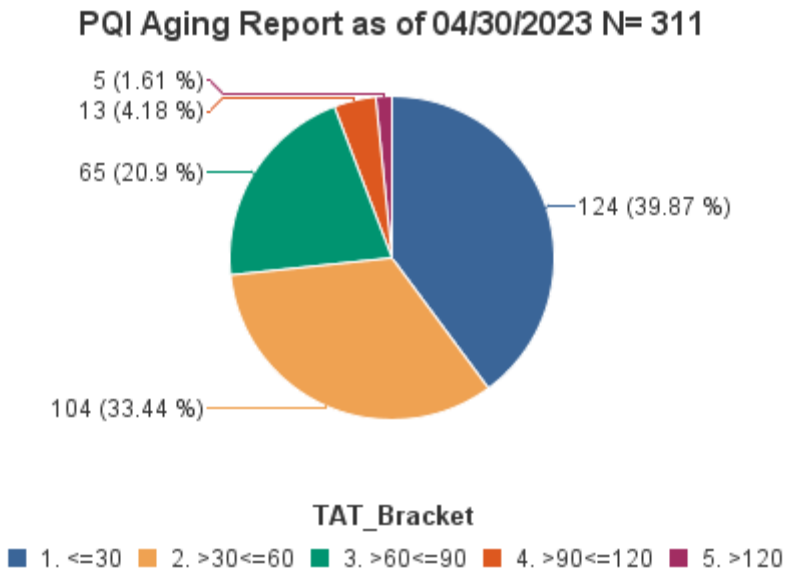
## Quality

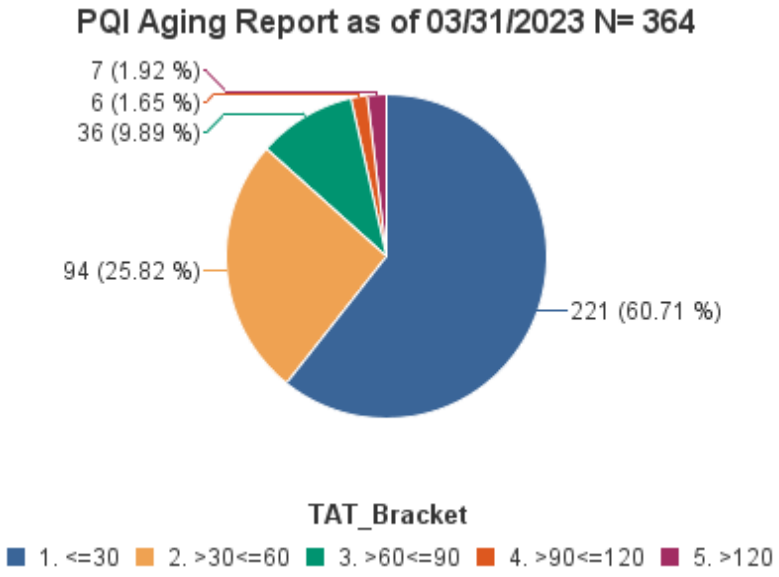
- Quality Improvement continues to track and trend PQI Turn-Around-Time (TAT) compliance. Our goal is closure of PQIs cases within 120 days from receipt to resolution via nurse investigation and procurement of medical records and/or provider responses followed by final MD review when applicable.

- As part of an effort to streamline the PQI review process, Quality of Access issues are reviewed by the Access & Availability team and Quality of Language issues by the Cultural & Linguistics team after they are triaged by the QI Clinical team. Quality of Care and Service issues continue to be reviewed by the QI Clinical staff.

- PQI cases open > 120 days made up 1.92% of total cases for March and 1.61% in April. Therefore, turnaround times for case review and closure remain well under the benchmark of 5% per PQI P&P QI-104.

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




## Potential Quality Issues

- Potential Quality Issues (PQIs) are defined as: An individual occurrence or occurrences with a potential or suspected deviation from accepted standards of care, including diagnostic or therapeutic actions or behaviors that are considered the most favorable in affecting the patient's health outcome, which cannot be affirmed without additional review and investigation to determine whether a quality issue exists. PQI cases are classified as Quality of Care (QOC), Quality of Service (QOS), Quality of Access (QOA) or Quality of Language (QOL). The Alliance QI Department investigates all PQIs referred to as outlined in policy QI-104, Potential Quality Issues. PQIs may be submitted via a wide variety of sources including but not limited to members, practitioners, internal staff, and external sources. PQIs are referred to the Quality Improvement (QI) Department through a secure electronic

feed or entered manually into the PQI application, for evaluation, investigation, resolution, and tracking.

- Quality Review Nurses investigate PQIs and summarize their findings. QOS cases that do not contain a clinical component are investigated and closed by the review nurse. QOA cases are referred to the Access and Availability Team while QOL cases referred to the Cultural and Linguistic Team for review and investigation. The Senior Director and/or the QI RN Supervisor oversees and audits a random sample of all QOS cases. The QI Medical Director reviews all QOC cases, in addition to any QOS cases where the Quality Review Nurse and RN Supervisor/Director requests Medical Director case review. The QI Medical Director will refer cases to the Peer Review and Credentialing Committee (PRC) for resolution on clinical discretion or if a case is found to be a significant Quality of Care Issue (Clinical Severity 3, 4).

## Quality of Care Issue (QOC) Severity Levels

| SEVERITY LEVEL | DESCRIPTION |
|---|---|
| **C0** | No QOC Issue |
| **C1** | Appropriate QOC<br>May include medical / surgical complication in the *absence of negligence.*<br>Examples: Medication or procedure side effect |
| **C2** | Borderline QOC<br>With potential for adverse effect or outcome<br>Examples: Delay in test with *potential* for adverse outcome |
| **C3** | Moderate QOC<br>Actual adverse effect or outcome (non-life or limb threatening) Examples: Delay in or unnecessary test *resulting in* poor outcome |
| **C4** | Serious QOC<br>With significant adverse effect or outcome (life or limb threatening) Examples: Life or limb threatening |

## 2022 Potential Quality Issues Analysis for Medi-Cal and IHSS Line of Business

- Alameda Alliance for Health's Quality Department received 6458 Potential Quality Issues (PQIs) during measurement year 2022, which is a 112% increase from 2021. The total volume of PQIs increased by 3407 which is largely reflected in the number of QOS and QOA issues identified during this measurement year. Of the 6458 PQIs received in 2022, 8%, or 509, of the PQIs were classified as a QOC issue. PQI monthly and quarterly totals are listed below:

**2022 All PQI Type Monthly Totals**

| PQI Type | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | TOTAL | % |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **All Types of PQIs** | **328** | **321** | **589** | **563** | **489** | **483** | **570** | **687** | **727** | **412** | **593** | **696** | **6458** | |
| **QOA** | 100 | 123 | 229 | 183 | 146 | 164 | 189 | 246 | 259 | 123 | 150 | 215 | **2127** | **33%** |
| **QOC** | 58 | 20 | 32 | 47 | 38 | 41 | 57 | 68 | 43 | 55 | 34 | 16 | **509** | **8%** |
| **QOS** | 145 | 162 | 306 | 304 | 270 | 254 | 295 | 335 | 388 | 213 | 384 | 428 | **3484** | **54%** |
| **QOL** | 14 | 7 | 14 | 21 | 23 | 17 | 24 | 26 | 23 | 14 | 15 | 30 | **228** | **3%** |
| **Other**** | 11 | 9 | 8 | 8 | 12 | 7 | 5 | 12 | 14 | 7 | 10 | 7 | **110** | **2%** |

**Referred to Beacon or Kaiser

**Cultural and Linguistic Services**

- The Alliance 2022 Cultural and Linguistic Services Program Evaluation highlights:
  - Supported over 41,000 in person, telephonic, and video health care interactions with interpreter services. Services were offered in 90 languages by 4 different vendors.
  - Utilization of the top 10 languages for in-person, telephonic and video interpreter services included not only our threshold languages, but also American Sign Language and other languages.

| In-Person | Telephonic | Video |
|---|---|---|
| Cantonese | Cantonese | Cantonese |
| Vietnamese | Vietnamese | Spanish |
| Spanish | Spanish | Vietnamese |
| Mandarin | Mandarin | Mandarin |
| American Sign Language | Arabic | American Sign Language |
| Arabic | Khmer | Arabic |
| Dari | Korean | Portuguese |
| Punjabi | Mongolian | Korean |
| Russian | Dari | Khmer |
| Farsi | Farsi | Tagalog |

- Averaged 96% quarterly fulfillment rate for all interpreter services, exceeding our goal of 95%.
- Addressed 220 Quality of Language (QOL) Potential Quality Issues (PQI) ensuring members connected with needed language services and providing member and provider education on accessing interpreters when required.
- Experienced a slight decrease for children and 3.3 percentage point decrease for adults in favorable responses on the Member Satisfaction Survey, CG-CAHPS to the survey question: "*Were you able to communicate with your doctor and clinic staff in your preferred language?*"

| Favorable Response Rate | 2021 | 2022 |
|---|---|---|
| **Adult** | 84.4% | 81.1% |
| **Child** | 93.0% | 92.6% |

- Maintained a favorable count of members per PCP by language throughout 2022 for both Medi-Cal and Group Care. Based on ratios for Q4 2022:
  - For Medi-Cal, Vietnamese has the highest ratio (408 members per PCP).
  - For Group Care, Chinese has the highest ratio (21 members per PCP).
- Implemented the annual Cultural Sensitivity Training for 99% of Alliance staff and distributed a provider version to the Alliance provider network. The 2022 training received input from the Alliance Diversity, Equity and Inclusion Committee and featured multi-cultural presenters.
- Recruited six (6) new Member Advisory Committee members including Black (African American), Latinx, young adults and persons with disabilities.

- Cultural and linguistic Services Program 2022 Workplan highlights:
  - The Alliance will be updating the Cultural Sensitivity Training to include 2024 DHCS Contract requirements for including information on structural and institutional racism, health inequities, our population health assessment findings, and strategies for addressing identified inequities.
  - The Alliance will expand the membership and scope of the Member Advisory Committee in order to adequately represent the growing Alliance membership and enhance community engagement and member input into the development of Alliance policies and services.
  - The Cultural and Linguistic Services team will be collaborating with the new Chief Health Equity Officer on the Alliance's Diversity Equity, Inclusion and Belonging initiatives.

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

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

**Date:** **May 12th, 2023**

**Subject:** **Health Equity Report**

**Staffing Plan and Recruitment for Health Equity Team:**

- **Job Descriptions and Gradings –** Collaborated with Human Resources to complete the development of job descriptions and grade levels for the Senior Manager and Senior Analyst of Health Equity.

- **Advertisement and Selection Process** – Collaborated with Human Resources to advertise the Senior Manager and Senior Analyst internally and externally. The selection process for these positions is tentatively scheduled for the second or last weeks of May 2023.

**Internal Collaboration:**

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

- **Population Health Management** – Conduct weekly check-ins with the Population Health Management Team to discuss and provide technical support on the development and implementation of the annual cultural sensitivity training and the development of the first draft of the 2023 population health strategy.

- **Budget Reviews –** Met with the Finance Team to review and prepare the final FY 2023-2024 annual operating budget for the Health Equity Division.

**External Collaboration:**

- **Meetings With Other Local Health Plans' Chief Health Equity Officers** (CHEOs) – During the past month, I contacted and had several virtual meetings with other CHEOs (LA Care, Kern Health Systems, Inland Empire Health Plan, and Partnership Health Plan of California). As a group of CHEOs, we compiled collective feedback on the All Plan Letter (APL) draft.

**Professional Development / Knowledge Building:**

- **Department of Managed Health Care (DMHC) statute** – Reading and learning the statutory requirements of DMHC – (i.e., APL 22-028 and 2022 Health Equity and Quality Committee Report).

- **Department of Human Care Services (DHCS) APL** – Reading and learning the APLs issued by DHCS, including the recent draft APL pertaining to Diversity, Equity, and Inclusion training requirements.

- **DHCS 2024 Master Service Agreement (Excerpts related to health equity standards & practices) –** Collaborating with the Compliance Team to obtain the excerpts relating to health equity for learning and familiarization.

- **Alliance's 2023 Population Health Strategy –** Collaborating with the Population Health Management Team to obtain a copy of the final draft of the 2023 Alliance's Population Health Strategy for learning and familiarization.

**Values in Action (VIA) Committee:**

- **VIA** Committee has finalized its planning and coordination of a luncheon in celebration of the retirement of our CEO, Scott Coffin, as follows:

- ***When:*** *Friday, May 19th, 2023, between 11:30 am to 2:00 pm*

  ***Where:*** *Alameda Alliance for Health Headquarters - 1240 S. Loop Rd, Alameda, CA 94502*

  ***There*** *will be plenty of soda, water, dessert, and much more for All! Four different food vendors will provide a wide range of food as follows:*

  ***3-3-3: Mexican, Korean, and Indian Foods***
  ***Sample menu:***
  - Spicy Pork Bowl
  - Mushroom Tofu Bowl (Vegan)
  - Paneer Tikka Masala Bowl (Vegetarian)
  - Chickpea Curry Bowl (Vegan)

  ***Me So Hungry Too***
  ***Sample menu:***

  - *Burgers & Fries*

***Sunrise Deli: Delicious Middle Eastern Cuisine***
***Sample menu:***

- *Lamb/Beef Shawarma Wrap*
- *Chicken Shawarma Wrap*
- *Falafel Wrap (Vegan)*
- *All wraps are served with pita chips and a drink*

***Los Kuyas: Filipino-Mexican-inspired cuisine***
***Sample menu:***

- Burritos *& Rice Bowls - with guests' choice of protein & side of chips and salsa*

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

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

**Date:** **May 12th, 2023**

**Subject:** **Information Technology Report**

## Call Center System Availability

- AAH phone systems and call center applications performed at 100% availability during the month of April 2023 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.

- In the month of March 2023, the project team focused on reviewing the published DR runbook. The review and revision process took longer than anticipated and expect executive sign-off by the mid-April 2023.

- Project close-out meeting with the vendor has been completed on April 10th. The project has officially been closed with the executive sign-off.

- DR Runbook Life Cycle Management will be socialized and implemented by the end of May 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 April 2023, we completed 98% of the deployment.
    - This brings the total number of shared application deployments to 13, with 12 completed, and 1 remaining.

## Encounter Data

- In the month of April 2023, the Alliance submitted 192 encounter files to the Department of Health Care Services (DHCS) with a total of 315,659 encounters.

- HealthSuite encounter variance for inbound volume versus outbound volume continues to be high due to denied claims that will not be submitted to DHCS as encounters.

## Enrollment

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

## HealthSuite

- A total of 189,022 claims were processed in the month of April 2023, out of which 157,685 claims auto adjudicated. This sets the auto-adjudication rate for this period to 83.4%.

## TruCare

- A total of 16,126 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 April 2023, we had to redefine the provider access controls for the initial Behavioural Health (BH) screening form on the portal as per new business rules brought to light. However, we made significant progress in developing the forms to directly accept our providers' Long-Term Care Authorization, Referral forms, and Behavioural Health provider forms.

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

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

**Date:** **May 12th, 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: Feb 2022 – Jan 2023 dates of service
  Prior reporting period: Feb 2021 – Jan 2022 dates of service
  (Note: Data excludes Kaiser membership data.)

- For the Current reporting period, the top 9.7% of members account for 85.6% of total costs.

- In comparison, the Prior reporting period was lower at 8.7% 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 61.4% of the members, with SPDs accounting for 26.3% and ACA OE's at 35.1%.

    - 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 45.2%.

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

    - However, the age distribution of the top 9.7% is more concentrated in the 45–66-year-old category (39.5%) compared to the overall population (20.6%).

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

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

**Date:** **May 12th, 2023**

**Subject:** **Human Resources Report**

## Staffing

- As of May 1st, 2023, the Alliance had 461 full time employees and 1-part time employee.

- On May 1st, 2023, the Alliance had 54 open positions in which 17 signed offer acceptance letters have been received with start dates in the near future resulting in a total of 37 positions open to date. The Alliance is actively recruiting for the remaining 37 positions and several of these positions are in the interviewing or job offer stage.

- Summary of open positions by department:

| Department | Open Positions May 1st | Signed Offers Accepted by Department | Remaining Recruitment Positions |
|---|---|---|---|
| Healthcare Services | 10 | 5 | 5 |
| Operations | 20 | 5 | 15 |
| Healthcare Analytics | 4 | 1 | 3 |
| Information Technology | 4 | 1 | 3 |
| Finance | 1 | 0 | 1 |
| Compliance & Legal | 2 | 1 | 1 |
| Human Resources | 2 | 0 | 2 |
| Executive | 5 | 1 | 4 |
| Integrated Planning | 6 | 3 | 3 |
| Total | 54 | 17 | 37 |

- Our current recruitment rate is 11%.

## Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in April 2023 included:
    - 5 years:
        - Idy Vong (Member Services)
        - Bobby Hendrix (Quality Management)
    - 6 years:
        - Ramon Tran Tang (Pharmacy Services)
    - 7 years:
        - Kristel Rusiana (Utilization Management)
        - Remy Sagayo (Finance)
        - Sonia Spears (Quality Analytics)
        - Maria Radona (Utilization Management)
        - Tanisha Lipscomb-Shepard (Quality Management)
        - Junaid Godil (IT – Ops & Quality Apps Management)
    - 8 years:
        - Christine Marie Rosal (Utilization Management)
        - Paris Hawkins (Claims)
    - 11 years:
        - Christine Rattray (Quality Management)
        - Elsa Guzman (Case & Disease Management)
    - 13 years:
        - Marlowe West (Claims)
        - Latrina Broadnax (Claims)
    - 14 years:
        - Tyisha Pierce (Claims)
    - 15 years:
        - Ed Sanares (IT Infrastructure)
        - Kristy Nguyen (Finance)
    - 21 years:
        - Mandy Gutierrez (Marketing & Communications)
    - 22 years:
        - Teresa Corral (Claims)

ALAMEDA Alliance FOR HEALTH

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# DETAILED APPENDIX

ALAMEDA Alliance FOR HEALTH

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# Legislative Tracking

## May 2023 Legislative Tracking List

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

**AB 4** **(Arambula D) Covered California: expansion.**
**Current Text:** Amended: 3/9/2023 html pdf
**Last Amend:** 3/9/2023
**Status:** 4/26/2023-In committee: Set, first hearing. Referred to suspense file.
**Location:** 4/26/2023-A. APPR. SUSPENSE FILE

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

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

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

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. 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 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:** Amended: 3/16/2023 html pdf
**Last Amend:** 3/16/2023
**Status:** 4/19/2023-In committee: Set, first hearing. Referred to suspense file.
**Location:** 4/19/2023-A. APPR. SUSPENSE FILE

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

**Summary:** Current law provides for the licensure and regulation of health facilities, including skilled nursing facilities and intermediate care facilities, by the State Department of Public Health. Current law requires skilled nursing facilities and intermediate care facilities to have written policies regarding the rights of patients. This bill would add to these rights the right of every resident to receive the information that is material to an individual's informed consent decision concerning whether to accept or refuse the administration of psychotherapeutic drugs, as specified. This bill would also add the right to be free from psychotherapeutic drugs used for the purpose of resident discipline, convenience, or chemical restraint, except in an emergency that threatens to cause immediate injury to the resident or others. This bill would make the prescriber responsible for disclosing the material information relating to psychotherapeutic drugs to the resident and obtaining their informed consent, as defined.

**AB 55** **(Rodriguez D) Medi-Cal: workforce adjustment for ground ambulance transports.**
**Current Text:** Amended: 4/27/2023 html pdf
**Last Amend:** 4/27/2023
**Status:** 5/1/2023-Re-referred to Com. on APPR.
**Location:** 4/25/2023-A. APPR.

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

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

**AB 85** **(Weber D) Social determinants of health: screening and outreach.**

**Current Text:** Amended: 4/17/2023 html pdf
**Last Amend:** 4/17/2023
**Status:** 4/26/2023-From committee: Do pass and re-refer to Com. on APPR. (Ayes 12. Noes 0.) (April 25). Re-referred to Com. on APPR.
**Location:** 4/25/2023-A. APPR.

| 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 January 1st, 2024, to include coverage for screenings for social determinants of health, as defined, regardless of the screening method utilized. The bill would require a health care service plan or health insurer to provide physicians who provide primary care services with adequate access to community health workers, peer support specialists, lay health workers, community health representatives, or social workers in counties where the health care service plan or health insurer has enrollees or insureds, as specified. The bill would 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. The bill would also require that federally qualified health centers and rural health clinics be reimbursed for these services at the Medi-Cal fee-for-service rate.

**AB 90** **(Petrie-Norris D) Family PACT Program: contraceptive device coverage.**
**Current Text:** Introduced: 1/5/2023 html pdf
**Status:** 4/19/2023-In committee: Set, first hearing. Referred to suspense file.
**Location:** 4/19/2023-A. APPR. SUSPENSE FILE

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

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

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

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. 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: 3/20/2023 html pdf
**Last Amend:** 3/20/2023
**Status:** 4/19/2023-In committee: Set, first hearing. Referred to suspense file.
**Location:** 4/19/2023-A. APPR. SUSPENSE FILE

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

**Summary:** Current law requires a health care service plan and a health insurer that contracts with providers for alternative rates of payment to publish and maintain a provider directory or directories with information on contracting providers that deliver health care services enrollees or insureds and requires a health care service plan and health insurer to regularly update its printed and online provider directory or directories, as specified. This bill would require a plan or insurer to annually audit and delete inaccurate listings from its provider directories and would require a provider directory to be 60% accurate on January 1st, 2024, with increasing required percentage accuracy benchmarks to be met each year until the directories are 95% accurate on or before January 1st, 2027. The bill would subject a plan or insurer to administrative penalties for failure to meet the prescribed benchmarks and for each inaccurate listing in its directories. If a plan or insurer has not financially compensated a provider in the prior year, the bill would require the plan or insurer to delete the provider from its directory beginning July 1st, 2024, unless specified criteria apply. The bill would require a plan or insurer to provide information about in-network providers to enrollees and insureds upon request and would limit the cost-sharing amounts an enrollee or insured is required to pay for services from those providers under specified circumstances.

**AB 254** **(Bauer-Kahan D) Confidentiality of Medical Information Act: reproductive or sexual health application information.**
**Current Text:** Amended: 4/17/2023 html pdf
**Last Amend:** 4/17/2023
**Status:** 4/26/2023-Coauthors revised. From committee: Do pass and re-refer to Com. on APPR. (Ayes 10. Noes 0.) (April 25). Re-referred to Com. on APPR.
**Location:** 4/26/2023-A. APPR.

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

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

information, which the bill would define to mean information about a consumer's reproductive or sexual health collected by a reproductive or sexual health digital service, as specified. The bill would make a business that offers a reproductive or sexual health digital service to a consumer for the purpose of allowing the individual to manage the individual's information, or for the diagnosis, treatment, or management of a medical condition of the individual, a provider of health care subject to the requirements of the CMIA.

**AB 289** **(Holden D) Mental health services: representation.**
**Current Text:** Amended: 3/7/2023 html pdf
**Last Amend:** 3/7/2023
**Status:** 3/30/2023-Read third time. Passed. Ordered to the Senate. In Senate. Read first time. To Com. on RLS. for assignment.
**Location:** 3/30/2023-S. RLS.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Cha |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1st House | | | | 2nd House | | | | | | | |

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

**AB 317** **(Weber D) Pharmacist service coverage.**
**Current Text:** Introduced: 1/26/2023 html pdf
**Status:** 4/27/2023-Read third time. Passed. Ordered to the Senate. In Senate. Read first time. To Com. on RLS. for assignment.
**Location:** 4/27/2023-S. RLS.

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

**Summary:** Current law authorizes health care service plans and certain disability insurers, that offer coverage for a service that is within the scope of practice of a duly licensed pharmacist, to pay or reimburse the cost of the service performed by a pharmacist for the plan or insurer if the pharmacist otherwise provides services for the plan or insurer. This bill would instead require a health care service plan and certain disability insurers that offer coverage for a service that is within the scope of practice of a duly licensed pharmacist to pay or reimburse the cost of services performed by a pharmacist at an in-network pharmacy or by a pharmacist at an out-of-network pharmacy if the health care service plan or insurer has an out-of-network pharmacy benefit. Because a willful violation of the bill's requirements relative to health care service plans would be

a crime, the bill would impose a state-mandated local program.

**AB 352** **(Bauer-Kahan D) Health information.**
**Current Text:** Amended: 3/23/2023 html pdf
**Last Amend:** 3/23/2023
**Status:** 4/26/2023-Coauthors revised. From committee: Do pass and re-refer to Com. on APPR. (Ayes 8. Noes 2.) (April 25). Re-referred to Com. on APPR.
**Location:** 4/26/2023-A. APPR.

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

**Summary:** The Reproductive Privacy Act provides that every individual possesses a fundamental right of privacy with respect to their personal reproductive decisions. Existing law prohibits the state from denying or interfering with a person's right to choose or obtain an abortion prior to viability of the fetus, or when the abortion is necessary to protect the life or health of the person. The Confidentiality of Medical Information Act (CMIA) generally prohibits a provider of health care, a health care service plan, or a contractor from disclosing medical information regarding a patient, enrollee, or subscriber without first obtaining an authorization, unless a specified exception applies. The CMIA requires every provider of health care, health care service plan, pharmaceutical company, or contractor who, among other things, maintains or stores medical information to do so in a manner that preserves the confidentiality of the information contained therein. The CMIA also prohibits a provider of health care, a health care service plan, a contractor, or an employer from releasing medical information that would identify an individual or related to an individual seeking or obtaining an abortion in response to a subpoena or a request or to law enforcement if that subpoena, request, or the purpose of law enforcement for the medical information is based on, or for the purpose of enforcement of, either another state's laws that interfere with a person's rights to choose or obtain an abortion or a foreign penal civil action. Current law makes a violation of the CMIA that results in economic loss or personal injury to a patient punishable as a misdemeanor. This bill would require specified businesses that electronically store or maintain medical information on the provision of sensitive services on behalf of a provider of health care, health care service plan, pharmaceutical company, contractor, or employer to develop capabilities, policies, and procedures, on or before July 1st, 2024, to enable certain security features, including limiting user access privileges and segregating medical information related to sensitive services, as specified.

**AB 365** **(Aguiar-Curry D) Medi-Cal: diabetes management.**
**Current Text:** Amended: 3/15/2023 html pdf
**Last Amend:** 3/15/2023
**Status:** 4/19/2023-In committee: Set, first hearing. Referred to suspense file.
**Location:** 4/19/2023-A. APPR. SUSPENSE FILE

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

**Summary:** Current law sets forth a schedule of benefits under the Medi-Cal program. This bill would add continuous glucose monitors and related supplies required for use with those monitors as a covered benefit under the Medi-Cal program, subject to utilization controls. The bill would

require the department, by July 1st, 2024, to review and update, as appropriate, coverage policies for continuous glucose monitors, as specified. The bill would authorize the department to require a manufacturer of a continuous glucose monitor to enter into a rebate agreement with the department. The bill would limit its implementation to the extent that any necessary federal approvals are obtained, and federal financial participation is not otherwise jeopardized.

**AB 425** **(Alvarez D) Medi-Cal: pharmacogenomic testing.**
**Current Text:** Amended: 3/30/2023 html pdf
**Last Amend:** 3/30/2023
**Status:** 4/19/2023-In committee: Set, first hearing. Referred to suspense file.
**Location:** 4/19/2023-A. APPR. SUSPENSE FILE

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

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

**AB 428** **(Waldron R) California Department of Reentry.**
**Current Text:** Amended: 4/20/2023 html pdf
**Last Amend:** 4/20/2023
**Status:** 4/24/2023-Re-referred to Com. on APPR.
**Location:** 4/18/2023-A. APPR.

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

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

**AB 459** **(Haney D) California Behavioral Health Outcomes and Accountability Review.**
**Current Text:** Amended: 4/13/2023 html pdf
**Last Amend:** 4/13/2023
**Status:** 4/17/2023-Re-referred to Com. on APPR.
**Location:** 4/11/2023-A. APPR.

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

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

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

**AB 483** **(Muratsuchi D) Local educational agency: Medi-Cal billing option.**
**Current Text:** Introduced: 2/7/2023 html pdf
**Status:** 4/19/2023-In committee: Set, first hearing. Referred to suspense file.
**Location:** 4/19/2023-A. APPR. SUSPENSE FILE

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**Summary:** Would require the State Department of Health Care Services to revise the state plan to establish a revised audit process for Medi-Cal Billing Option claims submitted for dates of service on or after January 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. The bill would require the department's summary of activities in the above-described report to also include training for LEAs and a summary of the number of audits conducted of Medi-Cal Billing Option claims, as specified. The bill would require the department to ensure, for those claims, that "medical necessity" for a beneficiary under 21 years of age has a specified meaning.

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

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**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 appropriation, requires the department to set the amounts of those directed payments under a specified formula. Current law requires the department to establish the methodology or methodologies, parameters, and eligibility criteria for the directed payments, including the milestones and metrics that network providers of skilled nursing facility services must meet in order to receive a directed payment from a Medi-Cal managed care plan, with at least 2 of these milestones and metrics tied to workforce measures. This bill would require that the measures and milestones include program access, staff training, and capital improvement measures aimed at addressing the needs of skilled nursing facility residents with vision loss.

**AB 492** **(Pellerin D) Medi-Cal: reproductive and behavioral health integration pilot programs.**
**Current Text:** Amended: 3/23/2023 html pdf
**Last Amend:** 3/23/2023
**Status:** 4/19/2023-Coauthors revised. From committee: Do pass and re-refer to Com. on APPR. (Ayes 11. Noes 4.) (April 18). Re-referred to Com. on APPR.
**Location:** 4/18/2023-A. APPR.

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**Summary:** Current law establishes the Family Planning, Access, Care, and Treatment (Family PACT) Program pursuant to a federal waiver, as part of the schedule of Medi-Cal benefits. Under existing law, the Family PACT Program provides comprehensive clinical family planning services

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

**AB 503** **(Carrillo, Juan D) Health care: organ donation enrollment.**
**Current Text:** Amended: 4/13/2023 html pdf
**Last Amend:** 4/13/2023
**Status:** 4/26/2023-In committee: Hearing postponed by committee.
**Location:** 4/11/2023-A. APPR.

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

**AB 524** **(Wicks D) Discrimination: family caregiver status.**
**Current Text:** Amended: 3/15/2023 html pdf
**Last Amend:** 3/15/2023
**Status:** 4/26/2023-In committee: Set, first hearing. Referred to suspense file.
**Location:** 4/26/2023-A. APPR. SUSPENSE FILE

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**Summary:** The California Fair Employment and Housing Act (FEHA), which is enforced by the Civil Rights Department, prohibits various forms of employment discrimination and recognizes the opportunity to seek, obtain, and hold employment without specified forms of discrimination as a civil right. The act also makes it an unlawful employment practice for an employer, among other

things, to refuse to hire or employ a person because of various personal characteristics, conditions, or traits. This bill would prohibit employment discrimination on account of family caregiver status, as defined, and would recognize the opportunity to seek, obtain, and hold employment without discrimination because of family caregiver status as a civil right, as specified.

**AB 549** **(Wilson D) Gender discrimination.**
**Current Text:** Amended: 3/8/2023 html pdf
**Last Amend:** 3/8/2023
**Status:** 4/19/2023-In committee: Set, first hearing. Referred to suspense file.
**Location:** 4/19/2023-A. APPR. SUSPENSE FILE

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

**AB 551** **(Bennett D) Medi-Cal: specialty mental health services: foster children.**
**Current Text:** Amended: 4/27/2023 html pdf
**Last Amend:** 4/27/2023
**Status:** 5/1/2023-Re-referred to Com. on APPR.
**Location:** 4/25/2023-A. APPR.

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

provisions apply only if certain circumstances exist. This bill, for purposes of foster children placed or admitted in those specific settings, would delay, until July 1st, 2024, the requirement on the county of original jurisdiction to retain responsibility and the limitation on the presumptive transfer provisions.

**AB 557** **(Hart D) Open meetings: local agencies: teleconferences.**
**Current Text:** Introduced: 2/8/2023 html pdf
**Status:** 5/1/2023-Read second time. Ordered to third reading.
**Location:** 5/1/2023-A. THIRD READING

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**Summary:** The Ralph M. Brown Act allows for meetings to occur via teleconferencing subject to certain requirements, particularly that the legislative body notice each teleconference location of each member that will be participating in the public meeting, that each teleconference location be accessible to the public, that members of the public be allowed to address the legislative body at each teleconference location, that the legislative body post an agenda at each teleconference location, and that at least a quorum of the legislative body participate from locations within the boundaries of the local agency's jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined. Current law, until January 1st, 2024, authorizes a local agency to use teleconferencing without complying with those specified teleconferencing requirements in specified circumstances when a declared state of emergency is in effect, or in other situations related to public health, as specified. If there is a continuing state of emergency, or if state or local officials have imposed or recommended measures to promote social distancing, current law requires a legislative body to make specified findings not later than 30 days after the first teleconferenced meeting, and to make those findings every 30 days thereafter, in order to continue to meet under these abbreviated teleconferencing procedures. Current law requires a legislative body that holds a teleconferenced meeting under these abbreviated teleconferencing procedures to give notice of the meeting and post agendas, as described, to allow members of the public to access the meeting and address the legislative body, to give notice of the means by which members of the public may access the meeting and offer public comment, including an opportunity for all persons to attend via a call-in option or an internet-based service option. Current law prohibits a legislative body that holds a teleconferenced meeting under these abbreviated teleconferencing procedures from requiring public comments to be submitted in advance of the meeting and would specify that the legislative body must provide an opportunity for the public to address the legislative body and offer comment in real time. This bill would extend the above-described abbreviated teleconferencing provisions when a declared state of emergency is in effect, or in other situations related to public health, as specified, indefinitely.

**AB 564** **(Villapudua D) Medi-Cal: claim or remittance forms: signature.**
**Current Text:** Amended: 4/5/2023 html pdf
**Last Amend:** 4/5/2023
**Status:** 4/26/2023-In committee: Hearing postponed by committee.
**Location:** 4/11/2023-A. APPR.

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

**AB 576** **(Weber D) Medi-Cal: reimbursement for abortion.**
**Current Text:** Amended: 3/30/2023 html pdf
**Last Amend:** 3/30/2023
**Status:** 4/26/2023-In committee: Hearing postponed by committee.
**Location:** 4/11/2023-A. APPR.

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**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, by March 1st, 2024, to review and update Medi-Cal coverage policies for medication abortion to align with current evidence-based clinical guidelines. After the initial review, the bill would require the department to update its Medi-Cal coverage policies for medication abortion as needed to align with evidence-based clinical guidelines.

**AB 583** **(Wicks D) Birthing Justice for California Families Pilot Project.**
**Current Text:** Amended: 4/13/2023 html pdf
**Last Amend:** 4/13/2023
**Status:** 4/26/2023-In committee: Hearing postponed by committee.
**Location:** 4/11/2023-A. APPR.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**Summary:** Would establish the Birthing Justice for California Families Pilot Project, which would include a 3-year grant program administered by the Department of Health Care Access and Information to provide grants to specified entities, including community-based doula groups, to provide full-spectrum doula care to pregnant and birthing people who are low income and do not qualify for Medi-Cal or who are from communities that experience high rates of negative birth outcomes. The bill would require the department to take specified actions with regard to awarding grants, including awarding grants to selected entities on or before January 1st, 2025. The bill would require a grant recipient to use grants funds to pay for the costs associated with providing full-spectrum doula care to eligible individuals and establishing and managing doula services. The bill would require a grant recipient, in setting the payment rate for a doula being paid with grant funds, to comply with specified parameters, including that the payment rate not be less than the Medi-Cal

reimbursement rate for doulas or the median rate paid for doula care in existing local pilot projects providing doula care in California, whichever is higher. The bill would require the department, on or before January 1st, 2028, to submit a report to the appropriate policy and fiscal committees of the Legislature on the expenditure of funds and relevant outcome data for the pilot project. The bill would repeal these provisions on January 1st, 2029.

**AB 586** **(Calderon D) Medi-Cal: community supports: climate change or environmental remediation devices.**
**Current Text:** Amended: 3/30/2023 html pdf
**Last Amend:** 3/30/2023
**Status:** 4/26/2023-In committee: Hearing postponed by committee.
**Location:** 4/11/2023-A. APPR.

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

**AB 608** **(Schiavo D) Medi-Cal: comprehensive perinatal services.**
**Current Text:** Amended: 4/17/2023 html pdf
**Last Amend:** 4/17/2023
**Status:** 4/26/2023-In committee: Hearing postponed by committee.
**Location:** 4/11/2023-A. APPR.

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**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 consider

input from the State Department of Public Health and certain stakeholders, as specified, in determining the specific number of additional comprehensive perinatal assessments, individualized care plans, visits, and units of services to be covered.

**AB 614** **(Wood D) Medi-Cal.**
**Current Text:** Amended: 4/19/2023 html pdf
**Last Amend:** 4/19/2023
**Status:** 4/26/2023-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 15. Noes 0.) (April 25). Re-referred to Com. on APPR.
**Location:** 4/25/2023-A. APPR.

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

**AB 616** **(Rodriguez D) Medical Group Financial Transparency Act.**
**Current Text:** Amended: 3/28/2023 html pdf
**Last Amend:** 3/28/2023
**Status:** 4/12/2023-From committee: Do pass and re-refer to Com. on APPR. (Ayes 10. Noes 4.) (April 11). Re-referred to Com. on APPR.
**Location:** 4/11/2023-A. APPR.

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

audited financial reports and comprehensive financial statements only as necessary to carry out functions of the office. The bill would also require certain physician organizations, as specified, to produce or disclose audited financial reports and comprehensive financial statements to the office, subject to these provisions. The bill would require the audited financial reports and comprehensive financial statements produced or disclosed to the office to be made available to the public, by the office, as specified. The bill would also make related findings and declarations.

**AB 620** **(Connolly D) Health care coverage for metabolic disorders.**
**Current Text:** Amended: 4/27/2023 html pdf
**Last Amend:** 4/27/2023
**Status:** 5/1/2023-Re-referred to Com. on APPR.
**Location:** 4/25/2023-A. APPR.

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**Summary:** Current law requires a health care service plan contract and disability insurance policy that provides coverage for hospital, medical, or surgical expenses and is issued, amended, delivered, or renewed on and after July 1st, 2000, to provide coverage for the testing and treatment of phenylketonuria, including coverage for the formulas and special food products that are part of a prescribed diet, as specified. This bill would require a health care service plan contract and disability insurance policy that provides coverage for hospital, medical, or surgical expenses and is issued, amended, delivered, or renewed on and after January 1st, 2024, to provide coverage for the testing and treatment of other chronic digestive diseases and inherited metabolic disorders, as specified. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.

**AB 632** **(Gipson D) Health care coverage: prostate cancer screening.**
**Current Text:** Introduced: 2/9/2023 html pdf
**Status:** 4/27/2023-Read third time. Passed. Ordered to the Senate. In Senate. Read first time. To Com. on RLS. for assignment.
**Location:** 4/27/2023-S. RLS.

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

**AB 649** **(Wilson D) Developmental services.**
**Current Text:** Introduced: 2/9/2023 html pdf

**Status:** 4/19/2023-From committee: Do pass and re-refer to Com. on APPR. (Ayes 7. Noes 0.) (April 18). Re-referred to Com. on APPR.
**Location:** 4/18/2023-A. APPR.

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

**AB 659** **(Aguiar-Curry D) Cancer Prevention Act.**
**Current Text:** Amended: 4/12/2023 html pdf
**Last Amend:** 4/12/2023
**Status:** 4/19/2023-From committee: Do pass and re-refer to Com. on APPR. (Ayes 10. Noes 4.) (April 18). Re-referred to Com. on APPR.
**Location:** 4/18/2023-A. APPR.

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**Summary:** Would enact the Cancer Prevention Act and declare the public policy of the state that pupils are expected to be fully immunized against human papillomavirus (HPV) before admission or advancement to the 8th grade level of any private or public elementary or secondary school. The bill would, upon a pupil's admission or advancement to the 6th grade level, require the governing authority to submit to the pupil and their parent or guardian a notification containing a statement about that public policy and advising that the pupil be fully immunized against HPV before admission or advancement to the 8th grade level. By creating new notification duties for school districts, the bill would impose a state-mandated local program.

**AB 666** **(Arambula D) Health systems: community benefits plans.**
**Current Text:** Amended: 4/6/2023 html pdf
**Last Amend:** 4/6/2023
**Status:** 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/23/2023)(May be acted upon Jan 2024)
**Location:** 4/28/2023-A. 2 YEAR

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**Summary:** Current law requires a private, not-for-profit hospital to adopt and update a community benefits plan that describes the activities the hospital has undertaken to address identified community needs within its mission and financial capacity, including health care services rendered to vulnerable populations. Current law defines the term "community" as the service areas or patient populations for which the hospital provides health care services, defines "vulnerable populations" for these purposes to include a population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs, and defines "community benefit" to mean the hospital's activities that are intended to address community needs, such as support to local health departments, among other things. Current law requires a hospital to conduct a community needs assessment to evaluate the health needs of the community and to update that assessment at least once every 3 years. Current law requires a hospital to annually submit a community benefits plan to the department not later than 150 days after the hospital's fiscal year ends. Current law authorizes the department to impose a fine not to exceed $5,000 against a hospital that fails to adopt, update, or submit a community benefits plan, and requires the department to annually report on its internet website the amount of community benefit spending and list those that failed to report community benefit spending, among other things. This bill would require the department to define the term "community" by regulation within certain parameters, would redefine the term "community benefit" to mean services rendered to those eligible for, but not enrolled in the above-described programs, the unreimbursed costs as reported in specified tax filings, and the support to local health departments as documented by those local health departments, among other things, and would redefine the term "vulnerable populations" to include those eligible for, but not enrolled in the above-described programs, those below median income experiencing economic disparities, and certain socially disadvantaged groups, such as those who are incarcerated.

**AB 677** **(Addis D) Confidentiality of Medical Information Act.**
**Current Text:** Introduced: 2/13/2023 html pdf
**Status:** 2/14/2023-From printer. May be heard in committee March 16.
**Location:** 2/13/2023-A. PRINT

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. | Enrolled | Vetoed | Chaptered |
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**Summary:** The Confidentiality of Medical Information Act, among other things, prohibits a health care provider, a contractor, or a health care service plan from disclosing medical information, as defined, regarding a patient of the provider or an enrollee or subscriber of the health care service plan without first obtaining an authorization, except as specified. This bill would make non-substantive changes to the title provision of the act.

**AB 719** **(Boerner D) Medi-Cal benefits.**
**Current Text:** Introduced: 2/13/2023 html pdf
**Status:** 4/26/2023-In committee: Hearing postponed by committee.
**Location:** 2/13/2023-A. APPR.

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

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

**AB 722** **(Bonta D) Alameda Health System Hospital Authority.**
**Current Text:** Amended: 4/24/2023 html pdf
**Last Amend:** 4/24/2023
**Status:** 4/24/2023-Read third time and amended. Ordered to third reading.
**Location:** 3/30/2023-A. THIRD READING

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**Summary:** Current law authorizes the Board of Supervisors of Alameda County to establish the Alameda Health System Hospital Authority for the management, administration, and control of the medical center in that county. Current law prohibits the hospital authority, before January 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 the hospital authority, before January 1st, 2035, from entering into those contracts.

**AB 815** **(Wood D) Health care coverage: provider credentials.**
**Current Text:** Amended: 4/20/2023 html pdf
**Last Amend:** 4/20/2023
**Status:** 4/24/2023-Re-referred to Com. on APPR.
**Location:** 4/18/2023-A. APPR.

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

**AB 845** **(Alvarez D) Behavioral health: older adults.**
**Current Text:** Amended: 4/13/2023 html pdf
**Last Amend:** 4/13/2023
**Status:** 4/19/2023-From committee: Do pass and re-refer to Com. on APPR. with

recommendation: To Consent Calendar. (Ayes 15. Noes 0.) (April 18). Re-referred to Com. on APPR.
**Location:** 4/18/2023-A. APPR.

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

**AB 847** **(Rivas, Luz D) Medi-Cal: pediatric palliative care services.**
**Current Text:** Amended: 4/20/2023 html pdf
**Last Amend:** 4/20/2023
**Status:** 4/24/2023-Re-referred to Com. on APPR.
**Location:** 4/18/2023-A. APPR.

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**Summary:** Current law requires the department to develop a pediatric palliative care benefit as a pilot program to Medi-Cal beneficiaries under 21 years of age, to be implemented only to the extent that any necessary federal approvals are obtained, and federal financial participation is available. Current law requires that program to include, among other things, hospice services to individuals whose conditions may result in death, regardless of the estimated length of the individual's remaining period of life. Pursuant to the above-described provisions, the department established the Pediatric Palliative Care (PPC) Waiver in 2009, upon receiving federal approval in December 2008. After the waiver ended on December 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 extend eligibility for pediatric palliative care services for those individuals who have been determined eligible for those services prior to 21 years of age, until 26 years of age and would extend eligibility for hospice services after 21 years of age.

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

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

**AB 904** **(Calderon D) Health care coverage: doulas.**
**Current Text:** Amended: 3/29/2023 html pdf
**Last Amend:** 3/29/2023
**Status:** 4/26/2023-In committee: Hearing postponed by committee.
**Location:** 4/11/2023-A. APPR.

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

**AB 907** **(Lowenthal D) Coverage for PANDAS and PANS.**
**Current Text:** Amended: 3/16/2023 html pdf
**Last Amend:** 3/16/2023
**Status:** 4/26/2023-From committee: Do pass and re-refer to Com. on APPR. (Ayes 11. Noes 0.) (April 25). Re-referred to Com. on APPR.
**Location:** 4/25/2023-A. APPR.

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**Summary:** Would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1st, 2024, to provide coverage for the prophylaxis,

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

**AB 931** **(Irwin D) Prior authorization: physical therapy.**
**Current Text:** Introduced: 2/14/2023 html pdf
**Status:** 5/2/2023-In Senate. Read first time. To Com. on RLS. for assignment.
**Location:** 5/2/2023-S. RLS.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**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 948** **(Berman D) Prescription drugs.**
**Current Text:** Introduced: 2/14/2023 html pdf
**Status:** 4/27/2023-Read third time. Passed. Ordered to the Senate. In Senate. Read first time. To Com. on RLS. for assignment.
**Location:** 4/27/2023-S. RLS.

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

**AB 952** **(Wood D) Dental coverage disclosures.**
**Current Text:** Introduced: 2/14/2023 html pdf
**Status:** 5/2/2023-In Senate. Read first time. To Com. on RLS. for assignment.
**Location:** 5/2/2023-S. RLS.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**Summary:** Would require a health care service plan or health insurer that issues, sells, renews,

or offers a contract covering dental services, or a specialized health care service plan or specialized health insurer covering dental services, to disclose whether or not an enrollee's or insured's dental coverage is subject to regulation by the appropriate department at the time a treatment plan is communicated to the plan or insurer. The bill would also require that plan or insurer to include whether or not an enrollee's or insured's dental coverage is subject to regulation by the appropriate department on an identification card, membership card, coverage card, or other documentation of coverage. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

**AB 1001** (**Haney** D) **Health facilities: behavioral health response.**
**Current Text:** Amended: 4/13/2023 html pdf
**Last Amend:** 4/13/2023
**Status:** 4/26/2023-In committee: Hearing postponed by committee.
**Location:** 4/11/2023-A. APPR.

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

**AB 1006** (**McKinnor** D) **Aging and Disability Resource Connection program: No Wrong Door System.**
**Current Text:** Amended: 4/27/2023 html pdf
**Last Amend:** 4/27/2023
**Status:** 5/1/2023-Re-referred to Com. on APPR.
**Location:** 4/26/2023-A. APPR.

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

makes related legislative intent statements regarding the No Wrong Door System, including that it is the intent to provide consumers and their caregivers access to information and services, regardless of income or benefit level. Current law also establishes the Aging and Disability Resource Connection Advisory Committee, within the California Department of Aging, as the primary adviser in the implementation of the No Wrong Door System. Current law authorizes the committee to use the staff of the California Department of Aging to accomplish its purposes. This bill would instead require the committee to use the staff of the California Department of Aging.

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

**Current Text:** Introduced: 2/15/2023 html pdf

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

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

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. | Enrolled | Vetoed | Chaptered |
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**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 1036 (Bryan D) Health care coverage: emergency medical transport.**

**Current Text:** Introduced: 2/15/2023 html pdf

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

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

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

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

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

**Current Text:** Amended: 3/27/2023 html pdf
**Last Amend:** 3/27/2023
**Status:** 4/19/2023-In committee: Set, first hearing. Referred to suspense file.
**Location:** 4/19/2023-A. APPR. SUSPENSE FILE

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

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. | Enrolled | Vetoed | Chaptered |
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**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 1092 (Wood D) Health care service plans: consolidation.**

**Current Text:** Amended: 3/30/2023 html pdf
**Last Amend:** 3/30/2023
**Status:** 4/19/2023-In committee: Set, first hearing. Referred to suspense file.
**Location:** 4/19/2023-A. APPR. SUSPENSE FILE

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. | Enrolled | Vetoed | Chaptered |
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**Summary:** The Knox-Keene Health Care Service Plan Act of 1975 provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Current law requires a health care service plan that intends to merge with, consolidate with, or enter into an agreement resulting in its purchase, acquisition, or control by, an entity, to give notice to, and secure prior approval from, the Director of the Department of Managed Health Care. Current law authorizes the director to disapprove the transaction or agreement if the director finds it would substantially lessen competition in health care service plan products or create a monopoly in this state. Current law authorizes the director to conditionally approve the transaction or agreement, contingent upon the health care service plan's agreement to fulfill one or more conditions to benefit subscribers and enrollees of the health care service plan, provide for a stable health care delivery system, and impose other conditions specific to the transaction or agreement, as specified. This bill would additionally require a health care service plan that intends to acquire or obtain control of an entity, as specified, to give notice to, and secure prior approval from, the director. Because a willful violation of this provision would be a crime, the bill would impose a state-mandated local program.

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

**Current Text:** Amended: 4/20/2023 html pdf
**Last Amend:** 4/20/2023
**Status:** 4/24/2023-Re-referred to Com. on APPR.
**Location:** 4/18/2023-A. APPR.

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

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

**Current Text:** Introduced: 2/15/2023 html pdf

**Status:** 4/27/2023-Read second time. Ordered to Consent Calendar.

**Location:** 4/25/2023-A. CONSENT CALENDAR

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. | Enrolled | Vetoed | Chaptered |
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**Summary:** Current law, the California Uniform Controlled Substances Act, regulates the distribution and use of controlled substances, as defined. Under the act, the State Department of Health Care Services is responsible for the administration of prevention, treatment, and recovery services for alcohol and drug abuse. Existing law, the Medical Practice Act, provides for the licensing and regulation of physicians and surgeons by the Medical Board of California. Current law authorizes a physician and surgeon to prescribe, dispense, or administer prescription drugs, including prescription-controlled substances, to an addict under their treatment for a purpose other than maintenance on, or detoxification from, prescription drugs or controlled substances and under specified conditions to an addict for purposes of maintenance on, or detoxification from, prescription drugs or controlled substances. This bill would revise and recast these provisions, among others, to delete the reference to an “addict” and instead replace it with the term “a person with substance use disorder,” among other technical non-substantive changes.

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

**Current Text:** Introduced: 2/16/2023 html pdf

**Status:** 4/26/2023-From committee: Do pass and re-refer to Com. on APPR. (Ayes 12. Noes 0.) (April 25). Re-referred to Com. on APPR.

**Location:** 4/25/2023-A. APPR.

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

**AB 1163 (Rivas, Luz D) State forms: gender identity.**

**Current Text:** Amended: 3/20/2023 html pdf

**Last Amend:** 3/20/2023

**Status:** 4/19/2023-From committee: Do pass and re-refer to Com. on APPR. (Ayes 4. Noes 0.) (April 19). Re-referred to Com. on APPR.

**Location:** 4/19/2023-A. APPR.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. | Enrolled | Vetoed | Chaptered |
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**Summary:** Would require specified state agencies and departments to revise their public-use forms, by January 1st, 2025, to be more inclusive of individuals who identify as transgender, gender nonconforming, or intersex. This bill would require the agencies to revise their forms to allow individuals to provide their accurate gender identification. This bill would also require the impacted agencies and departments to collect data pertaining to the specific needs of the transgender, gender nonconforming, or intersex community, including, but not limited to, information relating to medical care, mental health disparities, and population size.

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

**Current Text:** Introduced: 2/16/2023 html pdf

**Status:** 4/26/2023-From committee: Do pass and re-refer to Com. on APPR. (Ayes 8. Noes 1.) (April 25). Re-referred to Com. on APPR.

**Location:** 4/26/2023-A. APPR.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. | Enrolled | Vetoed | Chaptered |
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**Summary:** The California Privacy Rights Act of 2020 (CPRA), approved by the voters as Proposition 24 at the November 3rd, 2020, statewide general election, grants a consumer various rights with respect to personal information, as defined, that is collected or sold by a business, as defined, including the right to require the business to delete personal information about the consumer, as specified, unless those obligations restrict a business' ability to, among other things, comply with federal, state, or local laws or comply with a court order or subpoena to provide information, or cooperate with a government agency request for emergency access to a consumer's personal information if a natural person is at risk or danger of death or serious physical injury, as provided. This bill would, if the consumer's personal information contains information

related to accessing, procuring, or searching for services regarding contraception, pregnancy care, and perinatal care, including, but not limited to, abortion services, require a business to comply with the obligations imposed by the CPRA. The bill would specify that a consumer accessing, procuring, or searching for those services does not constitute a natural person being at risk or danger of death or serious physical injury.

**AB 1202** (Lackey R) **Medi-Cal: time or distance standards: children's health care services.**
**Current Text:** Amended: 3/29/2023 html pdf
**Last Amend:** 3/29/2023
**Status:** 4/26/2023-In committee: Hearing postponed by committee.
**Location:** 3/21/2023-A. APPR.

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**Summary:** Would, no later than January 1st, 2025, require each Medi-Cal managed care plan to conduct, and report to the State Department of Health Care Services the results of, an analysis to identify the number and, as appropriate, the geographic distribution of Medi-Cal providers needed to ensure the Medi-Cal managed care plan's compliance with the above-described time or distance and appointment time standards for pediatric primary care, across all service areas of the plan. The bill would, no later than January 1st, 2026, require the department to prepare and submit a report to the Legislature that includes certain information, including a summary of the results reported by Medi-Cal managed care plans, specific steps for Medi-Cal managed care plan accountability, evidence of progress and compliance, and level of accuracy of provider directories, as specified.

**AB 1233** (Waldron R) **Substance abuse: Naloxone Distribution Project: tribal governments.**
**Current Text:** Amended: 3/23/2023 html pdf
**Last Amend:** 3/23/2023
**Status:** 4/27/2023-Read third time. Passed. Ordered to the Senate. In Senate. Read first time. To Com. on RLS. for assignment.
**Location:** 4/27/2023-S. RLS.

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

**AB 1239** (Calderon D) **Incarcerated persons: Family Planning, Access, Care, and Treatment Program.**
**Current Text:** Amended: 3/23/2023 html pdf

**Last Amend:** 3/23/2023
**Status:** 4/19/2023-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 15. Noes 0.) (April 18). Re-referred to Com. on APPR.
**Location:** 4/18/2023-A. APPR.

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

**AB 1241 (Weber D) Medi-Cal: telehealth.**
**Current Text:** Amended: 3/23/2023 html pdf
**Last Amend:** 3/23/2023
**Status:** 4/27/2023-Read third time. Passed. Ordered to the Senate. In Senate. Read first time. To Com. on RLS. for assignment.
**Location:** 4/27/2023-S. RLS.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**Summary:** The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under current law, in-person, face-to-face contact is not required when covered health care services are provided by video synchronous interaction, audio-only synchronous interaction, remote patient monitoring, or other permissible virtual communication modalities, when those services and settings meet certain criteria. Current law requires a provider furnishing services through video synchronous interaction or audio-only synchronous interaction, by a date set by the department, no sooner than January 1st, 2024, to also either offer those services via in-person contact or arrange for a referral to, and a facilitation of, in-person care, as specified. This bill would instead require, under the above-described circumstance, a provider to maintain the ability to either offer those services via in-person contact or arrange for a referral to, and the facilitation of, in-person care. The bill would specify that the referral and facilitation arrangement would not require a provider to schedule an appointment with a different provider on behalf of a patient.

**AB 1288 (Reyes D) Health care coverage: Medication-assisted treatment.**
**Current Text:** Introduced: 2/16/2023 html pdf
**Status:** 4/26/2023-From committee: Do pass and re-refer to Com. on APPR. (Ayes 14. Noes 1.) (April 25). Re-referred to Com. on APPR.
**Location:** 4/25/2023-A. APPR.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**Summary:** Would prohibit a medical service plan and a health insurer from subjecting a buprenorphine product, methadone, or long-acting injectable naltrexone for detoxification or maintenance treatment of a substance use disorder that is prescribed according to generally accepted national professional guidelines for the treatment of a substance use disorder to prior authorization. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**AB 1300 (Flora R) Health care service plans.**
**Current Text:** Introduced: 2/16/2023 html pdf
**Status:** 2/17/2023-From printer. May be heard in committee March 19.
**Location:** 2/16/2023-A. PRINT

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**Summary:** The Knox-Keene Health Care Service Plan Act of 1975 provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Current law charges the department with the execution of the laws of this state relating to health care service plans to ensure that health care service plans provide enrollees with access to quality health care services. This bill would make technical, non-substantive changes to those provisions.

**AB 1331 (Wood D) California Health and Human Services Data Exchange Framework.**
**Current Text:** Amended: 4/10/2023 html pdf
**Last Amend:** 4/10/2023
**Status:** 4/26/2023-From committee: Do pass and re-refer to Com. on APPR. (Ayes 15. Noes 0.) (April 25). Re-referred to Com. on APPR.
**Location:** 4/25/2023-A. APPR.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**Summary:** Current law establishes the Center for Data Insights and Innovation within the California Health and Human Services Agency to ensure the enforcement of state law mandating the confidentiality of medical information. Current law, subject to an appropriation in the annual Budget Act, requires the California Health and Human Services Agency to establish the California Health and Human Services Data Exchange Framework on or before July 1st, 2022, to govern and require the exchange of health information among health care entities and government agencies. This bill would require the Center for Data Insights and Innovation to take over establishment, implementation, and all the functions related to the California Health and Human Services Data Exchange Framework on or before July 1st, 2023, subject to an appropriation in the annual Budget Act.

**AB 1338 (Petrie-Norris D) Medi-Cal: community supports.**
**Current Text:** Amended: 4/20/2023 html pdf

**Last Amend:** 4/20/2023
**Status:** 4/24/2023-Re-referred to Com. on APPR.
**Location:** 4/18/2023-A. APPR.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**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 transition navigation services, recuperative care, respite, day habilitation programs, and medically supportive food and nutrition services.

**AB 1369 (Bauer-Kahan D) Out-of-state physicians and surgeons: telehealth: license exemption.**
**Current Text:** Amended: 3/23/2023 html pdf
**Last Amend:** 3/23/2023
**Status:** 4/27/2023-Read second time. Ordered to Consent Calendar.
**Location:** 4/26/2023-A. CONSENT CALENDAR

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

**AB 1379 (Papan D) Open meetings: local agencies: teleconferences.**
**Current Text:** Amended: 3/23/2023 html pdf
**Last Amend:** 3/23/2023
**Status:** 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was L. GOV. on 3/23/2023)(May be acted upon Jan 2024)
**Location:** 4/28/2023-A. 2 YEAR

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**Summary:** The Ralph M. Brown Act requires, with specified exceptions, that all meetings of a legislative body be open and public, and that all persons be permitted to attend unless a closed session is authorized. The act generally requires for teleconferencing that the legislative body of a local agency that elects to use teleconferencing post agendas at all teleconference locations, identify each teleconference location in the notice and agenda of the meeting or proceeding, and have each teleconference location be accessible to the public. Current law also requires that,

during the teleconference, at least a quorum of the members of the legislative body participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction. This bill, with respect to those general provisions on teleconferencing, would require a legislative body electing to use teleconferencing to instead post agendas at a singular designated physical meeting location, as defined, rather than at all teleconference locations. The bill would remove the requirements for the legislative body of the local agency to identify each teleconference location in the notice and agenda, that each teleconference location be accessible to the public, and that at least a quorum of the members participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction.

**AB 1387** **(Ting D) In-Home Supportive Services Program: provider shortage: grant-based outreach program.**

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

**Status:** 4/19/2023-From committee: Do pass and re-refer to Com. on APPR. (Ayes 6. Noes 1.) (April 18). Re-referred to Com. on APPR.

**Location:** 4/18/2023-A. APPR.

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

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

**Current Text:** Amended: 4/3/2023 html pdf

**Last Amend:** 4/3/2023

**Status:** 4/19/2023-From committee: Do pass and re-refer to Com. on APPR. (Ayes 11. Noes 4.) (April 18). Re-referred to Com. on APPR.

**Location:** 4/18/2023-A. APPR.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**Summary:** Would subject a group health care service plan contract, policy, or certificate of group

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

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

**Current Text:** Amended: 4/13/2023 html pdf
**Last Amend:** 4/13/2023
**Status:** 4/26/2023-In committee: Hearing postponed by committee.
**Location:** 4/11/2023-A. APPR.

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

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

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

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**Summary:** This bill would require a school district, county office of education, or charter school to employ or contract with at least one mental health clinician, as defined, and at least one case manager, as defined, for each school site of the local educational agency, and to conduct universal screenings for adverse childhood experiences, as defined, and dyslexia, pursuant to a graduated schedule by grade span, as specified. The bill would require a mental health clinician who conducts a screening to develop and provide to the pupil and their parent or guardian, an action plan based upon findings from the screening, as appropriate, and would require case managers to help implement approved action plans. By imposing additional requirements on local educational

agencies, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**AB 1451 (Jackson D) Urgent and emergent mental health and substance use disorder treatment.**
**Current Text:** Amended: 5/1/2023 html pdf
**Last Amend:** 5/1/2023
**Status:** 5/2/2023-Re-referred to Com. on APPR.
**Location:** 4/25/2023-A. APPR.

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**Summary:** 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 urgent and emergent mental health and substance use disorders. The bill would require the treatment to be provided without preauthorization, and to be reimbursed in a timely manner, pursuant to specified provisions. 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 1470 (Quirk-Silva D) Medi-Cal: behavioral health services: documentation standards.**
**Current Text:** Amended: 4/27/2023 html pdf
**Last Amend:** 4/27/2023
**Status:** 5/1/2023-Re-referred to Com. on APPR.
**Location:** 4/25/2023-A. APPR.

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

**AB 1481 (Boerner D) Medi-Cal: presumptive eligibility.**
**Current Text:** Amended: 4/20/2023 html pdf
**Last Amend:** 4/20/2023
**Status:** 4/26/2023-From committee: Do pass and re-refer to Com. on APPR. (Ayes 13. Noes 0.) (April 25). Re-referred to Com. on APPR.
**Location:** 4/25/2023-A. APPR.

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

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

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

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

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

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**Summary:** This bill would prohibit a health care service plan or health insurer from discriminating on the basis of race, color, national origin, sex, age, or disability through the use of clinical algorithms in its decision making. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

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

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

**Status:** 4/19/2023-From committee: Do pass and re-refer to Com. on APPR. (Ayes 13. Noes 0.) (April 18). Re-referred to Com. on APPR.

**Location:** 4/18/2023-A. APPR.

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**Summary:** Existing law provides for the licensure and regulation of health facilities, including skilled nursing facilities, by the State Department of Public Health. A violation of those provisions is a crime. Existing law requires health facilities to submit specified financial reports to the Department of Health Care Access and Information. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, and under which qualified low-income individuals receive health care services. This bill would require, no later than July 1st, 2024, the establishment of a direct patient-related services spending, reporting, and rebate requirement for skilled nursing facilities, with exceptions. Under the direct patient-related services spending requirement, the bill would require that a minimum of 85% of a facility's total non-Medicare health revenues from all payer sources in each fiscal year be expended on residents' direct patient-related services, as defined. This bill contains other related provisions and other existing laws.

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

**Current Text:** Amended: 4/27/2023 html pdf
**Last Amend:** 4/27/2023
**Status:** 5/1/2023-Re-referred to Com. on APPR.
**Location:** 4/25/2023-A. APPR.

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

**AB 1601 (Alvarez D) Cannabis: enforcement by local jurisdictions.**
**Current Text:** Amended: 4/18/2023 html pdf
**Last Amend:** 4/18/2023
**Status:** 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was B.&P. on 5/1/2023)(May be acted upon Jan 2024)
**Location:** 4/28/2023-A. 2 YEAR

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

**AB 1608 (Patterson, Joe R) Medi-Cal: managed care plans.**
**Current Text:** Amended: 3/23/2023 html pdf
**Last Amend:** 3/23/2023
**Status:** 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/23/2023)(May be acted upon Jan 2024)
**Location:** 4/28/2023-A. 2 YEAR

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**Summary:** The Lanterman Developmental Disabilities Services Act makes the State Department of Developmental Services responsible for providing various services and supports to individuals

with developmental disabilities, and for ensuring the appropriateness and quality of those services and supports. Pursuant to that law, the department contracts with regional centers to provide services and supports to persons with developmental disabilities. The act requires regional centers to pursue all possible sources of funding for consumers receiving regional center services, including, among others, Medi-Cal. This bill contains other existing laws.

**AB 1644 (Bonta D) Medi-Cal: medically supportive food and nutrition services.**
**Current Text:** Amended: 4/27/2023 html pdf
**Last Amend:** 4/27/2023
**Status:** 5/1/2023-Re-referred to Com. on APPR.
**Location:** 4/25/2023-A. APPR.

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

**AB 1645 (Zbur D) Health care coverage: cost sharing.**
**Current Text:** Amended: 5/1/2023 html pdf
**Last Amend:** 5/1/2023
**Status:** 5/2/2023-Re-referred to Com. on APPR.
**Location:** 4/25/2023-A. APPR.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**Summary:** Current law provides for the regulation of health insurers by the Department of Insurance. Current law requires a group or individual non grandfathered health care service plan contract or health insurance policy to provide coverage for and prohibits a contract or policy from imposing cost-sharing requirements for, specified preventive care services and screenings. This bill would prohibit a group or individual health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1st, 2024, from imposing a cost-sharing requirement for office visits for the above-described preventive care services and screenings and for items or services that are integral to their provision. The bill would prohibit contracts and policies from imposing a cost-sharing requirement, utilization review, or other specified limits on a recommended sexually transmitted infections screening, and from imposing a cost-sharing requirement for any items and services integral to a sexually transmitted infections screening, as

specified. The bill would require a plan or insurer to directly reimburse a nonparticipating provider or facility of sexually transmitted infections screening that meets specified criteria for screening tests and integral items and services rendered, as specified, and would prohibit a nonparticipating provider from billing or collecting a cost-sharing amount for a sexually transmitted infections screening from an enrollee or insured.

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

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

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

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

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

**Last Amend:** 4/27/2023

**Status:** 5/1/2023-Read second time. Ordered to Consent Calendar.

**Location:** 5/1/2023-A. CONSENT CALENDAR

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

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

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

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

**AB 1712** (Irwin D) **Personal information: data breaches.**
**Current Text:** Amended: 4/27/2023 html pdf
**Last Amend:** 4/27/2023
**Status:** 5/1/2023-Re-referred to Com. on APPR.
**Location:** 4/26/2023-A. APPR.

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

**AB 1751** (Gipson D) **Opioid prescriptions: information: nonpharmacological treatments for pain.**
**Current Text:** Amended: 4/13/2023 html pdf
**Last Amend:** 4/13/2023
**Status:** 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/9/2023)(May be acted upon Jan 2024)
**Location:** 4/28/2023-A. 2 YEAR

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

**SB 35** (Umberg D) **Community Assistance, Recovery, and Empowerment (CARE) Court Program.**
**Current Text:** Amended: 3/21/2023 html pdf
**Last Amend:** 3/21/2023
**Status:** 5/2/2023-Read second time. Ordered to consent calendar.
**Location:** 5/1/2023-S. CONSENT CALENDAR

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**Summary:** The Community Assistance, Recovery, and Empowerment (CARE) Act, authorizes specified adult persons to petition a civil court to create a voluntary CARE agreement or a court-ordered CARE plan and implement services, to be provided by county behavioral health agencies, to provide behavioral health care, including stabilization medication, housing, and other enumerated services, to adults who are currently experiencing a severe mental illness and have a diagnosis identified in the disorder class schizophrenia and other psychotic disorders, and who meet other specified criteria. Current law authorizes CARE Act proceedings to commence in the county where the respondent resides, is found, or is facing criminal or civil proceedings. Current law requires the act to be implemented with technical assistance and continuous quality improvement, as specified, including expected start dates for specified counties. Current law also requires the State Department of Health Care Services to implement guidelines under which counties can apply for and be provided with additional time to implement the above-described provisions. Current law authorizes the department to grant an extension once, and no later than December 1st, 2025. This bill would instead authorize the department to grant an extension no later than December 15th, 2025.

**SB 43** **(Eggman D) Behavioral health.**
**Current Text:** Amended: 4/27/2023 html pdf
**Last Amend:** 4/27/2023
**Status:** 5/2/2023-Set for hearing May 8.
**Location:** 4/26/2023-S. APPR.

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

**SB 70** **(Wiener D) Prescription drug coverage.**
**Current Text:** Amended: 4/18/2023 html pdf
**Last Amend:** 4/18/2023
**Status:** 5/1/2023-May 1 hearing: Placed on APPR suspense file.
**Location:** 5/1/2023-S. APPR. SUSPENSE FILE

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. | Enrolled | Vetoed | Chaptered |
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**Summary:** Current law generally authorizes a health care service plan or health insurer to use utilization review, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Current law prohibits a health care service plan contract that covers prescription drug benefits or a specified health insurance policy from limiting or excluding coverage for a drug on the basis that the drug is prescribed for a use that is different from the use for which it was approved by the federal Food and Drug Administration if specified conditions are met. Current law also prohibits a health care service plan that covers prescription drug benefits from limiting or excluding coverage for a drug that was previously approved for coverage if an enrollee continues to be prescribed that drug, as specified. This bill would additionally prohibit limiting or excluding coverage of a drug, dose of a drug, or dosage form of a drug that is prescribed for off-label use if the drug has been previously covered for a chronic condition or cancer, regardless of whether or not the drug, dose, or dosage form is on the plan's or insurer's formulary. The bill would prohibit a health care service plan contract or health insurance policy from requiring additional cost sharing not already imposed for a drug that was previously approved for coverage.

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

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**Summary:** Would make appropriations for the support of state government for the 2023–24 fiscal year.

**SB 90** **(Wiener D) Health care coverage: insulin affordability.**
**Current Text:** Amended: 5/1/2023 html pdf
**Last Amend:** 5/1/2023
**Status:** 5/2/2023-Set for hearing May 8.
**Location:** 4/27/2023-S. APPR.

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

**SB 100** **(Skinner D) Budget Acts of 2021 and 2022.**

**Current Text:** Amended: 5/1/2023 html pdf
**Last Amend:** 5/1/2023
**Status:** 5/1/2023-From committee with author's amendments. Read second time and amended. Re-referred to Com. on BUDGET. Withdrawn from committee. Ordered to second reading.
**Location:** 5/1/2023-A. SECOND READING

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**Summary:** The Budget Act of 2021 and Budget Act of 2022 made appropriations for the support of state government for the 2021–22 and 2022–23 fiscal years. This bill would amend the Budget Act of 2021 and Budget Act of 2022 by amending and adding items of appropriation and making other changes.

**SB 238** **(Wiener D) Health care coverage: independent medical review.**
**Current Text:** Amended: 4/17/2023 html pdf
**Last Amend:** 4/17/2023
**Status:** 4/24/2023-April 24 hearing: Placed on APPR suspense file.
**Location:** 4/24/2023-S. APPR. SUSPENSE FILE

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**Summary:** Would require a health care service plan or a disability insurer that modifies, delays, or denies a health care service, based in whole or in part on medical necessity, to automatically submit within 24 hours a decision regarding a disputed health care service to the Independent Medical Review System, without requiring an enrollee or insured to submit a grievance, if the decision is to deny, modify, or delay specified services relating to mental health or substance use disorder conditions for an enrollee or insured up to 26 years of age. The bill would require a health care service plan or disability insurer, within 24 hours after submitting its decision to the Independent Medical Review System to provide notice to the appropriate department, the enrollee or insured or their representative, if any, and the enrollee's or insured's provider. The bill would require the notice to include notification to the enrollee or insured that they or their representative may cancel the independent medical review within 5 days, as specified.

**SB 257** **(Portantino D) Health care coverage: diagnostic imaging.**
**Current Text:** Introduced: 1/30/2023 html pdf
**Status:** 4/10/2023-April 10 hearing: Placed on APPR suspense file.
**Location:** 4/10/2023-S. APPR. SUSPENSE FILE

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

breast cancer, except as specified.

**SB 282** **(Eggman D) Medi-Cal: federally qualified health centers and rural health clinics.**
**Current Text:** Amended: 3/13/2023 html pdf
**Last Amend:** 3/13/2023
**Status:** 4/10/2023-April 10 hearing: Placed on APPR suspense file.
**Location:** 4/10/2023-S. APPR. SUSPENSE FILE

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**Summary:** Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, and under which qualified low-income individuals receive health care services, including federally qualified health center (FQHC) services and rural health clinic (RHC) services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under current law, to the extent that federal financial participation is available, FQHC and RHC services are reimbursed on a per-visit basis, as specified. "Visit" is defined as a face-to-face encounter between a patient of an FQHC or RHC and a physician or other specified health care professionals. Under current law, "visit" also includes an encounter using video or audio-only synchronous interaction or an asynchronous store and forward modality, as specified. This bill would authorize reimbursement for a maximum of 2 visits that take place on the same day at a single site, whether through a face-to-face or telehealth-based encounter, if after the first visit the patient suffers illness or injury that requires additional diagnosis or treatment, or if the patient has a medical visit and either a mental health visit or a dental visit, as defined. The bill would require the department, by July 1st, 2024, to submit a state plan amendment to the federal Centers for Medicare and Medicaid Services reflecting those provisions.

**SB 299** **(Eggman D) Medi-Cal eligibility: redetermination.**
**Current Text:** Amended: 3/27/2023 html pdf
**Last Amend:** 3/27/2023
**Status:** 4/10/2023-April 10 hearing: Placed on APPR suspense file.
**Location:** 4/10/2023-S. APPR. SUSPENSE FILE

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**Summary:** Current law generally requires a county to redetermine a Medi-Cal beneficiary's eligibility to receive Medi-Cal benefits every 12 months and whenever the county receives information about changes in a beneficiary's circumstances that may affect their eligibility for Medi-Cal benefits. In response to a change in circumstances, if a county cannot obtain sufficient information to redetermine eligibility, current law requires the county to send to the beneficiary a form that is prepopulated with the information that the county has obtained and that states the information needed to renew eligibility. Under current law, if the purpose for a redetermination is loss of contact with the beneficiary, as evidenced by the return of mail, as specified, a return of the prepopulated form requires the county to immediately send a notice of action terminating Medi-Cal eligibility. This bill would remove loss of contact with a beneficiary, as evidenced by the return of mail, as a circumstance requiring prompt redetermination and would delete the above-described requirement for a county to send a notice of action terminating eligibility if the prepopulated form

is returned and the purpose for the redetermination is loss of contact with the beneficiary.

**SB 311** **(Eggman D) Medi-Cal: Part A buy-in.**
**Current Text:** Introduced: 2/6/2023 html pdf
**Status:** 4/10/2023-April 10 hearing: Placed on APPR suspense file.
**Location:** 4/10/2023-S. APPR. SUSPENSE FILE

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**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: endometriosis.**
**Current Text:** Amended: 3/30/2023 html pdf
**Last Amend:** 3/30/2023
**Status:** 4/24/2023-April 24 hearing: Placed on APPR suspense file.
**Location:** 4/24/2023-S. APPR. SUSPENSE FILE

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**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 any clinically indicated treatment for endometriosis, as determined by the treating physician and consistent with nationally recognized evidence-based clinical guidelines. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**SB 326** **(Eggman D) Mental Health Services Act.**
**Current Text:** Amended: 3/21/2023 html pdf
**Last Amend:** 3/21/2023
**Status:** 5/1/2023-Set for hearing May 8.
**Location:** 4/27/2023-S. APPR.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**Summary:** The Mental Health Services Act, an initiative measure enacted by the voters as Proposition 63 at the November 2nd, 2004, statewide general election, funds a system of county mental health plans for the provision of mental health services, as specified. The act may be

amended by the Legislature only by a 2/3 vote of both houses and only so long as the amendment is consistent with and furthers the intent of the act. The Legislature may clarify procedures and terms of the act by majority vote. This bill would require a county, for a behavioral health service eligible for reimbursement pursuant to the federal Social Security Act, to submit the claims for reimbursement to the State Department of Health Care Services under specific circumstances. By imposing a new duty on local officials, this bill would create a state-mandated local program. The bill would make findings that it clarifies procedures and terms of the Mental Health Services Act.

**SB 338** **(Nguyen R) Health care service plans: health equity and quality.**
**Current Text:** Amended: 3/16/2023 html pdf
**Last Amend:** 3/16/2023
**Status:** 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/29/2023)(May be acted upon Jan 2024)
**Location:** 4/28/2023-S. 2 YEAR

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**Summary:** Current law requires the Department of Managed Health Care to convene a Health Equity and Quality Committee to recommend quality and benchmark standards for reviewing the equity and quality in health care delivery. Current law permits the department to contract with consultants who will assist the committee with the implementation and administration of its duties. Current law exempts these contracts from review and approval, as specified, until January 1st, 2024. Existing law requires the director, as part of the committee appointment process, to consider the relevant experience or expertise of appointees, including, but not limited to, racial, ethnic, or sexual orientation. Current law required the department, on or before September 30th, 2022, to make quality and benchmark recommendations. This bill would require the director to appoint to the committee at least one individual with an intellectual or developmental disability, or the parent or guardian of such an individual. This bill would also require the department to reconvene the committee at least once annually to review and revisit quality and benchmark standards. This bill would also exempt contracts entered into pursuant to these provisions from the review and approval processes, as specified, until January 1st, 2026.

**SB 340** **(Eggman D) Medi-Cal: eyeglasses: Prison Industry Authority.**
**Current Text:** Introduced: 2/7/2023 html pdf
**Status:** 5/1/2023-Set for hearing May 8.
**Location:** 4/25/2023-S. APPR.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**Summary:** Would for purposes of Medi-Cal reimbursement for covered optometric services, would authorize a provider to obtain eyeglasses from a private entity, as an alternative to a purchase of eyeglasses from the Prison Industry Authority. The bill would condition implementation of this provision on the availability of federal financial participation.

**SB 408** **(Ashby D) Foster youth with complex needs: regional health teams: short-term assessment, treatment, and transition programs.**

**Current Text:** Amended: 3/14/2023 html pdf
**Last Amend:** 3/14/2023
**Status:** 5/2/2023-From committee: Do pass as amended and re-refer to Com. on APPR. (Ayes 10. Noes 0.) (April 26).
**Location:** 4/26/2023-S. APPR.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**Summary:** Would require the State Department of Health Care Services, in consultation with the State Department of Social Services, to establish up to 10 regional health teams throughout the state, to serve foster youth and youth who may be at risk of entering foster care. The bill would require the department to submit a state plan amendment to the Centers for Medicare and Medicaid Services no later than July 1st, 2024, to implement the Medicaid Health Home State Plan Option, as specified, in establishing the regional health teams. The bill would require the department to coordinate with the State Department of Social Services and the State Department of Developmental Services, and to convene and engage specified stakeholders, to develop the regional health teams. The bill would make regional health teams available to children and youth and any adult caregiver or other adult connected with the child or youth under 26 years of age, who are experiencing severe mental illness, emotional disturbance, substance use, intellectual or developmental disability, or special health care needs or chronic health issues, or any combination of those conditions. The bill would specify the required membership of the regional health teams, including, but not limited to, a primary care physician, a licensed clinical social worker, and a public health nurse. The duties of the regional health team would include, but not be limited to, receiving and responding to referrals received from staff from county child welfare agencies, county probation departments, regional centers, and others, and coordinating and providing access to various categories of care and services. The bill would require the department to fund up to 10 health teams that are geographically situated to support access to services equitably throughout the state. The bill would require the regional health teams to be funded by the department pursuant to a competitive procurement process. The bill would declare the intent of the Legislature that the health home state plan option begins no later than December 1st, 2024, subject to the receipt of any required federal approvals or waivers.

**SB 421** **(Limón D) Health care coverage: cancer treatment.**
**Current Text:** Introduced: 2/13/2023 html pdf
**Status:** 4/17/2023-In Assembly. Read first time. Held at Desk.
**Location:** 4/13/2023-A. DESK

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law prohibits, until January 1st, 2024, an individual or group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1st, 2015, that provides coverage for prescribed, orally administered anticancer medications used to kill or slow the growth of cancerous cells from

requiring an enrollee or insured to pay a total amount of copayments and coinsurance that exceeds $250 for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication, as specified. This bill would extend the duration of that prohibition indefinitely. By indefinitely extending the operation of the prohibition, and thus indefinitely extending the applicability of a crime for a willful violation by a health care service plan, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

**SB 424** **(Durazo D) California Children's Services Program.**
**Current Text:** Amended: 4/24/2023 html pdf
**Last Amend:** 4/24/2023
**Status:** 5/1/2023-May 1 hearing: Placed on APPR suspense file.
**Location:** 5/1/2023-S. APPR. SUSPENSE FILE

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**Summary:** Current law establishes the California Children's Services (CCS) Program, administered by the State Department of Health Care Services and a designated agency of each county, to provide medically necessary services for persons under 21 years of age who have any of specified medical conditions and who meet certain financial eligibility requirements. Under current law, CCS-eligible medical conditions include, among others, cystic fibrosis, hemophilia, and other conditions set forth by the Director of Health Care Services. This bill would statutorily expand the list of CCS-eligible medical conditions to include those conditions that are specified in existing CCS-related regulations. The bill would, commencing no later than January 1st, 2026, and every 5 years thereafter, require the department to consult with, at a minimum, CCS medical directors and experts from the department's CCS technical advisory committees, to consider the addition of other medical conditions to the list, by regulation.

**SB 427** **(Portantino D) Health care coverage: antiretroviral drugs, devices, and products.**
**Current Text:** Amended: 3/21/2023 html pdf
**Last Amend:** 3/21/2023
**Status:** 5/1/2023-Set for hearing May 8.
**Location:** 4/27/2023-S. APPR.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**Summary:** Would prohibit a health care service plan or health insurer from subjecting antiretroviral drugs, devices, or products that are either approved by the United States Food and Drug Administration (FDA) or recommended by the federal Centers for Disease Control and Prevention (CDC) for the prevention of AIDS/HIV to prior authorization or step therapy, but would authorize prior authorization or step therapy if at least one therapeutically equivalent version is covered without prior authorization or step therapy and the insurer provides coverage for a noncovered therapeutic equivalent antiretroviral drug, device, or product without cost sharing pursuant to an exception request. The bill would prohibit a non-grandfathered or grandfathered health care service plan contract or health insurance policy from imposing any cost-sharing or utilization review requirements for antiretroviral drugs, devices, or products that are either approved by the FDA or

recommended by the CDC for the prevention of AIDS/HIV. The bill would require a grandfathered health care service plan contract or health insurance policy to provide coverage for those drugs, devices, or products, and would require a plan or insurer to provide coverage under the outpatient prescription drug benefit for those drugs, devices, or products, including by supplying participating providers directly with a drug, device, or product, as specified. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program.

**SB 487** **(Atkins D) Abortion: provider protections.**
**Current Text:** Amended: 4/24/2023 html pdf
**Last Amend:** 4/24/2023
**Status:** 5/1/2023-May 1 hearing: Placed on APPR suspense file.
**Location:** 5/1/2023-S. APPR. SUSPENSE FILE

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**Summary:** Current law declares another state's law authorizing a civil action against a person or entity that receives or seeks, performs or induces, or aids or abets the performance of an abortion, or who attempts or intends to engage in those actions, to be contrary to the public policy of this state, and prohibits the application of that law to a controversy in state court and the enforcement or satisfaction of a civil judgment received under that law. This bill would specifically include within these provisions, in addition to abortion performers, abortion providers.

**SB 491** **(Durazo D) Public social services: county departments.**
**Current Text:** Amended: 4/18/2023 html pdf
**Last Amend:** 4/18/2023
**Status:** 5/1/2023-Set for hearing May 8.
**Location:** 4/25/2023-S. APPR.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**Summary:** Would require a county human services agency to develop and implement a program to ensure homeless residents of a county can pick up and receive government-related mail addressed to them at a place designated by the agency. The bill would make the program participation optional for homeless residents. The bill would also require the agency to provide program participants with specified information regarding the program, including hours of operation. The bill would clarify that program participation would not establish residency for the purposes of elections or school districts. The bill would define what qualifies as government-related mail. The bill would also require the State Department of Social Services to develop specified regulations regarding the mail program, with input from stakeholders. By imposing new duties on counties, the bill would impose a state-mandated local program.

**SB 496** **(Limón D) Biomarker testing.**
**Current Text:** Amended: 4/25/2023 html pdf
**Last Amend:** 4/25/2023
**Status:** 5/1/2023-Set for hearing May 8.

**Location:** 4/19/2023-S. APPR.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. | Enrolled | Vetoed | Chaptered |
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**Summary:** Would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after July 1st, 2024, to provide coverage for medically necessary biomarker testing, as prescribed, including whole genome sequencing, for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's or insured's disease or condition to guide treatment decisions if the test is supported by medical and scientific evidence, as prescribed. The bill would specify that it does not require a health care service plan or health insurer to cover biomarker testing for screening purposes unless otherwise required by law. The bill would subject restricted use of biomarker testing for the purpose of diagnosis, treatment, or ongoing monitoring of a medical condition to state and federal grievance and appeal processes. This bill would apply these provisions relating to biomarker testing to the Medi-Cal program, including Medi-Cal managed care plans, as specified. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

**SB 502** **(Allen D) Medi-Cal: children: mobile optometric office.**
**Current Text:** Amended: 4/17/2023 html pdf
**Last Amend:** 4/17/2023
**Status:** 4/24/2023-April 24 hearing: Placed on APPR suspense file.
**Location:** 4/24/2023-S. APPR. SUSPENSE FILE

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. | Enrolled | Vetoed | Chaptered |
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**Summary:** Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions, with specified coverage for eligible children and pregnant persons funded by the federal Children's Health Insurance Program (CHIP). Existing federal law authorizes a state to provide services under CHIP through a Medicaid expansion program, a separate program, or a combination program. This bill would require the department to file all necessary state plan amendments to exercise the option made available under CHIP provisions to cover vision services provided to low-income children statewide through a mobile optometric office, as specified.

**SB 524** **(Caballero D) Pharmacists: furnishing prescription medications.**
**Current Text:** Amended: 5/1/2023 html pdf
**Last Amend:** 5/1/2023
**Status:** 5/1/2023-Read second time and amended. Re-referred to Com. on APPR.
**Location:** 4/27/2023-S. APPR.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. | Enrolled | Vetoed | Chaptered |
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**Summary:** Current law generally authorizes a pharmacist to dispense or furnish drugs only pursuant to a valid prescription, with prescribed exceptions. Current law authorizes a pharmacist

or a pharmacy to perform skin puncture in the course of performing routine patient assessment procedures, as defined, or in the course of performing prescribed clinical laboratory tests or examinations. Under current law, the definition of “routine patient assessment procedures” includes clinical laboratory tests that are classified as waived pursuant to the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and specified regulations adopted pursuant to the CLIA. Current law also authorizes a pharmacist to perform any aspect of a test approved or authorized by the United States Food and Drug Administration (FDA) that is classified as waived pursuant to the CLIA, under specified conditions. This bill, with respect to the conditional performance of tests approved or authorized by the FDA and classified as waived pursuant to the CLIA, would instead authorize a pharmacist to order, perform, and report those tests. The bill, until January 1st, 2034, would authorize a pharmacist to furnish prescription medications pursuant to the results from a test classified as waived pursuant to the CLIA performed by the pharmacist that is used to guide diagnosis or clinical decision making for SARS-CoV-2, Influenza, Streptococcal pharyngitis, or conjunctivitis, in accordance with specified requirements. The bill would require a pharmacist, in providing these patient care services, to utilize specified evidence-based clinical guidelines or other clinically recognized recommendations, and in accordance with standardized procedures or protocol designed and approved by the board and the Medical Board of California.

**SB 535** **(Nguyen R) Knox-Keene Health Care Service Plan Act of 1975.**
**Current Text:** Introduced: 2/14/2023 html pdf
**Status:** 2/22/2023-Referred to Com. on RLS.
**Location:** 2/14/2023-S. RLS.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**Summary:** The Knox-Keene Health Care Service Plan Act of 1975 provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Among other provisions, current law requires a health care service plan to meet specified requirements, including, but not limited to, furnishing services in a manner providing continuity of care, ready referral of patients to other providers at appropriate times, and making services readily accessible to all enrollees, as specified. This bill would make technical, non-substantive changes to those provisions.

**SB 537** **(Becker D) Open meetings: multijurisdictional, cross-county agencies: teleconferences.**
**Current Text:** Amended: 4/24/2023 html pdf
**Last Amend:** 4/24/2023
**Status:** 5/2/2023-VOTE: Do pass (PASS)
**Location:** 4/19/2023-S. JUD.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**Summary:** Current law, under the Ralph M. Brown Act, requires that, during a teleconference, at least a quorum of the members of the legislative body participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined. Current law, until January 1st, 2024, authorizes the legislative body of a local agency to use alternate

teleconferencing provisions during a proclaimed state of emergency or in other situations related to public health that exempt a legislative body from the general requirements (emergency provisions) and impose different requirements for notice, agenda, and public participation, as prescribed. The emergency provisions specify that they do not require a legislative body to provide a physical location from which the public may attend or comment. Current law, until January 1st, 2026, authorizes the legislative body of a local agency to use alternative teleconferencing in certain circumstances related to the particular member if at least a quorum of its members participate from a singular physical location that is open to the public and situated within the agency's jurisdiction and other requirements are met, including restrictions on remote participation by a member of the legislative body. These circumstances include if a member shows "just cause," including for a childcare or caregiving need of a relative that requires the member to participate remotely. This bill would expand the circumstances of "just cause" to apply to the situation in which an immunocompromised child, parent, grandparent, or other specified relative requires the member to participate remotely.

**SB 582** **(Becker D) Health records: EHR vendors.**
**Current Text:** Amended: 4/17/2023 html pdf
**Last Amend:** 4/17/2023
**Status:** 5/1/2023-Set for hearing May 8.
**Location:** 4/26/2023-S. APPR.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**Summary:** Current law establishes the California Health and Human Services Agency (CHHSA), which includes departments charged with administration of health, social, and human services. Current law establishes the California Health and Human Services Data Exchange Framework that includes a single data sharing agreement and common set of policies and procedures that govern and require the exchange of health information among health care entities and government agencies in California. Current law requires specified entities to execute the framework data sharing agreement on or before January 31st, 2023. This bill would, contingent on the stakeholder advisory group developing standards for including EHR vendors, as defined, require EHR vendors to execute the framework data sharing agreement. The bill would require any fees charged by an EHR vendor to enable compliance with the framework to comply with specified federal regulations and to be sufficient to include the cost of enabling the collection and sharing of all data required, as specified.

**SB 595** **(Roth D) Covered California: data sharing.**
**Current Text:** Amended: 4/13/2023 html pdf
**Last Amend:** 4/13/2023
**Status:** 4/25/2023-Read second time. Ordered to third reading.
**Location:** 4/25/2023-S. THIRD READING

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**Summary:** Current federal law, the Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified

health benefit plans by qualified individuals and qualified small employers. Current state law creates the California Health Benefit Exchange (Exchange), also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. Current law requires the Exchange, beginning no later than September 1st, 2023, and at least monthly thereafter, to request from the Employment Development Department (EDD) specified information of each new applicant for unemployment compensation, state disability, and paid family leave. Current law requires the EDD to provide that information in a manner prescribed by the Exchange. Current law requires the Exchange to market and publicize the availability of health care coverage through the Exchange, and engage in outreach activities, to the individuals whose contact information is received by the Exchange from the EDD, as specified. Current law prohibits the Exchange from disclosing the personal information obtained from the EDD without the consent of the applicant. This bill would specifically apply that prohibition to the disclosure of personal information by the Exchange to a certified insurance agent or a certified employment counselor.

**SB 598** **(Skinner D) Health care coverage: prior authorization.**
**Current Text:** Amended: 4/17/2023 html pdf
**Last Amend:** 4/17/2023
**Status:** 4/24/2023-April 24 hearing: Placed on APPR suspense file.
**Location:** 4/24/2023-S. APPR. SUSPENSE FILE

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**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 covered health care services if the plan or insurer approved or would have approved not less than 90% of the prior authorization requests, they submitted in the most recent one-year contracted period. The bill would set standards for this exemption and its denial, rescission, and appeal. The bill would authorize a plan or insurer to evaluate the continuation of an exemption not more than once every 12 months and would authorize a plan or insurer to rescind an exemption only at the end of the 12-month period and only if specified criteria are met. The bill would require a plan or insurer to provide an electronic prior authorization process. The bill would also require a plan or insurer to have a process for annually monitoring prior authorization approval, modification, appeal, and denial rates to identify services, items, and supplies that are regularly approved, and to discontinue prior authorization on those services, items, and supplies that are approved 95% of the time. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program.

**SB 621** **(Caballero D) Health care coverage: biosimilar drugs.**
**Current Text:** Amended: 5/2/2023 html pdf
**Last Amend:** 5/2/2023
**Status:** 5/2/2023-Read second time and amended. Re-referred to Com. on APPR.
**Location:** 4/26/2023-S. APPR.

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**Summary:** Current law authorizes a health care service plan or health insurer that provides coverage for prescription drugs to require step therapy if there is more than one drug that is clinically appropriate for the treatment of a medical condition but requires a plan or insurer to expeditiously grant a step therapy exception request if specified criteria are met. Current law does not prohibit a plan, insurer, or utilization review organization from requiring an enrollee or insured to try an AB-rated generic equivalent or interchangeable biological product before providing coverage for the equivalent branded prescription drug. This bill would specify that a plan, insurer, or utilization review organization is also not prohibited from requiring an enrollee or insured to try a biosimilar before providing coverage for the equivalent branded prescription drug, but that the requirement to try biosimilar, generic, and interchangeable drugs does not prohibit or supersede a step therapy exception request.

**SB 694** **(Eggman D) Medi-Cal: self-measured blood pressure devices and services.**
**Current Text:** Introduced: 2/16/2023 html pdf
**Status:** 5/1/2023-May 1 hearing: Placed on APPR suspense file.
**Location:** 5/1/2023-S. APPR. SUSPENSE FILE

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**Summary:** Would make self-measured blood pressure (SMBP) devices and SMBP services, as defined, covered benefits under the Medi-Cal program for the treatment of high blood pressure. The bill would state the intent of the Legislature that those covered devices and services be consistent in scope with devices and services that are recognized under specified existing billing codes or their successors. The bill would condition implementation of that coverage on receipt of any necessary federal approvals and the availability of federal financial participation.

**SB 729** **(Menjivar D) Health care coverage: treatment for infertility and fertility services.**
**Current Text:** Amended: 5/1/2023 html pdf
**Last Amend:** 5/1/2023
**Status:** 5/2/2023-Set for hearing May 8.
**Location:** 4/27/2023-S. APPR.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**Summary:** Would require large group, small group, and individual health care service care contracts and disability insurance policies 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 disability insurance policy provide infertility treatment under agreed-upon terms that are communicated to all group contract holders and policyholders. The bill would prohibit a health care service plan or disability insurer from placing different conditions or coverage limitations on fertility medications or services, or the diagnosis and treatment of infertility and fertility services, than would apply to other conditions, as specified. With respect to a health care service plan, the bill would not apply to a specialized health care service plan contract or a 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. With respect to a disability insurer, the bill would not apply to accident-only, specified disease, hospital indemnity, Medicare supplement, or specialized disability insurance policies. Because the violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

**SB 779** **(Stern D) Primary Care Clinic Data Modernization Act.**
**Current Text:** Amended: 4/17/2023 html pdf
**Last Amend:** 4/17/2023
**Status:** 5/1/2023-May 1 hearing: Placed on APPR suspense file.
**Location:** 5/1/2023-S. APPR. SUSPENSE FILE

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**Summary:** Current law provides for the licensure and regulation of clinics, including primary care clinics, by the State Department of Public Health. Current law excludes certain facilities from those provisions, including a clinic that is operated by a primary care community or free clinic and that is operated on separate premises from the licensed clinic and is only open for limited services of no more than 40 hours a week, also referred to as an intermittent clinic. Current law imposes various reporting requirements on clinics, including requiring a clinic to provide a verified report to the Department of Health Care Access and Information including information relating to the previous calendar year, such as the number of patients served and specified descriptive information, medical and other health services provided, total clinic operating expenses, and gross patient charges by payer category. Current law specifies that the reporting requirements apply to all primary care clinics. This bill would revise those reporting requirements, including specifying the type of descriptive information required to be reported. The bill would extend application of the reporting requirements to intermittent clinics, as specified.

**SB 805** **(Portantino D) Health care coverage: pervasive developmental disorders or autism.**
**Current Text:** Amended: 4/24/2023 html pdf
**Last Amend:** 4/24/2023
**Status:** 5/1/2023-Set for hearing May 8.
**Location:** 4/25/2023-S. APPR.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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**Summary:** Current law requires a health care service plan contract or a health insurance policy to provide coverage for behavioral health treatment for pervasive developmental disorder or autism, and defines “behavioral health treatment” to mean specified services and treatment programs, including treatment provided pursuant to a treatment plan that is prescribed by a qualified autism service provider and administered either by a qualified autism service provider or by a qualified autism service professional or qualified autism service paraprofessional who is supervised as specified. Current law defines a “qualified autism service professional” to refer to a person who meets specified educational, training, and other requirements and is supervised and employed by a qualified autism service provider. Current law defines a “qualified autism service paraprofessional” to mean an unlicensed and uncertified individual who meets specified

educational, training, and other criteria, is supervised by a qualified autism service provider or a qualified autism service professional and is employed by the qualified autism service provider. This bill would expand the criteria for a qualified autism service professional to include a behavioral health professional and a psychology associate, an associate marriage and family therapist, an associate clinical social worker, or an associate professional clinical counselor, as specified. The bill would expand the criteria for a qualified autism service paraprofessional to include a behavioral health paraprofessional, as specified.

**SB 819** **(Eggman D) Medi-Cal: certification.**
**Current Text:** Amended: 4/24/2023 html pdf
**Last Amend:** 4/24/2023
**Status:** 5/2/2023-Read second time. Ordered to consent calendar.
**Location:** 5/1/2023-S. CONSENT CALENDAR

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. | Enrolled | Vetoed | Chaptered |
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**Summary:** Current law requires the State Department of Public Health to license and regulate clinics. Current law exempts from those licensing provisions certain clinics that are directly conducted, maintained, or operated by federal, state, or local governmental entities, as specified. Current law also exempts from those licensing provisions a clinic that is operated by a primary care community or free clinic, that is operated on separate premises from the licensed clinic, and that is only open for limited services of no more than 40 hours per week. Current law sets forth various procedures, including the submission of an application package, for providers to enroll in the Medi-Cal program. Under current law, an applicant or provider that is a government-run license-exempt clinic as described above is required to comply with those Medi-Cal enrollment procedures. Under current law, an applicant or provider that is operated on separate premises and is license exempt, including an intermittent site or mobile health care unit that is operated by a licensed primary care clinic that provides all staffing, protocols, equipment, supplies, and billing services, is not required to enroll in the Medi-Cal program as a separate provider or comply with the above-described enrollment procedures, if the licensed primary care clinic has notified the department of its separate locations, premises, intermittent sites, or mobile health care units. This bill would additionally exempt from the Medi-Cal enrollment procedures an intermittent site or mobile health care unit that is operated by the above-described government-run license-exempt clinic if that clinic has notified the department of its separate locations, premises, sites, or units.

**SB 839** **(Bradford D) Obesity Treatment Parity Act.**
**Current Text:** Amended: 3/20/2023 html pdf
**Last Amend:** 3/20/2023
**Status:** 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/29/2023)(May be acted upon Jan 2024)
**Location:** 4/28/2023-S. 2 YEAR

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. | Enrolled | Vetoed | Chaptered |
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**Summary:** Would require an individual or group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1st, 2025, to include

comprehensive coverage for the treatment of obesity in the same manner as any other illness, condition, or disorder for purposes of determining deductibles, lifetime dollar limits, copayment and coinsurance factors, and benefit year maximums for deductibles and copayment and coinsurance factors. 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 870** **(Caballero D) Medi-Cal: managed care organization provider tax.**
**Current Text:** Amended: 4/17/2023 html pdf
**Last Amend:** 4/17/2023
**Status:** 5/1/2023-Set for hearing May 8.
**Location:** 4/27/2023-S. APPR.

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

**Summary:** Current law, inoperative on January 1st, 2023, and to be repealed on January 1st, 2024, imposed a managed care organization (MCO) provider tax, administered, and assessed by the State Department of Health Care Services, on licensed health care service plans and managed care plans contracted with the department to provide full-scope Medi-Cal services. Those provisions set forth taxing tiers and corresponding per enrollee tax amounts for the 2019–20, 2020–21, and 2021–22, fiscal years, and the first 6 months of the 2022–23 fiscal year. Under those provisions, all revenues, less refunds, derived from the tax were deposited into the State Treasury to the credit of the Health Care Services Special Fund, and continuously appropriated to the department for purposes of funding the nonfederal share of Medi-Cal managed care rates, as specified. Those inoperative provisions authorized the department, subject to certain conditions, to modify or make adjustments to any methodology, tax amount, taxing tier, or other provision relating to the MCO provider tax to the extent the department deemed necessary to meet federal requirements, to obtain or maintain federal approval, or to ensure federal financial participation was available or was not otherwise jeopardized. Those provisions required the department to request approval from the federal Centers for Medicare and Medicaid Services (CMS) as was necessary to implement those provisions. In April 2020, CMS approved a modified tax structure that the department had submitted as part of a waiver request, involving taxing tiers that were based on cumulative Medi-Cal or other member months for certain fiscal years. This bill would extend the above-described MCO provider tax to an unspecified date and would make conforming changes to the timeline of related provisions by incorporating other unspecified dates.

**SB 873** **(Bradford D) Prescription drugs: cost sharing.**
**Current Text:** Introduced: 2/17/2023 html pdf
**Status:** 5/1/2023-May 1 hearing: Placed on APPR suspense file.
**Location:** 5/1/2023-S. APPR. SUSPENSE FILE

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

**Summary:** This bill, commencing no later than January 1st, 2025, would require an enrollee's or insured's defined cost sharing for each prescription drug to be calculated at the point of sale based on a price that is reduced by an amount equal to 90% of all rebates received, or to be received, in connection with the dispensing or administration of the drug. The bill would require a health care

service plan or health insurer to, among other things, pass through to each enrollee or insured at the point of sale a good faith estimate of the enrollee's or insured's decrease in cost sharing. The bill would require a health care service plan or health insurer to calculate an enrollee's or insured's defined cost sharing and provide that information to the dispensing pharmacy, as specified. The bill would require the department and the commissioner to submit an annual report on the impact of these provisions to the appropriate policy committees of the Legislature, as specified. The bill would make these provisions inoperative on January 1st, 2027. This bill contains other related provisions and other existing laws.

# Member Services Dashboard 2023
## ACD Service - MSR BH AS Queue
## (Calls from Members to Member Services Behavioral Health Unit)

| Category | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | Average |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Incoming Calls | | | | 1668 | | | | | | | | | |
| Calls Answered | | | | 1265 | | | | | | | | | |
| Abandoned Rate (goal <5%) | | | | 24% | | | | | | | | | |
| Calls Answered in 30 Seconds (goal >80%) | | | | 76% | | | | | | | | | |
| Calls Answered in 60 Seconds (goal >70%) | | | | 79% | | | | | | | | | |
| Average Speed to Answer | | | | 01:15 | | | | | | | | | |
| Average Talk Time | | | | 09:29 | | | | | | | | | |
| Calls Answered in 10 Minutes (goal: 100%) | | | | 97% | | | | | | | | | |
| Outbound Calls | | | | 1672 | | | | | | | | | |
| | | | | | | | | | | | | | |
| TruCare Screenings Completed | | | | 255 | | | | | | | | | |
| ACBH Referrals | | | | 42 | | | | | | | | | |
| | | | | | | | | | | | | | |

## Provider Dispute Resolution
## March 2023 and April 2023

**METRICS**

| PDR Compliance | Mar-23 | Apr-23 |
|---|---|---|
| # of PDRs Resolved | 1,111 | 685 |
| # Resolved Within 45 Working Days | 1,103 | 683 |
| % of PDRs Resolved Within 45 Working Days | 99.3% | 99.7% |

| PDRs Received | Mar-23 | Apr-23 |
|---|---|---|
| # of PDRs Received | 1,475 | 1,618 |
| **PDR Volume Total** | **1,475** | **1,618** |

| PDRs Resolved | Mar-23 | Apr-23 |
|---|---|---|
| # of PDRs Upheld | 836 | 491 |
| % of PDRs Upheld | 75% | 72% |
| # of PDRs Overturned | 275 | 194 |
| % of PDRs Overturned | 25% | 28% |
| **Total # of PDRs Resolved** | **1,111** | **685** |

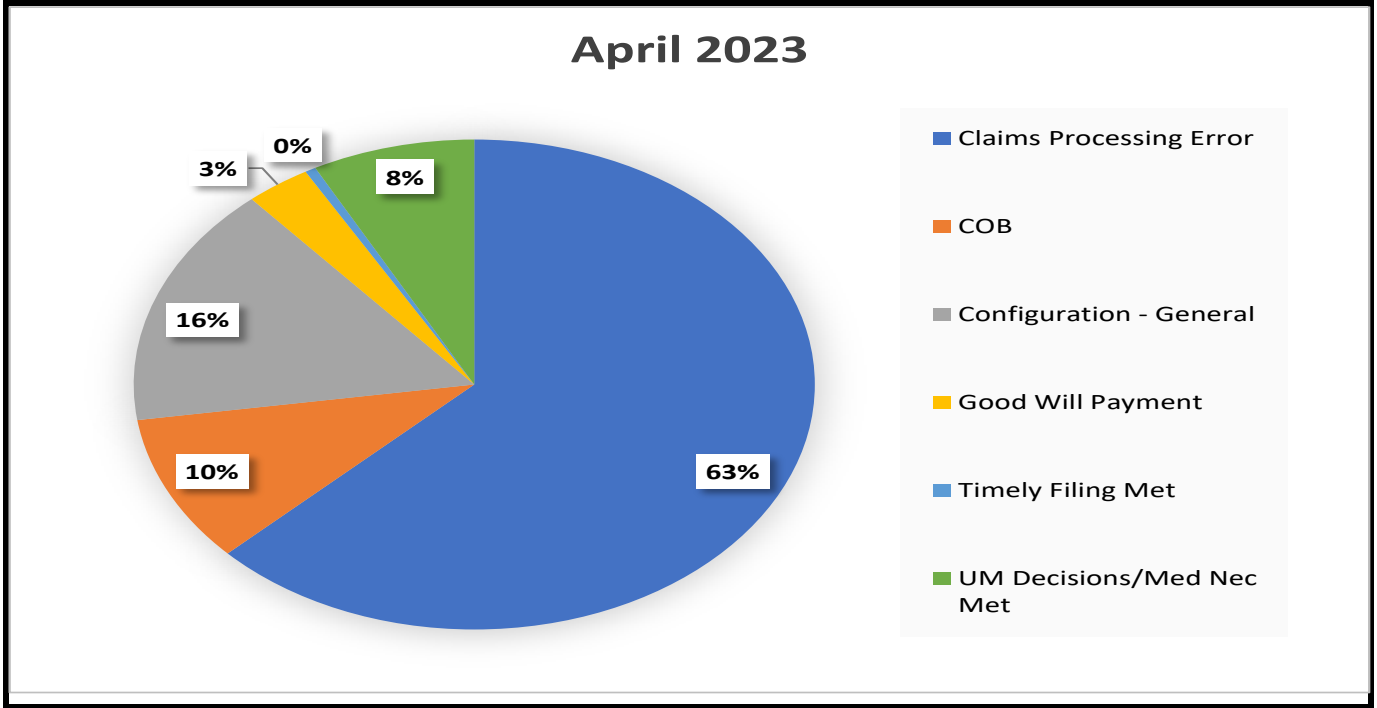
| Average Turnaround Time | Mar-23 | Apr-23 |
|---|---|---|
| Average # of Days to Resolve PDRs | 29 | 34 |
| Oldest Unresolved PDR in Days | 39 | 45 |

| Unresolved PDR Age | Mar-23 | Apr-23 |
|---|---|---|
| 0-45 Working Days | 1,294 | 2,349 |
| Over 45 Working Days | 0 | 0 |
| **Total # of Unresolved PDRs** | **1,294** | **2,349** |

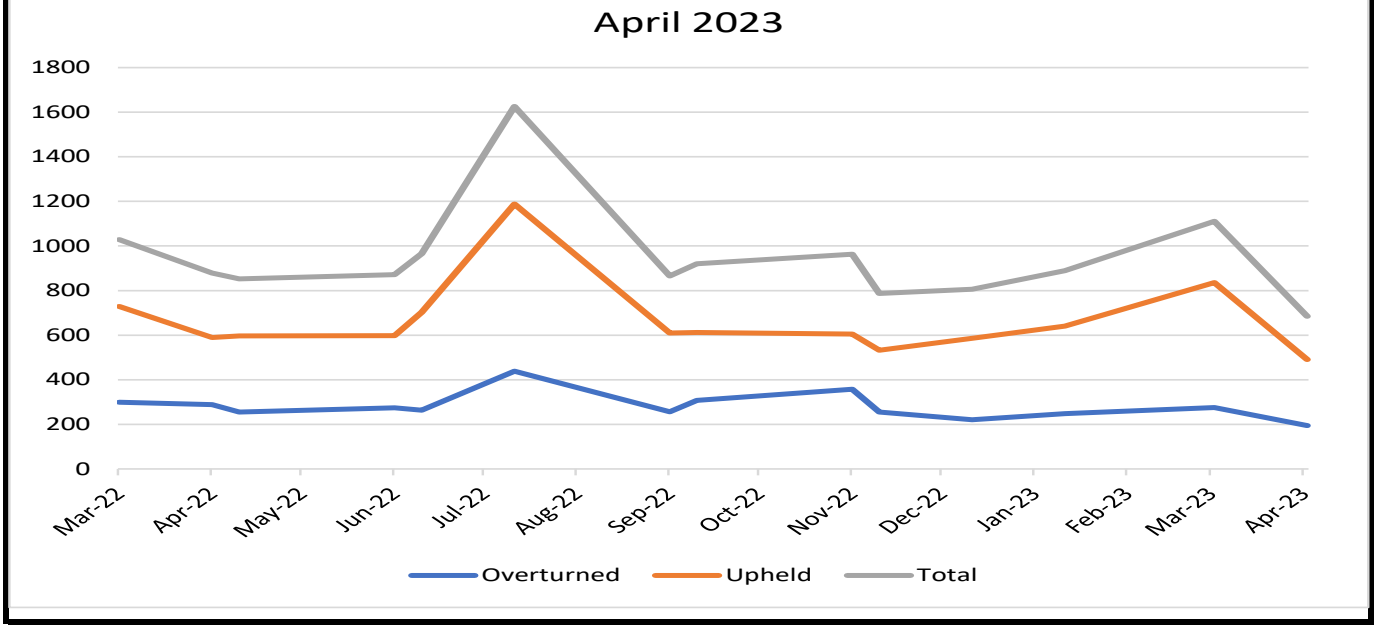
# Provider Dispute Resolution
# March 2023 and April 2023

**Apr-23**

## PDR Resolved Case Overturn Reasons




## Rolling 12-Month PDR Trend Line



# Claims Department
# March 2023 Final and April 2023 Final

| METRICS | | |
|---|---|---|
| **Claims Compliance** | **Mar-23** | **Apr-23** |
| 90% of clean claims processed within 30 calendar days | 99.3% | 98.6% |
| 95% of all claims processed within 45 working days | 99.9% | 99.9% |
| | | |
| **Claims Volume (Received)** | **Mar-23** | **Apr-23** |
| Paper claims | 21,885 | 28,986 |
| EDI claims | 145,590 | 209,297 |
| **Claim Volume Total** | **167,475** | **238,283** |
| | | |
| **Percentage of Claims Volume by Submission Method** | **Mar-23** | **Apr-23** |
| % Paper | 13.07% | 12.16% |
| % EDI | 86.93% | 87.84% |
| | | |
| **Claims Processed** | **Mar-23** | **Apr-23** |
| HEALTHsuite Paid (original claims) | 149,563 | 136,596 |
| HEALTHsuite Denied (original claims) | 57,784 | 52,426 |
| **HEALTHsuite Original Claims Sub-Total** | **207,347** | **189,022** |
| HEALTHsuite Adjustments | 21,040 | 2,013 |
| **HEALTHsuite Total** | **228,387** | **191,035** |
| | | |
| **Claims Expense** | **Mar-23** | **Apr-23** |
| Medical Claims Paid | $78,512,420 | $71,220,841 |
| Interest Paid | $41,054 | $41,843 |
| | | |
| **Auto Adjudication** | **Mar-23** | **Apr-23** |
| Claims Auto Adjudicated | 164,436 | 157,685 |
| % Auto Adjudicated | 79.3% | 83.4% |
| | | |
| **Average Days from Receipt to Payment** | **Mar-23** | **Apr-23** |
| HEALTHsuite | 18 | 19 |
| | | |
| **Pended Claim Age** | **Mar-23** | **Apr-23** |
| **0-29 calendar days** | 19,753 | 28,436 |
| HEALTHsuite | | |
| **30-59 calendar days** | 741 | 936 |
| HEALTHsuite | | |
| **Over 60 calendar days** | 8 | 225 |
| HEALTHsuite | | |
| | | |
| **Overall Denial Rate** | **Mar-23** | **Apr-23** |
| Claims denied in HEALTHsuite | 57,784 | 52,426 |
| % Denied | 25.3% | 27.4% |

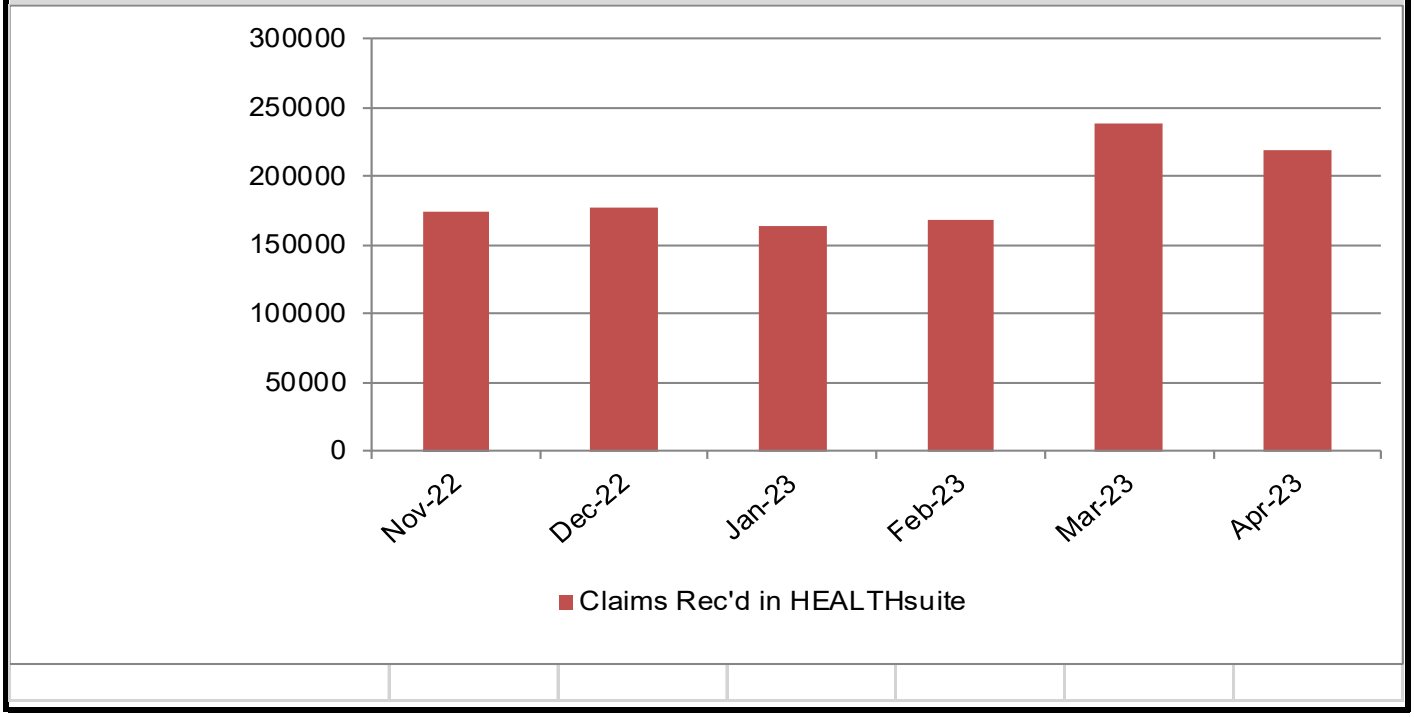
# Claims Department
# March 2023 Final and April 2023 Final

## Apr-23

| Top 5 HEALTHsuite Denial Reasons | % of all denials |
|---|---|
| Responsibility of Provider | 27% |
| No Benefits Found For Dates of Service | 12% |
| Must Submit Paper Claim With Copy of Primary Payor EOB | 10% |
| Non-Covered Benefit For This Plan | 9% |
| Duplicate Claim | 9% |
| **% Total of all denials** | **67%** |

## Claims Received By Month

| Run Date | 12/1/2022 | 1/1/2023 | 2/1/2023 | 3/1/2023 | 4/1/2023 | 5/1/2023 |
|---|---|---|---|---|---|---|
| **Claims Received Through** | **Nov-22** | **Dec-22** | **Jan-23** | **Feb-23** | **Mar-23** | **Apr-23** |
| Claims Rec'd in HEALTHsuite | 174,429 | 177,828 | 163,764 | 167,475 | 238,283 | 218,296 |



# Provider Relations Dashboard April 2023

| Alliance Provider Relations Staff | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Incoming Calls (PR) | 5588 | 5936 | 6283 | 6245 | | | | | | | | |
| Abandoned Calls | 1698 | 1904 | 1557 | 1808 | | | | | | | | |
| Answered Calls (PR) | 3890 | 4032 | 4726 | 4437 | | | | | | | | |
| | | | | | | | | | | | | |
| **Recordings/Voicemails** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** |
| Incoming Calls (R/V) | 1231 | 953 | 986 | 849 | | | | | | | | |
| Abandoned Calls (R/V) | | | | | | | | | | | | |
| Answered Calls (R/V) | 1231 | 953 | 983 | 849 | | | | | | | | |
| | | | | | | | | | | | | |
| **Outbound Calls** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** |
| Outbound Calls | 741 | 758 | 910 | 855 | | | | | | | | |
| N/A | | | | | | | | | | | | |
| Outbound Calls | 741 | 758 | 910 | 855 | | | | | | | | |
| | | | | | | | | | | | | |
| **Totals** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** |
| Total Incoming, R/V, Outbound Calls | 7560 | 7647 | 8179 | 7949 | | | | | | | | |
| Abandoned Calls | 1698 | 1904 | 1557 | 1808 | | | | | | | | |
| Total Answered Incoming, R/V, Outbound Calls | 5862 | 5743 | 6622 | 6141 | | | | | | | | |

# Provider Relations Dashboard April 2023

## Call Reasons (Medi-Cal and Group Care)

| Category | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Authorizations | 5.3% | 4.8% | 5.3% | 5.3% | | | | | | | | |
| Benefits | 3.6% | 3.4% | 3.1% | 3.6% | | | | | | | | |
| Claims Inquiry | 46.7% | 46.0% | 48.8% | 47.6% | | | | | | | | |
| Change of PCP | 4.9% | 3.8% | 3.4% | 3.1% | | | | | | | | |
| Complaint/Grievance (includes PDR's) | 2.9% | 1.7% | 2.9% | 3.4% | | | | | | | | |
| Contracts/Credentialing | 0.9% | 0.7% | 0.9% | 0.8% | | | | | | | | |
| Demographic Change | 0.0% | 0.0% | 0.0% | 0.0% | | | | | | | | |
| Eligibility - Call from Provider | 19.4% | 20.6% | 17.2% | 15.7% | | | | | | | | |
| Exempt Grievance/ G&A | 0.0% | 0.0% | 0.0% | 3.5% | | | | | | | | |
| General Inquiry/Non member | 0.0% | 0.0% | 0.0% | 0.0% | | | | | | | | |
| Health Education | 0.0% | 0.0% | 0.0% | 0.0% | | | | | | | | |
| Intrepreter Services Request | 0.7% | 0.9% | 0.4% | 0.6% | | | | | | | | |
| Kaiser | 0.0% | 0.0% | 0.0% | 0.0% | | | | | | | | |
| Member bill | 0.0% | 0.0% | 0.0% | 0.0% | | | | | | | | |
| Provider  Portal Assistance | 2.7% | 2.9% | 2.5% | 3.3% | | | | | | | | |
| Pharmacy | 0.2% | 0.1% | 0.2% | 0.1% | | | | | | | | |
| Prop 56 | 0.4% | 0.5% | 0.4% | 0.5% | | | | | | | | |
| Provider Network Info | 0.0% | 0.1% | 0.0% | 0.1% | | | | | | | | |
| Transportation Services | 0.2% | 0.4% | 0.1% | 0.1% | | | | | | | | |
| Transferred Call | 0.0% | 0.0% | 0.0% | 0.0% | | | | | | | | |
| All Other Calls | 12.2% | 14.0% | 14.7% | 12.4% | | | | | | | | |
| TOTAL | 100.0% | 100.0% | 100.0% | 100.0% | #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 | 47 | 42 | | | | | | | | |
| Contracting/Credentialing | 29 | 18 | 34 | 31 | | | | | | | | |
| Drop-ins | 142 | 96 | 100 | 107 | | | | | | | | |
| JOM's | 0 | 2 | 2 | 1 | | | | | | | | |
| New Provider Orientation | 0 | 20 | 32 | 703 | | | | | | | | |
| Quarterly Visits | 0 | 0 | 0 | 0 | | | | | | | | |
| UM Issues | 13 | 18 | 0 | 9 | | | | | | | | |
| Total Field Visits | 214 | 182 | 215 | 893 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

## ALLIANCE IN THE COMMUNITY

### FY 2022-2023 | APRIL 2023 OUTREACH REPORT

During April 2023, the Alliance completed **538**-member orientation outreach calls and conducted **110** member orientations (**20%-member** participation rate). Among the member orientations completed 44 (40%) were completed with non-utilizer members. In addition, in April 2023, the Outreach team completed **54** Alliance website inquiries, **2** service requests, and **1** community event. The Alliance reached a total of **210** people and spent a total of $**25** in donations, fees, and/or sponsorships at the 2023 Spring Extravaganza community event in Dublin.**

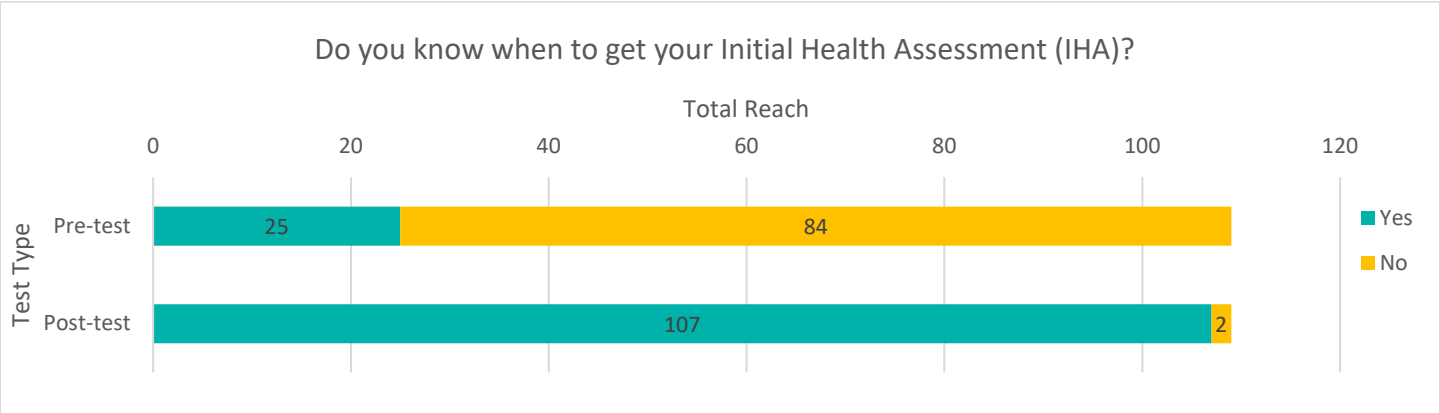
The Communications & Outreach Department began reporting the number of members reached during outreach activities in late February 2018. Since July 2018, **27,018** self-identified Alliance members have been reached during outreach activities.

On **Monday, March 16th, 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 18th, 2020,** the Alliance began conducting member orientations by phone. As of April 30th, 2023, the Outreach Team completed 25,293-member orientation outreach calls and conducted 6,820 member orientations (27%-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 April 1, through April 30, 2023 (20 working days) – **110** net new members completed a MO by phone.

After completing a MO **98.2%** of members who completed the post-test survey in April 2023 reported knowing when to get their IHA, compared to only **22.9%** of members knowing when to get their IHA in the pre-test survey.




All report details can be reviewed at: **W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Outreach Reports\FY 22-23\Q4\1. April 2023**

## FY 2021-2022 APRIL 2022 TOTALS

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

12 CITIES

Alameda
Berkeley
Dublin
Fremont
Hayward
Livermore
Martinez
Oakland
Pleasanton
San Leandro
San Lorenzo
Union City

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

$0.00
TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS**

## FY 2022-2023 APRIL 2023 TOTALS

- **1** COMMUNITY EVENTS
- **0** MEMBER EDUCATION EVENTS
- **110** MEMBER ORIENTATIONS
- **0** MEETINGS/ PRESENTATIONS
- **0** COMMUNITY TRAINING
- **3** TOTAL INITIATED/ INVITED EVENTS
- **111** TOTAL COMPLETED **EVENTS**

12 CITIES*

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

- **210** TOTAL REACHED AT COMMUNITY EVENTS
- **0** TOTAL REACHED AT MEMBER EDUCATION EVENTS
- **110** TOTAL REACHED AT MEMBER ORIENTATIONS
- **0** TOTAL REACHED AT MEETINGS/PRESENTATIONS
- **0** COMMUNITY TRAINING
- **127** MEMBERS REACHED AT ALL EVENTS
- **320** **TOTAL REACHED AT ALL EVENTS**

$25.00
TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS**

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

# Compliance

## Supporting Documents

| 2023 APL/PL IMPLEMENTATION TRACKING LIST | | | | | | |
|---|---|---|---|---|---|---|
| # | Regulatory Agency | APL/PL # | Date Released | APL/PL Title | LOB | APL Purpose Summary |
| 1 | DMHC | 23-001 | 01/05/23 | Large Group Renewal Notice Requirements | GROUP CARE | This letter provides guidance to plans on the timing and content requirements for renewal notices to large group contractholders under HSC section 1374.21 and HSC section 1385.046. For purposes of this section, large group plans include In Home Supportive Services (IHSS) products. |
| 2 | DHCS | 23-001 | 01/06/23 | Network Certification Requirements | MEDI-CAL | The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) on the Annual Network certification (ANC) requirements pursuant to Title 42 of the Code of Federal Regulations (CFR) sections 438.68, 438.206, and 438.207, and Welfare and Institutions Code (WIC) section 14197. This APL also advises MCPs of the new requirements pertaining to good faith contracting requirements with certain cancer centers and referral requirements pursuant to WIC section 14197.45, as set forth by Senate Bill (SB) 987 (Portantino, Chapter 608, Statutes of 2022). |
| 3 | DMHC | 23-002 | 01/12/23 | Senate Bill 979 – Health Emergencies Guidance | MEDI-CAL & GROUP CARE | This All Plan Letter (APL) sets forth the Department's guidance regarding how plans shall demonstrate compliance with SB 979. The department expects plans to comply with SB 979 effective January 1, 2023. On September 18, 2022, Governor Gavin Newsom signed Senate Bill (SB) 979. SB 979 requires health care service plans (health plans or plans) to provide an enrollee who has been displaced or whose health may otherwise be affected by a state of emergency, as declared by the Governor, or a health emergency, as declared by the State Public Health Officer, access to medically necessary health care services. SB 979 also authorizes the Department of Managed Health Care (Department) to issue guidance to plans regarding compliance with the bill's requirements during the first three years following the declaration of emergency, or until the emergency is terminated, whichever occurs first. |
| 4 | DHCS | 23-002 | 01/17/23 | 2023-2024 Medi-Cal MCP MEDS/834 Cutoff and Processing Schedule | MEDI-CAL | The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with the 2023-2024 Medi-Cal Eligibility Data System (MEDS)/834 cutoff and processing schedule. |
| 5 | DMHC | 23-003 | 01/24/23 | AB 1982 Telehealth Dental Care | N/A | Assembly Bill (AB) 1982 (Santiago, Ch. 525, Stats. 2022) adds Health and Safety Code section 1374.142 to the Knox-Keene Health Care Service Plan Act of 1975, effective January 1, 2023. Requires a plan offering a product covering dental services that offers a service via telehealth through a third-party corporate telehealth provider to report certain information to the Department for each product offering the service. This All Plan Letter (APL) sets forth the Department of Managed Health Care's (DMHC or Department) guidance regarding how health care service plans (plans) shall comply with AB 1982. |
| 6 | DMHC | 23-004 | 2/7/2023 | Plan Year 2024 QHP, QDP, and Off-Exchange Filing Requirements | N/A | The Department of Managed Health Care (Department) issues this All Plan Letter (APL) 23-004 to assist in the preparation of Plan Year 2024 regulatory submissions, in compliance with the Knox- Keene Act at California Health and Safety Code sections 1340 et seq. (Act) and regulations promulgated by the Department at California Code of Regulations, title 28 (Rules). The Department offers current and prospective Qualified Health and Dental Plans, Covered California for Small Business Issuers, and health plans offering non-grandfathered Individual and Small Group product(s) outside of the California Health Benefit Exchange (Covered California), guidance to assist in the preparation of Plan Year 2024 regulatory submissions, in compliance with the Knox- Keene Act at California Health and Safety Code sections 1340 et seq. (Act) and regulations promulgated by the Department at California Code of Regulations, title 28 (Rules). |
| 7 | DMHC | 23-005 | 2/13/2023 | Network Service Area Confirmation Process | MEDI-CAL | DMHC is establishing the NSACP to ensure that all network service areas on file as part of the Plan's license are consistent with network service areas submitted for Timely Access Compliance and Annual Network Reporting. DMHC will transmit NSACP Workbook to all Reporting Plans (June 2023), including a summary of all reported network service areas in the RY 2023 Annual Network Report submission. The transmittal will include a specific due date for the health plan's response. |
| 8 | DMHC | 23-006 | 2/24/2023 | Independent Medical Review (IMR) Application/Complaint Form (DMHC 20-224) | MEDI-CAL & GROUP CARE | The Department of Managed Health Care (Department) issues this All-Plan Letter (APL) to inform all licensed health care service plans that the Department has revised the Independent Medical Review Application/Complaint Form (DMHC 20-224). |
| 9 | DHCS | 23-003 | 3/8/2023 | California Advancing and Innovating Medi-Cal Incentive Payment Program | MEDI-CAL | The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCP) with guidance on the Incentive Payment Program implemented by the California Advancing and Innovating Medi-Cal (CalAIM) initiative. |

| # | Regulatory Agency | APL/PL # | Date Released | APL/PL Title | LOB | APL Purpose Summary |
|---|---|---|---|---|---|---|
| 10 | DHCS | 23-004 | 3/14/2023 | Skilled Nursing Facilities -- Long Term Care Benefit Standardization and Transition of Members to Managed Care (Supersedes APL 22-018) | MEDI-CAL | The purpose of this All Plan Letter (APL) is to provide requirements to all Medi-Cal managed care health plans (MCPs) on Skilled Nursing Facility (SNF) Long Term Care (LTC) benefit standardization provisions of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, including the mandatory transition of beneficiaries to managed care. |
| 11 | DHCS | 23-005 | 3/16/2023 | Requirements For Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21 (Supersedes APL 19-010) | MEDI-CAL | The purpose of this All Plan Letter (APL) is to clarify the responsibilities of Medi-Cal managed care health plans (MCPs) to provide Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services to eligible Members under the age of 21. This policy applies to all Members under the age of 21 who are enrolled in MCPs. This guidance is intended to reinforce existing state and federal laws and regulations regarding the provisions of Medi-Cal services, including EPSDT. This guidance is also intended to outline requirements for MCPs to ensure Members have access to information on EPSDT and Network Providers receive standardized training on EPSDT utilizing the newly developed DHCS Medi-Cal for Kids and Teens Outreach and Education Toolkit. |
| 12 | DMHC | 23-007 | 3/23/2023 | Provider Directory Annual Filing Requirements (2023) | MEDI-CAL & GROUP CARE | This All Plan Letter (APL) reminds health care service plans of California Health and Safety Code section 1367.27, subdivision (m)'s requirement to annually submit provider directory policies and procedures to the Department of Managed Health Care. |
| 13 | DMHC | 23-008 | 3/24/2023 | Health Plan Requirements to Timely Pay Claims | MEDI-CAL & GROUP CARE | The Department of Managed Health Care (Department) issues this All Plan Letter (APL) 23-008 to highlight and remind plans of timely payment and utilization management obligations with respect to hospitals. |
| 14 | DHCS | 23-006 | 3/28/2023 | Delegation and Subcontractor Network Certification | MEDI-CAL | The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care plans (MCPs) with guidance on the requirements for delegation and monitoring of Subcontractors. This APL also details the Subcontractor Network Certification (SNC) process wherein MCPs must provide assurances that each Subcontractor's and Downstream Subcontractor's Provider Network meets state and federal Network adequacy and access requirements. |
| 15 | DMHC | 23-009 | 3/30/2023 | Health Plan Coverage of Preventive Services | MEDI-CAL & GROUP CARE | The Department of Managed Health Care (Department) issues this All Plan Letter (APL) 23-009 reminding California health plans of their obligation to cover preventive services as required by the Knox-Keene Health Care Service Plan Act. |
| 16 | DHCS | 20-004 | 4/4/2023 | Emergency Guidance for Medi-Cal Managed Care Health Plans in Response to COVID-19 (REVISED) | MEDI-CAL | The purpose of this All Plan Letter (APL) is to provide information to Medi-Cal managed care health plans (MCPs) on temporary changes to federal requirements as a result of the ongoing global COVID-19 pandemic. As the Department of Health Care Services (DHCS) continues to respond to concerns and changing circumstances resulting from the pandemic, DHCS will provide updated guidance to MCPs. |
| 17 | DHCS | 21-011 | 4/4/2023 | (Supplement to APL 21-011) Emergency State Fair Hearing Timeframe Changes | MEDI-CAL | The purpose of this supplement to All Plan Letter (APL) 21-011 is to provide Medi-Cal managed care health plans (MCPs) with information regarding the Centers for Medicare and Medicaid Services' (CMS) approval of portions of the Department of Health Care Services' (DHCS) Section 1135 Waiver request as related to the Novel Coronavirus Disease (COVID-19) public health emergency (PHE). |
| 18 | DHCS | 23-007 | 4/10/2023 | Telehealth Services Policy | MEDI-CAL | The purpose of this All Plan Letter (APL) is to provide clarification to Medi-Cal managed care health plans (MCPs) on the Department of Health Care Services' (DHCS) policy on Covered Services offered through Telehealth modalities as outlined in the Medi-Cal Provider Manual. This includes clarification on those Covered Services which can be provided via Telehealth and the expectations related to documentation for Telehealth. |
| 19 | DMHC | 23-010 | 4/10/2023 | Coverage of Misoprostol-Only Abortion Care | MEDI-CAL & GROUP CARE | The Department of Managed Health Care (DMHC) hereby issues this All Plan Letter (APL) 23-010 based on potential disruptions to the availability of mifepristone due to the recently issued federal district court decisions. |
| 20 | DMHC | 23-011 | 4/10/2023 | Annual Segregation Fund Report | N/A | Assembly Bill (AB) 2205 added California Health and Safety Code (HSC) section 1347.8. Effective July 1, 2023 and annually thereafter, a health plan that offers a qualified health plan through the California Health Benefit Exchange (Exchange) shall report to the director the total amount of funds maintained in a segregated account for abortion services pursuant to subdivision (a) of Section 1303 of the federal Patient protection and Affordable Care Act (Public Law 111-148). This APL provides guidance to health plans on the timing and content requirements for submitting annual segregation fund reports. |
| 21 | DMHC | 23-012 | 4/17/2023 | Health Plan Annual Assessments | MEDI-CAL & GROUP CARE | The Department of Managed Health Care (DMHC) issues this All Plan Letter (APL) 23-012 to provide information to health care service plans (health plans) pertaining to the DMHC's fiscal year (FY) 2023- 24 annual assessment. Health plans are required to file the Report of enrollment Plan on the DMHC eFiling web portal by May 15, 2023. |

| # | Regulatory Agency | APL/PL # | Date Released | APL/PL Title | LOB | APL Purpose Summary |
|---|---|---|---|---|---|---|
| 22 | DHCS | 20-021 | 4/19/2023 | Acute Hospital Care at Home (REVISED) | MEDI-CAL | The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with policy guidance regarding hospitals participating in the Centers for Medicare & Medicaid Services' (CMS) Acute Hospital Care at Home program. The APL was revised to indicate that on December 29, 2022, President Biden signed into law the Consolidated Appropriations Act of 2023. This legislation included an extension of the Acute Hospital Care at Home program waiver that was initiated during the federal public health emergency. The Acute Hospital Care at Home program has been extended to December 31, 2024. |
| 23 | DMHC | 23-013 | 4/20/2023 | Large Group Coverage of Association Health Plans: Extension of Phase Out and Guidance | GROUP CARE | On December 9, 2019, the Department of Managed Health Care (DMHC) issued All Plan Letter (APL) 19-024 reminding health plans, solicitors, brokers and others of the law codified in Senate Bill 1375 (Stats 2018 ch 700 §3). The DMHC recognizes that some health plans and MEWAs continued to renew large group coverage while the DMHC reviewed compliance submissions for SB 255 and SB 718. As such, health plans contracting with MEWAs may continue to renew large group coverage for up to one year until December 31, 2023, if the health plan submits the required information to the DMHC on or before May 19, 2023. |
| 24 | DMHC | 23-014 | 4/24/2023 | Health Care Service Plans Are Mandatory Signatories to the CalHHS Data Exchange Framework | MEDI-CAL & GROUP CARE | The purpose of this All Plan Letter (APL) is to inform all health care service plans of their requirement to sign the Health and Human Services Data Exchange Framework (DxF) Data Sharing Agreement (DSA). This DSA defines the parties that are subject to the DxF's new data exchange rules and establishes a common set of terms, conditions, and obligations to support the secure exchange of and access to health and social services information in compliance with applicable laws, regulations, and policies. |
| 25 | DHCS | 23-008 | 4/28/2023 | Proposition 56 Directed Payments for Family Planning Services | MEDI-CAL | The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed health care plans (MCPs) with guidance on directed payments, funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), for the provision of specified family planning services. |
| 26 | DHCS | 23-009 | 5/3/2023 | Authorization for Post-Stabilization Care Services | MEDI-CAL | The purpose of this All Plan Letter (APL) is to clarify Medi-Cal managed care health plans (MCPs) contractual obligations for authorizing post-stabilization care services. In accordance with Title 28 CCR section 1300.71.4, when a Member is stabilized, but the health care Provider believes that they require additional Medically Necessary Covered Services and may not be discharged safely, the MCP, "shall approve or disapprove a health care provider's request for authorization to provide necessary post-stabilization medical care within one half hour of the request." To clarify, the "health care provider" as referenced herein refers to both Out-of-Network Providers (i.e., non-contracting Providers) and Network Providers. |
| 27 | DHCS | 23-010 | 5/4/2023 | Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21 | MEDI-CAL | The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) about the provision of Medically Necessary Behavioral Health Treatment (BHT) services for Members under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, as outlined in APL 19-010 or any superseding APL, and in accordance with mental health parity requirements. This APL clarifies that the MCP has primary responsibility for ensuring that all of a Member's needs for Medically Necessary BHT services are met across environments, including on-site at school or during virtual school sessions. For example, if educational BHT services provided to a Member by school-based Providers have been discontinued during the COVID-19 Public Health Emergency (PHE), the MCP must ensure that Medically Necessary BHT services are provided. The MCP is responsible for coordinating with other entities and covering any gap in Medically Necessary BHT services for the Member. |

# Information Technology

## Supporting Documents

## Enrollment

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

| Month | Total MC[1] | MC[1] - Add/ Reinstatements | MC[1] - Terminated | Total GC[2] | GC[2] - Add/ Reinstatements | GC[2]- Terminated |
|---|---|---|---|---|---|---|
| April | 352,519 | 5,851 | 2,698 | 5,670 | 95 | 148 |

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 April 2023

| Auto-Assignments | Member Count |
|---|---|
| Auto-assignments MC | 1,311 |
| Auto-assignments Expansion | 1,330 |
| Auto-assignments GC | 42 |
| PCP Changes (PCP Change Tool) Total | 2,706 |

## TruCare Application

- See Table 2-1 “Summary of TruCare Authorizations for the month of April 2023”.
- There were 16,126 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 April 2023*

| Transaction Type | Inbound EDI Auths | Errored | Total Auths Loaded in TruCare |
|---|---|---|---|
| **Paper to EDI** | 3,697 | 2,897 | 1,518 |
| **Provider Portal** | 3,180 | 720 | 3,099 |
| **EDI** | 3,866 | 553 | 3,631 |
| **Long Term Care** | 31 | 3 | 30 |
| **Behavioral Health** | 692 | 63 | 665 |
| **Manual Entry** | N/A | N/A | 2,006 |
| **Total** | | | 10,949 |

Key: EDI – Electronic Data Interchange

*This month's report includes Long Term Care and Behavioural Health authorization counts separately.

## Web Portal Consumer Platform

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

Table 3-1 Web Portal Usage for the Month of March 2023

| Group | Individual User Accounts | Individual User Accounts Accessed | Total Logins | New Users |
|---|---|---|---|---|
| **Provider** | 6,271 | 4,369 | 191,099 | 622 |
| **MCAL** | 94,440 | 2,593 | 6,455 | 924 |
| **IHSS** | 3,387 | 84 | 173 | 20 |
| **AAH Staff** | 229 | 67 | 1,182 | 4 |
| **Total** | **104,327** | **7,113** | **198,909** | **1,570** |

Table 3-2 Top Pages Viewed for the Month of March 2023

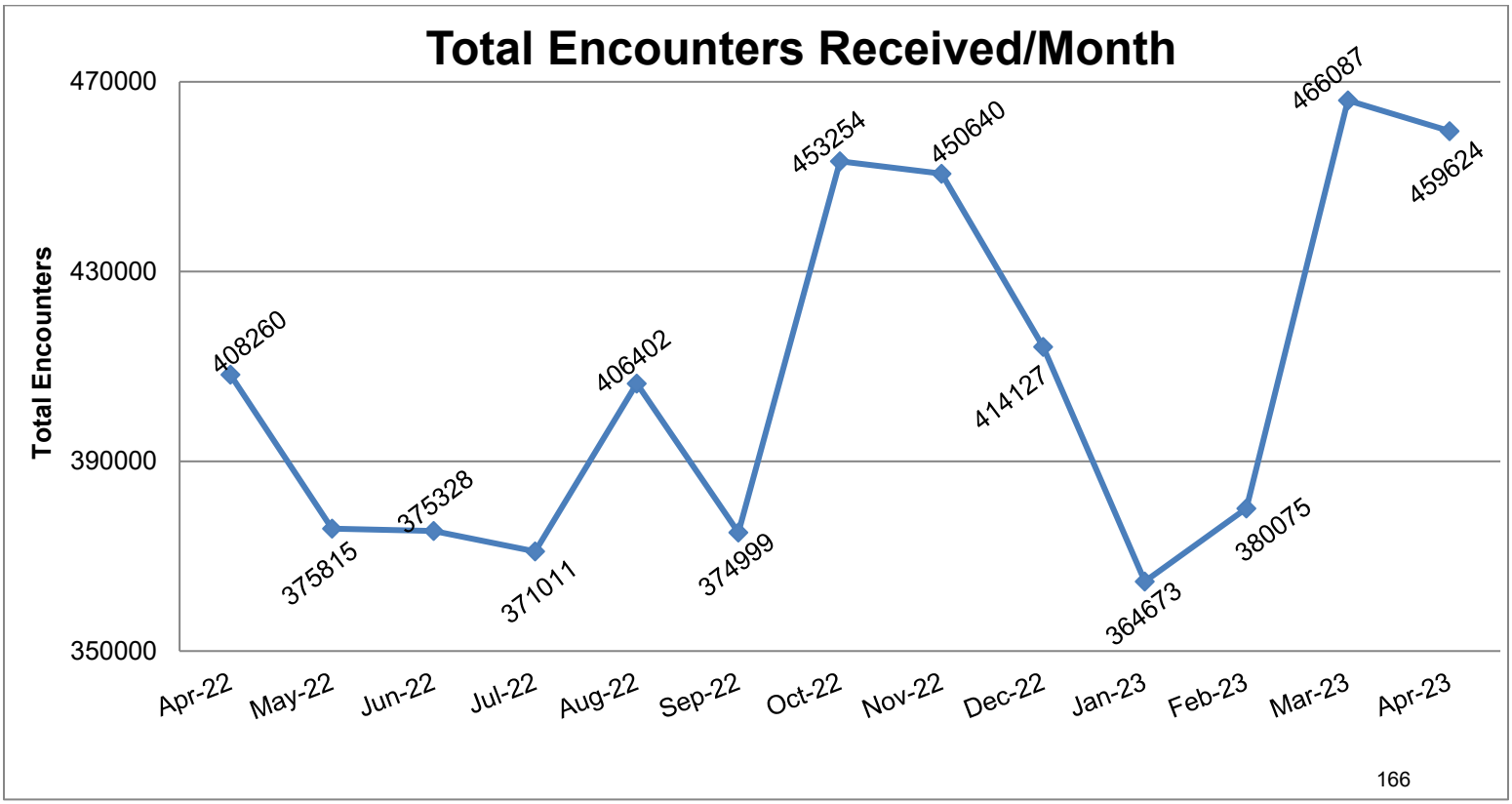
| Top 25 Pages Viewed | | |
|---|---|---|
| **Category** | **Page Name** | **March-23** |
| **Provider** | Member Eligibility | 779368 |
| **Provider** | Claim Status | 226878 |
| **Provider - Authorizations** | Auth Submit | 10522 |
| **Provider - Authorizations** | Auth Search | 6368 |
| **Member** | Member Eligibility | 3285 |
| **Member** | Member ID Card | 1561 |
| **Member** | Find a Doctor or Facility | 1779 |
| **Provider** | Member Roster | 2046 |
| **Member** | Select or Change Your PCP | 1337 |
| **Provider - Provider Directory** | Provider Directory | 737 |
| **Member - Help & Resources** | Member ID Card | 873 |
| **Member** | My Claims Services | 812 |
| **Provider - Reports** | Reports | 860 |
| **Member** | Request Kaiser as my Provider | 578 |
| **Member** | Authorizations & Referrals | 469 |
| **Member** | My Pharmacy Medication Benefits | 313 |
| **Provider - Home** | Forms | 495 |
| **Provider - Home** | Behavior Health Forms SSO (auth request) | 469 |
| **Member - Help & Resources** | Authorizations & Referrals | 223 |
| **Member - EXR** | Contact Us | 52 |

**Encounter Data from Trading Partners 2023**

- **ACBH**: April monthly files (0 records) were not received on time.
- **AHS**: April weekly files (6,353 records) were received on time.
- **BAC**: April monthly file (38 records) were received on time.
- **Beacon**: April weekly files (15,799 records) were received on time
- **CHCN**: April weekly files (84,654 records) were received on time.
- **CHME**: April monthly file (5,277 records) were received on time.
- **CFMG**: April weekly files (16,155 records) were received on time.
- **Docustream**: April monthly files (865 records) were received on time.
- **EBI**: April monthly files (976 records) were received on time.
- **HCSA**: April monthly files (78 records) were received on time.
- **IOA**: April monthly files (201 records) were received on time.
- **Kaiser**: April bi-weekly files (68,883 records) were received on time.
- **LogistiCare**: April weekly files (20,558 records) were received on time.
- **March Vision**: April monthly file (4,275 records) were received on time.
- **Quest Diagnostics**: April weekly files (17,216 records) were received on time.
- **Teladoc**: April monthly files (0 records).
    - Teladoc has switched to submitting claims as of July 2022.
- **Magellan**: April monthly files (327,596 records) were received on time.

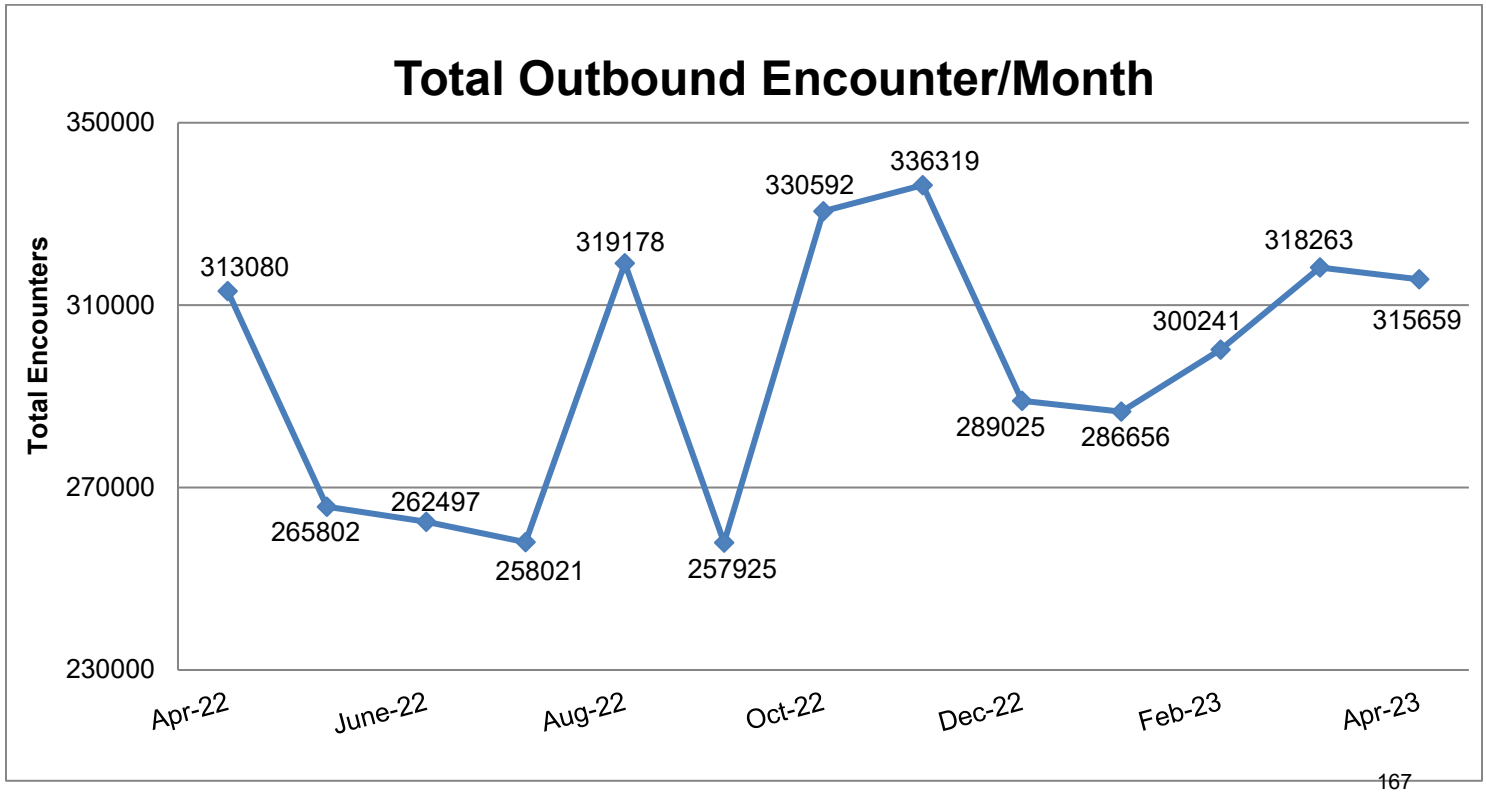
## Trading Partner Medical Encounter Inbound Submission History

| Trading Partners | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Health Suite | 189172 | 163272 | 173269 | 176217 | 177945 | 175955 | 171386 | 174429 | 177828 | 163764 | 167475 | 238283 | 218296 |
| ACBH | | | | | | | 8 | 51 | 87 | 86 | 39 | 95 | 0 |
| AHS | 7717 | 6105 | 5486 | 5742 | 5482 | 5609 | 5589 | 6015 | 6332 | 4568 | 5377 | 5088 | 6353 |
| BAC | 45 | 63 | 53 | 66 | 53 | 37 | 39 | 38 | 35 | 199 | 34 | 32 | 38 |
| Beacon | 14303 | 13796 | 18340 | 15678 | 21310 | 16040 | 13490 | 12883 | 10437 | 13824 | 11036 | 12159 | 15799 |
| CHCN | 74683 | 80340 | 67339 | 69636 | 84302 | 75234 | 136445 | 108148 | 83258 | 87182 | 83191 | 82394 | 84654 |
| CHME | 4955 | 4551 | 4578 | 4853 | 4722 | 5191 | 5214 | 5152 | 4822 | 4574 | 5303 | 4729 | 5277 |
| Claimsnet | 10943 | 14075 | 10300 | 7744 | 10631 | 6940 | 15668 | 19173 | 12790 | 9679 | 11694 | 8851 | 16155 |
| Docustream | 2220 | 1140 | 1263 | 1236 | 1149 | 1715 | 1294 | 1435 | 1487 | 1327 | 1794 | 1361 | 865 |
| EBI | | | | | | | | | | | | | 976 |
| HCSA | 2029 | 1824 | 1880 | 3366 | 1869 | 4440 | 2098 | 3734 | 1781 | 1825 | 1976 | 590 | 78 |
| IOA | | | | | | | | | | | 172 | 156 | 201 |
| Kaiser | 69174 | 51214 | 62952 | 47584 | 62477 | 48613 | 63341 | 76637 | 81333 | 35798 | 56965 | 73095 | 68883 |
| Logisticare | 16232 | 20299 | 14590 | 20981 | 20200 | 19257 | 19041 | 23451 | 16946 | 24456 | 18034 | 21647 | 20558 |
| March Vision | 3425 | 3345 | 3188 | 3040 | 2708 | 3824 | 3693 | 3497 | 4427 | 3598 | 3434 | 3281 | 4275 |
| Quest | 13330 | 15757 | 12058 | 14868 | 13554 | 12144 | 15948 | 15997 | 12564 | 13793 | 13551 | 14326 | 17216 |
| Teladoc | 32 | 34 | 32 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 408260 | 375815 | 375328 | 371011 | 406402 | 374999 | 453254 | 450640 | 414127 | 364673 | 380075 | 466087 | 459624 |



## Outbound Medical Encounter Submission

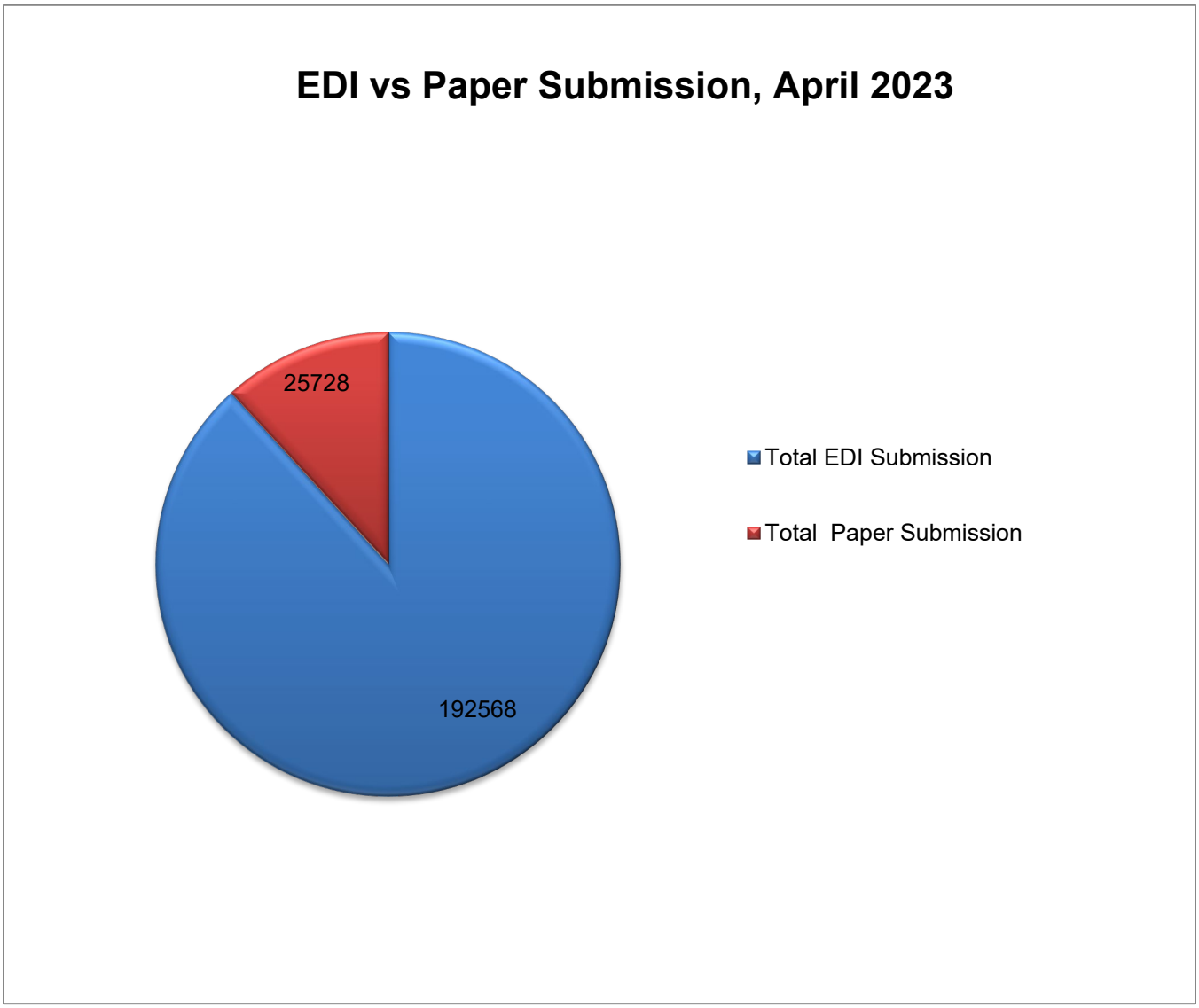
| Trading Partners | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Health Suite | 133252 | 93919 | 90605 | 92682 | 121957 | 96495 | 121299 | 95516 | 97435 | 114224 | 128102 | 117672 | 117823 |
| ACBH | | | | | | | 4 | 36 | 60 | 56 | 21 | 73 | 0 |
| AHS | 6251 | 7156 | 5363 | 5702 | 5168 | 4360 | 6626 | 5915 | 5208 | 5439 | 5260 | 3845 | 7300 |
| BAC | 45 | 61 | 52 | 63 | 50 | 37 | 37 | 38 | 33 | 196 | 33 | 32 | 38 |
| Beacon | 11273 | 9221 | 9534 | 14711 | 17246 | 12054 | 10967 | 10172 | 8001 | 11282 | 8910 | 9674 | 11927 |
| CHCN | 49365 | 49911 | 51060 | 49003 | 60678 | 50714 | 74449 | 92283 | 55698 | 58881 | 58279 | 59074 | 60373 |
| CHME | 4686 | 4448 | 4470 | 4714 | 4618 | 5069 | 5016 | 4843 | 4729 | 4470 | 5181 | 4606 | 5159 |
| Claimsnet | 8100 | 8410 | 7985 | 7209 | 7248 | 4614 | 10491 | 11118 | 8983 | 8241 | 8334 | 6361 | 9834 |
| Docustream | 14 | 3406 | 854 | 1070 | 964 | 1436 | 1060 | 1134 | 1268 | 1117 | 1521 | 1232 | 481 |
| EBI | | | | | | | | | | | | | 906 |
| HCSA | 1810 | 1518 | 1719 | 1579 | 1770 | 2368 | 2013 | 2001 | 1725 | 1777 | 1304 | 287 | 52 |
| IOA | | | | | | | | | | | 168 | 152 | 45 |
| Kaiser | 67177 | 50894 | 62562 | 47331 | 61831 | 47861 | 62682 | 75808 | 80464 | 35360 | 55930 | 72409 | 65652 |
| Logisticare | 16123 | 19777 | 14677 | 20828 | 20022 | 19001 | 18457 | 23178 | 16729 | 24291 | 12223 | 27071 | 20411 |
| March Vision | 2575 | 2464 | 2392 | 2206 | 1969 | 2631 | 2601 | 2396 | 2938 | 2454 | 2308 | 2400 | 3006 |
| Quest | 12378 | 14602 | 11192 | 10923 | 15657 | 11285 | 14890 | 11881 | 5754 | 18868 | 12667 | 13375 | 12652 |
| Teladoc | 31 | 15 | 32 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 313080 | 265802 | 262497 | 258021 | 319178 | 257925 | 330592 | 336319 | 289025 | 286656 | 300241 | 318263 | 315659 |



## HealthSuite Paper vs EDI Claims Submission Breakdown

| Period | Total EDI Submission | Total Paper Submission | Total Claims |
|---|---|---|---|
| 23-Apr | 192568 | 25728 | 218296 |

Key: EDI – Electronic Data Interchange

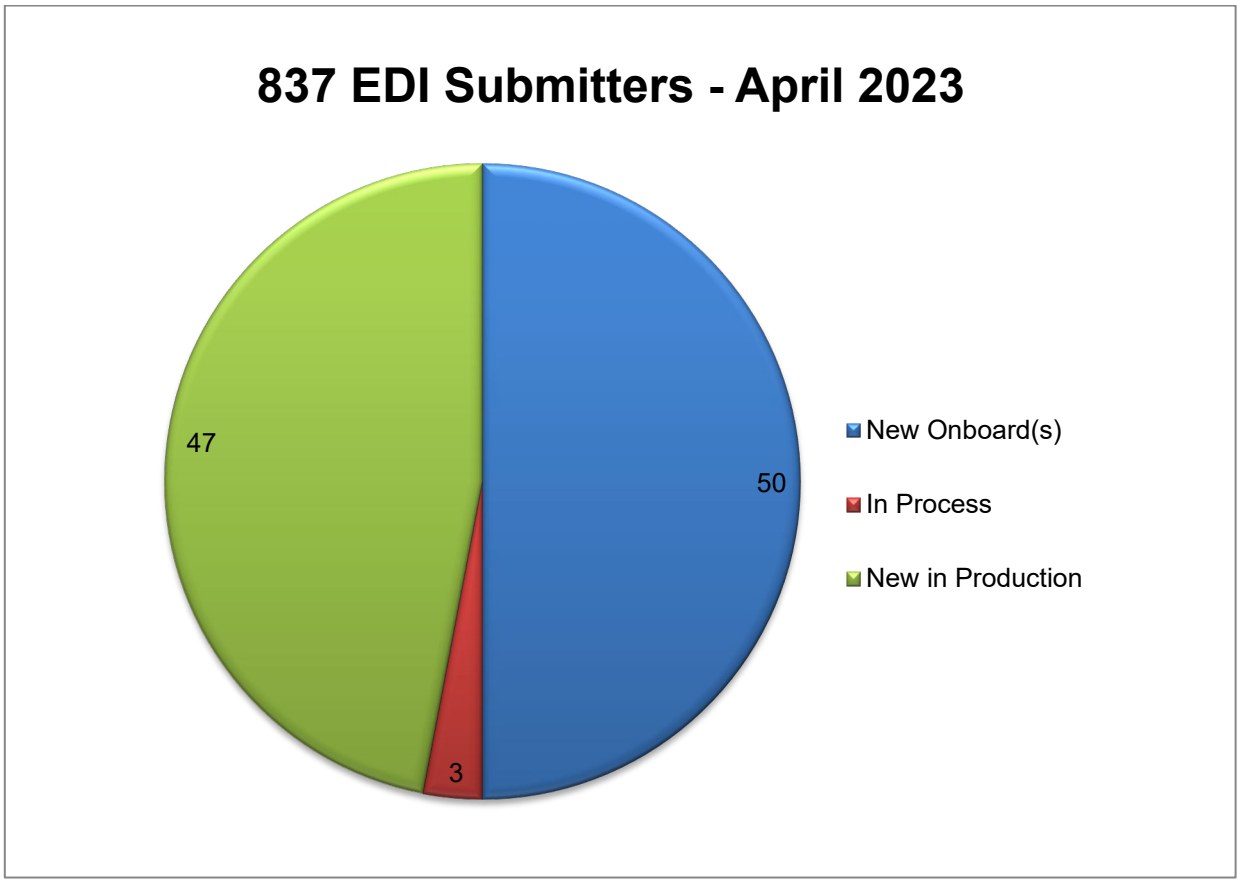


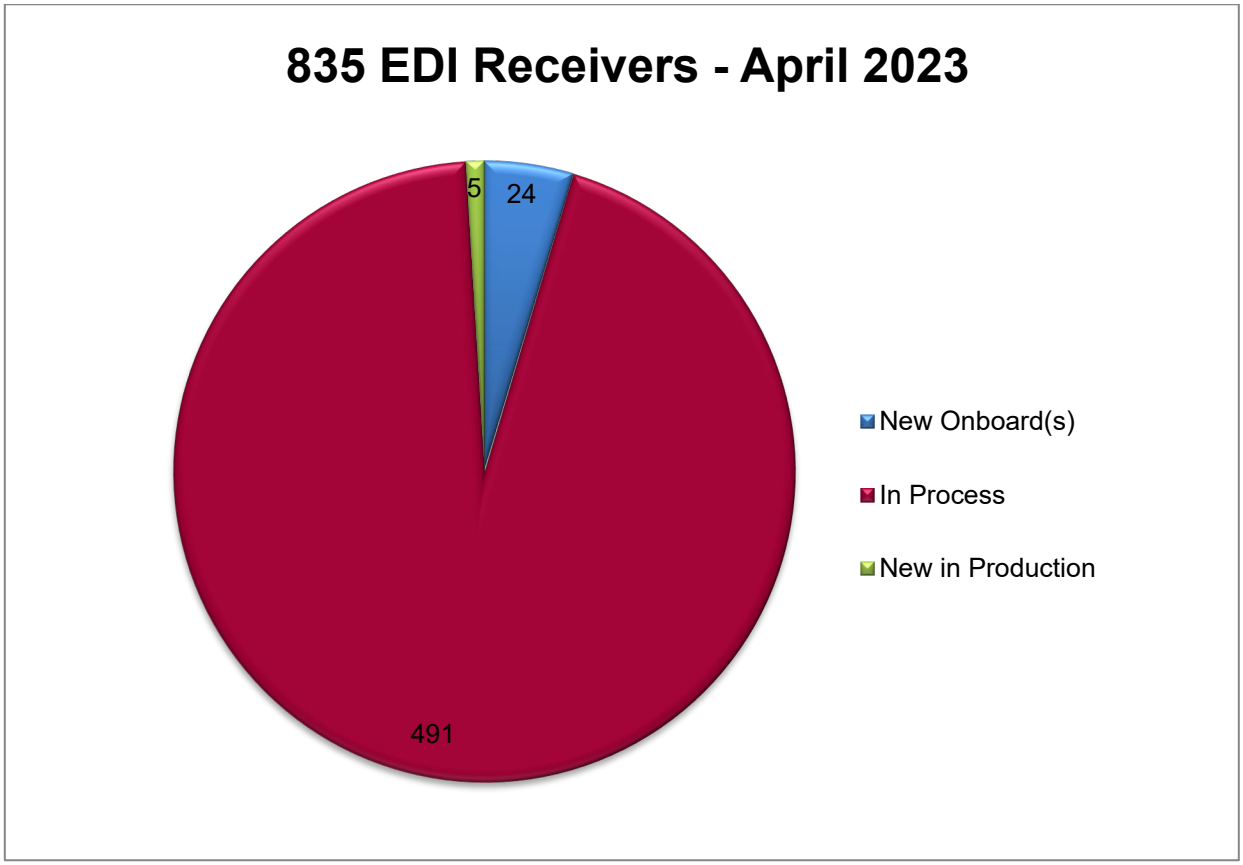
## Onboarding EDI Providers - Updates

- April 2023 EDI Claims:
  - A total of 1630 new EDI submitters have been added since October 2015, with 47 added in April 2023.
  - The total number of EDI submitters is 2370 providers.

- April 2023 EDI Remittances (ERA):
  - A total of 698 new ERA receivers have been added since October 2015, with 5 added in April 2023.
  - The total number of ERA receivers is 714 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 |
| 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 |
| Mar-23 | 55 | 0 | 55 | 2323 | 78 | 472 | 63 | 709 |
| Apr-23 | 50 | 3 | 47 | 2370 | 24 | 491 | 5 | 714 |


837 EDI Submitters - April 2023
47
50
3
New Onboard(s)
In Process
New in Production


835 EDI Receivers - April 2023
5
24
491
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 April 2023.

| File Type | Apr-23 |
|---|---|
| 837 I Files | 38 |
| 837 P Files | 154 |
| Total Files | 192 |

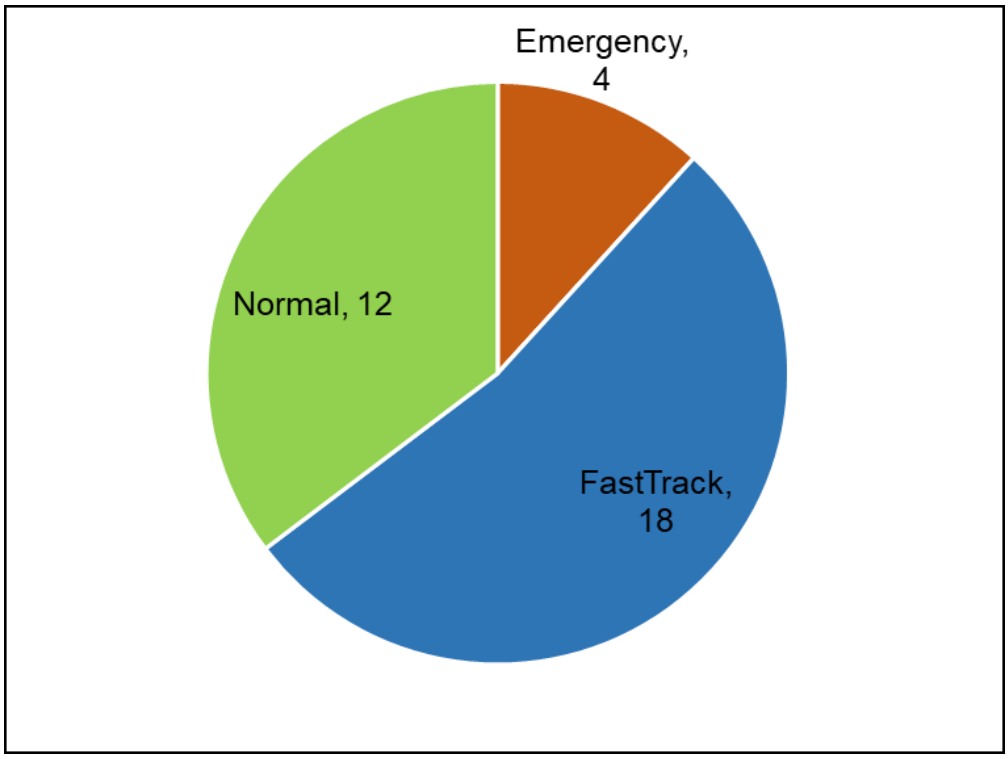
## Lag-time Metrics/Key Performance Indicators (KPI)

| AAH Encounters: Outbound 837 | Apr-23 | Target |
|---|---|---|
| Timeliness-% Within Lag Time – Institutional 0-90 days | 94% | 60% |
| Timeliness-% Within Lag Time – Institutional 0-180 days | 98% | 80% |
| Timeliness-% Within Lag Time – Professional 0-90 days | 89% | 65% |
| Timeliness-% Within Lag Time – Professional 0-180 days | 95% | 80% |

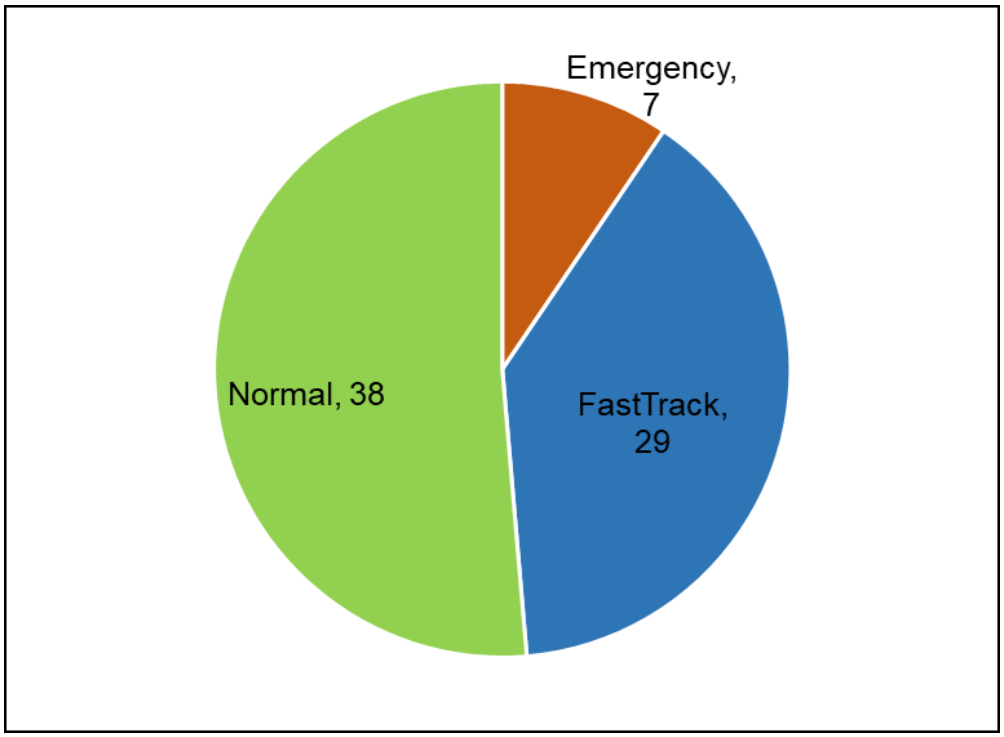
## Change Management Key Performance Indicator (KPI)

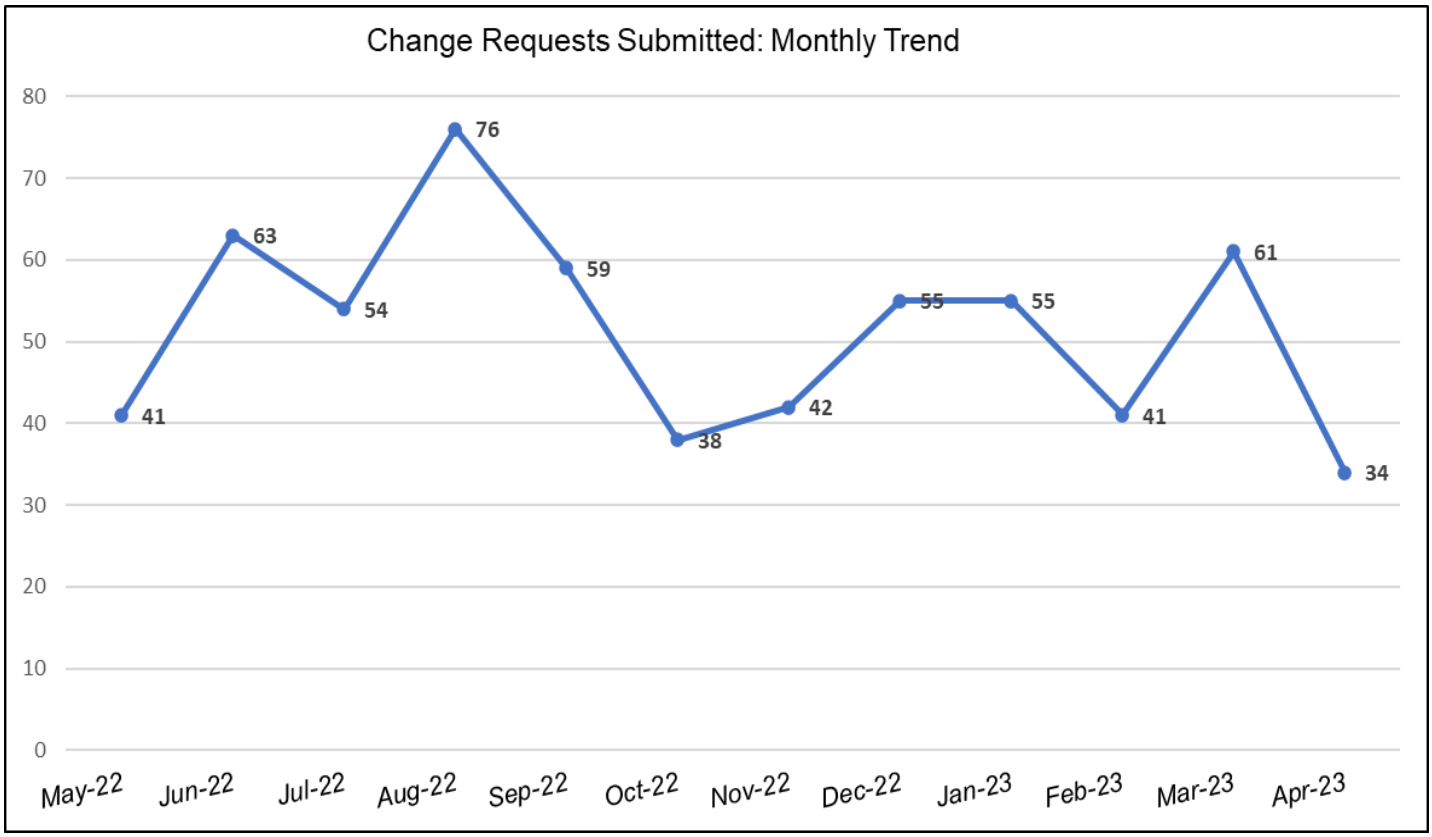
- Change Request Overall Summary in the month of April 2023 KPI:
  - 34 Changes Submitted.
  - 74 Changes Completed and Closed.
  - 109 Active Change Requests in pipeline.
  - 8 Change Requests Cancelled or Rejected.

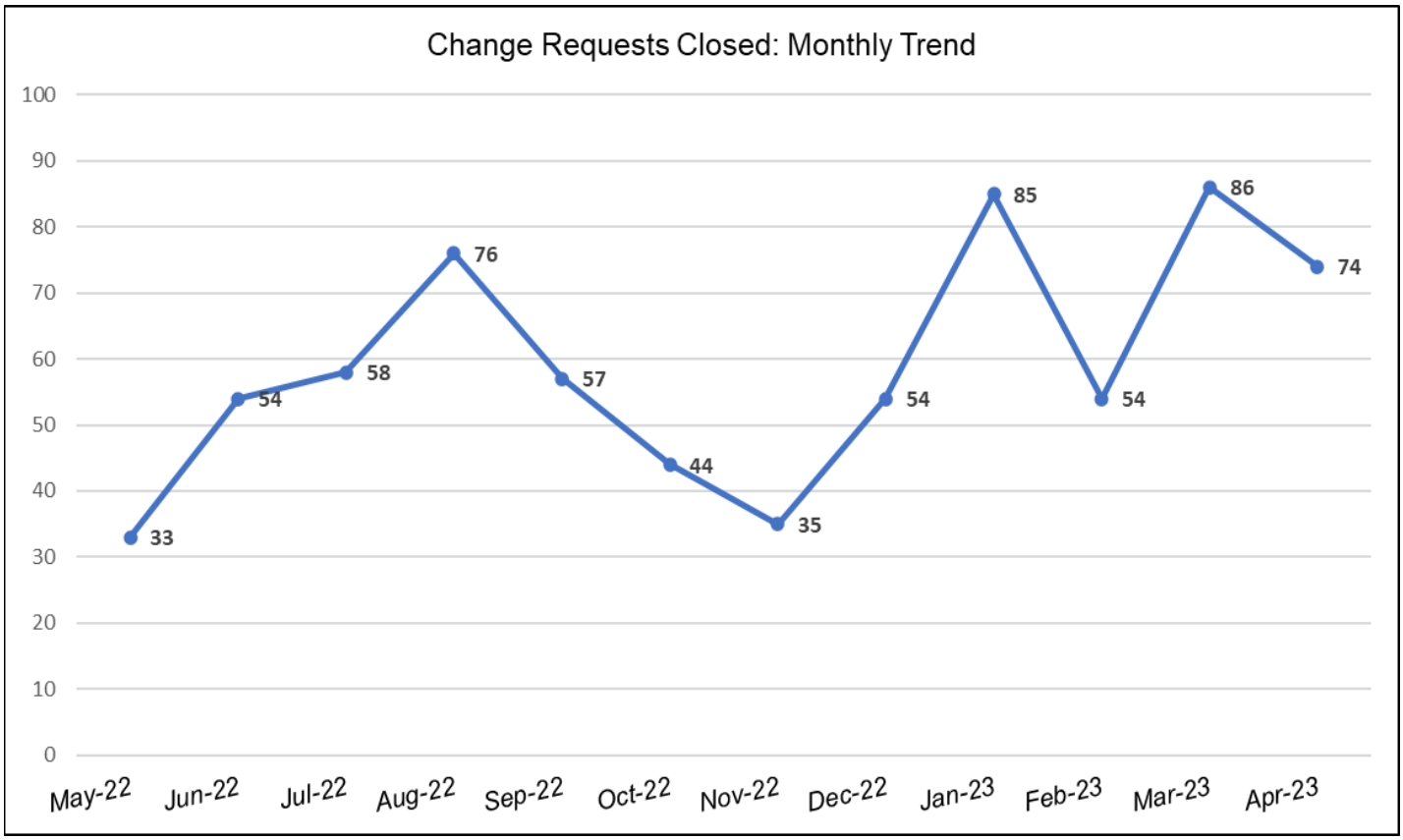
- 34 Change Requests Submitted/Logged in the month of April 2023



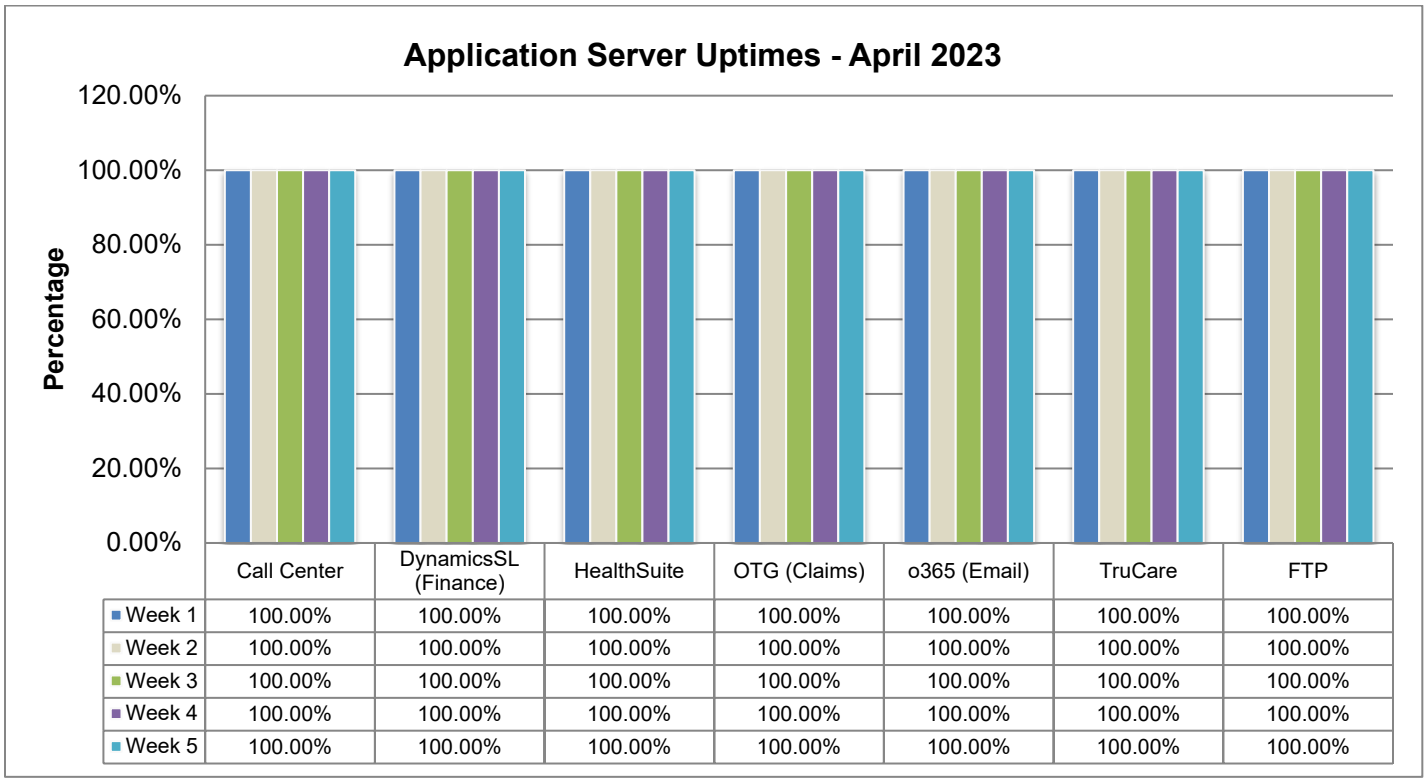

- 74 Change Requests Closed in the month of April 2023




Change Requests Submitted: Monthly Trend
80
70
60
50
40
30
20
10
0
41
63
54
76
59
38
42
55
55
41
61
34
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23

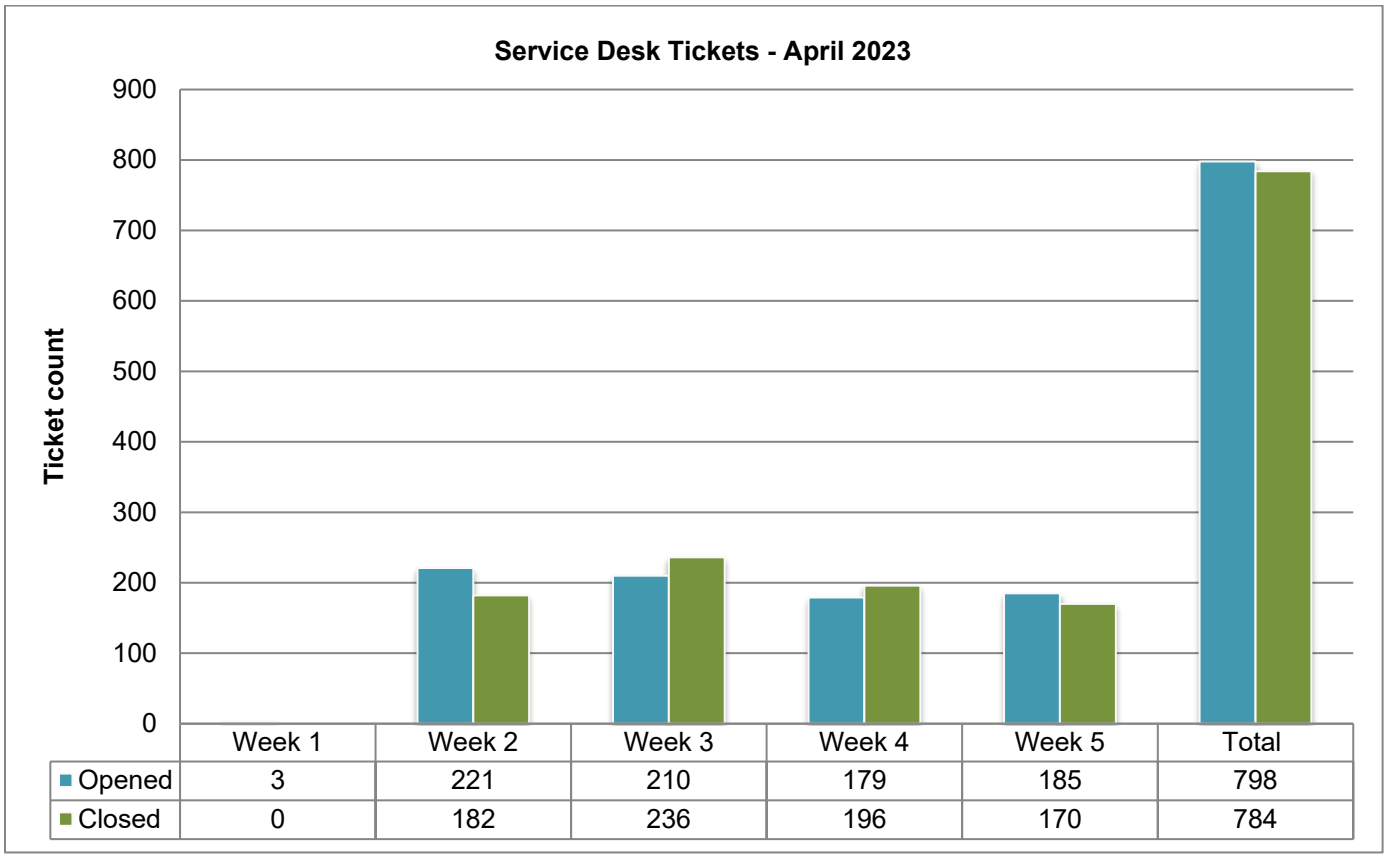

Change Requests Closed: Monthly Trend
100
90
80
70
60
50
40
30
20
10
0
33
54
58
76
57
44
35
54
85
54
86
74
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23

## 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.
- HealthSuite Application experienced a brief outage on April 12th that lasted for 20 minutes.
- Responded to a security incident on April 18th that affected our 3rd party vendor, KP CORP.
    - Blocked all incoming and outgoing emails, to and from KPCORP.com.
    - Blocked KPCORP's IP address (Internet Protocol Address) on our Firewall.
    - Disabled all FTP (File Transfer Protocol) transmission to and from KPCORP.




| | Week 1 | Week 2 | Week 3 | Week 4 | Week 5 | Total |
|---|---|---|---|---|---|---|
| Opened | 3 | 221 | 210 | 179 | 185 | 798 |
| Closed | 0 | 182 | 236 | 196 | 170 | 784 |

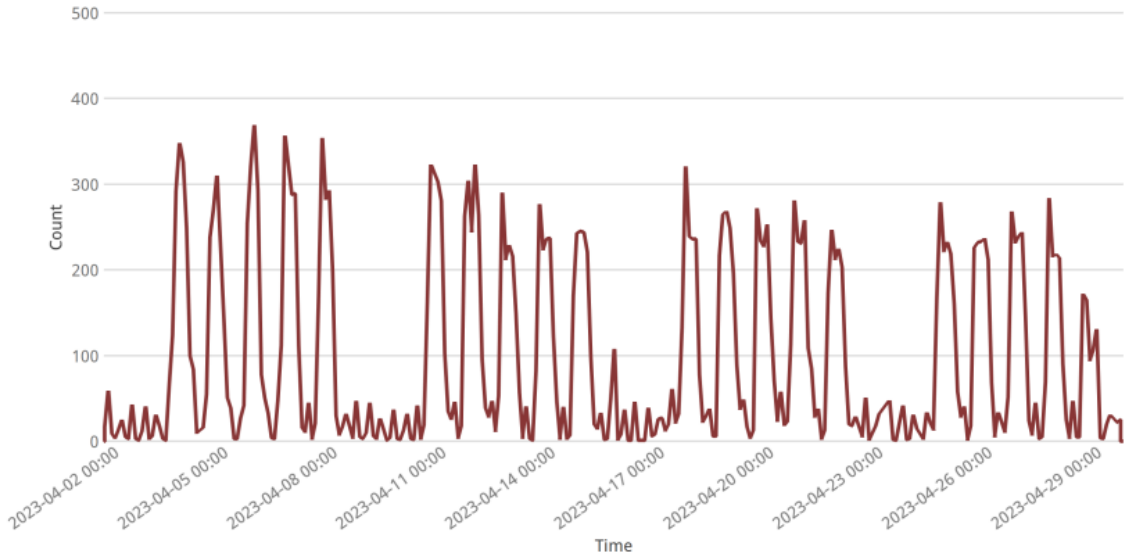
- 798 Service Desk tickets were opened in the month of April 2023, which is 17.3% lower than the previous month and 784 Service Desk tickets were closed, which is 21.2% lower than the previous month.

- The open ticket count for the month of April is higher than the previous 3-month average of 789.

**April 2023**

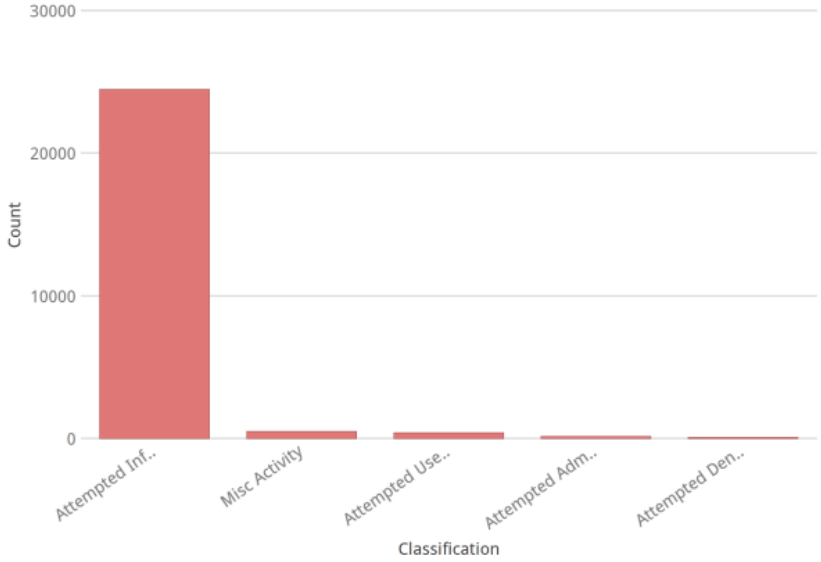
## All Intrusion Events

**Time Window:** *2023-04-01 09:29:00 - 2023-04-29 09:29:00*




## Dropped Intrusion Events

**Time Window:** *2023-04-01 09:30:00 - 2023-04-29 09:30:00*
**Constraints:** *Inline Result = dropped*



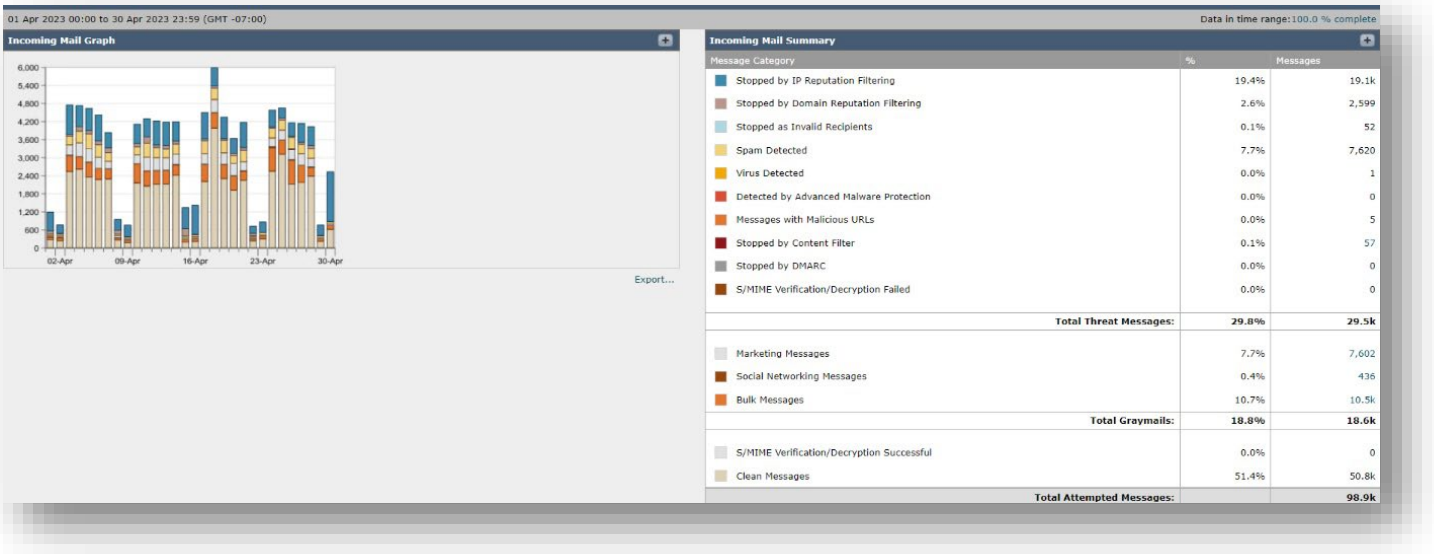

| Classification | Count |
|---|---|
| Attempted Information Leak | 24,491 |
| Misc Activity | 521 |
| Attempted User Privilege Gain | 428 |
| Attempted Administrator Privilege Gain | 170 |
| Attempted Denial of Service | 109 |

**IronPort Email Security Gateways**
*Email Filters*

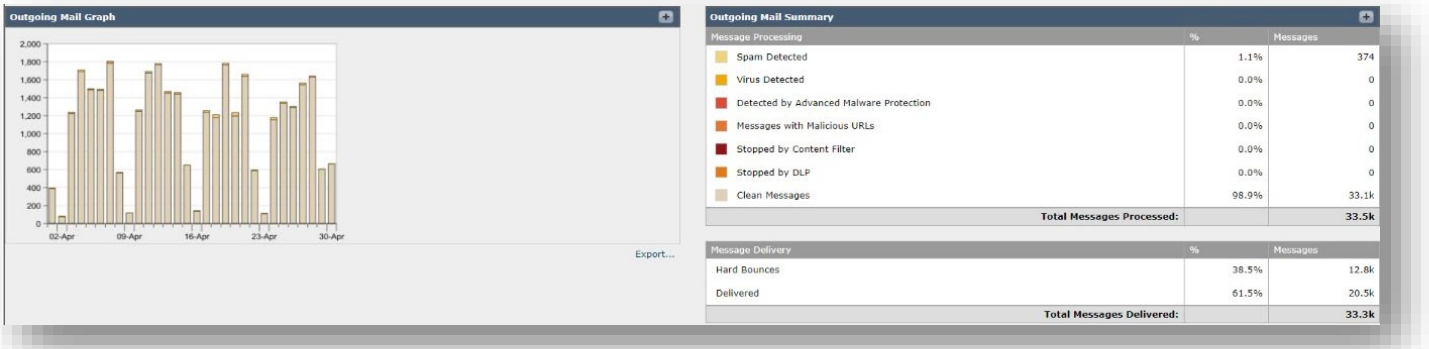
**April 2023**

**MX4**

*Inbound Mail*



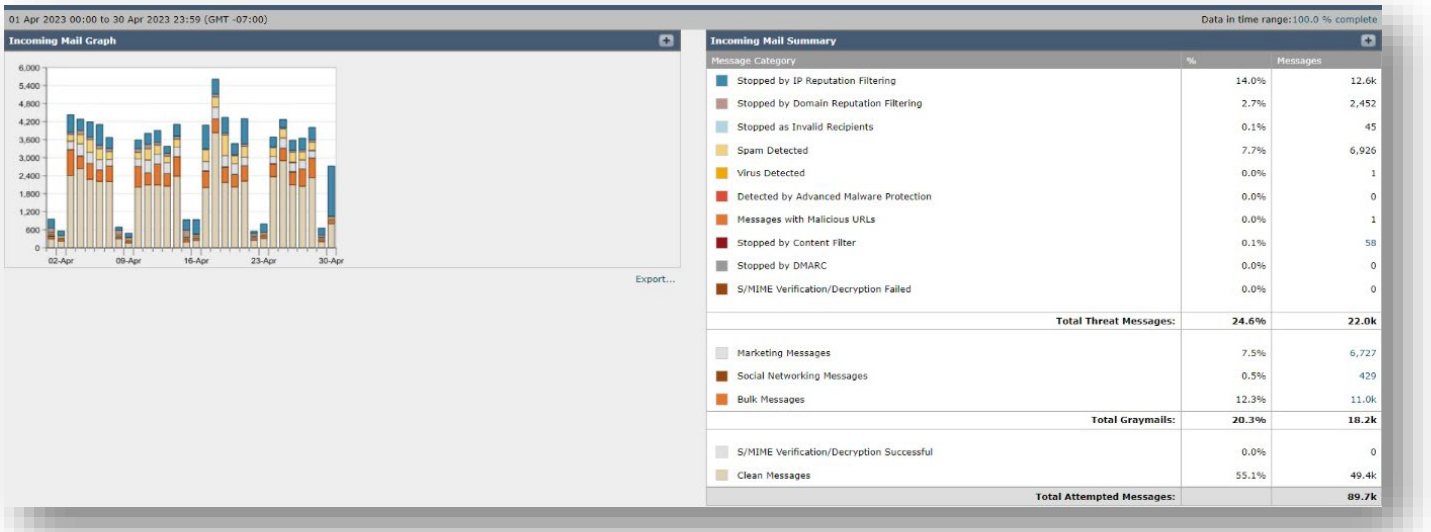

*Outbound Mail*



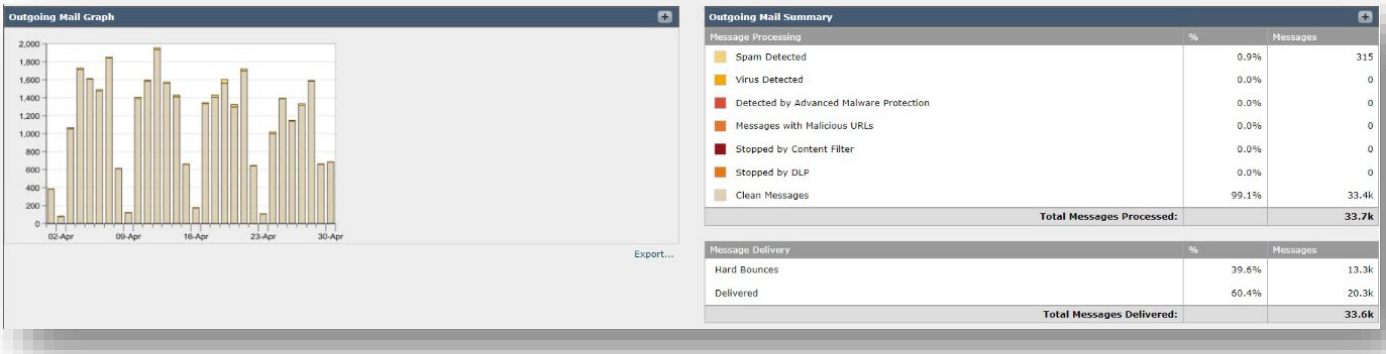
## April 2023

## MX9

*Inbound Mail*




*Outbound Mail*



| Item / Date | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | ***Apr-23*** |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Stopped By Reputation | 36k | 36k | 34.7k | 28.2k | 27.6k | 43.6k | 20.9k | 23k | 53.9k | 41.9k | 65.3k | 60.9k | ***31.7k*** |
| Invalid Recipients | 117 | 100 | 119 | 78 | 117 | 71 | 94 | 87 | 184 | 204 | 68 | 75 | ***97*** |
| Spam Detected | 13.7k | 13.9k | 13.9k | 11.6k | 13.3k | 14.6k | 10.9k | 10.9k | 10.8k | 10.1k | 12.5k | 15.4k | ***14.5k*** |
| Virus Detected | 4 | 18 | 18 | 1 | 0 | 2 | 3 | 3 | 2 | 1 | 3 | 0 | ***2*** |
| Advanced Malware | 1 | 0 | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 1 | 1 | 0 | ***0*** |
| Malicious URLs | 159 | 296 | 187 | 93 | 448 | 226 | 102 | 61 | 14 | 35 | 34 | 27 | ***6*** |
| Content Filter | 115 | 39 | 125 | 119 | 79 | 111 | 171 | 77 | 23 | 37 | 33 | 40 | ***115*** |
| Marketing Messages | 11.3k | 10.7k | 12.5k | 12.6k | 14.5k | 13.7k | 13.9k | 16.1k | 13.4k | 13.7k | 13.9k | 15.5k | ***15.5k*** |
| Attempted Admin Privilege Gain | 143 | 113 | 215 | 215 | 210 | 151 | 68 | 40 | 112 | 61 | 61 | 115 | ***170*** |
| Attempted User Privilege Gain | 401 | 549 | 157 | 153 | 722 | 395 | 180 | 324 | 797 | 107 | 307 | 87 | ***428*** |
| Attempted Information Leak | 5,207 | 5,924 | 7,839 | 18,414 | 12,210 | 10,748 | 12,942 | 12.3k | 78.9k | 17.8k | 17.1k | 12.5k | ***24.4k*** |
| Potential Corp Policy Violation | 0 | 0 | 0 | 277 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | ***0*** |
| Network Scans Detected | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ***0*** |
| Web Application Attack | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 19 | 1 | 2 | ***2*** |
| Attempted Denial of Service | 50 | 0 | 86 | 218 | 215 | 436 | 0 | 214 | 117 | 0 | 0 | 2.9k | ***109*** |
| Misc. Attack | 78 | 874 | 88 | 407 | 733 | 3,295 | 469 | 87 | 111 | 240 | 1,288 | 2 | ***521*** |

- All security activity data is based on the current month's metrics as a percentage. This is compared to the previous three month's average, except as noted.

- Email based metrics currently monitored have decreased with a return to a reputation-based block for a total of 31.7k.

- Attempted information leaks detected and blocked at the firewall is at 24.4k for the month of April 2023.

- Network scans returned a value of 0, which is in line with previous month's data.

- Attempted User Privilege Gain is higher at 428 from a previous six-month average of 341.

# Analytics

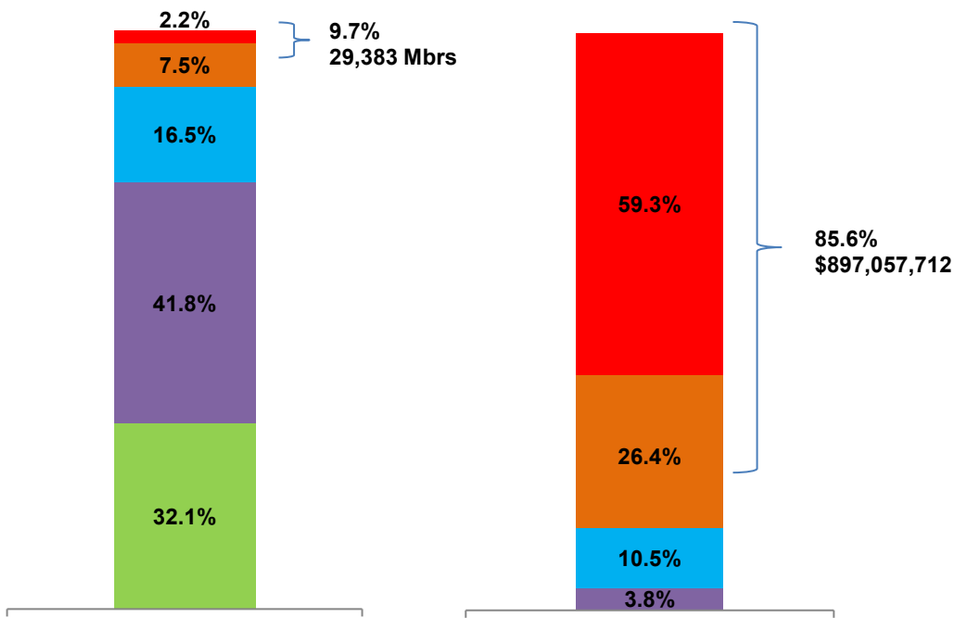
## Supporting Documents

**Alameda Alliance for Health - Analytics Supporting Documentation: Member - Cost Analysis**
**Lines of Business: MCAL, IHSS; Excludes Kaiser Members**
**Dates of Service: Feb 2022 - Jan 2023**

Note: Data incomplete due to claims lag

Run Date: 04/28/2023

**Member Cost Distribution**




| Cost Range | Members | % of Members | Costs | % of Costs |
|---|---|---|---|---|
| $30K+ | 6,722 | 2.2% | $ 620,832,766 | 59.3% |
| $5K - $30K | 22,661 | 7.5% | $ 276,224,946 | 26.4% |
| $1K - $5K | 49,878 | 16.5% | $ 110,441,528 | 10.5% |
| < $1K | 126,499 | 41.8% | $ 40,262,817 | 3.8% |
| $0 | 97,126 | 32.1% | $ - | 0.0% |
| **Totals** | **302,886** | **100.0%** | **$ 1,047,762,058** | **100.0%** |

**Top 9.7% of Members = 85.6% of Costs**

| Cost Range | Members | % of Total Members | Costs | % of Total Costs |
|---|---|---|---|---|
| $100K+ | 1,601 | 0.5% | $ 356,832,076 | 34.1% |
| $75K to $100K | 735 | 0.2% | $ 63,473,316 | 6.1% |
| $50K to $75K | 1,398 | 0.5% | $ 85,248,253 | 8.1% |
| $40K to $50K | 1,206 | 0.4% | $ 53,845,516 | 5.1% |
| $30K to $40K | 1,782 | 0.6% | $ 61,433,604 | 5.9% |
| ***SubTotal*** | ***6,722*** | ***2.2%*** | ***$ 620,832,766*** | ***59.3%*** |
| $20K to $30K | 3,170 | 1.0% | $ 77,585,830 | 7.4% |
| $10K to $20K | 8,615 | 2.8% | $ 121,101,569 | 11.6% |
| $5K to $10K | 10,876 | 3.6% | $ 77,537,548 | 7.4% |
| ***SubTotal*** | ***22,661*** | ***7.5%*** | ***$ 276,224,946*** | ***26.4%*** |
| **Total** | **29,383** | ***9.7%*** | **$ 897,057,712** | ***85.6%*** |

| Enrollment Status | Members | Total Costs |
|---|---|---|
| Still Enrolled as of Jan 2023 | 279,653 | $ 949,206,257 |
| Dis-Enrolled During Year | 23,233 | $ 98,555,801 |
| **Totals** | **302,886** | **$ 1,047,762,058** |

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**
**9.7% of Members = 85.6% of Costs**
**Lines of Business: MCAL, IHSS; Excludes Kaiser Members**
**Dates of Service: Feb 2022 - Jan 2023**
Note: Data incomplete due to claims lag
Run Date: 04/28/2023

**9.7% of Members = 85.6% of Costs**
**26.3% of members are SPDs and account for 32.0% of costs.**
**35.1% of members are ACA OE and account for 34.8% of costs.**
**5.8% of members disenrolled as of Jan 2023 and account for 10.3% of costs.**

**Member Breakout by LOB**

| LOB | Eligibility Category | Members with Costs >=$30K | Members with Costs $5K-$30K | Total Members | % of Members |
|---|---|---|---|---|---|
| IHSS | IHSS | 136 | 632 | 768 | 2.6% |
| MCAL | MCAL - ADULT | 758 | 4,246 | 5,004 | 17.0% |
| | MCAL - BCCTP | - | - | - | 0.0% |
| | MCAL - CHILD | 346 | 1,971 | 2,317 | 7.9% |
| | MCAL - ACA OE | 2,308 | 8,006 | 10,314 | 35.1% |
| | MCAL - SPD | 2,392 | 5,333 | 7,725 | 26.3% |
| | MCAL - DUALS | 138 | 1,402 | 1,540 | 5.2% |
| | MCAL - LTC | - | 4 | 4 | 0.0% |
| | MCAL - LTC-DUAL | - | 6 | 6 | 0.0% |
| Not Eligible | Not Eligible | 644 | 1,061 | 1,705 | 5.8% |
| **Total** | | **6,722** | **22,661** | **29,383** | **100.0%** |

**Cost Breakout by LOB**

| LOB | Eligibility Category | Members with Costs >=$30K | Members with Costs $5K-$30K | Total Costs | % of Costs |
|---|---|---|---|---|---|
| IHSS | IHSS | $ 11,736,698 | $ 7,041,905 | $ 18,778,603 | 2.1% |
| MCAL | MCAL - ADULT | $ 64,476,898 | $ 49,289,217 | $ 113,766,115 | 12.7% |
| | MCAL - BCCTP | $ - | $ - | $ - | 0.0% |
| | MCAL - CHILD | $ 23,712,977 | $ 22,727,239 | $ 46,440,216 | 5.2% |
| | MCAL - ACA OE | $ 214,851,474 | $ 97,621,904 | $ 312,473,378 | 34.8% |
| | MCAL - SPD | $ 217,774,830 | $ 69,246,686 | $ 287,021,516 | 32.0% |
| | MCAL - DUALS | $ 9,554,988 | $ 16,851,251 | $ 26,406,239 | 2.9% |
| | MCAL - LTC | $ - | $ 55,284 | $ 55,284 | 0.0% |
| | MCAL - LTC-DUAL | $ - | $ 65,209 | $ 65,209 | 0.0% |
| Not Eligible | Not Eligible | $ 78,724,902 | $ 13,326,251 | $ 92,051,153 | 10.3% |
| **Total** | | **$ 604,349,834** | **$ 272,025,765** | **$ 876,375,599** | **100.0%** |

**Highest Cost Members; Cost Per Member >= $100K**
**35.2% of members are SPDs and account for 34.4% of costs.**
**34.6% of members are ACA OE and account for 35.0% of costs.**
**14.6% of members disenrolled as of Jan 2023 and account for 15.6% of costs.**

**Member Breakout by LOB**

| LOB | Eligibility Category | Total Members | % of Members |
|---|---|---|---|
| IHSS | IHSS | 30 | 1.9% |
| MCAL | MCAL - ADULT | 157 | 9.8% |
| | MCAL - BCCTP | - | 0.0% |
| | MCAL - CHILD | 37 | 2.3% |
| | MCAL - ACA OE | 554 | 34.6% |
| | MCAL - SPD | 564 | 35.2% |
| | MCAL - DUALS | 25 | 1.6% |
| | MCAL - LTC | - | 0.0% |
| | MCAL - LTC-DUAL | - | 0.0% |
| Not Eligible | Not Eligible | 234 | 14.6% |
| **Total** | | **1,601** | **100.0%** |

**Cost Breakout by LOB**

| LOB | Eligibility Category | Total Costs | % of Costs |
|---|---|---|---|
| IHSS | IHSS | $ 6,096,360 | 1.7% |
| MCAL | MCAL - ADULT | $ 34,527,231 | 9.7% |
| | MCAL - BCCTP | $ - | 0.0% |
| | MCAL - CHILD | $ 9,134,207 | 2.6% |
| | MCAL - ACA OE | $ 124,863,761 | 35.0% |
| | MCAL - SPD | $ 122,752,806 | 34.4% |
| | MCAL - DUALS | $ 3,733,331 | 1.0% |
| | MCAL - LTC | $ - | 0.0% |
| | MCAL - LTC-DUAL | $ - | 0.0% |
| Not Eligible | Not Eligible | $ 55,724,381 | 15.6% |
| **Total** | | **$ 356,832,076** | **100.0%** |

**% of Total Costs By Service Type**

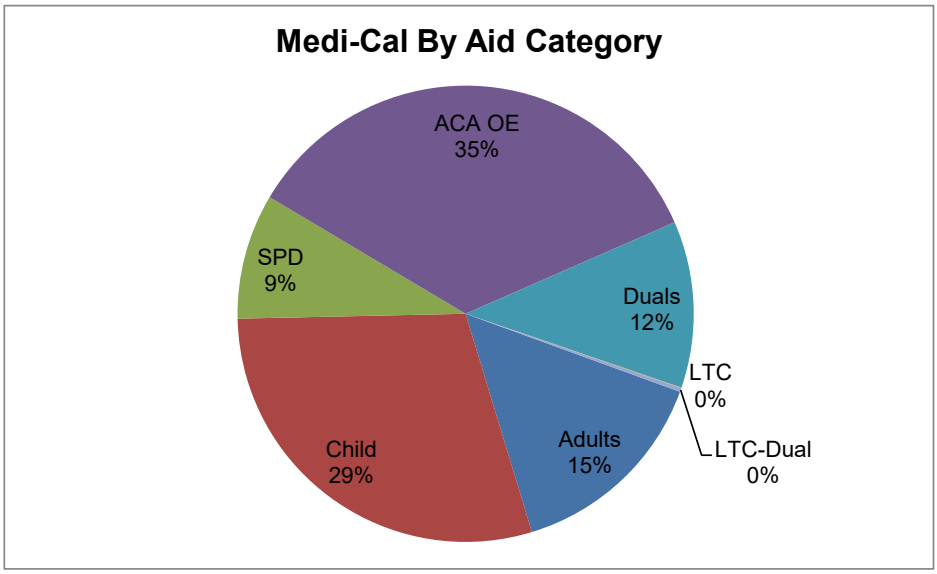
**Breakout by Service Type/Location**

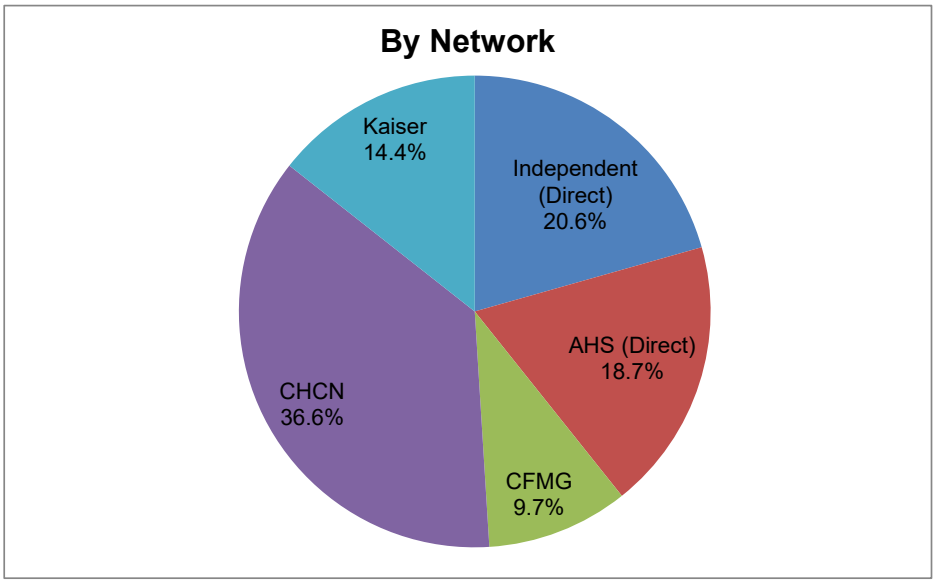
| Cost Range | Trauma Costs | Hep C Rx Costs | Pregnancy, Childbirth & Newborn Related Costs | Pharmacy Costs | Inpatient Costs (POS 21) | ER Costs (POS 23) | Outpatient Costs (POS 22) | Office Costs (POS 11) | Dialysis Costs (POS 65) | Other Costs (All Other POS) |
|---|---|---|---|---|---|---|---|---|---|---|
| $100K+ | 7% | 0% | 1% | 0% | 53% | 1% | 14% | 5% | 2% | 6% |
| $75K to $100K | 7% | 0% | 2% | 1% | 41% | 3% | 7% | 6% | 7% | 12% |
| $50K to $75K | 5% | 0% | 2% | 0% | 38% | 3% | 7% | 6% | 7% | 13% |
| $40K to $50K | 6% | 0% | 2% | 1% | 36% | 5% | 5% | 5% | 2% | 12% |
| $30K to $40K | 10% | 1% | 3% | 0% | 27% | 11% | 6% | 5% | 1% | 15% |
| $20K to $30K | 4% | 2% | 4% | 1% | 26% | 7% | 8% | 6% | 1% | 15% |
| $10K to $20K | 1% | 0% | 11% | 1% | 26% | 5% | 11% | 9% | 2% | 14% |
| $5K to $10K | 0% | 0% | 9% | 1% | 18% | 8% | 12% | 14% | 1% | 17% |
| **Total** | **5%** | **0%** | **3%** | **1%** | **39%** | **4%** | **11%** | **6%** | **2%** | **11%** |

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

## Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

| Current Membership by Network By Category of Aid | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Category of Aid** | **Mar 2023** | **% of Medi-Cal** | **Independent (Direct)** | **AHS (Direct)** | **CFMG** | **CHCN** | **Kaiser** |
| Adults | 51,516 | 15% | 9,713 | 9,928 | 863 | 21,615 | 9,397 |
| Child | 102,510 | 29% | 7,335 | 9,415 | 31,274 | 35,418 | 19,068 |
| SPD | 31,021 | 9% | 10,084 | 4,552 | 1,114 | 13,016 | 2,255 |
| ACA OE | 121,852 | 35% | 17,658 | 38,999 | 1,293 | 47,660 | 16,242 |
| Duals | 41,246 | 12% | 25,031 | 2,516 | 3 | 9,583 | 4,113 |
| LTC | 143 | 0% | 143 | - | - | - | - |
| LTC-Dual | 948 | 0% | 948 | - | - | - | - |
| Medi-Cal | 349,236 | | 70,912 | 65,410 | 34,547 | 127,292 | 51,075 |
| Group Care | 5,723 | | 2,241 | 866 | - | 2,616 | - |
| **Total** | **354,959** | **100%** | **73,153** | **66,276** | **34,547** | **129,908** | **51,075** |
| Medi-Cal % | 98.4% | | 96.9% | 98.7% | 100.0% | 98.0% | 100.0% |
| Group Care % | 1.6% | | 3.1% | 1.3% | 0.0% | 2.0% | 0.0% |
| | *Network Distribution* | | *20.6%* | *18.7%* | *9.7%* | *36.6%* | *14.4%* |
| | | | **% Direct:** | **39%** | | **% Delegated:** | **61%** |

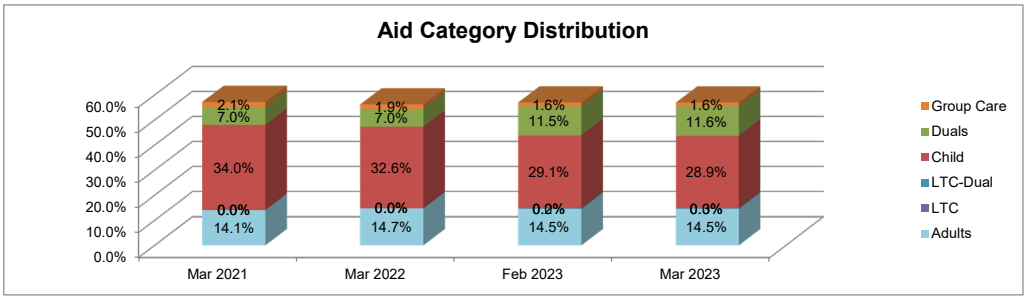


## Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

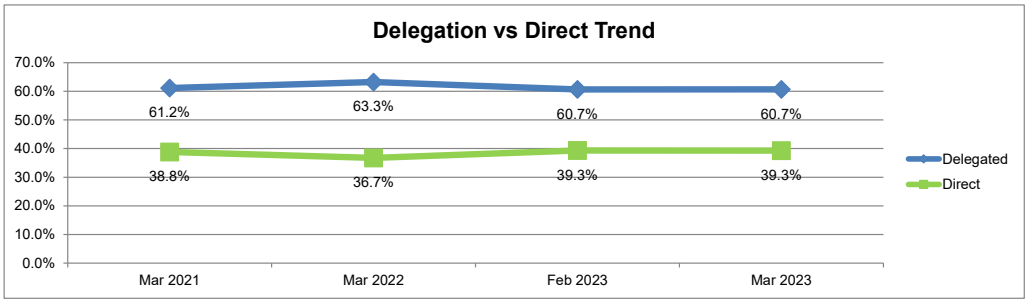
**Category of Aid Trend**

| | Members | | | | % of Total (ie.Distribution) | | | | % Growth (Loss) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Category of Aid | Mar 2021 | Mar 2022 | Feb 2023 | Mar 2023 | Mar 2021 | Mar 2022 | Feb 2023 | Mar 2023 | Mar 2021 to Mar 2022 | Mar 2022 to Mar 2023 | Feb 2023 to Mar 2023 |
| Adults | 39,649 | 45,228 | 51,154 | 51,516 | 14.1% | 14.7% | 14.5% | 14.5% | 14.1% | 13.9% | 0.7% |
| Child | 95,692 | 99,888 | 102,305 | 102,510 | 34.0% | 32.6% | 29.1% | 28.9% | 4.4% | 2.6% | 0.2% |
| SPD | 26,234 | 26,823 | 30,922 | 31,021 | 9.3% | 8.7% | 8.8% | 8.7% | 2.2% | 15.7% | 0.3% |
| ACA OE | 94,473 | 107,648 | 120,657 | 121,852 | 33.5% | 35.1% | 34.3% | 34.3% | 13.9% | 13.2% | 1.0% |
| Duals | 19,596 | 21,350 | 40,334 | 41,246 | 7.0% | 7.0% | 11.5% | 11.6% | 9.0% | 93.2% | 2.3% |
| LTC | - | - | 129 | 143 | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 10.9% |
| LTC-Dual | - | - | 849 | 948 | 0.0% | 0.0% | 0.2% | 0.3% | 0.0% | 0.0% | 11.7% |
| Medi-Cal Total | 275,644 | 300,937 | 346,350 | 349,236 | 97.9% | 98.1% | 98.4% | 98.4% | 9.2% | 16.0% | 0.8% |
| Group Care | 5,993 | 5,850 | 5,746 | 5,723 | 2.1% | 1.9% | 1.6% | 1.6% | -2.4% | -2.2% | -0.4% |
| **Total** | **281,637** | **306,787** | **352,096** | **354,959** | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **8.9%** | **15.7%** | **0.8%** |



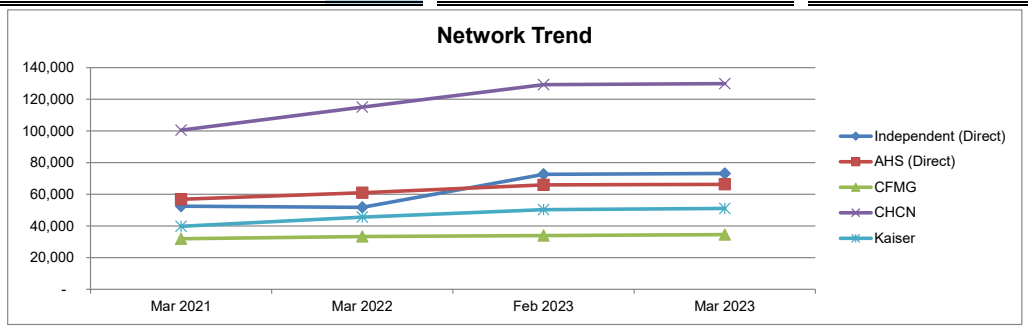

**Delegation vs Direct Trend**

| | Members | | | | % of Total (ie.Distribution) | | | | % Growth (Loss) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Members | Mar 2021 | Mar 2022 | Feb 2023 | Mar 2023 | Mar 2021 | Mar 2022 | Feb 2023 | Mar 2023 | Mar 2021 to Mar 2022 | Mar 2022 to Mar 2023 | Feb 2023 to Mar 2023 |
| Delegated | 172,258 | 194,046 | 213,591 | 215,530 | 61.2% | 63.3% | 60.7% | 60.7% | 12.6% | 11.1% | 0.9% |
| Direct | 109,379 | 112,741 | 138,505 | 139,429 | 38.8% | 36.7% | 39.3% | 39.3% | 3.1% | 23.7% | 0.7% |
| **Total** | **281,637** | **306,787** | **352,096** | **354,959** | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **8.9%** | **15.7%** | **0.8%** |




**Network Trend**

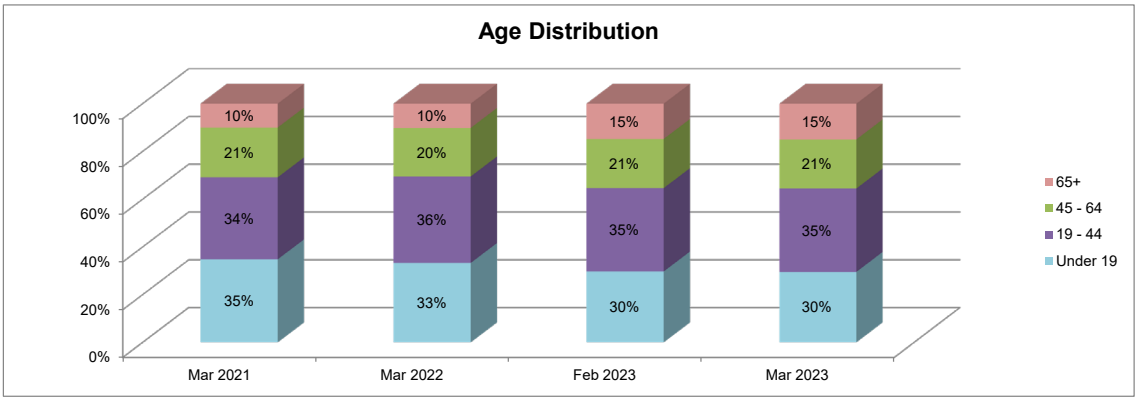
| | Members | | | | % of Total (ie.Distribution) | | | | % Growth (Loss) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Network | Mar 2021 | Mar 2022 | Feb 2023 | Mar 2023 | Mar 2021 | Mar 2022 | Feb 2023 | Mar 2023 | Mar 2021 to Mar 2022 | Mar 2022 to Mar 2023 | Feb 2023 to Mar 2023 |
| Independent (Direct) | 52,524 | 51,767 | 72,607 | 73,153 | 18.6% | 16.9% | 20.6% | 20.6% | -1.4% | 41.3% | 0.8% |
| AHS (Direct) | 56,855 | 60,974 | 65,898 | 66,276 | 20.2% | 19.9% | 18.7% | 18.7% | 7.2% | 8.7% | 0.6% |
| CFMG | 31,939 | 33,293 | 33,983 | 34,547 | 11.3% | 10.9% | 9.7% | 9.7% | 4.2% | 3.8% | 1.7% |
| CHCN | 100,522 | 115,125 | 129,269 | 129,908 | 35.7% | 37.5% | 36.7% | 36.6% | 14.5% | 12.8% | 0.5% |
| Kaiser | 39,797 | 45,628 | 50,339 | 51,075 | 14.1% | 14.9% | 14.3% | 14.4% | 14.7% | 11.9% | 1.5% |
| **Total** | **281,637** | **306,787** | **352,096** | **354,959** | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **8.9%** | **15.7%** | **0.8%** |



**Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile**

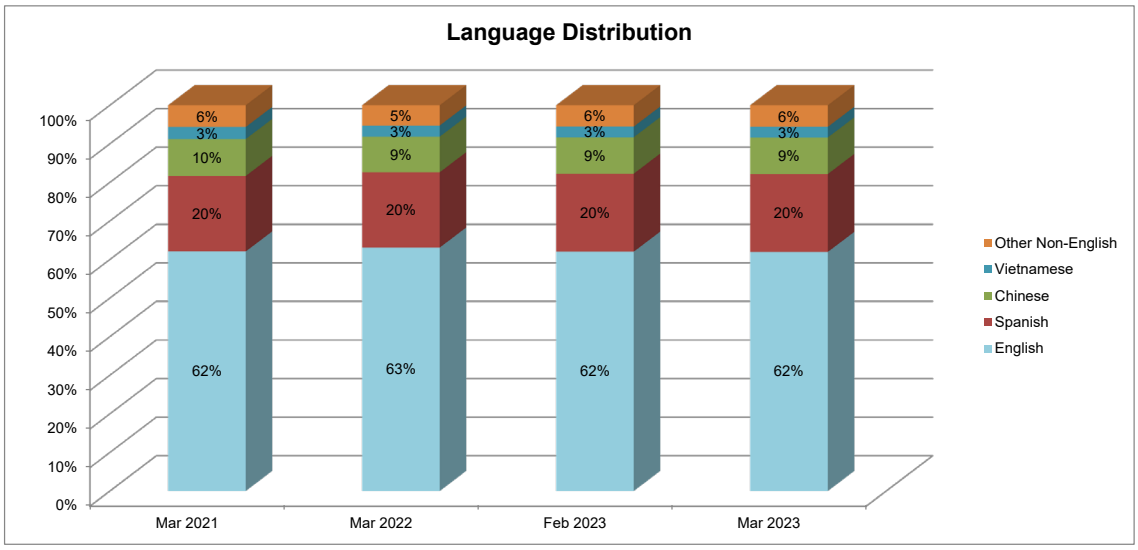
**Age Category Trend**

| | Members | | | | % of Total (ie.Distribution) | | | | % Growth (Loss) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Age Category | Mar 2021 | Mar 2022 | Feb 2023 | Mar 2023 | Mar 2021 | Mar 2022 | Feb 2023 | Mar 2023 | Mar 2021 to Mar 2022 | Mar 2022 to Mar 2023 | Feb 2023 to Mar 2023 |
| Under 19 | 98,054 | 102,146 | 104,659 | 104,866 | 35% | 33% | 30% | 30% | 4% | 3% | 0% |
| 19 - 44 | 96,750 | 111,172 | 122,990 | 124,034 | 34% | 36% | 35% | 35% | 15% | 12% | 1% |
| 45 - 64 | 58,732 | 62,347 | 72,480 | 72,979 | 21% | 20% | 21% | 21% | 6% | 17% | 1% |
| 65+ | 28,101 | 31,122 | 51,967 | 53,080 | 10% | 10% | 15% | 15% | 11% | 71% | 2% |
| **Total** | **281,637** | **306,787** | **352,096** | **354,959** | **100%** | **100%** | **100%** | **100%** | **9%** | **16%** | **1%** |




**Language Trend**

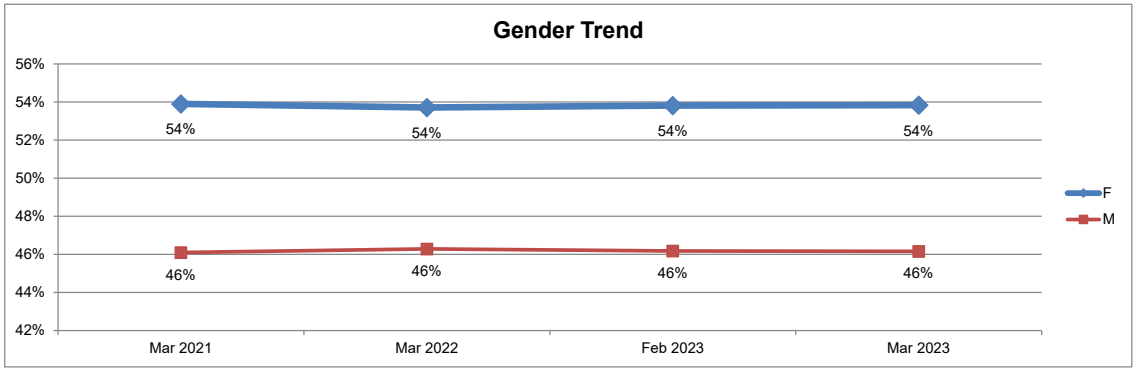
| | Members | | | | % of Total (ie.Distribution) | | | | % Growth (Loss) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Language | Mar 2021 | Mar 2022 | Feb 2023 | Mar 2023 | Mar 2021 | Mar 2022 | Feb 2023 | Mar 2023 | Mar 2021 to Mar 2022 | Mar 2022 to Mar 2023 | Feb 2023 to Mar 2023 |
| English | 174,804 | 193,534 | 218,360 | 219,911 | 62% | 63% | 62% | 62% | 11% | 14% | 1% |
| Spanish | 55,172 | 59,913 | 71,247 | 71,737 | 20% | 20% | 20% | 20% | 9% | 20% | 1% |
| Chinese | 26,957 | 28,316 | 33,248 | 33,645 | 10% | 9% | 9% | 9% | 5% | 19% | 1% |
| Vietnamese | 8,791 | 8,888 | 9,714 | 9,773 | 3% | 3% | 3% | 3% | 1% | 10% | 1% |
| Other Non-English | 15,913 | 16,136 | 19,527 | 19,893 | 6% | 5% | 6% | 6% | 1% | 23% | 2% |
| **Total** | **281,637** | **306,787** | **352,096** | **354,959** | **100%** | **100%** | **100%** | **100%** | **9%** | **16%** | **1%** |



## Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

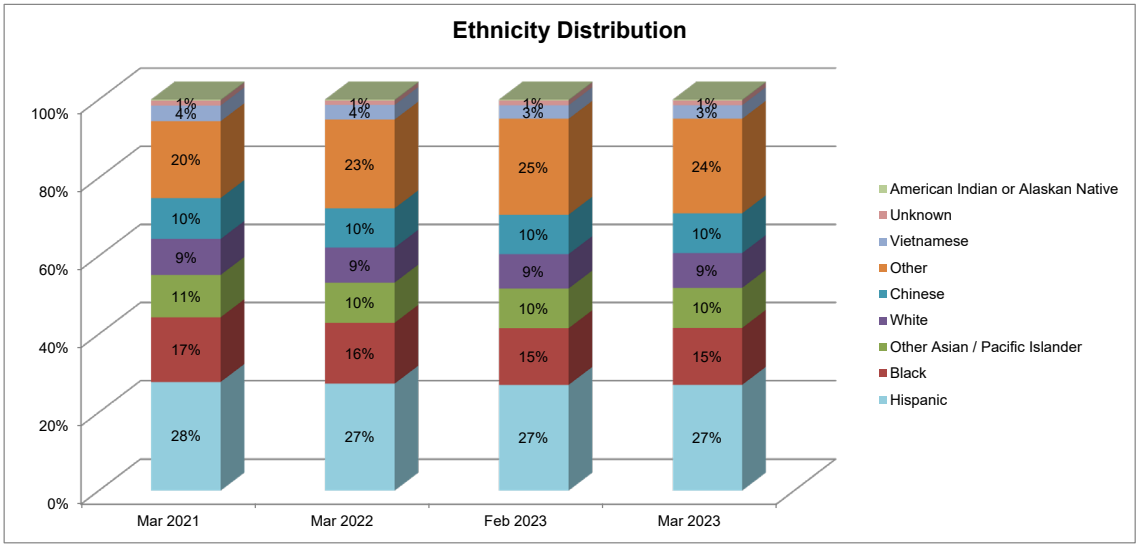
**Gender Trend**

| | Members | | | | % of Total (ie.Distribution) | | | | % Growth (Loss) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Gender | Mar 2021 | Mar 2022 | Feb 2023 | Mar 2023 | Mar 2021 | Mar 2022 | Feb 2023 | Mar 2023 | Mar 2021 to Mar 2022 | Mar 2022 to Mar 2023 | Feb 2023 to Mar 2023 |
| F | 151,807 | 164,784 | 189,484 | 191,101 | 54% | 54% | 54% | 54% | 9% | 16% | 1% |
| M | 129,830 | 142,003 | 162,612 | 163,858 | 46% | 46% | 46% | 46% | 9% | 15% | 1% |
| **Total** | **281,637** | **306,787** | **352,096** | **354,959** | **100%** | **100%** | **100%** | **100%** | **9%** | **16%** | **1%** |




**Ethnicity Trend**

| | Members | | | | % of Total (ie.Distribution) | | | | % Growth (Loss) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Ethnicity | Mar 2021 | Mar 2022 | Feb 2023 | Mar 2023 | Mar 2021 | Mar 2022 | Feb 2023 | Mar 2023 | Mar 2021 to Mar 2022 | Mar 2022 to Mar 2023 | Feb 2023 to Mar 2023 |
| Hispanic | 78,149 | 83,813 | 95,061 | 95,858 | 28% | 27% | 27% | 27% | 7% | 14% | 1% |
| Black | 46,663 | 47,769 | 51,086 | 51,755 | 17% | 16% | 15% | 15% | 2% | 8% | 1% |
| Other Asian / Pacific Islander | 30,465 | 31,540 | 35,706 | 36,336 | 11% | 10% | 10% | 10% | 4% | 15% | 2% |
| White | 25,931 | 27,426 | 31,044 | 31,596 | 9% | 9% | 9% | 9% | 6% | 15% | 2% |
| Chinese | 29,519 | 30,921 | 35,508 | 36,098 | 10% | 10% | 10% | 10% | 5% | 17% | 2% |
| Other | 55,311 | 69,621 | 86,361 | 85,859 | 20% | 23% | 25% | 24% | 26% | 23% | -1% |
| Vietnamese | 11,298 | 11,419 | 12,164 | 12,260 | 4% | 4% | 3% | 3% | 1% | 7% | 1% |
| Unknown | 3,680 | 3,633 | 4,437 | 4,460 | 1% | 1% | 1% | 1% | -1% | 23% | 1% |
| American Indian or Alaskan Native | 621 | 645 | 729 | 737 | 0% | 0% | 0% | 0% | 4% | 14% | 1% |
| **Total** | **281,637** | **306,787** | **352,096** | **354,959** | **100%** | **100%** | **100%** | **100%** | **9%** | **16%** | **1%** |



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

**Medi-Cal By City**

| City | Mar 2023 | % of Total | Independent (Direct) | AHS (Direct) | CFMG | CHCN | Kaiser |
|---|---|---|---|---|---|---|---|
| Oakland | 134,963 | 39% | 19,201 | 30,659 | 14,394 | 56,296 | 14,413 |
| Hayward | 54,819 | 16% | 10,466 | 11,847 | 5,710 | 17,621 | 9,175 |
| Fremont | 32,553 | 9% | 12,788 | 4,743 | 1,147 | 8,788 | 5,087 |
| San Leandro | 31,505 | 9% | 6,386 | 4,363 | 3,538 | 11,509 | 5,709 |
| Union City | 14,906 | 4% | 5,266 | 2,229 | 591 | 4,097 | 2,723 |
| Alameda | 13,457 | 4% | 2,843 | 2,134 | 1,702 | 4,637 | 2,141 |
| Berkeley | 13,424 | 4% | 2,568 | 1,865 | 1,345 | 5,676 | 1,970 |
| Livermore | 10,778 | 3% | 1,664 | 690 | 1,963 | 4,590 | 1,871 |
| Newark | 8,292 | 2% | 2,508 | 2,574 | 266 | 1,506 | 1,438 |
| Castro Valley | 8,797 | 3% | 1,851 | 1,291 | 1,116 | 2,703 | 1,836 |
| San Lorenzo | 7,308 | 2% | 1,268 | 1,231 | 703 | 2,632 | 1,474 |
| Pleasanton | 6,056 | 2% | 1,451 | 399 | 536 | 2,649 | 1,021 |
| Dublin | 6,469 | 2% | 1,530 | 438 | 685 | 2,660 | 1,156 |
| Emeryville | 2,413 | 1% | 501 | 417 | 314 | 769 | 412 |
| Albany | 2,160 | 1% | 332 | 236 | 399 | 773 | 420 |
| Piedmont | 456 | 0% | 92 | 124 | 30 | 103 | 107 |
| Sunol | 77 | 0% | 19 | 11 | 6 | 24 | 17 |
| Antioch | 35 | 0% | 3 | 9 | 11 | 9 | 3 |
| Other | 768 | 0% | 175 | 150 | 91 | 250 | 102 |
| **Total** | **349,236** | **100%** | **70,912** | **65,410** | **34,547** | **127,292** | **51,075** |

**Group Care By City**

| City | Mar 2023 | % of Total | Independent (Direct) | AHS (Direct) | CFMG | CHCN | Kaiser |
|---|---|---|---|---|---|---|---|
| Oakland | 1,844 | 32% | 411 | 352 | - | 1,081 | - |
| Hayward | 647 | 11% | 312 | 141 | - | 194 | - |
| Fremont | 615 | 11% | 438 | 46 | - | 131 | - |
| San Leandro | 578 | 10% | 215 | 89 | - | 274 | - |
| Union City | 300 | 5% | 198 | 31 | - | 71 | - |
| Alameda | 280 | 5% | 97 | 20 | - | 163 | - |
| Berkeley | 167 | 3% | 51 | 13 | - | 103 | - |
| Livermore | 91 | 2% | 29 | 3 | - | 59 | - |
| Newark | 145 | 3% | 86 | 37 | - | 22 | - |
| Castro Valley | 182 | 3% | 80 | 22 | - | 80 | - |
| San Lorenzo | 128 | 2% | 49 | 17 | - | 62 | - |
| Pleasanton | 64 | 1% | 24 | 3 | - | 37 | - |
| Dublin | 106 | 2% | 42 | 9 | - | 55 | - |
| Emeryville | 32 | 1% | 13 | 4 | - | 15 | - |
| Albany | 18 | 0% | 5 | 1 | - | 12 | - |
| Piedmont | 13 | 0% | 3 | - | - | 10 | - |
| Sunol | - | 0% | - | - | - | - | - |
| Antioch | 24 | 0% | 6 | 5 | - | 13 | - |
| Other | 489 | 9% | 182 | 73 | - | 234 | - |
| **Total** | **5,723** | **100%** | **2,241** | **866** | **-** | **2,616** | **-** |

**Total By City**

| City | Mar 2023 | % of Total | Independent (Direct) | AHS (Direct) | CFMG | CHCN | Kaiser |
|---|---|---|---|---|---|---|---|
| Oakland | 136,807 | 39% | 19,612 | 31,011 | 14,394 | 57,377 | 14,413 |
| Hayward | 55,466 | 16% | 10,778 | 11,988 | 5,710 | 17,815 | 9,175 |
| Fremont | 33,168 | 9% | 13,226 | 4,789 | 1,147 | 8,919 | 5,087 |
| San Leandro | 32,083 | 9% | 6,601 | 4,452 | 3,538 | 11,783 | 5,709 |
| Union City | 15,206 | 4% | 5,464 | 2,260 | 591 | 4,168 | 2,723 |
| Alameda | 13,737 | 4% | 2,940 | 2,154 | 1,702 | 4,800 | 2,141 |
| Berkeley | 13,591 | 4% | 2,619 | 1,878 | 1,345 | 5,779 | 1,970 |
| Livermore | 10,869 | 3% | 1,693 | 693 | 1,963 | 4,649 | 1,871 |
| Newark | 8,437 | 2% | 2,594 | 2,611 | 266 | 1,528 | 1,438 |
| Castro Valley | 8,979 | 3% | 1,931 | 1,313 | 1,116 | 2,783 | 1,836 |
| San Lorenzo | 7,436 | 2% | 1,317 | 1,248 | 703 | 2,694 | 1,474 |
| Pleasanton | 6,120 | 2% | 1,475 | 402 | 536 | 2,686 | 1,021 |
| Dublin | 6,575 | 2% | 1,572 | 447 | 685 | 2,715 | 1,156 |
| Emeryville | 2,445 | 1% | 514 | 421 | 314 | 784 | 412 |
| Albany | 2,178 | 1% | 337 | 237 | 399 | 785 | 420 |
| Piedmont | 469 | 0% | 95 | 124 | 30 | 113 | 107 |
| Sunol | 77 | 0% | 19 | 11 | 6 | 24 | 17 |
| Antioch | 59 | 0% | 9 | 14 | 11 | 22 | 3 |
| Other | 1,257 | 0% | 357 | 223 | 91 | 484 | 102 |
| **Total** | **354,959** | **100%** | **73,153** | **66,276** | **34,547** | **129,908** | **51,075** |