

**ALAMEDA ALLIANCE FOR HEALTH  
BOARD OF GOVERNORS  
REGULAR MEETING  
November 11<sup>th</sup>, 2022  
12:00 pm – 2:00 pm  
(Video Conference Call)  
Alameda, CA**

**SUMMARY OF PROCEEDINGS**

**Board of Governors on Conference Call:** Rebecca Gebhart (Vice-Chair), Dr. Kelley Meade, Dr. Marty Lynch, Dr. Rollington Ferguson, James Jackson, Dr. Noha Aboelata, Dr. Michael Marchiano, Aarondeep Basrai, Supervisor Dave Brown, Andrea Schwab-Galindo, Natalie Williams

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

**Excused:** Dr. Evan Seevak, Byron Lopez

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
<b>1. CALL TO ORDER</b>			
Rebecca Gebhart	<p>The regular board meeting was called to order by Presiding Officer in the Chair's absence, Vice Chair Rebecca Gebhart at 12:02 pm.</p> <p>The following public announcement was read.</p> <p style="padding-left: 40px;">"The Board recognizes that there is a proclaimed state of emergency at both the State and the local Alameda County levels, and there are recommended measures to promote social distancing in place. The Board shall therefore conduct its meetings via teleconference in accordance with Assembly Bill 361 for the duration of the proclaimed State of emergency."</p> <p style="padding-left: 40px;">"Audience, during each agenda item, you will be provided a reasonable amount of time to provide public comment."</p>	None	None

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<b>2. ROLL CALL</b>			
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Rebecca Gebhart	A telephonic roll call was taken of the Board Members, and a quorum was confirmed.	None	None
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<b>3. AGENDA APPROVAL OR MODIFICATIONS</b>			
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Rebecca Gebhart	None	None	None
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<b>4. INTRODUCTIONS</b>			
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Scott Coffin	<p>CEO Scott Coffin introduced a new Board Member, Ms. Yeon Park.</p> <p>Ms. Park will be representing the designated seat for the SEIU local 1021 where she serves as Vice President of the East Bay.</p>	None	None
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<b>5. CONSENT CALENDAR</b>			
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Rebecca Gebhart	<p>Rebecca Gebhart presented the November 11<sup>th</sup>, 2022, Consent Calendar.</p> <ul style="list-style-type: none"> <li>a) October 14<sup>th</sup>, 2022, Board of Governors Meeting Minutes</li> <li>b) November 8<sup>th</sup>, 2022, Finance Committee Meeting Minutes</li> </ul> <p>Motion to Approve November 11<sup>th</sup>, 2022, Board of Governors Consent Calendar.</p> <p>A roll call vote was taken, and the motion passed.</p>	<p><u>Motion to Approve</u> November 11<sup>th</sup>, 2022, Board of Governors Consent Calendar.</p> <p><u>Motion:</u> Dr. Marty Lynch <u>Second:</u> James Jackson</p> <p><u>Vote:</u> Yes</p> <p>No opposed or abstained.</p>	None
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6. a. BOARD MEMBER REPORT – COMPLIANCE ADVISORY COMMITTEE			
<p>Rebecca Gebhart</p>	<p>The Compliance Advisory Committee (CAC) was held on November 11<sup>th</sup>, 2022, at 10:30 am.</p> <p>Rebecca Gebhart gave the following Compliance Advisory Committee updates.</p> <p>2022 DHCS Routine Medical Audit:</p> <ul style="list-style-type: none"> <li>• In past meetings, we unpacked ten (10) of the fifteen (15) findings we received from the 2022 DHCS Routine Medical Audit. We reviewed the remaining five (5) findings during today's meeting.</li> <li>• One of these findings was related to Initial Health Assessments – each member must have an Initial Health Assessment. We received an audit finding that we did not fully document our attempts to contact members to schedule the Initial Health Assessment. As a result, a new phone campaign has been implemented with documentation steps to ensure that the attempts to contact members are well-documented. Additionally, Dr. O'Brien noted that we communicate the status of initial health assessments to our providers.</li> <li>• The second finding we discussed is that the Plan did not monitor the providers' compliance with requirements for when appointments were needed. This finding was not fully unpacked at this meeting.</li> <li>• The third finding was that the Plan improperly denied emergency services claims. With all these audit findings, Board members are looking to distinguish whether this is a system issue and a material weakness within the system or whether it is a one-time, anomalous issue. The issue with respect to the improper denial of emergency services claim was anomalous – one was a work flow error, and the staff was retrained, and one was an error relating to the vendor on the conversion of a data file.</li> <li>• The fourth finding was that the Plan did not comply with grievance letter timelines specifically related to the extension of a grievance that was unable to be fulfilled or resolved in its initial thirty (30) days, and there was a fourteen (14) day extension. We did not resolve certain grievances by the fourteen (14) day extension and did not send out letters about the fourteen</li> </ul>	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	

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	<p>(14) day extension. These extensions were infrequent in the past, so there was not a system response that was set up. Now, there are workflows and a system response has been developed that if the grievance is not resolved within the initial timeframe, the letter is activated, and that processes are in place to resolve it within the extension timeframe. This finding was also related to a staffing issue; since the look-back period of this finding, this unit has added an additional six (6) people and is in the process of making an offer to a seventh individual.</p> <ul style="list-style-type: none"> <li>• The final finding was that we did not thoroughly investigate grievances prior to sending out the resolution letter. When the team looked at this, they agreed with the finding; this was also a system and workflow issue, as well as some provider education. The workflow issue was handled by increased training and staff. The secondary issue, which turned out to be a significant factor is for the resolution, you must get a provider response; the staff was resolving the issue without getting a provider response. The team has completed provider education and improved the pathways to get the provider response in a timely manner.</li> <li>• The staff has completed six (6) corrective action plans, which are used to show that we have met the milestones for correcting the finding. Around the following year, the State will validate that we met the milestone and close the finding.</li> </ul> <p>2022 DMHC Behavioral Health Investigation:</p> <ul style="list-style-type: none"> <li>• We are continuing to manage requests for information from the DMHC and are still waiting for the State's preliminary report.</li> </ul> <p>Behavioral Health Network Transition:</p> <ul style="list-style-type: none"> <li>• This initiative is led by the Integrated Planning division but involves every department. The State and the Plan have been going back and forth; the State has confirmed that they understand what our proposed plan is. Our start date to get confirmation from the State for going forward is March 31<sup>st</sup>, 2023, with a start services date of April 1<sup>st</sup>, 2023.</li> <li>• The challenges for Staff with the State are in areas such as the classification of providers. We proposed our network to the State, but some providers were classified differently – this is being sorted out.</li> </ul>		
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	<ul style="list-style-type: none"> <li>• Another challenge discussed is the timing for this process, which is in the spring and the busiest time for audits – January, February, and March. This will be a challenging time for Staff.</li> <li>• Dr. Meade also proposed that the Compliance Committee look ahead into 2023 to discuss potential risks as we move forward into our Behavioral Health Network Transition – this discussion will be prioritized in another meeting.</li> </ul> <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>		
<b>6. b. BOARD MEMBER REPORT – FINANCE COMMITTEE</b>			
Dr. R. Ferguson	<p>The Finance Committee was held telephonically on Tuesday, November 8<sup>th</sup>, 2022.</p> <p>Dr. Ferguson provided the following updates:</p> <p>Highlights:</p> <ul style="list-style-type: none"> <li>• Our enrollment continues to increase; for the month ending September 30<sup>th</sup>, our membership increased to over three-hundred-twenty-one-thousand (321,333). Our Tangible Net Equity (TNE) continues to be above what is required at six-hundred-thirty nine percent (639%).</li> <li>• For the fiscal year-to-date (YTD) ending May 31<sup>st</sup>, 2022, actual revenue was \$1.1B and the budgeted revenue was also \$1.1B</li> <li>• The TNE and Medical Loss Ratio (MLR) are parameters that we looked at that help the organization remain favorable. The MLR was ninety-point-four percent (90.4%) for the month.</li> <li>• All these numbers are on target; one number that is not on target but not necessarily a negative thing is our net income. Our net income for the month was four million dollars (\$4.0M) and our year-to-date was twelve million dollars (\$12.0M).</li> <li>• One thing I want the Board to consider is that this is a fifteen-point-seven-million dollar (\$15.7M) difference from where we thought we would be. One</li> </ul>	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	None

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	<p>of the questions to consider is whether this is a forecasting issue, or whether there are other issues that led to this contrast.</p> <ul style="list-style-type: none"> <li>• What was projected for the year was a five-point-seven-million-dollar net loss (\$5.7M). However, it is good news that we are at twelve million (\$12.0M) year to-date.</li> </ul> <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>		
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**7. CEO UPDATE**

<p>Scott Coffin</p>	<p>Scott Coffin, Chief Executive Officer, presented the following updates:</p> <p>Today is Veteran's Day, and Scott began by thanking the United States Military Veterans and armed forces for their service.</p> <p>Alliance Round Table Meeting:</p> <ul style="list-style-type: none"> <li>• On November 8<sup>th</sup>, 2022, the Alliance hosted a round-table meeting with senior officials from the Center for Medicare and Medicaid Services (CMS), the Department of Health Care Services (DHCS), and the California Health and Human Services Agency.</li> <li>• This was an important meeting and was held here because the State of California has recognized Alameda County as a county that works together with the CalAIM program, whole-person care, and health-home pilot programs that have been completed. They recognize that we are getting things done through partnerships.</li> <li>• Dr. Mark Ghaly, Secretary of the California Health and Human Services Agency, represented the agency's priorities. He emphasized the importance of forming a statewide healthcare exchange, which Alameda County already has launched and is operational through the Health Information Exchange Program. Directors Michelle Boss and JC Cooper, and CMS, senior officials joined from San Francisco and Baltimore to learn more about Medi-Cal and CalAIM. This included Daniel Tsai as the Deputy</li> </ul>	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	<p>None</p>
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	<p>Administrator and Director of the Center for Medicaid and Children's Services, and Jonathan Bloom, the Principal Deputy Administrator and Chief Operating Officer from CMS.</p> <ul style="list-style-type: none"> <li>We will have follow-up discussions with these officials, specifically with the Department of Health Care Services, on the next steps around CalAIM. Next month, we will be hosting a DHCS listening tour at the Alliance, and that is going to include many of our safety-net partners in the County, as well as State officials.</li> </ul> <p>Public Health Emergency (PHE):</p> <ul style="list-style-type: none"> <li>The Public Health Emergency has been extended through January 11<sup>th</sup>, 2023, federally. The State of California, as declared by Governor Newsom extended the public health emergency in California to end February 28<sup>th</sup>, 2023.</li> <li>For the duration of the Public Health Emergency, the Medi-Cal re-determination process is suspended. After the Public Health Emergency ends, the re-determination process resumes after sixty (60) days. This will occur sometime in the month of April or May 2023; we are working to determine how that process will begin – what steps we will need to take now and what planning we will need to initiate.</li> <li>The Alliance is initiating a county-wide task force to support the efforts to minimize disruption in health care services for individuals deemed ineligible in the Medi-Cal program once the re-determination process commences.</li> <li>Partnerships with Alameda County Social Services and Health Care Services agencies will be formed along with partnerships in various enrollment centers across the County to prepare for the resumption in either April or May 2023.</li> <li>The Outreach Campaign will start in January 2023 and continue through May 2024. This long-term commitment to outreach will use traditional media, social media, and direct outreach efforts to inform people of their choices.</li> </ul>		

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	<ul style="list-style-type: none"> <li>• Our goal is that everyone maintains health care coverage and access to service; we do that by educating what happens if an individual is not eligible for Medi-Cal and what options they would have, such as Covered California, employer-based insurance, and other types of health insurance programs. The Alliance will fund this county-wide campaign, and a progress report with the company's projected budget will be delivered to the full Board of Governors and Finance Committee next month.</li> </ul> <p>Supervisor Dave Brown made the following comment:</p> <ul style="list-style-type: none"> <li>• I am glad the Alliance is taking the initiative on this task force. I do want to mention that our eviction moratorium for the County is due to expire sixty (60) days after the Public Health Emergency is lifted. On April 27<sup>th</sup>, 2023, the moratorium will be over, and there is expected to be an eviction cliff. This means that some of our most vulnerable and low-income tenants could be evicted and may not have the resources to fight that legally. We are trying to acquire some resources to help, but that is on the horizon.</li> </ul> <p>Question: While the re-determination is going on, will there be an opportunity to remove members from the database who have moved, passed away, or changed their address? I constantly hear from providers that some members who were assigned but not seen are almost impossible to contact.</p> <p>Answer: We have already begun identifying individuals no longer in Alameda County. We are working with Alameda County Social Services to do the reconciliation process, which will continue through the first quarter of next year. It will be a continuous process after that. In terms of the assignments for our enrolled members, it is always our goal to assign them to a location closest to their residence. However, in certain cases, we assign based on the member's choice.</p> <p>Dr. Meade made the following comment:</p> <ul style="list-style-type: none"> <li>• As a pediatrician, I want to weigh in – with the ending of the Public Health Emergency, we are dealing with additional respiratory illness in the pediatric community. As such, with the re-determination process, it is</li> </ul>		

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	<p>important to protect those most at risk, particularly children under the age of five (5).</p> <p>Scott Coffin made the following comment:</p> <ul style="list-style-type: none"> <li>• There are already efforts that have been initiated through Alameda County through the Enrollment Assistance Program, and this involves many of the health centers across the County. Our intention is to connect to the work that is already happening, not to create a separate task force. The individuals that are already involved are the ones we will be working with to develop a plan, and we will be summarizing that for the State of California. The State is also interested in minimizing the impact. This is a marathon and not a sprint. Next month we will have a progress report and continue reporting out into the new year.</li> </ul> <p>Financials:</p> <ul style="list-style-type: none"> <li>• Today, we are reviewing the September 2022 Financial Results. We are trending positively, and have a seventeen million dollar (\$17.0M) favorable to budget in the first three (3) months.</li> <li>• Medi-Cal enrollment continues to grow on average by fifteen hundred (1,500) per month. We are forecasting total enrollment to grow to nearly three-hundred-sixty-thousand (360,000) by next June. This increase is forecasted in light of the changes to the Medi-Cal re-determination process.</li> <li>• January 1<sup>st</sup>, 2023: As part of the statewide CalAIM program and Medi-Cal Mandatory Enrollment initiative, approximately twenty-three thousand (23,000) new Medi-Cal members are forecasted to enroll into the Plan. Recently, State officials announced that ninety-nine (99) percent of Medi-Cal beneficiaries enrolled in the fee-for-service Medi-Cal program, will be transitioned into Medi-Cal managed care by the end of 2023.</li> <li>• This transition on January 1<sup>st</sup>, 2023, is the second wave of enrollment from fee-for-service. There will be more transitions as we go through the calendar year 2023.</li> </ul>		
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	<p>Final Budget FY2023:</p> <ul style="list-style-type: none"> <li>• The final budget for Fiscal Year 2023 will be presented to the Finance Committee and the Board of Governors next month. We will exclude our final Medi-Cal based rates for calendar year 2023; the DHCS is planning to release these rates no later than December 31<sup>st</sup>, 2022. Therefore, we do not have time to include it in our final budget.</li> <li>• As a reminder to the Board, DHCS is our primary source of revenue and contributes ninety-eight percent (98%) of our operating revenue, so we will be carrying forward what we had presented in the preliminary budget with some adjustments next month.</li> <li>• The final rates will be incorporated into the third quarter forecast that is scheduled for presentation to the Finance Committee and the Board of Governors in February 2023.</li> </ul> <p>Single Plan Model Transition:</p> <ul style="list-style-type: none"> <li>• Although Alameda County was excluded from the statewide Medi-Cal procurement process, we are still moving forward quickly on the implementation to follow all regulatory filings.</li> <li>• Effective January 1<sup>st</sup>, 2024, Alameda County Medi-Cal will be a Single Plan Model. Thus far, all regulatory filings have been submitted in a timely manner to DHCS, and the Alliance is preparing for future regulatory submissions.</li> </ul> <p>Question: Do you know the number of members in the fee-for-service, and what percentage do we hope to capture? Some of my patients have said they have a choice between Anthem and the Alliance.</p> <p>Answer: Today, there are approximately seventy thousand (70,000) adults and children in fee-for-service. For estimation purposes, we typically use the market-share ratio that we have today, which is about eighty percent (80%). To clarify, Anthem will remain an enrollment option to sometime into calendar year 2023. We are working with the State of California right now to establish a freeze period in 2023 to avoid that disruption later in the year, which often occurs if someone is enrolled in Anthem and then is enrolled into the Alliance. Therefore, Anthem will continue to be an option.</p>		
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	<p>Question: On page 56 of the Board Packet, ED Utilization was particularly good in September. What do you attribute that to?</p> <p>Answer: (Dr. Steve O'Brien) One thing that we need to look at is the scale which is between forty-four (44) and fifty (50). We see month-to-month variation, it also depends on if there is an outbreak. We are seeing preliminary positive results from the ECM and other programs. We are trying to verify that with controls, but it is too soon to attribute it.</p> <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>		
<b>8. a. BOARD BUSINESS – REVIEW AND APPROVE SEPTEMBER 2022 MONTHLY FINANCIAL STATEMENTS</b>			
Gil Riojas	<p>Gil Riojas gave the following September 2022 Finance updates:</p> <p>Enrollment:</p> <ul style="list-style-type: none"> <li>For the month ending September 30<sup>th</sup>, 2022, the Alliance had an enrollment of over 321,000 members, a net income of \$4.0M, and the Tangible Net Equity (TNE) was 639% of the required amount.</li> <li>Our enrollment has increased by over 2,000 members since August 2022, and on a fiscal YTD, we have gained over 8,000 members since June 2022. We see continuing increasing trends with children, adults, and optional expansion. This is primarily due to the Public Health Emergency and its extension.</li> <li>We also see increases in our Medi-Cal SPDs and Medi-Cal Duals. Our group care line business is relatively flat.</li> <li>As our dual membership and managed care membership increases, we expect to see another significant increase in January 2023.</li> </ul> <p>Net Operating Results:</p> <ul style="list-style-type: none"> <li>For the fiscal YTD ending September 30<sup>th</sup>, 2022, the actual net income was \$12.0M, versus a budgeted net loss of \$5.7M.</li> </ul>	<p>Motion to Approve September 2022 Monthly Financial Statements as presented.</p> <p>Motion: Dr. Kelley Meade Second: Dr. Rollington Ferguson</p> <p>Vote: Yes</p> <p>No opposed or abstained.</p>	None

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	<p>Revenue:</p> <ul style="list-style-type: none"> <li>For the month ending September 30<sup>th</sup>, 2022, the actual revenue was \$100.9M vs. the budgeted revenue of \$102.7M.</li> <li>For the fiscal year ending September 30<sup>th</sup>, 2022, the actual revenue was \$302.7M vs. the budgeted revenue of \$306.8B.</li> </ul> <p>Question: What is the health acuity adjustment rate? Is this a one-time adjustment?  Answer: When DHCS developed their calendar year 2022 rates, they assumed the acuity of our members was going to be at a certain level; there are adjustments that are made to our base rates to reflect that acuity. As they look at underlying data, they go back and see was there an assumption on the acuity level of our membership, particularly those that continued to be added as part of the Public Health Emergency – were they as acute as assumed? DHCS has said no; because of that, they have the authority to adjust our rates downward. We reflected it on a monthly basis; we suspect in early 2023, the actual collection of the cash will come back to DHCS. There may be an adjustment made in our calendar year 2023 rates.</p> <p>Dr. O'Brien made the following comment:</p> <ul style="list-style-type: none"> <li>The acuity based on the data comes from coding – what is billed from the doctors. The issue with coding and working with our providers as a community together is necessary to ensure it is as accurate as possible. In turn, the data will be appropriate, and we receive credit for the full acuity of our membership, and the system brings in the appropriate amount of money to support care in the community.</li> </ul> <p>Medical Expense:</p> <ul style="list-style-type: none"> <li>For the month ending September 30<sup>th</sup>, 2022, the actual medical expense was \$91.2M, and the budgeted medical expense was \$95.8M.</li> <li>For the fiscal year ending September 30<sup>th</sup>, 2022, the actual medical expense was \$275.4M vs. the budgeted medical expense of \$292.0M.</li> <li>There was close to an eight million (\$7.9M) dollar variance that was positive for us.</li> </ul>		
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	<ul style="list-style-type: none"> <li>The categories at service that reflect a large variance include: Other Benefits and Services - compared to our budget, we have not spent as much as we thought we would; ER Services – favorability of about one-point-nine million dollars (\$1.9M); and Net Reinsurance – our collections from our reinsurance are higher than the premiums we are paying.</li> <li>Overall, there is a two-point-seven percent (2.7%) variance, but it likely should go down as we get to our final budget and for the remainder of the fiscal year.</li> </ul> <p>Question: What did you say about FTEs?  Answer: Yes, for the other benefits and services – a lot of what that makes up is if the employees that are anticipating to be hired or any vacant positions. In September, we had around nine (9) vacancies with a few leave of absences - around twelve (12) positions that we had anticipated to be paying for in our budget that we were not.</p> <p>Question: The clinical FTEs are included in our Medical Expense, and the other FTEs are included in our ALR? Is there any overlap?  Answer: You are correct. There is no overlap. We keep the clinical FTEs in our Medical Expense budget, and the administrative FTEs in a separate budget. We do this intentionally; it helps with showing an accurate reflection on where the expenses are included.</p> <p>Medical Loss Ratio (MLR):</p> <ul style="list-style-type: none"> <li>For the month ending September 30<sup>th</sup>, 2022, the MLR was 90.4% and 91.0% for the fiscal year-to-date.</li> <li>Ideally, we would like to maintain our MLR between 90.0% and 95.0%.</li> </ul> <p>Administrative Expense:</p> <ul style="list-style-type: none"> <li>For the month ending September 30<sup>th</sup>, 2022, the actual administrative expense was \$5.7M vs. the budgeted administrative expense of \$7.2M.</li> <li>For the fiscal YTD ending September 30<sup>th</sup>, 2022, the actual administrative expense was \$16.1M vs. the budgeted administrative expense \$20.6M.</li> </ul>		

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	<ul style="list-style-type: none"> <li>• The biggest drivers on a YTD basis for the \$4.5M variance are related to our Purchased and Professional Services – the need for consultants and other support services as we do projects. We did not have as much of a need as we initially anticipated. Another cause for the variance are the FTEs, the start-date for some positions that we anticipated in July, August, or September were delayed, or there were other vacancies.</li> <li>• Administrative Loss Ratio (ALR) represented 5.7% of net revenue for the month ending September 30<sup>th</sup>, 2022, and 5.3% of net revenue YTD.</li> </ul> <p>Other Income / (Expense):</p> <ul style="list-style-type: none"> <li>• Our fiscal year-to-date net investment revenue reported a gain of \$930,000. We anticipate this to continue for the rest of the fiscal year.</li> <li>• Fiscal-year-to-date claims interest expense, due to delayed payment of certain claims, or recalculated interest on previously paid claims is \$82,000.</li> </ul> <p>Tangible Net Equity (TNE):</p> <ul style="list-style-type: none"> <li>• As our net income goes up, our reserves go up. The Department of Managed Health Care (DMHC) requires TNE to be thirty-eight million dollars (\$38.0M).</li> <li>• We reported actual TNE of two-hundred-forty-two-point seven million-dollars (\$242.7M), and excess TNE of two-hundred-four-point seven million dollars (\$204.7M).</li> <li>• Of the required TNE, we have six-hundred-thirty nine percent (639%).</li> </ul> <p>Cash Position and Assets:</p> <ul style="list-style-type: none"> <li>• For the month ending September 30<sup>th</sup>, 2022, the Alliance reported nearly \$400.0M in cash of which \$212.6M was uncommitted cash. The remaining was pass-through liabilities at \$187.0M. Our current ratio is above the minimum required at 1.57 compared to the regulatory minimum of 1.0.</li> </ul> <p>Capital Investment:</p> <ul style="list-style-type: none"> <li>• Fiscal year-to-date capital assets acquired: \$24,000.</li> <li>• Annual capital budget: \$1.0M.</li> </ul> <p>Motion to Approve September 2022 Monthly Financial Statements as presented.</p>		

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	A roll call vote was taken, and the motion passed.		
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**8. b. BOARD BUSINESS – ALLIANCE OPERATIONS UPDATE**

Matthew Woodruff	<p>Alliance Community Outreach:</p> <ul style="list-style-type: none"> <li>• We started in 2016 to better engage our members, providers, and community stakeholders. The three (3) goals of community outreach are (1) Service, (2) Presence, and (3) Branding.</li> <li>• Service: Our goal is to advance the mission and vision of the Alliance; Presence: Who we are and how we help improve health in our community; Branding: Being a household name in Alameda County to better improve access to care and services.</li> <li>• To achieve our goals, we hired a great internal candidate, Michelle Lewis, as our Communications Manager. We also wanted to ensure our Community Outreach Coordinators represented our County – we hired outreach coordinators that spoke the threshold languages. In 2021, we hired a Social Media Coordinator.</li> <li>• Our Community Outreach events peaked at four-hundred-fifty-two (452) events in 2019 – this means we were doing more than one event a day.</li> <li>• Member orientations completed peaked in 2020 during the pandemic. On average, we gained about three thousand (3,000) new members per month.</li> <li>• In 2018, we began enhancing our social media presence and utilizing Glassdoor and Yelp and other crowd-sourced reviews. We began paying attention to these reviews, promoting outreach events and activities, our company milestones, as well as our spotlights.</li> <li>• In 2020, we had to quickly pivot to virtual outreach which included conducting member orientations by phone in threshold languages, holding virtual community events, and hiring social media FTEs.</li> <li>• In 2021, we expanded our social media presence by expanding our search engine optimization – we learned a lot about search engine optimization and how to ensure that when the Alliance is searched, the things that we want to show up are seen. We also debuted our Instagram page in June</li> </ul>	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	None
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AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
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	<p>2021, posted about the COVID-19 Vaccine, and developed a Social Media Topics Publishing Calendar.</p> <ul style="list-style-type: none"> <li>In 2022, we reviewed our results and focused on what has worked well. The number one thing that we received the best reviews on was our mental health feeds. The Social Determinants of Health are our second largest liked and commented on topic. Also, when we switched to go online, we began doing more services by phone, which is what members asked for.</li> </ul> <p>Social Media Next Steps:</p> <ul style="list-style-type: none"> <li>We need to upgrade our portal, mobile-app campaigns, and member in-services so members can access more information on the Alliance.</li> <li>We also need to increase Social Determinants of Health.</li> </ul> <p>Outreach Next Stages:</p> <ul style="list-style-type: none"> <li>CalAIM requires us to expand and invest in relationships with community partners and stakeholders beyond healthcare and medical providers. We are currently looking at the Housing and Community Services office, and this will be a community-facing position where the outreach community is doing the work internally.</li> <li>Justice-Involved was moved out to 2024, and increased populations of focus coming to CalAIM.</li> <li>Medicare – assuming we get it, and the Board approves it. It would change how we look at Community Outreach.</li> </ul> <p>(Online) Advocacy:</p> <ul style="list-style-type: none"> <li>We have had initial conversations about what our organization's online advocacy would look like. In 2023 and beyond, we seek to develop a legislative platform to serve as a framework for the development and advocacy of positions on state legislative issues and budget proposals that impact the Alliance.</li> <li>This initiative would work closely with our Communications and Outreach department to reach more audiences through social media and help increase awareness about the importance of programs and policies impacting the population we serve.</li> </ul> <p>Informational update to the Board of Governors.</p>		
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AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
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	Vote not required.		
<b>8. c. REVIEW &amp; APPROVE PROVISIONAL VOTE ON ADDITIONAL BOARD SEATS TO TAKE EFFECT UPON COUNTY ORDINANCE CHANGE</b>			
Rebecca Gebhart	<p>Recommended Action – Provisional Vote on Additional Board Seats:</p> <ul style="list-style-type: none"> <li>• We have a process to undergo a provisional vote for additional Board seats, with the final vote to be taken by the Alameda County Board of Supervisors.</li> <li>• The motion will be to provisionally add four (4) seats to the Alameda Alliance for Health (Alliance) Board of Governors, thereby increasing membership from fifteen (15) to nineteen (19) members, effective upon change to the Alameda County Ordinance.</li> <li>• The additional seats will include the following: Alameda County Health Care Services Agency (HCSA) Agency Director Seat; Alameda County Social Services Agency (SSA) Agency Director Seat; Community Health Center Network (CHCN) Executive Director Seat; Long Term Support Services Seat – At-Large Seat designated for subject-matter expert.</li> <li>• If the vote is approved, the vote will be recorded, but it will not be effective unless and until the Alameda County Ordinance is changed to allow it.</li> <li>• The Alliance Board of Governors desires to add the seats stated above in anticipation of the Alliance's transition to the single Medi-Cal Managed Care Plan of Alameda County, as set forth in an ordinance adopted by the Alameda County Board of Supervisors on September 28<sup>th</sup>, 2021, and to take effect on or before January 1<sup>st</sup>, 2024 – contingent upon federal and State approvals.</li> <li>• However, the Board of Governors membership is currently limited to fifteen (15) voting members, both by its Bylaws and by Chapter 6.96 of the Alameda County Municipal Code. Increasing the membership to nineteen (19) will therefore involve the following steps: Provisional Board Action Today - Provisional Board vote to approve the following seats: HCSA as Designated Seat; SSA as Designated Seat; CHCN as Designated Seat; and LTSS as At-Large Seat.</li> </ul>	<p>Motion to Provisionally Approve Additional Board Seats to Take Effect Upon County Ordinance Change</p> <p>Motion: James Jackson Second: Andrea Schwab-Galindo</p> <p>Motion was Amended – See below.</p> <p>Motion to Amend Initial Motion Clarifying Bullet #4 Addressing the Long-Term Support Services Seat</p> <p>Motion: James Jackson Second: Dr. Marty Lynch</p> <p>Vote: Yes</p> <p>Abstained: Dr. Rollington Ferguson</p>	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
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	<ul style="list-style-type: none"> <li>If this vote passes, it will be recorded, but it will only become effective upon the County Ordinance changing to allow it.</li> </ul> <p>Next Steps:</p> <ul style="list-style-type: none"> <li>The Alliance is to partner with Alameda County Board Clerk to get necessary changes to the County Ordinance on the docket.</li> <li>The Board of Supervisors is to approve an amendment to Section 6.96.040, specifically expanding the maximum number of board members from fifteen (15) to nineteen (19).</li> <li>The Alliance Board is to sign Resolutions memorializing the addition of seats.</li> <li>The Alliance Bylaws are to be updated to reflect change. This action will not have a fiscal impact.</li> </ul> <p>Discussion of Recommended Action:</p> <ul style="list-style-type: none"> <li>Question: Is there criteria we can see for the LTSS At-Large Seat? It states it needs to be unaffiliated with an entity, so how will it identify the unaffiliated person?</li> <li>Answer: The person may be affiliated with an entity. It is the seat that is not affiliated with any agency. The person selected must be a subject matter expert in Long Term Supports and Long-Term Care. This does not mean the individual cannot be affiliated with an entity.</li> </ul> <p>Dr. Marty Lynch provided the following comment:</p> <ul style="list-style-type: none"> <li>We have had some discussion about the fact that the Alliance over the upcoming years will be taking on a different number of roles related to Long-Term Services and Supports, starting shortly with the nursing home transition. I do not think we defined this seat beyond having some level of subject-matter expertise in this area.</li> </ul> <p>Mr. James Jackson provided the following comment:</p> <ul style="list-style-type: none"> <li>My ask would be to clarify the language to be explicit. The part about "not aligned to an entity" is what is confusing and misleading.</li> </ul> <p>Alliance Chief Compliance &amp; Privacy Officer, Richard Golfin III, provided the following comment:</p>		
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AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
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	<ul style="list-style-type: none"> <li>In our Bylaws, Section 3.B., Subsection 8 specifically describes what an at-large seat is and how it should be affiliated. The seat itself is not aligned the way the other three (3) seats are; however, the individual may be aligned with an entity. My recommended next step is to revise the motion and amend.</li> </ul> <p>Dr. Noha Aboelata provided the following comment:</p> <ul style="list-style-type: none"> <li>I do recall some overlap between the seats. On the community-clinic seat, whether that person needs to be affiliated with CHCN or not.</li> </ul> <p>Ms. Rebecca Gebhart:</p> <ul style="list-style-type: none"> <li>I am going to propose we revise the fourth bullet. A motion to amend the initial motion with the addition of the word "seat" in front of "not aligned to an entity."</li> </ul> <p>Alliance Chief Compliance &amp; Privacy Officer, Richard Golfen III:</p> <ul style="list-style-type: none"> <li>The motion is modified. Now, we can proceed with a vote to approve the amended action.</li> </ul> <p>A vote was taken to Amend the Initial Motion – adding the word seat in front of "not aligned to an entity" in bullet #4 was taken.</p> <p>A roll call vote was taken, and the motion passed.</p>		
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AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
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**8.d. REVIEW & APPROVE RESOLUTION #2022-04 JODY MOORE, ALLIANCE CONSUMER MEMBER ADVISORY COMMITTEE SEAT**

Scott Coffin	<p>Consumer Member Seat (Regular #13) Member Nomination:</p> <ul style="list-style-type: none"> <li>The Member Advisory Committee (MAC), CEO, and Executive Committee Chair nominates Jody Moore, an Alameda mother and disability-rights activist, for the vacant, Consumer Member seat.</li> <li>Jody was interviewed by the Board Chair and CEO. The Board is asked to adopt Resolution #2022-04, approving Jody Moore as the Consumer Member Seat nominee.</li> <li>If the resolution is passed and adopted by the Board of Governors, it will be sent to the Alameda County Board of Supervisors, who will vote on Ms. Moore's appointment to the Board's vacant seat.</li> </ul> <p>Motion to Approve Resolution #2022-04 as presented.</p> <p>A roll call vote was taken, and the motion passed.</p>	<p>Motion to Approve Resolution #2022-04 Appointing Jody Moore to the Consumer Member Seat</p> <p>Motion: Dr. Rollington Ferguson</p> <p>Second: Dr. Michael Marchiano</p> <p>Vote: Yes</p> <p>No one opposed or abstained.</p>	None
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**8.e. BOARD CHAIR ANNOUNCEMENT**

Scott Coffin	<p>CEO Scott Coffin made the following announcement regarding the Board Chair's Resignation and Board Chair Election:</p> <ul style="list-style-type: none"> <li>Dr. Seevak has announced that he will be stepping down as Chair of the Board, effective December 31<sup>st</sup>, 2022. Dr. Seevak will continue to serve on the Board as an At-Large Subject Matter Expert member in Regular Seat #6. I would like to thank Dr. Seevak for his excellent leadership as Chair.</li> <li>An election for a new Chair will take place during the January 13<sup>th</sup>, 2023, Board of Governors meeting. Thereafter, the new officer will oversee the January Board meeting.</li> <li>At this point, I would like to open the floor for nominations for Chairperson. You may also send your nominations to me through email any time prior to</li> </ul>	None	None
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AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
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	<p>the January 13<sup>th</sup>, 2023, Board of Governors meeting. Are there any nominations for a chairperson?</p> <ul style="list-style-type: none"> <li>• Dr. Marty Lynch: I would be happy to nominate Rebecca Gebhart</li> <li>• Supervisor Dave Brown: Second.</li> <li>• If you are interested, please send me an email between now and January 13<sup>th</sup>, 2023.</li> </ul> <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>		
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**9. STANDING COMMITTEE UPDATES**

<p>Dr. Steve O'Brien</p>	<p>The Peer Review &amp; Credentialing Committee (PRRC) was held on October 18<sup>th</sup>, 2022.</p> <p>Dr. Steve O'Brien provided the following Committee updates:</p> <ul style="list-style-type: none"> <li>• At PRRC, there were forty-two (42) Behavioral Health initial providers credentialed. Overall, there were forty-six (46) initial providers credentialed, four (4) of which were not Behavioral Health providers.</li> <li>• Twenty-five (25) providers were re-credentialed.</li> </ul> <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	<p>None</p>	<p>None</p>
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AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
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<b>10. STAFF UPDATES</b>			
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Scott Coffin	None	None	None
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<b>11. UNFINISHED BUSINESS</b>			
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Scott Coffin	None	None	None
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<b>12. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS</b>			
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Scott Coffin	<ul style="list-style-type: none"> <li>We have two (2) – we are going to update on the Public Health Emergency at the next meeting, as well as an update on CalAIM implementations, including Long-Term Care and Population Health.</li> </ul> <p>Informational update to the Board of Governors. Vote not required.</p>	None	None
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<b>13. PUBLIC COMMENT (NON-AGENDA ITEMS)</b>			
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Rebecca Gebhart	None	None	None
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<b>14. CLOSED SESSION</b>			
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Rebecca Gebhart	DISCUSSION AND DELIBERATION REGARDING TRADE SECRETS (WELFARE & INSTITUTIONS CODE SECTION 14087.35). DISCUSSION WILL CONCERN A NEW LINE OF BUSINESS; PROTECTION OF ECONOMIC BENEFIT TO THE HEALTH AUTHORITY. ESTIMATED PUBLIC DISCLOSURE WILL OCCUR IN THE MONTH OF JANUARY 2025.	None	None
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AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
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**15. ADJOURNMENT**

Rebecca Gebhart	Rebecca Gebhart adjourned the meeting at 1:38 pm.	None	None
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Respectfully Submitted by: Danube Serri, J.D.  
*Legal Analyst, Legal Services.*