Board of Governors

Regular Meeting

Friday, September 8th, 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, September 8th, 2023
12:00 p.m. – 2:00 p.m.

In-Person and Video Conference Call

1240 S. Loop Road
Alameda, CA 94502

or

7830 MacArthur Blvd.
Oakland, CA 94605

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 159517119#. If you use the link and participate via computer, you may use the chat function, and request an opportunity to speak on any agendized item, including general public comment. Your request to speak must be received before the item is called on the agenda. If you participate by telephone, please submit your comments to the Clerk of the Board at the email address listed above or by providing your comments during the meeting at the end of each agenda item. Oral comments to address the Board of Governors are limited to three (3) minutes per person. Whenever possible, the board would appreciate it if public comment communication was provided prior to the commencement of the meeting.

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

1. CALL TO ORDER

(A regular meeting of the Alameda Alliance for Health Board of Governors will be called to order on September 8th, 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) **JULY 14th, 2023, BOARD OF GOVERNORS MEETING MINUTES**
   Page 8

   b) **RESOLUTION 2023-07 CHANGING HEALTH CARE QUALITY COMMITTEE (HCQC) TO QUALITY IMPROVEMENT AND HEALTH EQUITY COMMITTEE (QIHEC)**
   Page 19

   c) **RESOLUTION 2023-08 ASSIGNING A NEW RESOLUTION NUMBER TO THE PREVIOUSLY ADOPTED RESOLUTION CHANGING THE FREQUENCY OF BOARD OF GOVERNORS MEETINGS TO CORRECT NUMBERING ERROR**
   Page 23

6. **BOARD MEMBER REPORTS**

   a) **COMPLIANCE ADVISORY COMMITTEE**

   b) **FINANCE COMMITTEE**

   c) **JANUARY BOARD RETREAT MEETING PLANNING**

7. **CEO UPDATE** *Page 25*

8. **BOARD BUSINESS**

   a) **REVIEW AND APPROVE JUNE AND JULY 2023 MONTHLY FINANCIAL STATEMENTS** *Page 67*

   b) **REDETERMINATIONS** *Page 141*

   c) **ALLIANCE STATE-FUNDED INCENTIVE PAYMENT PROGRAMS** *Page 149*

   d) **FINANCE TRAINING ON HEALTH PLAN REVENUE** *Page 174*

   e) **ALLIANCE PROPERTY DISCUSSION** *Page 181*

9. **STANDING COMMITTEE UPDATES**

   a) **PEER REVIEW AND CREDENTIALING COMMITTEE**

   b) **PHARMACY & THERAPEUTICS COMMITTEE**

   c) **CONSUMER MEMBER ADVISORY COMMITTEE**

10. STAFF UPDATES

11. UNFINISHED BUSINESS

12. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS

13. PUBLIC COMMENT (NON-AGENDA ITEMS)

14. ADJOURNMENT

NOTICE TO THE PUBLIC

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

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

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

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

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

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

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

I hereby certify that the agenda for the Board of Governors was posted on the Alameda Alliance for Health's web page at www.alamedaalliance.org by September 1st, 2023, by 12:00 p.m.

Brenda Martinez, Clerk of the Board

Consent Calendar

Board of Governors Meeting Minutes

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

Video Conference Call and

1240 S. Loop Road
Alameda, CA 94502

1. CALL TO ORDER

Board of Governors Present: Rebecca Gebhart (Chair), Aarondeep Basrai, Dr. Rollington Ferguson, James Jackson, Dr. Marty Lynch, Jody Moore, Dr. Evan Seevak, Supervisor Lena Tam

Board of Governors Remote: Dr. Noha Aboelata (Vice-Chair), Natalie Williams

Board of Governors Excused: Byron Lopez, Dr. Michael Marchiano, Dr. Kelley Meade, Yeon Park, Andrea Schwab-Galindo

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

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

2. ROLL CALL

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

3. AGENDA APPROVAL OR MODIFICATIONS

There were no modifications to the agenda.

Follow Up: *Dr. Rollington Ferguson requested that an agenda item and/or resolution be added to a future meeting recommending the County not put the Oakport Street buildings on the market.*

4. INTRODUCTIONS

Matt Woodruff introduced Debbie Spray and Veronica Pap Rocki from the privacy department.

He also shared the sad news of the passing of Richard Tulio from RAM Core Systems and Maria Archuleta, who was the Chair of the Member Advisory Committee. The Board conveyed their heartfelt sympathies to the families affected by these losses.

5. CONSENT CALENDAR

a) **JUNE 9th, 2023, BOARD OF GOVERNORS MEETING MINUTES**

b) **JUNE 9th, 2023, COMPLIANCE ADVISORY COMMITTEE MEETING MINUTES**

c) **JULY 11th, 2023, FINANCE COMMITTEE MEETING MINUTES**

d) **2022 CASE MANAGEMENT & CARE COORDINATION, COMPLEX CASE MANAGEMENT & DISEASE MANAGEMENT PROGRAM EVALUATION**

e) **2023 CASE MANAGEMENT & CARE COORDINATION, COMPLEX CASE MANAGEMENT & DISEASE MANAGEMENT PROGRAM DESCRIPTION**

f) **2022 UTILIZATION MANAGEMENT PROGRAM EVALUATION**

g) **2023 UTILIZATION MANAGEMENT PROGRAM DESCRIPTION**

h) **2022 QUALITY IMPROVEMENT – PROGRAM EVALUATION**

i) **2023 QUALITY IMPROVEMENT – PROGRAM DESCRIPTION**

j) **2022 POPULATION HEALTH MANAGEMENT – EVALUATION**

k) **2023 POPULATION HEALTH MANAGEMENT – STRATEGY**

l) **2023 CULTURAL AND LINGUISTIC – PROGRAM DESCRIPTION**

m) **RESOLUTION 2023-03 CHANGING MEMBERSHIP OF COMPLIANCE ADVISORY COMMITTEE TO 3-5 BOARD MEMBERS**

n) **RESOLUTION 2023-04 CHANGING MEMBERSHIP OF EXECUTIVE COMMITTEE TO 3-5 BOARD MEMBERS**

o) **RESOLUTION 2023-05 CHANGING MEMBERSHIP OF STRATEGIC PLANNING COMMITTEE TO 3-5 BOARD MEMBERS**

p) **APPROVE STANDING COMMITTEE MEMBERSHIP**

Motion: A motion was made by James Jackson and seconded by Supervisor Lena Tam to approve the Consent Calendar Agenda Items 5a through 5p.

Vote: The motion was passed unanimously.

Ayes: Aaron Basrai, Dr. Rollington Ferguson, James Jackson, Dr. Marty Lynch, Jody Moore, Dr. Evan Seevak, Supervisor Lena Tam, Vice Chair Dr. Noha Aboelata, Chair Rebecca Gebhart.

No opposition or abstentions.

6. BOARD MEMBER REPORTS

a) COMPLIANCE ADVISORY COMMITTEE

No update was provided due to the cancellation of the July 14th, 2023, Compliance Advisory Committee meeting.

b) FINANCE COMMITTEE

Dr. Ferguson presented a brief update from the Finance Committee meeting held on July 11th, 2023. This update highlighted May's net income of $17.3 million and the current Tangible Net Equity (TNE), which is noted as 778% of the required amount. Additionally, it was revealed that the current enrollment had reached 355,000 members, showing a steady increase. The Committee also proposed reducing the frequency of their meetings.

7. CEO UPDATE

CEO Matt Woodruff presented the following updates:

Financials:

- The May financials showed a net income of $12.7 million and a year-end amount of $91.6 million. The year-end projections for June are expected to be approximately $100 million.

Community Reinvestment Presentation:

- The new DHCS contract requires managed care plans to invest a portion of any Medi-Cal net income into community reinvestment activities.
- Plans are required to allocate 5% of a plan's net income less than or equal to 7.5% of the annual Medi-Cal revenue to community reinvestment.
- The plan must allocate 7.5% of any amount of net income that is over 7.5% of total revenue to community reinvestment.
- The draft document for recruiting incentives for our network was sent out to board members to help review the program. If any other board members are interested in shaping the program, please contact Matt Woodruff. The goal is to have the draft finalized before the September meeting.

<u>Question</u>: There has never been an aftercare program in any of the school environments for individuals with autism. Could some money be used in this area?

<u>Answer</u>: Once the necessary criteria are established, we can begin developing these programs. DHCS is seeking a multilayer approach that involves the Finance Committee and the Member Advisory Committee as separate boards. Ultimately, both committees will make recommendations to this body, leading to informed decisions.

Key Performance Indicators:

- All regulatory metrics were met in the month of April.
- The Member Services call center reported an abandonment rate of 22% and 63% for calls answered in under 30 seconds for the month of May. Inbound call volume exceeded 21,000 as membership grew.
- The Information Technology Department fell below an internal up-time metric. The Alliance working with our external vendor RAM found that the system has a bug that is being fixed through a patch. The patch should be in place and fully tested by the middle of August.

Single Plan Model:

- Effective January 1st, 2024, Alameda Alliance will become the "Prime" Medi-Cal option for Alameda County residents enrolled in the Medi-Cal program.
- At the end of June, the DHCS sent out a 2024 transition guide.

Question: When a member transitions from Anthem to the Alliance, is there a welcome or orientation protocol through member services?

Answer: Yes, a welcome packet includes a welcome letter, a new member ID card, and a new member orientation.

Question: Are we taking steps toward closing the gap or trying to make the difference closer to the rating of Kaiser patients?

Answer: The State is not looking at the groups differently. The Alliance is doubling down on our efforts for quality improvement and quality outreach campaigns and partnerships with providers and different initiatives to try and increase quality scores amongst our growing group of members, including those we'll be picking up from Anthem.

Follow-Up: Chair Gebhart recommended that towards the end of the year, a presentation on quality measures and other related activities be given by Dr. O'Brien, subsequent to a more established program.

Continuous Coverage:

- The public health emergency has ended, and Medi-Cal redeterminations have started. The preliminary numbers for July are approximately 4,000 disenrollments.
- A reminder that a presentation will be given in September for July and August disenrollments and the overall performance for the first two months.
- Alameda Alliance for Health is partnering with Alameda County Social Services Agency on an outreach campaign to minimize the disruptions to county residents due to disenrollment from the Medi-Cal program.

Behavioral Health Integration Incentive Program:

- The incentive program is designed to incentivize improvement of physical and behavioral health outcomes, care delivery efficiency, and patient experience. The goal is to increase provider network integration at all levels of integration, focus on the new target population's health disparities, and improve the level of integration or impact of behavioral and physical health.

COVID-19 Vaccine Incentive Program:

- The incentive program began in October 2021 and ended on February 28th, 2022. The vaccine program targeted children and adults enrolled in Medi-Cal managed care, ages 12 and older.

8. BOARD BUSINESS

a) REVIEW AND APPROVE MAY 2023 MONTHLY FINANCIAL STATEMENTS

In the May 2023 finance updates, CFO Gil Riojas shared the following information:

Executive Summary:

- For the month ended May 31st, 2023, the Alliance had an enrollment of 360,182 members, a Net Income of $12.7 million, and 778% of the required Tangible Net Equity (TNE). We continued to see an increase in enrollment for May, and we'll see that in June as well.

Enrollment:

- Membership increased by about 2,000 members from the previous month and an increase of approximately 47,000 members from the end of last fiscal year.
- The Public Health Emergency (PHE) ended in May 2023. The Alliance expects disenrollment related to redetermination to restart in July 2023.

Net Income:

- For the month ended May 31st, 2023, the Actual Net Income reported was $12.7 million, and a budgeted net loss of $1.3 million.
- For the fiscal YTD ended May 31st, 2023, the Actual Net Income is $91.6 million, and budgeted net income of $17.3 million.

Revenue:

- For the month ending May 31st, 2023, the actual revenue is $144.5 million, and the budgeted revenue is $137.4 million.
- For the fiscal YTD that ended May 31st, 2023, the actual revenue is $1.3 billion, and the budgeted revenue is $1.3 billion.

Medical Expense:

- Medical expenses are growing due to the increase in enrollment. For the month ending May 31st, 2023, the actual medical expense is $127.2 million, and the budgeted medical expense is $131.7 million.
- For the fiscal YTD that ended May 31st, 2023, the actual medical expense is $1.2 billion, and the budgeted medical expense is $1.2 billion.

Medical Loss Ratio (MLR):

- The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 88.1% for the month and 89.0% for the fiscal year-to-date.

Administrative Expense:

- For the month ending May 31st, 2023, the actual administrative expense is $6.2 million, and the budgeted administrative expense is $7.1 million.
- For the fiscal YTD that ended May 31st, 2023, the actual medical expense is $64.7 million, and the budgeted administrative expense is $74.3 million.

Other Income/ (Expense):

- One of the reasons we have such a healthy net income this year is due to our investments.
- Fiscal year-to-date net investments show a gain of $13 million.
- Fiscal year-to-date claims interest expense due to delayed payment of certain claims or recalculated interest on previously paid claims is $357,000.

Tangible Net Equity (TNE):

- As our net income continues to grow, our TNE grows as well. The Alliance exceeds DMHC's required TNE.

KP Corp Incident:

- The total cost incurred was approximately $210,000 after taking into account factors such as FTE cost, overtime cost, printing and postage cost, and opportunity cost.

Motion: A motion was made by Dr. Rollington Ferguson and seconded by Dr. Marty Lynch to approve the May 2023 monthly financial statements.

Vote: The motion was passed unanimously.

Ayes: Aaron Basrai, Dr. Rollington Ferguson, James Jackson, Dr. Marty Lynch, Jody Moore, Dr. Evan Seevak, Supervisor Lena Tam, Vice Chair Dr. Noha Aboelata, Chair Rebecca Gebhart.

No opposition or abstentions.

b) REVIEW AND APPROVE RESOLUTION 2023-06 SETTING FORTH CHANGES TO THE FINANCE COMMITTEE MEETING

Gil Riojas presented a proposed schedule for the Finance Committee meetings. The schedule includes seven in-person meetings proposed for July, September, October, December, February, May, and June.

Question: Is it possible to conduct the meetings in a virtual setting?

Answer: Unfortunately, it is not possible, as the meetings require a physical presence to establish a quorum.

Motion: A motion was made by Aaron Basrai and seconded by Dr. Rollington Ferguson to approve Resolution 2023-06 setting forth changes to the finance committee meeting. The MLR above 110% cumulatively or in one month has changed to 105% as a financial metric warranting an in-person meeting.

Vote: The motion was passed unanimously.

Ayes: Aaron Basrai, Dr. Rollington Ferguson, James Jackson, Dr. Marty Lynch, Jody Moore, Dr. Evan Seevak, Supervisor Lena Tam, Vice Chair Dr. Noha Aboelata, Chair Rebecca Gebhart.

No opposition or abstentions.

c) REVIEW BOARD RECESS PRESENTATION AND APPROVE RESOLUTION 2023-01 CHANGING THE FREQUENCY OF BOARD OF GOVERNORS MEETINGS

Matt Woodruff presented a proposal to change the frequency of the Board of Governors meetings. The proposal suggests that the BOG meetings be held eight (8) times a year, with one of them being a Board Retreat. Additionally, board packets will be distributed on the second Friday of the month during recess months, except for January and the Board retreat. The proposal also recommends that the BOG retreat be held on the last Friday of January from 10:30 a.m. to 4:00 p.m.

Comment: *Dr. Ferguson expressed his hope for a more detailed report to be distributed to all members during the recess months of August, November, February, and April for both the Finance Committee and BOG. Matt Woodruff added that the Board packets will continue to be distributed during these months.*

Motion: A motion was made by Dr. Marty Lynch and seconded by Jody Moore to approve Resolution 2023-01, changing the frequency of Board of Governors meetings.

Vote: Motion unanimously passed.

Ayes: Aaron Basrai, Dr. Rollington Ferguson, James Jackson, Dr. Marty Lynch, Jody Moore, Dr. Evan Seevak, Supervisor Lena Tam, Vice Chair Dr. Noha Aboelata, Chair Rebecca Gebhart.

No opposition or abstentions.

d) ALLIANCE MEDICARE DUAL SPECIAL NEEDS PLAN OPTIONS UPDATE

Matthew Woodruff, CEO, and Ruth Watson, COO, provided an update on the options for the Medicare Dual Special Needs Plan.

Key Points shared:

- CareAdvantage (the Health Plan San Mateo (HPSM) would be responsible for all Medicare and Medi-Cal covered services for members enrolled in the plan.
- CareAdvantage would fully integrate all benefits for members and payments to providers.
- Each local plan would fully delegate most/all Medi-Cal covered services to CareAdvantage.
- Regional vs. Local Model presented.

Proposed Governance Structure:

- LLCs have Members which serve as governance for the entity. Each Member would consist of a participating Medi-Cal plan.
- Each Member Organization will appoint three individuals to serve as voting Board Members for LLC governance, as detailed in the articles of incorporation and by-laws. The individuals are:
  - CEO from each Medi-Cal plan
  - Consumer or community representative from each Medi-Cal plan
  - Participating provider representatives from each Medi-Cal plan
- In the case of two or four organizations participating, the CEOs will nominate an additional Board Member. Most items will be approved of by the majority of Board Members, except for specific exclusions, such as adding new Member Organizations, which require a unanimous or super-majority would apply.

Financing Model – Reserves and Start-Up:

- The LLC will sustain a reserve range between 400-600% of TNE, as defined by DMHC.
- HPSM will make an initial contribution of 600% of TNE to the entity.
- Other Local Plans will contribute $10 million to join the LLC.

Timeline:

- Exploration of local plan interest and identification of regulatory barriers, if any: March 2023
- HPSM Commission approval to create subsidiary: August 2023
- Creation of LLC: September – October 2023
- Initiate filing Knox Keene License for new entity: October 2023
- Deadline for local plans to join: April 2024
- CMS and DMHC Service Area Expansion applications: November 2024
- CMS bid submission for newly expanded service area: June 2025
- DHCS demonstration
- Go-live date for expanded service area: January 2026

D-SNP Implementation:

- RFP issued February 2023
- Vendor selected April 2023 to assist staff with Feasibility Study, Application Process, Planning & Implementation
- Vendor Selection – Rebellis Group
- Kick-off 6/2023

Recommendation:

- Establish a local D-SNP under AAH for Alameda County dual-eligible members

Question: What is the incentive or intention to have this LLC in place?

Answer: The plan was to initially have only one benefit package for the first few years, with all the plans working together to determine what works and what doesn't.

Comment: Dr. Marty Lynch added that this model encompasses all the plans, and it's worth considering whether a larger plan supported by multiple public plans could be more effective. It's reasonable to discuss whether we could achieve greater strength through collaboration. A reminder to people that were here for our last financial problems ten years ago that we failed at a Medicare plan, and the leadership at that time refused to seek Medicare expertise. This lack of expertise resulted in significant costs, including the loss of Medicare plans and help with the overall plan and eventually receivership. Therefore, it is crucial to consider the option of joining forces in a larger, more organized, and well-supported manner.

Comment: Chair Gebhart explained that when we mention "LLC running day-to-day responsibilities for the plan", we are referring to the handling of member services for Medicare, contracting for the provider network, and all other operational tasks that we currently manage for the Medi-Cal population. This would also include case management and medical management. However, we would still maintain control over our infrastructure and continue with our usual tasks. The LLC would be responsible for all operations and medical aspects while still having that governance oversight to keep an eye on.

Comment: Board member Jody Moore emphasized the significance of considering the beneficiaries when analyzing a model. As an example, Moore mentioned a 30-year-old successful inclusion model in Colorado that was observed. However, Moore cautioned against simply letting others take charge and recommended remaining involved to avoid any disconnect from the implementation process.

Comment: Dr. Ferguson, Dr. Basrai, Dr. Seevak and Chair Gebhart are in favor of the plan at the local level.

Informational item only.

e) TRANSPLANTS OVERVIEW PRESENTATION

During his update, Dr. Steve O'Brien shared information about Major Organ Transplants (MOT), which included:

- List of organs that can be transplanted and 2019 US data.
- Who can do transplants for Alliance members
- Phases of Transplants
  - Factors in Organ Allocation
- Costs associated with transplant
- Alliance MOT Costs (January 2022 – December 2022)
- MOT by Network
- MOT by Facility
- MOT Costs by Facility
- Costs by Organ Type
- Costs by Facility & Organ Type

Major Organ Transplants at AAH:
First Year – Key Points

- Access
  - Alliance members have access to excellent Centers of Excellence
  - UCSF is the prominent leader in member volume
  - Sutter still with high volume due to not moving established patients
  - Limited use of Stanford thus far
- Cost
  - Most members in pre or post-transplant
  - Relatively few are on a waiting list, and fewer have yet to get a physical transplant
  - Highest cost on inpatient and on kidney and BMT

Question: Dr. Seevak asked if there are individuals who are eligible for a kidney transplant but not connected to a transplant center. Is it possible to find out?

Answer: Dr. O'Brien has informed us that authorizations are now required to visit UCSF and Stanford, which are both Centers for Excellence. This is to determine the number of referrals, especially for UCSF, which has the highest volume. The clinics at UCSF have long waiting lists, so it is important to determine the wait time for patients and provide them with information about other options if the wait is too long. We are actively gathering information to ensure that waiting or queuing is not a barrier to getting a transplant.

9. STANDING COMMITTEE UPDATES

a) PEER REVIEW AND CREDENTIALING COMMITTEE

Dr. O’Brien provided an update on the Peer Review and Credentialing Committee meeting that met on June 20th. The committee approved 85 initial providers, including 54 new Behavioral Health providers and 30 recredentialed providers.

b) PHARMACY & THERAPEUTICS COMMITTEE

An update was given by Dr. O'Brien regarding the meeting of the Pharmacy & Therapeutics Committee on June 20th. The committee reviewed 12 therapeutic categories and drug monographs and discussed 9 formulary modifications, 19 prior authorization guidelines, and 25 prior authorization guidelines.

c) CONSUMER MEMBER ADVISORY COMMITTEE

No updates were provided.

10. STAFF UPDATES

There were no staff updates.

11. UNFINISHED BUSINESS

None.

12. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS

None.

13. PUBLIC COMMENT (NON-AGENDA ITEMS)

There were no public comments for non-agenda items.

14. ADJOURNMENT

Chair Gebhart adjourned the meeting at 2:05 p.m.

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

Resolution 2023-07

RESOLUTION NO. 2023-07

A RESOLUTION OF ALAMEDA ALLIANCE FOR HEALTH CHANGING THE STANDING HEALTH CARE QUALITY COMMITTEE TO THE QUALITY IMPROVEMENT AND HEALTH EQUITY COMMITTEE

WHEREAS, the Alameda Alliance for Health ("Alliance") Board of Governors ("Board") passed resolution 1994-02 on July 14, 1994, which established the Health Care Quality Committee ("HCQC") as a standing committee of the Board as specified in the bylaws of the Alliance ("Bylaws"); and

WHEREAS, the Board made additional changes to the structure of the HCQC in resolutions 1994-09, 1998-03, 2002-01, 2002-04, 2009-01, and 2012-08 in order to align with contractual, regulatory and operational requirements; and

WHEREAS, on September 28, 2021, the Alameda County Board of Supervisors adopted Ordinance No. 2021-38, authorizing the transition to a single Medi-Cal Managed Care Health Plan Model for the County of Alameda's Medi-Cal beneficiaries to be effective on or before January 1, 2024, with the Alliance assuming the role of the single Medi-Cal plan for Alameda County; and

WHEREAS, on September 3, 2022, the Alliance and the Department of Health Care Services ("DHCS") executed contract #22-20197 ("Contract") setting forth operational readiness requirements that the Alliance must put in place leading up to the January 1, 2024 single plan effective date; and

WHEREAS, the Contract requires that the Alliance implement a Quality Improvement and Health Equity Transformation Program ("QIHETP"), which the Board approved at the July 14, 2023, meeting, that includes, at a minimum, the standards set forth in 42 CFR sections 438.330 and 438.340, 28 CCR section 1300.70 and consistent with the principles outlined in DHCS Comprehensive Quality Strategy; and

WHEREAS, the QIHETP requires the creation and designation of a Quality Improvement and Health Equity Committee ("QIHEC"), with a structure, functions, and activities which are similar to, but not identical to the current HCQC; and

WHEREAS, the Board would like to change the name of the HCQC to the QIHEC, and to align the QIHEC's structure, functions, and activities to comply with upcoming requirements as set forth in the Contract; and

WHEREAS, the Bylaws require that standing committee meeting frequency, committee composition, term length and nomination process shall be as set forth by resolution.

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

SECTION 1. The HCQC shall now be called the QIHEC.

SECTION 2. All references to the HCQC found in Alliance internal and public facing documents and publications, including but not limited to charters, agendas, intranet pages, public webpages, and bylaws, shall be updated to refer to the QIHEC.

SECTION 3. The QIHEC shall meet a minimum of four times per year and more frequently as needed.

SECTION 4. The membership of the QIHEC shall be as follows:

a. Alliance Chief Medical Officer (voting)

b. Alliance Medical Director of Quality (voting)

c. Alliance Chief Executive Officer (non-voting)

d. Alliance Chief Health Equity Officer (voting)

e. Alliance Medical Directors (voting)

f. Alliance Senior Director of Quality (voting)

g. Medical Director or designee from each delegated medical group of the Alliance (voting)

h. Physician representative of Alameda Health System (voting)

i. Physician representative of Alameda County Ambulatory Clinics (voting)

j. Alliance contracted physicians (3 positions) (voting)

k. Representative of the Alameda County Public Health Department (voting)

l. A Behavioral Health practitioner (voting)

SECTION 5. The Alliance Chief Medical Officer shall serve as Chair and the Alliance Medical Director of Quality shall serve as Vice Chair of the QIHEC.

SECTION 6. All Alliance employee members of the QIHEC shall serve ex officio; non-Alliance members shall be nominated by the QIHEC and appointed to two-year terms by majority vote of the Board; non-Alliance members may be reappointed to serve additional terms with the Board’s approval.

SECTION 7. A quorum is established when a majority of the voting membership of the QIHEC is present at the meeting; the Chief Executive Officer does not count in the determination of a quorum.

SECTION 8. Meetings of the QIHEC shall be conducted according to Roberts Rules of Order to the extent adopted by the Board; under no circumstance shall the QIHEC be bound by all provisions of Roberts Rules of Order.

SECTION 9. A written summary of QIHEC activities as well as QIHEC activities of its fully delegated subcontractors and downstream fully delegated subcontractors, findings, recommendations, and actions must be prepared after each meeting and submitted to the Board.

SECTION 10. The Alliance Secretary shall certify the adoption of this resolution.

PASSED AND ADOPTED by the Board at a meeting held on the 8th day of September 2023.

____
CHAIR, BOARD OF GOVERNORS

ATTEST:

____
Secretary

Resolution 2023-08

RESOLUTION NO. 2023-08

A RESOLUTION OF ALAMEDA ALLIANCE FOR HEALTH CORRECTING THE NUMBERING OF RESOLUTION 2023-01 PASSED AND ADOPTED AT JULY BOARD OF GOVERNORS MEETING

WHEREAS, the Alameda Alliance for Health ("Alliance") Board of Governors ("Board") adopted resolution 2023-01 on July 14, 2023 titled "*A Resolution of Alameda Alliance for Health Changing the Frequency, and Restating the Date, Time, and Location for Meetings of the Board of Governors of Alameda Alliance for Health*"; and

WHEREAS, the number 2023-01 had already been assigned to a resolution adopted by the Board on March 10, 2023 titled "*A Resolution of Board of Governors of the Alameda Alliance for Health Authorizing an Employment Agreement for Chief Executive Officer of Alameda Alliance for Health*"; and

WHEREAS, the Board now finds it necessary correct this error, and to memorialize this correction.

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

SECTION 1. Resolution 2023-01 adopted by the Board on July 14, 2023, shall be renumbered as resolution 2023-02.

SECTION 2. The Alliance Secretary shall certify the adoption of this resolution.

PASSED AND ADOPTED by the Board at a meeting held on the 8th day of September 2023.

____
CHAIR, BOARD OF GOVERNORS

ATTEST:

____
Secretary

CEO Update

Matthew Woodruff

To: Alameda Alliance for Health Board of Governors

From: Matthew Woodruff, Chief Executive Officer

Date: September 8th, 2023

Subject: CEO Report

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

	July	YTD
Medi-Cal	$9.1M	$9.1M
Group Care	$609K	$609K
Totals	**$9.7M**	**$9.7M**

  - **Revenue was $138.7 million in July 2023 and $138.7 million Year-to-Date (YTD)**.
    - Medical expenses were $126.2 million in July and $126.2 million year-to-date; the medical loss ratio is 90.9% for the month and fiscal year-to-date.
    - Administrative expenses were $5.7 million in July and $5.7 million year-to-date; the administrative loss ratio is 4.1% of revenue for the month and fiscal year-to-date.
  - **Tangible Net Equity (TNE)**: Financial reserves are 723% of the required DMHC minimum, representing $287.9 million in excess TNE.
  - **Total enrollment in July 2023 was 358,306**, a decrease of 3,379 Medi-Cal members compared to June.

- **Key Performance Indicators:**
  - **Regulatory Metrics:**
    - All regulatory metrics were met for the month of July.
  - **Non-Regulatory Metrics:**
    - The member services department did not meet one metric for the month of July. The member services team had an abandonment rate of 6% instead of the internal metric of 5%

- **Program Implementations:**
  - **Single Plan Model**

- The Alliance received State approval on September 1st, 2023, for our new single plan model effective on January 1st, 2024.
- The Alliance has four submissions left in our Compliance Readiness timeline from the State.

- **Continuous Coverage:**
  - The public health emergency has ended, and Medi-Cal redeterminations have started.
  - For the first month of the new fiscal year, the disenrollment is lower than originally budgeted.
  - Alameda Alliance for Health is partnering with Alameda County Social Services Agency on an outreach campaign to minimize the disruptions to county residents due to disenrollment from the Medi-Cal program.

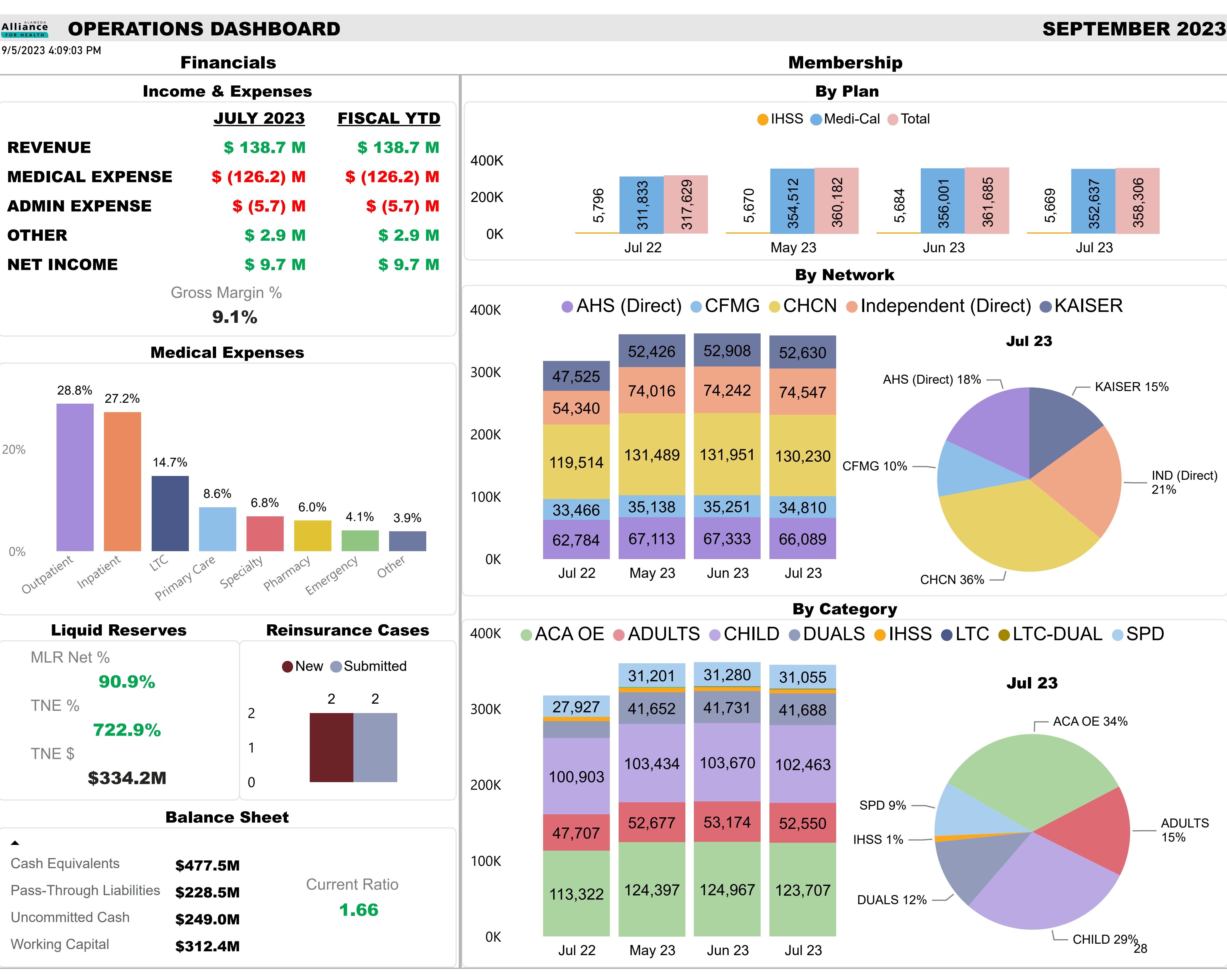
- **Cal AIM:**
  - The Alliance, along with Alameda County Health Care Service Agency and CHCN, hosted the DHCS and HHS for a half-day session on August 24th, 2023. We showcased the great work that has been done in Alameda County.
  - The Alliance will present at the October Board meeting our current ECM and Community Support Progress.

- **Medicare DSNP:**
  - The Alliance DSNP implementation is currently underway. We are working with our consulting vendor on the Alliance systems analysis and proforma. Once the analysis is complete, I will report back to the Board about our findings.

- **Race, Gender, Ethnicity Salary Survey:**
  - In June, the Alliance began a salary survey to ensure our employees are compensated appropriately. The Alliance will share the findings at our October Board meeting.

- **Recruiting Incentives for our Network:**
  - I have not received any feedback yet on the draft recruiting incentive program. Please share any comments you may have.

Executive Dashboard



OPERATIONS DASHBOARD
SEPTEMBER 2023
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Financials
Income & Expenses
JULY 2023
FISCAL YTD
REVENUE $ 138.7 M $ 138.7 M
MEDICAL EXPENSE $ (126.2) M $ (126.2) M
ADMIN EXPENSE $ (5.7) M $ (5.7) M
OTHER $ 2.9 M $ 2.9 M
NET INCOME $ 9.7 M $ 9.7 M
Gross Margin %
9.1%
Medical Expenses
Outpatient 28.8%
Inpatient 27.2%
LTC 14.7%
Primary Care 8.6%
Specialty 6.8%
Pharmacy 6.0%
Emergency 4.1%
Other 3.9%
Liquid Reserves
MLR Net %
90.9%
TNE %
722.9%
TNE $
$334.2M
Reinsurance Cases
New
Submitted
2
2
Balance Sheet
Cash Equivalents $477.5M
Pass-Through Liabilities $228.5M
Uncommitted Cash $249.0M
Working Capital $312.4M
Current Ratio
1.66
Membership
By Plan
IHSS
Medi-Cal
Total
Jul 22: 5,796 / 311,833 / 317,629
May 23: 5,670 / 354,512 / 360,182
Jun 23: 5,684 / 356,001 / 361,685
Jul 23: 5,669 / 352,637 / 358,306
By Network
AHS (Direct)
CFMG
CHCN
Independent (Direct)
KAISER
Jul 22: 62,784 / 33,466 / 119,514 / 54,340 / 47,525
May 23: 67,113 / 35,138 / 131,489 / 74,016 / 52,426
Jun 23: 67,333 / 35,251 / 131,951 / 74,242 / 52,908
Jul 23: 66,089 / 34,810 / 130,230 / 74,547 / 52,630
Jul 23
AHS (Direct) 18%
KAISER 15%
CFMG 10%
IND (Direct) 21%
CHCN 36%
By Category
ACA OE
ADULTS
CHILD
DUALS
IHSS
LTC
LTC-DUAL
SPD
Jul 22: 113,322 / 47,707 / 100,903 / 27,927
May 23: 124,397 / 52,677 / 103,434 / 41,652 / 31,201
Jun 23: 124,967 / 53,174 / 103,670 / 41,731 / 31,280
Jul 23: 123,707 / 52,550 / 102,463 / 41,688 / 31,055
Jul 23
ACA OE 34%
SPD 9%
IHSS 1%
ADULTS 15%
DUALS 12%
CHILD 29%

OPERATIONS DASHBOARD

Alliance for Health

SEPTEMBER 2023

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Claims

Claims Processing

Denied · Paid · Pended · Received · Unfinalized

200K
0K

	Jun 23	Jul 23	Aug 23
Received	267K	225K	245K
Paid	152K	151K	224K
Unfinalized	129K	145K	80K
Denied	66K	59K	87K
Pended	31K	28K	26K

Average Payment TAT (Days)

20
10
0

Aug 22	Jun 23	Jul 23	Aug 23
18	20	20	16

Auto Adjudication Rate (%)

100%
50%
0%

Aug 22	Jun 23	Jul 23	Aug 23
83.6%	79.3%	80.9%	82.6%

Claims Paid ($)

$100M
$0M

Aug 22	Jun 23	Jul 23	Aug 23
$65M	$82M	$80M	$117M

Interest Paid ($)

$100K
$50K
$0K

Aug 22	Jun 23	Jul 23	Aug 23
$29K	$49K	$43K	$98K

Claims Compliance

Processed 30 Cal Days (%)

100%
50%
0%

Aug 22	Jun 23	Jul 23	Aug 23
99%	90%	90%	93%

Target line: 90%

Processed 45 Work Days (%)

100%
50%
0%

Aug 22	Jun 23	Jul 23	Aug 23
100%	100%	100%	100%

Target line: 95%

Claims Auditing

of Pre- Pay Audited Claims

4K
3K

Jun 23	Jul 23	Aug 23
3,641	2,690	3,222

Member Services

Inbound Calls · Outbound Calls

20K
10K

	Jun 23	Jul 23	Aug 23
Inbound Calls	21,054	16,276	18,218
Outbound Calls	10,867	6,837	8,004

Abandoned Call Rate (%)

20%
0%

Jun 23	Jul 23	Aug 23
22%	14%	6%

Target line: 5%

Calls Answered in 30 Seconds (%)

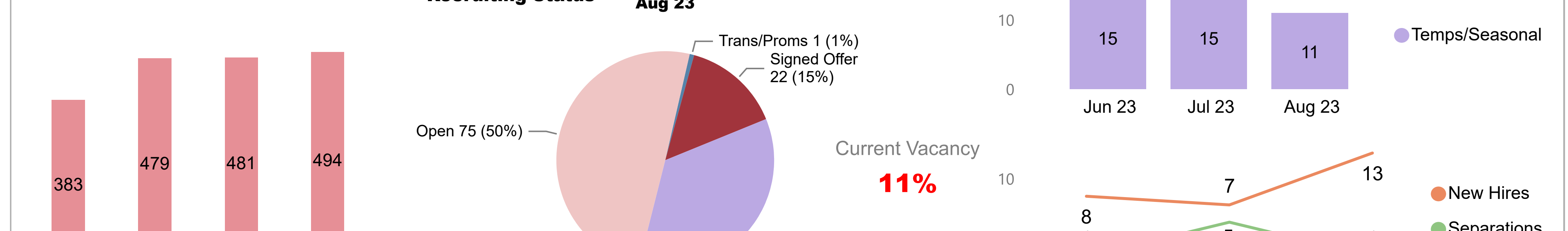
100%
50%
0%

Jun 23	Jul 23	Aug 23
63%	63%	82%

Target line: 80%

Average Call Times	Jun 23	Jul 23	Aug 23
Wait Time	01:29	01:37	00:38
Call Duration	06:21	06:35	06:29

Human Resources



Alliance FOR HEALTH **OPERATIONS DASHBOARD** **SEPTEMBER 2023**

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Provider Services

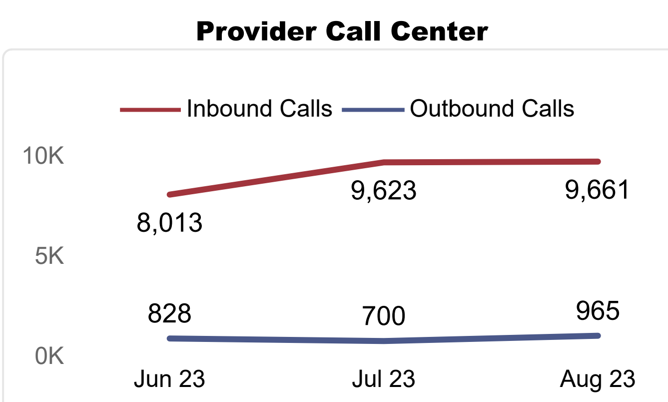
Provider Network

Hospital	17
Specialist	9,361
Primary Care Physician	765
Skilled Nursing Facility	102
Urgent Care	7
Health Centers (FQHCs and Non-FQHCs)	68
Transportation	380
TOTAL	**10,700**

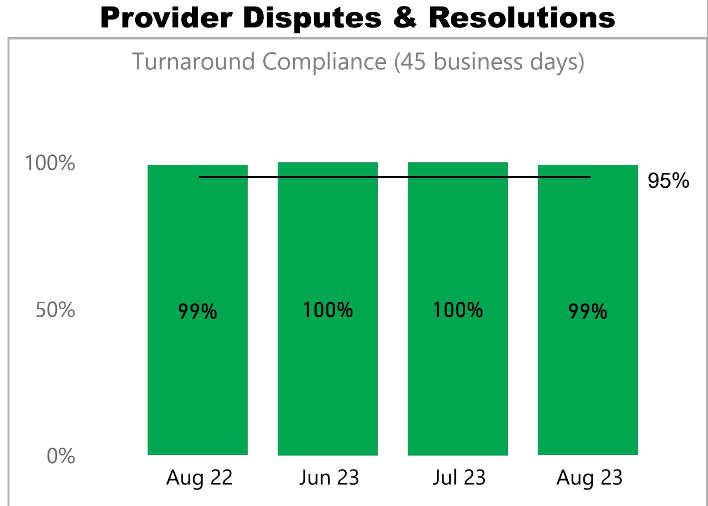
Provider Credentialing

0

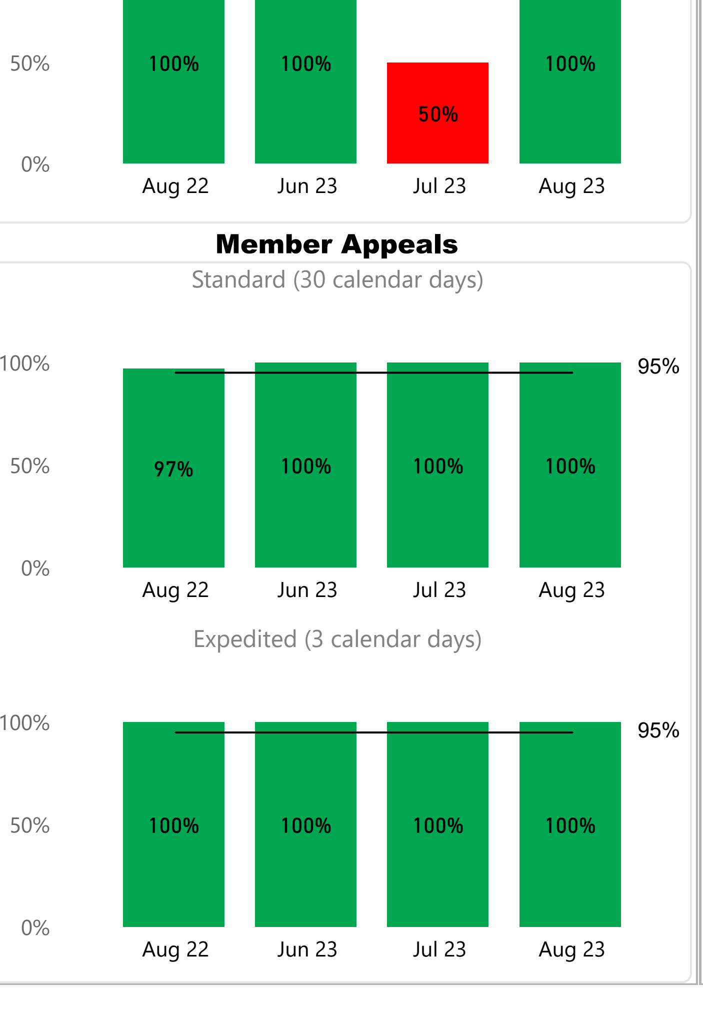
Provider Call Center



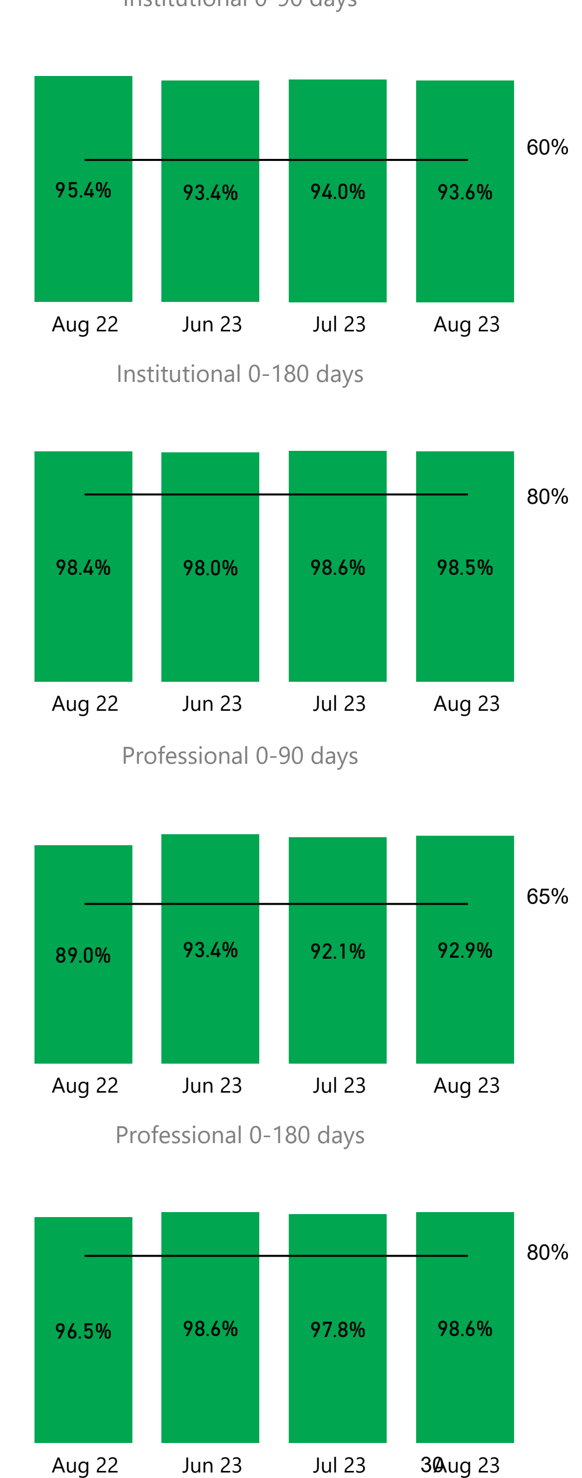
Provider Disputes & Resolutions



Compliance



Encounter Data



OPERATIONS DASHBOARD

SEPTEMBER 2023

Alameda Alliance for Health

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Health Care Services

Authorization Turnaround

Target line: 95%

	Aug 22	Jun 23	Jul 23	Aug 23
Overall %	98%	95%	94%	94%
Medi-Cal %	98%	95%	94%	94%
Group Care %	98%	98%	97%	99%

ED Utilization

\# ED Visits / 1000

May 23	Jun 23	Jul 23
44.81	40.39	35.84

Inpatient Utilization

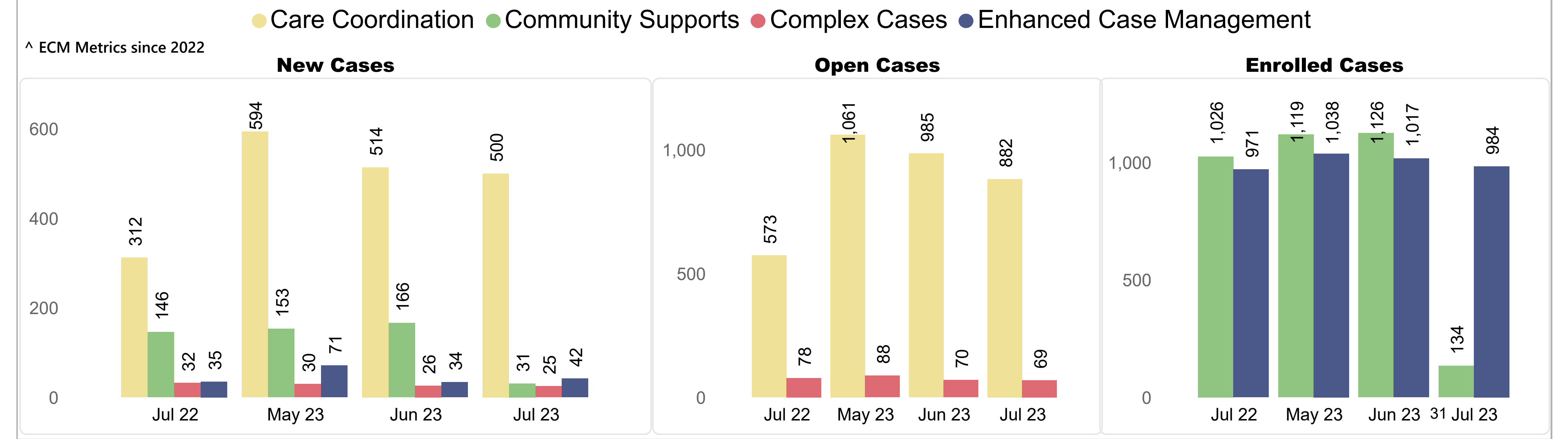
	May 23	Jun 23	Jul 23
Days Per 1000	295.9	258.9	230.6
Admits Per 1000	51.9	49.7	47.6
Average Length of Stay	5.7	5.2	4.8

Case Management

Total Cases^

^ ECM Metrics since 2022

	Jul 22	May 23	Jun 23	Jul 23
New	525	848	740	598
Open	651	1,149	1,055	951
Enrolled	1,997	2,157	2,143	1,118
Total Open & Enrolled	2,648	3,306	3,198	2,069



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Technology (Business Availability)

Applications	Aug 22	Jun 23	Jul 23	Aug 23
HEALTHsuite System	100.0%	98.1%	98.0%	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	Aug 22	Jun 23	Jul 23	Aug 23
Denial Rate Excluding Partial Denials (%)	4.2%	3.1%	3.1%	3.3%
Overall Denial Rate (%)	4.6%	3.4%	3.4%	3.5%
Partial Denial Rate (%)	0.3%	0.2%	0.3%	0.1%

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

Pharmacy Authorizations

Authorizations	Aug 22	Jun 23	Jul 23	Aug 23
Approved Prior Authorizations	33	38	22	38
Closed Prior Authorizations	78	95	100	103
Denied Prior Authorizations	39	50	25	26
Total Prior Authorizations	150	183	147	167

Legislative Tracking

2023 Legislative Tracking List

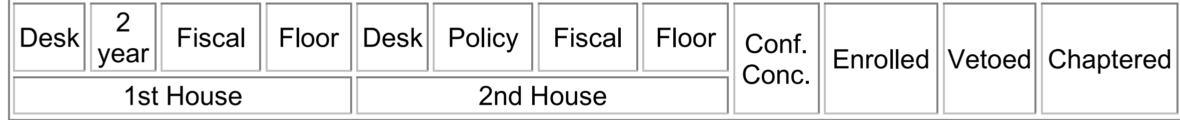
The California State Legislature reconvened the 2023-2024 Legislative Session from Summer Recess on August 14th and September 1st was the last day for fiscal committees to meet and report bills to the Floor. Each house (Senate and Assembly) will have until September 14th to pass bills. The following is a list of state bills tracked by the Public Affairs and Compliance Departments that have been introduced during the current Legislative Session. These bills are of interest to and could have a direct impact on Alameda Alliance for Health and its membership.

AB 4 (**Arambula** D) **Covered California: expansion.**
Current Text: Introduced: 12/5/2022
Status: 7/13/2023-From committee: Amend and do pass as amended and re-refer to Com. on APPR. (Ayes 9. Noes 1.) (July 12). Read second time and amended. Re-referred to Com. on APPR
Location: 7/13/2023-S. APPR.

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

Summary: Current federal law, the Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. Current state law creates the California Health Benefit Exchange, 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 to apply for a federal waiver to allow persons otherwise not able to obtain coverage through the Exchange because of their immigration status to obtain coverage from the Exchange. This bill would delete that requirement and would instead require the Exchange to administer a program to allow persons otherwise not able to obtain coverage by reason of immigration status to enroll in health insurance coverage in a manner as substantially similar to other Californians as feasible given existing federal law and rules.

AB 47 (**Boerner** D) **Pelvic floor physical therapy coverage.**
Current Text: Introduced: 12/5/2022
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	2 year	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 1, 2024, to provide coverage for pelvic floor physical therapy after pregnancy. Because a willful violation of the bill’s requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program.

AB 48 (**Aguiar-Curry** D) **Nursing Facility Resident Informed Consent Protection Act of 2023.**
Current Text: Amended: 3/16/2023
Last Amend: 3/16/2023
Status: 7/10/2023-In committee: Referred to APPR. suspense file.
Location: 7/10/2023-S. APPR. SUSPENSE FILE

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

Summary: Current law 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
Last Amend: 4/27/2023
Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/10/2023)(May be acted upon Jan 2024)
Location: 5/19/2023-A. 2 YEAR

Desk	Policy	2 year	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 1, 2024, a workforce adjustment, serving as an additional payment, for each ground ambulance transport performed by a provider of medical transportation services, excluding the above-described public entity providers. The bill would vary the rate of adjustment depending on the point of pickup and whether the service was for an emergency or nonemergency, with the workforce adjustment being equal to 80% of the lowest maximum allowance established by the federal Medicare Program reduced by the fee-for-service payment schedule amount, as specified.

AB 85 (**Weber** D) **Social determinants of health: screening and outreach.**
Current Text: Amended: 7/3/2023

Last Amend: 7/3/2023
Status: 7/10/2023-In committee: Referred to APPR. suspense file.
Location: 7/10/2023-S. APPR. SUSPENSE FILE

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

Summary: Would, upon specified appropriations by the Legislature, require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, to include coverage for screenings for social determinants of health, as defined. The bill would require providers to use specified tools or protocols when documenting patient responses to questions asked in these screenings.

AB 137 **(Committee on Budget) Health omnibus trailer bill.**
Current Text: Amended: 8/27/2023
Last Amend: 8/27/2023
Status: 8/31/2023-Read second time. Ordered to third reading.
Location: 8/31/2023-S. THIRD READING

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

Summary: The California Hospice Licensure Act of 1990 requires a person, political subdivision of the state, or other governmental agency to obtain a license from the State Department of Public Health to provide hospice services to an individual who is experiencing the last phase of life due to a terminal disease, as defined, and their family, except as provided. Current law requires the department, by January 1, 2024, to adopt emergency regulations to implement the recommendations in a specified report of the California State Auditor. Current law requires the department to maintain the general moratorium on new hospice agency licenses until the department adopts the regulations, but in no event later than March 29, 2024. Current law requires the moratorium to end on the earlier of 2 years from the date that the California State Auditor publishes a report on hospice agency licensure, or the date the emergency regulations are adopted. This bill would instead require the moratorium to end on the date the emergency regulations are adopted and would extend the deadline by which the department is required to adopt those regulations to January 1, 2025.

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

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

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

AB 236 **(Holden D) Health care coverage: provider directories.**
Current Text: Amended: 3/20/2023
Last Amend: 3/20/2023

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

Desk	Policy	2 year	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 1, 2024, with increasing required percentage accuracy benchmarks to be met each year until the directories are 95% accurate on or before January 1, 2027. The bill would subject a plan or insurer to administrative penalties for failure to meet the prescribed benchmarks and for each inaccurate listing in its directories. If a plan or insurer has not financially compensated a provider in the prior year, the bill would require the plan or insurer to delete the provider from its directory beginning July 1, 2024, unless specified criteria applies. The bill would require a plan or insurer to provide information about in-network providers to enrollees and insureds upon request and would limit the cost-sharing amounts an enrollee or insured is required to pay for services from those providers under specified circumstances.

AB 254 (**Bauer-Kahan** D) **Confidentiality of Medical Information Act: reproductive or sexual health application information.**
Current Text: Amended: 8/17/2023
Last Amend: 8/17/2023
Status: 8/21/2023-Read second time. Ordered to third reading.
Location: 8/21/2023-S. THIRD READING

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

Summary: The Confidentiality of Medical Information Act (CMIA) prohibits a provider of health care, a health care service plan, a contractor, or a corporation and its subsidiaries and affiliates from intentionally sharing, selling, using for marketing, or otherwise using any medical information, as defined, for any purpose not necessary to provide health care services to a patient, except as provided. The 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.

AB 365 **(Aguiar-Curry D) Medi-Cal: diabetes management.**
Current Text: Amended: 3/15/2023
Last Amend: 3/15/2023
Status: 8/24/2023-From Consent Calendar. Ordered to third reading.
Location: 8/24/2023-S. THIRD READING

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

AB 425 **(Alvarez D) Medi-Cal: pharmacogenomic testing.**
Current Text: Amended: 3/30/2023
Last Amend: 3/30/2023
Status: 7/10/2023-In committee: Referred to APPR. suspense file.
Location: 7/10/2023-S. APPR. SUSPENSE FILE

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

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 483 **(Muratsuchi D) Local educational agency: Medi-Cal billing option.**
Current Text: Amended: 7/13/2023
Last Amend: 7/13/2023
Status: 8/14/2023-In committee: Referred to APPR suspense file.
Location: 8/14/2023-S. APPR. SUSPENSE FILE

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

Summary: The Medi-Cal program is, in part, governed by, and funded pursuant to, federal Medicaid program provisions. Current law establishes the Administrative Claiming process under which the State Department of Health Care Services is authorized to contract with local governmental agencies and local educational consortia for the purpose of obtaining federal matching funds to assist with the performance of administrative activities relating to the Medi-Cal program that are provided by a local governmental agency or local educational agency (LEA). This

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

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

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

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

AB 551 (Bennett D) **Medi-Cal: specialty mental health services: foster children.**
Current Text: Amended: 4/27/2023
Last Amend: 4/27/2023
Status: 7/5/2023-From committee: Do pass and re-refer to Com. on APPR with recommendation: To Consent Calendar. (Ayes 5. Noes 0.) (July 3). Re-referred to Com. on APPR.
Location: 7/5/2023-S. APPR.

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

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

AB 557 (**Hart** D) **Open meetings: local agencies: teleconferences.**
Current Text: Amended: 6/19/2023
Last Amend: 6/19/2023
Status: 6/29/2023-Read second time. Ordered to third reading.
Location: 6/29/2023-S. THIRD READING

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

Summary: The Ralph M. Brown Act requires, with specified exceptions, that all meetings of a legislative body of a local agency, as those terms are defined, be open and public and that all persons be permitted to attend and participate. The act contains specified provisions regarding providing for the ability of the public to observe and provide comment. The 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. This bill would revise the authority of a legislative body to hold a teleconference meeting under those abbreviated teleconferencing procedures when a declared state of emergency is in effect. Specifically, the bill would extend indefinitely that authority in the circumstances under which the legislative body either (1) meets for the purpose of determining whether, as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees, or (2) has previously made that determination.

AB 564 **(Villapudua D) Medi-Cal: claim or remittance forms: signature.**
Current Text: Amended: 4/5/2023
Last Amend: 4/5/2023
Status: 7/14/2023-Failed Deadline pursuant to Rule 61(a)(10). (Last location was HEALTH on 6/14/2023)(May be acted upon Jan 2024)
Location: 7/14/2023-S. 2 YEAR

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

Summary: Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. 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
Last Amend: 3/30/2023
Status: 7/10/2023-In committee: Referred to APPR. suspense file.
Location: 7/10/2023-S. APPR. SUSPENSE FILE

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

Summary: Would require the State Department of Health Care Services, by March 1, 2024, to review and update Medi-Cal coverage policies for medication abortion to align with current evidence-based clinical guidelines. After the initial review, the bill would require the department to update its Medi-Cal coverage policies for medication abortion as needed to align with evidence-based clinical guidelines. The bill would require the department to allow flexibility for providers to exercise their clinical judgment when services are performed in a manner that aligns with one or more evidence-based clinical guidelines.

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

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

Summary: Current law, subject to implementation of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, authorizes a Medi-Cal managed care plan to elect to cover community supports approved by the department as cost effective and medically appropriate in a comprehensive risk contract that are in lieu of applicable Medi-Cal state plan services. Under 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: 7/12/2023
Last Amend: 7/12/2023
Status: 8/14/2023-In committee: Referred to APPR suspense file.
Location: 8/14/2023-S. APPR. SUSPENSE FILE

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

Summary: Under current law, a pregnant individual or targeted low-income child who is eligible for, and is receiving, health care coverage under any of specified Medi-Cal programs is eligible for full-scope Medi-Cal benefits for the duration of the pregnancy and for a period of one year following the last day of the individual’s pregnancy. This bill, during the one-year post pregnancy eligibility period, and as part of comprehensive perinatal services under Medi-Cal, would require the State Department of Health Care Services to cover additional comprehensive perinatal assessments and individualized care plans and to provide additional visits and units of services in an amount, duration, and scope that are at least proportional to those available on July 27, 2021, during pregnancy and the initial 60-day post pregnancy period in effect on that date. The bill would require the department, in coordination with the State Department of Public Health, to consider input from 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
Last Amend: 4/19/2023
Status: 8/24/2023-Withdrawn from Engrossing and Enrolling. Ordered to the Senate. In Senate. Held at Desk.
Location: 8/24/2023-S. DESK

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

Summary: Would make a change to an obsolete reference to the former Healthy Families Program, whose health services for children have been transitioned to the Medi-Cal program. The bill would make a change to an obsolete reference to the former Access for Infants and Mothers

Program and would revise a related provision to instead refer to the successor Medi-Cal Access Program. The bill would delete, within certain Medi-Cal provisions, obsolete references to a repealed provision relating to nonprofit hospital service plans.

AB 620 (**Connolly** D) **Health care coverage for metabolic disorders.**
Current Text: Amended: 6/20/2023
Last Amend: 6/20/2023
Status: 7/10/2023-In committee: Referred to APPR. suspense file.
Location: 7/10/2023-S. APPR. SUSPENSE FILE

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 and disability insurance policy that provides coverage for hospital, medical, or surgical expenses and is issued, amended, delivered, or renewed on and after January 1, 2024, to provide coverage for the testing and treatment of other chronic digestive diseases and inherited metabolic disorders, as specified. Because a violation of the bill’s requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.

AB 632 (**Gipson** D) **Health care coverage: prostate cancer screening.**
Current Text: Amended: 6/15/2023
Last Amend: 6/15/2023
Status: 6/26/2023-In committee: Referred to APPR. suspense file.
Location: 6/26/2023-S. APPR. SUSPENSE FILE

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

Summary: Current law 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 current law, the application of a deductible or copayment for those services is not prohibited. This bill would instead require that coverage when medically necessary and consistent with nationally recognized, evidence-based clinical guidelines. The bill would prohibit a health care service plan or a health insurance policy issued, amended, renewed, or delivered on or after January 1, 2024, from applying a deductible, copayment, or coinsurance to coverage for prostate cancer screening services for an enrollee or insured who is at a high risk of prostate cancer, consistent with specified guidelines and is either 55 years of age or older or 40 years of age or older and high risk, as determined by the attending or treating health care provider. 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 719 (**Boerner** D) **Medi-Cal: nonmedical and nonemergency medical transportation.**
Current Text: Amended: 7/10/2023
Last Amend: 7/10/2023
Status: 8/14/2023-In committee: Referred to APPR suspense file.
Location: 8/14/2023-S. APPR. SUSPENSE FILE

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

Summary: Would require the State Department of Health Care Services to require Medi-Cal managed care plans that are contracted to provide nonmedical transportation or nonemergency medical transportation to contract with public paratransit service operators who are enrolled Medi-Cal providers for the purpose of establishing reimbursement rates for nonmedical and nonemergency medical transportation trips provided by a public paratransit service operator. The bill would require the rates reimbursed by the managed care plan to the public paratransit service operator to be based on the department's fee-for-service rates for nonmedical and nonemergency medical transportation service, as specified. The bill would condition implementation of these provisions on receipt of any necessary federal approvals and the availability of federal financial participation.

AB 847 (**Rivas, Luz** D) **Medi-Cal: pediatric palliative care services.**
Current Text: Amended: 7/10/2023
Last Amend: 7/10/2023
Status: 8/24/2023-Ordered to the Senate. In Senate. Held at Desk.
Location: 8/24/2023-S. DESK

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

Summary: This bill, Sophia's Act, 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. To the extent that these provisions would alter the eligibility of individuals for these services, the bill would create a state-mandated local program. The bill would implement these provisions only to the extent that necessary federal approvals are obtained and federal financial participation is not otherwise jeopardized.

AB 907 (**Lowenthal** D) **Coverage for PANDAS and PANS.**
Current Text: Amended: 7/3/2023
Last Amend: 7/3/2023
Status: 7/10/2023-In committee: Referred to APPR. suspense file.
Location: 7/10/2023-S. APPR. SUSPENSE FILE

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 1, 2024, to provide coverage for the prophylaxis, diagnosis, and treatment of Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) that is prescribed or ordered by the treating physician and surgeon. 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. 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 931 **(Irwin D) Prior authorization: physical therapy.**
Current Text: Amended: 6/15/2023
Last Amend: 6/15/2023
Status: 6/26/2023-In committee: Referred to APPR. suspense file.
Location: 6/26/2023-S. APPR. SUSPENSE FILE

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

Summary: Would prohibit a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, that provides coverage for physical therapy from imposing prior authorization for the initial 12 treatment visits for a new episode of care for physical therapy. The bill would require a physical therapy provider to verify an enrollee’s or an insured’s coverage and disclose their share of the cost of care, as specified. The bill would require a physical therapy provider to disclose if the provider is not in the network of the enrollee’s plan or the insured’s policy, and if so, to obtain the enrollee’s or the insured’s consent in writing to receive services from the noncontracting provider prior to initiating care. 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: Amended: 8/14/2023
Last Amend: 8/14/2023
Status: 8/15/2023-Read second time. Ordered to third reading.
Location: 8/15/2023-S. THIRD READING

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

Summary: Current law prohibits the copayment, coinsurance, or any other form of cost sharing for a covered outpatient prescription drug for an individual prescription from exceeding $250 for a supply of up to 30 days, except as specified. Current law requires a health care service plan contract or health insurance policy for a nongrandfathered individual or small group product that maintains a drug formulary grouped into tiers, and that includes a 4th tier, to define each tier of the drug formulary, as specified. Current law defines Tier 4 to include, among others, drugs that are biologics. Existing law repeals these provisions on January 1, 2024. This bill would delete drugs that are biologics from the definition of Tier 4. The bill would require a health care service plan or a health insurer, if there is a generic equivalent to a brand name drug, to ensure that an enrollee or insured is subject to the lowest cost sharing that would be applied, whether or not both the generic equivalent and the brand name drug are on the formulary. The bill also would delete the January 1, 2024, repeal date of the above provisions, thus making them operative indefinitely. Because extension of the bill’s requirements relative to health care service plans would extend the existence of a crime, the bill would impose a state-mandated local program.

AB 1022 (**Mathis** R) **Medi-Cal: Program of All-Inclusive Care for the Elderly.**
Current Text: Introduced: 2/15/2023
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	2 year	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

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

AB 1085 (**Maienschein** D) **Medi-Cal: housing support services.**
Current Text: Amended: 6/15/2023
Last Amend: 6/15/2023
Status: 6/26/2023-In committee: Referred to APPR. suspense file.
Location: 6/26/2023-S. APPR. SUSPENSE FILE

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

Summary: Current law, 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 existing law, community supports that the department is authorized to approve include, among other things, housing transition navigation services, housing deposits, and housing tenancy and sustaining services. Current law, subject to an appropriation, requires the State Department of Health Care Services 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 1, 2024.This bill would require the department, if the independent analysis finds that the state has sufficient network capacity to meet state and federal guidelines to create a new housing support services benefit, to seek any necessary federal approvals for a Medi-Cal benefit to cover housing support services within 6 months of the completion of the analysis. The bill would require the department to report the outcomes of the

analysis to the Legislature by July 1, 2024. Under the bill, subject to receipt of those federal approvals, a Medi-Cal beneficiary would be eligible for those services if they either experience homelessness or are at risk of homelessness, as specified.

AB 1091 (**Wood** D) **Health Care Consolidation and Contracting Fairness Act of 2023.**
Current Text: Introduced: 2/15/2023
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	2 year	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

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

AB 1092 (**Wood** D) **Health care service plans: consolidation.**
Current Text: Amended: 6/28/2023
Last Amend: 6/28/2023
Status: 8/14/2023-In committee: Referred to APPR suspense file.
Location: 8/14/2023-S. APPR. SUSPENSE FILE

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

Summary: Current law 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 1110 (**Arambula** D) **Public health: adverse childhood experiences.**
Current Text: Amended: 7/10/2023
Last Amend: 7/10/2023
Status: 8/14/2023-In committee: Referred to APPR suspense file.
Location: 8/14/2023-S. APPR. SUSPENSE FILE

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

Summary: Would, subject to an appropriation and until January 1, 2027, require the office and the State Department of Health Care Services, while administering the ACEs Aware initiative and in collaboration with subject matter experts, to review available literature on ACEs, as defined, and ancestry or ethnicity-based data disaggregation practices in ACEs screenings, develop guidance for culturally and linguistically competent ACEs screenings through improved data collection methods, post the guidance on the department's internet website and the ACEs Aware internet website, and make the guidance accessible, as specified.

AB 1122 (**Bains** D) **Medi-Cal provider applications.**
Current Text: Amended: 4/20/2023
Last Amend: 4/20/2023
Status: 8/14/2023-In committee: Referred to APPR suspense file.
Location: 8/14/2023-S. APPR. SUSPENSE FILE

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

Summary: Current law 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 1157 (**Ortega** D) **Rehabilitative and habilitative services: durable medical equipment and services.**
Current Text: Amended: 7/13/2023
Last Amend: 7/13/2023
Status: 8/14/2023-In committee: Referred to APPR suspense file.
Location: 8/14/2023-S. APPR. SUSPENSE FILE

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

Summary: Current law requires an individual or small group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2017, to include, at a minimum, coverage for essential health benefits pursuant to the federal Patient Protection and Affordable Care Act. Under existing law, essential health benefits includes, among other things, rehabilitative and habilitative services. Current law requires habilitative services and devices to be covered under the same terms and conditions applied to rehabilitative services and devices under the plan contract or policy, and defines habilitative services to mean health care services and devices that help a person keep, learn, or improve skills and functioning for daily living. This bill 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.

AB 1202 (Lackey R) **Medi-Cal: health care services data: children and pregnant or postpartum persons.**
Current Text: Amended: 7/13/2023
Last Amend: 7/13/2023
Status: 8/14/2023-In committee: Referred to APPR suspense file.
Location: 8/14/2023-S. APPR. SUSPENSE FILE

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

Summary: Current law establishes, until January 1, 2026, certain time or distance and appointment time standards for specified Medi-Cal managed care covered services, consistent with federal regulations relating to network adequacy standards, to ensure that those services are available and accessible to enrollees of Medi-Cal managed care plans in a timely manner, as specified. Current law sets forth various limits on the number of miles or minutes from the enrollee’s place of residence, depending on the type of service or specialty and, in some cases, on the county. This bill would require the State Department of Health Care Services, no later than January 1, 2025, to prepare and submit a report to the Legislature that includes certain information, including an analysis of the adequacy of each Medi-Cal managed care plan’s network for pediatric primary care, including the number and geographic distribution of providers and the plan’s compliance with the above-described time or distance and appointment time standards.

AB 1288 (Rendon D) **Health care coverage: Medication-assisted treatment.**
Current Text: Amended: 7/13/2023
Last Amend: 7/13/2023
Status: 8/16/2023-Read second time. Ordered to third reading.
Location: 8/16/2023-S. THIRD READING

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

Summary: Would prohibit a medical service plan and a health insurer from subjecting a naloxone product, or another opioid antagonist approved by the United States Food and Drug Administration, a buprenorphine product, methadone, or long-acting injectable naltrexone for detoxification or maintenance treatment of a substance use disorder to prior authorization or step therapy. 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.

AB 1313 (**Ortega** D) **Older individuals: case management services.**
Current Text: Amended: 4/27/2023
Last Amend: 4/27/2023
Status: 7/3/2023-In committee: Referred to APPR suspense file.
Location: 7/3/2023-S. APPR. SUSPENSE FILE

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

Summary: The Mello-Granlund Older Californians Act requires the California Department of Aging to designate various private nonprofit or public agencies as area agencies on aging to work within a planning and service area and provide a broad array of social and nutritional services. Under the act, the department's mission is to provide leadership to those agencies in developing systems of home- and community-based services that maintain individuals in their own homes or least restrictive homelike environments. This bill would, until January 1, 2030, and subject to an appropriation, require the department to establish a case management services pilot program. Under the bill, the purpose of the program would be to expand statewide the local capacity of supportive services programs by providing case management services to older individuals who need assistance to maintain health and economic stability. The bill would require the Counties of Alameda, Marin, and Sonoma to participate in the pilot program.

AB 1316 (**Irwin** D) **Emergency services: psychiatric emergency medical conditions.**
Current Text: Introduced: 2/16/2023
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	2 year	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

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

AB 1338 (**Petrie-Norris** D) **Medi-Cal: community supports.**
Current Text: Amended: 4/20/2023
Last Amend: 4/20/2023
Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/3/2023)(May be acted upon Jan 2024)
Location: 5/19/2023-A. 2 YEAR

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

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

AB 1437 (**Irwin** D) **Medi-Cal: serious mental illness.**
Current Text: Amended: 4/13/2023
Last Amend: 4/13/2023
Status: 7/3/2023-In committee: Referred to APPR suspense file.
Location: 7/3/2023-S. APPR. SUSPENSE FILE

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

Summary: Current law 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 1451 (**Jackson** D) **Urgent and emergency mental health and substance use disorder treatment.**
Current Text: Amended: 7/13/2023
Last Amend: 7/13/2023
Status: 8/14/2023-In committee: Referred to APPR suspense file.
Location: 8/14/2023-S. APPR. SUSPENSE FILE

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, renewed, or delivered on or after January 1, 2024, to provide coverage for treatment of urgent and emergency mental health and substance use disorders. The bill would require the treatment to be provided without preauthorization, and to be reimbursed in a timely manner, pursuant to specified provisions. The bill's provisions would only be implemented upon appropriation by the Legislature for administrative costs of the departments. The bill would clarify that it would not relieve a health plan or insurer of existing obligations, 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 1481 (**Boerner** D) **Medi-Cal: presumptive eligibility.**
Current Text: Amended: 8/16/2023
Last Amend: 8/16/2023
Status: 8/29/2023-Read second time. Ordered to third reading.
Location: 8/29/2023-S. THIRD READING

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

Summary: Current federal law, as a condition of receiving federal Medicaid funds, requires states to provide health care services to specified individuals. Current federal law authorizes states to provide presumptive eligibility to pregnant women or children, and existing state law requires the department to provide presumptive eligibility to pregnant women and children, as specified. This bill would expand the presumptive eligibility for pregnant women to all pregnant people, renaming the program "Presumptive Eligibility for Pregnant People" (PE4PP). For a pregnant person covered under PE4PP who applies for full-scope Medi-Cal benefits, if the application is submitted at any time from the date of their presumptive eligibility determination through the last day of the subsequent calendar month, the bill would require the department to ensure the pregnant person is covered under PE4PP until their full-scope Medi-Cal application is approved or denied, as specified. The bill would require the department to require providers participating in the PE4PP program to provide information to pregnant persons enrolled in PE4PP on how to contact the person's county to expedite the county's determination of a Medi-Cal application.

AB 1537 (**Wood** D) **Skilled nursing facilities: direct care spending requirement.**
Current Text: Introduced: 2/17/2023
Status: 8/14/2023-In committee: Referred to APPR suspense file.
Location: 8/14/2023-S. APPR. SUSPENSE FILE

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

Summary: Existing law provides for the licensure and regulation of health facilities, including skilled nursing facilities, by the State Department of Public Health. A violation of those provisions is a crime. Existing law requires health facilities to submit specified financial reports to the Department of Health Care Access and Information. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-

income individuals receive health care services. This bill would require, no later than July 1, 2024, the establishment of a direct patient-related services spending, reporting, and rebate requirement for skilled nursing facilities, with exceptions. Under the direct patient-related services spending requirement, the bill would require that a minimum of 85% of a facility's total non-Medicare health revenues from all payer sources in each fiscal year be expended on residents' direct patient-related services, as defined. This bill contains other related provisions and other existing laws.

AB 1644 **(Bonta D) Medi-Cal: medically supportive food and nutrition services.**
Current Text: Amended: 4/27/2023
Last Amend: 4/27/2023
Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/17/2023)(May be acted upon Jan 2024)
Location: 5/19/2023-A. 2 YEAR

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

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

AB 1645 **(Zbur D) Health care coverage: cost sharing.**
Current Text: Amended: 7/13/2023
Last Amend: 7/13/2023
Status: 8/14/2023-In committee: Referred to APPR suspense file.
Location: 8/14/2023-S. APPR. SUSPENSE FILE

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

Summary: The Knox-Keene Health Care Service Plan Act of 1975 provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Current law provides for the regulation of health insurers by the Department of Insurance. Current law requires a group or individual non-grandfathered health care service plan contract or health insurance policy to provide coverage for and prohibits a contract or policy from imposing cost-sharing requirements for, specified preventive care services and screenings. This bill would prohibit a group or individual health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2024, from imposing a cost-sharing requirement for office visits for the above-described preventive care services and screenings and for items or services that are integral to their provision. The bill would prohibit large group contracts and policies issued, amended, or renewed on or after January 1, 2024, and an individual or small group health care service plan contract or health insurance policy issued,

amended, or renewed on or after January 1, 2025, 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.

AB 1690 **(Kalra D) Universal health care coverage.**
Current Text: Introduced: 2/17/2023
Status: 5/5/2023-Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/17/2023)(May be acted upon Jan 2024)
Location: 5/5/2023-A. 2 YEAR

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

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

AB 1698 **(Wood D) Medi-Cal.**
Current Text: Introduced: 2/17/2023
Status: 5/5/2023-Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/17/2023)(May be acted upon Jan 2024)
Location: 5/5/2023-A. 2 YEAR

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

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

SB 43 **(Eggman D) Behavioral health.**
Current Text: Amended: 7/13/2023
Last Amend: 7/13/2023
Status: 8/23/2023-August 23 set for first hearing. Placed on suspense file.
Location: 8/23/2023-A. APPR. SUSPENSE FILE

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

Summary: The Lanterman-Petris-Short Act provides for the involuntary commitment and treatment of a person who is a danger to themselves or others or who is gravely disabled. Current law, for purposes of involuntary commitment, defines “gravely disabled” as either a condition in which a person, as a result of a mental health disorder, is unable to provide for their basic personal needs for food, clothing, or shelter or has been found mentally incompetent, as specified. This bill expands the definition of “gravely disabled” to also include a condition in which a person, as a result of a severe substance use disorder, or a co-occurring mental health disorder and a severe substance

use disorder, is, in addition to the basic personal needs described above, unable to provide for their personal safety or necessary medical care, as defined. The bill would authorize counties to defer implementation of these provisions to January 1, 2025, as specified.

SB 70 (**Wiener** D) **Prescription drug coverage.**
Current Text: Amended: 6/29/2023
Last Amend: 6/29/2023
Status: 8/16/2023-August 16 set for first hearing. Placed on suspense file.
Location: 8/16/2023-A. APPR. SUSPENSE FILE

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

Summary: Current law 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, as specified, 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
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
1st House				2nd House							

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

SB 238 (**Wiener** D) **Health care coverage: independent medical review.**
Current Text: Amended: 6/19/2023
Last Amend: 6/19/2023
Status: 8/23/2023-August 23 set for first hearing. Placed on suspense file.
Location: 8/23/2023-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 regulation of disability insurers by the Department of Insurance. Current law establishes the Independent Medical Review System within each

department, under which an enrollee or insured may seek review if a health care service has been denied, modified, or delayed by a health care service plan or disability insurer and the enrollee or insured has previously filed a grievance that remains unresolved after 30 days. This bill, commencing July 1, 2024, would require a health care service plan or a disability insurer that modifies, delays, or denies a health care service, based in whole or in part on medical necessity, to automatically submit within 24 hours a decision regarding a disputed health care service to the Independent Medical Review System, as well as the information that informed its decision, without requiring an enrollee or insured to submit a grievance, if the decision is to deny, modify, or delay specified services relating to mental health or substance use disorder conditions for an enrollee or insured up to 26 years of age. The bill would require a health care service plan or disability insurer, within 24 hours after submitting its decision to the Independent Medical Review System to provide notice to the appropriate department, the enrollee or insured or their representative, if any, and the enrollee's or insured's provider. The bill would require the notice to include notification to the enrollee or insured that they or their representative may cancel the independent medical review at any time before a determination, as specified. The bill would apply specified existing provisions relating to mental health and substance use disorders for purposes of its provisions, and would be subject to relevant provisions relating to the Independent Medical Review System that do not otherwise conflict with the express requirements of the bill. With respect to health care service plans, the bill would specify that its provisions do not apply to Medi-Cal managed care plan contracts.

SB 282 (**Eggman** D) **Medi-Cal: federally qualified health centers and rural health clinics.**
Current Text: Amended: 3/13/2023
Last Amend: 3/13/2023
Status: 8/16/2023-August 16 set for first hearing. Placed on suspense file.
Location: 8/16/2023-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 Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including federally qualified health center (FQHC) services and rural health clinic (RHC) services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under current law, to the extent that federal financial participation is available, FQHC and RHC services are reimbursed on a per-visit basis, as specified. "Visit" is defined as a face-to-face encounter between a patient of an FQHC or RHC and a physician or other specified health care professionals. Under current law, "visit" also includes an encounter using video or audio-only synchronous interaction or an asynchronous store and forward modality, as specified. This bill would authorize reimbursement for a maximum of 2 visits that take place on the same day at a single site, whether through a face-to-face or telehealth-based encounter, if after the first visit the patient suffers illness or injury that requires additional diagnosis or treatment, or if the patient has a medical visit and either a mental health visit or a dental visit, as defined. The bill would require the department, by July 1, 2024, to submit a state plan amendment to the federal Centers for Medicare and Medicaid Services reflecting those provisions.

SB 299 (**Limón** D) **Voter registration: California New Motor Voter Program.**
Current Text: Amended: 6/13/2023
Last Amend: 6/13/2023

Status: 7/14/2023-Failed Deadline pursuant to Rule 61(a)(10). (Last location was HEALTH on 6/1/2023)(May be acted upon Jan 2024)
Location: 7/14/2023-A. 2 YEAR

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

Summary: Current law requires, in conformance with federal law, that the Secretary of State and the Department of Motor Vehicles establish and implement the California New Motor Voter Program for the purpose of increasing opportunities for voter registration for qualified voters. Current law requires the department to transmit to the Secretary of State specified information related to a person's eligibility to vote, which the person provides when applying for a driver's license or identification card or when the person notifies the department of an address change. Current law requires that if this information transmitted to the Secretary of State constitutes a completed affidavit of registration, the Secretary of State must register or preregister the person to vote, as applicable, unless the person affirmatively declines to register or is ineligible to vote, as specified. This bill would additionally require the Department of Motor Vehicles to transmit specified information to the Secretary of State for a person submitting a driver's license application who provides documentation demonstrating United States citizenship and that the person is of an eligible age to register or preregister to vote. The bill would deem this information to constitute a completed affidavit of registration for such persons, and require the Secretary of State to register or preregister the person to vote, unless the Secretary of State determines they are ineligible. The bill would require, if a person is registered or preregistered to vote in this manner, that the county elections official send a notice to the person advising that they may decline to register or preregister to vote and providing additional information. The bill would also require the county elections official to send a notice to a person who is already registered to vote, but for whom the Secretary of State changes their registration information after receiving updated name or address information from the department.

SB 311 (**Eggman** D) **Medi-Cal: Part A buy-in.**
Current Text: Introduced: 2/6/2023
Status: 8/16/2023-August 16 set for first hearing. Placed on suspense file.
Location: 8/16/2023-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 the State Department of Health Care Services, to the extent required by federal law, for Medi–Cal recipients who are qualified Medicare beneficiaries, to pay the Medicare premiums, deductibles, and coinsurance for certain elderly and disabled persons. Current federal law authorizes states to pay for Medicare benefits for specified enrollees pursuant to either a buy-in agreement to directly enroll and pay premiums or a group payer arrangement to pay premiums. This bill would require the department to submit a state plan amendment no later than January 1, 2024, to enter into a Medicare Part A buy-in agreement with the federal Centers for Medicare and Medicaid Services. To the extent that the bill would increase duties for a county, the bill would create a state-mandated local program.

SB 324 (**Limón** D) **Health care coverage: endometriosis.**
Current Text: Amended: 3/30/2023

Last Amend: 3/30/2023
Status: 8/23/2023-August 23 set for first hearing. Placed on suspense file.
Location: 8/23/2023-A. APPR. SUSPENSE FILE

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

Summary: Would prohibit a health care service plan contract or health insurance policy issued, amended, delivered, or renewed on or after January 1, 2024, from requiring prior authorization or other utilization review for any clinically indicated treatment for endometriosis, as determined by the treating physician and consistent with nationally recognized evidence-based clinical guidelines. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

SB 326 (Eggman D) **The Behavioral Health Services Act.**
Current Text: Amended: 8/23/2023
Last Amend: 8/23/2023
Status: 8/29/2023-From committee: Do pass and re-refer to Com. on APPR. (Ayes 6. Noes 0.) (August 28). Re-referred to Com. on APPR.
Location: 8/28/2023-A. APPR.

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

Summary: The Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, funds a system of county mental health plans for the provision of mental health services. Current law authorizes the MHSA to be amended by a 2/3 vote of the Legislature if the amendments are consistent with and further the intent of the MHSA. Current law authorizes the Legislature to add provisions to clarify procedures and terms of the MHSA by majority vote. If approved by the voters at the March 5, 2024, statewide primary election, this bill would recast the MHSA by, among other things, renaming it the Behavioral Health Services Act (BHSA), expanding it to include treatment of substance use disorders, changing the county planning process, and expanding services for which counties and the state can use funds. The bill would revise the distribution of MHSA moneys, including allocating up to $36,000,000 to the department for behavioral health workforce funding. The bill would authorize the department to require a county to implement specific evidence-based practices.

SB 340 (Eggman D) **Medi-Cal: eyeglasses: Prison Industry Authority.**
Current Text: Introduced: 2/7/2023
Status: 7/14/2023-Failed Deadline pursuant to Rule 61(a)(10). (Last location was HEALTH on 6/15/2023)(May be acted upon Jan 2024)
Location: 7/14/2023-A. 2 YEAR

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

Summary: Would for purposes of Medi-Cal reimbursement for covered optometric services, would authorize a provider to obtain eyeglasses from a private entity, as an alternative to a purchase of

eyeglasses from the Prison Industry Authority. The bill would condition implementation of this provision on the availability of federal financial participation.

SB 496 (**Limón** D) **Biomarker testing.**
Current Text: Amended: 7/13/2023
Last Amend: 7/13/2023
Status: 8/16/2023-August 16 set for first hearing. Placed on suspense file.
Location: 8/16/2023-A. APPR. SUSPENSE FILE

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

Summary: Would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after July 1, 2024, to provide coverage for medically necessary biomarker testing, as prescribed, including whole genome sequencing, for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's or insured's disease or condition to guide treatment decisions, 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 or denied 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: 6/30/2023
Last Amend: 6/30/2023
Status: 8/23/2023-August 23 set for first hearing. Placed on suspense file.
Location: 8/23/2023-A. APPR. SUSPENSE FILE

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

Summary: The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions, with specified coverage for eligible children and pregnant persons funded by the federal Children's Health Insurance Program (CHIP). Current federal CHIP provisions require federal payment to a state with an approved child health plan for expenditures for health services initiatives (HSI) under the plan for improving the health of children, as specified. As part of limitations on expenditures not used for Medicaid or health insurance assistance, Current federal law, with exceptions, prohibits the amount of payment that may be made for a fiscal year for HSI expenditures and other certain costs from exceeding 10% of the total amount of CHIP expenditures, as specified. Pursuant to current state law, the State Department of Health Care Services established a 3-year pilot program, from 2015 through 2017, in the County of Los Angeles that enabled school districts to allow students enrolled in Medi-Cal managed care plans to receive vision care services at the schoolsite through the use of a mobile vision service provider, limited to vision examinations and providing eyeglasses. Current law authorizes an applicant or provider that meets the requirements to qualify as a mobile optometric office to be enrolled in the Medi-Cal program as either a mobile optometric office or within any other provider category for which the applicant or provider qualifies. Under current law, the ownership and operation of a mobile optometric office is limited to a nonprofit or charitable organization, as specified, with the owner and operator

registering with the State Board of Optometry. This bill would require the department to file all necessary state plan amendments to exercise the HSI option made available under CHIP provisions to cover vision services provided to low-income children statewide through a mobile optometric office, as specified. The bill would condition implementation of these provisions on receipt of any necessary federal approvals and the availability of federal financial participation. Under the bill, the federal financial participation would be limited to no more than 3% of the total federal dollars available for expenditures not used for Medicaid or health insurance assistance, as specified.

SB 537 (**Becker** D) **Open meetings: multijurisdictional, cross-county agencies: teleconferences.**
Current Text: Amended: 8/14/2023
Last Amend: 8/14/2023
Status: 8/15/2023-Read second time. Ordered to third reading.
Location: 8/15/2023-A. THIRD READING

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

Summary: The Ralph M. Brown 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. The act provides an exemption to the jurisdictional requirement for health authorities, as defined. Current law, until January 1, 2024, authorizes the legislative body of a local agency to use alternate teleconferencing provisions during a proclaimed state of emergency or in other situations related to public health that exempt a legislative body from the general requirements (emergency provisions) and impose different requirements for notice, agenda, and public participation, as prescribed. The emergency provisions specify that they do not require a legislative body to provide a physical location from which the public may attend or comment. Current law, until January 1, 2026, authorizes the legislative body of a local agency to use alternative teleconferencing in certain circumstances related to the particular member if at least a quorum of its members 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 551 (**Portantino** D) **Mental health boards.**
Current Text: Amended: 6/15/2023
Last Amend: 6/15/2023
Status: 6/28/2023-June 28 set for first hearing. Placed on suspense file.
Location: 6/28/2023-A. APPR. SUSPENSE FILE

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

Summary: The Bronzan-McCorquodale Act, contains provisions governing the operation and

financing of community mental health services in every county through locally administered and locally controlled community mental health programs. Current law requires each community mental health service to have a mental health board, as specified. Current law encourages counties to appoint members of the community who represent specific groups, including county offices of education and hospitals. Current law requires a member of the board to abstain from voting on any issue in which the member has a financial interest. This bill would require one member of a mental health board's membership to be employed by a local educational agency, and at least one member to be an individual who is 25 years of age or younger in counties with a mental health board membership of 5 to 8 members. The bill would require 2 members of the board to be employed by a local educational agency and at least 2 members to be 25 years of age or younger in counties with a mental health board membership of 9 to 15 members. The bill would require at least 2 members of the board to be employed by a local educational agency and at least two members to be 25 years of age or younger in counties with a mental health board membership of 16 or more members. The bill would require counties to give a strong preference to appointing members of the board who have experience providing mental health services to students. The bill would state that the intent of the Legislature is for youth appointments to a mental health board to address or prevent health and mental health disparities or inequities through representation of vulnerable, underserved, and marginalized communities.

SB 582 (**Becker** D) **Health information.**
Current Text: Amended: 6/29/2023
Last Amend: 6/29/2023
Status: 8/23/2023-August 23 set for first hearing. Placed on suspense file.
Location: 8/23/2023-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 regulation of health insurers by the Department of Insurance. Current law requires health care service plans and health insurers to establish and maintain specified application programming interfaces (API), including patient access API, to facilitate patient and provider access to health information and for the benefit of enrollees, insureds, and contracted providers. Current law authorizes the Department of Managed Health Care and the Department of Insurance to require a plan or insurer to establish and maintain specified API, including provider access API. This bill would instead require the departments to require the plans and insurers to establish and maintain these specified API. The bill would exclude from the requirements of these provisions dental or vision benefits offered by a plan or insurer, including a specialized plan or insurer. 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 598 (**Skinner** D) **Health care coverage: prior authorization.**
Current Text: Amended: 8/14/2023
Last Amend: 8/14/2023
Status: 8/23/2023-August 23 set for first hearing. Placed on suspense file.
Location: 8/23/2023-A. APPR. SUSPENSE FILE

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

Summary: Would, on or after January 1, 2026, 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 completed 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 694 **(Eggman D) Medi-Cal: self-measured blood pressure devices and services.**
Current Text: Amended: 6/12/2023
Last Amend: 6/12/2023
Status: 8/23/2023-August 23 set for first hearing. Placed on suspense file.
Location: 8/23/2023-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, including pharmacy benefits (Medi-Cal Rx) and durable medical equipment. The State Department of Health Care Services announced that, effective June 1, 2022, personal home blood pressure monitoring devices, and blood pressure cuffs for use with those devices, are a covered benefit under Medi-Cal Rx as a pharmacy-billed item. This bill would make self-measured blood pressure (SMBP) devices and SMBP services, as defined, covered benefits under the Medi-Cal program subject to utilization controls. The bill would state the intent of the Legislature that those covered devices and services be no less in scope than the 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 717 **(Stern D) County mental health services.**
Current Text: Amended: 7/5/2023
Last Amend: 7/5/2023
Status: 8/23/2023-August 23 set for first hearing. Placed on suspense file.
Location: 8/23/2023-A. APPR. SUSPENSE FILE

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

Summary: Current law prohibits a person from being tried or adjudged to punishment while that person is mentally incompetent. If a defendant who has been charged with a misdemeanor has been determined to be mentally incompetent, existing law authorizes the court to either grant diversion for a period of one year, refer the defendant to treatment, or dismiss the charge. The Bronzan-McCorquodale Act governs the organization and financing of community mental health services for persons with mental disorders in every county through locally administered and locally controlled community mental health programs. This bill would require the court to notify an individual of their ongoing need for mental health services if the individual has been found incompetent to stand trial and is not receiving court directed services. The bill would require the

court to provide the individual with specified information, including the name, address, and telephone number of the county behavioral health department. The bill would require a county behavioral health department, in collaboration and coordination with community-based organizations, to attempt to make first contact with an individual within 48 hours of release, to track outreach attempts for an individual for at least 60 days following their release, and to offer mental health services and treatment, as appropriate, and assist with facilitating an individual's access to private insurance, if applicable.

SB 729 **(Menjivar D) Health care coverage: treatment for infertility and fertility services.**
Current Text: Amended: 8/14/2023
Last Amend: 8/14/2023
Status: 8/23/2023-August 23 set for first hearing. Placed on suspense file.
Location: 8/23/2023-A. APPR. SUSPENSE FILE

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

Summary: Would require large and small group health care service plan contracts and disability insurance policies issued, amended, or renewed on or after January 1, 2024, to provide coverage for the diagnosis and treatment of infertility and fertility services. With respect to large group health care service plan contracts and disability insurance policies, the bill would require coverage for a maximum of 3 completed oocyte retrievals, as specified. 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 contractholders 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. The bill would make these requirements inapplicable to a religious employer, as defined, and specified contracts and policies.

SB 779 **(Stern D) Primary Care Clinic Data Modernization Act.**
Current Text: Amended: 7/13/2023
Last Amend: 7/13/2023
Status: 8/16/2023-August 16 set for first hearing. Placed on suspense file.
Location: 8/16/2023-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 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. Existing 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 786 (**Portantino** D) **Prescription drug pricing.**
Current Text: Amended: 6/15/2023
Last Amend: 6/15/2023
Status: 8/24/2023-Read third time. Passed. Ordered to the Senate. In Senate. Concurrence in Assembly amendments pending.
Location: 8/24/2023-S. CONCURRENCE

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

Summary: Would prohibit a pharmacy benefit manager from discriminating against a covered entity or its pharmacy in connection with dispensing a drug subject to federal pricing requirements or preventing a covered entity from retaining the benefit of discounted pricing for those drugs.

SB 819 (**Eggman** D) **Medi-Cal: certification.**
Current Text: Amended: 6/26/2023
Last Amend: 6/26/2023
Status: 8/28/2023-Ordered to inactive file on request of Assembly Member Bryan.
Location: 8/28/2023-A. INACTIVE FILE

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

Summary: Current law requires the State Department of Public Health to license and regulate clinics. Current aw 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.

Board Business

Finance

Gil Riojas

To: **Alameda Alliance for Health, Finance Committee**

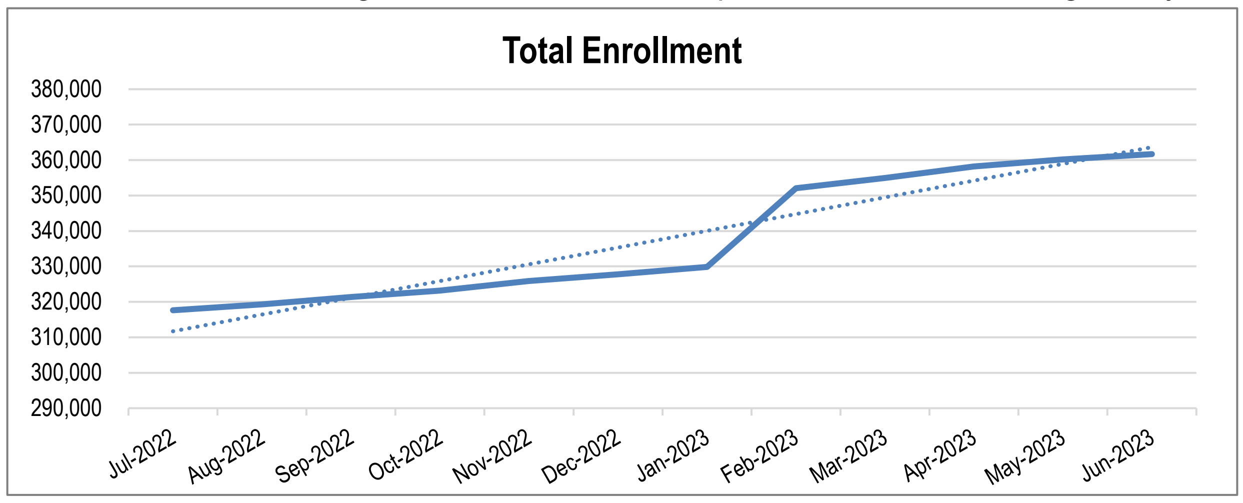
From: **Gil Riojas, Chief Financial Officer**

Date: **September 8th, 2023**

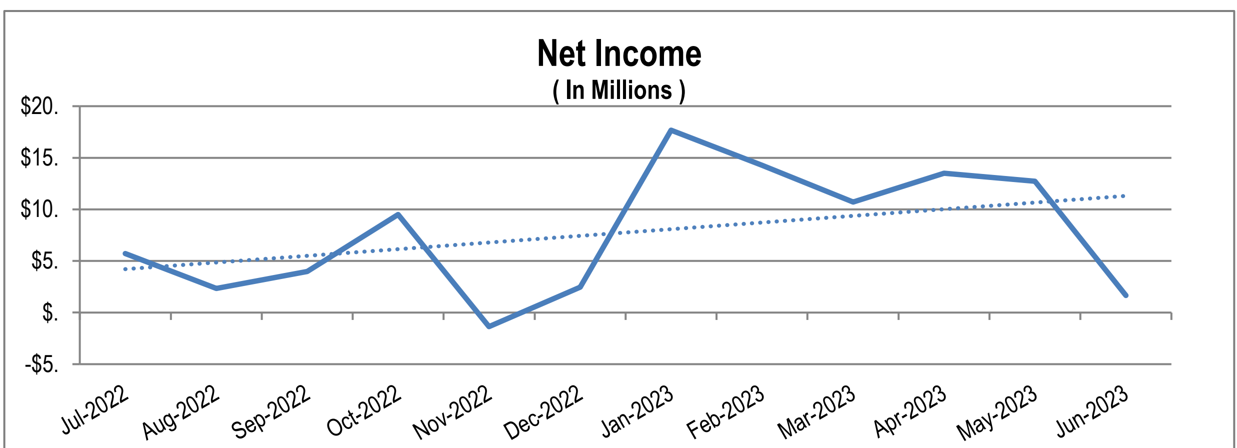
Subject: Finance Report – June 2023 – Pre-Audit Version

Executive Summary - For the month ended June 30th, 2023, the Alliance increased enrollment by 1,503 members to 361,685 members. Net Income of $1.7 million was reported bringing end of the year pre-audit Net Income to $93.2 million. The Plan's medical expenses represented 89.5% of revenue at year end. Alliance reserves were 758% of regulatory requirements.

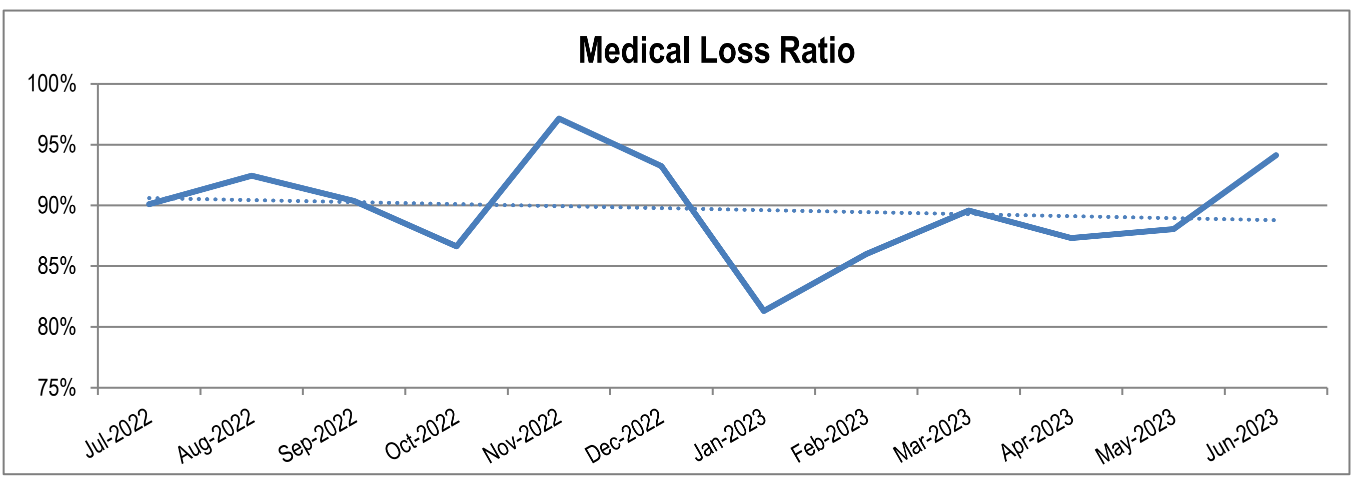
Enrollment - Continued growth but the trend is expected to reverse starting in July.



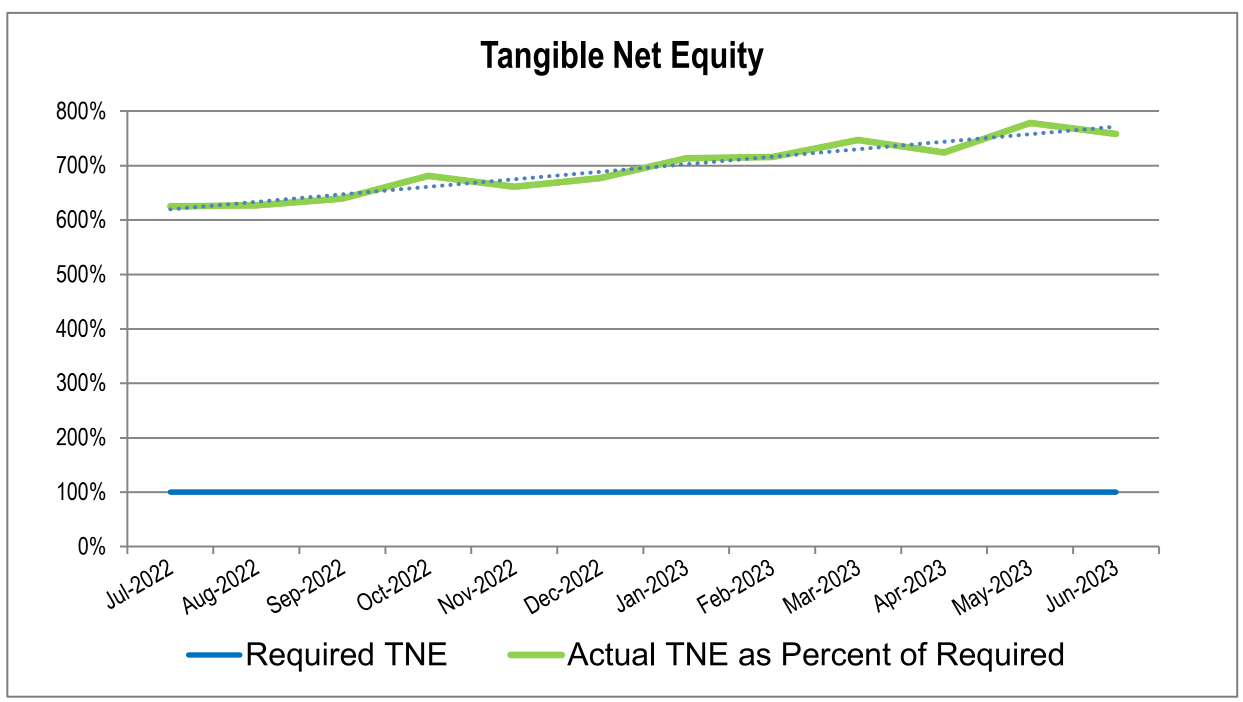
Net Income - For the month ended June 30th, 2023, actual was Net Income $1.7 million. For the fiscal YTD ended June 30th, 2023, Net Income was $93.2 million.



Medical Loss Ratio (MLR) - The Medical Loss Ratio (MLR) was 94.3% for the month and 89.5% for the fiscal year-to-date. MLR percentages above 95% may result in net losses for the plan. The Plan reported a total of $1.3B in Medical Expenses at year end.



Tangible Net Equity (TNE) - The Department of Managed Health Care (DMHC) required $42.7M in reserves, we reported $323.8M. We had a slight decrease in reserves from the previous month, but our reserves continue to be well above DMHC requirements.



The Alliance continues to benefit from increased non-operating income, particularly significant positive returns ($14.8M) in the investment portfolio. Additionally, positive variance ($10M) in administrative expenses has resulted in lower total expense numbers for the year.

To: Alameda Alliance for Health Board of Governors

From: Gil Riojas, Chief Financial Officer

Date: September 8th, 2023

Subject: Finance Report – June 2023 – Pre-Audit Version

Executive Summary

- For the month ended June 30th, 2023, the Alliance had enrollment of 361,685 members, a Net Income of $1.7 million and 758% of required Tangible Net Equity (TNE).

Overall Results: (in Thousands)

	Month	YTD
Revenue	$137,899	$1,442,501
Medical Expense	130,022	1,291,372
Admin. Expense	7,634	72,303
Other Inc. / (Exp.)	1,422	14,390
Net Income	**$1,665**	**$93,216**

Net Income by Program: (in Thousands)

	Month	YTD
Medi-Cal	$1,617	$90,958
Group Care	48	2,258
	$1,665	**$93,216**

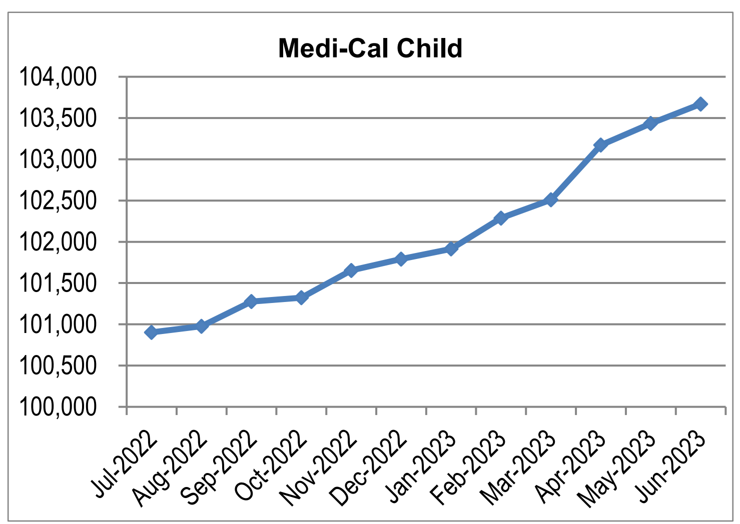
Enrollment

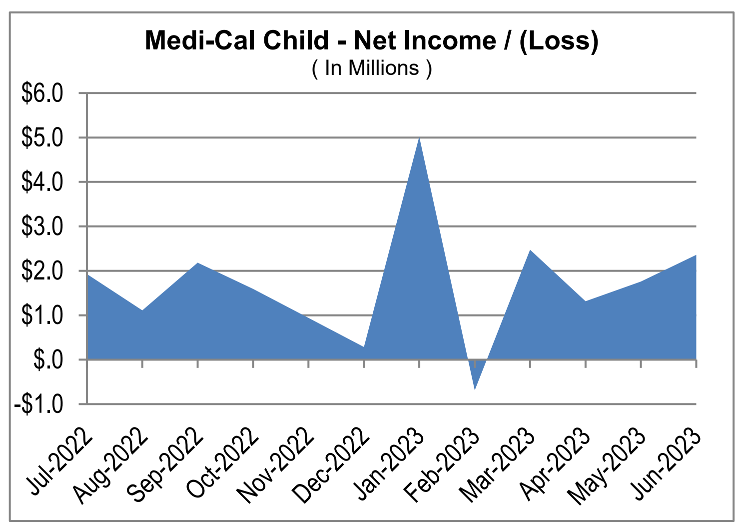
- Total enrollment increased by 1,503 members since May 2023.
- Total enrollment increased by 48,629 members since July 2022.

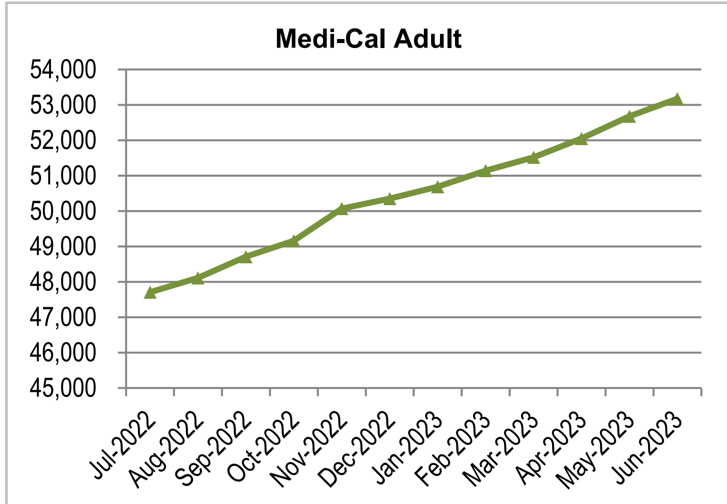
Monthly Membership and YTD Member Months
Actual vs. Budget
For the Month and Fiscal Year-to-Date

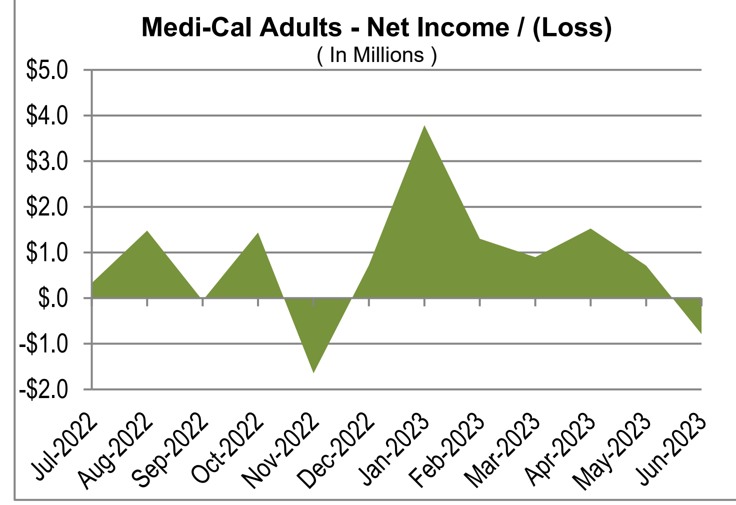
Enrollment					Member Months			
June 2023					Year-to-Date			
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
				Medi-Cal:				
53,174	50,320	2,854	5.7%	Adult	605,358	595,426	9,932	1.7%
103,670	102,209	1,461	1.4%	Child	1,224,912	1,221,723	3,189	0.3%
31,280	31,911	(631)	-2.0%	SPD	353,553	359,730	(6,177)	-1.7%
41,731	45,462	(3,731)	-8.2%	Duals	364,408	404,048	(39,640)	-9.8%
124,967	119,507	5,460	4.6%	ACA OE	1,429,255	1,413,980	15,275	1.1%
150	153	(3)	-2.0%	LTC	721	918	(197)	-21.5%
1,029	1,184	(155)	-13.1%	LTC Duals	4,827	7,104	(2,277)	-32.1%
356,001	**350,746**	**5,255**	**1.5%**	**Medi-Cal Total**	**3,983,034**	**4,002,929**	**(19,895)**	**-0.5%**
5,684	5,789	(105)	-1.8%	Group Care	69,017	69,509	(492)	-0.7%
361,685	**356,535**	**5,150**	**1.4%**	**Total**	**4,052,051**	**4,072,438**	**(20,387)**	**-0.5%**

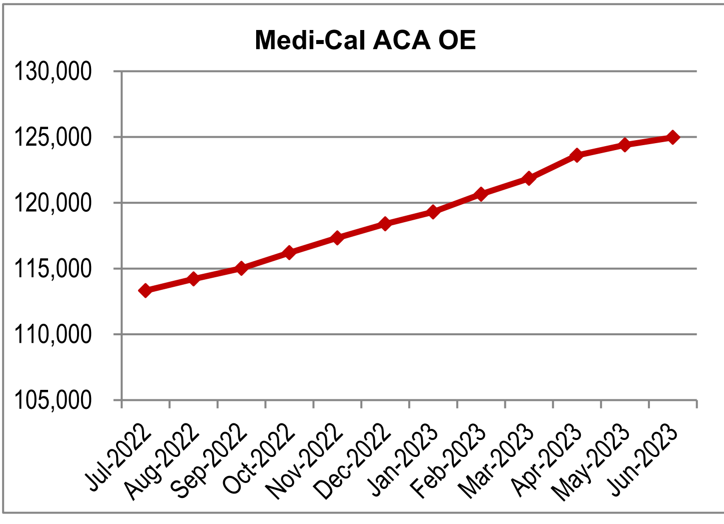
Enrollment and Profitability by Program and Category of Aid

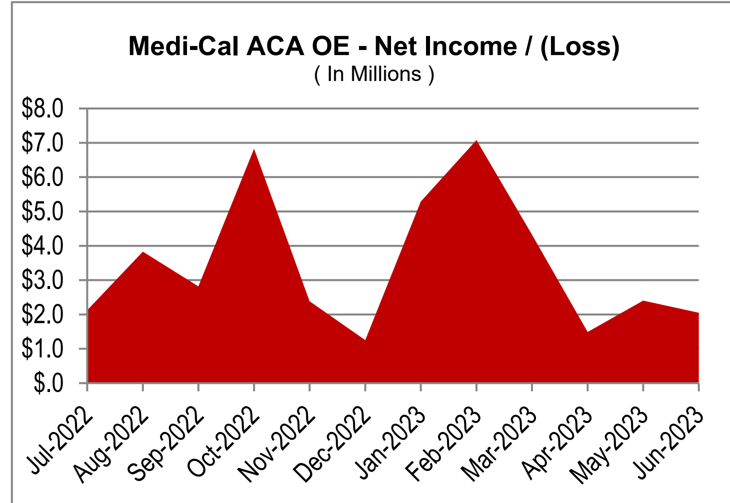




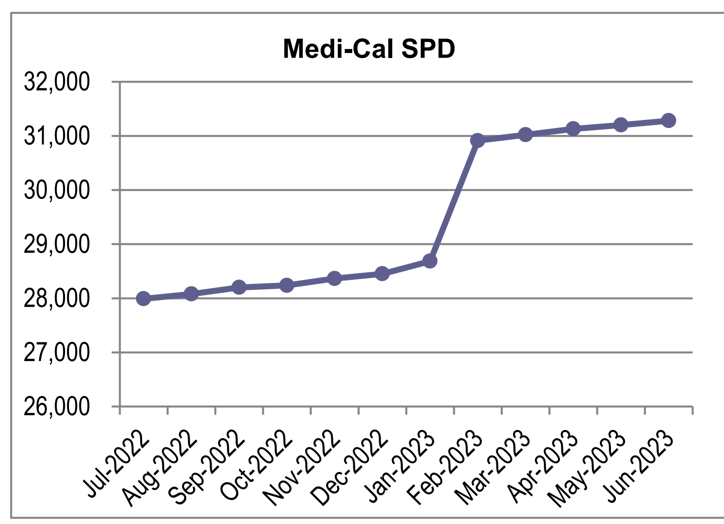


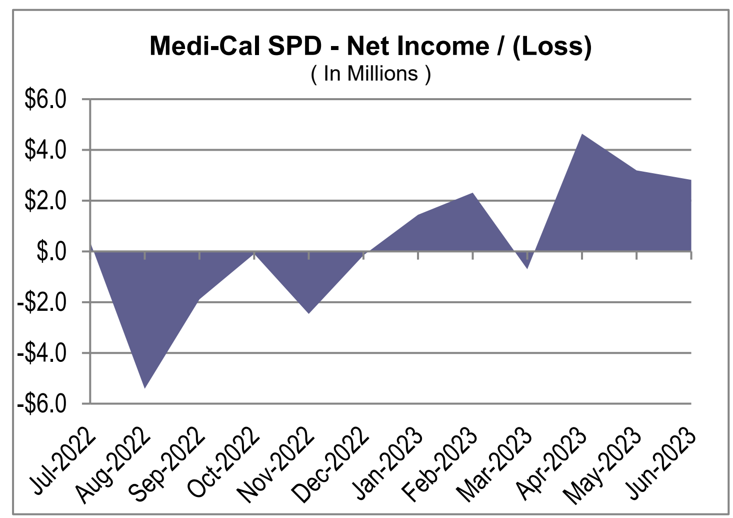


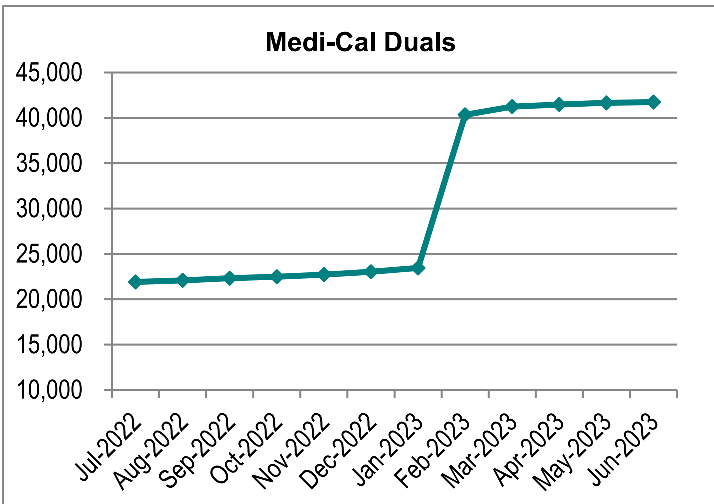


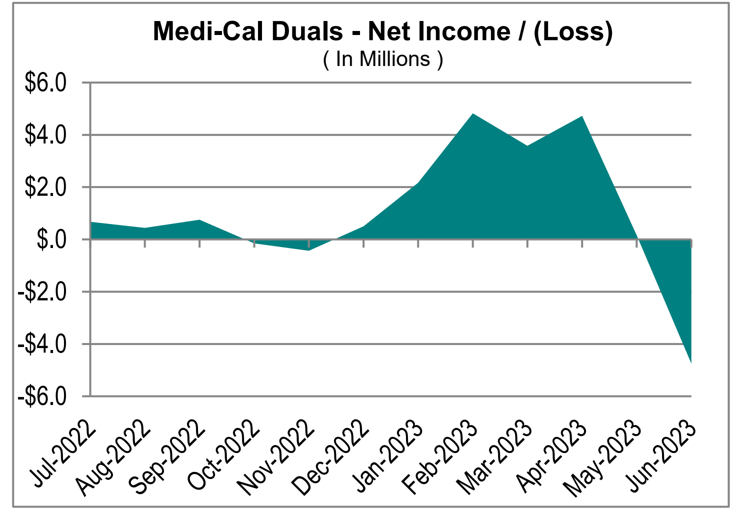


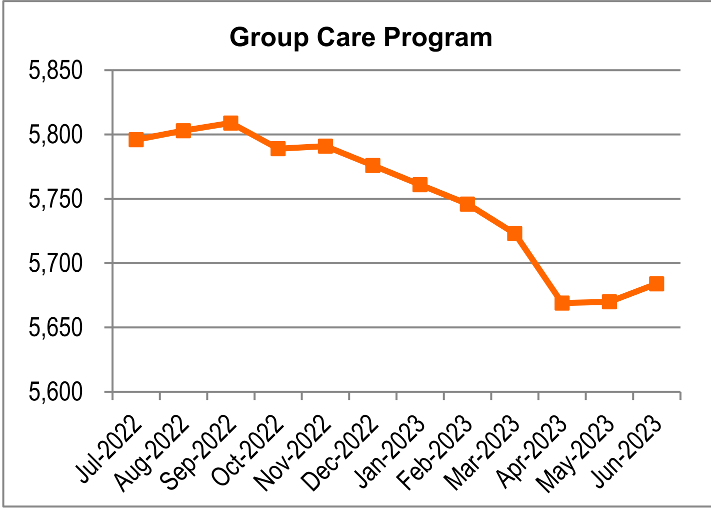
Enrollment and Profitability by Program and Category of Aid

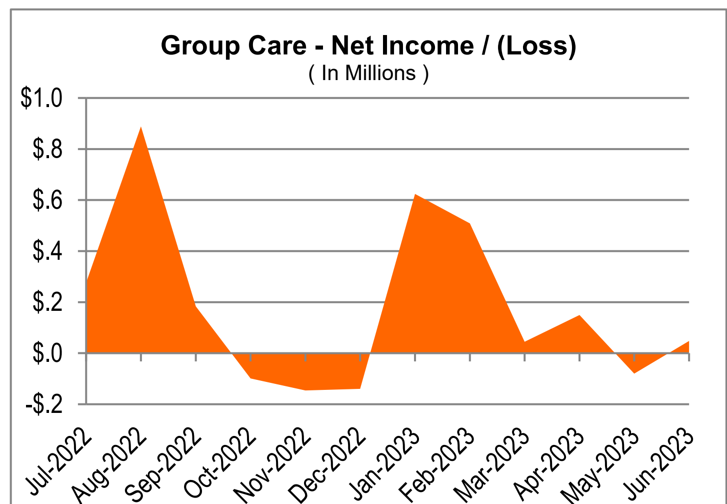




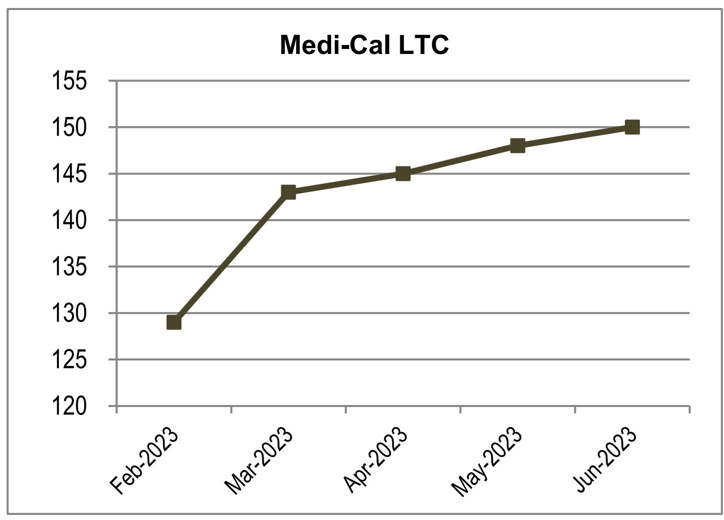


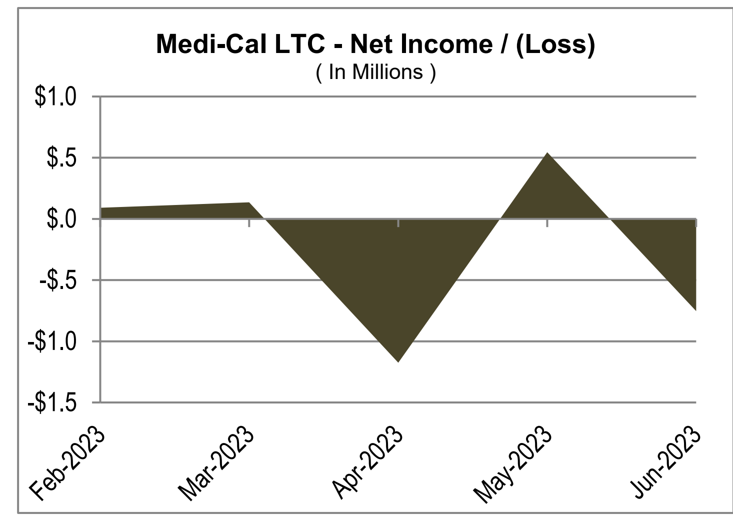


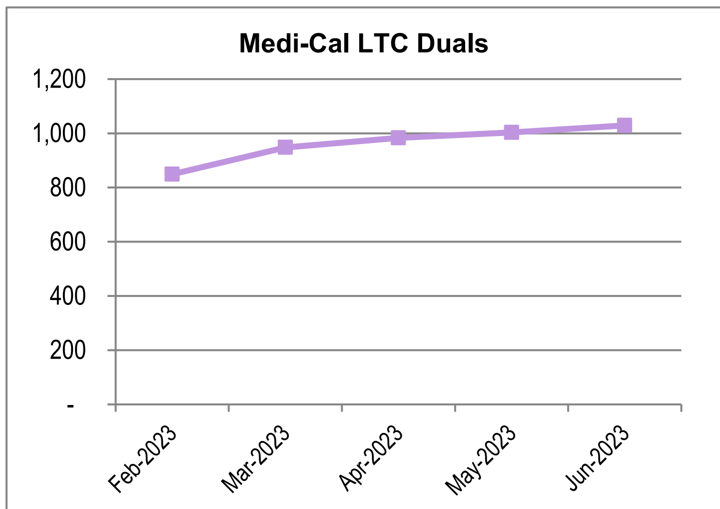


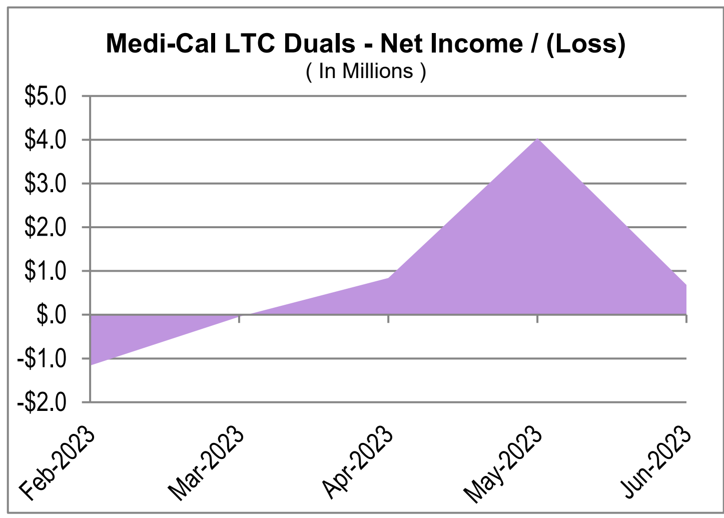


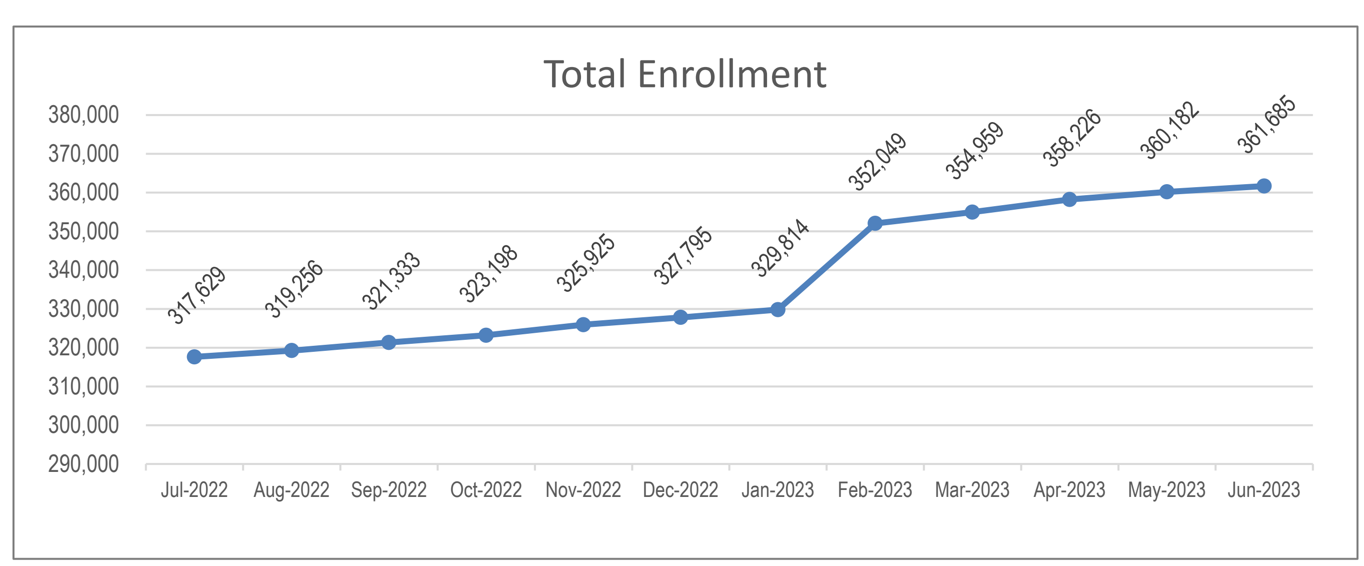
Enrollment and Profitability by Program and Category of Aid

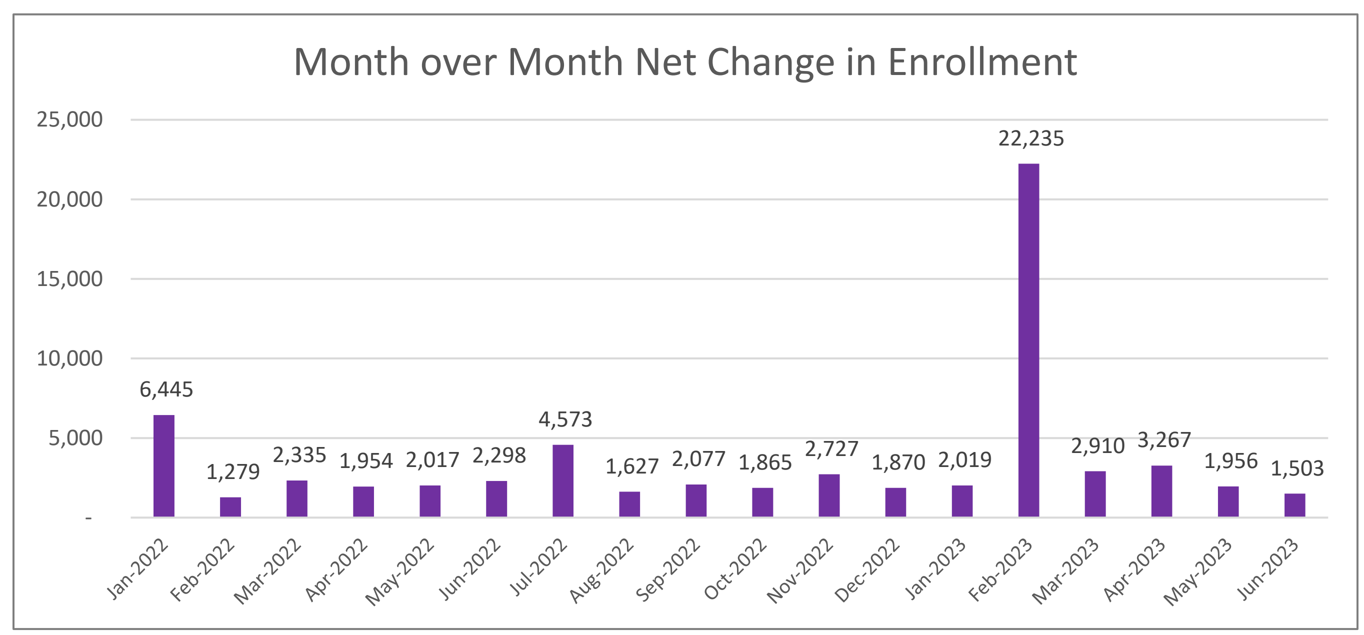










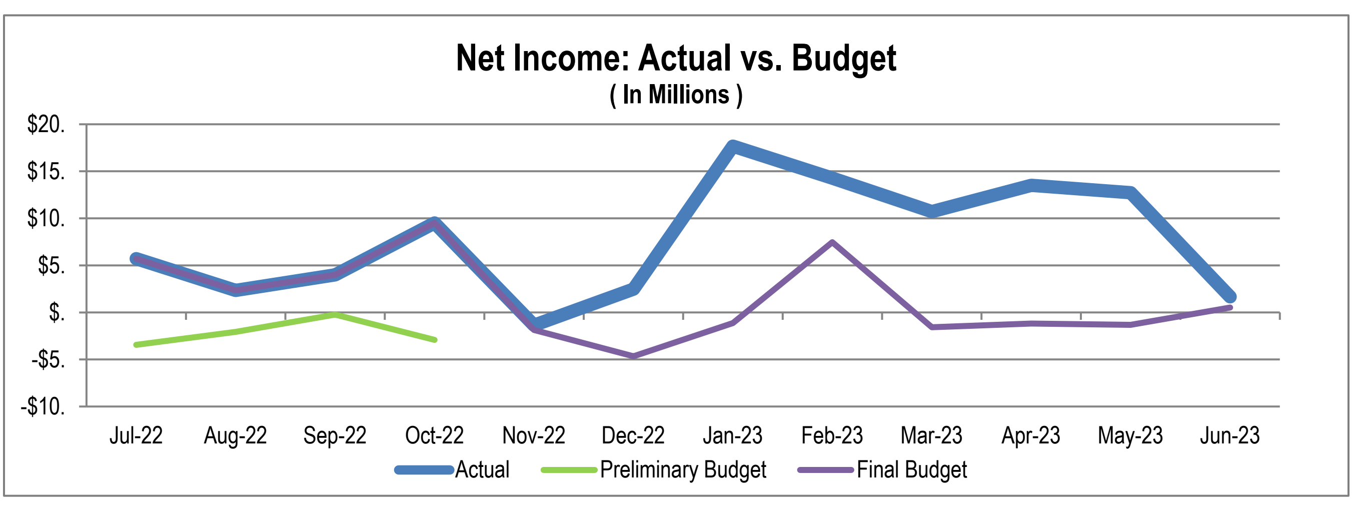


- The Public Health Emergency (PHE) ended May 2023. The Alliance expects disenrollment related to redetermination to restart in July 2023.

Net Income

- For the month ended June 30th, 2023
  - Actual Net Income $1.7 million.
  - Budgeted Net Income $518,000.

- For the fiscal YTD ended June 30th, 2023
  - Actual Net Income $93.2 million.
  - Budgeted Net Income $17.8 million.

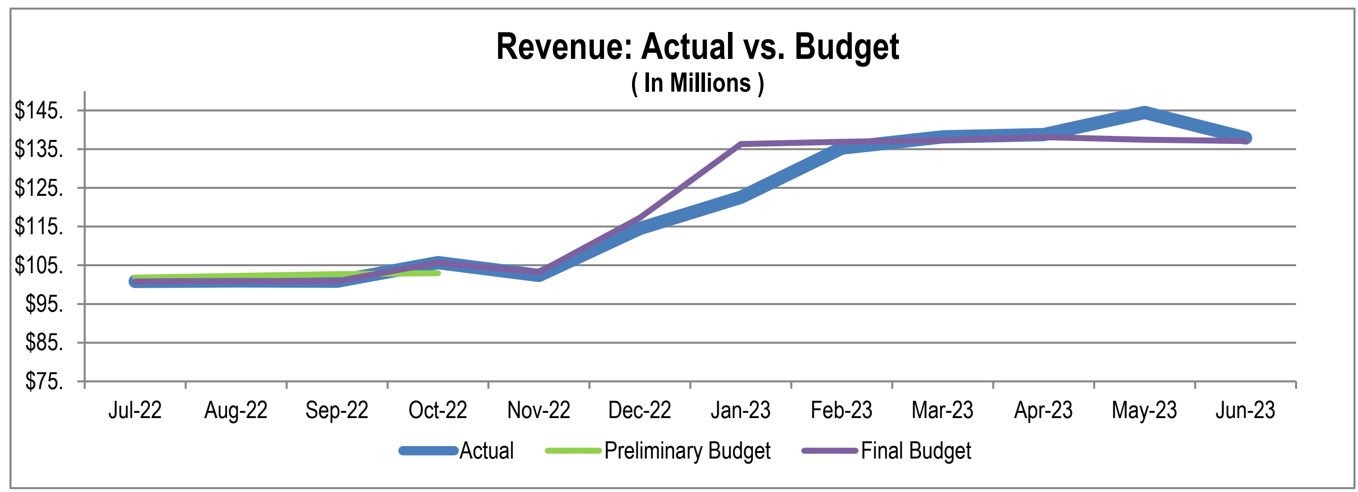


- The favorable variance of $1.1 million in the current month is primarily due to:
  - Favorable $1.4 million higher than anticipated Total Other Income.
  - Favorable $770,000 higher than anticipated Revenue.
  - Favorable $492,000 lower than anticipated Administrative Expense.
  - Unfavorable $1.5 million higher than anticipated Medical Expense.

Revenue

- For the month ended June 30th, 2023
  - Actual Revenue: $137.9 million.
  - Budgeted Revenue: $137.1 million.

- For the fiscal YTD ended June 30th, 2023
  - Actual Revenue: $1.4 billion.
  - Budgeted Revenue: $1.5 billion.

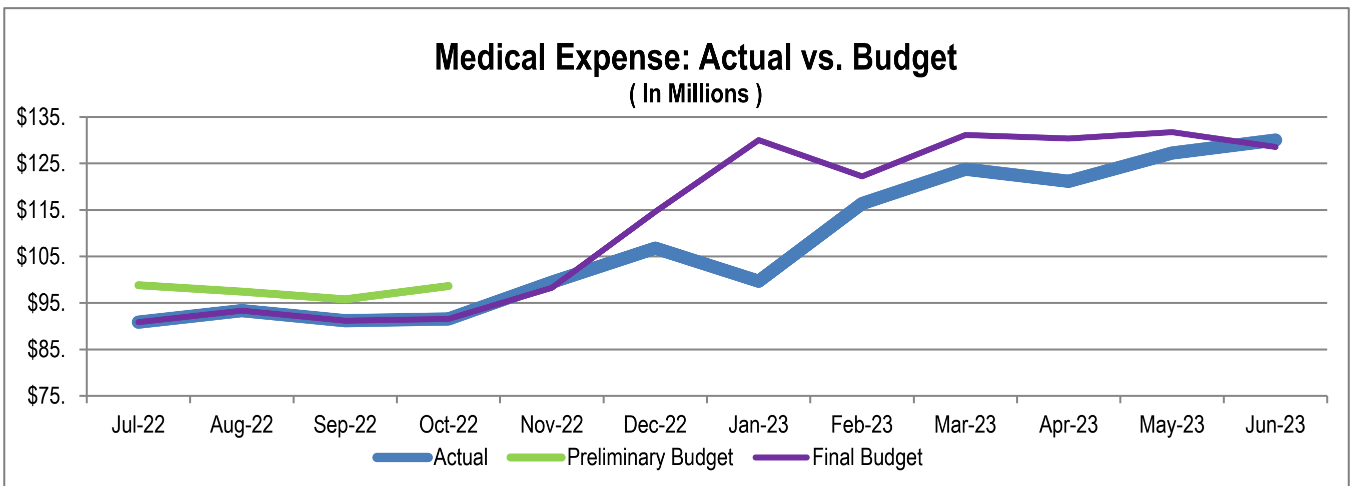


- For the month ended June 30th, 2023, the favorable revenue variance of $770,000 is primarily due to rates being received from DHCS after the budget was finalized:
  - Favorable $3.7 million capitation revenue due to higher than budgeted CY 2023 capitation rates for all components of capitation rate except Community Supports.
  - Unfavorable $1.7 million CalAIM Incentive Program revenue (IPP, HHIP, and SBHIP). The majority of this revenue has corresponding CalAIM Incentive expenses.
  - Unfavorable $1.4 million Community Supports (CS) rate variance - the CY 2023 rates were received after the Final FY23 Budget was complete; CS rates are much lower than projected.

Medical Expense

- For the month ended June 30th, 2023
  - Actual Medical Expense: $130.0 million.
  - Budgeted Medical Expense: $128.5 million.

- For the fiscal YTD ended June 30th, 2023
  - Actual Medical Expense: $1.3 billion.
  - Budgeted Medical Expense: $1.4 billion.



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

- For June, updates to Fee-For-Service (FFS) increased the estimate for prior period unpaid Medical Expenses by $4.3 million. Year to date, the estimate for prior years increased by $2.9 million (per table below).

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

	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Adjusted	Change in IBNP	Reported		$	%
Capitated Medical Expense	$301,174,855	$0	$301,174,855	$312,262,153	$11,087,297	3.6%
Primary Care FFS	$46,933,326	$41,389	$46,974,714	$54,492,683	$7,559,357	13.9%
Specialty Care FFS	$57,685,070	$116,415	$57,801,484	$63,608,999	$5,923,930	9.3%
Outpatient FFS	$94,454,214	$948,350	$95,402,564	$109,245,133	$14,790,919	13.5%
Ancillary FFS	$97,638,542	$821,423	$98,459,965	$112,496,990	$14,858,448	13.2%
Pharmacy FFS	$93,805,560	$403,676	$94,209,236	$86,677,696	($7,127,865)	-8.2%
ER Services FFS	$59,593,981	$131,059	$59,725,040	$63,515,959	$3,921,978	6.2%
Long Term Care FFS	$375,121,038	$153,439	$375,274,476	$391,416,712	$16,295,674	4.2%
Inpatient Hospital & SNF FFS	$89,923,383	$322,688	$90,246,071	$100,242,357	$10,318,974	10.3%
Other Benefits & Services	$71,867,814	$0	$71,867,814	$58,778,783	($13,089,032)	-22.3%
Net Reinsurance	$235,895	$0	$235,895	$1,014,864	$778,969	76.8%
	$1,288,433,677	**$2,938,438**	**$1,291,372,115**	**$1,353,752,327**	**$65,318,650**	**4.8%**

Medical Expense - Actual vs. Budget (Per Member Per Month) **Adjusted to Eliminate the Impact of Prior Year IBNP Estimates**						
	Actual			**Budget**	**Variance Actual vs. Budget Favorable/(Unfavorable)**	
	Adjusted	**Change in IBNP**	**Reported**		**$**	**%**
Capitated Medical Expense	$74.33	$0.00	$74.33	$76.68	$2.35	3.1%
Primary Care FFS	$11.58	$0.01	$11.59	$13.38	$1.80	13.4%
Specialty Care FFS	$14.24	$0.03	$14.26	$15.62	$1.38	8.9%
Outpatient FFS	$23.31	$0.23	$23.54	$26.83	$3.52	13.1%
Ancillary FFS	$24.10	$0.20	$24.30	$27.62	$3.53	12.8%
Pharmacy FFS	$23.15	$0.10	$23.25	$21.28	($1.87)	-8.8%
ER Services FFS	$14.71	$0.03	$14.74	$15.60	$0.89	5.7%
Long Term Care FFS	$92.58	$0.04	$92.61	$96.11	$3.54	3.7%
Inpatient Hospital & SNF FFS	$22.19	$0.08	$22.27	$24.61	$2.42	9.8%
Other Benefits & Services	$17.74	$0.00	$17.74	$14.43	($3.30)	-22.9%
Net Reinsurance	$0.06	$0.00	$0.06	$0.25	$0.19	76.6%
	$317.97	**$0.73**	**$318.70**	**$332.42**	**$14.45**	**4.3%**

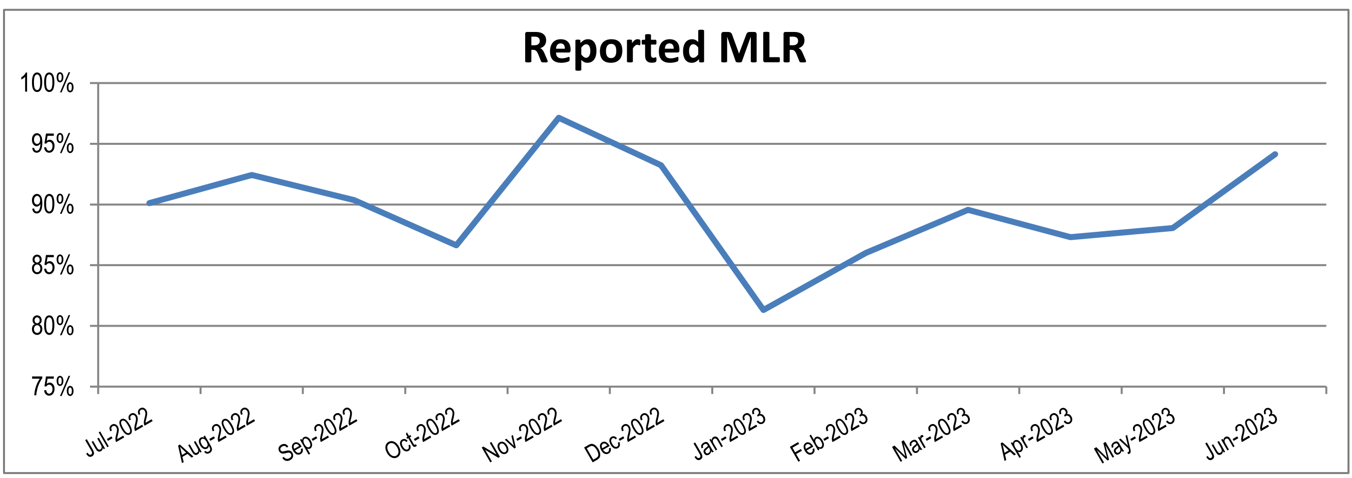
- Excluding the impact of prior year estimates for IBNP, year-to-date medical expense variance is $65.3 million favorable to budget. On a PMPM basis, medical expense is 4.3% favorable to budget. For per-member-per-month expense:
    - Capitated Expense is slightly under budget, largely because the decision not to assign LTC and LTC Dual members to our global subcontractor was made after the Budget was finalized. This was offset by unfavorable transportation expense, reflecting the delay of that contract's transition to FFS. Also unfavorable were FQHC expense and BHT Supplemental expense.
    - Primary Care Expense is favorable compared to budget across all populations except for Duals, Group Care and LTC, driven generally by favorable unit cost.
    - Specialty Care expenses are below budget, favorable across all populations except for LTC Duals. This is generally driven by utilization except for the SPD and LTC Dual populations which are driven by unit cost.
    - Outpatient Expense is under budget due to the Behavioral Health expense reclass to Ancillary which resulted in favorable utilization across all populations except for LTC, LTC Dual and Group Care which are driven by unfavorable unit cost.
    - Ancillary Expense is under budget across all populations driven by favorable unit cost offset by unfavorable utilization with some of the YTD variance related to non-emergency transportation remaining as a capitated expense in January 2023 instead of moving to fee-for-service.

The Child population is unfavorable due to the reclass of Behavioral Health expense from OP Facility in the actuals.

- Pharmacy Expense is over budget mostly due to unfavorable Non-PBM expense which is mostly 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 Child and Group Care which are driven by unfavorable utilization and the LTC and LTC Dual populations by unfavorable unit cost.
- 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 Child populations which are driven by unfavorable utilization and the LTC and LTC Dual populations which are driven by unfavorable unit cost.
- Other Benefits & Services is over budget, due to unfavorable Cal AIM, Student Behavioral Health Incentive, and Community Relations expense. This is largely offset by favorable revenue.
- Net Reinsurance year-to-date is favorable because more recoveries were received than budgeted.

Medical Loss Ratio (MLR)

The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 94.3% for the month and 89.5% for the fiscal year-to-date.



Administrative Expense

- For the month ended June 30th, 2023
  - Actual Administrative Expense: $7.6 million.
  - Budgeted Administrative Expense: $8.1 million.

- For the fiscal YTD ended June 30th, 2023
  - Actual Administrative Expense: $72.3 million.
  - Budgeted Administrative Expense: $82.4 million.

Summary of Administrative Expense (In Dollars) For the Month and Fiscal Year-to-Date Favorable/(Unfavorable)								
Month					Year-to-Date			
Actual	Budget	Variance $	Variance %		Actual	Budget	Variance $	Variance %
$5,040,225	$5,058,343	$18,118	0.4%	Employee Expense	$45,034,041	$49,407,567	$4,373,526	8.9%
23,402	54,716	31,313	57.2%	Medical Benefits Admin Expense	3,414,704	3,477,538	62,835	1.8%
875,299	1,357,438	482,139	35.5%	Purchased & Professional Services	10,221,872	13,772,171	3,550,299	25.8%
1,695,430	1,655,939	(39,491)	-2.4%	Other Admin Expense	13,632,602	15,756,571	2,123,968	13.5%
$7,634,356	$8,126,436	$492,079	6.1%	Total Administrative Expense	$72,303,219	$82,413,847	$10,110,628	12.3%

The year-to-date variances include:

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

The Administrative Loss Ratio (ALR) is 5.5% of net revenue for the month and 5.0% of net revenue year-to-date.

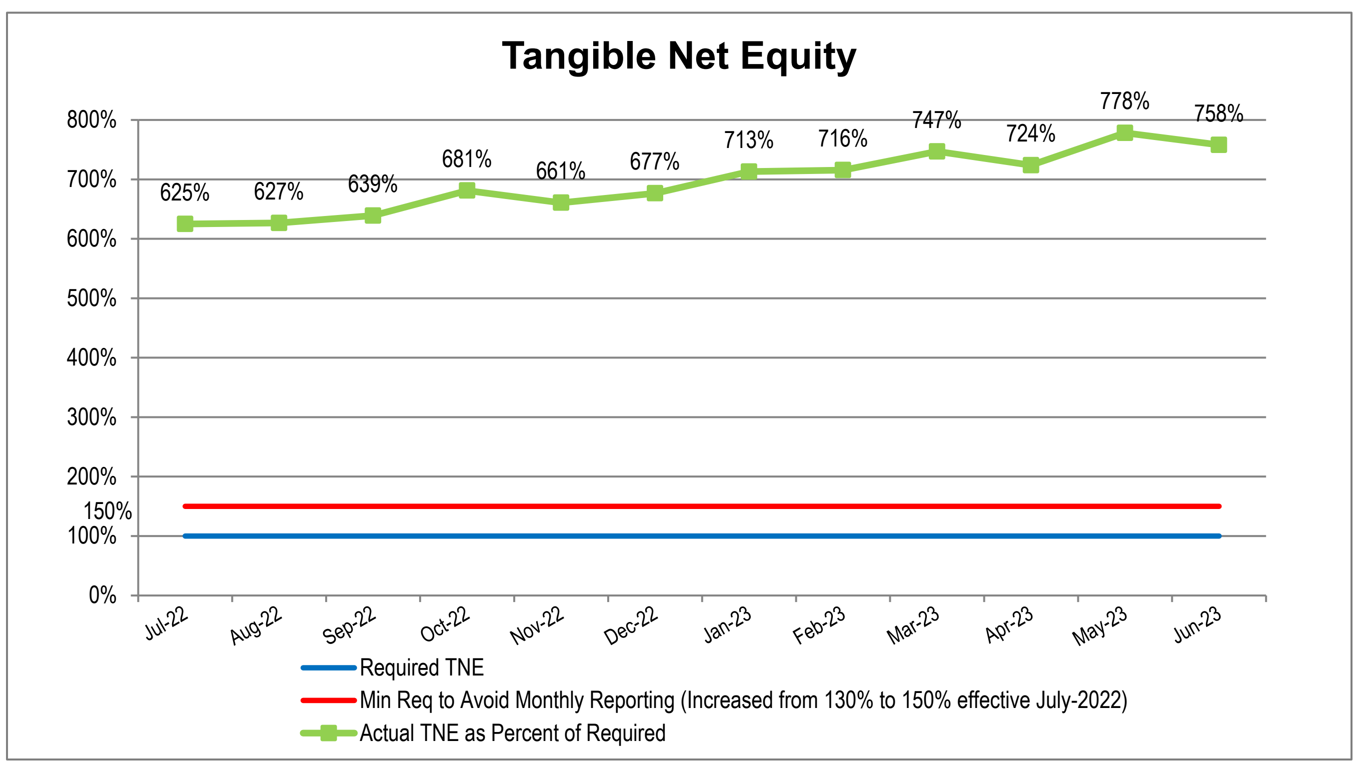
Other Income / (Expense)

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

- Fiscal year-to-date net investments show a gain of $14.8 million.
- Fiscal year-to-date claims interest expense, due to delayed payment of certain claims, or recalculated interest on previously paid claims is $405,000.

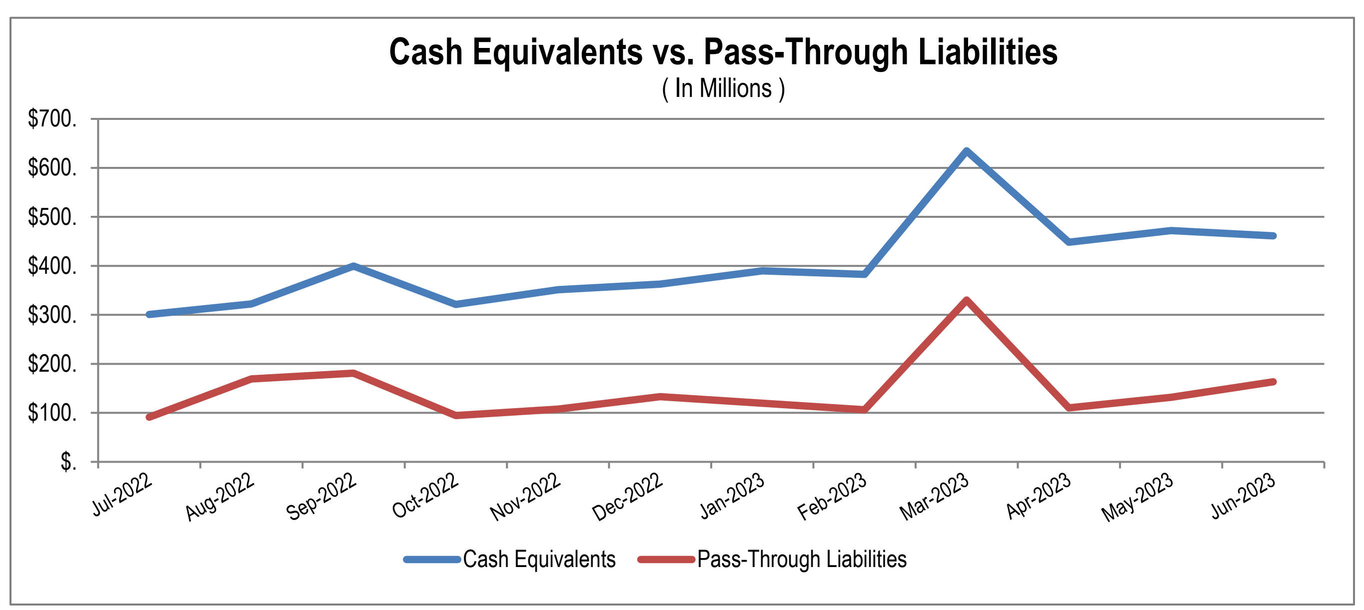
Tangible Net Equity (TNE)

- The Department of Managed Health Care (DMHC) monitors the financial stability of health plans to ensure that they can meet their financial obligations to consumers. TNE is a calculation of a company's total tangible assets minus the company's total liabilities. The Alliance exceeds DMHC's required TNE.
  - Required TNE $42.7 million
  - Actual TNE $323.8 million
  - Excess TNE $281.1 million
  - TNE % of Required TNE 758%



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

- Key Metrics
  - Cash & Cash Equivalents $461.4 million
  - Pass-Through Liabilities $163.4 million
  - Uncommitted Cash $298.0 million
  - Working Capital $302.5 million
  - Current Ratio 1.75 (regulatory minimum is 1.00)



Capital Investment

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

Caveats to Financial Statements

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

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

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				MEMBERSHIP				
356,001	350,746	5,255	1.5%	1 - Medi-Cal	3,983,034	4,002,929	(19,895)	(0.5%)
5,684	5,789	(105)	(1.8%)	2 - GroupCare	69,017	69,509	(492)	(0.7%)
361,685	**356,535**	**5,150**	**1.4%**	**3 - TOTAL MEMBER MONTHS**	**4,052,051**	**4,072,438**	**(20,387)**	**(0.5%)**
				REVENUE				
$137,899,334	**$137,129,162**	**$770,172**	**0.6%**	**4 - TOTAL REVENUE**	**$1,442,501,304**	**$1,452,019,283**	**($9,517,979)**	**(0.7%)**
				MEDICAL EXPENSES				
				Capitated Medical Expenses:				
$27,147,382	$28,176,410	$1,029,029	3.7%	5 - Capitated Medical Expense	$301,174,855	$312,262,153	$11,087,297	3.6%
				Fee for Service Medical Expenses:				
$36,824,236	$35,180,686	($1,643,550)	(4.7%)	6 - Inpatient Hospital FFS Expense	$375,274,476	$391,416,712	$16,142,236	4.1%
$5,335,615	$4,593,726	($741,889)	(16.2%)	7 - Primary Care Physician FFS Expense	$46,974,714	$54,492,683	$7,517,968	13.8%
$5,348,241	$5,593,916	$245,675	4.4%	8 - Specialty Care Physician Expense	$57,801,484	$63,608,999	$5,807,515	9.1%
$10,549,538	$11,237,205	$687,667	6.1%	9 - Ancillary Medical Expense	$98,459,965	$112,496,990	$14,037,026	12.5%
$7,758,654	$10,002,808	$2,244,155	22.4%	10 - Outpatient Medical Expense	$95,402,564	$109,245,133	$13,842,569	12.7%
$5,042,321	$5,615,483	$573,162	10.2%	11 - Emergency Expense	$59,725,040	$63,515,959	$3,790,919	6.0%
$10,141,197	$7,514,427	($2,626,770)	(35.0%)	12 - Pharmacy Expense	$94,209,236	$86,677,696	($7,531,540)	(8.7%)
$20,030,889	$15,659,945	($4,370,944)	(27.9%)	13 - Long Term Care FFS Expense	$90,246,071	$100,242,357	$9,996,286	10.0%
$101,030,691	$95,398,196	($5,632,494)	(5.9%)	14 - Total Fee for Service Expense	$918,093,550	$981,696,528	$63,602,978	6.5%
$2,140,807	$4,738,364	$2,597,557	54.8%	15 - Other Benefits & Services	$71,867,814	$58,778,783	($13,089,032)	(22.3%)
($296,770)	$220,682	$517,451	234.5%	16 - Reinsurance Expense	$235,895	$1,014,864	$778,969	76.8%
$130,022,110	**$128,533,653**	**($1,488,457)**	**(1.2%)**	**17 - TOTAL MEDICAL EXPENSES**	**$1,291,372,115**	**$1,353,752,328**	**$62,380,213**	**4.6%**
$7,877,224	**$8,595,509**	**($718,285)**	**(8.4%)**	**18 - GROSS MARGIN**	**$151,129,189**	**$98,266,955**	**$52,862,234**	**53.8%**
				ADMINISTRATIVE EXPENSES				
$5,040,225	$5,058,343	$18,118	0.4%	19 - Personnel Expense	$45,034,041	$49,407,566	$4,373,526	8.9%
$23,402	$54,716	$31,313	57.2%	20 - Benefits Administration Expense	$3,414,704	$3,477,538	$62,834	1.8%
$875,299	$1,357,438	$482,139	35.5%	21 - Purchased & Professional Services	$10,221,872	$13,772,171	$3,550,299	25.8%
$1,695,430	$1,655,939	($39,491)	(2.4%)	22 - Other Administrative Expense	$13,632,602	$15,756,571	$2,123,969	13.5%
$7,634,356	**$8,126,436**	**$492,079**	**6.1%**	**23 - TOTAL ADMINISTRATIVE EXPENSE**	**$72,303,219**	**$82,413,847**	**$10,110,628**	**12.3%**
$242,868	**$469,073**	**($226,205)**	**(48.2%)**	**24 - NET OPERATING INCOME / (LOSS)**	**$78,825,970**	**$15,853,109**	**$62,972,862**	**397.2%**
				OTHER INCOME / EXPENSE				
$1,421,835	**$48,750**	**$1,373,085**	**2,816.6%**	**25 - TOTAL OTHER INCOME / (EXPENSE)**	**$14,390,272**	**$1,962,630**	**$12,427,643**	**633.2%**
$1,664,703	**$517,823**	**$1,146,880**	**221.5%**	**26 - NET INCOME / (LOSS)**	**$93,216,243**	**$17,815,738**	**$75,400,504**	**423.2%**
5.5%	**5.9%**	**0.4%**	**6.8%**	**27 - Admin Exp % of Revenue**	**5.0%**	**5.7%**	**0.7%**	**12.3%**

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

	June	May	Difference	% Difference
CURRENT ASSETS:				
Cash & Equivalents				
Cash	$35,220,850	$78,639,670	($43,418,821)	-55.21%
Short-Term Investments	426,164,565	393,346,863	32,817,702	8.34%
Interest Receivable	714,576	646,886	67,690	10.46%
Other Receivables - Net	231,049,006	186,143,827	44,905,178	24.12%
Prepaid Expenses	4,863,539	4,943,321	(79,782)	-1.61%
Prepaid Inventoried Items	37,180	75,960	(38,780)	-51.05%
CalPERS Net Pension Asset	(5,286,448)	6,930,703	(12,217,151)	-176.28%
Deferred CalPERS Outflow	13,762,781	3,802,239	9,960,542	261.97%
TOTAL CURRENT ASSETS	**$706,526,048**	**$674,529,469**	**$31,996,578**	**4.74%**
OTHER ASSETS:				
Long-Term Investments	11,560,537	18,624,509	(7,063,973)	-37.93%
Restricted Assets	350,000	350,000	0	0.00%
Lease Asset - Office Space (Net)	1,440,685	1,503,323	(62,638)	-4.17%
Lease Asset - Office Equipment (Net)	195,212	199,509	(4,296)	-2.15%
SBITA Asset-GASB 96 (Net)	5,324,757	0	5,324,757	0.00%
TOTAL OTHER ASSETS	**$18,871,191**	**$20,677,341**	**($1,806,151)**	**-8.73%**
PROPERTY AND EQUIPMENT:				
Land, Building & Improvements	10,113,570	10,113,570	0	0.00%
Furniture And Equipment	11,855,077	11,855,077	0	0.00%
Leasehold Improvement	902,447	902,447	0	0.00%
Internally-Developed Software	14,824,002	14,824,002	0	0.00%
Fixed Assets at Cost	37,695,096	37,695,096	0	0.00%
Less: Accumulated Depreciation	(32,477,125)	(32,424,154)	(52,970)	0.16%
NET PROPERTY AND EQUIPMENT	**$5,217,971**	**$5,270,942**	**($52,970)**	**-1.00%**
TOTAL ASSETS	**$730,615,210**	**$700,477,752**	**$30,137,457**	**4.30%**
CURRENT LIABILITIES:				
Accounts Payable	1,148,924	25,520	1,123,404	4,402.05%
Other Accrued Expenses	16,977,105	15,127,657	1,849,448	12.23%
Interest Payable	70,759	8,156	62,603	767.55%
Pass-Through Liabilities	163,381,626	131,868,062	31,513,564	23.90%
Claims Payable	38,554,794	58,205,840	(19,651,046)	-33.76%
IBNP Reserves	164,504,403	151,603,016	12,901,387	8.51%
Payroll Liabilities	5,929,887	7,160,182	(1,230,295)	-17.18%
CalPERS Deferred Inflow	5,004,985	6,781,898	(1,776,913)	-26.20%
Risk Sharing	5,607,183	5,619,919	(12,736)	-0.23%
ST Lease Liability - Office Space	818,032	811,850	6,182	0.76%
ST Lease Liability - Office Equipment	2,003,247	50,568	1,952,679	3,861.49%
TOTAL CURRENT LIABILITIES	**$404,000,944**	**$377,262,667**	**$26,738,277**	**7.09%**
LONG TERM LIABILITIES:				
LT Lease Liability - Office Space	809,804	881,846	(72,041)	-8.17%
LT Lease Liability - Office Equipment	153,090	157,399	(4,309)	-2.74%
SBITA LT Liability -GASB 96	1,810,828	0	1,810,828	0.00%
TOTAL LONG TERM LIABILITIES	**$2,773,722**	**$1,039,245**	**$1,734,477**	**166.90%**
TOTAL LIABILITIES	**$406,774,666**	**$378,301,911**	**$28,472,754**	**7.53%**
NET WORTH:				
Contributed Capital	840,233	840,233	0	0.00%
Restricted & Unrestricted Funds	229,784,068	229,784,068	0	0.00%
Year-to Date Net Income / (Loss)	93,216,243	91,551,539	1,664,703	1.82%
TOTAL NET WORTH	**$323,840,544**	**$322,175,841**	**$1,664,703**	**0.52%**
TOTAL LIABILITIES AND NET WORTH	**$730,615,210**	**$700,477,752**	**$30,137,457**	**4.30%**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 6/30/2023

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	$2,598,954	$7,754,959	$15,695,424	$31,593,672
Total	2,598,954	7,754,959	15,695,424	31,593,672
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	135,297,716	413,388,768	801,534,374	1,410,904,438
Allowance for Doubtful Accounts	0	0	0	0
Deferred Premium Revenue	0	0	0	0
Premium Receivable	(44,929,969)	(60,986,657)	(72,798,332)	(30,534,217)
Total	90,367,747	352,402,111	728,736,042	1,380,370,221
Investment & Other Income Cash Flows				
Other Revenue (Grants)	43,277	59,777	87,613	53,997
Investment Income	1,609,157	5,521,924	10,950,701	15,036,826
Interest Receivable	(67,690)	(221,061)	(401,704)	(436,139)
Total	1,584,744	5,360,640	10,636,610	14,654,684
Medical & Hospital Cash Flows				
Total Medical Expenses	(130,022,109)	(378,402,796)	(718,226,947)	(1,291,372,121)
Other Receivable	24,789	258,785	388,203	(153,279)
Claims Payable	(19,651,045)	(250,430)	7,321,810	18,966,072
IBNP Payable	12,901,387	12,907,598	37,181,632	51,400,029
Risk Share Payable	(12,736)	(12,736)	15,243	(1,767,749)
Health Program	0	(127,540)	(152,718)	(226,672)
Other Liabilities	0	(1)	(1)	0
Total	(136,759,714)	(365,627,120)	(673,472,778)	(1,223,153,720)
Administrative Cash Flows				
Total Administrative Expenses	(7,862,290)	(20,427,318)	(39,489,598)	(73,000,575)
Prepaid Expenses	2,375,171	2,881,426	2,156,057	2,703,085
CalPERS Pension Asset	0	0	0	0
CalPERS Deferred Outflow	0	0	0	0
Trade Accounts Payable	1,479,691	1,893,362	4,138,601	3,719,666
Other Accrued Liabilities	62,603	61,958	61,002	58,242
Payroll Liabilities	(3,007,208)	(2,497,927)	(1,120,773)	(554,461)
Net Lease Assets/Liabilities (Short term & Long term)	(1,564,484)	(1,565,315)	(1,564,164)	(1,559,592)
Depreciation Expense	52,971	184,830	384,125	794,106
Total	(8,463,546)	(19,468,984)	(35,434,750)	(67,839,529)
Interest Paid				
Debt Interest Expense	0	0	0	0
Total Cash Flows from Operating Activities	**(50,671,815)**	**(19,578,394)**	**46,160,548**	**135,625,328**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 6/30/2023

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM INVESTING ACTIVITIES				
Investment Cash Flows				
Long Term Investments	7,063,973	11,698,648	20,705,314	23,508,313
	7,063,973	11,698,648	20,705,314	23,508,313
Restricted Cash & Other Asset Cash Flows				
Provider Pass-Thru-Liabilities	33,006,726	(165,425,487)	31,838,019	(4,819,736)
Restricted Cash	0	0	0	0
	33,006,726	(165,425,487)	31,838,019	(4,819,736)
Fixed Asset Cash Flows				
Depreciation expense	52,971	184,830	384,125	794,106
Fixed Asset Acquisitions	0	(114,070)	(130,991)	(338,846)
Change in A/D	(52,971)	(184,830)	(384,125)	(794,106)
	0	(114,070)	(130,991)	(338,846)
Total Cash Flows from Investing Activities	**40,070,699**	**(153,840,909)**	**52,412,342**	**18,349,731**
Financing Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Total Cash Flows	**(10,601,116)**	**(173,419,303)**	**98,572,890**	**153,975,059**
Rounding	(3)	(1)	0	4
Cash @ Beginning of Period	471,986,534	634,804,719	362,812,525	307,410,352
Cash @ End of Period	**$461,385,415**	**$461,385,415**	**$461,385,415**	**$461,385,415**
Difference (rounding)	0	0	0	0

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 6/30/2023

	MONTH	3 MONTHS	6 MONTHS	YTD
NET INCOME RECONCILIATION				
Net Income / (Loss)	$1,664,703	$27,895,314	$70,551,566	$93,216,242
Add back: Depreciation	52,971	184,830	384,125	794,106
Receivables				
Premiums Receivable	(44,929,969)	(60,986,657)	(72,798,332)	(30,534,217)
First Care Receivable	0	0	0	0
Family Care Receivable	0	0	0	0
Healthy Kids Receivable	0	0	0	0
Interest Receivable	(67,690)	(221,061)	(401,704)	(436,139)
Other Receivable	24,789	258,785	388,203	(153,279)
FQHC Receivable	0	0	0	0
Allowance for Doubtful Accounts	0	0	0	0
Total	(44,972,870)	(60,948,933)	(72,811,833)	(31,123,635)
Prepaid Expenses	2,375,171	2,881,426	2,156,057	2,703,085
Trade Payables	1,479,691	1,893,362	4,138,601	3,719,666
Claims Payable, IBNR & Risk Share				
IBNP	12,901,387	12,907,598	37,181,632	51,400,029
Claims Payable	(19,651,045)	(250,430)	7,321,810	18,966,072
Risk Share Payable	(12,736)	(12,736)	15,243	(1,767,749)
Other Liabilities	0	(1)	(1)	0
Total	(6,762,394)	12,644,431	44,518,684	68,598,352
Unearned Revenue				
Total	0	0	0	0
Other Liabilities				
Accrued Expenses	62,603	61,958	61,002	58,242
Payroll Liabilities	(3,007,208)	(2,497,927)	(1,120,773)	(554,461)
Net Lease Assets/Liabilities (Short term & Long term)	(1,564,484)	(1,565,315)	(1,564,164)	(1,559,592)
Health Program	0	(127,540)	(152,718)	(226,672)
Accrued Sub Debt Interest	0	0	0	0
Total Change in Other Liabilities	(4,509,089)	(4,128,824)	(2,776,653)	(2,282,483)
Cash Flows from Operating Activities	**($50,671,817)**	**($19,578,394)**	**$46,160,547**	**$135,625,333**
Difference (rounding)	(2)	0	(1)	5

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 6/30/2023

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received From:				
Capitation Received from State of CA	$90,367,747	$352,402,111	$728,736,042	$1,380,370,221
Commercial Premium Revenue	2,598,954	7,754,959	15,695,424	31,593,672
Other Income	43,277	59,777	87,613	53,997
Investment Income	1,541,467	5,300,863	10,548,997	14,600,687
Cash Paid To:				
Medical Expenses	(136,759,714)	(365,627,120)	(673,472,778)	(1,223,153,720)
Vendor & Employee Expenses	(8,463,546)	(19,468,984)	(35,434,750)	(67,839,529)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	(50,671,815)	(19,578,394)	46,160,548	135,625,328
Cash Flows from Financing Activities:				
Purchases of Fixed Assets	0	(114,070)	(130,991)	(338,846)
Net Cash Provided By (Used In) Financing Activities	0	(114,070)	(130,991)	(338,846)
Cash Flows from Investing Activities:				
Changes in Investments	7,063,973	11,698,648	20,705,314	23,508,313
Restricted Cash	33,006,726	(165,425,487)	31,838,019	(4,819,736)
Net Cash Provided By (Used In) Investing Activities	40,070,699	(153,726,839)	52,543,333	18,688,577
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Net Change in Cash	**(10,601,116)**	**(173,419,303)**	**98,572,890**	**153,975,059**
Cash @ Beginning of Period	471,986,534	634,804,719	362,812,525	307,410,352
Subtotal	$461,385,418	$461,385,416	$461,385,415	$461,385,411
Rounding	(3)	(1)	0	4
Cash @ End of Period	**$461,385,415**	**$461,385,415**	**$461,385,415**	**$461,385,415**
RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:				
Net Income / (Loss)	$1,664,703	$27,895,314	$70,551,566	$93,216,242
Depreciation	52,971	184,830	384,125	794,106
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	(44,972,870)	(60,948,933)	(72,811,833)	(31,123,635)
Prepaid Expenses	2,375,171	2,881,426	2,156,057	2,703,085
Trade Payables	1,479,691	1,893,362	4,138,601	3,719,666
Claims payable & IBNP	(6,762,394)	12,644,431	44,518,684	68,598,352
Deferred Revenue	0	0	0	0
Accrued Interest	0	0	0	0
Other Liabilities	(4,509,089)	(4,128,824)	(2,776,653)	(2,282,483)
Subtotal	(50,671,817)	(19,578,394)	46,160,547	135,625,333
Rounding	2	0	1	(5)
Cash Flows from Operating Activities	**($50,671,815)**	**($19,578,394)**	**$46,160,548**	**$135,625,328**
Rounding Difference	2	0	1	(5)

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE MONTH OF JUNE 2023

	Medi-Cal Child	Medi-Cal Adults	Medi-Cal SPD	Medi-Cal ACA OE	Medi-Cal Duals	Medi-Cal LTC	Medi-Cal LTC Duals	Medi-Cal Total	Group Care	Grand Total
Enrollments	103,670	53,174	31,280	124,967	41,731	150	1,029	356,001	5,684	361,685
Net Revenue	$13,330,818	$17,380,888	$35,750,854	$46,832,572	$12,117,097	$1,485,815	$8,399,775	$135,297,820	$2,601,514	$137,899,334
Medical Expense	$10,602,947	$17,450,798	$31,030,744	$42,873,925	$16,225,399	$2,160,174	$7,248,100	$127,592,087	$2,430,023	$130,022,110
Gross Margin	$2,727,872	-$69,909	$4,720,110	$3,958,647	-$4,108,302	-$674,359	$1,151,675	$7,705,733	$171,491	$7,877,224
Administrative Expense	$447,128	$881,652	$2,351,366	$2,341,832	$779,436	$99,057	$581,140	$7,481,611	$152,745	$7,634,356
Operating Income / (Expense)	$2,280,744	-$951,561	$2,368,744	$1,616,815	-$4,887,738	-$773,415	$570,534	$224,122	$18,745	$242,868
Other Income / (Expense)	$79,451	$164,317	$448,085	$433,520	$135,117	$19,242	$113,191	$1,392,922	$28,914	$1,421,835
Net Income / (Loss)	**$2,360,195**	**-$787,245**	**$2,816,829**	**$2,050,335**	**-$4,752,621**	**-$754,174**	**$683,725**	**$1,617,044**	**$47,659**	**$1,664,703**
PMPM Metrics:										
Revenue PMPM	$128.59	$326.87	$1,142.93	$374.76	$290.36	$9,905.43	$8,163.05	$380.05	$457.69	$381.27
Medical Expense PMPM	$102.28	$328.18	$992.03	$343.08	$388.81	$14,401.16	$7,043.83	$358.40	$427.52	$359.49
Gross Margin PMPM	$26.31	-$1.31	$150.90	$31.68	-$98.45	-$4,495.73	$1,119.22	$21.65	$30.17	$21.78
Administrative Expense PMPM	$4.31	$16.58	$75.17	$18.74	$18.68	$660.38	$564.76	$21.02	$26.87	$21.11
Operating Income / (Expense) PMPM	$22.00	-$17.90	$75.73	$12.94	-$117.12	-$5,156.10	$554.46	$0.63	$3.30	$0.67
Other Income / (Expense) PMPM	$0.77	$3.09	$14.32	$3.47	$3.24	$128.28	$110.00	$3.91	$5.09	$3.93
Net Income / (Loss) PMPM	$22.77	-$14.81	$90.05	$16.41	-$113.89	-$5,027.82	$664.46	$4.54	$8.38	$4.60
Ratio:										
Medical Loss Ratio	79.5%	100.4%	86.8%	91.5%	133.9%	145.4%	86.3%	94.3%	93.4%	94.3%
Gross Margin Ratio	20.5%	-0.4%	13.2%	8.5%	-33.9%	-45.4%	13.7%	5.7%	6.6%	5.7%
Administrative Expense Ratio	3.4%	5.1%	6.6%	5.0%	6.4%	6.7%	6.9%	5.5%	5.9%	5.5%
Net Income Ratio	17.7%	-4.5%	7.9%	4.4%	-39.2%	-50.8%	8.1%	1.2%	1.8%	1.2%

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE FISCAL YEAR TO DATE JUNE 2023

	Medi-Cal Child	Medi-Cal Adults	Medi-Cal SPD	Medi-Cal ACA OE	Medi-Cal Duals	Medi-Cal LTC	Medi-Cal LTC Duals	Medi-Cal Total	Group Care	Grand Total
Member Months	1,224,912	605,358	353,553	1,429,255	364,408	721	4,827	3,983,034	69,017	4,052,051
Net Revenue	$163,188,823	$192,430,588	$381,567,175	$531,682,690	$94,401,810	$7,379,107	$40,254,878	$1,410,905,072	$31,596,232	$1,442,501,304
Medical Expense	$138,527,812	$175,387,149	$359,536,754	$469,700,937	$78,016,640	$8,524,092	$34,202,579	$1,263,895,963	$27,476,151	$1,291,372,115
Gross Margin	$24,661,011	$17,043,440	$22,030,420	$61,981,753	$16,385,170	-$1,144,985	$6,052,300	$147,009,108	$4,120,081	$151,129,189
Administrative Expense	$5,216,819	$9,080,613	$22,556,552	$24,871,039	$5,054,585	$486,697	$2,855,394	$70,121,700	$2,181,519	$72,303,219
Operating Income / (Expense)	$19,444,192	$7,962,827	-$526,132	$37,110,714	$11,330,584	-$1,631,682	$3,196,905	$76,887,408	$1,938,562	$78,825,970
Other Income / (Expense)	$834,589	$1,743,534	$4,596,207	$4,762,262	$1,159,543	$141,671	$832,929	$14,070,734	$319,538	$14,390,272
Net Income / (Loss)	**$20,278,780**	**$9,706,360**	**$4,070,075**	**$41,872,975**	**$12,490,128**	**-$1,490,011**	**$4,029,834**	**$90,958,143**	**$2,258,100**	**$93,216,243**
PMPM Metrics:										
Revenue PMPM	$133.22	$317.88	$1,079.24	$372.00	$259.06	$10,234.55	$8,339.52	$354.23	$457.80	$355.99
Medical Expense PMPM	$113.09	$289.72	$1,016.92	$328.63	$214.09	$11,822.60	$7,085.68	$317.32	$398.11	$318.70
Gross Margin PMPM	$20.13	$28.15	$62.31	$43.37	$44.96	-$1,588.05	$1,253.84	$36.91	$59.70	$37.30
Administrative Expense PMPM	$4.26	$15.00	$63.80	$17.40	$13.87	$675.03	$591.55	$17.61	$31.61	$17.84
Operating Income / (Expense) PMPM	$15.87	$13.15	-$1.49	$25.97	$31.09	-$2,263.08	$662.30	$19.30	$28.09	$19.45
Other Income / (Expense) PMPM	$0.68	$2.88	$13.00	$3.33	$3.18	$196.49	$172.56	$3.53	$4.63	$3.55
Net Income / (Loss) PMPM	$16.56	$16.03	$11.51	$29.30	$34.28	-$2,066.59	$834.85	$22.84	$32.72	$23.00
Ratio:										
Medical Loss Ratio	84.9%	91.1%	94.2%	88.3%	82.6%	115.5%	85.0%	89.6%	87.0%	89.5%
Gross Margin Ratio	15.1%	8.9%	5.8%	11.7%	17.4%	-15.5%	15.0%	10.4%	13.0%	10.5%
Administrative Expense Ratio	3.2%	4.7%	5.9%	4.7%	5.4%	6.6%	7.1%	5.0%	6.9%	5.0%
Net Income Ratio	12.4%	5.0%	1.1%	7.9%	13.2%	-20.2%	10.0%	6.4%	7.1%	6.5%

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

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				ADMINISTRATIVE EXPENSE SUMMARY				
$5,040,225	$5,058,343	$18,118	0.4%	Personnel Expenses	$45,034,041	$49,407,566	$4,373,526	8.9%
23,402	54,716	31,313	57.2%	Benefits Administration Expense	3,414,704	3,477,538	62,834	1.8%
875,299	1,357,438	482,139	35.5%	Purchased & Professional Services	10,221,872	13,772,171	3,550,299	25.8%
2,365,341	290,759	(2,074,582)	(713.5%)	Occupancy	5,184,309	3,318,773	(1,865,536)	(56.2%)
1,198,714	167,156	(1,031,558)	(617.1%)	Printing Postage & Promotion	3,630,213	2,196,098	(1,434,115)	(65.3%)
(1,903,862)	1,162,157	3,066,019	263.8%	Licenses Insurance & Fees	4,639,572	9,890,768	5,251,196	53.1%
35,238	35,867	629	1.8%	Supplies & Other Expenses	178,509	350,932	172,423	49.1%
$2,594,131	$3,068,093	$473,962	15.4%	Total Other Administrative Expense	$27,269,178	$33,006,281	$5,737,102	17.4%
$7,634,356	$8,126,436	$492,079	6.1%	Total Administrative Expenses	$72,303,219	$82,413,847	$10,110,628	12.3%

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

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				Personnel Expenses				
2,910,745	2,631,424	(279,321)	(10.6%)	Salaries & Wages	29,777,271	29,393,380	(383,891)	(1.3%)
455,245	302,006	(153,238)	(50.7%)	Paid Time Off	3,040,374	3,376,725	336,351	10.0%
200	504,539	504,339	100.0%	Incentives	19,703	538,691	518,988	96.3%
0	23,077	23,077	100.0%	Severance Pay	0	196,154	196,154	100.0%
50,854	42,572	(8,282)	(19.5%)	Payroll Taxes	566,177	583,174	16,997	2.9%
44,345	20,267	(24,078)	(118.8%)	Overtime	347,825	261,118	(86,707)	(33.2%)
704,491	221,474	(483,017)	(218.1%)	CalPERS ER Match	2,755,553	2,383,334	(372,219)	(15.6%)
702,824	936,365	233,541	24.9%	Employee Benefits	6,974,401	8,781,066	1,806,665	20.6%
(6,107)	0	6,107	0.0%	Personal Floating Holiday	124,890	131,147	6,257	4.8%
32,377	13,768	(18,609)	(135.2%)	Employee Relations	181,049	255,006	73,956	29.0%
14,880	18,550	3,670	19.8%	Work from Home Stipend	153,190	187,660	34,470	18.4%
2,146	3,433	1,287	37.5%	Transportation Reimbursement	9,797	30,097	20,300	67.4%
11,118	18,980	7,862	41.4%	Travel & Lodging	74,235	154,290	80,055	51.9%
41,803	20,320	(21,483)	(105.7%)	Temporary Help Services	447,291	1,085,617	638,326	58.8%
19,141	241,278	222,137	92.1%	Staff Development/Training	177,329	1,083,507	906,178	83.6%
56,164	60,290	4,125	6.8%	Staff Recruitment/Advertising	384,955	966,601	581,646	60.2%
$5,040,225	**$5,058,343**	**$18,118**	**0.4%**	**Total Employee Expenses**	**$45,034,041**	**$49,407,566**	**$4,373,526**	**8.9%**
				Benefit Administration Expense				
2,964	15,396	12,432	80.7%	RX Administration Expense	245,699	192,314	(53,385)	(27.8%)
(19,528)	0	19,528	0.0%	Behavioral Hlth Administration Fees	2,795,355	2,880,913	85,558	3.0%
39,967	39,320	(646)	(1.6%)	Telemedicine Admin Fees	373,650	375,612	1,962	0.5%
0	0	0	0.0%	Housing & Homelessness Incentive Program (HHIP) Expense	0	28,700	28,700	100.0%
$23,402	**$54,716**	**$31,313**	**57.2%**	**Total Benefit Administration Expenses**	**$3,414,704**	**$3,477,538**	**$62,834**	**1.8%**
				Purchased & Professional Services				
251,264	446,125	194,861	43.7%	Consulting Services	3,650,405	5,072,272	1,421,867	28.0%
226,648	486,349	259,701	53.4%	Computer Support Services	3,598,749	4,554,964	956,215	21.0%
11,152	12,017	865	7.2%	Professional Fees-Accounting	133,189	138,157	4,968	3.6%
0	17	17	100.0%	Professional Fees-Medical	276	409	133	32.6%
177,297	78,562	(98,734)	(125.7%)	Other Purchased Services	908,431	928,378	19,947	2.1%
949	1,400	451	32.2%	Maint.& Repair-Office Equipment	5,695	12,767	7,072	55.4%
160,842	128,792	(32,050)	(24.9%)	HMS Recovery Fees	990,039	1,297,849	307,810	23.7%
9,932	60,693	50,761	83.6%	Hardware (Non-Capital)	395,330	391,011	(4,319)	(1.1%)
15,580	30,150	14,570	48.3%	Provider Relations-Credentialing	361,588	332,805	(28,783)	(8.6%)
21,635	113,333	91,698	80.9%	Legal Fees	178,170	1,043,558	865,388	82.9%
$875,299	**$1,357,438**	**$482,139**	**35.5%**	**Total Purchased & Professional Services**	**$10,221,872**	**$13,772,171**	**$3,550,299**	**25.8%**
				Occupancy				
52,970	62,060	9,090	14.6%	Depreciation	794,106	831,378	37,273	4.5%
62,638	74,147	11,509	15.5%	Building Lease	749,089	826,037	76,948	9.3%
30	5,916	5,886	99.5%	Leased and Rented Office Equipment	53,294	64,644	11,351	17.6%
18,419	15,450	(2,969)	(19.2%)	Utilities	157,627	185,530	27,904	15.0%
47,306	79,700	32,394	40.6%	Telephone	922,465	935,838	13,373	1.4%
33,357	53,485	20,128	37.6%	Building Maintenance	357,109	475,345	118,236	24.9%
2,150,620	0	(2,150,620)	0.0%	SBITA Amortization Expense-GASB 96	2,150,620	0	(2,150,620)	0.0%
$2,365,341	**$290,759**	**($2,074,582)**	**(713.5%)**	**Total Occupancy**	**$5,184,309**	**$3,318,773**	**($1,865,536)**	**(56.2%)**
				Printing Postage & Promotion				
63,863	50,733	(13,130)	(25.9%)	Postage	603,453	695,452	92,000	13.2%

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

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
9,029	5,500	(3,529)	(64.2%)	Design & Layout	58,919	89,850	30,931	34.4%
122,390	37,856	(84,534)	(223.3%)	Printing Services	1,173,512	944,031	(229,480)	(24.3%)
(10,216)	2,500	12,716	508.6%	Mailing Services	80,605	66,601	(14,003)	(21.0%)
8,214	5,483	(2,731)	(49.8%)	Courier/Delivery Service	70,166	64,414	(5,752)	(8.9%)
0	267	267	100.0%	Pre-Printed Materials and Publications	1,034	4,083	3,049	74.7%
5,185	15,000	9,815	65.4%	Promotional Products	14,276	38,000	23,724	62.4%
(5,950)	150	6,100	4,066.9%	Promotional Services	1,450	1,200	(250)	(20.8%)
993,099	41,500	(951,599)	(2,293.0%)	Community Relations	1,477,040	188,670	(1,288,370)	(682.9%)
12,736	0	(12,736)	0.0%	Health Education-Member	12,736	0	(12,736)	0.0%
363	8,167	7,804	95.6%	Translation - Non-Clinical	137,022	103,796	(33,226)	(32.0%)
$1,198,714	**$167,156**	**($1,031,558)**	**(617.1%)**	**Total Printing Postage & Promotion**	**$3,630,213**	**$2,196,098**	**($1,434,115)**	**(65.3%)**
				Licenses Insurance & Fees				
0	200,000	200,000	100.0%	Regulatory Penalties	25,000	500,000	475,000	95.0%
27,079	24,700	(2,379)	(9.6%)	Bank Fees	289,602	292,747	3,145	1.1%
80,376	94,481	14,105	14.9%	Insurance	927,566	1,055,004	127,438	12.1%
(1,915,863)	712,503	2,628,366	368.9%	Licenses, Permits and Fees	2,390,155	6,525,850	4,135,695	63.4%
(95,455)	130,473	225,927	173.2%	Subscriptions & Dues	1,007,248	1,517,166	509,918	33.6%
($1,903,862)	**$1,162,157**	**$3,066,019**	**263.8%**	**Total Licenses Insurance & Postage**	**$4,639,572**	**$9,890,768**	**$5,251,196**	**53.1%**
				Supplies & Other Expenses				
9,966	4,103	(5,863)	(142.9%)	Office and Other Supplies	50,013	85,274	35,261	41.3%
6,368	0	(6,368)	0.0%	Furniture and Equipment	6,368	0	(6,368)	0.0%
7,674	6,566	(1,108)	(16.9%)	Ergonomic Supplies	67,639	77,571	9,932	12.8%
6,383	10,500	4,117	39.2%	Commissary-Food & Beverage	31,083	68,501	37,418	54.6%
0	0	0	0.0%	Miscellaneous Expense	34	0	(34)	0.0%
4,850	5,000	150	3.0%	Member Incentive Expense	21,426	40,600	19,174	47.2%
(3)	4,167	4,169	100.1%	Covid-19 Vaccination Incentive Expense	560	33,599	33,039	98.3%
0	100	100	100.0%	Covid-19 IT Expenses	0	800	800	100.0%
0	5,432	5,432	100.0%	Covid-19 Non IT Expenses	1,386	44,587	43,201	96.9%
$35,238	**$35,867**	**$629**	**1.8%**	**Total Supplies & Other Expense**	**$178,509**	**$350,932**	**$172,423**	**49.1%**
$7,634,356	**$8,126,436**	**$492,079**	**6.1%**	**TOTAL ADMINISTRATIVE EXPENSE**	**$72,303,219**	**$82,413,847**	**$10,110,628**	**12.3%**

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

		Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	$ Variance Fav/(Unf.)
1. Hardware:							
	Cisco UCS Blade	IT-FY23-01	$ 102,807		**$ 102,807**	$ 100,000	$ (2,807)
	Veeam Backup Shelf	IT-FY23-02	$ -		**$ -**	$ 70,000	$ 70,000
	Cisco Nexus 9k	IT-FY23-03	$ 79,719		**$ 79,719**	$ 60,000	$ (19,719)
	Pure Storage Shelf	IT-FY23-04	$ 70,000		**$ 70,000**	$ 70,000	$ -
	Call Center Hardware	IT-FY23-05	$ -		**$ -**	$ 60,000	$ 60,000
	FAX DMG	IT-FY23-06	$ -		**$ -**	$ 80,000	$ 80,000
	Cisco Network Hardware (Switches, Routers, Firewalls, Wireless)	IT-FY23-07	$ -		**$ -**	$ 60,000	$ 60,000
	Network / AV Cabling	IT-FY23-08	$ 34,230		**$ 34,230**	$ 60,000	$ 25,770
Hardware Subtotal			**$ 286,755**	**$ -**	**$ 286,755**	**$ 560,000**	**$ 273,245**
2. Software:							
	Zerto	AC-FY23-01	$ -		**$ -**	$ 80,000	$ 80,000
	Ahead	AC-FY23-02	$ 28,099		**$ 28,099**	$ 80,000	$ 51,901
Software Subtotal			**$ 28,099**	**$ -**	**$ 28,099**	**$ 160,000**	**$ 131,901**
3. Building Improvement:							
	ADT (ACME) Security: Readers, HID Boxes, Doors - Planned/Unplanned requirements or replairs	FA-FY23-01	**$ -**	$ -	**$ -**	$ 50,000	$ 50,000
	HVAC (Clinton): Replace VAV boxes, equipment, duct work - Planned/Unplanned requirements or repairs	FA-FY23-02	$ -	$ -	**$ -**	$ 50,000	$ 50,000
	EV Charging Stations: Equipment, Electrical, Design, Engineering, Permits, Construction	FA-FY23-03	$ -	$ -	**$ -**	$ 100,000	$ 100,000
	Seismic Improvements (Carryover from FY22)	FA-FY23-07	$ 23,992	$ -	**$ 23,992**	$ 38,992	$ 15,000
	Contingencies	FA-FY23-16	**$ -**	$ -	**$ -**	$ 100,000	$ 100,000
Building Improvement Subtotal			**$ 23,992**	**$ -**	**$ 23,992**	**$ 338,992**	**$ 315,000**
4. Furniture & Equipment:							
			$ -		**$ -**	$ -	$ -
Furniture & Equipment Subtotal			**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
GRAND TOTAL			**$ 338,846**	**$ -**	**$ 338,846**	**$ 1,058,992**	**$ 720,146**
5. Reconciliation to Balance Sheet:							
	Fixed Assets @ Cost - 6/30/23				**$ 37,695,096**		
	Fixed Assets @ Cost - 6/30/22				**$ 37,356,250**		
	Fixed Assets Acquired YTD				**$ 338,846**		

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

TANGIBLE NET EQUITY (TNE)	Jul-22	Aug-22	QTR. END Sep-22	Oct-22	Nov-22	QTR. END Dec-22	Jan-23	Feb-23	QTR. END Mar-23	Apr-23	May-23	QTR. END Jun-23
Current Month Net Income / (Loss)	$5,704,828	$2,337,974	$3,995,061	$9,515,888	($1,361,897)	$2,472,823	$17,673,766	$14,269,382	$10,713,105	$13,505,410	$12,725,200	$1,664,703
YTD Net Income / (Loss)	$5,704,828	$8,042,802	$12,037,863	$21,553,751	$20,191,854	$22,664,677	$40,338,443	$54,607,825	$65,320,930	$78,826,340	$91,551,540	$93,216,243
Actual TNE												
Net Assets	$236,329,129	$238,667,103	$242,662,164	$252,178,052	$250,816,155	$253,288,978	$270,962,743	$285,232,125	$295,945,230	$309,450,640	$322,175,840	$323,840,544
Subordinated Debt & Interest	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total Actual TNE	**$236,329,129**	**$238,667,103**	**$242,662,164**	**$252,178,052**	**$250,816,155**	**$253,288,978**	**$270,962,743**	**$285,232,125**	**$295,945,230**	**$309,450,640**	**$322,175,840**	**$323,840,544**
Increase/(Decrease) in Actual TNE	$5,704,827	$2,337,974	$3,995,061	$9,515,888	($1,361,897)	$2,472,823	$17,673,765	$14,269,382	$10,713,105	$13,505,410	$12,725,200	$1,664,704
Required TNE[1]	**$37,812,719**	**$38,083,218**	**$37,973,977**	**$37,017,602**	**$37,956,874**	**$37,433,625**	**$37,998,057**	**$39,857,802**	**$39,614,744**	**$42,752,603**	**$41,398,426**	**$42,723,743**
Min. Req'd to Avoid Monthly Reporting (Increased from 130% to 150% of Required TNE effective July-2022)	$56,719,078	$57,124,827	$56,960,965	$55,526,403	$56,935,311	$56,150,437	$56,997,086	$59,786,703	$59,422,115	$64,128,905	$62,097,639	$64,085,614
TNE Excess / (Deficiency)	$198,516,410	$200,583,885	$204,688,187	$215,160,450	$212,859,281	$215,855,353	$232,964,686	$245,374,323	$256,330,486	$266,698,037	$280,777,414	$281,116,801
Actual TNE as a Multiple of Required	**6.25**	**6.27**	**6.39**	**6.81**	**6.61**	**6.77**	**7.13**	**7.16**	**7.47**	**7.24**	**7.78**	**7.58**

Note 1: Required TNE reflects quarterly DMHC calculations for quarter-end months (underlined) and monthly DMHC calculations (not underlined). Quarterly and Monthly Required TNE calculations differ slightly in calculation methodology.

LIQUID TANGIBLE NET EQUITY	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Net Assets	$236,329,129	$238,667,103	$242,662,164	$252,178,052	$250,816,155	$253,288,978	$270,962,743	$285,232,125	$295,945,230	$309,450,640	$322,175,840	$323,840,544
Fixed Assets at Net Book Value	(5,604,558)	(5,560,412)	(5,492,549)	(5,598,345)	(5,539,348)	(5,471,106)	(5,403,318)	(5,353,979)	(5,288,731)	(5,337,110)	(5,270,942)	(5,217,971)
Net Lease Assets/Liabilities/Interest	106,376	204,722	206,107	206,549	207,567	208,268	208,652	208,717	208,462	207,886	206,987	(1,294,894)
CD Pledged to DMHC	(350,000)	(350,000)	(350,000)	(350,000)	(350,000)	(350,000)	(350,000)	(350,000)	(350,000)	(350,000)	(350,000)	(350,000)
Liquid TNE (Liquid Reserves)	**$230,480,947**	**$232,961,413**	**$236,819,615**	**$246,229,707**	**$244,926,807**	**$247,467,872**	**$265,209,425**	**$279,528,146**	**$290,306,499**	**$303,763,530**	**$316,554,898**	**$318,272,573**
Liquid TNE as Multiple of Required	**6.10**	**6.12**	**6.24**	**6.65**	**6.45**	**6.61**	**6.98**	**7.01**	**7.33**	**7.11**	**7.65**	**7.45**

REPORT #8

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

Page 1	Actual Enrollment by Plan & Category of Aid
Page 2	Actual Delegated Enrollment Detail

	Actual Jul-22	Actual Aug-22	Actual Sep-22	Actual Oct-22	Actual Nov-22	Actual Dec-22	Actual Jan-23	Actual Feb-23	Actual Mar-23	Actual Apr-23	Actual May-23	Actual Jun-23	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	100,903	100,977	101,276	101,323	101,653	101,791	101,914	102,288	102,510	103,173	103,434	103,670	1,224,912
Adult	47,707	48,112	48,711	49,162	50,069	50,351	50,687	51,141	51,517	52,050	52,677	53,174	605,358
SPD	27,990	28,079	28,200	28,237	28,365	28,452	28,685	30,913	31,021	31,130	31,201	31,280	353,553
ACA OE	113,322	114,208	115,018	116,205	117,328	118,397	119,302	120,653	121,852	123,606	124,397	124,967	1,429,255
Duals	21,911	22,077	22,319	22,482	22,719	23,028	23,444	40,330	41,245	41,470	41,652	41,731	364,408
MCAL LTC	0	0	0	0	0	0	6	129	143	145	148	150	721
MCAL LTC Duals	0	0	0	0	0	0	15	849	948	983	1,003	1,029	4,827
Medi-Cal Program	311,833	313,453	315,524	317,409	320,134	322,019	324,053	346,303	349,236	352,557	354,512	356,001	3,983,034
Group Care Program	5,796	5,803	5,809	5,789	5,791	5,776	5,761	5,746	5,723	5,669	5,670	5,684	69,017
Total	**317,629**	**319,256**	**321,333**	**323,198**	**325,925**	**327,795**	**329,814**	**352,049**	**354,959**	**358,226**	**360,182**	**361,685**	**4,052,051**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	131	74	299	47	330	138	123	374	222	663	261	236	2,898
Adult	946	405	599	451	907	282	336	454	376	533	627	497	6,413
SPD	886	89	121	37	128	87	233	2,228	108	109	71	79	4,176
ACA OE	2,384	886	810	1,187	1,123	1,069	905	1,351	1,199	1,754	791	570	14,029
Duals	225	166	242	163	237	309	416	16,886	915	225	182	79	20,045
MCAL LTC	0	0	0	0	0	0	6	123	14	2	3	2	150
MCAL LTC Duals	0	0	0	0	0	0	15	834	99	35	20	26	1,029
Medi-Cal Program	4,572	1,620	2,071	1,885	2,725	1,885	2,034	22,250	2,933	3,321	1,955	1,489	48,740
Group Care Program	1	7	6	(20)	2	(15)	(15)	(15)	(23)	(54)	1	14	(111)
Total	**4,573**	**1,627**	**2,077**	**1,865**	**2,727**	**1,870**	**2,019**	**22,235**	**2,910**	**3,267**	**1,956**	**1,503**	**48,629**
Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	32.4%	32.2%	32.1%	31.9%	31.8%	31.6%	31.4%	29.5%	29.4%	29.3%	29.2%	29.1%	30.8%
Adult % of Medi-Cal	15.3%	15.3%	15.4%	15.5%	15.6%	15.6%	15.6%	14.8%	14.8%	14.8%	14.9%	14.9%	15.2%
SPD % of Medi-Cal	9.0%	9.0%	8.9%	8.9%	8.9%	8.8%	8.9%	8.9%	8.9%	8.8%	8.8%	8.8%	8.9%
ACA OE % of Medi-Cal	36.3%	36.4%	36.5%	36.6%	36.6%	36.8%	36.8%	34.8%	34.9%	35.1%	35.1%	35.1%	35.9%
Duals % of Medi-Cal	7.0%	7.0%	7.1%	7.1%	7.1%	7.2%	7.2%	11.6%	11.8%	11.8%	11.7%	11.7%	9.1%
Medi-Cal Program % of Total	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.3%	98.4%	98.4%	98.4%	98.4%	98.4%	98.3%
Group Care Program % of Total	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.7%	1.6%	1.6%	1.6%	1.6%	1.6%	1.7%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

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

Page 1	Actual Enrollment by Plan & Category of Aid
Page 2	Actual Delegated Enrollment Detail

	Actual Jul-22	**Actual Aug-22**	**Actual Sep-22**	**Actual Oct-22**	**Actual Nov-22**	**Actual Dec-22**	**Actual Jan-23**	**Actual Feb-23**	**Actual Mar-23**	**Actual Apr-23**	**Actual May-23**	**Actual Jun-23**	**YTD Member Months**
Current Direct/Delegate Enrollment:													
Directly-Contracted													
Directly Contracted (DCP)	54,340	52,198	52,418	52,571	53,736	53,143	53,870	72,569	73,153	74,713	74,016	74,242	740,969
Alameda Health System	62,784	63,910	64,424	64,799	65,216	65,771	66,052	65,896	66,276	66,552	67,113	67,333	786,126
	117,124	116,108	116,842	117,370	118,952	118,914	119,922	138,465	139,429	141,265	141,129	141,575	1,527,095
Delegated:													
CFMG	33,466	33,594	33,577	33,617	33,498	33,648	33,741	33,983	34,547	34,644	35,138	35,251	408,704
CHCN	119,514	121,703	122,696	123,666	124,637	126,009	126,433	129,265	129,908	130,508	131,489	131,951	1,517,779
Kaiser	47,525	47,851	48,218	48,545	48,838	49,224	49,718	50,336	51,075	51,809	52,426	52,908	598,473
Delegated Subtotal	200,505	203,148	204,491	205,828	206,973	208,881	209,892	213,584	215,530	216,961	219,053	220,110	2,524,956
Total	**317,629**	**319,256**	**321,333**	**323,198**	**325,925**	**327,795**	**329,814**	**352,049**	**354,959**	**358,226**	**360,182**	**361,685**	**4,052,051**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	2,973	(1,016)	734	528	1,582	(38)	1,008	18,543	964	1,836	(136)	446	27,424
Delegated:													
CFMG	58	128	(17)	40	(119)	150	93	242	564	97	494	113	1,843
CHCN	1,103	2,189	993	970	971	1,372	424	2,832	643	600	981	462	13,540
Kaiser	439	326	367	327	293	386	494	618	739	734	617	482	5,822
Delegated Subtotal	1,600	2,643	1,343	1,337	1,145	1,908	1,011	3,692	1,946	1,431	2,092	1,057	21,205
Total	**4,573**	**1,627**	**2,077**	**1,865**	**2,727**	**1,870**	**2,019**	**22,235**	**2,910**	**3,267**	**1,956**	**1,503**	**48,629**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	36.9%	36.4%	36.4%	36.3%	36.5%	36.3%	36.4%	39.3%	39.3%	39.4%	39.2%	39.1%	37.7%
Delegated:													
CFMG	10.5%	10.5%	10.4%	10.4%	10.3%	10.3%	10.2%	9.7%	9.7%	9.7%	9.8%	9.7%	10.1%
CHCN	37.6%	38.1%	38.2%	38.3%	38.2%	38.4%	38.3%	36.7%	36.6%	36.4%	36.5%	36.5%	37.5%
Kaiser	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.1%	14.3%	14.4%	14.5%	14.6%	14.6%	14.8%
Delegated Subtotal	63.1%	63.6%	63.6%	63.7%	63.5%	63.7%	63.6%	60.7%	60.7%	60.6%	60.8%	60.9%	62.3%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING

FOR THE FISCAL YEAR 2023	FINAL BUDGET												
	Budget Jul-22	Budget Aug-22	Budget Sep-22	Budget Oct-22	Budget Nov-22	Budget Dec-22	Budget Jan-23	Budget Feb-23	Budget Mar-23	Budget Apr-23	Budget May-23	Budget Jun-23	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program by Category of Aid:													
Child	100,903	100,977	101,276	101,323	101,526	101,729	102,032	102,236	102,440	102,645	102,427	102,209	1,221,723
Adult	47,707	48,112	48,711	49,162	49,408	49,655	50,068	50,318	50,570	50,823	50,572	50,320	595,426
SPD	27,990	28,079	28,200	28,237	28,322	28,407	31,537	31,632	31,727	31,822	31,866	31,911	359,730
ACA OE	113,322	114,208	115,018	116,205	116,554	116,904	119,956	120,316	120,677	121,039	120,274	119,507	1,413,980
Duals	21,911	22,077	22,319	22,482	22,617	22,753	44,376	44,642	44,910	45,179	45,320	45,462	404,048
MCAL LTC	0	0	0	0	0	0	153	153	153	153	153	153	918
MCAL LTC Duals	0	0	0	0	0	0	1,184	1,184	1,184	1,184	1,184	1,184	7,104
Medi-Cal Program	311,833	313,453	315,524	317,409	318,427	319,448	349,306	350,481	351,661	352,845	351,796	350,746	4,002,929
Group Care Program	5,796	5,803	5,809	5,789	5,789	5,789	5,789	5,789	5,789	5,789	5,789	5,789	69,509
Total	**317,629**	**319,256**	**321,333**	**323,198**	**324,216**	**325,237**	**355,095**	**356,270**	**357,450**	**358,634**	**357,585**	**356,535**	**4,072,438**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	6,092	74	299	47	203	203	303	204	204	205	(218)	(218)	7,398
Adult	6,631	405	599	451	246	247	413	250	252	253	(251)	(252)	9,244
SPD	1,245	89	121	37	85	85	3,130	95	95	95	44	45	5,166
ACA OE	9,886	886	810	1,187	349	350	3,052	360	361	362	(765)	(767)	16,071
Duals	2,135	166	242	163	135	136	21,623	266	268	269	141	142	25,686
MCAL LTC	0	0	0	0	0	0	153	0	0	0	0	0	153
MCAL LTC Duals	0	0	0	0	0	0	1,184	0	0	0	0	0	1,184
Medi-Cal Program	25,989	1,620	2,071	1,885	1,018	1,021	29,858	1,175	1,180	1,184	(1,049)	(1,050)	64,902
Group Care Program	(56)	7	6	(20)	0	0	0	0	0	0	0	0	(63)
Total	**25,933**	**1,627**	**2,077**	**1,865**	**1,018**	**1,021**	**29,858**	**1,175**	**1,180**	**1,184**	**(1,049)**	**(1,050)**	**64,839**
Enrollment Percentages:													
Medi-Cal Program:													
Child % (Medi-Cal)	32.4%	32.2%	32.1%	31.9%	31.9%	31.8%	29.2%	29.2%	29.1%	29.1%	29.1%	29.1%	30.5%
Adult % (Medi-Cal)	15.3%	15.3%	15.4%	15.5%	15.5%	15.5%	14.3%	14.4%	14.4%	14.4%	14.4%	14.3%	14.9%
SPD % (Medi-Cal)	9.0%	9.0%	8.9%	8.9%	8.9%	8.9%	9.0%	9.0%	9.0%	9.0%	9.1%	9.1%	9.0%
ACA OE % (Medi-Cal)	36.3%	36.4%	36.5%	36.6%	36.6%	36.6%	34.3%	34.3%	34.3%	34.3%	34.2%	34.1%	35.3%
Duals % (Medi-Cal)	7.0%	7.0%	7.1%	7.1%	7.1%	7.1%	12.7%	12.7%	12.8%	12.8%	12.9%	13.0%	10.1%
MCAL LTC % (Medi-Cal)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
MCAL LTC Duals % (Medi-Cal)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.2%
Medi-Cal Program % of Total	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.4%	98.4%	98.4%	98.4%	98.4%	98.4%	98.3%
Group Care Program % of Total	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.7%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

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

	FINAL BUDGET												
	Budget Jul-22	**Budget Aug-22**	**Budget Sep-22**	**Budget Oct-22**	**Budget Nov-22**	**Budget Dec-22**	**Budget Jan-23**	**Budget Feb-23**	**Budget Mar-23**	**Budget Apr-23**	**Budget May-23**	**Budget Jun-23**	**YTD Member Months**
Current Direct/Delegate Enrollment:													
Directly-Contracted	117,124	116,108	116,842	117,370	117,768	118,167	132,827	133,300	133,775	134,250	133,844	133,438	1,504,813
Delegated:													
CFMG	33,466	33,594	33,577	33,617	33,689	33,761	34,005	34,077	34,149	34,222	34,146	34,070	406,373
CHCN	119,514	121,703	122,696	123,666	124,059	124,454	135,070	135,521	135,974	136,430	136,024	135,617	1,550,728
Kaiser	47,525	47,851	48,218	48,545	48,700	48,855	53,193	53,372	53,552	53,732	53,571	53,410	610,524
Delegated Subtotal	200,505	203,148	204,491	205,828	206,448	207,070	222,268	222,970	223,675	224,384	223,741	223,097	2,567,625
Total	**317,629**	**319,256**	**321,333**	**323,198**	**324,216**	**325,237**	**355,095**	**356,270**	**357,450**	**358,634**	**357,585**	**356,535**	**4,072,438**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	6,018	(1,016)	734	528	398	399	14,660	473	475	475	(406)	(406)	22,332
Delegated:													
CFMG	2,058	128	(17)	40	72	72	244	72	72	73	(76)	(76)	2,662
CHCN	13,283	2,189	993	970	393	395	10,616	451	453	456	(406)	(407)	29,386
Kaiser	4,574	326	367	327	155	155	4,338	179	180	180	(161)	(161)	10,459
Delegated Subtotal	19,915	2,643	1,343	1,337	620	622	15,198	702	705	709	(643)	(644)	42,507
Total	**25,933**	**1,627**	**2,077**	**1,865**	**1,018**	**1,021**	**29,858**	**1,175**	**1,180**	**1,184**	**(1,049)**	**(1,050)**	**64,839**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	36.9%	36.4%	36.4%	36.3%	36.3%	36.3%	37.4%	37.4%	37.4%	37.4%	37.4%	37.4%	37.0%
Delegated:													
CFMG	10.5%	10.5%	10.4%	10.4%	10.4%	10.4%	9.6%	9.6%	9.6%	9.5%	9.5%	9.6%	10.0%
CHCN	37.6%	38.1%	38.2%	38.3%	38.3%	38.3%	38.0%	38.0%	38.0%	38.0%	38.0%	38.0%	38.1%
Kaiser	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%
Delegated Subtotal	63.1%	63.6%	63.6%	63.7%	63.7%	63.7%	62.6%	62.6%	62.6%	62.6%	62.6%	62.6%	63.0%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

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

	Variance Jul-22	Variance Aug-22	Variance Sep-22	Variance Oct-22	Variance Nov-22	Variance Dec-22	Variance Jan-23	Variance Feb-23	Variance Mar-23	Variance Apr-23	Variance May-23	Variance Jun-23	YTD Member Month Variance
Enrollment Variance by Plan & Aid Category - Favorable/(Unfavorable)													
Medi-Cal Program:													
Child	0	0	0	0	127	62	(118)	52	70	528	1,007	1,461	3,189
Adult	0	0	0	0	661	696	619	823	947	1,227	2,105	2,854	9,932
SPD	0	0	0	0	43	45	(2,852)	(719)	(706)	(692)	(665)	(631)	(6,177)
ACA OE	0	0	0	0	774	1,493	(654)	337	1,175	2,567	4,123	5,460	15,275
Duals	0	0	0	0	102	275	(20,932)	(4,312)	(3,665)	(3,709)	(3,668)	(3,731)	(39,640)
MCAL LTC	0	0	0	0	0	0	(147)	(24)	(10)	(8)	(5)	(3)	(197)
MCAL LTC Duals	0	0	0	0	0	0	(1,169)	(335)	(236)	(201)	(181)	(155)	(2,277)
Medi-Cal Program	0	0	0	0	1,707	2,571	(25,253)	(4,178)	(2,425)	(288)	2,716	5,255	(19,895)
Group Care Program	0	0	0	0	2	(13)	(28)	(43)	(66)	(120)	(119)	(105)	(492)
Total	**0**	**0**	**0**	**0**	**1,709**	**2,558**	**(25,281)**	**(4,221)**	**(2,491)**	**(408)**	**2,597**	**5,150**	**(20,387)**
Current Direct/Delegate Enrollment Variance - Favorable/(Unfavorable)													
Directly-Contracted	0	0	0	0	1,184	747	(12,905)	5,165	5,654	7,015	7,285	8,137	22,282
Delegated:													
CFMG	0	0	0	0	(191)	(113)	(264)	(94)	398	422	992	1,181	2,331
CHCN	0	0	0	0	578	1,555	(8,637)	(6,256)	(6,066)	(5,922)	(4,535)	(3,666)	(32,949)
Kaiser	0	0	0	0	138	369	(3,475)	(3,036)	(2,477)	(1,923)	(1,145)	(502)	(12,051)
Delegated Subtotal	0	0	0	0	525	1,811	(12,376)	(9,386)	(8,145)	(7,423)	(4,688)	(2,987)	(42,669)
Total	**0**	**0**	**0**	**0**	**1,709**	**2,558**	**(25,281)**	**(4,221)**	**(2,491)**	**(408)**	**2,597**	**5,150**	**(20,387)**

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

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				CAPITATED MEDICAL EXPENSES:				
$1,186,400	$1,147,904	($38,496)	(3.4%)	PCP-Capitation	$13,799,705	$13,711,799	($87,906)	(0.6%)
4,522,022	4,790,369	268,346	5.6%	PCP-Capitation - FQHC	50,776,519	54,304,072	3,527,553	6.5%
305,606	296,037	(9,569)	(3.2%)	Specialty-Capitation	3,546,619	3,530,074	(16,545)	(0.5%)
3,900,210	4,140,432	240,222	5.8%	Specialty-Capitation FQHC	45,110,222	46,446,387	1,336,165	2.9%
503,759	484,465	(19,294)	(4.0%)	Laboratory-Capitation	5,545,774	5,523,945	(21,829)	(0.4%)
367,317	0	(367,317)	0.0%	Transportation (Ambulance)-Cap	7,578,806	4,820,922	(2,757,884)	(57.2%)
259,684	253,790	(5,893)	(2.3%)	Vision Cap	2,923,674	2,923,918	244	0.0%
88,947	86,214	(2,732)	(3.2%)	CFMG Capitation	1,032,656	1,028,043	(4,613)	(0.4%)
193,564	205,608	12,044	5.9%	Anc IPA Admin Capitation FQHC	3,067,009	2,314,305	(752,704)	(32.5%)
14,205,187	15,389,700	1,184,513	7.7%	Kaiser Capitation	149,366,629	159,277,175	9,910,546	6.2%
964	0	(964)	0.0%	BHT Supplemental Expense	5,812,736	4,099,732	(1,713,004)	(41.8%)
0	0	0	0.0%	Hep-C Supplemental Expense	(15,082)	(15,349)	(267)	1.7%
884,828	605,630	(279,199)	(46.1%)	Maternity Supplemental Expense	4,917,970	6,086,753	1,168,782	19.2%
728,894	776,262	47,368	6.1%	DME - Cap	7,711,620	8,210,379	498,758	6.1%
$27,147,382	**$28,176,410**	**$1,029,029**	**3.7%**	**5 - TOTAL CAPITATED EXPENSES**	**$301,174,855**	**$312,262,153**	**$11,087,297**	**3.6%**
				FEE FOR SERVICE MEDICAL EXPENSES:				
4,641,553	0	(4,641,553)	0.0%	IBNP-Inpatient Services	10,547,961	2,799,249	(7,748,712)	(276.8%)
139,247	0	(139,247)	0.0%	IBNP-Settlement (IP)	316,443	83,979	(232,464)	(276.8%)
371,326	0	(371,326)	0.0%	IBNP-Claims Fluctuation (IP)	843,837	223,940	(619,897)	(276.8%)
29,042,395	35,180,686	6,138,291	17.4%	Inpatient Hospitalization-FFS	332,879,099	378,835,605	45,956,506	12.1%
1,174,196	0	(1,174,196)	0.0%	IP OB - Mom & NB	18,523,289	5,348,714	(13,174,575)	(246.3%)
659,008	0	(659,008)	0.0%	IP Behavioral Health	2,935,660	982,572	(1,953,088)	(198.8%)
796,512	0	(796,512)	0.0%	IP - Facility Rehab FFS	9,228,188	3,142,653	(6,085,534)	(193.6%)
$36,824,236	**$35,180,686**	**($1,643,550)**	**(4.7%)**	**6 - Inpatient Hospital & SNF FFS Expense**	**$375,274,476**	**$391,416,712**	**$16,142,236**	**4.1%**
143,977	0	(143,977)	0.0%	IBNP-PCP	1,353,126	628,624	(724,502)	(115.3%)
4,320	0	(4,320)	0.0%	IBNP-Settlement (PCP)	40,597	18,862	(21,735)	(115.2%)
11,519	0	(11,519)	0.0%	IBNP-Claims Fluctuation (PCP)	108,257	50,291	(57,966)	(115.3%)
1,532,089	1,511,985	(20,104)	(1.3%)	Primary Care Non-Contracted FF	19,154,215	17,260,621	(1,893,594)	(11.0%)
342,738	99,769	(242,969)	(243.5%)	PCP FQHC FFS	2,446,846	1,315,779	(1,131,067)	(86.0%)
2,365,077	2,981,971	616,895	20.7%	Prop 56 Direct Payment Expenses	22,170,972	31,677,589	9,506,617	30.0%
14,897	0	(14,897)	0.0%	Prop 56 Hyde Direct Payment Expenses	173,374	57,389	(115,985)	(202.1%)
81,704	0	(81,704)	0.0%	Prop 56-Trauma Expense	581,155	310,921	(270,234)	(86.9%)
98,351	0	(98,351)	0.0%	Prop 56-Dev. Screening Exp.	607,858	396,554	(211,304)	(53.3%)
741,742	0	(741,742)	0.0%	Prop 56-Fam. Planning Exp.	5,765,604	2,777,346	(2,988,258)	(107.6%)
(800)	0	800	0.0%	Prop 56-Value Based Purchasing	(5,427,289)	(1,293)	5,425,996	(419,715.4%)
$5,335,615	**$4,593,726**	**($741,889)**	**(16.2%)**	**7 - Primary Care Physician FFS Expense**	**$46,974,714**	**$54,492,683**	**$7,517,968**	**13.8%**
728,344	0	(728,344)	0.0%	IBNP-Specialist	1,121,290	479,524	(641,766)	(133.8%)
123,848	0	(123,848)	0.0%	Psychiatrist - FFS	300,228	0	(300,228)	0.0%
2,035,425	5,537,156	3,501,731	63.2%	Specialty Care-FFS	26,898,059	53,205,830	26,307,771	49.4%
143,562	0	(143,562)	0.0%	Anesthesiology - FFS	1,740,649	546,925	(1,193,725)	(218.3%)
1,012,376	0	(1,012,376)	0.0%	Spec Rad Therapy - FFS	11,020,739	3,377,385	(7,643,354)	(226.3%)
9,652	0	(9,652)	0.0%	Obstetrics-FFS	383,889	269,748	(114,141)	(42.3%)
242,998	0	(242,998)	0.0%	Spec IP Surgery - FFS	3,875,594	1,351,027	(2,524,567)	(186.9%)
502,560	0	(502,560)	0.0%	Spec OP Surgery - FFS	6,831,408	2,234,372	(4,597,036)	(205.7%)
408,470	0	(408,470)	0.0%	Spec IP Physician	4,806,564	1,438,762	(3,367,803)	(234.1%)
60,891	56,760	(4,131)	(7.3%)	SCP FQHC FFS	699,727	652,685	(47,042)	(7.2%)
21,849	0	(21,849)	0.0%	IBNP-Settlement (SCP)	33,635	14,383	(19,252)	(133.9%)
58,267	0	(58,267)	0.0%	IBNP-Claims Fluctuation (SCP)	89,702	38,359	(51,343)	(133.8%)
$5,348,241	**$5,593,916**	**$245,675**	**4.4%**	**8 - Specialty Care Physician Expense**	**$57,801,484**	**$63,608,999**	**$5,807,515**	**9.1%**
622,941	0	(622,941)	0.0%	IBNP-Ancillary	3,729,118	321,732	(3,407,386)	(1,059.1%)
18,689	0	(18,689)	0.0%	IBNP Settlement (ANC)	111,875	9,649	(102,226)	(1,059.4%)
49,836	0	(49,836)	0.0%	IBNP Claims Fluctuation (ANC)	298,332	25,737	(272,595)	(1,059.2%)
3,742	0	(3,742)	0.0%	IBNR Transportation FFS Expense	1,449,696	0	(1,449,696)	0.0%
1,052,903	0	(1,052,903)	0.0%	Behavioral Health Therapy - FFS	11,958,605	4,559,994	(7,398,611)	(162.3%)
700,403	0	(700,403)	0.0%	Psychologist & Other MH Prof.	1,209,932	0	(1,209,932)	0.0%
270,550	0	(270,550)	0.0%	Acupuncture/Biofeedback	3,095,157	1,141,414	(1,953,743)	(171.2%)
107,968	0	(107,968)	0.0%	Hearing Devices	1,276,294	465,938	(810,356)	(173.9%)
26,681	0	(26,681)	0.0%	Imaging/MRI/CT Global	423,601	161,874	(261,728)	(161.7%)
57,864	0	(57,864)	0.0%	Vision FFS	584,419	184,029	(400,390)	(217.6%)
0	0	0	0.0%	Family Planning	47,148	47,111	(37)	(0.1%)
507,510	0	(507,510)	0.0%	Laboratory-FFS	7,125,102	2,694,430	(4,430,672)	(164.4%)
70,154	0	(70,154)	0.0%	ANC Therapist	1,256,550	443,518	(813,031)	(183.3%)
827,451	0	(827,451)	0.0%	Transportation (Ambulance)-FFS	9,007,479	2,305,579	(6,701,900)	(290.7%)
1,594,189	0	(1,594,189)	0.0%	Transportation (Other)-FFS	6,236,616	533,749	(5,702,866)	(1,068.5%)
1,171,986	0	(1,171,986)	0.0%	Hospice	8,066,955	1,554,127	(6,512,827)	(419.1%)
879,422	0	(879,422)	0.0%	Home Health Services	11,158,728	3,120,909	(8,037,818)	(257.5%)
1,544	7,273,822	7,272,278	100.0%	Other Medical-FFS	4,070	53,701,103	53,697,033	100.0%
(100,286)	0	100,286	0.0%	HMS Medical Refunds	(271,780)	84,120	355,900	423.1%
(237)	0	237	0.0%	Refunds-Medical Payments	(1,047,954)	(69)	1,047,885	(1,521,098.4%)
21,708	0	(21,708)	0.0%	DME & Medical Supplies	1,144,275	1,126,912	(17,363)	(1.5%)
0	600,184	600,184	100.0%	GEMT Direct Payment Expense	0	4,938,995	4,938,995	100.0%

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

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
185,390	0	(185,390)	0.0%	COVID Vaccination Incentive	189,850	0	(189,850)	0.0%
1,480,278	1,360,426	(119,851)	(8.8%)	ECM Base/Outreach FFS Anc.	13,987,705	13,424,099	(563,605)	(4.2%)
0	0	0	0.0%	ECM Outreach FFS Ancillary	0	9,825	9,825	100.0%
22,964	165,114	142,150	86.1%	CS - Housing Deposits FFS Ancillary	2,877,455	2,680,760	(196,695)	(7.3%)
214,671	1,182,767	968,097	81.9%	CS - Housing Tenancy FFS Ancillary	3,251,100	9,314,639	6,063,538	65.1%
44,617	265,873	221,256	83.2%	CS - Housing Navigation Services FFS Ancillary	1,933,389	2,626,648	693,260	26.4%
66,164	204,877	138,713	67.7%	CS - Medical Respite FFS Ancillary	2,282,497	2,925,885	643,388	22.0%
15,427	136,018	120,591	88.7%	CS - Medically Tailored Meals FFS Ancillary	1,455,480	1,756,683	301,203	17.1%
3,790	37,159	33,370	89.8%	CS - Asthma Remediation FFS Ancillary	294,794	457,848	163,055	35.6%
0	10,964	10,964	100.0%	MOT - Wrap Around (Non Medical MOT Cost)	8,674	96,384	87,710	91.0%
627,396	0	(627,396)	0.0%	Community Based Adult Services (CBAS)	5,310,982	1,783,368	(3,527,615)	(197.8%)
3,823	0	(3,823)	0.0%	CS - Pilot LTC Transition Expense	3,823	0	(3,823)	0.0%
$10,549,538	**$11,237,205**	**$687,667**	**6.1%**	**9 - Ancillary Medical Expense**	**$98,459,965**	**$112,496,990**	**$14,037,026**	**12.5%**
315,007	0	(315,007)	0.0%	IBNP-Outpatient	2,140,916	1,712,767	(428,149)	(25.0%)
9,450	0	(9,450)	0.0%	IBNP Settlement (OP)	64,224	51,384	(12,840)	(25.0%)
25,199	0	(25,199)	0.0%	IBNP Claims Fluctuation (OP)	171,274	137,022	(34,252)	(25.0%)
1,468,370	10,002,808	8,534,438	85.3%	Out-Patient FFS	17,374,277	83,559,581	66,185,304	79.2%
1,613,357	0	(1,613,357)	0.0%	OP Ambul Surgery - FFS	18,909,085	6,320,713	(12,588,372)	(199.2%)
1,575,975	0	(1,575,975)	0.0%	OP Fac Imaging Services-FFS	17,415,705	4,151,392	(13,264,313)	(319.5%)
79,196	0	(79,196)	0.0%	Behav Health - FFS	7,030,394	3,072,756	(3,957,638)	(128.8%)
0	0	0	0.0%	Write-Offs	(15)	0	15	0.0%
446,770	0	(446,770)	0.0%	OP Facility - Lab FFS	6,042,006	1,978,515	(4,063,490)	(205.4%)
118,370	0	(118,370)	0.0%	OP Facility - Cardio FFS	1,457,126	419,692	(1,037,434)	(247.2%)
62,580	0	(62,580)	0.0%	OP Facility - PT/OT/ST FFS	622,325	185,180	(437,145)	(236.1%)
2,044,379	0	(2,044,379)	0.0%	OP Facility - Dialysis FFS	24,175,248	7,656,130	(16,519,118)	(215.8%)
$7,758,654	**$10,002,808**	**$2,244,155**	**22.4%**	**10 - Outpatient Medical Expense Medical Expense**	**$95,402,564**	**$109,245,133**	**$13,842,569**	**12.7%**
(38,996)	0	38,996	0.0%	IBNP-Emergency	1,038,156	337,708	(700,448)	(207.4%)
(1,170)	0	1,170	0.0%	IBNP Settlement (ER)	31,144	10,128	(21,016)	(207.5%)
(3,120)	0	3,120	0.0%	IBNP Claims Fluctuation (ER)	83,051	27,018	(56,033)	(207.4%)
750,071	0	(750,071)	0.0%	Special ER Physician-FFS	7,930,014	2,522,209	(5,407,804)	(214.4%)
4,335,535	5,615,483	1,279,948	22.8%	ER-Facility	50,642,675	60,618,896	9,976,221	16.5%
$5,042,321	**$5,615,483**	**$573,162**	**10.2%**	**11 - Emergency Expense**	**$59,725,040**	**$63,515,959**	**$3,790,919**	**6.0%**
1,526,741	0	(1,526,741)	0.0%	IBNP-Pharmacy	3,472,333	955,216	(2,517,117)	(263.5%)
45,803	0	(45,803)	0.0%	IBNP Settlement (RX)	104,173	28,657	(75,516)	(263.5%)
122,138	0	(122,138)	0.0%	IBNP Claims Fluctuation (RX)	277,781	76,415	(201,366)	(263.5%)
1,089,403	348,668	(740,735)	(212.4%)	Pharmacy-FFS	4,604,113	4,580,347	(23,767)	(0.5%)
120,442	7,133,361	7,012,919	98.3%	Pharmacy- Non-PBM FFS-Other Anc	14,364,592	69,627,886	55,263,294	79.4%
5,840,622	0	(5,840,622)	0.0%	Pharmacy- Non-PBM FFS-OP FAC	50,049,963	7,474,895	(42,575,068)	(569.6%)
134,496	0	(134,496)	0.0%	Pharmacy- Non-PBM FFS-PCP	1,334,537	222,232	(1,112,305)	(500.5%)
2,208,875	0	(2,208,875)	0.0%	Pharmacy- Non-PBM FFS-SCP	20,773,184	3,401,156	(17,372,027)	(510.8%)
8,112	0	(8,112)	0.0%	Pharmacy- Non-PBM FFS-FQHC	88,258	11,510	(76,748)	(666.8%)
5,344	0	(5,344)	0.0%	Pharmacy- Non-PBM FFS-HH	246,364	100,717	(145,647)	(144.6%)
(2,239)	0	2,239	0.0%	HMS RX Refunds	(68,268)	(59,403)	8,864	(14.9%)
(958,541)	32,398	990,939	3,058.6%	Pharmacy-Rebate	(1,037,795)	258,069	1,295,863	502.1%
$10,141,197	**$7,514,427**	**($2,626,770)**	**(35.0%)**	**12 - Pharmacy Expense**	**$94,209,236**	**$86,677,696**	**($7,531,540)**	**(8.7%)**
3,683,305	0	(3,683,305)	0.0%	IBNR LTC	22,903,429	0	(22,903,429)	0.0%
110,498	0	(110,498)	0.0%	IBNR Settlement (LTC)	687,102	0	(687,102)	0.0%
294,664	0	(294,664)	0.0%	IBNR Claims Fluctuation (LTC)	1,832,273	0	(1,832,273)	0.0%
12,613,191	0	(12,613,191)	0.0%	LTC-Custodial Care	44,257,378	0	(44,257,378)	0.0%
3,329,231	15,659,945	12,330,715	78.7%	LTC SNF	20,565,889	100,242,357	79,676,468	79.5%
$20,030,889	**$15,659,945**	**($4,370,944)**	**(27.9%)**	**13 - Long Term Care FFS Expense**	**$90,246,071**	**$100,242,357**	**$9,996,286**	**10.0%**
$101,030,691	**$95,398,196**	**($5,632,494)**	**(5.9%)**	**14 - TOTAL FFS MEDICAL EXPENSES**	**$918,093,550**	**$981,696,528**	**$63,602,978**	**6.5%**
0	27,270	27,270	100.0%	Clinical Vacancy	0	(164,220)	(164,220)	100.0%
111,165	134,754	23,589	17.5%	Quality Analytics	1,003,253	1,347,890	344,637	25.6%
701,200	599,311	(101,889)	(17.0%)	Health Plan Services Department Total	6,528,899	7,008,303	479,404	6.8%
450,260	448,627	(1,633)	(0.4%)	Case & Disease Management Department Total	5,580,415	5,611,055	30,640	0.5%
(274,079)	2,484,758	2,758,838	111.0%	Medical Services Department Total	47,681,740	32,250,926	(15,430,814)	(47.8%)
807,676	637,881	(169,795)	(26.6%)	Quality Management Department Total	7,441,467	8,347,881	906,414	10.9%
172,742	181,380	8,638	4.8%	HCS Behavioral Health Department Total	1,696,595	1,955,340	258,745	13.2%
128,341	148,733	20,391	13.7%	Pharmacy Services Department Total	1,525,510	1,749,287	223,777	12.8%
43,503	75,650	32,147	42.5%	Regulatory Readiness Total	409,936	672,322	262,386	39.0%
$2,140,807	**$4,738,364**	**$2,597,557**	**54.8%**	**15 - Other Benefits & Services**	**$71,867,814**	**$58,778,783**	**($13,089,032)**	**(22.3%)**
(1,188,810)	(662,045)	526,765	(79.6%)	Reinsurance Recoveries	(9,902,650)	(9,164,845)	737,805	(8.1%)
892,040	882,727	(9,313)	(1.1%)	Stop-Loss Expense	10,138,545	10,179,709	41,164	0.4%
($296,770)	**$220,682**	**$517,451**	**234.5%**	**16 - Reinsurance Expense**	**$235,895**	**$1,014,864**	**$778,969**	**76.8%**
$130,022,110	**$128,533,653**	**($1,488,457)**	**(1.2%)**	**17 - TOTAL MEDICAL EXPENSES**	**$1,291,372,115**	**$1,353,752,328**	**$62,380,213**	**4.6%**

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

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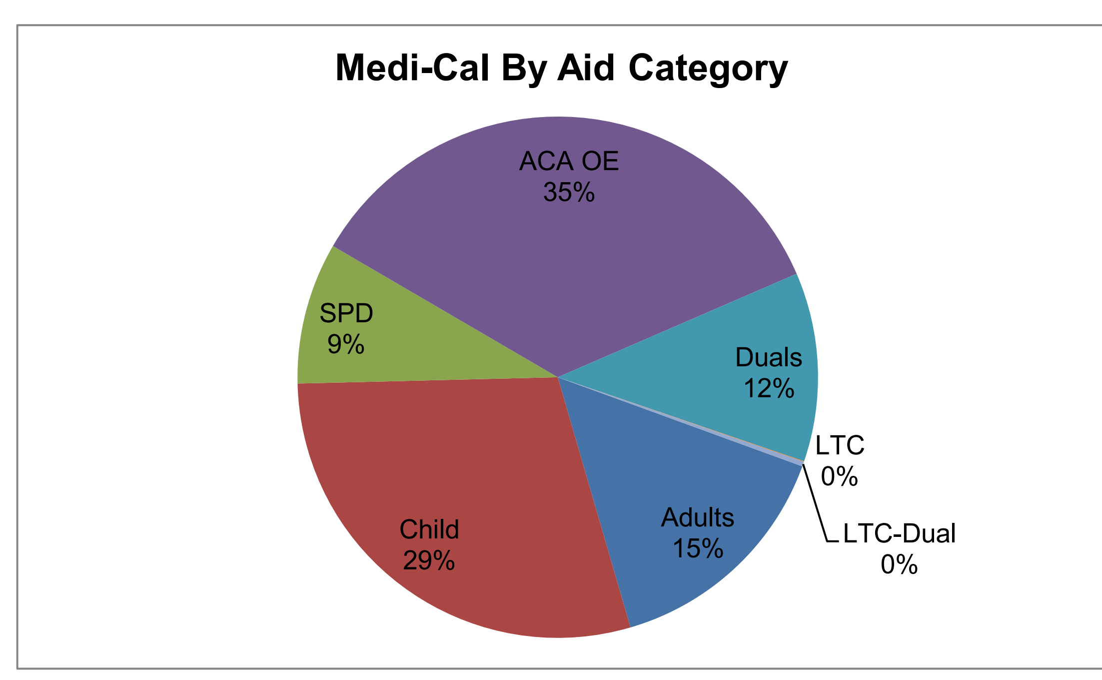
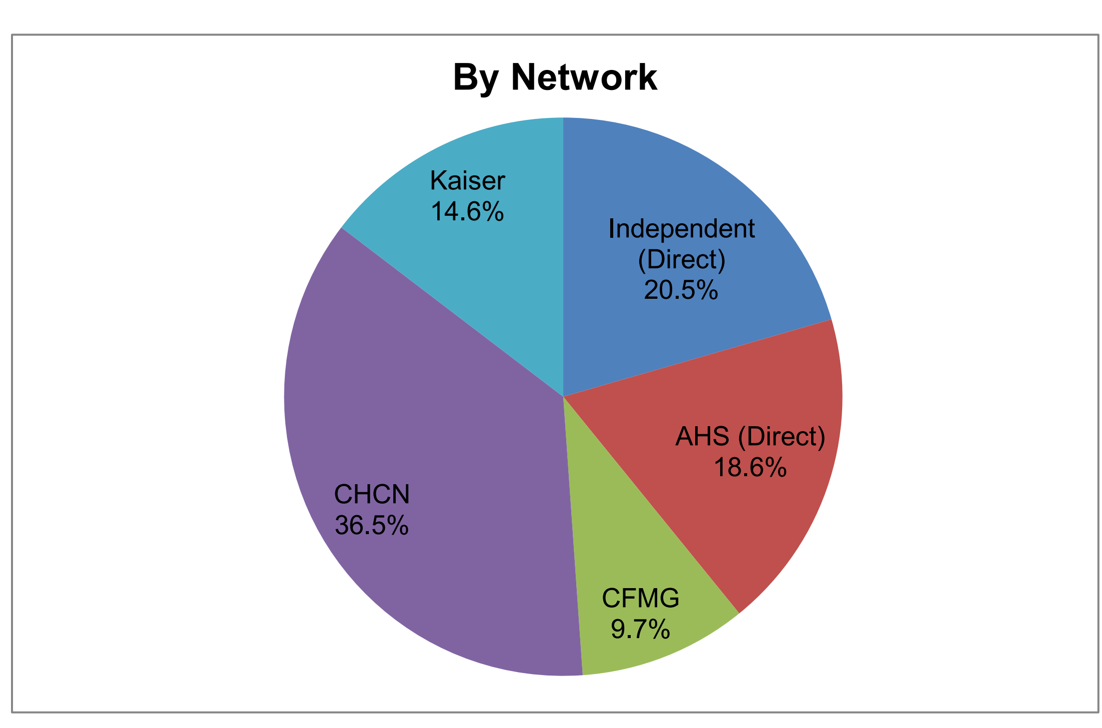
9099998							
Category of Aid	**Jun 2023**	**% of Medi-Cal**	**Independent (Direct)**	**AHS (Direct)**	**CFMG**	**CHCN**	**Kaiser**
Adults	53,174	15%	10,047	10,189	856	22,326	9,756
Child	103,670	29%	7,508	9,461	31,930	35,340	19,431
SPD	31,280	9%	10,174	4,574	1,118	13,124	2,290
ACA OE	124,967	35%	18,096	39,672	1,344	48,835	17,020
Duals	41,731	12%	25,017	2,582	3	9,718	4,411
LTC	150	0%	150	-	-	-	-
LTC-Dual	1,029	0%	1,029	-	-	-	-
Medi-Cal	356,001		72,021	66,478	35,251	129,343	52,908
Group Care	5,684		2,221	855	-	2,608	-
Total	**361,685**	**100%**	**74,242**	**67,333**	**35,251**	**131,951**	**52,908**
Medi-Cal %	98.4%		97.0%	98.7%	100.0%	98.0%	100.0%
Group Care %	1.6%		3.0%	1.3%	0.0%	2.0%	0.0%
		Network Distribution	*20.5%*	*18.6%*	*9.7%*	*36.5%*	*14.6%*
			% Direct:	**39%**		**% Delegated:**	**61%**

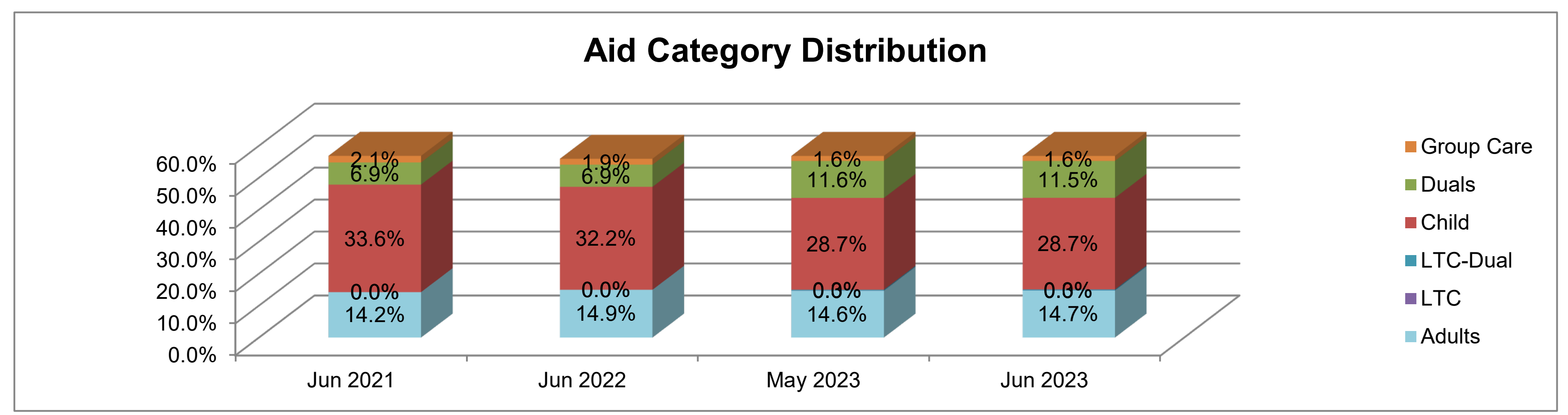




Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

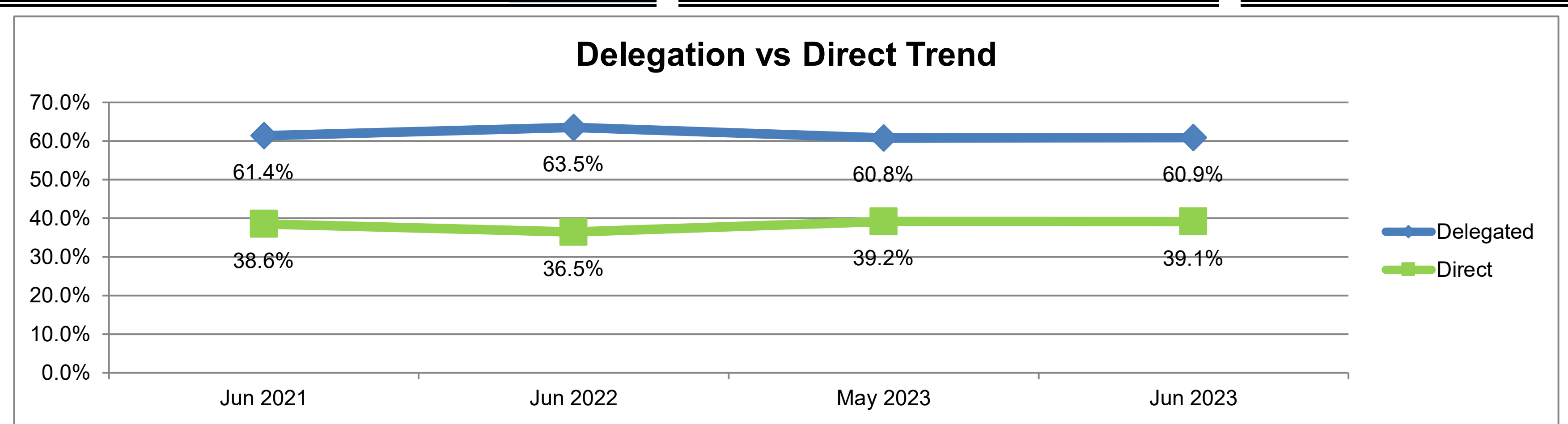
Category of Aid Trend

Category of Aid	Members Jun 2021	Members Jun 2022	Members May 2023	Members Jun 2023	% of Total (ie.Distribution) Jun 2021	Jun 2022	May 2023	Jun 2023	% Growth (Loss) Jun 2021 to Jun 2022	Jun 2022 to Jun 2023	May 2023 to Jun 2023
Adults	40,966	46,761	52,677	53,174	14.2%	14.9%	14.6%	14.7%	14.1%	13.7%	0.9%
Child	97,048	100,772	103,434	103,670	33.6%	32.2%	28.7%	28.7%	3.8%	2.9%	0.2%
SPD	26,323	27,105	31,201	31,280	9.1%	8.7%	8.7%	8.6%	3.0%	15.4%	0.3%
ACA OE	98,281	110,938	124,397	124,967	34.1%	35.4%	34.5%	34.6%	12.9%	12.6%	0.5%
Duals	19,988	21,685	41,652	41,731	6.9%	6.9%	11.6%	11.5%	8.5%	92.4%	0.2%
LTC	-	-	148	150	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.4%
LTC-Dual	-	-	1,003	1,029	0.0%	0.0%	0.3%	0.3%	0.0%	0.0%	2.6%
Medi-Cal Total	282,606	307,261	354,512	356,001	97.9%	98.1%	98.4%	98.4%	8.7%	15.9%	0.4%
Group Care	5,948	5,795	5,670	5,684	2.1%	1.9%	1.6%	1.6%	-2.6%	-1.9%	0.2%
Total	**288,554**	**313,056**	**360,182**	**361,685**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**8.5%**	**15.5%**	**0.4%**



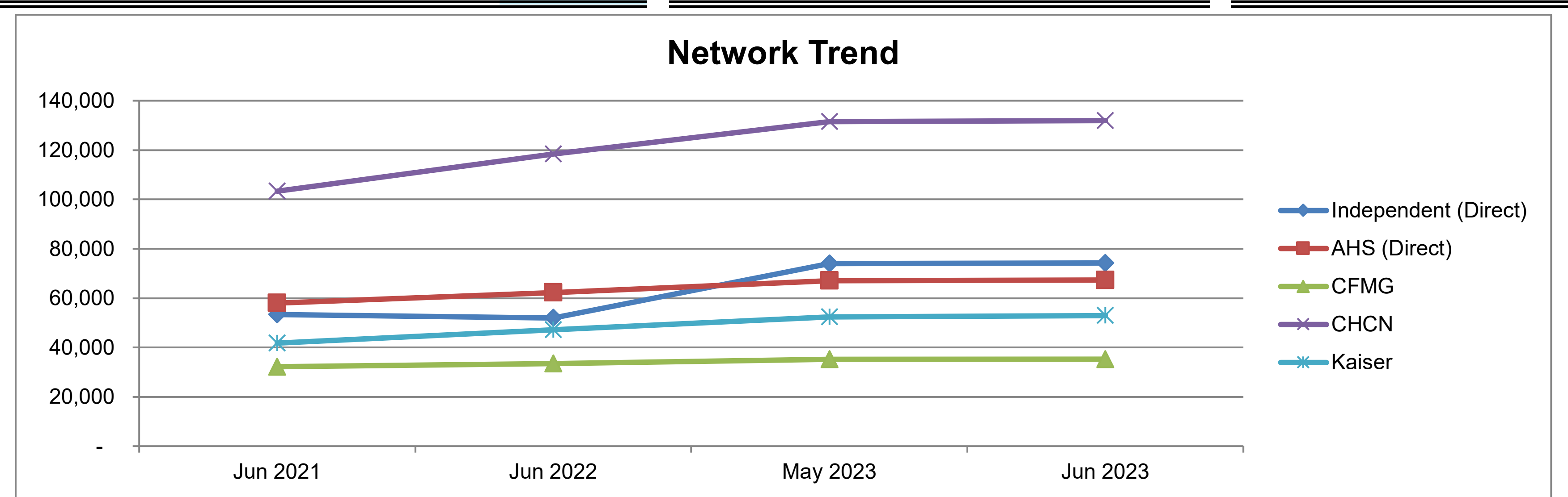
Delegation vs Direct Trend

Members	Members Jun 2021	Members Jun 2022	Members May 2023	Members Jun 2023	% of Total (ie.Distribution) Jun 2021	Jun 2022	May 2023	Jun 2023	% Growth (Loss) Jun 2021 to Jun 2022	Jun 2022 to Jun 2023	May 2023 to Jun 2023
Delegated	177,296	198,905	219,053	220,110	61.4%	63.5%	60.8%	60.9%	12.2%	10.7%	0.5%
Direct	111,258	114,151	141,129	141,575	38.6%	36.5%	39.2%	39.1%	2.6%	24.0%	0.3%
Total	**288,554**	**313,056**	**360,182**	**361,685**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**8.5%**	**15.5%**	**0.4%**



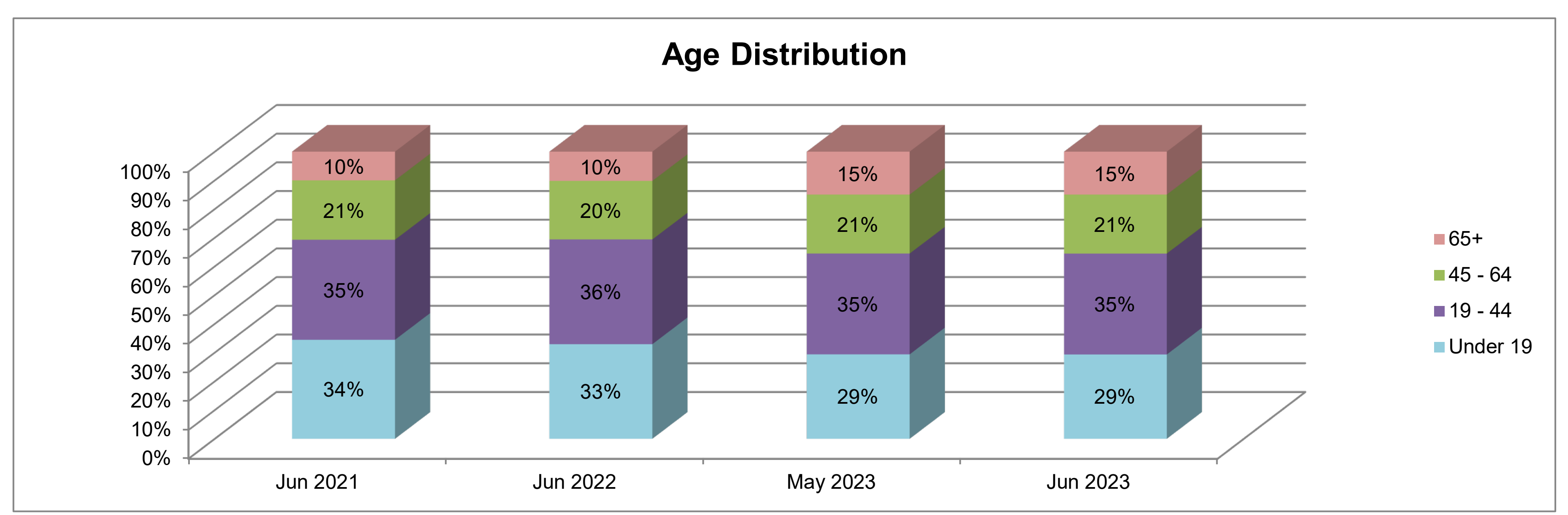
Network Trend

Network	Members Jun 2021	Members Jun 2022	Members May 2023	Members Jun 2023	% of Total (ie.Distribution) Jun 2021	Jun 2022	May 2023	Jun 2023	% Growth (Loss) Jun 2021 to Jun 2022	Jun 2022 to Jun 2023	May 2023 to Jun 2023
Independent (Direct)	53,280	51,936	74,016	74,242	18.5%	16.6%	20.5%	20.5%	-2.5%	42.9%	0.3%
AHS (Direct)	57,978	62,215	67,113	67,333	20.1%	19.9%	18.6%	18.6%	7.3%	8.2%	0.3%
CFMG	32,197	33,408	35,138	35,251	11.2%	10.7%	9.8%	9.7%	3.8%	5.5%	0.3%
CHCN	103,339	118,411	131,489	131,951	35.8%	37.8%	36.5%	36.5%	14.6%	11.4%	0.4%
Kaiser	41,760	47,086	52,426	52,908	14.5%	15.0%	14.6%	14.6%	12.8%	12.4%	0.9%
Total	**288,554**	**313,056**	**360,182**	**361,685**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**8.5%**	**15.5%**	**0.4%**

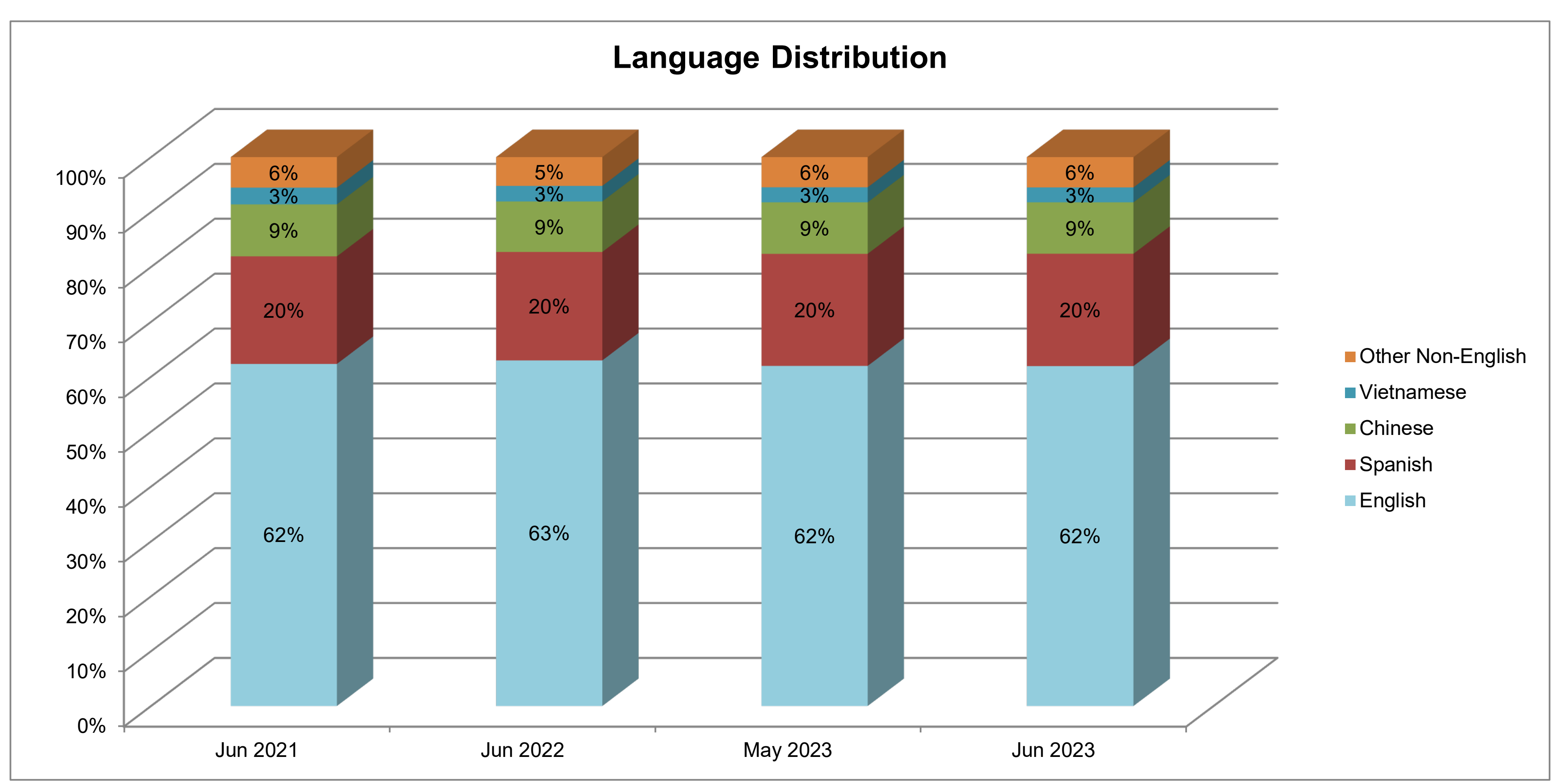


Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Age Category Trend											
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Age Category	Jun 2021	Jun 2022	May 2023	Jun 2023	Jun 2021	Jun 2022	May 2023	Jun 2023	Jun 2021 to Jun 2022	Jun 2022 to Jun 2023	May 2023 to Jun 2023
Under 19	99,380	103,026	105,787	106,040	34%	33%	29%	29%	4%	3%	0%
19 - 44	100,530	114,184	126,401	127,085	35%	36%	35%	35%	14%	11%	1%
45 - 64	59,806	63,899	74,095	74,391	21%	20%	21%	21%	7%	16%	0%
65+	28,838	31,947	53,899	54,169	10%	10%	15%	15%	11%	70%	1%
Total	**288,554**	**313,056**	**360,182**	**361,685**	**100%**	**100%**	**100%**	**100%**	**8%**	**16%**	**0%**



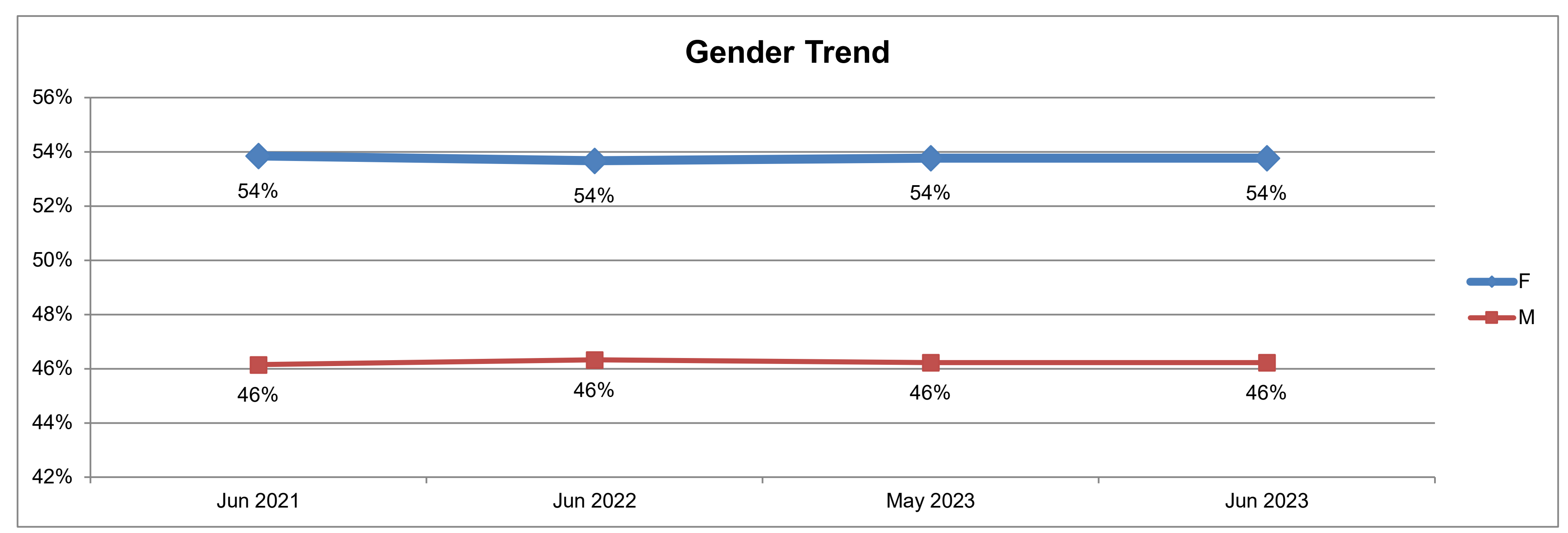
Language Trend											
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Language	Jun 2021	Jun 2022	May 2023	Jun 2023	Jun 2021	Jun 2022	May 2023	Jun 2023	Jun 2021 to Jun 2022	Jun 2022 to Jun 2023	May 2023 to Jun 2023
English	179,840	197,106	223,164	223,993	62%	63%	62%	62%	10%	14%	0%
Spanish	56,529	61,849	73,539	74,012	20%	20%	20%	20%	9%	20%	1%
Chinese	27,322	28,802	33,819	33,860	9%	9%	9%	9%	5%	18%	0%
Vietnamese	8,826	8,868	9,828	9,838	3%	3%	3%	3%	0%	11%	0%
Other Non-English	16,037	16,431	19,832	19,982	6%	5%	6%	6%	2%	22%	1%
Total	**288,554**	**313,056**	**360,182**	**361,685**	**100%**	**100%**	**100%**	**100%**	**8%**	**16%**	**0%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

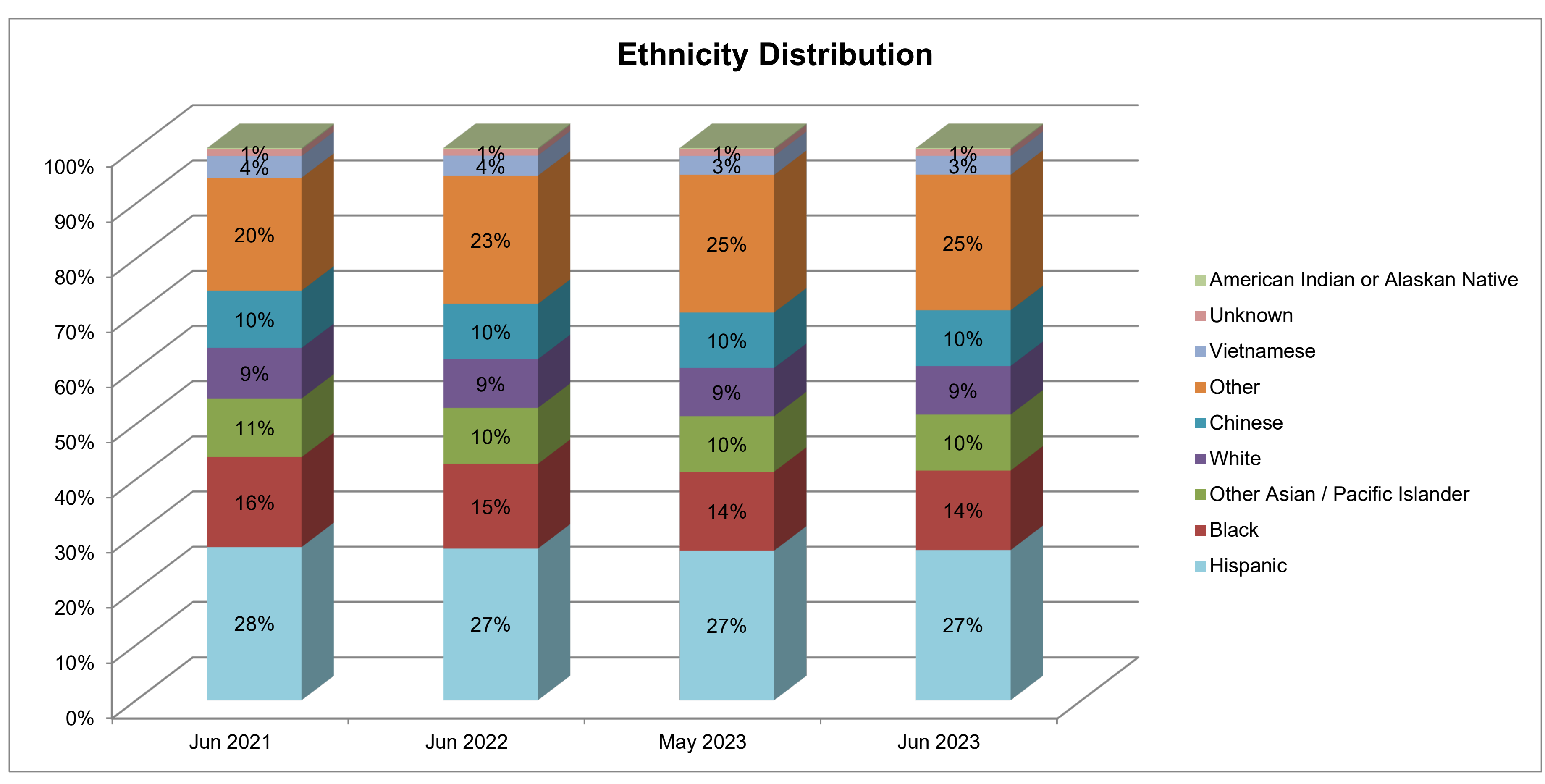
Gender Trend

Gender	Members Jun 2021	Members Jun 2022	Members May 2023	Members Jun 2023	% of Total (ie.Distribution) Jun 2021	Jun 2022	May 2023	Jun 2023	% Growth (Loss) Jun 2021 to Jun 2022	Jun 2022 to Jun 2023	May 2023 to Jun 2023
F	155,381	168,023	193,677	194,470	54%	54%	54%	54%	8%	16%	0%
M	133,173	145,033	166,505	167,215	46%	46%	46%	46%	9%	15%	0%
Total	**288,554**	**313,056**	**360,182**	**361,685**	**100%**	**100%**	**100%**	**100%**	**8%**	**16%**	**0%**



Ethnicity Trend

Ethnicity	Members Jun 2021	Members Jun 2022	Members May 2023	Members Jun 2023	% of Total (ie.Distribution) Jun 2021	Jun 2022	May 2023	Jun 2023	% Growth (Loss) Jun 2021 to Jun 2022	Jun 2022 to Jun 2023	May 2023 to Jun 2023
Hispanic	79,920	85,824	97,427	98,185	28%	27%	27%	27%	7%	14%	1%
Black	47,000	48,031	51,493	52,097	16%	15%	14%	14%	2%	8%	1%
Other Asian / Pacific Islander	30,688	31,777	36,245	36,735	11%	10%	10%	10%	4%	16%	1%
White	26,407	27,666	31,499	31,823	9%	9%	9%	9%	5%	15%	1%
Chinese	30,015	31,360	36,159	36,522	10%	10%	10%	10%	4%	16%	1%
Other	59,005	72,720	89,867	88,825	20%	23%	25%	25%	23%	22%	-1%
Vietnamese	11,343	11,426	12,326	12,366	4%	4%	3%	3%	1%	8%	0%
Unknown	3,549	3,570	4,425	4,397	1%	1%	1%	1%	1%	23%	-1%
American Indian or Alaskan Native	627	682	741	735	0%	0%	0%	0%	9%	8%	-1%
Total	**288,554**	**313,056**	**360,182**	**361,685**	**100%**	**100%**	**100%**	**100%**	**8%**	**16%**	**0%**



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

Medi-Cal By City

City	Jun 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	137,164	39%	19,574	30,986	14,533	57,157	14,914
Hayward	56,009	16%	10,675	12,064	5,884	17,905	9,481
Fremont	33,382	9%	12,955	4,953	1,262	8,914	5,298
San Leandro	32,076	9%	6,464	4,480	3,561	11,658	5,913
Union City	15,185	4%	5,328	2,286	637	4,110	2,824
Alameda	13,757	4%	2,953	2,122	1,750	4,692	2,240
Berkeley	13,574	4%	2,582	1,846	1,364	5,738	2,044
Livermore	10,978	3%	1,628	683	1,976	4,749	1,942
Newark	8,465	2%	2,511	2,646	298	1,541	1,469
Castro Valley	9,011	3%	1,911	1,343	1,126	2,703	1,928
San Lorenzo	7,464	2%	1,273	1,269	734	2,688	1,500
Pleasanton	6,221	2%	1,451	398	562	2,746	1,064
Dublin	6,612	2%	1,537	429	691	2,757	1,198
Emeryville	2,466	1%	516	452	314	759	425
Albany	2,205	1%	329	231	415	795	435
Piedmont	461	0%	86	132	28	99	116
Sunol	82	0%	21	10	6	28	17
Antioch	33	0%	9	5	9	8	2
Other	856	0%	218	143	101	296	98
Total	**356,001**	**100%**	**72,021**	**66,478**	**35,251**	**129,343**	**52,908**

Group Care By City

City	Jun 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	1,817	32%	410	339	-	1,068	-
Hayward	643	11%	312	141	-	190	-
Fremont	619	11%	431	52	-	136	-
San Leandro	571	10%	215	84	-	272	-
Union City	300	5%	192	35	-	73	-
Alameda	282	5%	103	19	-	160	-
Berkeley	161	3%	46	12	-	103	-
Livermore	89	2%	27	3	-	59	-
Newark	137	2%	86	32	-	19	-
Castro Valley	196	3%	85	27	-	84	-
San Lorenzo	132	2%	48	16	-	68	-
Pleasanton	63	1%	25	3	-	35	-
Dublin	107	2%	36	6	-	65	-
Emeryville	33	1%	13	5	-	15	-
Albany	19	0%	6	1	-	12	-
Piedmont	13	0%	3	-	-	10	-
Sunol	-	0%	-	-	-	-	-
Antioch	23	0%	7	6	-	10	-
Other	479	8%	176	74	-	229	-
Total	**5,684**	**100%**	**2,221**	**855**	**-**	**2,608**	**-**

Total By City

City	Jun 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	138,981	38%	19,984	31,325	14,533	58,225	14,914
Hayward	56,652	16%	10,987	12,205	5,884	18,095	9,481
Fremont	34,001	9%	13,386	5,005	1,262	9,050	5,298
San Leandro	32,647	9%	6,679	4,564	3,561	11,930	5,913
Union City	15,485	4%	5,520	2,321	637	4,183	2,824
Alameda	14,039	4%	3,056	2,141	1,750	4,852	2,240
Berkeley	13,735	4%	2,628	1,858	1,364	5,841	2,044
Livermore	11,067	3%	1,655	686	1,976	4,808	1,942
Newark	8,602	2%	2,597	2,678	298	1,560	1,469
Castro Valley	9,207	3%	1,996	1,370	1,126	2,787	1,928
San Lorenzo	7,596	2%	1,321	1,285	734	2,756	1,500
Pleasanton	6,284	2%	1,476	401	562	2,781	1,064
Dublin	6,719	2%	1,573	435	691	2,822	1,198
Emeryville	2,499	1%	529	457	314	774	425
Albany	2,224	1%	335	232	415	807	435
Piedmont	474	0%	89	132	28	109	116
Sunol	82	0%	21	10	6	28	17
Antioch	56	0%	16	11	9	18	2
Other	1,335	0%	394	217	101	525	98
Total	**361,685**	**100%**	**74,242**	**67,333**	**35,251**	**131,951**	**52,908**

To: Alameda Alliance for Health Board of Governors

From: Gil Riojas, Chief Financial Officer

Date: September 8th, 2023

Subject: Finance Report – July 2023

Executive Summary

- For the month ended July 31st, 2023, the Alliance had enrollment of 358,306 members, a Net Income of $9.7 million and 723% of required Tangible Net Equity (TNE).

Overall Results: (in Thousands)

	Month	YTD
Revenue	$138,732	$138,732
Medical Expense	126,156	126,156
Admin. Expense	5,694	5,694
Other Inc. / (Exp.)	2,865	2,865
Net Income	**$9,747**	**$9,747**

Net Income by Program: (in Thousands)

	Month	YTD
Medi-Cal	$9,138	$9,138
Group Care	609	609
	$9,747	**$9,747**

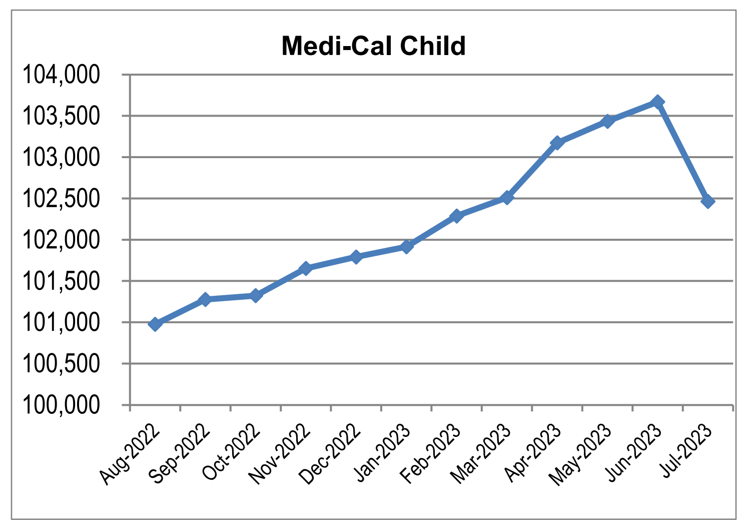
Enrollment

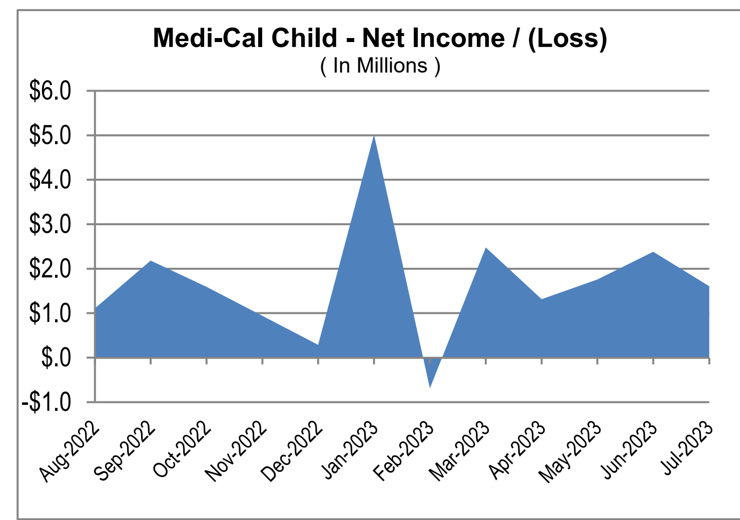
- Total enrollment decreased by 3,379 members since June 2023.

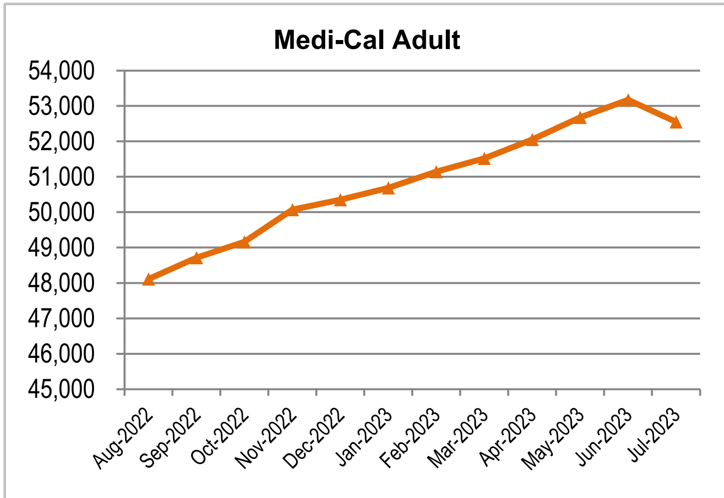
Monthly Membership and YTD Member Months
Actual vs. Budget
For the Month and Fiscal Year-to-Date

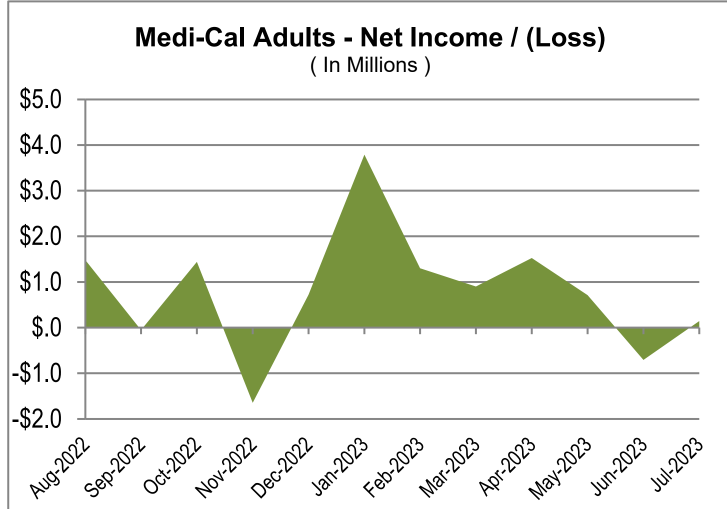
Enrollment July 2023					Member Months Year-to-Date			
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
				Medi-Cal:				
52,550	51,779	771	1.5%	Adult	52,550	51,779	771	1.5%
102,463	103,544	(1,081)	-1.0%	Child	102,463	103,544	(1,081)	-1.0%
31,055	31,335	(280)	-0.9%	SPD	31,055	31,335	(280)	-0.9%
41,688	42,304	(616)	-1.5%	Duals	41,688	42,304	(616)	-1.5%
123,707	123,148	559	0.5%	ACA OE	123,707	123,148	559	0.5%
141	145	(4)	-2.8%	LTC	141	145	(4)	-2.8%
1,033	983	50	5.1%	LTC Duals	1,033	983	50	5.1%
352,637	**353,238**	**(601)**	**-0.2%**	**Medi-Cal Total**	**352,637**	**353,238**	**(601)**	**-0.2%**
5,669	5,669	0	0.0%	Group Care	5,669	5,669	0	0.0%
358,306	**358,907**	**(601)**	**-0.2%**	**Total**	**358,306**	**358,907**	**(601)**	**-0.2%**

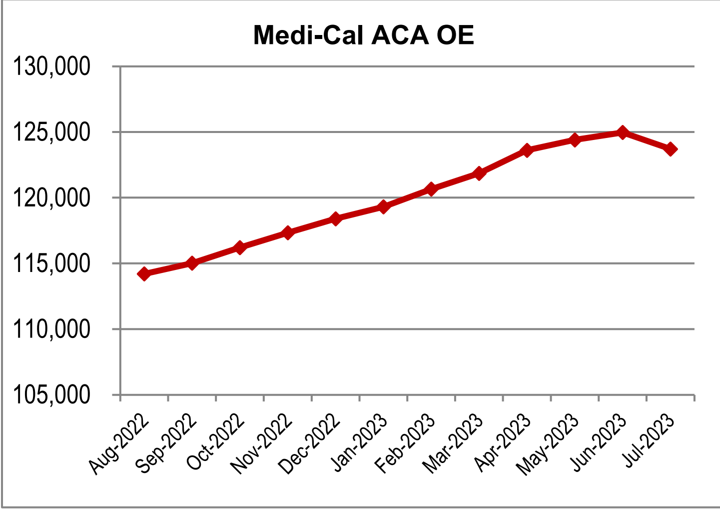
Enrollment and Profitability by Program and Category of Aid

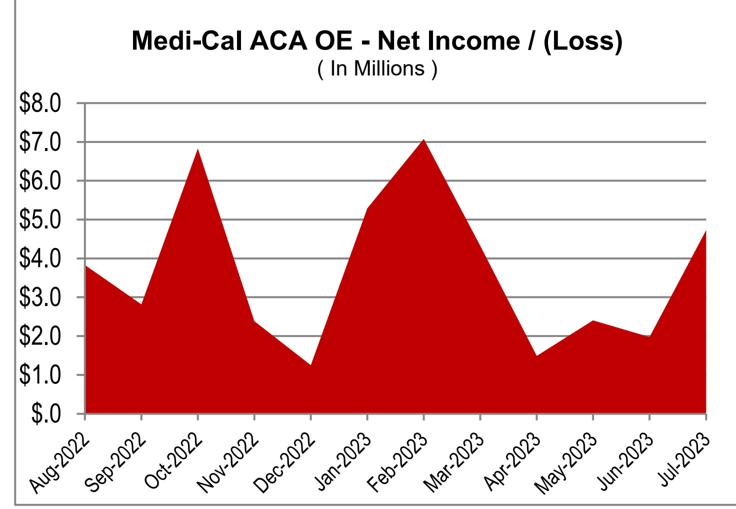




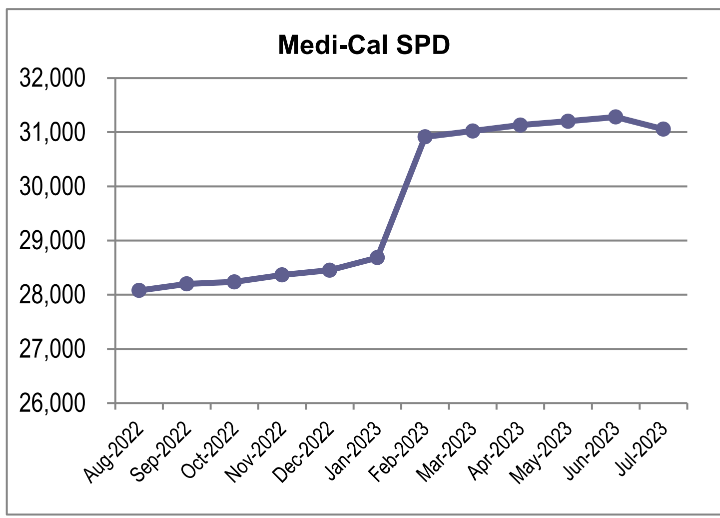


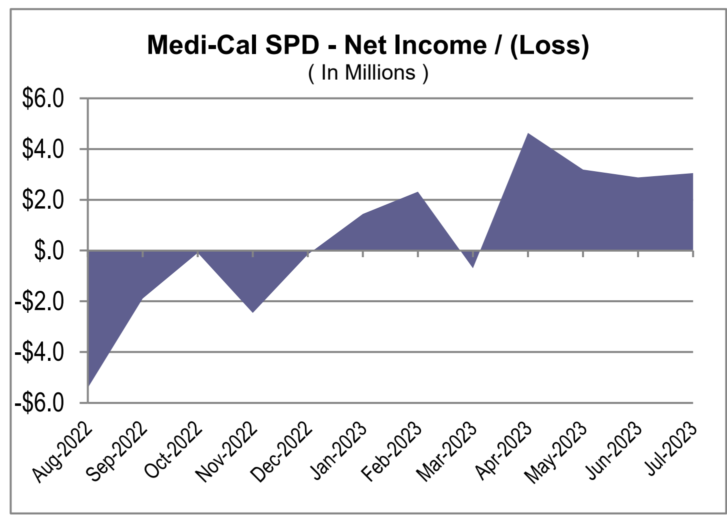


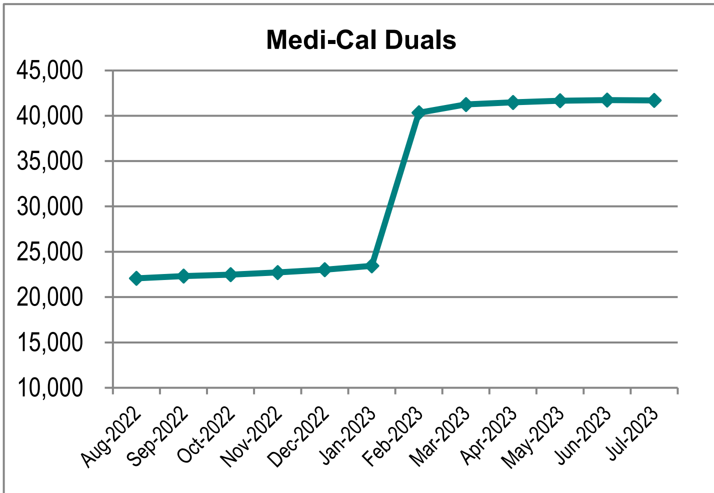


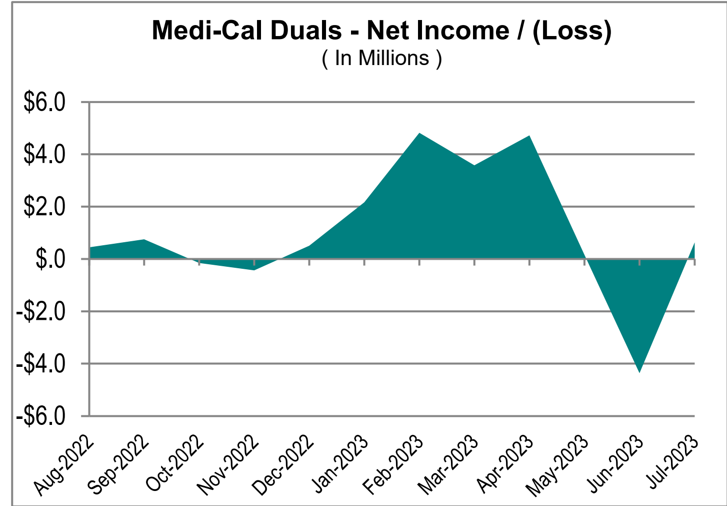


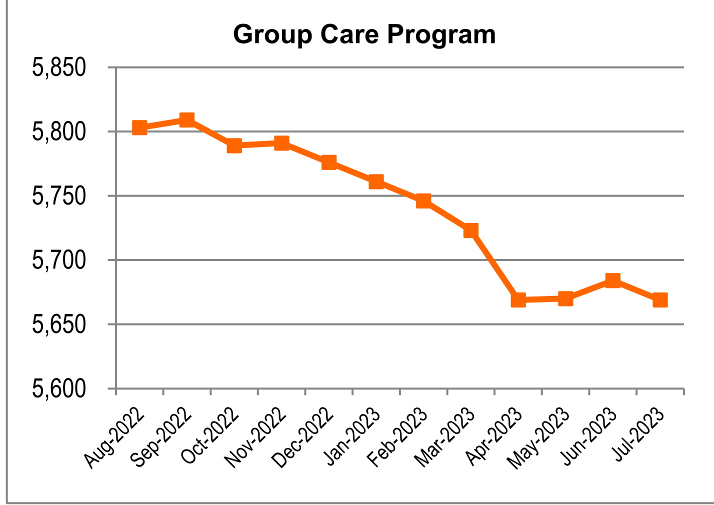
Enrollment and Profitability by Program and Category of Aid

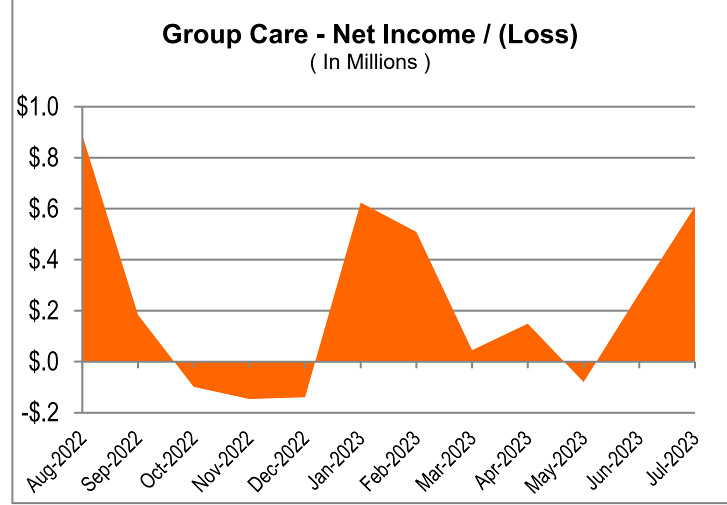




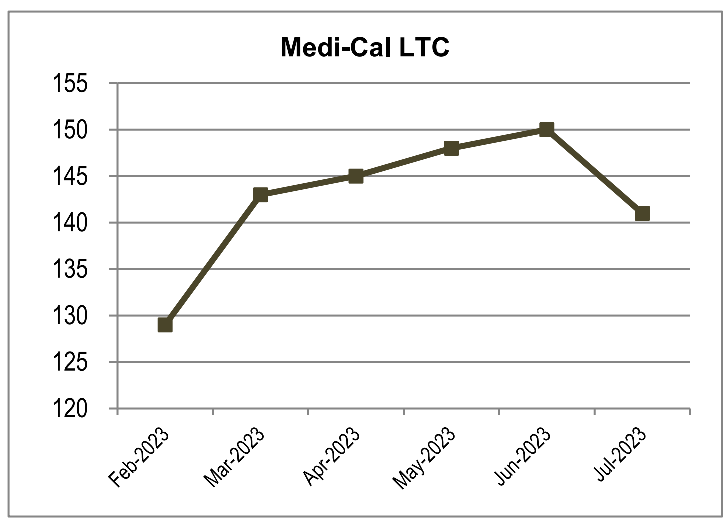


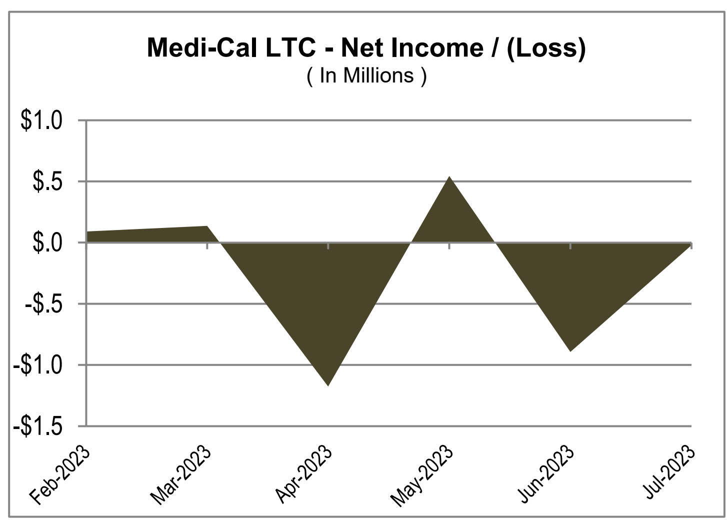


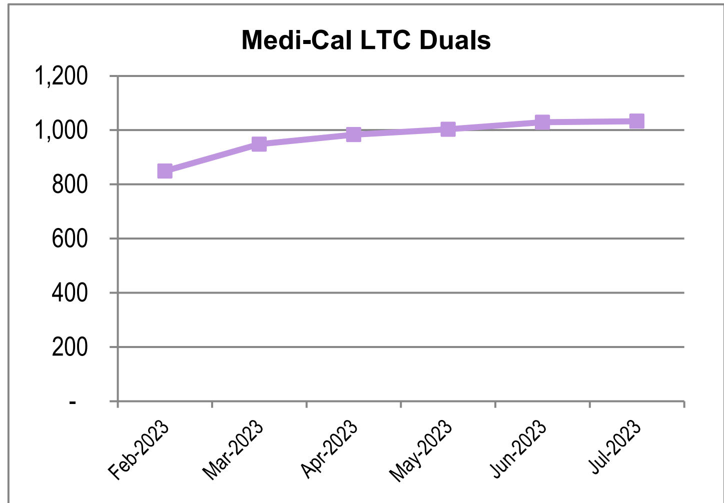


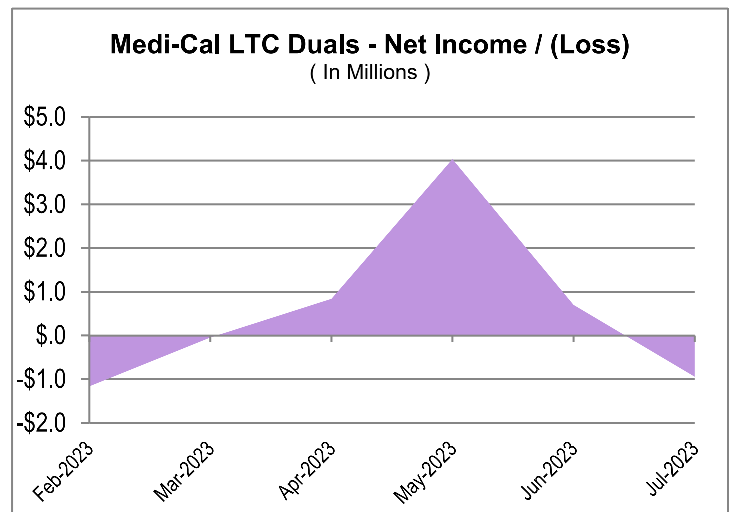


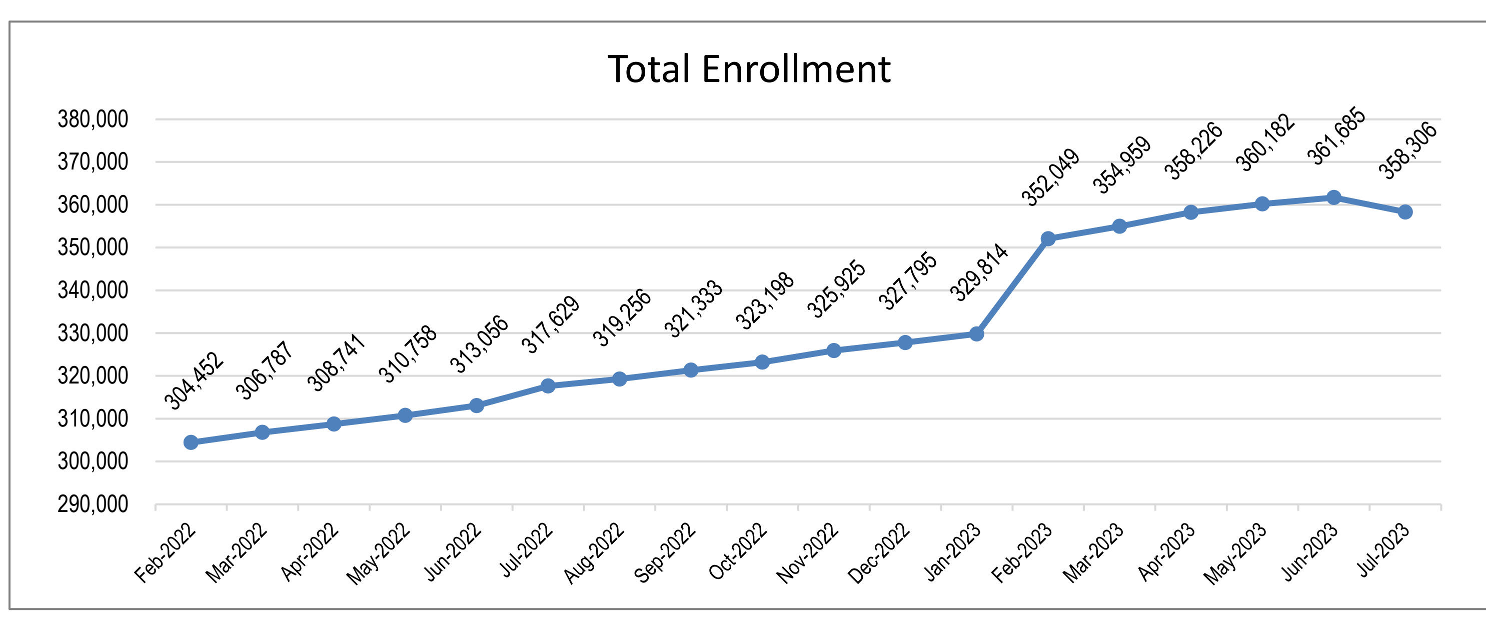
Enrollment and Profitability by Program and Category of Aid

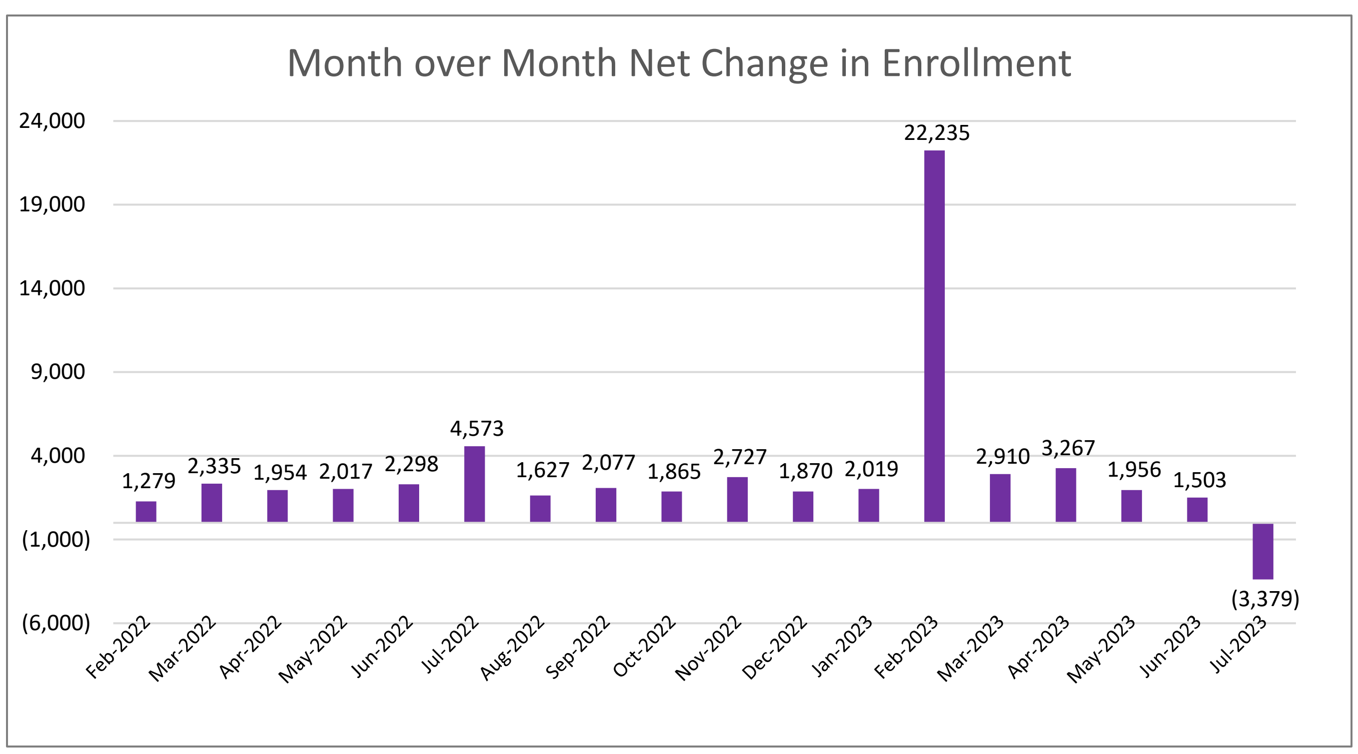








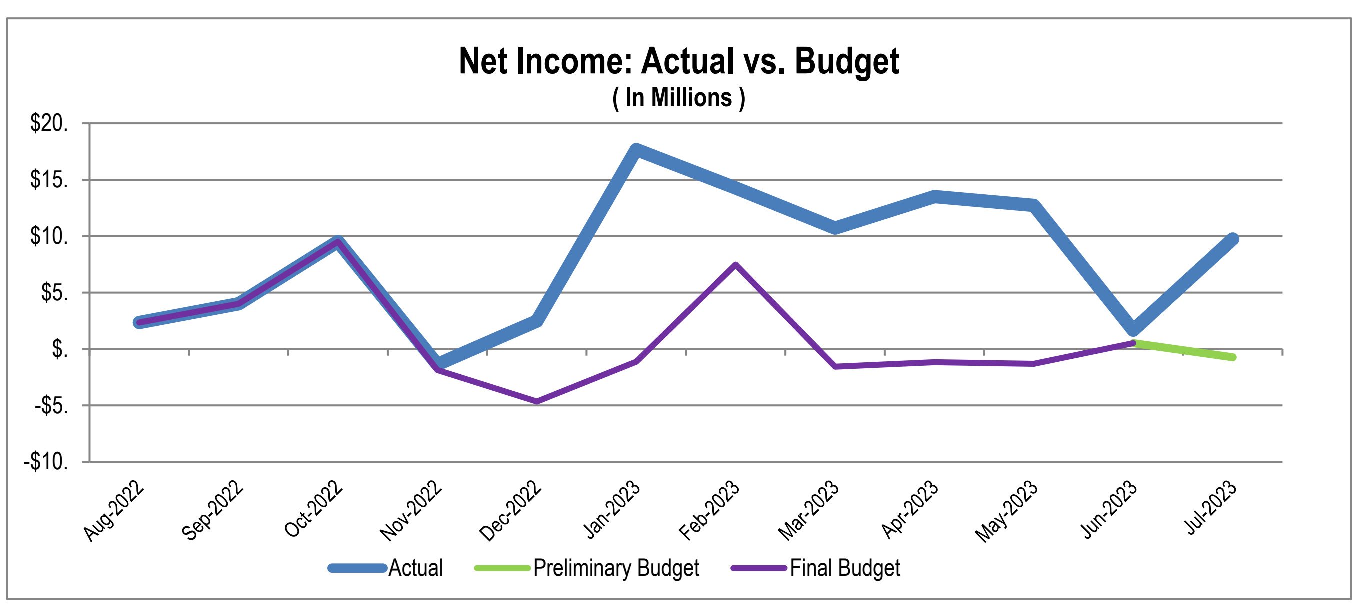




- The Public Health Emergency (PHE) ended in May 2023. Disenrollments related to redetermination started in July 2023.

Net Income

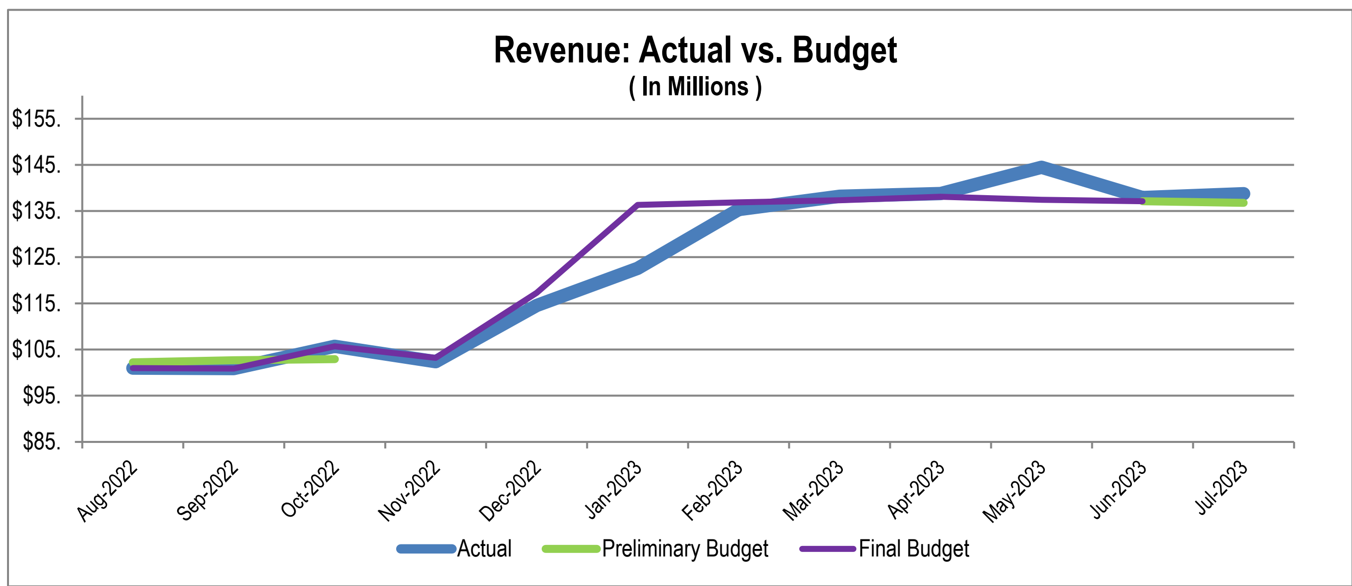
- For the month and fiscal year-to-date ended July 31st, 2023:
  - Actual Net Income $9.7 million.
  - Budgeted Net Loss $723,000.



- The favorable variance of $10.5 million in the current month is primarily due to:
    - Favorable $4.9 million lower than anticipated Medical Expense.
    - Favorable $2.1 million higher than anticipated Total Other Income.
    - Favorable $1.9 million higher than anticipated Revenue.
    - Favorable $1.6 million lower than anticipated Administrative Expense.

Revenue

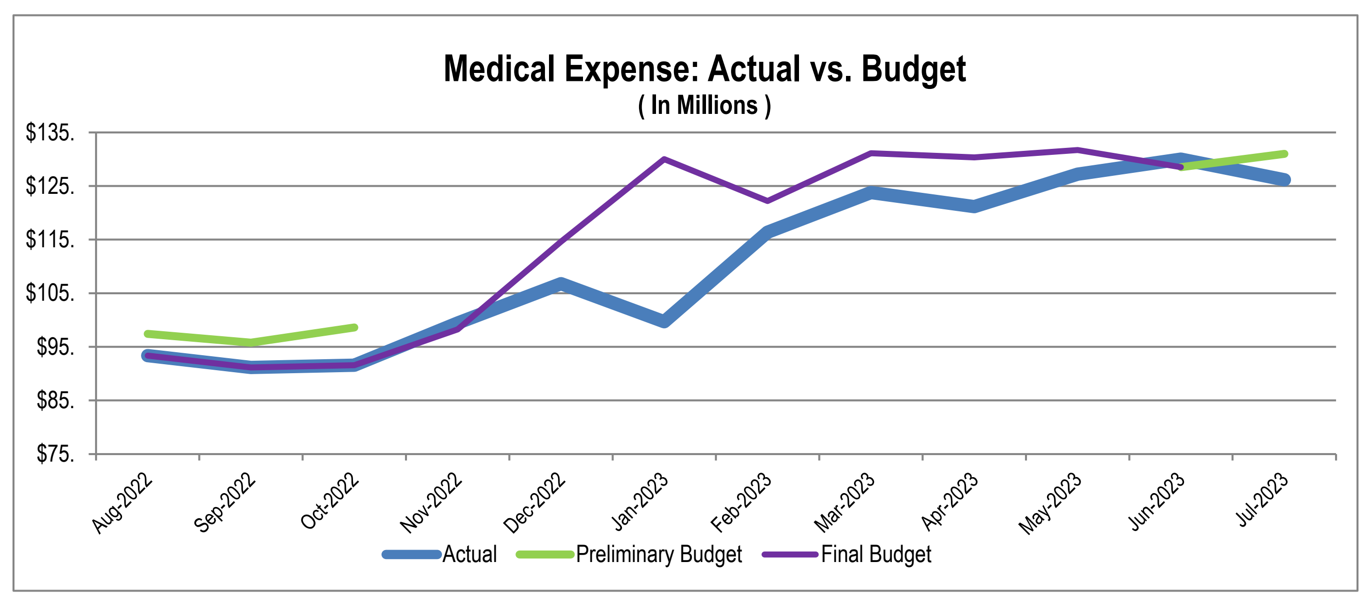
- For the month and fiscal year-to-date ended July 31st, 2023:
    - Actual Revenue: $138.7 million.
    - Budgeted Revenue: $136.8 million.



- For the month ended July 31st, 2023, Revenue was $1.9 million favorable, driven by incentive revenue timing and base capitation revenue, slightly offset by supplemental maternity revenue.

Medical Expense

- For the month and fiscal year-to-date ended July 31st, 2023
    - Actual Medical Expense: $126.2 million.
    - Budgeted Medical Expense: $131.0 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 July updates to Fee-For-Service (FFS) increased the estimate for prior period unpaid Medical Expenses by $164,000.

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	$25,874,866	$0	$25,874,866	$26,667,688	$792,822	3.0%
Primary Care FFS	$5,345,977	($100,625)	$5,245,352	$5,277,475	($68,501)	-1.3%
Specialty Care FFS	$4,985,944	($546,237)	$4,439,707	$5,678,245	$692,301	12.2%
Outpatient FFS	$7,902,257	$171,309	$8,073,567	$8,541,209	$638,952	7.5%
Ancillary FFS	$10,758,678	$1,379,719	$12,138,397	$12,215,065	$1,456,387	11.9%
Pharmacy FFS	$7,974,855	($437,603)	$7,537,252	$9,083,129	$1,108,274	12.2%
ER Services FFS	$5,300,312	($174,138)	$5,126,174	$6,155,816	$855,503	13.9%
Inpatient Hospital & SNF FFS	$33,030,232	$1,283,686	$34,313,919	$35,854,900	$2,824,668	7.9%
Long Term Care FFS	$19,954,338	($1,412,572)	$18,541,765	$15,566,495	($4,387,843)	-28.2%
Other Benefits & Services	$4,651,160	$0	$4,651,160	$5,720,298	$1,069,138	18.7%
Net Reinsurance	$213,431	$0	$213,431	$270,046	$56,615	21.0%
	$125,992,051	**$163,538**	**$126,155,589**	**$131,030,367**	**$5,038,316**	**3.8%**

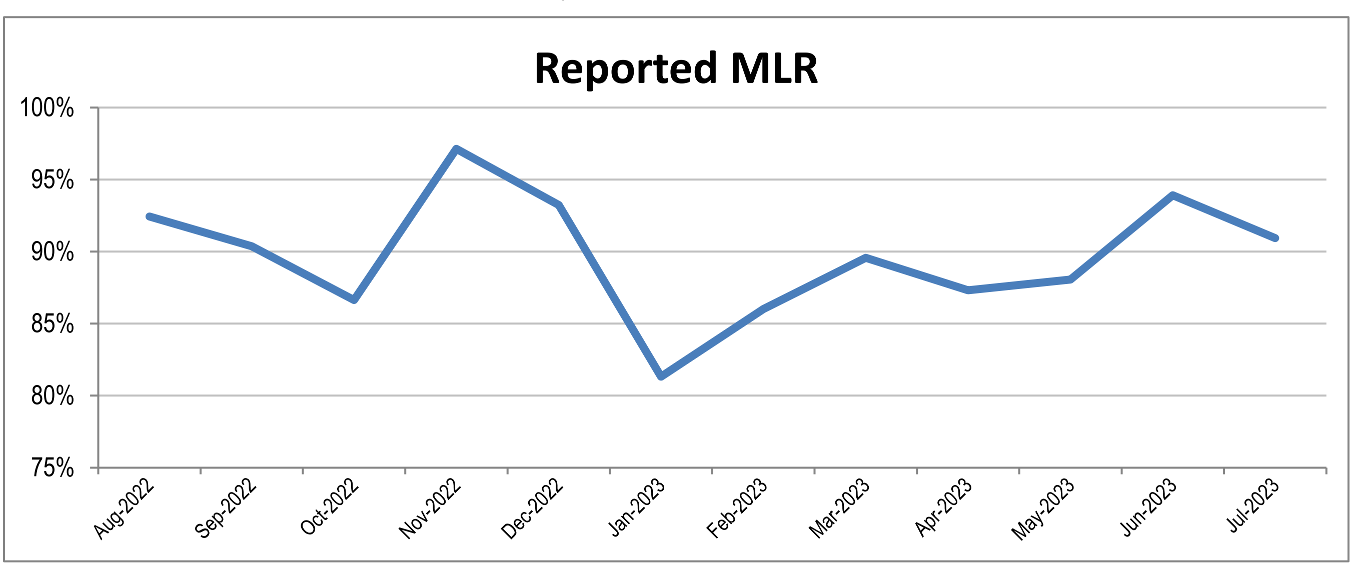
Medical Expense - Actual vs. Budget (Per Member Per Month) Adjusted to Eliminate the Impact of Prior Year IBNP Estimates						
	Actual			**Budget**	**Variance Actual vs. Budget** Favorable/(Unfavorable)	
	Adjusted	**Change in IBNP**	**Reported**		**$**	**%**
Capitated Medical Expense	$72.21	$0.00	$72.21	$74.30	$2.09	2.8%
Primary Care FFS	$14.92	($0.28)	$14.64	$14.70	($0.22)	-1.5%
Specialty Care FFS	$13.92	($1.52)	$12.39	$15.82	$1.91	12.0%
Outpatient FFS	$22.05	$0.48	$22.53	$23.80	$1.74	7.3%
Ancillary FFS	$30.03	$3.85	$33.88	$34.03	$4.01	11.8%
Pharmacy FFS	$22.26	($1.22)	$21.04	$25.31	$3.05	12.1%
ER Services FFS	$14.79	($0.49)	$14.31	$17.15	$2.36	13.8%
Inpatient Hospital & SNF FFS	$92.18	$3.58	$95.77	$99.90	$7.72	7.7%
Long Term Care FFS	$55.69	($3.94)	$51.75	$43.37	($12.32)	-28.4%
Other Benefits & Services	$12.98	$0.00	$12.98	$15.94	$2.96	18.6%
Net Reinsurance	$0.60	$0.00	$0.60	$0.75	$0.16	20.8%
	$351.63	**$0.46**	**$352.09**	**$365.08**	**$13.45**	**3.7%**

- Excluding the impact of prior year estimates for IBNP, year-to-date medical expense variance is $5.0 million favorable to budget. On a PMPM basis, medical expense is 3.7% favorable to budget. For per-member-per-month expense:
  - Capitated Expense is slightly under budget, largely driven by favorable FQHC expense, partially offset by unfavorable Global Subcontract, due to delay in contract amendment to increase rates.
  - Primary Care Expense is unfavorable compared to budget across all Categories of Aid except for Child, Adult and Duals, driven generally by unfavorable unit cost.
  - Specialty Care expenses are below budget, favorable across all Categories of Aid except for LTC and LTC Duals and generally driven by unfavorable unit cost.
  - Outpatient Expense is under budget generally due to favorable dialysis and facility other utilization in the SPD, Adult, and Dual Categories of Aid.
  - Ancillary Expense is under budget mostly due to favorable unit cost in the SPD, ACA OE, and Dual Categories of Aid.
  - Pharmacy Expense is under budget mostly due to favorable Non-PBM expense driven by favorable utilization in the Adult, ACA OE and Dual Categories of Aid.
  - Emergency Room Expense is under budget driven by favorable unit cost in the SPD, ACA OE, Child, and Dual Categories of Aid.
  - Inpatient Expense is under budget mostly driven by favorable utilization in the SPD and LTC Duals populations offset by unfavorable utilization in the Adult Category of Aid.
  - Long Term Care expense is over budget due to utilization in the SPD and ACA OE Categories of Aid and unfavorable LTC Dual unit cost.

- Other Benefits & Services is under budget, due to favorable Cal AIM IPP expense.
- Net Reinsurance year-to-date is favorable because more recoveries were received than budgeted.

Medical Loss Ratio (MLR)

The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 90.9% for the month and fiscal year-to-date.



Administrative Expense

- For the month and fiscal year-to-date ended July 31st, 2023
    - Actual Administrative Expense: $5.7 million.
    - Budgeted Administrative Expense: $7.3 million.

Summary of Administrative Expense (In Dollars)
For the Month and Fiscal Year-to-Date
Favorable/(Unfavorable)

Month					Year-to-Date			
Actual	**Budget**	**Variance $**	**Variance %**		**Actual**	**Budget**	**Variance $**	**Variance %**
$4,130,317	$4,064,517	($65,800)	-1.6%	Employee Expense	$4,130,317	$4,064,517	($65,800)	-1.6%
61,352	52,512	(8,840)	-16.8%	Medical Benefits Admin Expense	61,352	52,512	(8,840)	-16.8%
757,167	1,463,532	706,365	48.3%	Purchased & Professional Services	757,167	1,463,532	706,365	48.3%
745,536	1,681,966	936,429	55.7%	Other Admin Expense	745,536	1,681,966	936,429	55.7%
$5,694,373	$7,262,527	$1,568,154	21.6%	Total Administrative Expense	$5,694,373	$7,262,527	$1,568,154	21.6%

The year-to-date variances include:

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

The Administrative Loss Ratio (ALR) is 4.1% of net revenue for the month fiscal year-to-date.

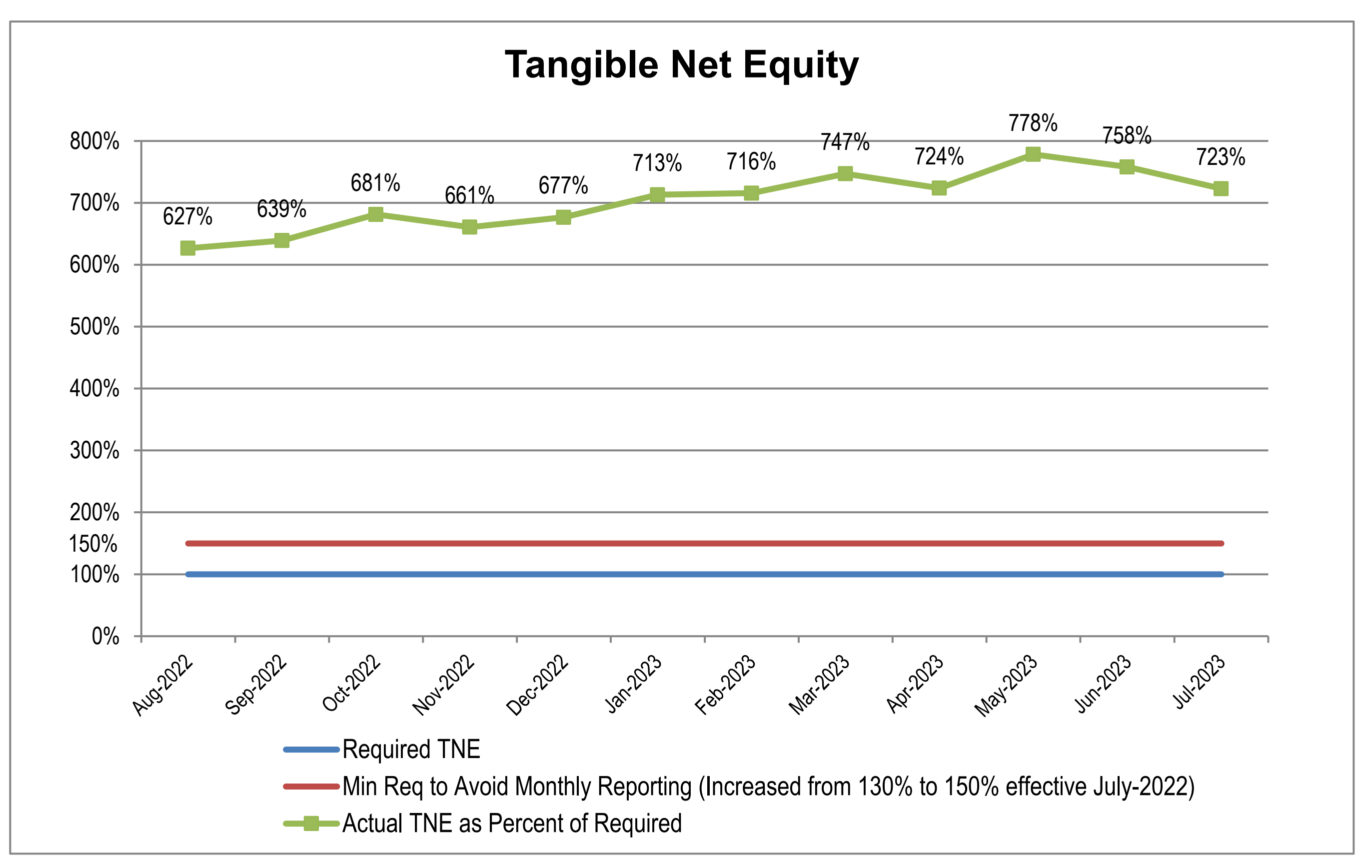
Other Income / (Expense)

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

- Fiscal year-to-date net investments show a gain of $2.9 million.
- Fiscal year-to-date claims interest expense, due to delayed payment of certain claims, or recalculated interest on previously paid claims is $43,000.

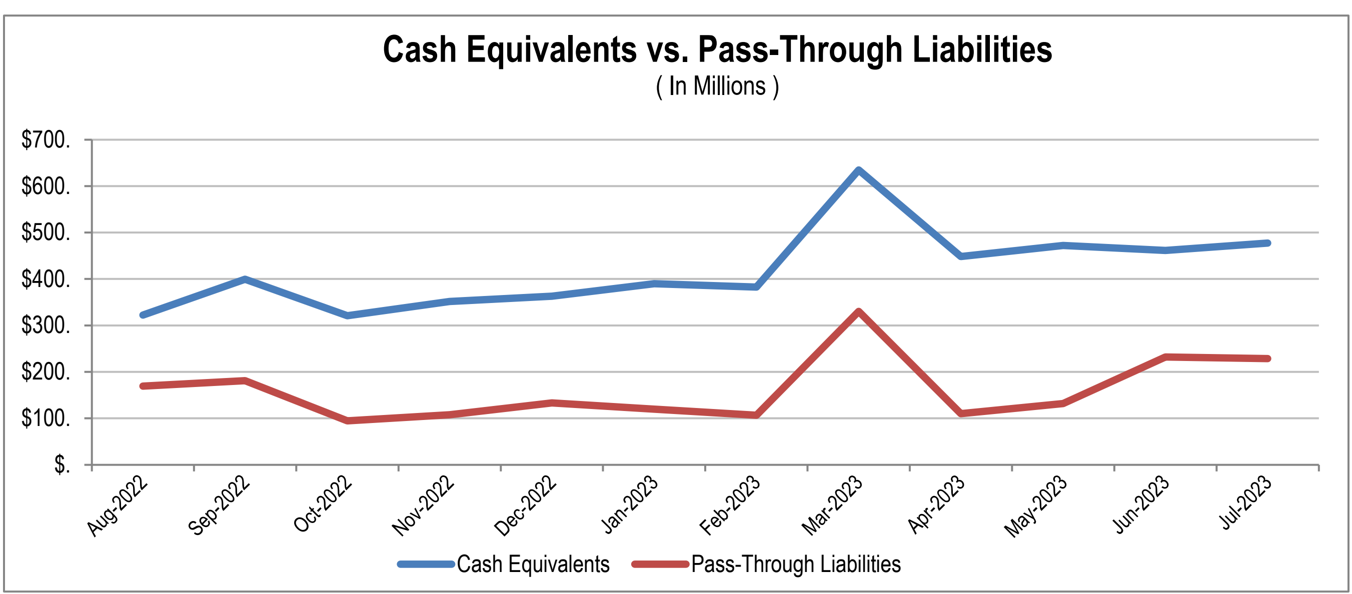
Tangible Net Equity (TNE)

- 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 $46.2 million
    - Actual TNE $334.2 million
    - Excess TNE $287.9 million
    - TNE % of Required TNE 723%



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

- Key Metrics
  - Cash & Cash Equivalents $477.5 million
  - Pass-Through Liabilities $228.5 million
  - Uncommitted Cash $249.0 million
  - Working Capital $312.4 million
  - Current Ratio 1.66 (regulatory minimum is 1.00)



Capital Investment

- Fiscal year-to-date capital assets acquired: $0
- Annual capital budget: $1.5 million
- A summary of year-to-date capital asset acquisitions is included in this monthly financial statement package.

Caveats to Financial Statements

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

ALAMEDA ALLIANCE FOR HEALTH

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

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				MEMBERSHIP				
352,637	353,238	(601)	(0.2%)	1 - Medi-Cal	352,637	353,238	(601)	(0.2%)
5,669	5,669	0	0.0%	2 - GroupCare	5,669	5,669	0	0.0%
358,306	**358,907**	**(601)**	**(0.2%)**	**3 - TOTAL MEMBER MONTHS**	**358,306**	**358,907**	**(601)**	**(0.2%)**
				REVENUE				
$138,731,845	**$136,799,942**	**$1,931,903**	**1.4%**	**4 - TOTAL REVENUE**	**$138,731,845**	**$136,799,942**	**$1,931,903**	**1.4%**
				MEDICAL EXPENSES				
				Capitated Medical Expenses:				
$25,874,866	$26,667,688	$792,822	3.0%	5 - Capitated Medical Expense	$25,874,866	$26,667,688	$792,822	3.0%
				Fee for Service Medical Expenses:				
$34,313,919	$35,854,900	$1,540,982	4.3%	6 - Inpatient Hospital FFS Expense	$34,313,919	$35,854,900	$1,540,982	4.3%
$5,245,352	$5,277,475	$32,124	0.6%	7 - Primary Care Physician FFS Expense	$5,245,352	$5,277,475	$32,124	0.6%
$4,439,707	$5,678,245	$1,238,539	21.8%	8 - Specialty Care Physician Expense	$4,439,707	$5,678,245	$1,238,539	21.8%
$12,138,397	$12,215,065	$76,668	0.6%	9 - Ancillary Medical Expense	$12,138,397	$12,215,065	$76,668	0.6%
$8,073,567	$8,541,209	$467,643	5.5%	10 - Outpatient Medical Expense	$8,073,567	$8,541,209	$467,643	5.5%
$5,126,174	$6,155,816	$1,029,641	16.7%	11 - Emergency Expense	$5,126,174	$6,155,816	$1,029,641	16.7%
$7,537,252	$9,083,130	$1,545,877	17.0%	12 - Pharmacy Expense	$7,537,252	$9,083,130	$1,545,877	17.0%
$18,541,765	$15,566,495	($2,975,271)	(19.1%)	13 - Long Term Care FFS Expense	$18,541,765	$15,566,495	($2,975,271)	(19.1%)
$95,416,132	$98,372,335	$2,956,203	3.0%	14 - Total Fee for Service Expense	$95,416,132	$98,372,335	$2,956,203	3.0%
$4,651,160	$5,720,298	$1,069,138	18.7%	15 - Other Benefits & Services	$4,651,160	$5,720,298	$1,069,138	18.7%
$213,431	$270,046	$56,615	21.0%	16 - Reinsurance Expense	$213,431	$270,046	$56,615	21.0%
$126,155,589	**$131,030,367**	**$4,874,777**	**3.7%**	**17 - TOTAL MEDICAL EXPENSES**	**$126,155,589**	**$131,030,367**	**$4,874,777**	**3.7%**
$12,576,256	**$5,769,576**	**$6,806,680**	**118.0%**	**18- GROSS MARGIN**	**$12,576,256**	**$5,769,576**	**$6,806,680**	**118.0%**
				ADMINISTRATIVE EXPENSES				
$4,130,317	$4,064,517	($65,800)	(1.6%)	19- Personnel Expense	$4,130,317	$4,064,517	($65,800)	(1.6%)
$61,352	$52,512	($8,840)	(16.8%)	20 - Benefits Administration Expense	$61,352	$52,512	($8,840)	(16.8%)
$757,167	$1,463,532	$706,365	48.3%	21 - Purchased & Professional Services	$757,167	$1,463,532	$706,365	48.3%
$745,536	$1,681,966	$936,429	55.7%	22 - Other Administrative Expense	$745,536	$1,681,966	$936,429	55.7%
$5,694,373	**$7,262,527**	**$1,568,154**	**21.6%**	**23 - TOTAL ADMINISTRATIVE EXPENSE**	**$5,694,373**	**$7,262,527**	**$1,568,154**	**21.6%**
$6,881,883	**($1,492,951)**	**$8,374,834**	**561.0%**	**24 - NET OPERATING INCOME / (LOSS)**	**$6,881,883**	**($1,492,951)**	**$8,374,834**	**561.0%**
				OTHER INCOME / EXPENSE				
$2,865,050	**$770,000**	**$2,095,050**	**272.1%**	**25 - TOTAL OTHER INCOME / (EXPENSE)**	**$2,865,050**	**$770,000**	**$2,095,050**	**272.1%**
$9,746,933	**($722,951)**	**$10,469,884**	**1,448.2%**	**26 - NET INCOME / (LOSS)**	**$9,746,933**	**($722,951)**	**$10,469,884**	**1,448.2%**
4.1%	**5.3%**	**1.2%**	**22.6%**	**27 - Admin Exp % of Revenue**	**4.1%**	**5.3%**	**1.2%**	**22.6%**

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

	July	June	Difference	% Difference
CURRENT ASSETS:				
Cash & Equivalents				
Cash	$102,769,434	$35,220,850	$67,548,584	191.79%
Short-Term Investments	374,685,277	426,164,565	(51,479,288)	-12.08%
Interest Receivable	480,923	714,576	(233,653)	-32.70%
Other Receivables - Net	296,073,117	300,221,485	(4,148,368)	-1.38%
Prepaid Expenses	4,787,550	4,863,539	(75,989)	-1.56%
Prepaid Inventoried Items	19,870	37,180	(17,310)	-46.56%
CalPERS Net Pension Asset	(5,286,448)	(5,286,448)	0	0.00%
Deferred CalPERS Outflow	13,762,781	13,762,781	0	0.00%
TOTAL CURRENT ASSETS	**$787,292,504**	**$775,698,527**	**$11,593,977**	**1.49%**
OTHER ASSETS:				
Long-Term Investments	11,580,343	11,560,537	19,806	0.17%
Restricted Assets	350,000	350,000	0	0.00%
Lease Asset - Office Space (Net)	1,378,046	1,440,685	(62,638)	-4.35%
Lease Asset - Office Equipment (Net)	153,925	0	153,925	0.00%
SBITA Asset-GASB 96 (Net)	6,071,830	5,324,757	747,073	14.03%
TOTAL OTHER ASSETS	**$19,534,144**	**$18,675,978**	**$858,165**	**4.60%**
PROPERTY AND EQUIPMENT:				
Land, Building & Improvements	10,113,570	10,113,570	0	0.00%
Furniture And Equipment	11,855,077	11,855,077	0	0.00%
Leasehold Improvement	902,447	902,447	0	0.00%
Internally-Developed Software	14,824,002	14,824,002	0	0.00%
Fixed Assets at Cost	37,695,096	37,695,096	0	0.00%
Less: Accumulated Depreciation	(32,525,998)	(32,477,125)	(48,873)	0.15%
NET PROPERTY AND EQUIPMENT	**$5,169,098**	**$5,217,971**	**($48,873)**	**-0.94%**
TOTAL ASSETS	**$811,995,745**	**$799,592,476**	**$12,403,269**	**1.55%**
CURRENT LIABILITIES:				
Accounts Payable	1,383,068	1,148,924	234,144	20.38%
Other Accrued Expenses	17,432,943	16,977,105	455,838	2.69%
Interest Payable	84,896	70,904	13,992	19.73%
Pass-Through Liabilities	228,483,953	231,838,794	(3,354,841)	-1.45%
Claims Payable	32,930,053	38,699,923	(5,769,871)	-14.91%
IBNP Reserves	174,622,283	164,504,403	10,117,880	6.15%
Payroll Liabilities	6,271,208	5,929,887	341,321	5.76%
CalPERS Deferred Inflow	5,004,985	5,004,985	0	0.00%
Risk Sharing	5,607,183	5,607,183	0	0.00%
ST Lease Liability - Office Space	824,245	818,032	6,212	0.76%
ST Lease Liability - Office Equipment	39,300	0	39,300	0.00%
SBITA ST Liability-GASB 96	2,202,863	1,979,613	223,250	11.28%
TOTAL CURRENT LIABILITIES	**$474,886,978**	**$472,579,753**	**$2,307,225**	**0.49%**
LONG TERM LIABILITIES:				
LT Lease Liability - Office Space	743,624	816,017	(72,393)	-8.87%
LT Lease Liability - Office Equipment	114,625	0	114,625	0.00%
SBITA LT Liability -GASB 96	2,090,597	1,783,719	306,878	17.20%
TOTAL LONG TERM LIABILITIES	**$2,948,846**	**$2,599,735**	**$349,111**	**13.43%**
TOTAL LIABILITIES	**$477,835,824**	**$475,179,489**	**$2,656,335**	**0.56%**
NET WORTH:				
Contributed Capital	840,233	840,233	0	0.00%
Restricted & Unrestricted Funds	323,572,755	229,784,068	93,788,686	40.82%
Year-to Date Net Income / (Loss)	9,746,933	93,788,686	(84,041,753)	-89.61%
TOTAL NET WORTH	**$334,159,921**	**$324,412,988**	**$9,746,933**	**3.00%**
TOTAL LIABILITIES AND NET WORTH	**$811,995,745**	**$799,592,476**	**$12,403,269**	**1.55%**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 7/31/2022

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	$2,646,648	$7,013,060	$13,557,676	$2,646,648
Total	2,646,648	7,013,060	13,557,676	2,646,648
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	98,181,650	289,596,569	585,781,325	98,181,650
Allowance for Doubtful Accounts	0	0	0	0
Deferred Premium Revenue	0	0	(200,000)	0
Premium Receivable	(3,571,499)	(1,543,415)	(14,234,181)	(3,571,498)
Total	94,610,151	288,053,154	571,347,144	94,610,152
Investment & Other Income Cash Flows				
Other Revenue (Grants)	(12,715)	(70,160)	(8,427)	(12,715)
Investment Income	513,657	937,469	386,266	513,657
Interest Receivable	(11,666)	(26,237)	(187,308)	(11,666)
Total	489,276	841,072	190,531	489,276
Medical & Hospital Cash Flows				
Total Medical Expenses	(90,860,939)	(267,492,296)	(539,086,473)	(90,860,939)
Other Receivable	1,465,956	2,312,559	3,477,677	1,465,957
Claims Payable	3,158,938	(600,893)	8,596,679	3,158,938
IBNP Payable	10,384,233	11,490,278	7,717,701	10,384,233
Risk Share Payable	0	(750,000)	(750,000)	0
Health Program	(11,911)	(23,220)	(65,899)	(11,911)
Other Liabilities	0	(1)	0	0
Total	(75,863,723)	(255,063,573)	(520,110,315)	(75,863,722)
Administrative Cash Flows				
Total Administrative Expenses	(4,763,484)	(14,137,583)	(30,668,199)	(4,763,484)
Prepaid Expenses	108,704	(7,856,762)	(7,170,327)	108,704
CalPERS Pension Asset	0	0	0	0
CalPERS Deferred Outflow	0	0	0	0
Trade Accounts Payable	(539,101)	385,522	(10,082)	(539,101)
Other Accrued Liabilities	(312)	11,724	11,724	(312)
Payroll Liabilities	168,103	5,140,909	5,646,066	168,102
Net Lease Assets/Liabilities (Short term & Long term)	5,126	94,651	94,651	5,126
Depreciation Expense	68,673	268,652	478,035	68,673
Total	(4,952,291)	(16,092,887)	(31,618,132)	(4,952,292)
Interest Paid				
Debt Interest Expense	0	0	0	0
Total Cash Flows from Operating Activities	**16,930,061**	**24,750,826**	**33,366,904**	**16,930,062**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 7/31/2022

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM INVESTING ACTIVITIES				
Investment Cash Flows				
Long Term Investments	(4,919,984)	(2,354,701)	(25,530,029)	(4,919,984)
	(4,919,984)	(2,354,701)	(25,530,029)	(4,919,984)
Restricted Cash & Other Asset Cash Flows				
Provider Pass-Thru-Liabilities	(18,594,593)	(6,076,565)	(30,794,927)	(18,594,594)
Restricted Cash	0	0	0	0
	(18,594,593)	(6,076,565)	(30,794,927)	(18,594,594)
Fixed Asset Cash Flows				
Depreciation expense	68,673	268,652	478,035	68,673
Fixed Asset Acquisitions	0	(187,116)	(308,407)	0
Change in A/D	(68,673)	(268,652)	(478,035)	(68,673)
	0	(187,116)	(308,407)	0
Total Cash Flows from Investing Activities	**(23,514,577)**	**(8,618,382)**	**(56,633,363)**	**(23,514,578)**
Financing Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Total Cash Flows	**(6,584,516)**	**16,132,444**	**(23,266,459)**	**(6,584,516)**
Rounding	12	0	(1)	12
Cash @ Beginning of Period	307,410,351	284,693,403	324,092,307	307,410,351
Cash @ End of Period	**$300,825,847**	**$300,825,847**	**$300,825,847**	**$300,825,847**
Difference (rounding)	0	0	0	0

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 7/31/2022

	MONTH	3 MONTHS	6 MONTHS	YTD
NET INCOME RECONCILIATION				
Net Income / (Loss)	$5,704,829	$15,847,059	$29,962,167	$5,704,829
Add back: Depreciation	68,673	268,652	478,035	68,673
Receivables				
Premiums Receivable	(3,571,499)	(1,543,415)	(14,234,181)	(3,571,498)
First Care Receivable	0	0	0	0
Family Care Receivable	0	0	0	0
Healthy Kids Receivable	0	0	0	0
Interest Receivable	(11,666)	(26,237)	(187,308)	(11,666)
Other Receivable	1,465,956	2,312,559	3,477,677	1,465,957
FQHC Receivable	0	0	0	0
Allowance for Doubtful Accounts	0	0	0	0
Total	(2,117,209)	742,907	(10,943,812)	(2,117,207)
Prepaid Expenses	108,704	(7,856,762)	(7,170,327)	108,704
Trade Payables	(539,101)	385,522	(10,082)	(539,101)
Claims Payable, IBNR & Risk Share				
IBNP	10,384,233	11,490,278	7,717,701	10,384,233
Claims Payable	3,158,938	(600,893)	8,596,679	3,158,938
Risk Share Payable	0	(750,000)	(750,000)	0
Other Liabilities	0	(1)	0	0
Total	13,543,171	10,139,384	15,564,380	13,543,171
Unearned Revenue				
Total	0	0	(200,000)	0
Other Liabilities				
Accrued Expenses	(312)	11,724	11,724	(312)
Payroll Liabilities	168,103	5,140,909	5,646,066	168,102
Net Lease Assets/Liabilities (Short term & Long term)	5,126	94,651	94,651	5,126
Health Program	(11,911)	(23,220)	(65,899)	(11,911)
Accrued Sub Debt Interest	0	0	0	0
Total Change in Other Liabilities	161,006	5,224,064	5,686,542	161,005
Cash Flows from Operating Activities	**$16,930,073**	**$24,750,826**	**$33,366,903**	**$16,930,074**
Difference (rounding)	12	0	(1)	12

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 7/31/2022

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received From:				
Capitation Received from State of CA	$94,610,151	$288,053,154	$571,347,144	$94,610,152
Commercial Premium Revenue	2,646,648	7,013,060	13,557,676	2,646,648
Other Income	(12,715)	(70,160)	(8,427)	(12,715)
Investment Income	501,991	911,232	198,958	501,991
Cash Paid To:				
Medical Expenses	(75,863,723)	(255,063,573)	(520,110,315)	(75,863,722)
Vendor & Employee Expenses	(4,952,291)	(16,092,887)	(31,618,132)	(4,952,292)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	16,930,061	24,750,826	33,366,904	16,930,062
Cash Flows from Financing Activities:				
Purchases of Fixed Assets	0	(187,116)	(308,407)	0
Net Cash Provided By (Used In) Financing Activities	0	(187,116)	(308,407)	0
Cash Flows from Investing Activities:				
Changes in Investments	(4,919,984)	(2,354,701)	(25,530,029)	(4,919,984)
Restricted Cash	(18,594,593)	(6,076,565)	(30,794,927)	(18,594,594)
Net Cash Provided By (Used In) Investing Activities	(23,514,577)	(8,431,266)	(56,324,956)	(23,514,578)
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Net Change in Cash	**(6,584,516)**	**16,132,444**	**(23,266,459)**	**(6,584,516)**
Cash @ Beginning of Period	307,410,351	284,693,403	324,092,307	307,410,351
Subtotal	$300,825,835	$300,825,847	$300,825,848	$300,825,835
Rounding	12	0	(1)	12
Cash @ End of Period	**$300,825,847**	**$300,825,847**	**$300,825,847**	**$300,825,847**
RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:				
Net Income / (Loss)	$5,704,829	$15,847,059	$29,962,167	$5,704,829
Depreciation	68,673	268,652	478,035	68,673
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	(2,117,209)	742,907	(10,943,812)	(2,117,207)
Prepaid Expenses	108,704	(7,856,762)	(7,170,327)	108,704
Trade Payables	(539,101)	385,522	(10,082)	(539,101)
Claims payable & IBNP	13,543,171	10,139,384	15,564,380	13,543,171
Deferred Revenue	0	0	(200,000)	0
Accrued Interest	0	0	0	0
Other Liabilities	161,006	5,224,064	5,686,542	161,005
Subtotal	16,930,073	24,750,826	33,366,903	16,930,074
Rounding	(12)	0	1	(12)
Cash Flows from Operating Activities	**$16,930,061**	**$24,750,826**	**$33,366,904**	**$16,930,062**
Rounding Difference	(12)	0	1	(12)

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE MONTH AND FISCAL YEAR TO DATE JULY 2023

	Medi-Cal Child	Medi-Cal Adults	Medi-Cal SPD	Medi-Cal ACA OE	Medi-Cal Duals	Medi-Cal LTC	Medi-Cal LTC Duals	Medi-Cal Total	Group Care	Grand Total
Enrollments/Member Months	102,463	52,550	31,055	123,707	41,688	141	1,033	352,637	5,669	358,306
Net Revenue	$13,586,416	$16,922,983	$36,195,533	$47,423,154	$12,112,064	$1,512,571	$8,387,088	$136,139,808	$2,592,037	$138,731,845
Medical Expense	$11,792,466	$16,487,488	$32,277,700	$41,829,681	$11,204,763	$1,497,153	$9,156,366	$124,245,618	$1,909,972	$126,155,589
Gross Margin	$1,793,950	$435,495	$3,917,833	$5,593,472	$907,300	$15,417	($769,278)	$11,894,190	$682,065	$12,576,256
Administrative Expense	$354,352	$589,758	$1,798,367	$1,770,617	$547,391	$78,114	$371,651	$5,570,250	$124,122	$5,694,373
Operating Income / (Expense)	$1,439,599	($154,262)	$2,119,466	$3,822,855	$359,909	($62,697)	($1,140,929)	$6,323,940	$557,943	$6,881,883
Other Income / (Expense)	$168,159	$297,879	$930,177	$905,692	$274,698	$41,369	$196,515	$2,814,489	$50,561	$2,865,050
Net Income / (Loss)	$1,607,757	$143,617	$3,049,642	$4,728,547	$634,608	($21,328)	($944,414)	$9,138,429	$608,504	$9,746,933
PMPM Metrics:										
Revenue PMPM	$132.60	$322.04	$1,165.53	$383.35	$290.54	$10,727.45	$8,119.16	$386.06	$457.23	$387.19
Medical Expense PMPM	$115.09	$313.75	$1,039.37	$338.14	$268.78	$10,618.11	$8,863.86	$352.33	$336.92	$352.09
Gross Margin PMPM	$17.51	$8.29	$126.16	$45.22	$21.76	$109.34	($744.70)	$33.73	$120.31	$35.10
Administrative Expense PMPM	$3.46	$11.22	$57.91	$14.31	$13.13	$554.00	$359.78	$15.80	$21.89	$15.89
Operating Income / (Expense) PMPM	$14.05	($2.94)	$68.25	$30.90	$8.63	($444.66)	($1,104.48)	$17.93	$98.42	$19.21
Other Income / (Expense) PMPM	$1.64	$5.67	$29.95	$7.32	$6.59	$293.40	$190.24	$7.98	$8.92	$8.00
Net Income / (Loss) PMPM	$15.69	$2.73	$98.20	$38.22	$15.22	($151.26)	($914.24)	$25.91	$107.34	$27.20
Ratio:										
Medical Loss Ratio	86.8%	97.4%	89.2%	88.2%	92.5%	99.0%	109.2%	91.3%	73.7%	90.9%
Gross Margin Ratio	13.2%	2.6%	10.8%	11.8%	7.5%	1.0%	-9.2%	8.7%	26.3%	9.1%
Administrative Expense Ratio	2.6%	3.5%	5.0%	3.7%	4.5%	5.2%	4.4%	4.1%	4.8%	4.1%
Net Income Ratio	11.8%	0.8%	8.4%	10.0%	5.2%	-1.4%	-11.3%	6.7%	23.5%	7.0%

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

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				ADMINISTRATIVE EXPENSE SUMMARY				
$4,130,317	$4,064,517	($65,800)	(1.6%)	Personnel Expenses	$4,130,317	$4,064,517	($65,800)	(1.6%)
61,352	52,512	(8,840)	(16.8%)	Benefits Administration Expense	61,352	52,512	(8,840)	(16.8%)
757,167	1,463,532	706,365	48.3%	Purchased & Professional Services	757,167	1,463,532	706,365	48.3%
461,889	245,836	(216,052)	(87.9%)	Occupancy	461,889	245,836	(216,052)	(87.9%)
(33,771)	258,028	291,799	113.1%	Printing Postage & Promotion	(33,771)	258,028	291,799	113.1%
302,736	1,166,285	863,549	74.0%	Licenses Insurance & Fees	302,736	1,166,285	863,549	74.0%
14,683	11,817	(2,866)	(24.3%)	Supplies & Other Expenses	14,683	11,817	(2,866)	(24.3%)
$1,564,055	$3,198,010	$1,633,954	51.1%	Total Other Administrative Expense	$1,564,055	$3,198,010	$1,633,954	51.1%
$5,694,373	$7,262,527	$1,568,154	21.6%	Total Administrative Expenses	$5,694,373	$7,262,527	$1,568,154	21.6%

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

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				Personnel Expenses				
2,763,967	2,633,537	(130,431)	(5.0%)	Salaries & Wages	2,763,967	2,633,537	(130,431)	(5.0%)
277,032	274,066	(2,967)	(1.1%)	Paid Time Off	277,032	274,066	(2,967)	(1.1%)
5,850	3,260	(2,590)	(79.4%)	Incentives	5,850	3,260	(2,590)	(79.4%)
43,480	112,928	69,448	61.5%	Payroll Taxes	43,480	112,928	69,448	61.5%
26,474	13,567	(12,908)	(95.1%)	Overtime	26,474	13,567	(12,908)	(95.1%)
252,112	221,853	(30,259)	(13.6%)	CalPERS ER Match	252,112	221,853	(30,259)	(13.6%)
634,050	532,912	(101,138)	(19.0%)	Employee Benefits	634,050	532,912	(101,138)	(19.0%)
(1,497)	0	1,497	0.0%	Personal Floating Holiday	(1,497)	0	1,497	0.0%
(1,962)	21,374	23,336	109.2%	Employee Relations	(1,962)	21,374	23,336	109.2%
15,480	18,600	3,120	16.8%	Work from Home Stipend	15,480	18,600	3,120	16.8%
806	4,596	3,790	82.5%	Transportation Reimbursement	806	4,596	3,790	82.5%
11,125	16,801	5,676	33.8%	Travel & Lodging	11,125	16,801	5,676	33.8%
88,649	128,525	39,876	31.0%	Temporary Help Services	88,649	128,525	39,876	31.0%
14,404	76,467	62,063	81.2%	Staff Development/Training	14,404	76,467	62,063	81.2%
347	6,031	5,685	94.3%	Staff Recruitment/Advertising	347	6,031	5,685	94.3%
$4,130,317	**$4,064,517**	**($65,800)**	**(1.6%)**	**Total Employee Expenses**	**$4,130,317**	**$4,064,517**	**($65,800)**	**(1.6%)**
				Benefit Administration Expense				
22,000	21,808	(192)	(0.9%)	RX Administration Expense	22,000	21,808	(192)	(0.9%)
39,352	30,704	(8,648)	(28.2%)	Telemedicine Admin Fees	39,352	30,704	(8,648)	(28.2%)
$61,352	**$52,512**	**($8,840)**	**(16.8%)**	**Total Benefit Administration Expenses**	**$61,352**	**$52,512**	**($8,840)**	**(16.8%)**
				Purchased & Professional Services				
274,617	604,530	329,913	54.6%	Consulting Services	274,617	604,530	329,913	54.6%
227,322	482,870	255,548	52.9%	Computer Support Services	227,322	482,870	255,548	52.9%
11,875	12,500	625	5.0%	Professional Fees-Accounting	11,875	12,500	625	5.0%
0	33	33	100.0%	Professional Fees-Medical	0	33	33	100.0%
110,036	128,981	18,945	14.7%	Other Purchased Services	110,036	128,981	18,945	14.7%
1,764	717	(1,047)	(146.0%)	Maint.& Repair-Office Equipment	1,764	717	(1,047)	(146.0%)
116,252	95,682	(20,570)	(21.5%)	HMS Recovery Fees	116,252	95,682	(20,570)	(21.5%)
25,616	37,667	12,051	32.0%	Hardware (Non-Capital)	25,616	37,667	12,051	32.0%
(1,436)	41,702	43,138	103.4%	Provider Relations-Credentialing	(1,436)	41,702	43,138	103.4%
(8,879)	58,850	67,729	115.1%	Legal Fees	(8,879)	58,850	67,729	115.1%
$757,167	**$1,463,532**	**$706,365**	**48.3%**	**Total Purchased & Professional Services**	**$757,167**	**$1,463,532**	**$706,365**	**48.3%**
				Occupancy				
48,873	48,873	0	0.0%	Depreciation	48,873	48,873	0	0.0%
60,479	74,147	13,668	18.4%	Building Lease	60,479	74,147	13,668	18.4%
3,818	5,870	2,052	35.0%	Leased and Rented Office Equipment	3,818	5,870	2,052	35.0%
36,193	2,800	(33,393)	(1,192.6%)	Utilities	36,193	2,800	(33,393)	(1,192.6%)
54,545	86,510	31,965	36.9%	Telephone	54,545	86,510	31,965	36.9%
8,845	27,636	18,791	68.0%	Building Maintenance	8,845	27,636	18,791	68.0%
249,136	0	(249,136)	0.0%	SBITA Amortization Expense-GASB 96	249,136	0	(249,136)	0.0%
$461,889	**$245,836**	**($216,052)**	**(87.9%)**	**Total Occupancy**	**$461,889**	**$245,836**	**($216,052)**	**(87.9%)**
				Printing Postage & Promotion				

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

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
(27,387)	32,903	60,290	183.2%	Postage	(27,387)	32,903	60,290	183.2%
4,302	5,300	998	18.8%	Design & Layout	4,302	5,300	998	18.8%
(74,380)	41,287	115,667	280.2%	Printing Services	(74,380)	41,287	115,667	280.2%
11,592	6,910	(4,682)	(67.8%)	Mailing Services	11,592	6,910	(4,682)	(67.8%)
8,563	6,395	(2,168)	(33.9%)	Courier/Delivery Service	8,563	6,395	(2,168)	(33.9%)
1,450	150	(1,300)	(866.7%)	Promotional Services	1,450	150	(1,300)	(866.7%)
33,284	152,417	119,132	78.2%	Community Relations	33,284	152,417	119,132	78.2%
8,805	12,667	3,862	30.5%	Translation - Non-Clinical	8,805	12,667	3,862	30.5%
($33,771)	**$258,028**	**$291,799**	**113.1%**	**Total Printing Postage & Promotion**	**($33,771)**	**$258,028**	**$291,799**	**113.1%**
				Licenses Insurance & Fees				
0	250,000	250,000	100.0%	Regulatory Penalties	0	250,000	250,000	100.0%
27,577	28,000	423	1.5%	Bank Fees	27,577	28,000	423	1.5%
73,348	89,100	15,751	17.7%	Insurance	73,348	89,100	15,751	17.7%
152,108	632,504	480,396	76.0%	Licenses, Permits and Fees	152,108	632,504	480,396	76.0%
49,703	166,681	116,978	70.2%	Subscriptions & Dues	49,703	166,681	116,978	70.2%
$302,736	**$1,166,285**	**$863,549**	**74.0%**	**Total Licenses Insurance & Postage**	**$302,736**	**$1,166,285**	**$863,549**	**74.0%**
				Supplies & Other Expenses				
3,450	4,109	659	16.0%	Office and Other Supplies	3,450	4,109	659	16.0%
1,714	1,700	(14)	(0.8%)	Ergonomic Supplies	1,714	1,700	(14)	(0.8%)
4,669	5,541	872	15.7%	Commissary-Food & Beverage	4,669	5,541	872	15.7%
4,850	0	(4,850)	0.0%	Member Incentive Expense	4,850	0	(4,850)	0.0%
0	100	100	100.0%	Covid-19 IT Expenses	0	100	100	100.0%
0	367	367	100.0%	Covid-19 Non IT Expenses	0	367	367	100.0%
$14,683	**$11,817**	**($2,866)**	**(24.3%)**	**Total Supplies & Other Expense**	**$14,683**	**$11,817**	**($2,866)**	**(24.3%)**
$5,694,373	**$7,262,527**	**$1,568,154**	**21.6%**	**TOTAL ADMINISTRATIVE EXPENSE**	**$5,694,373**	**$7,262,527**	**$1,568,154**	**21.6%**

ALAMEDA ALLIANCE FOR HEALTH
CAPITAL SPENDING INCLUDING CONSTRUCTION-IN-PROCESS
ACTUAL VS. BUDGET
FOR THE FISCAL YEAR-TO-DATE ENDED JUNE 30, 2024

		Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	$ Variance Fav/(Unf.)
1. Hardware:							
	Cisco Catalyst 9300 - Catalyst Switches	IT-FY24-01	$ -		$ -	$ 50,000	$ 50,000
	Cisco Catalyst 8500 - Routers	IT-FY24-02	$ -		$ -	$ 60,000	$ 60,000
	Cisco AP-9166 - Access Point	IT-FY24-03	$ -		$ -	$ 10,000	$ 10,000
	Cisco UCS-X M6 or M7 Blades x 6	IT-FY24-04	$ -		$ -	$ 310,000	$ 310,000
	PURE Storage array	IT-FY24-05	$ -		$ -	$ 300,000	$ 300,000
	PKI management	IT-FY24-06	$ -		$ -	$ 20,000	$ 20,000
	IBM Power Hardware Upgrade	IT-FY24-07	$ -		$ -	$ 405,000	$ 405,000
	Misc Hardware	IT-FY24-08	$ -		$ -	$ 15,000	$ 15,000
	Network / AV Cabling	IT-FY24-09				$ 30,000	$ 30,000
Hardware Subtotal			**$ -**	**$ -**	**$ -**	**$ 1,200,000**	**$ 1,200,000**
2. Software:							
	Zerto renewal and Tier 2 add	AC-FY24-01	$ -		$ -	$ 126,000	$ 126,000
Software Subtotal			**$ -**	**$ -**	**$ -**	**$ 126,000**	**$ 126,000**
3. Building Improvement:							
	Appliances over 1k new/replacement (all buildings/suites)	FA-FY24-01	$ -	$ -	$ -	$ -	$ -
	ACME Security: Readers, HID boxes, Cameras, Doors (planned/unplanned Maintenance repairs)	FA-FY24-02	$ -	$ -	$ -	$ 20,000	$ 20,000
	HVAC: Replace VAV boxes, duct work, replace old equipment	FA-FY24-03	$ -	$ -	$ -	$ 20,000	$ 20,000
	Electrical work for projects, workstations requirement	FA-FY24-04	$ -	$ -	$ -	$ 10,000	$ 10,000
	1240 Interior blinds replacement	FA-FY24-05	$ -	$ -	$ -	$ 25,000	$ 25,000
	carried over to FY24	FA-FY24-06				$ 50,000	$ 50,000
Building Improvement Subtotal			**$ -**	**$ -**	**$ -**	**$ 125,000**	**$ 125,000**
4. Furniture & Equipment:							
	Office desks, cabinets, shelvings (all building/suites: new or replacement)	FA-FY24-17	$ -		$ -	$ 20,000	$ 20,000
	Replace, reconfigure, re-design workstations	FA-FY24-18				20000	$ 20,000
Furniture & Equipment Subtotal			**$ -**	**$ -**	**$ -**	**$ 40,000**	**$ 40,000**
GRAND TOTAL			**$ -**	**$ -**	**$ -**	**$ 1,491,000**	**$ 1,491,000**

5. Reconciliation to Balance Sheet:

Fixed Assets @ Cost - 7/31/23	**$ 37,695,096**
Fixed Assets @ Cost - 6/30/23	**$ 37,695,096**
Fixed Assets Acquired YTD	**$ -**

ALAMEDA ALLIANCE FOR HEALTH
TANGIBLE NET EQUITY (TNE) AND LIQUID TNE ANALYSIS
SUMMARY - FISCAL YEAR 2024

TANGIBLE NET EQUITY (TNE)

	Jul-23
Current Month Net Income / (Loss)	$9,746,933
YTD Net Income / (Loss)	$9,746,933
Actual TNE	
Net Assets	$334,159,921
Subordinated Debt & Interest	$0
Total Actual TNE	**$334,159,921**
Increase/(Decrease) in Actual TNE	$9,746,934
Required TNE[1]	**$46,228,233**
Min. Req'd to Avoid Monthly Reporting effective July-2022 (150% of Required TNE)	$69,342,350
TNE Excess / (Deficiency)	$287,931,688
Actual TNE as a Multiple of Required	**7.23**

Note 1: Required TNE reflects quarterly DMHC calculations for quarter-end months (underlined) and monthly DMHC calculations (not underlined). Quarterly and Monthly Required TNE calculations differ slightly in calculation methodology.

LIQUID TANGIBLE NET EQUITY

Net Assets	$334,159,921
Fixed Assets at Net Book Value	(5,169,098)
Net Lease Assets/Liabilities/Interest	(1,503,651)
CD Pledged to DMHC	(350,000)
Liquid TNE (Liquid Reserves)	**$328,640,823**
Liquid TNE as Multiple of Required	**7.11**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2024

Page 1	Actual Enrollment by Plan & Category of Aid
Page 2	Actual Delegated Enrollment Detail

	Actual Jul-23	Actual Aug-23	Actual Sep-23	Actual Oct-23	Actual Nov-23	Actual Dec-23	Actual Jan-24	Actual Feb-24	Actual Mar-24	Actual Apr-24	Actual May-24	Actual Jun-24	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	102,463												102,463
Adult	52,550												52,550
SPD	31,055												31,055
ACA OE	123,707												123,707
Duals	41,688												41,688
MCAL LTC	141												141
MCAL LTC Duals	1,033												1,033
Medi-Cal Program	352,637												352,637
Group Care Program	5,669												5,669
Total	**358,306**												**358,306**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	(1,207)												(1,207)
Adult	(624)												(624)
SPD	(225)												(225)
ACA OE	(1,260)												(1,260)
Duals	(43)												(43)
MCAL LTC	(9)												(9)
MCAL LTC Duals	4												4
Medi-Cal Program	(3,364)												(3,364)
Group Care Program	(15)												(15)
Total	**(3,379)**												**(3,379)**
Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	29.1%												29.1%
Adult % of Medi-Cal	14.9%												14.9%
SPD % of Medi-Cal	8.8%												8.8%
ACA OE % of Medi-Cal	35.1%												35.1%
Duals % of Medi-Cal	11.8%												11.8%
Medi-Cal Program % of Total	98.4%												98.4%
Group Care Program % of Total	1.6%												1.6%
Total	**100.0%**												**100.0%**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2024

Page 1	Actual Enrollment by Plan & Category of Aid
Page 2	Actual Delegated Enrollment Detail

	Actual Jul-23	Actual Aug-23	Actual Sep-23	Actual Oct-23	Actual Nov-23	Actual Dec-23	Actual Jan-24	Actual Feb-24	Actual Mar-24	Actual Apr-24	Actual May-24	Actual Jun-24	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted													
Directly Contracted (DCP)	74,547												74,547
Alameda Health System	66,089												66,089
	140,636												140,636
Delegated:													
CFMG	34,810												34,810
CHCN	130,230												130,230
Kaiser	52,630												52,630
Delegated Subtotal	217,670												217,670
Total	**358,306**												**358,306**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	(939)												(939)
Delegated:													
CFMG	(441)												(441)
CHCN	(1,721)												(1,721)
Kaiser	(278)												(278)
Delegated Subtotal	(2,440)												(2,440)
Total	**(3,379)**												**(3,379)**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	39.3%												39.3%
Delegated:													
CFMG	9.7%												9.7%
CHCN	36.3%												36.3%
Kaiser	14.7%												14.7%
Delegated Subtotal	60.7%												60.7%
Total	**100.0%**												**100.0%**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2024

	PRELIMINARY BUDGET												
	Budget Jul-23	**Budget Aug-23**	**Budget Sep-23**	**Budget Oct-23**	**Budget Nov-23**	**Budget Dec-23**	**Budget Jan-24**	**Budget Feb-24**	**Budget Mar-24**	**Budget Apr-24**	**Budget May-24**	**Budget Jun-24**	**YTD Member Months**
Enrollment by Plan & Aid Category:													
Medi-Cal Program by Category of Aid:													
Child	103,544	103,088	102,632	102,175	101,718	101,260	107,566	107,077	106,587	106,097	105,607	105,116	1,252,467
Adult	51,779	50,776	49,772	48,768	47,763	46,758	49,018	47,940	46,861	45,781	44,701	43,620	573,537
SPD	31,335	31,353	31,371	31,389	31,407	31,425	35,606	35,627	35,648	35,669	35,690	35,711	402,231
ACA OE	123,148	120,204	117,258	114,310	111,361	108,410	138,802	134,913	131,022	127,129	123,234	119,336	1,469,127
Duals	42,304	42,304	42,304	42,304	42,304	42,304	44,536	44,536	44,536	44,536	44,536	44,536	521,040
MCAL LTC	145	145	145	145	145	145	175	175	175	175	175	175	1,920
MCAL LTC Duals	983	983	983	983	983	983	1,107	1,107	1,107	1,107	1,107	1,107	12,540
Medi-Cal Program	353,238	348,853	344,465	340,074	335,681	331,285	376,810	371,375	365,936	360,494	355,050	349,601	4,232,862
Group Care Program	5,669	5,669	5,669	5,669	5,669	5,669	5,669	5,669	5,669	5,669	5,669	5,669	68,028
Total	**358,907**	**354,522**	**350,134**	**345,743**	**341,350**	**336,954**	**382,479**	**377,044**	**371,605**	**366,163**	**360,719**	**355,270**	**4,300,890**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	1,335	(456)	(456)	(457)	(457)	(458)	6,306	(489)	(490)	(490)	(490)	(491)	2,907
Adult	1,459	(1,003)	(1,004)	(1,004)	(1,005)	(1,005)	2,260	(1,078)	(1,079)	(1,080)	(1,080)	(1,081)	(6,700)
SPD	(576)	18	18	18	18	18	4,181	21	21	21	21	21	3,800
ACA OE	3,641	(2,944)	(2,946)	(2,948)	(2,949)	(2,951)	30,392	(3,889)	(3,891)	(3,893)	(3,895)	(3,898)	(171)
Duals	(3,158)	0	0	0	0	0	2,232	0	0	0	0	0	(926)
MCAL LTC	(8)	0	0	0	0	0	30	0	0	0	0	0	22
MCAL LTC Duals	(201)	0	0	0	0	0	124	0	0	0	0	0	(77)
Medi-Cal Program	2,492	(4,385)	(4,388)	(4,391)	(4,393)	(4,396)	45,525	(5,435)	(5,439)	(5,442)	(5,444)	(5,449)	(1,145)
Group Care Program	(120)	0	0	0	0	0	0	0	0	0	0	0	(120)
Total	**2,372**	**(4,385)**	**(4,388)**	**(4,391)**	**(4,393)**	**(4,396)**	**45,525**	**(5,435)**	**(5,439)**	**(5,442)**	**(5,444)**	**(5,449)**	**(1,265)**
Enrollment Percentages:													
Medi-Cal Program:													
Child % (Medi-Cal)	29.3%	29.6%	29.8%	30.0%	30.3%	30.6%	28.5%	28.8%	29.1%	29.4%	29.7%	30.1%	29.6%
Adult % (Medi-Cal)	14.7%	14.6%	14.4%	14.3%	14.2%	14.1%	13.0%	12.9%	12.8%	12.7%	12.6%	12.5%	13.5%
SPD % (Medi-Cal)	8.9%	9.0%	9.1%	9.2%	9.4%	9.5%	9.4%	9.6%	9.7%	9.9%	10.1%	10.2%	9.5%
ACA OE % (Medi-Cal)	34.9%	34.5%	34.0%	33.6%	33.2%	32.7%	36.8%	36.3%	35.8%	35.3%	34.7%	34.1%	34.7%
Duals % (Medi-Cal)	12.0%	12.1%	12.3%	12.4%	12.6%	12.8%	11.8%	12.0%	12.2%	12.4%	12.5%	12.7%	12.3%
MCAL LTC % (Medi-Cal)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%
MCAL LTC Duals % (Medi-Cal)	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%
Medi-Cal Program % of Total	98.4%	98.4%	98.4%	98.4%	98.3%	98.3%	98.5%	98.5%	98.5%	98.5%	98.4%	98.4%	98.4%
Group Care Program % of Total	1.6%	1.6%	1.6%	1.6%	1.7%	1.7%	1.5%	1.5%	1.5%	1.5%	1.6%	1.6%	1.6%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2024

	PRELIMINARY BUDGET												
	Budget Jul-23	Budget Aug-23	Budget Sep-23	Budget Oct-23	Budget Nov-23	Budget Dec-23	Budget Jan-24	Budget Feb-24	Budget Mar-24	Budget Apr-24	Budget May-24	Budget Jun-24	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted	141,664	139,841	138,017	136,193	134,368	132,542	175,235	172,548	169,859	167,168	164,475	161,781	1,833,691
Delegated:													
CFMG	34,754	34,568	34,382	34,196	34,010	33,824	44,249	43,997	43,745	43,493	43,241	42,989	467,448
CHCN	130,622	128,908	127,193	125,475	123,756	122,035	162,995	160,499	158,001	155,502	153,003	150,500	1,698,489
Kaiser	51,867	51,205	50,542	49,879	49,216	48,553	0	0	0	0	0	0	301,262
Delegated Subtotal	217,243	214,681	212,117	209,550	206,982	204,412	207,244	204,496	201,746	198,995	196,244	193,489	2,467,199
Total	**358,907**	**354,522**	**350,134**	**345,743**	**341,350**	**336,954**	**382,479**	**377,044**	**371,605**	**366,163**	**360,719**	**355,270**	**4,300,890**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	8,226	(1,823)	(1,824)	(1,824)	(1,825)	(1,826)	42,693	(2,687)	(2,689)	(2,691)	(2,693)	(2,694)	28,343
Delegated:													
CFMG	684	(186)	(186)	(186)	(186)	(186)	10,425	(252)	(252)	(252)	(252)	(252)	8,919
CHCN	(4,995)	(1,714)	(1,715)	(1,718)	(1,719)	(1,721)	40,960	(2,496)	(2,498)	(2,499)	(2,499)	(2,503)	14,883
Kaiser	(1,543)	(662)	(663)	(663)	(663)	(663)	0	0	0	0	0	0	(4,857)
Delegated Subtotal	(5,854)	(2,562)	(2,564)	(2,567)	(2,568)	(2,570)	51,385	(2,748)	(2,750)	(2,751)	(2,751)	(2,755)	18,945
Total	**2,372**	**(4,385)**	**(4,388)**	**(4,391)**	**(4,393)**	**(4,396)**	**94,078**	**(5,435)**	**(5,439)**	**(5,442)**	**(5,444)**	**(5,449)**	**47,288**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	39.5%	39.4%	39.4%	39.4%	39.4%	39.3%	45.8%	45.8%	45.7%	45.7%	45.6%	45.5%	42.6%
Delegated:													
CFMG	9.7%	9.8%	9.8%	9.9%	10.0%	10.0%	11.6%	11.7%	11.8%	11.9%	12.0%	12.1%	10.9%
CHCN	36.4%	36.4%	36.3%	36.3%	36.3%	36.2%	42.6%	42.6%	42.5%	42.5%	42.4%	42.4%	39.5%
Kaiser	14.5%	14.4%	14.4%	14.4%	14.4%	14.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7.0%
Delegated Subtotal	60.5%	60.6%	60.6%	60.6%	60.6%	60.7%	54.2%	54.2%	54.3%	54.3%	54.4%	54.5%	57.4%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2024

	Variance Jul-23	Variance Aug-23	Variance Sep-23	Variance Oct-23	Variance Nov-23	Variance Dec-23	Variance Jan-24	Variance Feb-24	Variance Mar-24	Variance Apr-24	Variance May-24	Variance Jun-24	YTD Member Month Variance
Enrollment Variance by Plan & Aid Category - Favorable/(Unfavorable)													
Medi-Cal Program:													
Child	(1,081)												(1,081)
Adult	771												771
SPD	(280)												(280)
ACA OE	559												559
Duals	(616)												(616)
MCAL LTC	(4)												(4)
MCAL LTC Duals	50												50
Medi-Cal Program	(601)												(601)
Group Care Program	0												0
Total	**(601)**												**(601)**
Current Direct/Delegate Enrollment Variance - Favorable/(Unfavorable)													
Directly-Contracted	(1,028)												(1,028)
Delegated:													
CFMG	56												56
CHCN	(392)												(392)
Kaiser	763												763
Delegated Subtotal	427												427
Total	**(601)**												**(601)**

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

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				CAPITATED MEDICAL EXPENSES:				
$1,172,925	$1,168,692	($4,233)	(0.4%)	PCP-Capitation	$1,172,925	$1,168,692	($4,233)	(0.4%)
4,392,015	4,726,344	334,329	7.1%	PCP-Capitation - FQHC	4,392,015	4,726,344	334,329	7.1%
301,471	301,848	377	0.1%	Specialty-Capitation	301,471	301,848	377	0.1%
3,833,974	4,098,508	264,534	6.5%	Specialty-Capitation FQHC	3,833,974	4,098,508	264,534	6.5%
496,891	498,314	1,423	0.3%	Laboratory-Capitation	496,891	498,314	1,423	0.3%
255,516	257,886	2,370	0.9%	Vision Cap	255,516	257,886	2,370	0.9%
87,743	87,911	168	0.2%	CFMG Capitation	87,743	87,911	168	0.2%
190,122	203,565	13,442	6.6%	Anc IPA Admin Capitation FQHC	190,122	203,565	13,442	6.6%
14,172,828	13,928,860	(243,968)	(1.8%)	Kaiser Capitation	14,172,828	13,928,860	(243,968)	(1.8%)
251,575	623,953	372,377	59.7%	Maternity Supplemental Expense	251,575	623,953	372,377	59.7%
719,805	771,807	52,002	6.7%	DME - Cap	719,805	771,807	52,002	6.7%
$25,874,866	**$26,667,688**	**$792,822**	**3.0%**	**5 - TOTAL CAPITATED EXPENSES**	**$25,874,866**	**$26,667,688**	**$792,822**	**3.0%**
				FEE FOR SERVICE MEDICAL EXPENSES:				
3,954,209	0	(3,954,209)	0.0%	IBNP-Inpatient Services	3,954,209	0	(3,954,209)	0.0%
118,626	0	(118,626)	0.0%	IBNP-Settlement (IP)	118,626	0	(118,626)	0.0%
316,337	0	(316,337)	0.0%	IBNP-Claims Fluctuation (IP)	316,337	0	(316,337)	0.0%
27,498,763	35,854,900	8,356,138	23.3%	Inpatient Hospitalization-FFS	27,498,763	35,854,900	8,356,138	23.3%
1,360,942	0	(1,360,942)	0.0%	IP OB - Mom & NB	1,360,942	0	(1,360,942)	0.0%
211,128	0	(211,128)	0.0%	IP Behavioral Health	211,128	0	(211,128)	0.0%
853,914	0	(853,914)	0.0%	IP - Facility Rehab FFS	853,914	0	(853,914)	0.0%
$34,313,919	**$35,854,900**	**$1,540,982**	**4.3%**	**6 - Inpatient Hospital & SNF FFS Expense**	**$34,313,919**	**$35,854,900**	**$1,540,982**	**4.3%**
(22,216)	0	22,216	0.0%	IBNP-PCP	(22,216)	0	22,216	0.0%
(667)	0	667	0.0%	IBNP-Settlement (PCP)	(667)	0	667	0.0%
(1,777)	0	1,777	0.0%	IBNP-Claims Fluctuation (PCP)	(1,777)	0	1,777	0.0%
1,690,294	1,824,416	134,121	7.4%	Primary Care Non-Contracted FF	1,690,294	1,824,416	134,121	7.4%
299,366	192,871	(106,495)	(55.2%)	PCP FQHC FFS	299,366	192,871	(106,495)	(55.2%)
2,347,467	3,260,189	912,722	28.0%	Prop 56 Direct Payment Expenses	2,347,467	3,260,189	912,722	28.0%
14,381	0	(14,381)	0.0%	Prop 56 Hyde Direct Payment Expenses	14,381	0	(14,381)	0.0%
80,741	0	(80,741)	0.0%	Prop 56-Trauma Expense	80,741	0	(80,741)	0.0%
96,891	0	(96,891)	0.0%	Prop 56-Dev. Screening Exp.	96,891	0	(96,891)	0.0%
740,871	0	(740,871)	0.0%	Prop 56-Fam. Planning Exp.	740,871	0	(740,871)	0.0%
$5,245,352	**$5,277,475**	**$32,124**	**0.6%**	**7 - Primary Care Physician FFS Expense**	**$5,245,352**	**$5,277,475**	**$32,124**	**0.6%**
(93,156)	0	93,156	0.0%	IBNP-Specialist	(93,156)	0	93,156	0.0%
112,617	0	(112,617)	0.0%	Psychiatrist - FFS	112,617	0	(112,617)	0.0%
1,962,289	5,604,007	3,641,719	65.0%	Specialty Care-FFS	1,962,289	5,604,007	3,641,719	65.0%
180,740	0	(180,740)	0.0%	Anesthesiology - FFS	180,740	0	(180,740)	0.0%
945,480	0	(945,480)	0.0%	Spec Rad Therapy - FFS	945,480	0	(945,480)	0.0%
14,616	0	(14,616)	0.0%	Obstetrics-FFS	14,616	0	(14,616)	0.0%
226,088	0	(226,088)	0.0%	Spec IP Surgery - FFS	226,088	0	(226,088)	0.0%
639,358	0	(639,358)	0.0%	Spec OP Surgery - FFS	639,358	0	(639,358)	0.0%
408,568	0	(408,568)	0.0%	Spec IP Physician	408,568	0	(408,568)	0.0%
53,354	74,238	20,884	28.1%	SCP FQHC FFS	53,354	74,238	20,884	28.1%
(2,795)	0	2,795	0.0%	IBNP-Settlement (SCP)	(2,795)	0	2,795	0.0%
(7,452)	0	7,452	0.0%	IBNP-Claims Fluctuation (SCP)	(7,452)	0	7,452	0.0%
$4,439,707	**$5,678,245**	**$1,238,539**	**21.8%**	**8 - Specialty Care Physician Expense**	**$4,439,707**	**$5,678,245**	**$1,238,539**	**21.8%**
2,082,212	0	(2,082,212)	0.0%	IBNP-Ancillary	2,082,212	0	(2,082,212)	0.0%
62,467	0	(62,467)	0.0%	IBNP Settlement (ANC)	62,467	0	(62,467)	0.0%
166,575	0	(166,575)	0.0%	IBNP Claims Fluctuation (ANC)	166,575	0	(166,575)	0.0%
(5,909)	0	5,909	0.0%	IBNR Transportation FFS Expense	(5,909)	0	5,909	0.0%
1,018,138	0	(1,018,138)	0.0%	Behavioral Health Therapy - FFS	1,018,138	0	(1,018,138)	0.0%
698,383	0	(698,383)	0.0%	Psychologist & Other MH Prof.	698,383	0	(698,383)	0.0%
301,769	0	(301,769)	0.0%	Acupuncture/Biofeedback	301,769	0	(301,769)	0.0%
91,823	0	(91,823)	0.0%	Hearing Devices	91,823	0	(91,823)	0.0%
54,592	0	(54,592)	0.0%	Imaging/MRI/CT Global	54,592	0	(54,592)	0.0%
38,046	0	(38,046)	0.0%	Vision FFS	38,046	0	(38,046)	0.0%
20	0	(20)	0.0%	Family Planning	20	0	(20)	0.0%
400,066	0	(400,066)	0.0%	Laboratory-FFS	400,066	0	(400,066)	0.0%
87,759	0	(87,759)	0.0%	ANC Therapist	87,759	0	(87,759)	0.0%
914,874	0	(914,874)	0.0%	Transportation (Ambulance)-FFS	914,874	0	(914,874)	0.0%
1,430,969	0	(1,430,969)	0.0%	Transportation (Other)-FFS	1,430,969	0	(1,430,969)	0.0%
1,334,827	0	(1,334,827)	0.0%	Hospice	1,334,827	0	(1,334,827)	0.0%
1,289,974	0	(1,289,974)	0.0%	Home Health Services	1,289,974	0	(1,289,974)	0.0%
0	9,688,444	9,688,444	100.0%	Other Medical-FFS	0	9,688,444	9,688,444	100.0%
76,138	0	(76,138)	0.0%	HMS Medical Refunds	76,138	0	(76,138)	0.0%
934	0	(934)	0.0%	Refunds-Medical Payments	934	0	(934)	0.0%
8,708	0	(8,708)	0.0%	DME & Medical Supplies	8,708	0	(8,708)	0.0%
1,464,791	1,468,455	3,664	0.2%	ECM Base/Outreach FFS Anc.	1,464,791	1,468,455	3,664	0.2%
23,245	79,469	56,224	70.7%	CS - Housing Deposits FFS Ancillary	23,245	79,469	56,224	70.7%
220,763	490,306	269,543	55.0%	CS - Housing Tenancy FFS Ancillary	220,763	490,306	269,543	55.0%

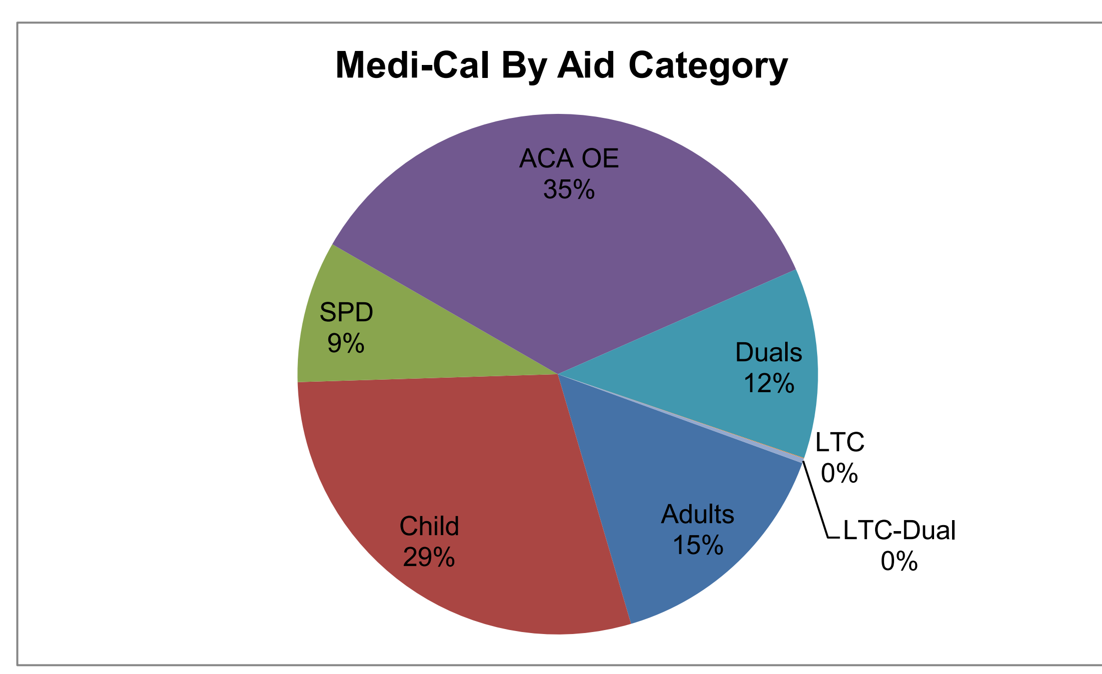
ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED July 31, 2023

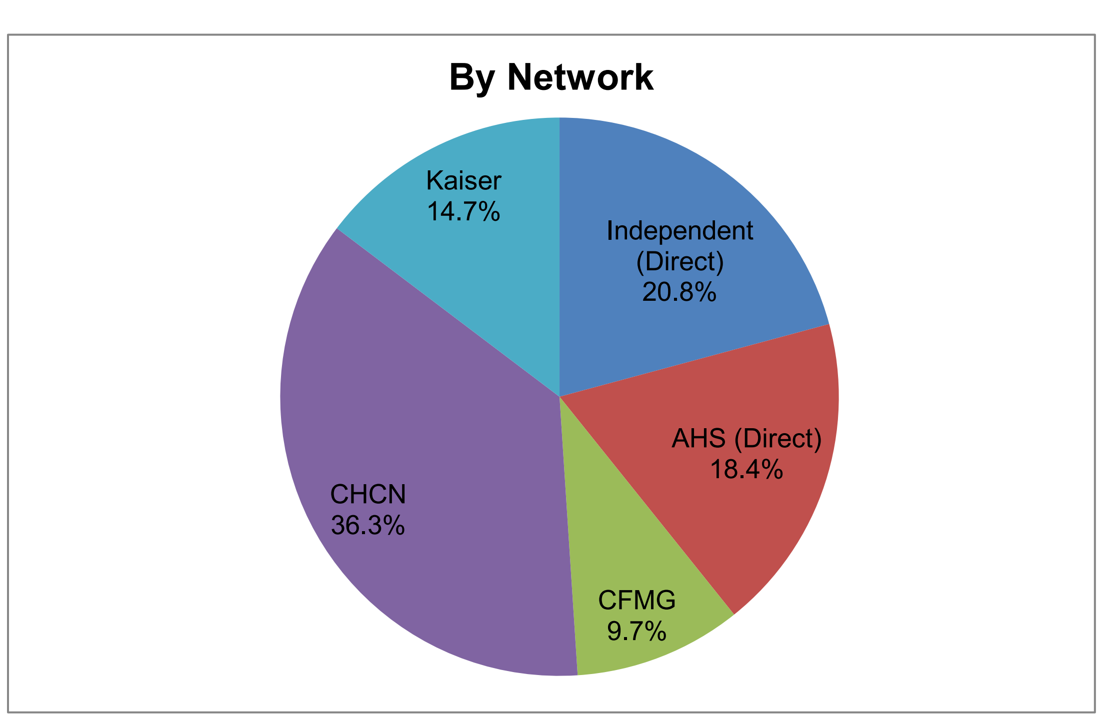
CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
45,163	90,021	44,858	49.8%	CS - Housing Navigation Services FFS Ancillary	45,163	90,021	44,858	49.8%
59,632	135,636	76,004	56.0%	CS - Medical Respite FFS Ancillary	59,632	135,636	76,004	56.0%
14,473	80,796	66,323	82.1%	CS - Medically Tailored Meals FFS Ancillary	14,473	80,796	66,323	82.1%
41	8,166	8,125	99.5%	CS - Asthma Remediation FFS Ancillary	41	8,166	8,125	99.5%
0	10,002	10,002	100.0%	MOT - Wrap Around (Non Medical MOT Cost)	0	10,002	10,002	100.0%
0	3,190	3,190	100.0%	CS - Home Modifications FFS Ancillary	0	3,190	3,190	100.0%
0	56,028	56,028	100.0%	CS - Personal Care & Homemaker Services FFS Ancillary	0	56,028	56,028	100.0%
0	10,860	10,860	100.0%	CS - Caregiver Respite Services FFS Ancillary	0	10,860	10,860	100.0%
193,864	0	(193,864)	0.0%	Community Based Adult Services (CBAS)	193,864	0	(193,864)	0.0%
0	7,646	7,646	100.0%	CS - Pilot LTC Diversion Expense	0	7,646	7,646	100.0%
3,058	3,823	765	20.0%	CS - Pilot LTC Transition Expense	3,058	3,823	765	20.0%
61,000	82,224	21,224	25.8%	Justice Involved Pilot	61,000	82,224	21,224	25.8%
$12,138,397	**$12,215,065**	**$76,668**	**0.6%**	**9 - Ancillary Medical Expense**	**$12,138,397**	**$12,215,065**	**$76,668**	**0.6%**
839,552	0	(839,552)	0.0%	IBNP-Outpatient	839,552	0	(839,552)	0.0%
25,186	0	(25,186)	0.0%	IBNP Settlement (OP)	25,186	0	(25,186)	0.0%
67,166	0	(67,166)	0.0%	IBNP Claims Fluctuation (OP)	67,166	0	(67,166)	0.0%
1,396,615	8,541,209	7,144,595	83.6%	Out-Patient FFS	1,396,615	8,541,209	7,144,595	83.6%
1,819,512	0	(1,819,512)	0.0%	OP Ambul Surgery - FFS	1,819,512	0	(1,819,512)	0.0%
1,468,269	0	(1,468,269)	0.0%	OP Fac Imaging Services-FFS	1,468,269	0	(1,468,269)	0.0%
(20,634)	0	20,634	0.0%	Behav Health - FFS	(20,634)	0	20,634	0.0%
383,992	0	(383,992)	0.0%	OP Facility - Lab FFS	383,992	0	(383,992)	0.0%
103,875	0	(103,875)	0.0%	OP Facility - Cardio FFS	103,875	0	(103,875)	0.0%
61,147	0	(61,147)	0.0%	OP Facility - PT/OT/ST FFS	61,147	0	(61,147)	0.0%
1,928,887	0	(1,928,887)	0.0%	OP Facility - Dialysis FFS	1,928,887	0	(1,928,887)	0.0%
$8,073,567	**$8,541,209**	**$467,643**	**5.5%**	**10 - Outpatient Medical Expense Medical Expense**	**$8,073,567**	**$8,541,209**	**$467,643**	**5.5%**
266,524	0	(266,524)	0.0%	IBNP-Emergency	266,524	0	(266,524)	0.0%
7,997	0	(7,997)	0.0%	IBNP Settlement (ER)	7,997	0	(7,997)	0.0%
21,323	0	(21,323)	0.0%	IBNP Claims Fluctuation (ER)	21,323	0	(21,323)	0.0%
655,162	0	(655,162)	0.0%	Special ER Physician-FFS	655,162	0	(655,162)	0.0%
4,175,168	6,155,816	1,980,647	32.2%	ER-Facility	4,175,168	6,155,816	1,980,647	32.2%
$5,126,174	**$6,155,816**	**$1,029,641**	**16.7%**	**11 - Emergency Expense**	**$5,126,174**	**$6,155,816**	**$1,029,641**	**16.7%**
85,301	0	(85,301)	0.0%	IBNP-Pharmacy	85,301	0	(85,301)	0.0%
2,558	0	(2,558)	0.0%	IBNP Settlement (RX)	2,558	0	(2,558)	0.0%
6,824	0	(6,824)	0.0%	IBNP Claims Fluctuation (RX)	6,824	0	(6,824)	0.0%
486,387	374,978	(111,410)	(29.7%)	Pharmacy-FFS	486,387	374,978	(111,410)	(29.7%)
98,270	8,677,626	8,579,356	98.9%	Pharmacy- Non-PBM FFS-Other Anc	98,270	8,677,626	8,579,356	98.9%
4,748,997	0	(4,748,997)	0.0%	Pharmacy- Non-PBM FFS-OP FAC	4,748,997	0	(4,748,997)	0.0%
85,883	0	(85,883)	0.0%	Pharmacy- Non-PBM FFS-PCP	85,883	0	(85,883)	0.0%
2,010,100	0	(2,010,100)	0.0%	Pharmacy- Non-PBM FFS-SCP	2,010,100	0	(2,010,100)	0.0%
6,227	0	(6,227)	0.0%	Pharmacy- Non-PBM FFS-FQHC	6,227	0	(6,227)	0.0%
6,705	0	(6,705)	0.0%	Pharmacy- Non-PBM FFS-HH	6,705	0	(6,705)	0.0%
0	30,526	30,526	100.0%	Pharmacy-Rebate	0	30,526	30,526	100.0%
$7,537,252	**$9,083,130**	**$1,545,877**	**17.0%**	**12 - Pharmacy Expense**	**$7,537,252**	**$9,083,130**	**$1,545,877**	**17.0%**
2,002,780	0	(2,002,780)	0.0%	IBNR LTC	2,002,780	0	(2,002,780)	0.0%
60,083	0	(60,083)	0.0%	IBNR Settlement (LTC)	60,083	0	(60,083)	0.0%
160,223	0	(160,223)	0.0%	IBNR Claims Fluctuation (LTC)	160,223	0	(160,223)	0.0%
13,638,445	0	(13,638,445)	0.0%	LTC-Custodial Care	13,638,445	0	(13,638,445)	0.0%
2,680,235	15,566,495	12,886,260	82.8%	LTC SNF	2,680,235	15,566,495	12,886,260	82.8%
$18,541,765	**$15,566,495**	**($2,975,271)**	**(19.1%)**	**13 - Long Term Care FFS Expense**	**$18,541,765**	**$15,566,495**	**($2,975,271)**	**(19.1%)**
$95,416,132	**$98,372,335**	**$2,956,203**	**3.0%**	**14 - TOTAL FFS MEDICAL EXPENSES**	**$95,416,132**	**$98,372,335**	**$2,956,203**	**3.0%**
0	(24,272)	(24,272)	100.0%	Clinical Vacancy	0	(24,272)	(24,272)	100.0%
122,117	111,772	(10,345)	(9.3%)	Quality Analytics	122,117	111,772	(10,345)	(9.3%)
660,955	616,857	(44,097)	(7.1%)	Health Plan Services Department Total	660,955	616,857	(44,097)	(7.1%)
491,657	438,458	(53,199)	(12.1%)	Case & Disease Management Department Total	491,657	438,458	(53,199)	(12.1%)
2,200,483	3,565,139	1,364,655	38.3%	Medical Services Department Total	2,200,483	3,565,139	1,364,655	38.3%
758,177	587,217	(170,960)	(29.1%)	Quality Management Department Total	758,177	587,217	(170,960)	(29.1%)
226,816	239,126	12,310	5.1%	HCS Behavioral Health Department Total	226,816	239,126	12,310	5.1%
118,419	126,944	8,525	6.7%	Pharmacy Services Department Total	118,419	126,944	8,525	6.7%
72,536	59,058	(13,478)	(22.8%)	Regulatory Readiness Total	72,536	59,058	(13,478)	(22.8%)
$4,651,160	**$5,720,298**	**$1,069,138**	**18.7%**	**15 - Other Benefits & Services**	**$4,651,160**	**$5,720,298**	**$1,069,138**	**18.7%**
(861,000)	(810,137)	50,863	(6.3%)	Reinsurance Recoveries	(861,000)	(810,137)	50,863	(6.3%)
1,074,431	1,080,183	5,752	0.5%	Stop-Loss Expense	1,074,431	1,080,183	5,752	0.5%
$213,431	**$270,046**	**$56,615**	**21.0%**	**16 - Reinsurance Expense**	**$213,431**	**$270,046**	**$56,615**	**21.0%**
$126,155,589	**$131,030,367**	**$4,874,777**	**3.7%**	**17 - TOTAL MEDICAL EXPENSES**	**$126,155,589**	**$131,030,367**	**$4,874,777**	**3.7%**

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

7

9099998							
Category of Aid	**Jul 2023**	**% of Medi-Cal**	**Independent (Direct)**	**AHS (Direct)**	**CFMG**	**CHCN**	**Kaiser**
Adults	52,550	15%	10,017	10,046	823	21,991	9,673
Child	102,463	29%	7,633	9,354	31,532	34,639	19,305
SPD	31,055	9%	10,105	4,513	1,110	13,019	2,308
ACA OE	123,707	35%	18,476	38,762	1,343	48,229	16,897
Duals	41,688	12%	24,934	2,556	2	9,749	4,447
LTC	141	0%	141	-	-	-	-
LTC-Dual	1,033	0%	1,033	-	-	-	-
Medi-Cal	352,637		72,339	65,231	34,810	127,627	52,630
Group Care	5,669		2,208	858	-	2,603	-
Total	**358,306**	**100%**	**74,547**	**66,089**	**34,810**	**130,230**	**52,630**
Medi-Cal %	98.4%		97.0%	98.7%	100.0%	98.0%	100.0%
Group Care %	1.6%		3.0%	1.3%	0.0%	2.0%	0.0%
		Network Distribution	*20.8%*	*18.4%*	*9.7%*	*36.3%*	*14.7%*
			% Direct:	**39%**		**% Delegated:**	**61%**

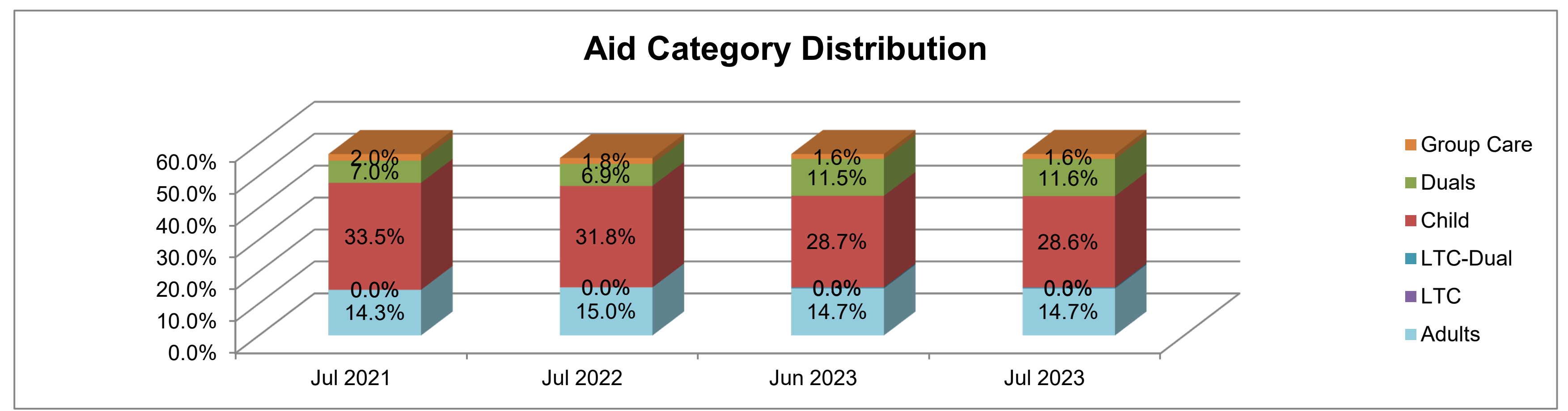




Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

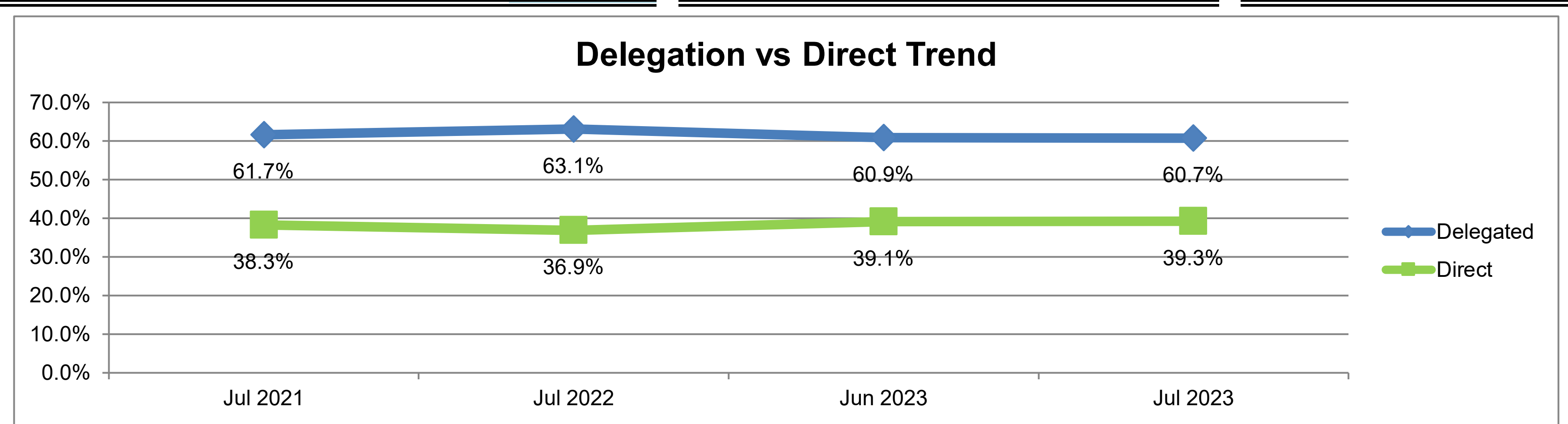
Category of Aid Trend

Category of Aid	Members Jul 2021	Jul 2022	Jun 2023	Jul 2023	% of Total (ie.Distribution) Jul 2021	Jul 2022	Jun 2023	Jul 2023	% Growth (Loss) Jul 2021 to Jul 2022	Jul 2022 to Jul 2023	Jun 2023 to Jul 2023
Adults	41,358	47,707	53,174	52,550	14.3%	15.0%	14.7%	14.7%	15.4%	10.2%	-1.2%
Child	97,179	100,903	103,670	102,463	33.5%	31.8%	28.7%	28.6%	3.8%	1.5%	-1.2%
SPD	26,320	27,927	31,280	31,055	9.1%	8.8%	8.6%	8.7%	6.1%	11.2%	-0.7%
ACA OE	99,105	113,322	124,967	123,707	34.2%	35.7%	34.6%	34.5%	14.3%	9.2%	-1.0%
Duals	20,194	21,974	41,731	41,688	7.0%	6.9%	11.5%	11.6%	8.8%	89.7%	-0.1%
LTC	-	-	150	141	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-6.0%
LTC-Dual	-	-	1,029	1,033	0.0%	0.0%	0.3%	0.3%	0.0%	0.0%	0.4%
Medi-Cal Total	284,156	311,833	356,001	352,637	98.0%	98.2%	98.4%	98.4%	9.7%	13.1%	-0.9%
Group Care	5,935	5,796	5,684	5,669	2.0%	1.8%	1.6%	1.6%	-2.3%	-2.2%	-0.3%
Total	**290,091**	**317,629**	**361,685**	**358,306**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**9.5%**	**12.8%**	**-0.9%**



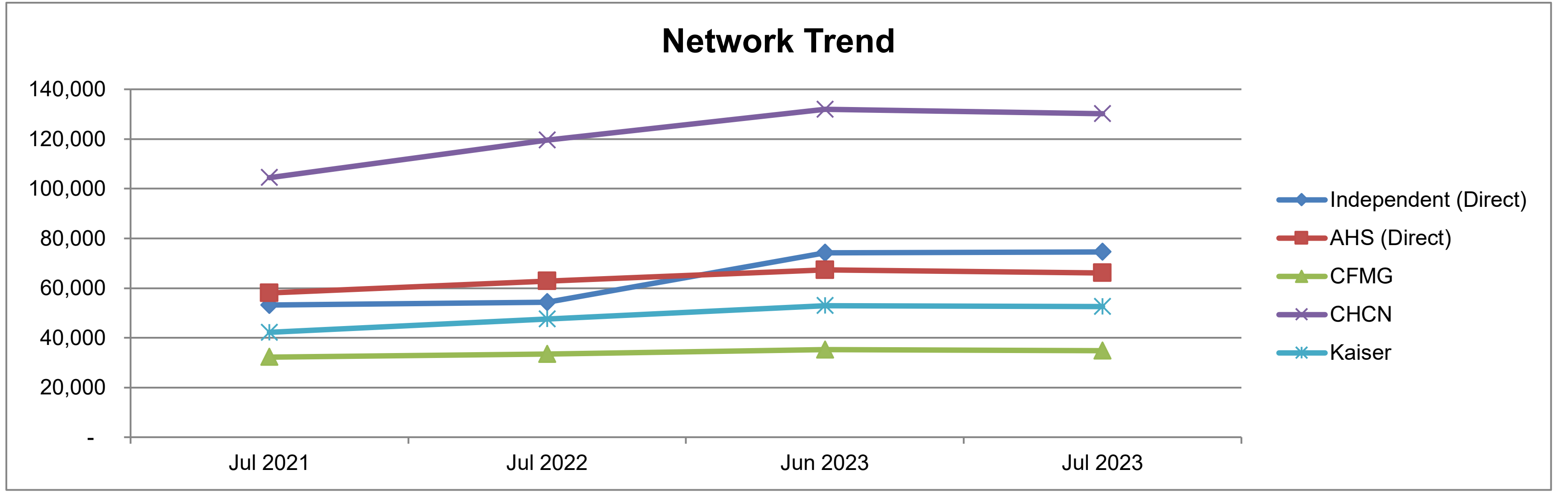
Delegation vs Direct Trend

Members	Members Jul 2021	Jul 2022	Jun 2023	Jul 2023	% of Total (ie.Distribution) Jul 2021	Jul 2022	Jun 2023	Jul 2023	% Growth (Loss) Jul 2021 to Jul 2022	Jul 2022 to Jul 2023	Jun 2023 to Jul 2023
Delegated	178,857	200,505	220,110	217,670	61.7%	63.1%	60.9%	60.7%	12.1%	8.6%	-1.1%
Direct	111,234	117,124	141,575	140,636	38.3%	36.9%	39.1%	39.3%	5.3%	20.1%	-0.7%
Total	**290,091**	**317,629**	**361,685**	**358,306**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**9.5%**	**12.8%**	**-0.9%**



Network Trend

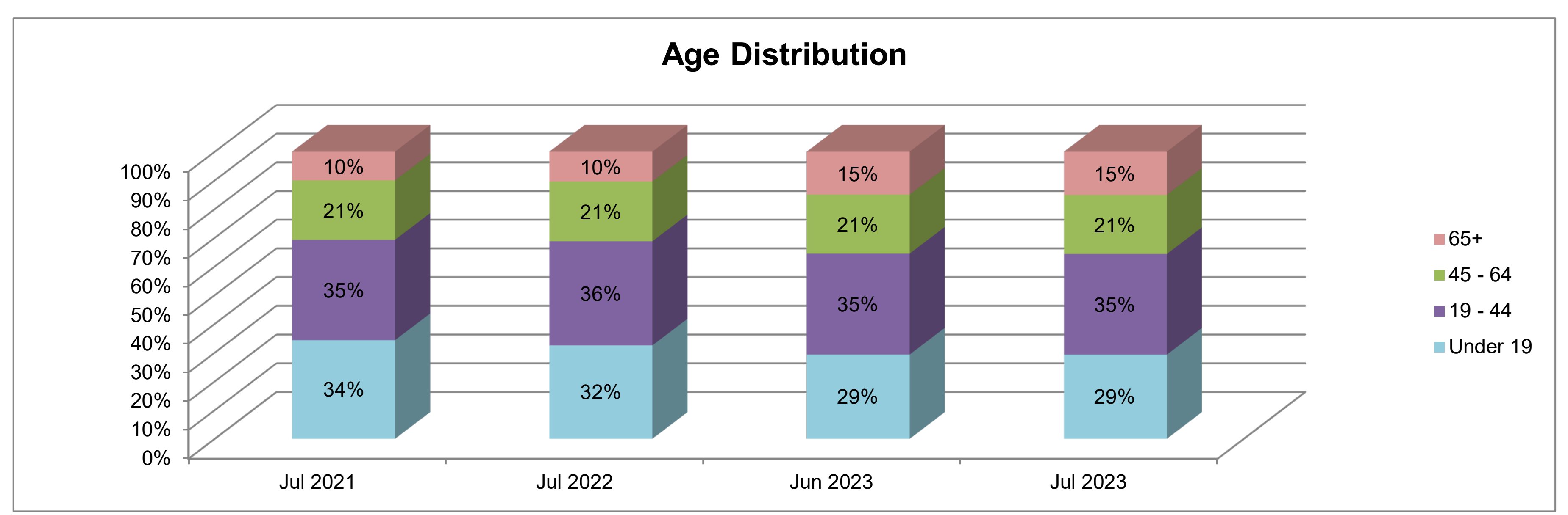
Network	Members Jul 2021	Jul 2022	Jun 2023	Jul 2023	% of Total (ie.Distribution) Jul 2021	Jul 2022	Jun 2023	Jul 2023	% Growth (Loss) Jul 2021 to Jul 2022	Jul 2022 to Jul 2023	Jun 2023 to Jul 2023
Independent (Direct)	53,189	54,340	74,242	74,547	18.3%	17.1%	20.5%	20.8%	2.2%	37.2%	0.4%
AHS (Direct)	58,045	62,784	67,333	66,089	20.0%	19.8%	18.6%	18.4%	8.2%	5.3%	-1.8%
CFMG	32,217	33,466	35,251	34,810	11.1%	10.5%	9.7%	9.7%	3.9%	4.0%	-1.3%
CHCN	104,433	119,514	131,951	130,230	36.0%	37.6%	36.5%	36.3%	14.4%	9.0%	-1.3%
Kaiser	42,207	47,525	52,908	52,630	14.5%	15.0%	14.6%	14.7%	12.6%	10.7%	-0.5%
Total	**290,091**	**317,629**	**361,685**	**358,306**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**9.5%**	**12.8%**	**-0.9%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

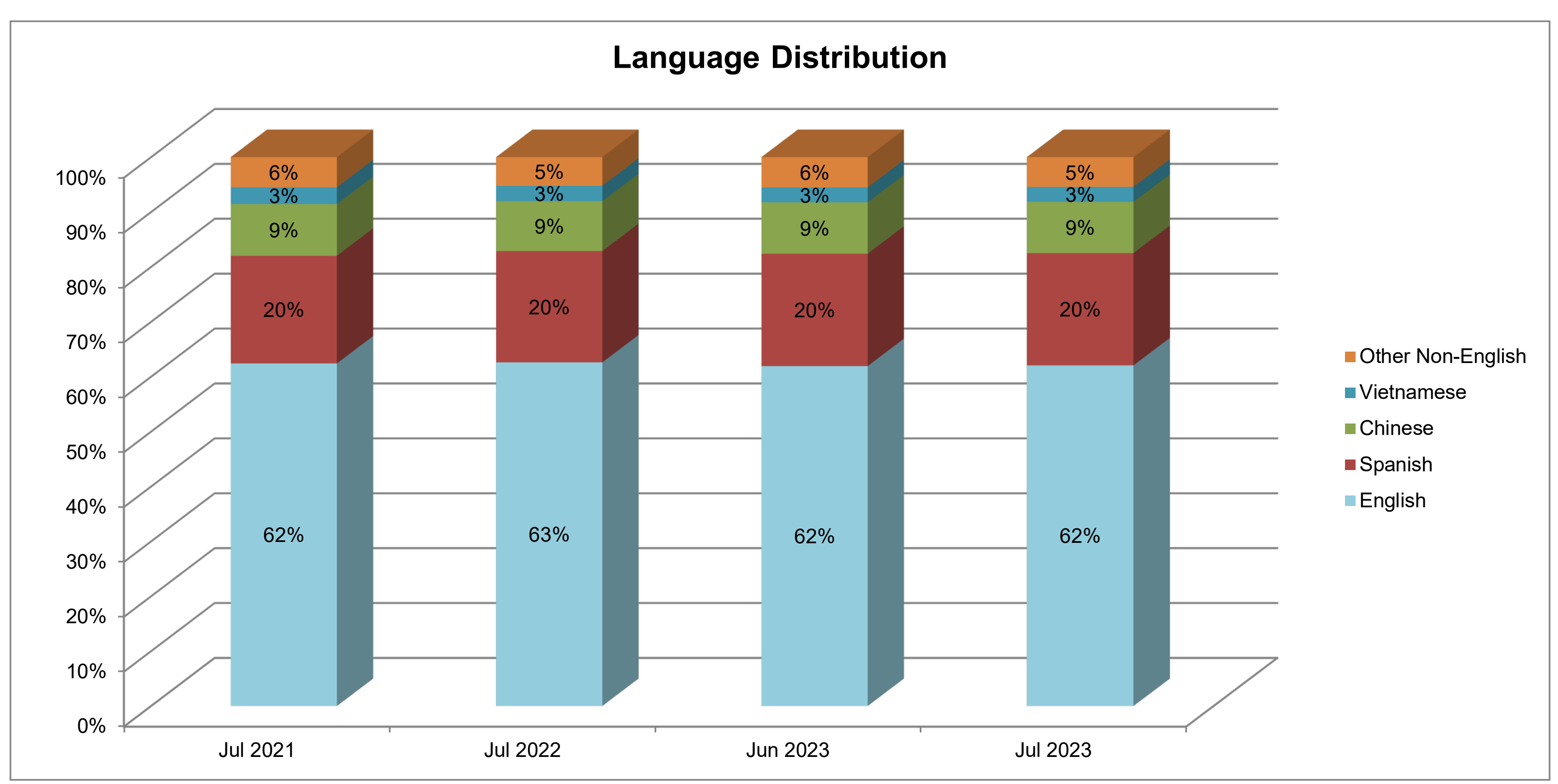
Age Category Trend

Age Category	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Jul 2021	Jul 2022	Jun 2023	Jul 2023	Jul 2021	Jul 2022	Jun 2023	Jul 2023	Jul 2021 to Jul 2022	Jul 2022 to Jul 2023	Jun 2023 to Jul 2023
Under 19	99,517	103,148	106,040	104,832	34%	32%	29%	29%	4%	2%	-1%
19 - 44	101,407	115,171	127,085	125,554	35%	36%	35%	35%	14%	9%	-1%
45 - 64	60,069	66,174	74,391	73,866	21%	21%	21%	21%	10%	12%	-1%
65+	29,098	33,136	54,169	54,054	10%	10%	15%	15%	14%	63%	0%
Total	**290,091**	**317,629**	**361,685**	**358,306**	**100%**	**100%**	**100%**	**100%**	**9%**	**13%**	**-1%**



Language Trend

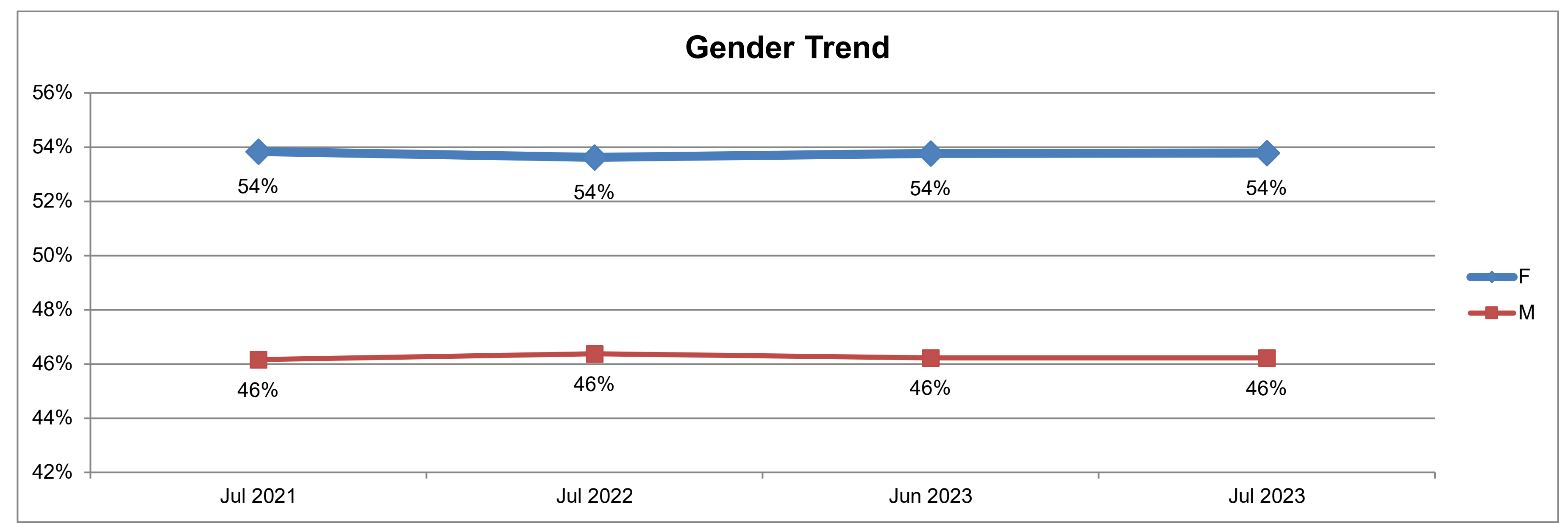
Language	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Jul 2021	Jul 2022	Jun 2023	Jul 2023	Jul 2021	Jul 2022	Jun 2023	Jul 2023	Jul 2021 to Jul 2022	Jul 2022 to Jul 2023	Jun 2023 to Jul 2023
English	181,065	198,847	223,993	222,387	62%	63%	62%	62%	10%	12%	-1%
Spanish	56,862	64,363	74,012	73,273	20%	20%	20%	20%	13%	14%	-1%
Chinese	27,378	28,906	33,860	33,455	9%	9%	9%	9%	6%	16%	-1%
Vietnamese	8,828	8,884	9,838	9,733	3%	3%	3%	3%	1%	10%	-1%
Other Non-English	15,958	16,629	19,982	19,458	6%	5%	6%	5%	4%	17%	-3%
Total	**290,091**	**317,629**	**361,685**	**358,306**	**100%**	**100%**	**100%**	**100%**	**9%**	**13%**	**-1%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

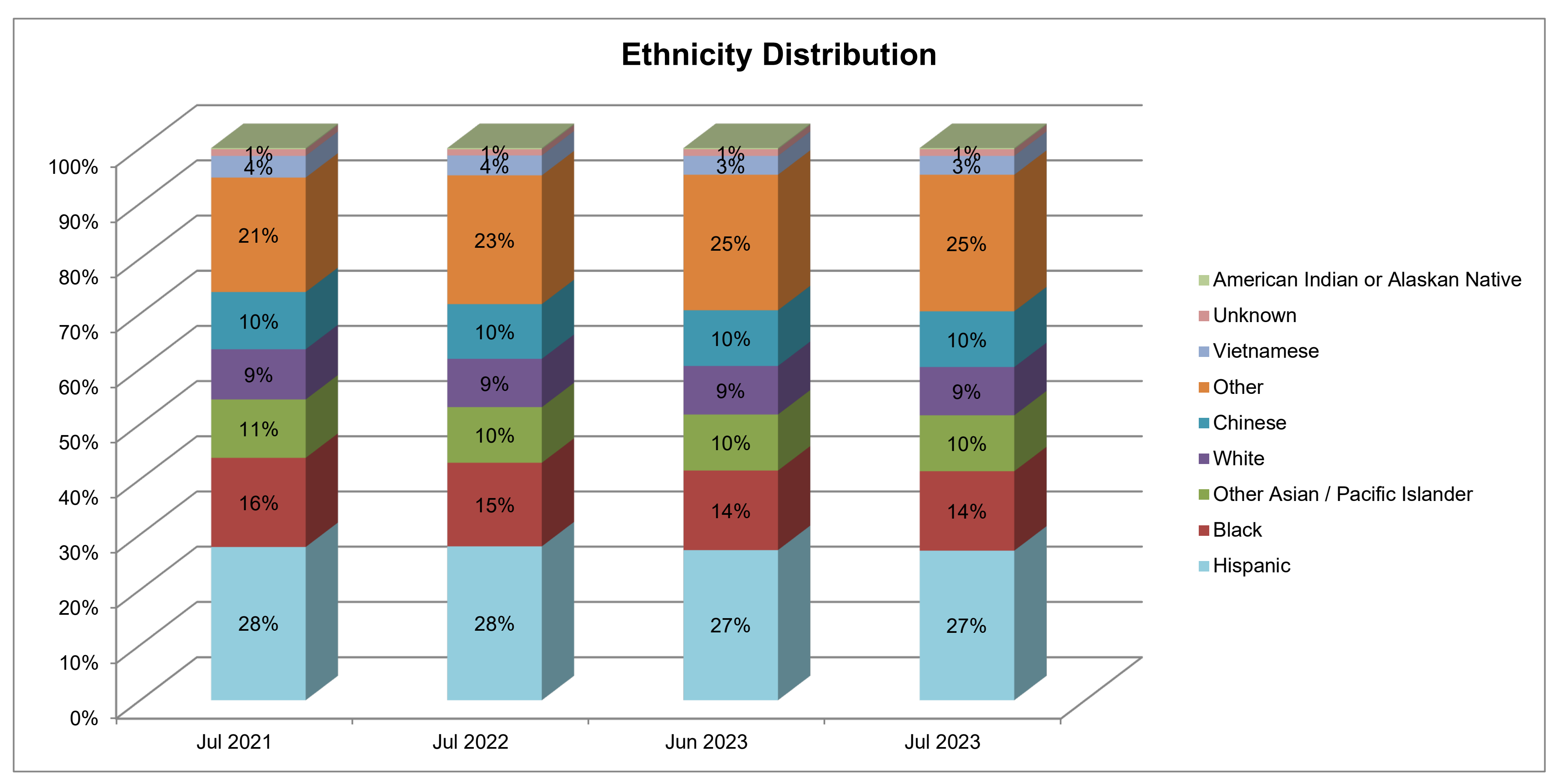
Gender Trend

Gender	Members: Jul 2021	Jul 2022	Jun 2023	Jul 2023	% of Total (ie.Distribution): Jul 2021	Jul 2022	Jun 2023	Jul 2023	% Growth (Loss): Jul 2021 to Jul 2022	Jul 2022 to Jul 2023	Jun 2023 to Jul 2023
F	156,178	170,323	194,470	192,702	54%	54%	54%	54%	9%	13%	-1%
M	133,913	147,306	167,215	165,604	46%	46%	46%	46%	10%	12%	-1%
Total	**290,091**	**317,629**	**361,685**	**358,306**	**100%**	**100%**	**100%**	**100%**	**9%**	**13%**	**-1%**



Ethnicity Trend

Ethnicity	Members: Jul 2021	Jul 2022	Jun 2023	Jul 2023	% of Total (ie.Distribution): Jul 2021	Jul 2022	Jun 2023	Jul 2023	% Growth (Loss): Jul 2021 to Jul 2022	Jul 2022 to Jul 2023	Jun 2023 to Jul 2023
Hispanic	80,361	88,368	98,185	96,921	28%	28%	27%	27%	10%	10%	-1%
Black	46,843	48,090	52,097	51,522	16%	15%	14%	14%	3%	7%	-1%
Other Asian / Pacific Islander	30,700	32,015	36,735	36,301	11%	10%	10%	10%	4%	13%	-1%
White	26,392	27,805	31,823	31,347	9%	9%	9%	9%	5%	13%	-1%
Chinese	30,090	31,505	36,522	36,209	10%	10%	10%	10%	5%	15%	-1%
Other	60,195	74,128	88,825	88,676	21%	23%	25%	25%	23%	20%	0%
Vietnamese	11,369	11,461	12,366	12,243	4%	4%	3%	3%	1%	7%	-1%
Unknown	3,523	3,574	4,397	4,360	1%	1%	1%	1%	1%	22%	-1%
American Indian or Alaskan Native	618	683	735	727	0%	0%	0%	0%	11%	6%	-1%
Total	**290,091**	**317,629**	**361,685**	**358,306**	**100%**	**100%**	**100%**	**100%**	**9%**	**13%**	**-1%**



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

Medi-Cal By City

City	Jul 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	135,783	39%	19,762	30,450	14,256	56,507	14,808
Hayward	55,450	16%	10,718	11,846	5,864	17,571	9,451
Fremont	33,093	9%	12,956	4,844	1,252	8,767	5,274
San Leandro	31,815	9%	6,479	4,382	3,504	11,545	5,905
Union City	14,963	4%	5,290	2,231	634	4,022	2,786
Alameda	13,664	4%	2,979	2,076	1,735	4,651	2,223
Berkeley	13,378	4%	2,600	1,772	1,358	5,627	2,021
Livermore	10,876	3%	1,680	660	1,941	4,685	1,910
Newark	8,368	2%	2,499	2,576	301	1,526	1,466
Castro Valley	8,988	3%	1,906	1,322	1,142	2,683	1,935
San Lorenzo	7,402	2%	1,296	1,254	716	2,644	1,492
Pleasanton	6,200	2%	1,466	396	555	2,707	1,076
Dublin	6,557	2%	1,549	419	672	2,732	1,185
Emeryville	2,461	1%	519	453	310	756	423
Albany	2,153	1%	326	218	402	776	431
Piedmont	461	0%	93	131	28	94	115
Sunol	79	0%	17	12	6	27	17
Antioch	28	0%	4	4	9	9	2
Other	918	0%	200	185	125	298	110
Total	**352,637**	**100%**	**72,339**	**65,231**	**34,810**	**127,627**	**52,630**

Group Care By City

City	Jul 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	1,811	32%	407	332	-	1,072	-
Hayward	639	11%	308	141	-	190	-
Fremont	617	11%	427	56	-	134	-
San Leandro	572	10%	219	83	-	270	-
Union City	295	5%	189	37	-	69	-
Alameda	283	5%	103	19	-	161	-
Berkeley	163	3%	47	12	-	104	-
Livermore	92	2%	29	3	-	60	-
Newark	133	2%	86	30	-	17	-
Castro Valley	195	3%	84	28	-	83	-
San Lorenzo	135	2%	46	17	-	72	-
Pleasanton	64	1%	25	3	-	36	-
Dublin	102	2%	34	6	-	62	-
Emeryville	36	1%	16	5	-	15	-
Albany	19	0%	6	1	-	12	-
Piedmont	13	0%	3	-	-	10	-
Sunol	-	0%	-	-	-	-	-
Antioch	24	0%	7	7	-	10	-
Other	476	8%	172	78	-	226	-
Total	**5,669**	**100%**	**2,208**	**858**	**-**	**2,603**	**-**

Total By City

City	Jul 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	137,594	38%	20,169	30,782	14,256	57,579	14,808
Hayward	56,089	16%	11,026	11,987	5,864	17,761	9,451
Fremont	33,710	9%	13,383	4,900	1,252	8,901	5,274
San Leandro	32,387	9%	6,698	4,465	3,504	11,815	5,905
Union City	15,258	4%	5,479	2,268	634	4,091	2,786
Alameda	13,947	4%	3,082	2,095	1,735	4,812	2,223
Berkeley	13,541	4%	2,647	1,784	1,358	5,731	2,021
Livermore	10,968	3%	1,709	663	1,941	4,745	1,910
Newark	8,501	2%	2,585	2,606	301	1,543	1,466
Castro Valley	9,183	3%	1,990	1,350	1,142	2,766	1,935
San Lorenzo	7,537	2%	1,342	1,271	716	2,716	1,492
Pleasanton	6,264	2%	1,491	399	555	2,743	1,076
Dublin	6,659	2%	1,583	425	672	2,794	1,185
Emeryville	2,497	1%	535	458	310	771	423
Albany	2,172	1%	332	219	402	788	431
Piedmont	474	0%	96	131	28	104	115
Sunol	79	0%	17	12	6	27	17
Antioch	52	0%	11	11	9	19	2
Other	1,394	0%	372	263	125	524	110
Total	**358,306**	**100%**	**74,547**	**66,089**	**34,810**	**130,230**	**52,630**

The Public Health Emergency & Redeterminations

Presented to the Alameda Alliance Board of Governors

September 8th, 2023

Alameda County Social Services Agency and Alameda Alliance Collaborative Efforts

- Regular Meetings
  - Since January 2023 - first Friday of every month
    - Discuss agency community-wide and direct outreach activities, updates, and areas for additional support e.g., CalSAWS go-live in Alameda County, Single Plan Model, Kaiser transition
- Data Sharing
  - Memorandum of Agreement (MOU)
    - To provide Alliance member-specific data
  - DHCS Continuous Medi-Cal Coverage Unwinding Dashboard
    - Provides statewide and county level data
- Tracking and Trending
  - Alliance direct member outreach based on DHCS renewal dates
  - SSA monthly outreach:
    - Renewals due in Alameda County
    - Ex Parte renewals
    - Renewal letters mailed
    - Renewal packets received
    - Who are the Alliance member who did not return their renewal forms to help with follow-up and to provide additional resources
  - Number of Alliance member call center calls received related to redetermination

Alameda County Medi-Cal Renewal Data

Preliminary Renewal Data*

	Redeterminations						
	Due	Complete	Continued in Coverage	Ex Parte Renewals	Discontinued	Discounted / Procedural	Renewals in Process
June	37,556	24,469 (65.1%)	14,449 *(59%)*	8,555 (22.8%)	10,020 (26.7%)	9,089 *(90.7%)*	13,097 (34.9%)

Source: https://www.dhcs.ca.gov/dataandstats/Pages/Continuous-Coverage-Eligibility-Unwinding-Dashboard.aspx

**As of September 5th, 2023. Alliance Specific data is not available at this time.*

Enrollment by Population – Impact of Redeterminations

	Final Jun '23	Final Jul '23	Final Aug '23	Prelim Sep '23
MCAL ACA OE	124,967	123,707	121,819	119,999
MCAL Child	103,670	102,463	101,393	99,544
MCAL Adult	53,174	52,550	52,102	51,355
MCAL Duals	41,731	41,688	41,715	41,567
MCAL SPD	31,280	31,055	30,840	30,454

- Biggest net reductions in ACA OE and Child Categories of Aid.
- Minimal change for SPD, Duals, LTC and Group Care.
- For the past 3 years, Final Enrollment has been less than Preliminary Enrollment; that changed in July. Between July 5th and August 5th, July net membership grew by 419. Between August 5th and September 5th, August net membership grew by1,416.

Enrollment by Population – Impact of Redeterminations

	Beginning	July		August		Ending
		% Adds	% Terms	% Adds	% Terms	
MCAL Child	103,696	1.3%	2.5%	1.2%	2.5%	101,393
MCAL Adult	53,159	3.1%	4.3%	2.9%	3.9%	52,102
MCAL SPD	31,310	1.3%	2.1%	1.0%	2.0%	30,840
MCAL ACA OE	124,909	2.2%	3.2%	1.9%	3.5%	121,819
MCAL Duals	41,793	1.3%	1.6%	1.2%	1.3%	41,715
MCAL LTC	149	0.0%	5.4%	0.0%	4.2%	138
MCAL LTC Duals	1,027	0.0%	-0.6%	0.0%	0.8%	1,019
Group Care	5,683	1.9%	2.1%	2.2%	2.6%	5,645
	361,726	**1.9%**	**2.8%**	**1.7%**	**2.8%**	**354,671**

- July saw 6,829 additions and 10,249 terminations.
- August saw 6,071 additions and 10,208 terminations.

Membership Profile: Prior Utilization

	AAH Overall	Terminated Members
$100K+	0.5%	0.5%
$60K - $99,999	0.5%	0.4%
$30K - $59,999	1%	1%
$5k - $29,999	7%	5%
Less than $4,999	56%	47%
No utilization	34%	46%

93% of members terminated have less than $5k in costs or no utilization

-Utilization Time Frame: 6/1/2022 - 5/30/2023
- Excludes Kaiser and GroupCare

Membership Profile: Ethnicity

Ethnicity	AAH Overall	Terminated Members
Hispanic	27%	31%
Other	25%	26%
Black	15%	13%
White	9%	10%
Chinese	10%	7%
Filipino	3%	3%
Asian Indian	3%	3%
Vietnamese	4%	2%
Asian or Pacific Islander	2%	2%
<50 Members in Ethnicity	3%	2%

The Hispanic population has the largest variance compared to their AAH Overall distribution.

- Excludes Kaiser and GroupCare

Membership Profile: Age

Age	AAH Overall	Terminated Members
0-18	28%	26%
19-45	37%	47%
46-65	19%	17%
65+	16%	11%

The 19 - 45 year-old category has the largest variance compared to their AAH Overall average percentage.

- Excludes Kaiser and GroupCare

Incentive Program Update

Presented to the Alameda Alliance Board of Governors

September 8th, 2023

Agenda

- Housing & Homelessness Incentive Program (HHIP)
- Student Behavioral Health Incentive Program (SBHIP)
- CalAIM Incentive Payment Program (IPP)
- Data Sharing Agreement (DSA) Signatory Grant
- Equity and Practice Transformation Payments Program

Housing & Homelessness Incentive Program (HHIP)

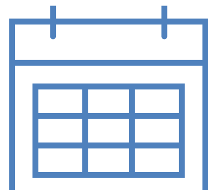
Program Update

HHIP Program Overview

- To help address social determinants of health and health disparities, HHIP allows Medi-Cal Managed Care Plans (MCPs) to earn dollars from the Department of Health Care Services (DHCS) for meeting performance goals and addressing homelessness and housing insecurity for health plan members

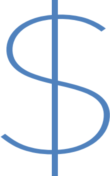
Program Goals

- Reduce and prevent homelessness
- Ensure MCPs have the necessary capacity and partnerships



Program Period

- Year 1: 1/1/22 – 12/31/22
- Year 2: 1/1/23 – 12/31/23



$1.2B, One-time Funds

- Maximum earnable for Alameda County: $54M
- Total Alliance eligible amount: $44.3M
- Total Anthem eligible amount: $9.9M

HHIP Allocation Earned To Date

Payment #	Deliverable	Total AAH Eligible Amount	Total Earned	Payment Date
1	Local Homelessness Plan (LHP)	$2,215,509	$2,215,509	October 2022
2	Investment Plan (IP)	$4,431,018	$4,431,018	December 2022
3	Submission 1 (S1) – Measurement Period 5/1-12/31/2022 Submitted to DHCS March 2023	$15,508,561	$13,736,154	June 2023
Total Earned To-Date		**$22,155,088**	**$20,382,681**	
4	Submission 2 (S2) – Measurement Period 1/1-10/31/2023 Due to DHCS December 2023	$22,155,088	TBD	March 2024 (est.)
Total MCP Allocation		**$44,310,176**	**$20,382,681**	

Dollars are not guaranteed and must be earned through successful completion and approval of DHCS HHIP deliverables

HHIP Actual and Planned Expenditures To Date

Investment Activity	Recipient(s) or Recipient Type(s)	Planned Investment	Actual Expenditures
Data Support	HCSA	$216K*	$108K
Housing Community Supports Start-up & Service Expansion	HCSA	$2M*	$720K
Street Health	HCSA	$3.3M*	$2.4M
2024 Point in Time (PIT) Count	HCSA	$80K*	
Housing Financial Supports	HCSA	$8M	$8M
Staffing for Recuperative Care Coordination	AAH	$456K*	
Provider and Community Engagement	AAH	$1M*	
Capital Investment in Alameda County	Alameda Point Collaborative	$4M*	
	To be determined	$1M	
MCP Administrative Support	AAH	$1.1M*	$54K
Data Infrastructure	AAH, Community Partners	$300K - $500K*	
Medically Frail Housing Start-up	Service Providers	$2.4M*	
Recuperative Care Start-up and Service Expansion	Service Providers	$1M	
Community-based Services	To be determined	$1M*	
Support for Health Disparities Programs and Interventions	To be determined	$250K - $500K	
Total		**$26.5M**	**$11.3M**

*Planned expenditures in progress

HHIP Status

- **Accomplishments:**
  - Completed Local Homelessness Plan Submission
  - Completed Investment Plan Submission
  - Completed Submission 1 (measurement period May 2022 – December 2022)
  - 92% of HHIP eligible funds have been earned to-date
  - HCSA completion of 15 deliverables:
    - Data reporting
    - Housing financial supports
    - Street medicine data and program modeling
    - Housing Community Supports capacity building
    - Housing Community Supports Legal Services pilot launch
  - Director of Housing and Community Services Program onboarded

- **Upcoming Activities:**
  - Submission 2 (measurement period January – October 2023)
  - Street Medicine program development
  - Medically frail nursing and caregiver services
  - Respite Coordination Specialist position go-live
  - Housing Community Supports Legal Services implementation

Student Behavioral Health Incentive Program (SBHIP)

Program Update

SBHIP Program Overview

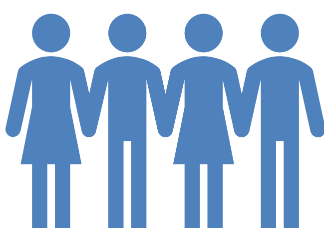
- $389M in incentive payments paid to Medi-Cal MCPs to build sustainable partnerships with County Offices of Education (COEs)/Local Education Agencies (LEAs)/Behavioral Health Departments to increase access to preventive care through early intervention to behavioral health services for TK-12 children in public schools
- Program period: January 1, 2022 – December 31, 2024
- Objectives
  - Break down silos and improve coordination
  - Increase the number of TK-12 students enrolled in Medi-Cal receiving behavioral health services
  - Increase non-specialty services on or near school campuses
  - Address health equity gap, inequalities, and disparities

SBHIP Program Overview

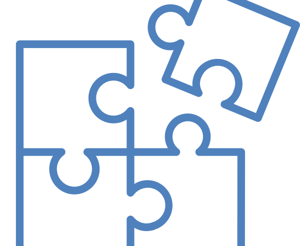
- Eleven (11) LEAs in Alameda County opted to participate in SBHIP
- All 11 LEAs elected to participate in each of the four (4) selected Targeted Interventions

Expand Behavioral Health Wellness

Expand Behavioral Health Workforce



Culturally Appropriate and Targeted Populations



Build Stronger Partnerships to Increase Access to Medi-Cal Services

SBHIP Timeline

Year 1

- Needs Assessment
- Project Plan Submissions

2022

Year 2-3

- Program Design and Implementation
- Partnership development
- Bi-quarterly reports
- Final outcomes report

2023 - 2024

Post-SBHIP

- Infrastructure built
- Partnerships and relationships established
- Strengthening BH outcomes for students TK-12

Post-SBHIP

SBHIP Allocation Earned To Date

- **Maximum earnable dollars for Alameda County: $10.9M**
  - Total Alliance eligible amount is $9.7M
  - Total dollars paid out: $4.4M

Payment #	Deliverable	Total AAH Eligible Amount	Total Earned	Payment Date
1	Initial 50% Needs Assessment (NA)	$381,170	$381,170	May 2022 - June
2	Remaining 50% NA	$381,170	$381,170	April 2023
3	50% of Targeted Intervention (TI) Allocation	$4,452,066	$4,452,066	April 2023
Total Earned To-Date		**$5,214,406**	**$5,214,406**	
4	Bi-Quarterly Report (BQR) (Jan 2023 – Jun 2023)	$1,113,016	TBD	October 2023 (est.)
5	BQR (Jul 2023 – Dec 2023)	$1,113,016	TBD	April 2024 (est.)
6	BQR (Jan 2024 – Jun 2024)	$1,113,016	TBD	October 2024 (est.)
7	TI Project Outcome Report	$1,113,016	TBD	April 2025 (est.)
Total MCP Allocation		**$9,666,471**	**$5,214,406**	

SBHIP Expenditures To Date

- **SBHIP Expenditures: $4.4M**
  - LEAs: $4.4M
- **SBHIP Future Expenditures: $8.8M**
  - LEAs: $8.3M
  - Alameda County Office of Education: $375K
  - HCSA Center for Healthier Schools and Communities: $175K

SBHIP Status

- **Accomplishments:**
  - Completed Needs Assessment submission
  - Completed Project Plan submission
  - 100% of SBHIP eligible funds earned to-date
  - Hosted two (2) Learning Exchanges for LEAs
  - Initial Survey of LEAs completed
  - Formed an SBHIP Steering Committee with partners
  - Executed a contract with Alameda County Office of Education (ACOE)
  - Transition planning deliverables submitted to the state
- **Upcoming Activities:**
  - Associated funding of first Bi-Quarterly Report submission expected October 2023
  - Second Bi-Quarterly Report submission due December 31st, 2023
  - LEA Project Plan implementation underway
  - ACOE LEA Learning Exchange and coaching sessions scheduled
  - Partnership with Alameda County Center for Healthy Schools and Communities

CalAIM Incentive Payment Program (IPP)

Program Update

IPP Program Overview

- **Goal of the IPP:** To drive change at the MCP and Provider levels in the following ways:
  - Build appropriate and sustainable capacity
  - Drive MCP investment in necessary delivery system infrastructure
  - Bridge current silos across physical and behavioral health care service delivery
  - Reduce health disparities and promote health equity
  - Achieve improvements in quality performance
  - Incentivize MCP take-up of Community Supports
- **Program Years:** January 2022 – June 2024
- **State Guidance:** DHCS APL 23-003

IPP Program Overview

- **Statewide Funding**: Up to $600 million for Program Year (PY) 1; up to $600 million for Program Year 2; up to $300 million for Program Year 3
- **AAH Funding:**
  - Maximum Allocation: $14.8 million (PY 1); $15.1 million (PY 2)
  - Earned Dollars: $14.8 million
  - Funding Allocated: $13.5 million
- **Program Domains:**
  - Delivery System Infrastructure
  - Enhanced Care Management (ECM) Provider Capacity Building
  - Community Supports (CS) Provider Capacity Building and Take-up
  - Quality and Emerging CalAIM Priorities

IPP Timeline

IPP Timeline

IPP assesses performance in 6-month increments across three distinct Program Years (PY). MCPs submit reports documenting progress against program measures following each measurement period. DHCS will make five IPP payments in total, with dollar amounts earned based on MCP submission scores.

Program Year 1 (2022)				Program Year 2 (2023)				Program Year 3 (1H2024)			
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
J F M	A M J	J A S	O N D	J F M	A M J	J A S	O N D	J F M	A M J	J A S	O N D
Submission 2-A Measurement Period		Submission 2-B Measurement Period		Submission 3 Measurement Period		Submission 4 Measurement Period		Submission 5 Measurement Period			
S1 Review $		S2-A Sub-mission	S2-A Review	S2-B Sub-mission	S2-B Review $	S3 Sub-mission	S3 Review $	S4 Sub-mission	S4 Review $	S5 Sub-mission	S5 Review $

S1 Submission

Interim Payment 1 (not earned until June 2023)

Payment 2

MCPs will next complete Submission 2-B (S2-B) due in March 2023. S2-B measures progress from July – December 2022 against a streamlined version of the S2-A measure set. S2-B is ***required*** for all MCPs to fully earn interim Payment 1 and earn Payment 2.

4

IPP Allocation

- **IPP Funding Allocation by Category:**
  - IT Infrastructure: $5.8 million
  - Provider Capacity Building: $3.7 million
  - Other Identified Gaps: $1.7 million
  - AAH Implementation: $1.4 million
  - Provider Staff Training: $925,000

- **IPP Funding Allocation by Provider Type:**
  - HCSA: 37%
  - Network Providers: 22%
  - Community Based Organizations: 18%
  - Ancillary: 13%
  - AAH: 10%

IPP Status

- **Accomplishments:**
  - Developed an IPP Review Committee
  - Collaborated with Anthem on:
    - Universal IPP Provider Application
    - Provider Education on IPP Provider Application Process
    - Funding Allocation for Jointly Contracted ECM and CS Providers
    - Outreach to Justice Involved (JI) Organizations and Facilities
  - Completed DHCS Report Submissions 1, 2A, 2B, and 3
  - 25 IPP Provider Applications Reviewed
- **Upcoming Activities:**
  - Finalize Wave 3A Funding Decisions
  - Submission 4 Activities (July – December 2023):
    - Bi-Directional Health Information Exchange
    - Increase ECM and CS Unique Members Served
    - Justice Involved (JI) Population of Focus (PoF)
    - Provider Education on ECM and CS Services
    - Develop a Transition Plan with Anthem
    - Improve IPP Quality and Equity Metrics

Data Sharing Agreement (DSA) Grant

Data Sharing Agreement (DSA) Signatory Grant

- Administered by the California Health and Human Services (CalHHS) Center for Data Insights and Innovation (CDII), the DSA Signatory Grant Program will support Signatories of the Data Exchange Framework (DxF) Data Sharing Agreement (DSA) by subsidizing investments to meet DSA requirements
  - $50 million in funding over two years
    - Support DxF implementation
    - Address barriers to implementation
    - Promote activities ineligible for funding by other grant programs
- Qualified Health Information Organization (QHIO) Onboarding Grant
  - Application submitted August 29th
- Reporting Milestones
  - **Milestone 1:** Grantee signed a contract with a QHIO
    - Within 12 months, must show an attestation signed by both the QHIO and Grantee stating that onboarding has been completed
  - **Milestone 2:** QHIO has successfully onboarded and completes a real-time data transaction

Equity and Practice Transformation (EPT) Payments Program

Equity and Practice Transformation (EPT) Payments Program

ALAMEDA Alliance FOR HEALTH

- DHCS is implementing a primary care provider practice transformation program to advance health equity and reduce COVID-19-driven care disparities by investing in up-stream care models and partnerships to address health and wellness and funding practice transformation
- Funds will pay for delivery system transformation payments to primary care practices focused on advancing DHCS' equity goals in the "50 by 2025: Bold Goals" Initiative and to prepare them to participate in alternative payment models
- Funding: One-time, $700 million, multi-year initiative
  - MCP Initial Provider Planning Incentive Payments ($25M over 1 year)
  - EPT Provider Directed Payments Program ($650M over 5 years)
  - Statewide Learning Collaborative ($25M over 5 years)

Questions?

Financial Concepts Series

Presented to the Alameda Alliance Board of Governors

September 8th, 2023

Key Financial Concept Topics

Financial statement concepts

- Revenue
- Expenses
- Net Income/Loss
- Medical Loss Ratio
- Tangible Net Equity
- Incurred but Not Paid Claims Estimates
- Current Ratio

Important regulatory review concepts

- Key regulatory financial measurements
- Tools used by the regulator to monitor financial solvency
- Reporting requirements
- Rate development process

Financial projection concepts

- Preparing revenue and expense projections
- Factors that influence projections
- Variance and what to do about it

Revenue, what is it?

Funding we receive from the State and County for members we serve.

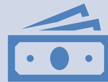
Most of our funding (98%) comes from the State through the Department of Health Care Services. A minority of funding (2%) comes through Alameda County for our Group Care (IHSS worker) line of business.

State funding is made up of Federal and State sources.

Federal funding based on the Federal Medical Assistance Percentage (FMAP), which is based on overall per capita income (i.e., state wealth) in each state.

State funding determined based on the California budget process.

How is revenue determined?



The Alliance annually submits to DHCS a rate determination template that includes detailed medical expense data. DHCS actuaries use the data to determine future rates. Capturing all medical expense data is critical to ensure DHCS develops adequate rates for the Plan.

Revenue is paid on a Per Member Per Month (PMPM) basis. The Alliance receives a certain amount of funding per member on a monthly basis. Monthly PMPM amounts are based on members Category of Aid (COA). We are paid lower amounts for lower risk COAs like the Child category and higher amounts for higher risk COAs like the Seniors and Persons with Disabilities category.

Our Monthly PMPM revenue amounts may also change as benefits are added or removed for our existing population. Program and benefit changes typically happen at the beginning of a calendar year.

Increasing monthly revenue means our monthly membership is growing or new benefits (like Long Term Care) are being added or a combination of both. Decreases in revenue mean our monthly membership is declining or benefits are being removed (like Pharmacy).

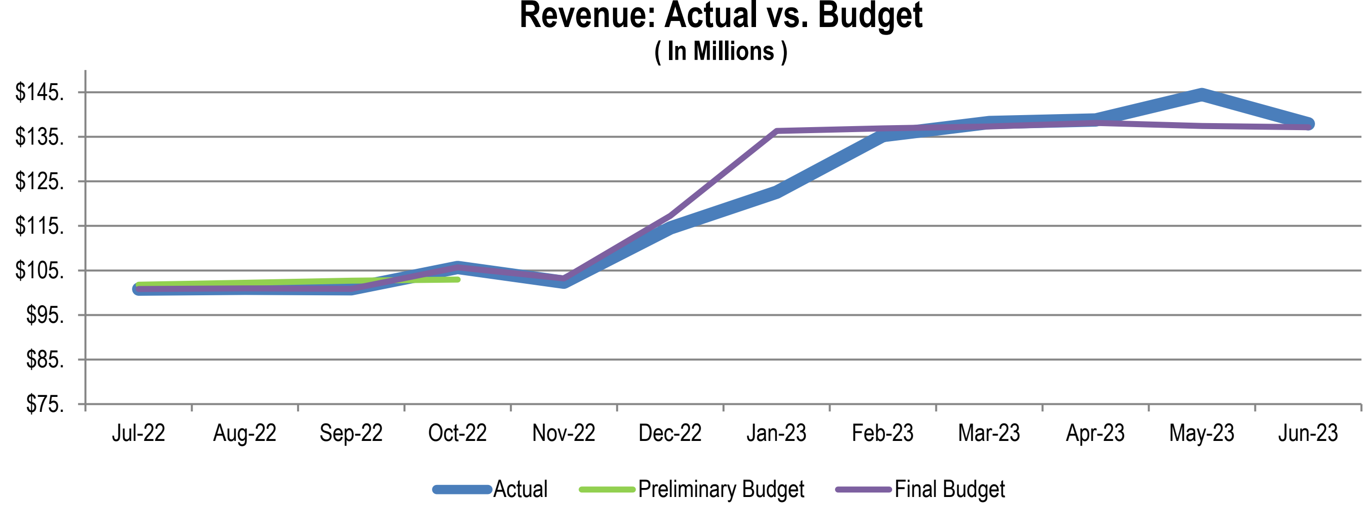
What do we do with our revenue?

- Pay provider and hospital claims, helping to ensure our members have access to care.
- Allows us to improve quality outcomes for members through pilot programs, case management, etc. focusing on areas of need.
- Supports our local community through community reinvestment grant funding.
- Helps us keep the lights on and supports (salaries, benefits, retirement) our employees.
- Provides us opportunity to maintain and improve our process through technology.
- Allows us opportunity to expand our current scope (D-SNP).
- Builds our reserves through net income to be used to mitigate downturns in our financial performance.

Revenue numbers

$1.4b=Total revenue reported in fiscal year 2023 (July 2022-June 2023)

$1.7b=Total revenue expected in fiscal year 2024 (July 2023-June 2024)



Revenue summary

Funds received from State, County and Federal sources to ensure the Alliance provides access to care for members.

Paid monthly to the Alliance on a per member per month basis.

Paid monthly to the Alliance on a per member per month basis. Per member per month amounts vary by members category of aid.

Changing benefit and program requirements impact revenue increases or decreases.

Allows us to pay providers, implement initiatives, provide community reinvestment, plan for the future and support our employees.

Expected to grow from $1.4B in fiscal year 2023 to $1.7B in fiscal year 2024.

Property Discussion

Ruth Watson, Chief Operating Officer

September 8th, 2023

Current State

- Suite 1320 lease expires on May 31, 2025
- 1240 building assessed value in 2019 = $19M
  - Commercial real estate market for office space continues to be an evolving landscape – vacancy rates are high and property values have declined.
  - Building value will need to be re-assessed for current value.
- Proposed Relocation Plan: Initiate in 2025 for a 2027 move

Building Requirements

- Space to accommodate 300 Employees (assume 50% of staff for meetings and functions)
  - 1 large conference room
  - 2 medium conference rooms
  - Estimated dedicated offices: 35
  - Minimum of 60,000 square feet
- Proposed Locations
  - Oakland
  - Downtown San Leandro
  - Hayward

Building Requirements (Continued)

- Member Accessibility
  - Close access to Public Transportation and BART
- Secure and safe environment for Alliance employees and Members
- Sufficient parking for staff, Members and visitors

Questions?

Operations

Ruth Watson

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

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

Date: **September 8th, 2023**

Subject: **Operations Report**

Member Services

- 12-Month Trend Blended Summary:
  - The Member Services Department received a thirteen percent (13%) increase in calls in August 2023, totaling 18,218 compared to 15,854 in August 2022. Call volume pre-pandemic in August 2019 was 15,318, which is sixteen percent (16%) lower than the current call volume.
  - The abandonment rate for August 2023 was six percent (6%), compared to nineteen percent (19%) in August 2022.
  - The Department's service level was eighty-two percent (82%) in August 2023, compared to forty-five percent (45%) in August 2022. The Department continues to recruit to fill open positions. Customer Service support service vendor continues to provide overflow call center support.
  - The average talk time (ATT) was six minutes and twenty-nine seconds (06:29) for August 2023 compared to six minutes and thirty-six seconds (06:36) for August 2022.
  - One hundred percent (100%) of calls were answered within 10 minutes for August 2023 compared to seventy-three (73%) in August 2022.
  - The top five call reasons for August 2023 were: 1). Eligibility/Enrollment, 2). Change of PCP 3). Benefits, 4). Kaiser, 5). Grievance/Appeals. The top five call reasons for August 2022 were: 1). Change of PCP, 2). Kaiser, 3). Eligibility/Enrollment, 4 Benefits, 5). ID Card Requests.
  - August utilization for the member automated eligibility IVR system totaled fourteen hundred twenty-eight (1428) in August 2023 compared to three hundred thirty-four (334) in August 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 seven hundred six (891) web-based requests in August 2023 compared to six hundred ten (706) in August 2022. The top three web reason requests for August 2023 were: 1). Change of PCP 2). ID Card Requests, 3). Update Contact Information. Fifty-three (53) members were assisted in-person in August 2023.

- Member Services Behavioral Health:
  - The Member Services Behavioral Health Unit received a total of twelve hundred thirty-five (1235) calls in August 2023.

- The abandonment rate was eight percent (8%).
- The service level was eighty-four percent (84%).
- Calls answered in 10 minutes were ninety-eight percent (98%).
- The Average Talk Time (ATT) was ten minutes and seven seconds (10:07). ATT are impacted by the DHCS requirements to complete a screening for all members initiating MH services for the first time.
- Two thousand and eighty-nine (2089) outreach calls were made in August 2023.
- Two hundred twelve (212) screenings were completed in August 2023.
- Thirty (30) referrals were made to the County (ACCESS) in August 2023.
- Fifteen (15) members were referred to CenterPoint for SUD services in August 2023.

Claims

- 12-Month Trend Summary:

    - The Claims Department received 244,907 claims in August 2023 compared to 177,945 in August 2022.
    - The Auto Adjudication was 82.6% in August 2023 compared to 83.6% in August 2022.
    - Claims compliance for the 30-day turn-around time was 93.1% in August 2023 compared to 99.1% in August 2022. The 45-day turn-around time was 99.9% in August 2023 compared to 99.9% in August 2022.

- Monthly Analysis:

    - In the month of August, we received a total of 244,907 claims in the HEALTHsuite system. This represents an increase of 9.87% from July and is higher, by 66,962 claims, than the number of claims received in August 2022; the higher volume of received claims remains attributed to an increased membership.
    - We received 87.68% of claims via EDI and 12.32% of claims via paper.
    - During the month of August, 99.9% of our claims were processed within 45 working days.
    - The Auto Adjudication rate was 82.6 % for the month of August.

Provider Services

- 12-Month Trend Summary:

    - The Provider Services department's call volume in August 2023 was 9,661 calls compared to 6,243 calls in August 2022.
    - Provider Services continuously works to achieve first call resolution and reduction of the abandonment rates. Efforts to promote provider satisfaction is our first priority.

- The Provider Services department completed 148 calls/visits during August 2023.
- The Provider Services department answered 4,659 calls for August 2023 and made 965 outbound calls.

Credentialing

- There was no Peer Review and Credentialing (PRCC) meeting held in August, 2023; therefore there is nothing to report.

Provider Dispute Resolution

- 12-Month Trend Summary:
  - In August 2023, the Provider Dispute Resolution (PDR) team received 2092 PDRs versus 904 in August 2022.
  - The PDR team resolved 1627 cases in August 2023 compared to 966 cases in August 2022.
  - In August 2023, the PDR team upheld 74% of cases versus 73% in August 2022.
  - The PDR team resolved 99.3% of cases within the compliance standard of 95% within 45 working days in August 2023 compared to 99.4% in August 2022.

- Monthly Analysis:
  - AAH received 2092 PDRs in August 2023.
  - In the month of August 1627 PDRs were resolved. Out of the 1627 PDRs, 1199 were upheld and 428 were overturned.
  - The overturn rate for PDRs was 26%, which we did not meet our goal of 25% or less.
  - Below is a breakdown of the various causes for the 228 overturned PDRs. Please note that there was one primary area that caused the Department to miss their goal of 25% or less. There was a larger than normal volume of overturns due to the Member OHC corrections. With 101 cases that had been denied incorrectly. The volume of the primary issue for overturned PDRs this month stopped us from achieving the goal of 25% or less.

    - System Related Issues 22% (100 cases):
      - 87 cases: General configuration issues, like Not Covered, Modifier, Eligibility, Delegated. (19%)
      - 13 cases: CES (3%)

    - OHC Related Issues 24% (101 cases)
      - 101 cases: OHC Member TPL data, incorrect primary EOB not matching, incorrect manual entry. (24%)

- Authorization Related Issues 20% (84 cases):
  - 64 cases: Processor errors when auth on file. (15%)
  - 12 cases: System (3%)
  - 8 cases: Um review (2%)

- Additional Documentation Provided 10% (42 cases):
  - 27 cases: Duplicate claim documentation that allows for claims to be adjusted. (6%)
  - 15 cases: Timely Filing (4%)

- Incorrect Rates 7% (31 cases)
  - 5 cases: Underpayments (1%)
  - 26 cases: Processor (6%)

- Claim Processing Errors 17% (70 cases)
  - 29 cases: Duplicate (7%)
  - 41 cases: Various Processor errors. (10%)

- 1616 out of 1627 cases were resolved within 45 working days resulting in a 99.3% compliance rate.
- The average turnaround time for resolving PDRs in August was 40 days.
- There were 3505 PDRs pending resolution as of 08/31/2023; with no cases older than 45 working days.

Community Relations and Outreach

- 12-Month Trend Summary:

  - In August 2023, the Alliance completed 899 member orientation outreach calls and 132 member orientations by phone.
  - The C&O Department reached 421 people (249 identified as Alliance members) during outreach activities, compared to 1,017 individuals (75% self-identified as Alliance members) in August 2022.
  - The C&O Department spent a total of $220 in donations, fees, and/or sponsorships, compared to $600 in August 2023.
  - The C&O Department reached members in 14 cities/unincorporated areas throughout Alameda County, Bay Area, and the U.S., compared to 15 cities in August 2022.

- Monthly Analysis:

  - In August 2023, the C&O Department completed 899 member orientation outreach calls and 132 member orientations by phone, 52 Alliance website inquiries, 2 service requests, 2 community and 1 member education events.
  - Among the 421 people reached, 60% identified as Alliance members.

- In August 2023, the C&O Department reached members in 14 locations throughout Alameda County, and the Bay Area.
- Please see attached **Addendum A**.

Operations

Supporting Documents

Member Services

Blended Call Results

Blended Results	August 2023
Incoming Calls (R/V)	18,218
Abandoned Rate (R/V)	6%
Answered Calls (R/V)	17,152
Average Speed to Answer (ASA)	00:38
Calls Answered in 30 Seconds (R/V)	82%
Average Talk Time (ATT)	06:29
Calls Answered in 10 minutes	100%
Outbound Calls	8,004

Top 5 Call Reasons (Medi-Cal and Group Care) August 2023
Eligibility/Enrollment
Change of PCP
Benefits
Kaiser
Grievances/Appeals

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

Claims Department
July 2023 Final and August 2023 Final

METRICS		
Claims Compliance	**Jul-23**	**Aug-23**
90% of clean claims processed within 30 calendar days	90.1%	93.1%
95% of all claims processed within 45 working days	99.9%	99.9%
Claims Volume (Received)	**Jul-23**	**Aug-23**
Paper claims	28,339	30,181
EDI claims	196,201	214,726
Claim Volume Total	**224,540**	**244,907**
Percentage of Claims Volume by Submission Method	**Jul-23**	**Aug-23**
% Paper	12.62%	12.32%
% EDI	87.38%	87.68%
Claims Processed	**Jul-23**	**Aug-23**
HEALTHsuite Paid (original claims)	150,770	224,267
HEALTHsuite Denied (original claims)	59,231	87,179
HEALTHsuite Original Claims Sub-Total	**210,001**	**311,446**
HEALTHsuite Adjustments	2,765	5,874
HEALTHsuite Total	**212,766**	**317,320**
Claims Expense	**Jul-23**	**Aug-23**
Medical Claims Paid	$79,733,440	$117,070,804
Interest Paid	$42,793	$97,816
Auto Adjudication	**Jul-23**	**Aug-23**
Claims Auto Adjudicated	169,815	257,311
% Auto Adjudicated	80.9%	82.6%
Average Days from Receipt to Payment	**Jul-23**	**Aug-23**
HEALTHsuite	20	16
Pended Claim Age	**Jul-23**	**Aug-23**
0-29 calendar days	26,674	23,915
HEALTHsuite		
30-59 calendar days	1,293	2,251
HEALTHsuite		
Over 60 calendar days	5	7
HEALTHsuite		
Overall Denial Rate	**Jul-23**	**Aug-23**
Claims denied in HEALTHsuite	59,231	87,179
% Denied	27.8%	27.5%

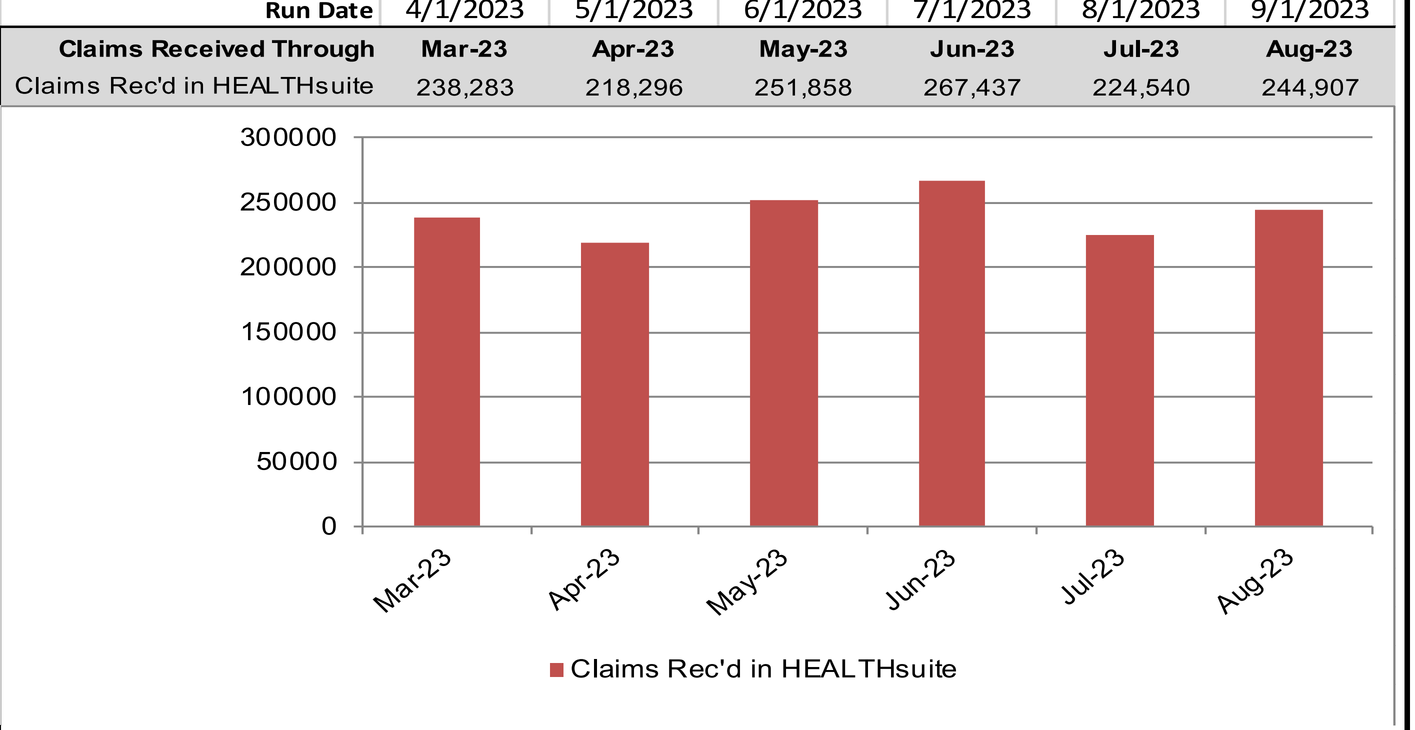
Claims Department
July 2023 Final and August 2023 Final

Aug-23

Top 5 HEALTHsuite Denial Reasons	% of all denials
Responsibility of Provider	29%
Duplicate Claim	13%
No Benefits Found For Dates of Service	12%
Non-Covered Benefit For This Plan	10%
Must Submit Paper Claim With Copy of Primary Payor EOB	8%
% Total of all denials	**72%**

Claims Received By Month

Run Date	4/1/2023	5/1/2023	6/1/2023	7/1/2023	8/1/2023	9/1/2023
Claims Received Through	**Mar-23**	**Apr-23**	**May-23**	**Jun-23**	**Jul-23**	**Aug-23**
Claims Rec'd in HEALTHsuite	238,283	218,296	251,858	267,437	224,540	244,907



Provider Relations Dashboard August 2023

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Incoming Calls (PR)	5588	5936	6283	6245	8056	8013	9623	9661				
Abandoned Calls	1698	1904	1557	1808	3594	3598	5981	5002				
Answered Calls (PR)	3890	4032	4726	4437	4462	4415	3642	4659				
Recordings/Voicemails	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Incoming Calls (R/V)	1231	953	986	849	1611	1883	3601	758				
Abandoned Calls (R/V)												
Answered Calls (R/V)	1231	953	983	849	1611	1883	3601	758				
Outbound Calls	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Outbound Calls	741	758	910	855	904	828	700	965				
N/A												
Outbound Calls	741	758	910	855	904	828	700	965				
Totals	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Total Incoming, R/V, Outbound Calls	7560	7647	8179	7949	10568	10724	13924	11384				
Abandoned Calls	1698	1904	1557	1808	3594	3598	5981	5002				
Total Answered Incoming, R/V, Outbound Calls	5862	5743	6622	6141	6974	7126	7943	6382				

Provider Relations Dashboard August 2023

Call Reasons (Medi-Cal and Group Care)

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Authorizations	5.3%	4.8%	5.3%	5.3%	5.9%	5.8%	4.4%	4.2%				
Benefits	3.6%	3.4%	3.1%	3.6%	3.4%	5.1%	4.4%	4.7%				
Claims Inquiry	46.7%	46.0%	48.8%	47.6%	49.0%	49.5%	51.9%	52.7%				
Change of PCP	4.9%	3.8%	3.4%	3.1%	3.3%	3.1%	2.3%	2.8%				
Complaint/Grievance (includes PDR's)	2.9%	1.7%	2.9%	3.4%	3.4%	3.6%	2.8%	4.4%				
Contracts/Credentialing	0.9%	0.7%	0.9%	0.8%	0.7%	0.7%	1.2%	1.1%				
Demographic Change	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%				
Eligibility - Call from Provider	19.4%	20.6%	17.2%	15.7%	14.3%	13.2%	15.0%	13.1%				
Exempt Grievance/ G&A	0.0%	0.0%	0.0%	3.5%	3.4%	0.1%	0.0%	4.5%				
General Inquiry/Non member	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%				
Health Education	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%				
Intrepreter Services Request	0.7%	0.9%	0.4%	0.6%	0.4%	0.6%	0.4%	0.4%				
Kaiser	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%				
Member bill	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%				
Provider Portal Assistance	2.7%	2.9%	2.5%	3.3%	4.3%	4.2%	3.8%	4.6%				
Pharmacy	0.2%	0.1%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%				
Prop 56	0.4%	0.5%	0.4%	0.5%	0.6%	0.6%	0.4%	0.5%				
Provider Network Info	0.0%	0.1%	0.0%	0.1%	0.0%	0.1%	0.1%	0.1%				
Transportation Services	0.2%	0.4%	0.1%	0.1%	0.1%	0.2%	0.1%	0.1%				
Transferred Call	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%				
All Other Calls	12.2%	14.0%	14.7%	12.4%	11.2%	13.3%	13.1%	6.4%				
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				

Field Visit Activity Details

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Claims Issues	30	28	47	42	64	17	28	14				
Contracting/Credentialing	29	18	34	31	28	27	24	5				
Drop-ins	142	96	100	107	161	90	115	54				
JOM's	0	2	2	1	4	2	2	3				
New Provider Orientation	0	20	32	703	89	70	85	72				
Quarterly Visits	0	0	0	0	0	0	0	0				
UM Issues	13	18	0	9	3	3	0	0				
Total Field Visits	214	182	215	893	349	209	254	148	0	0	0	0

Provider Dispute Resolution
July 2023 and August 2023

METRICS

PDR Compliance	Jul-23	Aug-23
# of PDRs Resolved	1,072	1,627
# Resolved Within 45 Working Days	1,071	1,616
% of PDRs Resolved Within 45 Working Days	99.9%	99.3%

PDRs Received	Jul-23	Aug-23
# of PDRs Received	1,764	2,092
PDR Volume Total	**1,764**	**2,092**

PDRs Resolved	Jul-23	Aug-23
# of PDRs Upheld	846	1,162
% of PDRs Upheld	79%	71%
# of PDRs Overturned	226	465
% of PDRs Overturned	21%	29%
Total # of PDRs Resolved	**1,072**	**1,627**

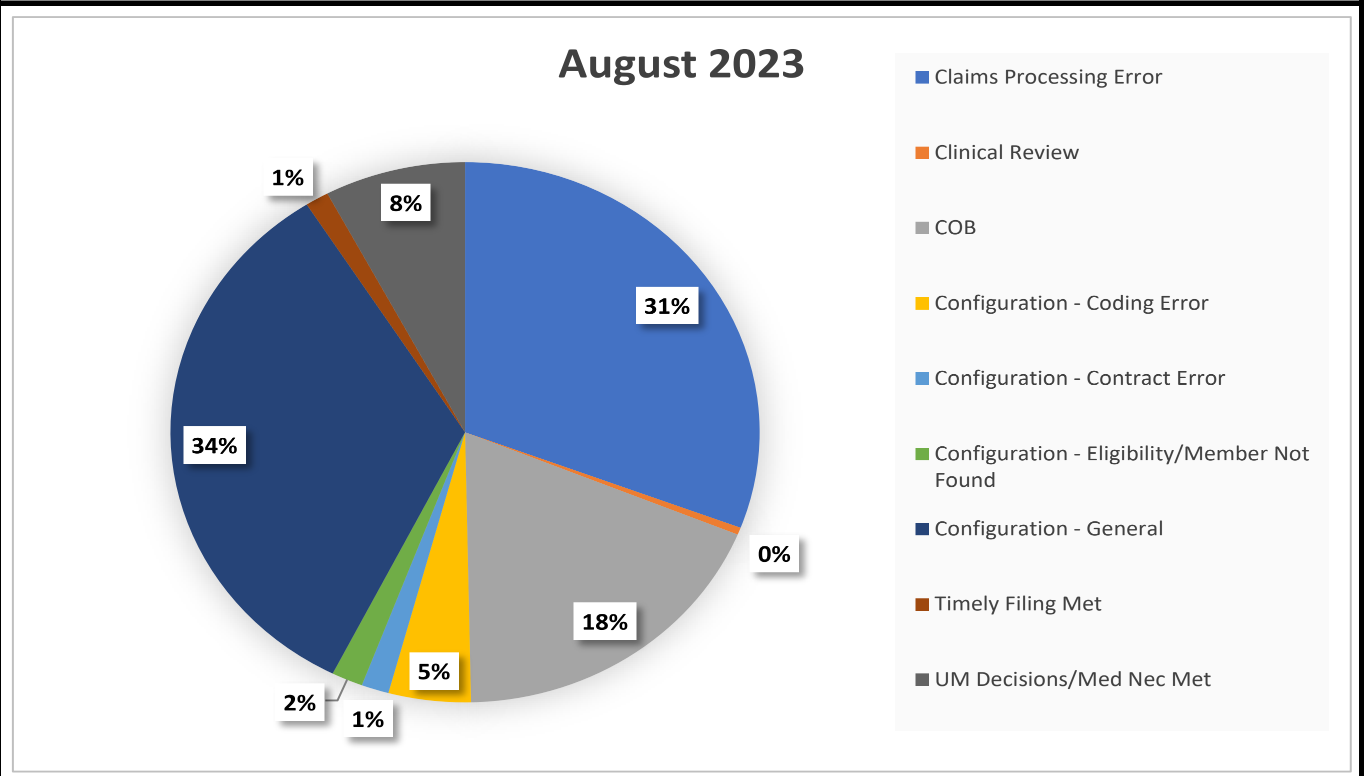
Average Turnaround Time	Jul-23	Aug-23
Average # of Days to Resolve PDRs	39	40
Oldest Unresolved PDR in Days	44	46

Unresolved PDR Age	Jul-23	Aug-23
0-45 Working Days	2,771	3,505
Over 45 Working Days	0	0
Total # of Unresolved PDRs	**2,771**	**3,505**

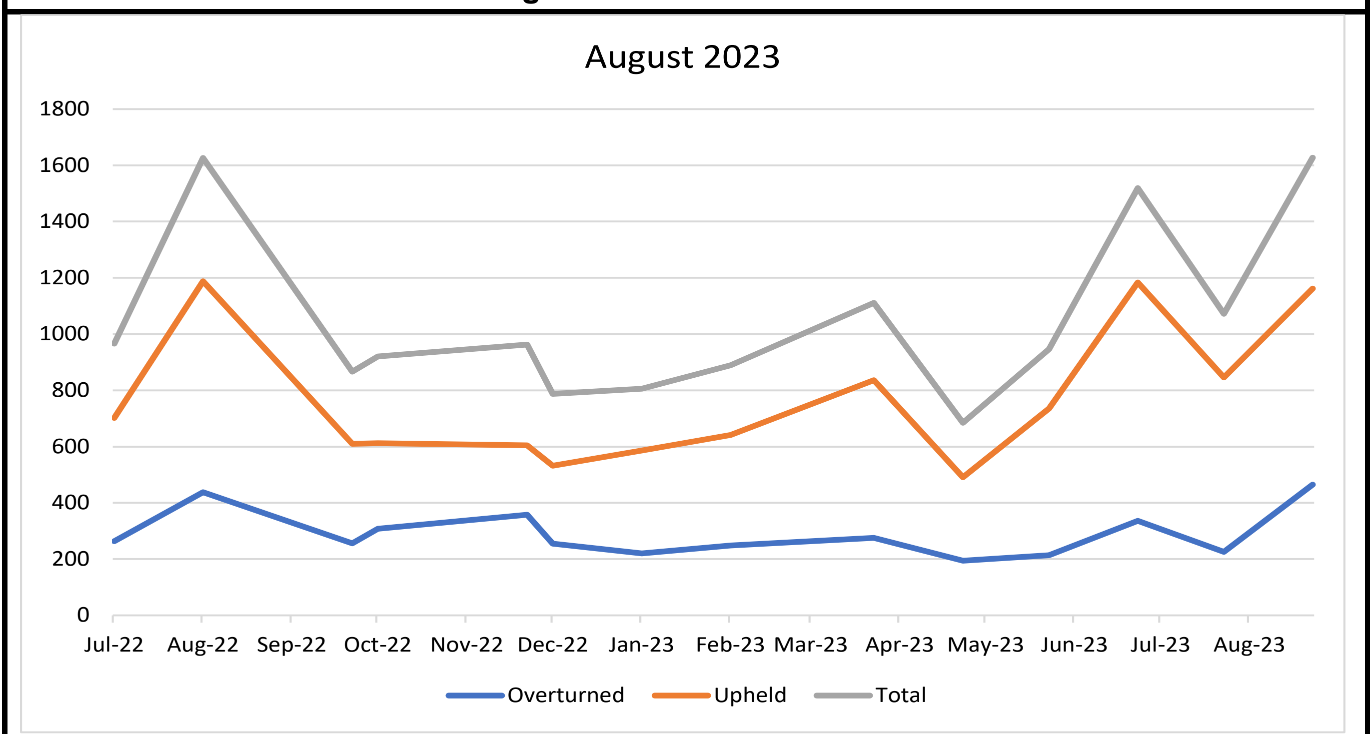
Provider Dispute Resolution
July 2023 and August 2023

Aug-23

PDR Resolved Case Overturn Reasons



Rolling 12-Month PDR Trend Line



ALLIANCE IN THE COMMUNITY

FY 2023-2024 | AUGUST 2023 OUTREACH REPORT

During August 2023, the Alliance completed **899** member orientation outreach calls among net new members and non-utilizers and conducted **132** member orientations (**15%** member participation rate). In addition, in August 2023, the Outreach team completed **52** Alliance website inquiries, **2** service requests, **1** Member Education Event, and **2** Community Events. The Alliance reached a total of **289** people and spent a total of $220 in donations, fees, and/or sponsorships at the Dig Deep farm and Black August event, The 22nd Annual Laurel Street Fair World Music Festival, and the Peralta Village Block Party Event. *

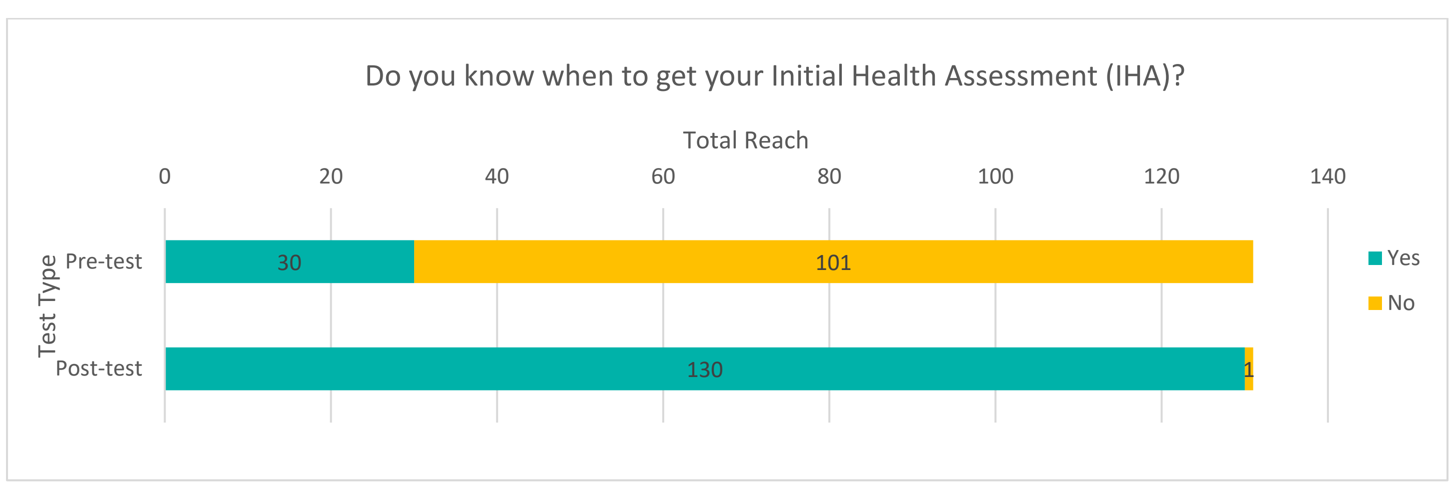
The Communications & Outreach Department started reporting the number of members reached during outreach activities in late February 2018. Since July 2018, **28,317** self-identified Alliance members have been reached during outreach activities.

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

On **Wednesday, March 18, 2020,** the Alliance began conducting member orientations by phone. As of **Thursday, August 31, 2023**, the Outreach Team completed **28,969** member orientation outreach calls and conducted **7,332** member orientations (25%-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 **August 1, 2023,** through **August 31, 2023** (23 working days) – **132** net new members completed an MO by phone.

After completing a MO **99.2%** of members who completed the post-test survey in August 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 23-24\Q1\2. August 2023**

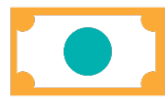
FY 2022-2023 AUGUST 2022 TOTALS

1	COMMUNITY EVENTS
0	MEMBER EDUCATION EVENTS
172	MEMBER ORIENTATIONS
0	MEETINGS/ PRESENTATIONS/
0	COMMUNITY TRAINING
0	TOTAL INITIATED/ INVITED EVENTS
173	TOTAL COMPLETED **EVENTS**

15 CITIES

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

845	TOTAL REACHED AT COMMUNITY EVENTS
0	TOTAL REACHED AT MEMBER EDUCATION EVENTS
172	TOTAL REACHED AT MEMBER ORIENTATIONS
0	TOTAL REACHED AT MEETINGS/PRESENTATIONS
0	TOTAL REACHED AT COMMUNITY TRAINING
758	MEMBERS REACHED AT ALL EVENTS
1,017	**TOTAL REACHED AT ALL EVENTS**



$600.00
TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

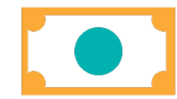
FY 2023-2024 AUGUST 2023 TOTALS

2	COMMUNITY EVENTS
1	MEMBER EDUCATION EVENTS
132	MEMBER ORIENTATIONS
0	MEETINGS/ PRESENTATIONS
0	COMMUNITY TRAINING
7	TOTAL INITIATED/ INVITED EVENTS
135	TOTAL COMPLETED **EVENTS**

14 CITIES*

Alameda
Albany
Berkeley
Castro Valley
Dublin
Fremont
Emeryville
Hayward
Livermore
Newark
Oakland
San Leandro
San Lorenzo
Union City

277	TOTAL REACHED AT COMMUNITY EVENTS
12	TOTAL REACHED AT MEMBER EDUCATION EVENTS
132	TOTAL REACHED AT MEMBER ORIENTATIONS
0	TOTAL REACHED AT MEETINGS/PRESENTATIONS
0	COMMUNITY TRAINING
249	MEMBERS REACHED AT ALL EVENTS
421	**TOTAL REACHED AT ALL EVENTS**



$220.00
TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

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

To: Alameda Alliance for Health Board of Governors

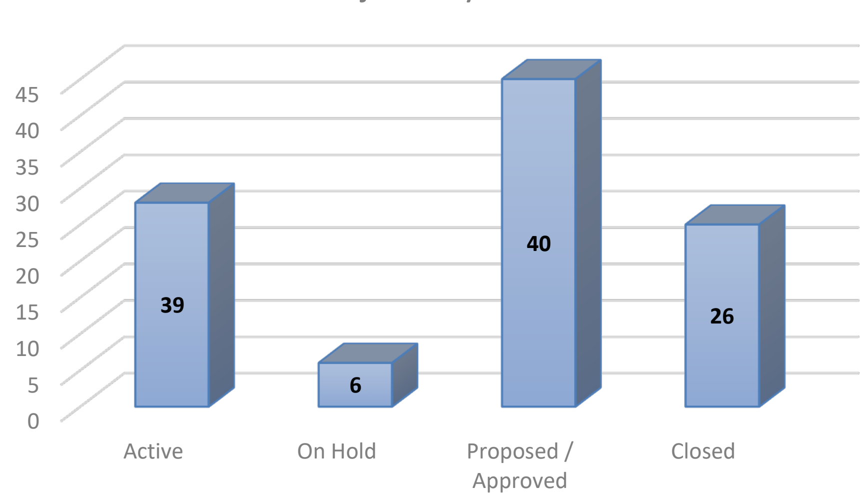
From: Ruth Watson, Chief Operating Officer

Date: September 8th, 2023

Subject: Integrated Planning Division Report – August 2023 Activities

Project Management Office

- 111 projects currently on the Alameda Alliance for Health (AAH) enterprise-wide portfolio
  - 39 Active projects (discovery, initiation, planning, execution, warranty)
  - 6 On Hold projects
  - 40 Proposed and Approved Projects
  - 26 Closed projects



Integrated Planning

<u>CalAIM Initiatives</u>

- Enhanced Care Management and Community Supports
  - Enhanced Care Management (ECM)
    - July 2023 ECM Populations of Focus (PoF) – Children and Youth
      - PoF went live July 1st, 2023
    - January 2024 ECM Populations of Focus
      - Individuals Transitioning from Incarceration
        - ECM MOC Addendum III template will be due to DHCS on October 2nd, 2023
      - Birth Equity – Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes

            - ECM MOC Addendum template for this PoF should be released by DHCS shortly
    - Community Supports (CS)
        - MOC for January 2024 CS elections submitted to DHCS on July 5th, 2023, and is awaiting approval
            - AAH is adding three (3) additional CS services effective January 1st, 2024
                - Sobering Centers
                - Nursing Facility Transition/Diversion to Assisted Living Facilities
                - Community Transition Services/Nursing Facility to a Home

- Justice-Involved Initiative
    - Earliest go-live date for coordinated re-entry implementation is April 1st, 2024
        - Correctional facilities will have the ability to select their go-live date within a 24-month phase-in period (4/1/2024 – 3/31/2026)
            - Awaiting confirmation from the county on the model for re-entry: embedded or in-reach
        - Managed Care Plans (MCPs) must be prepared to coordinate with correctional facilities as of April 1st, 2024, even if facilities in their county are not going live until a later date
    - Weekly meetings with Alameda County Sheriff's Office, Probation, and AAH have started to begin collaborating on the strategy for coordination in this initiative
    - Exploring potential consultant services to support building our provider network and provider training for hiring and recruiting individuals with lived experience with the justice system
    - AAH pilot for post-release services began in July 2023 in preparation for the 2024 programs related to this population
        - Pilot extends the existing Roots program for 6-12 months
        - Reporting requirements and performance metrics will be determined in partnership with Roots

- Long Term Care (LTC) Carve-In – AAH became responsible for all members residing in LTC facilities as of January 1st, 2023, with the exception of Pediatric and Adult Subacute Facilities and Intermediate Care Facilities-Developmentally Disabled (ICF-DD), which will go live January 1st, 2024
    - AAH continues to refine LTC Phase I implementation elements
    - Final APL for LTC ICF-DD was released by DHCS on August 18th (APL 23-023)
        - AAH has identified approximately 150-200 members in ICF-DD homes
        - AAH received planning data from DHCS which identifies providers currently rendering service in these settings
        - Volume of members in the Sub-acute facilities is yet to be determined by the state

        - APL 23-023 Focus:
            - Quality monitoring and oversight
            - Credentialing
            - Network readiness
            - Close management of transition of members throughout the continuum
            - Foster collaboration with Regional Centers, other health plans, and advocacy groups
            - Identification of additional support and interventions through Population Health Management
            - Claims and billing support for the ICF-DD homes

- Population Health Management (PHM) Program – effective January 1st, 2023
    - 2023 DHCS PHM Strategy deliverable
        - Preparing DHCS-required PHM Strategy documentation for submission to DHCS by October 31st, 2023
        - Held initial meetings with Alameda County Health Care Services Agency (HCSA) and City of Berkeley, Health Housing and Community Services, regarding Alliance collaboration with the Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP)
    - 2023 DHCS PHM Monitoring requirements
        - Developed PHM monitoring processes, including data from CHCN and Kaiser, to meet DHCS requirement
            - First quarterly report submitted August 15th, 2023

- Community Health Worker Benefit – Medi-Cal benefit effective July 1st, 2022, designed to promote the MCP's contractual obligations to meet DHCS broader Population Health Management standards and as adjunctive services as part of the interventions to positively impact health outcomes.
    - AAH is conducting discovery to identify if/how we can provide incentives to boost provider engagement
    - AAH continues to participate in the HCSA CHW Practice Design Workgroup which includes County staff as well as representatives from organizations throughout the state who utilize CHWs
    - Internal CHW workgroup continues to meet with PHM team to gain alignment on population priority and risk stratification strategy
    - Engagement with Community Partners
        - Met with El Sol Neighborhood Educational Center (San Bernardino) to conduct discovery regarding their mature CHW training and workforce management program
            - Discussed processes, target member groups, challenges, and monitoring they employ
        - Met with First 5 Alameda County leadership to begin discussions on setting up a CHW Benefit program
            - AAH will need to identify a provider partner and set-up a workflow for service claims

        - Ongoing communications with Alameda Health System for opportunities to build out their network
        - AAH has been approached by two (2) new providers (Youth Alive and Family Resource Navigators) who want to learn more about the AAH program for CHWs
            - AAH team is developing strategy and process to engage

- CalAIM Incentive Payment Program (IPP) – three-year DHCS program to provide funding for the support of ECM and CS in 1) Delivery System Infrastructure, 2) ECM Provider Capacity Building, 3) Community Supports Provider Capacity Building and Community Supports Take-Up, and 4) Quality and Emerging CalAIM Priorities:
    - For Program Year 1 (1/1/2022 - 12/31/2022):
        - AAH has earned $14.8M which is 100% of the allocated funds
        - AAH distributed funding to ten (10) providers and organizations to support the ECM and CS programs
    - For Program Year 2 (1/1/2023 - 12/31/2023):
        - AAH has been allocated $15.1M for potential earnable dollars
        - AAH is in the process of completing the Submission 3 responses due to DHCS on September 1st for activities completed during January – June 2023
    - AAH continues to work with Anthem in preparation for the January 2024 transition to a single plan model

- Dual Eligible Special Needs Plan (D-SNP) Implementation – All Medi-Cal MCPs will be required to implement a Medicare Medi-Cal Plan (MMP) as of January 1st, 2026
    - Evaluation of AAH systems to determine clinical and operational capabilities/readiness is in process and is on track for completion of the System Evaluation by December 29, 2023
    - Initial review of the Proforma was completed on August 30th with COO and core project team; review with CEO and CFO is scheduled for September 11th
    - Development of the project schedule and project status reporting continues

Other Initiatives

Mental Health (Mild to Moderate/Autism Spectrum Disorder) Insourcing – services previously performed by Beacon Health Options were brought in-house on April 1st, 2023

- Reports for Day 2
    - Regulatory Reports – Eighteen (18) reports identified by Compliance – Complete
    - Management Reports – Twenty-three (23) reports identified
        - Two (2) reports – No longer needed
        - Six (6) reports – Complete
        - Thirteen (13) cross functional reports – Requirements gathering in progress
- Comprehensive Diagnostic Evaluation (CDE) – member backlog has been rectified and continues to be monitored by the Behavioral Health (BH) Department

    - Status regarding volume addressed by BH Leadership with Senior Leadership at weekly Senior Leadership Team (SLT) meeting
- Mental Health Initial Evaluation Form – redeployment scheduled for August 31st to remediate provider access issue
- Identification of business system process improvements and automations where necessary and feasible
    - TruCare – Automated Notification requirements gathering in progress
    - Provider Portal – Online Forms
        - Initial Evaluation Form (Priority 1)
        - Coordination of Care Update Form (Priority 2)
            - Requirements gathered and approved
            - Development of online form in progress
        - ABA & MH Referral Form (Priority 3)
            - Requirements gathering scheduled to begin week of July 10th
- Post go-live project management support will continue for 120 days

Student Behavioral Health Incentive Program (SBHIP) – DHCS program commenced January 1st, 2022, and continues through December 31st, 2024

- The first Bi-Quarterly Report (BQR) for the measurement period of January – June 2023, was submitted June 30th, 2023, and associated funding (up to $1.1M) is expected in October 2023
- Partner meetings continue with Local Education Agencies (LEAs) to further refine project plan activities for successful completion of the milestones related to the July – December 2023 measurement period
- An Alameda County SBHIP Steering Group has been formed, which includes Alameda County Office of Education (ACOE), Alameda County Center for Healthy Schools and Communities (CHSC), Alameda Alliance, and Anthem to provide strategic program direction
    - The Steering Group will advise in the development of an Alameda County Learning Exchange (LE) which will support targeted interventions and development of sustainability resources for LEAs
- The Alliance has hosted two SBHIP LEs; participants include LEAs and Steering Group Partners, with a focus on program updates, LEA project plan sharing, current school-based behavioral landscape, and goals for future LE sessions
- MOUs outlining Targeted Interventions activities and SBHIP program requirements were signed by all eleven (11) participating LEAs, and payments for the first 50% of the Targeted Interventions Allocation were made to all eleven (11) LEAs totaling $3.9M
- An MOU was executed on August 30th, 2023, with ACOE to promote foundational understanding and capacity building among LEAs through regularly scheduled Learning Exchanges to develop sustainability roadmaps, coaching sessions to develop billing infrastructure, and to develop a centralized claims submission and reimbursement service for LEAs

Housing and Homelessness Incentive Program (HHIP) – DHCS program commenced January 1st, 2022, and continues through December 31st, 2023

- The Submission 1 (S1) Report for reporting period May 1st, 2022 – December 31st, 2022, was submitted to DHCS on March 10th, 2023

- AAH earned $13.7M or 88.6% of earnable dollars for our S1 Report
    - 92% of HHIP eligible funds have been earned to-date
- Tracking and monitoring the Submission 2 (S2) Report for reporting period January – October 2023 is currently underway
- HCSA continues to complete deliverables and milestones outlined in the December 2022 MOU:
    - HCSA has submitted fifteen (15) deliverables to-date:
        - HHIP data reporting (received on February 15th, 2023)
        - Housing Financial Supports Progress Report (received on March 30th and June 30th, 2023)
        - Street Medicine Data and Program Model and Contracting Recommendations (received on January 13th, March 30th, and June 20th, 2023)
        - 2023 Q1 and Q2 Housing Community Supports Capacity Building progress report (received April 20th and July 25th, 2023)
        - Housing Community Supports Legal Services Pilot grant agreement execution with legal service provider and hiring of 1.0 FTE staff attorney
    - As of August 31st, $11.2M in total payments has been paid to HCSA for HHIP milestone completion; an additional $950K is expected to be paid in September 2023
- Workgroup meetings continue with HCSA and Anthem Blue Cross, as well as internally, to implement Investment Plan initiatives related to street health, recuperative care coordination, medical respite, medically frail beds, data needs, and a recently approved housing community supports legal services pilot program

2024 Single Plan Model – activities related to the conversion from a two-plan model to a single plan model are included under one comprehensive program.

- Managed Care Contract Operational Readiness (OR)
    - Group 2 Deliverables Status
        - Total Deliverables submitted to DHCS – 217
            - Approved by DHCS – 188
            - In Review – 24
            - Additional Information Requests (AIR) – 3
            - On Hold – 2
        - Upcoming Q4 2023 Operational Readiness Deliverable Dates
            - Deliverables due 9/18/2023 – 3 total deliverables
            - Deliverables due 12/29/2023 – 10 total deliverables
- MCP Member Transition
    - Anthem Member Transition – members currently assigned to Anthem will transition to AAH effective January 1st, 2024
        - Planning for work related to member notification, provider contracting, data sharing, and Continuity of Care (CoC) has begun
        - No new members will be assigned to Anthem as of October 1st, 2023
    - Kaiser Direct Contract – members currently assigned to AAH but delegated to Kaiser will transition to Kaiser effective January 1st, 2024

        - Member assignment by AAH into the Kaiser subcontract will freeze on September 1, 2023
    - Internal workgroups are being formed and planning for work has begun
    - Bi-weekly workgroups with Kaiser and Anthem have been scheduled to support the transition work and collaboration
    - CoC Readiness Deliverable has been submitted to DHCS, including Additional Information Requests (AIRs) relating to MCP Member Transition
    - CoC Data Sharing Templates have been reviewed and feedback from AAH has been submitted to our trade associations for submission to DHCS
    - Internal teams are evaluating policies and procedures to identify any that are impacted by the MCP Member Transition and will need updating
- Business Continuity Plan – required as part of our 2024 Operational Readiness
    - Disaster Recovery Plan
        - Included in the overall Business Continuity Plan (BCP)
        - Development of the Disaster Recovery Plan is complete
    - Engagement with BCP Consultant – Quest
    - Quest is working with AAH business areas on the completion of the BCP Questionnaire
- Memorandums of Understanding (MOUs) with Third Parties – required as part of our 2024 Operational Readiness
    - Associated with OR requirements due 12/29/2023
    - Received, reviewed, and provided feedback on the DHCS MOU templates
    - Final DHCS MOU templates are pending receipt

Portfolio Project Management (PPM) Tool – Team Dynamix (TDX) is the selected tool being implemented in a phased approach and started January 2023

- Implementation Phase
    - Created templates for risks, issues, and project plans
    - Enhanced the project business case to include All Plan Letter and Change Requests (CR)
    - Developed process improvements around the TDX and IT CR process
    - Reviewed TDX status reports with Project Governance team
- Work in Progress
    - Deploy status reporting via TDX and sunset existing reports
    - Training for TDNext users
    - Closeout engagement with TDX on Implementation

<u>Recruiting and Staffing</u>

Integrated Planning Open position(s):

- Senior Project Manager – recruitment underway

Integrated Planning

Supporting Documents

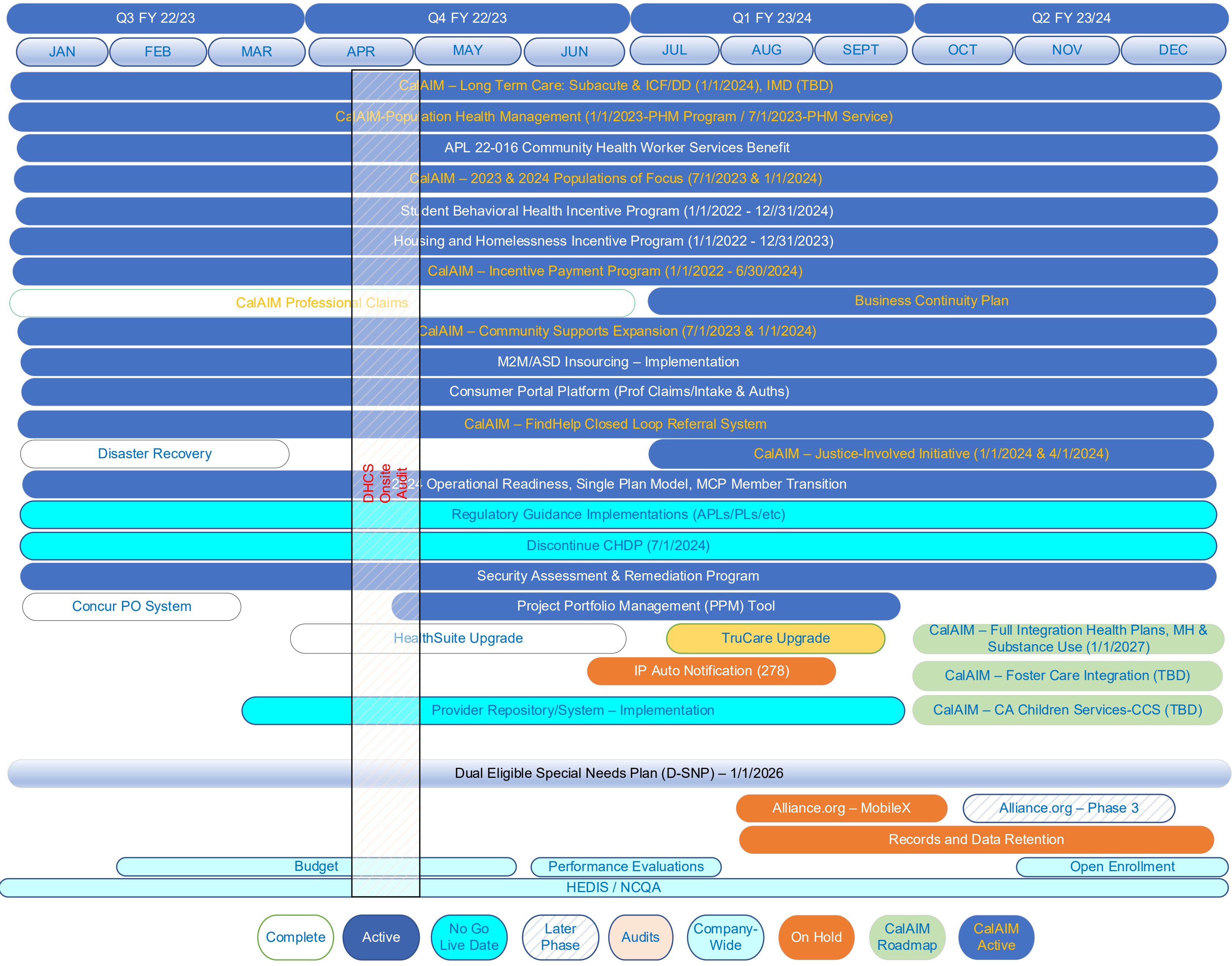
Project Descriptions

Key projects currently in-flight:

- California Advancing and Innovating Medi-Cal (CalAIM) – program to provide targeted and coordinated care for vulnerable populations with complex health needs
  - Enhanced Care Management (ECM) – ECM will target eight (8) specific populations of vulnerable and high-risk children and adults
    - Three (3) Populations of Focus (PoF) transitioned from HHP and/or WPC on January 1st, 2022
    - Two (2) additional PoF became effective on January 1st, 2023
    - One (1) PoF became effective on July 1st, 2023
    - Two (2) PoF will become effective on January 1st, 2024
  - Community Supports (CS) effective January 1st, 2022 – menu of optional services, including housing-related and flexible wraparound services, to avoid costlier alternatives to hospitalization, skilled nursing facility admission and/or discharge delays
    - Six (6) Community Supports were implemented on January 1st, 2022
    - Three (3) additional CS services were implemented on July 1st, 2023
    - Two (2) CS services that support the two LTC PoF that were effective January 2023 are being piloted in 2023 and scheduled for full implementation on January 1st, 2024
    - One (1) additional CS service is also targeted for implementation on January 1st, 2024
  - CalAIM Incentive Payment Program (IPP) – The CalAIM ECM and CS programs will require significant new investments in care management capabilities, ECM and CS infrastructure, information technology (IT) and data exchange, and workforce capacity across MCPs, city and county agencies, providers, and other community-based organizations. CalAIM incentive payments are intended to:
    - Build appropriate and sustainable ECM and ILOS capacity
    - Drive MCP investment in necessary delivery system infrastructure
    - Incentivize MCP take-up of ILOS
    - Bridge current silos across physical and behavioral health care service delivery
    - Reduce health disparities and promote health equity
    - Achieve improvements in quality performance
  - Long Term Care - benefit was carved into all MCPs effective January 1st, 2023, with the exception of Subacute and ICF-DD facilities which are scheduled for implementation January 1st, 2024; IMD facilities implementation date TBD
  - Justice Involved Initiative – adults and children/youth transitioning from incarceration or juvenile facilities will be enrolled into Medi-Cal upon release
    - DHCS is finalizing policy and operational requirements for MCPs to implement the CalAIM Justice-Involved Initiative
      - MCPs must be prepared to go live with ECM for the Individuals Transitioning from Incarceration as of January 1st, 2024
      - MCPs must be prepared to coordinate with correctional facilities to support reentry of members as the return to the community by April 1st, 2024

        - Correctional facilities will have two years from 4/1/2024-3/31/2026 to go live based on readiness
    - Population Health Management (PHM) – all Medi-Cal managed care plans were required to develop and maintain a whole system, person-centered population health management strategy effective January 1st, 2023. PHM is a comprehensive, accountable plan of action for addressing Member needs and preferences, and building on their strengths and resiliencies across the continuum of care that:
        - Builds trust and meaningfully engages with Members;
        - Gathers, shares, and assesses timely and accurate data on Member preferences and needs to identify efficient and effective opportunities for intervention through processes such as data-driven risk stratification, predictive analytics, identification of gaps in care, and standardized assessment processes;
        - Addresses upstream factors that link to public health and social services;
        - Supports all Members staying healthy;
        - Provides care management for Members at higher risk of poor outcomes;
        - Provides transitional care services for Members transferring from one setting or level of care to another; and
        - Identifies and mitigates social drivers of health to reduce disparities
    - Dual Eligible Special Needs Plan (D-SNP) Implementation – All Medi-Cal MCPs will be required to operate Medicare Medi-Cal Plans (MMPs), the California-specific program name for Exclusively Aligned Enrollment Dual Eligible Special Needs Plans (EAE D-SNPs) by January 2026 in order to provide better coordination of care and improve care integration and person-centered care. Additionally, this transition will create both program and financial alignment, simplify administration and billing for providers and plans, and provide a more seamless experience for dual eligible beneficiaries by having one plan manage both sets of benefits for the beneficiary.
- Mental Health (Mild to Moderate/Autism Spectrum Disorder) Insourcing – services currently performed by Beacon Health Options were brought in-house effective April 1st, 2023
- Community Health Worker Services Benefit – Community Health Worker (CHW) services became a billable Medi-Cal benefit effective July 1st, 2022. CHW services are covered as preventive services on the written recommendation of a physician or other licensed practitioner of the healing arts within their scope of practice under state law for individuals who need such services to prevent disease, disability, and other health conditions or their progression; prolong life; and promote physical and mental health and well-being
- Student Behavioral Health Incentive Program (SBHIP) – program launched in January 2022 to support new investments in behavioral health services, infrastructure, information technology and data exchange, and workforce capacity for school-based and school-affiliated behavioral health providers. Incentive payments will be paid to Medi-Cal managed care plans (MCPs) to build infrastructure, partnerships, and capacity, statewide, for school behavioral health services
- Housing and Homelessness Incentive Program (HHIP) – program launched in January 2022 and is part of the Home and Community-Based (HCBS) Spending Plan
    - Enables MCPs to earn incentive funds for making progress in addressing homelessness and housing insecurity as social determinants of health

  - MCPs must collaborate with local homeless Continuums of Care (CoCs) and submit a Local Homelessness Plan (LHP) to be eligible for HHIP funding
- 2024 Managed Care Plan Contract Operational Readiness – new MCP contract developed as part of Procurement RFP
  - All MCPs must adhere to the new contract effective January 1st, 2024
- Project Portfolio Management (PPM) Tool - Implementation of a PPM tool to support portfolio planning, resource capacity and demand planning and project scheduling


Q3 FY 22/23
Q4 FY 22/23
Q1 FY 23/24
Q2 FY 23/24
JAN
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CalAIM – Long Term Care: Subacute & ICF/DD (1/1/2024), IMD (TBD)
CalAIM-Population Health Management (1/1/2023-PHM Program / 7/1/2023-PHM Service)
APL 22-016 Community Health Worker Services Benefit
CalAIM – 2023 & 2024 Populations of Focus (7/1/2023 & 1/1/2024)
Student Behavioral Health Incentive Program (1/1/2022 - 12//31/2024)
Housing and Homelessness Incentive Program (1/1/2022 - 12/31/2023)
CalAIM – Incentive Payment Program (1/1/2022 - 6/30/2024)
CalAIM Professional Claims
Business Continuity Plan
CalAIM – Community Supports Expansion (7/1/2023 & 1/1/2024)
M2M/ASD Insourcing – Implementation
Consumer Portal Platform (Prof Claims/Intake & Auths)
CalAIM – FindHelp Closed Loop Referral System
Disaster Recovery
CalAIM – Justice-Involved Initiative (1/1/2024 & 4/1/2024)
2024 Operational Readiness, Single Plan Model, MCP Member Transition
DHCS Onsite Audit
Regulatory Guidance Implementations (APLs/PLs/etc)
Discontinue CHDP (7/1/2024)
Security Assessment & Remediation Program
Concur PO System
Project Portfolio Management (PPM) Tool
HealthSuite Upgrade
TruCare Upgrade
CalAIM – Full Integration Health Plans, MH & Substance Use (1/1/2027)
IP Auto Notification (278)
CalAIM – Foster Care Integration (TBD)
Provider Repository/System – Implementation
CalAIM – CA Children Services-CCS (TBD)
Dual Eligible Special Needs Plan (D-SNP) – 1/1/2026
Alliance.org – MobileX
Alliance.org – Phase 3
Records and Data Retention
Budget
Performance Evaluations
Open Enrollment
HEDIS / NCQA
Complete
Active
No Go Live Date
Later Phase
Audits
Company-Wide
On Hold
CalAIM Roadmap
CalAIM Active

Compliance

Richard Golfin III

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

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

Date: **September 8th, 2023**

Subject: **Compliance Division Report**

Compliance Audit Updates

- 2023 DHCS Routine Medical Survey:
  - The onsite virtual interview took place from April 17th, 2023, through April 28th, 2023. There have been no updates since the exit interview held in April. A preliminary report is now expected in Q4 2023.

- 2022 DHCS Routine Medical Survey:
  - The 2022 DHCS Routine Medical Survey was held on April 4th, 2022, and completed April 13th, 2022. On September 13th, 2022, the Plan received the Final Audit Report which detailed 15 findings, 9 of which were repeat findings from the previous audit year. The DHCS has completed a review of 8 out of the 15 findings. The Plan is awaiting further guidance from DHCS.

- 2021 DMHC Follow-up Routine Survey
  - On June 26th, 2023, the Plan received notification from the DMHC that the Department will be conducting a Follow-Up Review (Survey) of the outstanding deficiencies identified in the October 23rd, 2022, Final Report of the 2021 DMHC Routine Survey of the Plan. This audit will be conducted via desktop review and telephonic interviews. The department will be evaluating the following:
    - General Plan Operations;
    - Deficiencies associated with Grievance and Appeals; and;
    - Deficiencies associated with Prescription Drug Coverage
  - The review period will cover November 1st, 2022, through May 31st, 2023. All pre-audit materials have been submitted to the Department in July 2023.
  - The Department submitted their case file selections on August 17th, 2023. There are a total of 45 case files: 8 Expedited Grievance and Appeals; 3 All other Grievance and Appeals; 34 Formulary Exception Requests. The case files are due to the Department on August 31st, 2023.

- Compliance Risk Assessment:
    - The Compliance Division is in receipt of the Compliance Risk Assessment analysis presented by external consultants in a 2022 review. The assessment provided valuable insights into the organization's current risk-landscape and helps inform risk management strategies and decision-making processes for the compliance leadership team. Over the coming months, the Compliance Division will be focused on bolstering key pillars to an effective compliance program, such as:
        - Creating a compliance dashboard with all findings, timelines and recommendations.
        - Sharing the compliance dashboard with the Compliance Advisory Committee in Q4 2023.

- 2022 DMHC Risk Bearing Organization (RBO) Audits:
    - In 2022, the DMHC examined the claims settlement practices and the provider dispute resolution mechanism of Children First Medical Group, Inc. (CFMG) and Community Health Center Network, Inc. (CHCN).
    - The Plan's oversight of these RBOs includes quarterly audits of claims settlement practices beginning with Q1 2023 dates of service. Case files for both CHCN and CFMG remain under review.

Compliance Activity Updates

- 2022 RFP Contract Update:
    - The State has noted that the Emergency Preparedness and Response Plan will have an extended implementation date of January 1st, 2025. The Plan has identified an internal target implementation date of October 27th, 2023, for all other requirements. The Plan submitted a total of thirteen (13) deliverables in August 2023. The Plan is expected to make its final Operational Readiness submissions for a total of thirteen (13) deliverables on September 18th, 2023, and December 29th, 2023. The Plan is on standby to receive additional information on the remaining undisclosed twenty (20) deliverables.

- DMHC Material Modification- 2024 RFP Readiness Submission:
    - The Plan met with DMHC to get guidance for submitting the applicable Knox Keene Act (KKA) required Exhibits previously submitted to DHCS to demonstrate the Plan's readiness for the 2024 Single Plan Model Transition. In the meeting with the DMHC, Alliance staff met with the Office of Plan Licensing, Division of Provider Networks and Office of Financial Review. Subject matter experts from each area answered questions. DMHC stressed that Managed Care Plans need only submit the documents amended to comply with a KKA requirement or new policies developed to satisfy KKA mandate.

- With the guidance provided by DMHC, the Compliance team is combing through the documents previously submitted to DHCS to identify the documents that meet the criteria specified by DMHC during the pre-filing meeting. Additionally, Compliance has reached out to the various Alliance stakeholders to advise them of the documents and narratives needed for the submission.
- The Alliance is also participating in series of workgroup meetings hosted by LHPC for MCPs to share guidance and best practices for submitting a Material Modification for 2024 RFP Readiness Submission to DMHC.

- 2023 Annual Corporate Compliance Training:
  - All Alliance Staff will be assigned Annual Corporate Compliance Training on September 11, 2023. Staff will have ninety (90) days to complete assigned training. The Annual Training includes:
    - Health Insurance Portability and Accountability Act (HIPAA)
    - Fraud, Waste, and Abuse
    - Cultural Competence and Sensitivity Training
    - ADA (pending inclusion)

- Behavioral Health Insourcing:
  - Although the Alliance has received approval from the Departments of Managed Health Care (DMHC) and Health Care Services (DHCS), as expected, DMHC's approval was subject to and conditioned upon the Alliance's full performance to the Department's satisfaction of eight Undertakings. Six of the eight Undertakings require deliverables to the DMHC. Compliance is coordinating with internal stakeholders to gather responses for timely and complete submission of the deliverables. All undertakings deliverables have been filed with DMHC. Undertaking five and six are still pending Department review and approval.

Undertaking #	Deliverable	Initial Due Date	Current Status	Progress
No. 1	Report detailing compliance with SB 855 Section 1374.721(e)(1), when the training has been completed. The report must include evidence that training courses by contracted Non-Profit Associations have been completed. If by the due date, the plan has not completed the trainings, AAH must provide a detailed explanation of the efforts and include a detailed timeline for completing the trainings.	By April 28th, 2023	**First Report sent April 28th, 2023.** **See Filing No. 20232102**	DMHC completed its review & closed the filing on May 25th, 2023.
No. 2	Submit regular reports detailing the Plan's efforts to recruit and fill positions identified to support the insourcing of MH/SUD services. The initial report is due no later than 30 days following the date of the Order of Approval. Each subsequent report must be submitted within 30 days of the prior report, until all positions have been filled.	By April 28th, 2023, and every 30 days thereafter.	**First Report sent April 24th, 2023** Received close out of 1st submission on April 27th, 2023. See Filing No. 20232017.	There are two positions on track to be filled by September 1, 2023. Status Report to DMHC 8/8/2023 (see Filing No. 20232500).
No. 3	Submit the fully executed Memorandum of Understanding (MOU) between the Plan and Alameda County Behavioral Health Services.	By April 28th, 2023	**Filing No. 20231868 submitted to DMHC on April 13th, 2023.**	DMHC completed its review & closed the filing on April 27th, 2023
No. 4	If applicable, submit Grievance and Appeals policies updated as a result of insourcing and administering mental health, substance abuse disorder, and behavioral health services.	By April 28th, 2023	**Filing No. 20232045 submitted to DMHC on April 25, 2023.**	Filing closed by DMHC on 6/29/2023. No additional Information required.

No. 5	If applicable, submit Claims policies updated as a result of insourcing and administering mental health, substance abuse disorder, and behavioral health services.	By April 28th, 2023	**Filing No. 20232024 submitted to DMHC on April 24, 2023.**	Received comments from DHCS. Response submitted on 8/7/2023.
No. 6	Submit electronically an Amendment filing to demonstrate compliance with the federal Mental Health Parity and Addiction Equity Act ("MHPAEA") (42 USC § 300 gg-26) and its regulations (45 CFR § 146.136) and Section 1374.76 of the Act. Before submitting the Amendment, the Plan shall contact the Department's MHPAEA review team by May 28th, 2023, to obtain detailed filing instructions and DMHC MHPAEA template worksheets for completion as part of the MHPAEA compliance filing.	By July 12th, 2023	**AAH requested detailed filing instructions & templates from DMHC on April 19, 2023.** **May 5, 2023, received filing instructions and worksheets from DMHC.** **Completed J-12 NQTL table and submitted to DMHC on 7/28/2023**	Received communication from DMHC that they expect to have comments to which the Plan will need to respond.
No. 7	Legal template language describing the enforceability.	No Deliverable	N/A	N/A
No. 8	Legal template language describing the terms & conditions under which the Undertakings are subject, including that the undertakings will be effective even if the plan changes hands and the date the undertakings are set to expire.	No Deliverable	N/A	N/A

Compliance

Supporting Documents

#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
Q2 2023 APL/PL IMPLEMENTATION TRACKING LIST						
1	DMHC	23-001	01/05/23	Large Group Renewal Notice Requirements	GROUP CARE	This letter provides guidance to plans on the timing and content requirements for renewal notices to large group contractholders under HSC section 1374.21 and HSC section 1385.046. For purposes of this section, large group plans include In Home Supportive Services (IHSS) products.
2	DHCS	23-001	01/06/23	Network Certification Requirements	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) on the Annual Network certification (ANC) requirements pursuant to Title 42 of the Code of Federal Regulations (CFR) sections 438.68, 438.206, and 438.207, and Welfare and Institutions Code (WIC) section 14197. This APL also advises MCPs of the new requirements pertaining to good faith contracting requirements with certain cancer centers and referral requirements pursuant to WIC section 14197.45, as set forth by Senate Bill (SB) 987 (Portantino, Chapter 608, Statutes of 2022).
3	DMHC	23-002	01/12/23	Senate Bill 979 – Health Emergencies Guidance	MEDI-CAL & GROUP CARE	This All Plan Letter (APL) sets forth the Department's guidance regarding how plans shall demonstrate compliance with SB 979. The department expects plans to comply with SB 979 effective January 1, 2023. On September 18, 2022, Governor Gavin Newsom signed Senate Bill (SB) 979. SB 979 requires health care service plans (health plans or plans) to provide an enrollee who has been displaced or whose health may otherwise be affected by a state of emergency, as declared by the Governor, or a health emergency, as declared by the State Public Health Officer, access to medically necessary health care services. SB 979 also authorizes the Department of Managed Health Care (Department) to issue guidance to plans regarding compliance with the bill's requirements during the first three years following the declaration of emergency, or until the emergency is terminated, whichever occurs first.
4	DHCS	23-002	01/17/23	2023-2024 Medi-Cal MCP MEDS/834 Cutoff and Processing Schedule	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with the 2023-2024 Medi-Cal Eligibility Data System (MEDS)/834 cutoff and processing schedule.
5	DMHC	23-003	01/24/23	AB 1982 Telehealth Dental Care	N/A	Assembly Bill (AB) 1982 (Santiago, Ch. 525, Stats. 2022) adds Health and Safety Code section 1374.142 to the Knox-Keene Health Care Service Plan Act of 1975, effective January 1, 2023. Requires a plan offering a product covering dental services that offers a service via telehealth through a third-party corporate telehealth provider to report certain information to the Department for each product offering the service. This All Plan Letter (APL) sets forth the Department of Managed Health Care's (DMHC or Department) guidance regarding how health care service plans (plans) shall comply with AB 1982.
6	DMHC	23-004	2/7/2023	Plan Year 2024 QHP, QDP, and Off-Exchange Filing Requirements	N/A	The Department of Managed Health Care (Department) issues this All Plan Letter (APL) 23-004 to assist in the preparation of Plan Year 2024 regulatory submissions, in compliance with the Knox- Keene Act at California Health and Safety Code sections 1340 et seq. (Act) and regulations promulgated by the Department at California Code of Regulations, title 28 (Rules). The Department offers current and prospective Qualified Health and Dental Plans, Covered California for Small Business Issuers, and health plans offering non-grandfathered Individual and Small Group product(s) outside of the California Health Benefit Exchange (Covered California), guidance to assist in the preparation of Plan Year 2024 regulatory submissions, in compliance with the Knox- Keene Act at California Health and Safety Code sections 1340 et seq. (Act) and regulations promulgated by the Department at California Code of Regulations, title 28 (Rules).
7	DMHC	23-005	2/13/2023	Network Service Area Confirmation Process	MEDI-CAL	DMHC is establishing the NSACP to ensure that all network service areas on file as part of the Plan's license are consistent with network service areas submitted for Timely Access Compliance and Annual Network Reporting. DMHC will transmit NSACP Workbook to all Reporting Plans (June 2023), including a summary of all reported network service areas in the RY 2023 Annual Network Report submission. The transmittal will include a specific due date for the health plan's response.
8	DMHC	23-006	2/24/2023	Independent Medical Review (IMR) Application/Complaint Form (DMHC 20-224)	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (Department) issues this All-Plan Letter (APL) to inform all licensed health care service plans that the Department has revised the Independent Medical Review Application/Complaint Form (DMHC 20-224).
9	DHCS	23-003	3/8/2023	California Advancing and Innovating Medi-Cal Incentive Payment Program	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCP) with guidance on the Incentive Payment Program implemented by the California Advancing and Innovating Medi-Cal (CalAIM) initiative.

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

#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
22	DHCS	20-021	4/19/2023	Acute Hospital Care at Home (REVISED)	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with policy guidance regarding hospitals participating in the Centers for Medicare & Medicaid Services' (CMS) Acute Hospital Care at Home program. The APL was revised to indicate that on December 29, 2022, President Biden signed into law the Consolidated Appropriations Act of 2023. This legislation included an extension of the Acute Hospital Care at Home program waiver that was initiated during the federal public health emergency. The Acute Hospital Care at Home program has been extended to December 31, 2024.
23	DMHC	23-013	4/20/2023	Large Group Coverage of Association Health Plans: Extension of Phase Out and Guidance	GROUP CARE	On December 9, 2019, the Department of Managed Health Care (DMHC) issued All Plan Letter (APL) 19-024 reminding health plans, solicitors, brokers and others of the law codified in Senate Bill 1375 (Stats 2018 ch 700 §3). The DMHC recognizes that some health plans and MEWAs continued to renew large group coverage while the DMHC reviewed compliance submissions for SB 255 and SB 718. As such, health plans contracting with MEWAs may continue to renew large group coverage for up to one year until December 31, 2023, if the health plan submits the required information to the DMHC on or before May 19, 2023.
24	DMHC	23-014	4/24/2023	Health Care Service Plans Are Mandatory Signatories to the CalHHS Data Exchange Framework	MEDI-CAL & GROUP CARE	The purpose of this All Plan Letter (APL) is to inform all health care service plans of their requirement to sign the Health and Human Services Data Exchange Framework (DxF) Data Sharing Agreement (DSA). This DSA defines the parties that are subject to the DxF's new data exchange rules and establishes a common set of terms, conditions, and obligations to support the secure exchange of and access to health and social services information in compliance with applicable laws, regulations, and policies.
25	DHCS	23-008	4/28/2023	Proposition 56 Directed Payments for Family Planning Services	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed health care plans (MCPs) with guidance on directed payments, funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), for the provision of specified family planning services.
26	DHCS	23-009	5/3/2023	Authorization for Post-Stabilization Care Services	MEDI-CAL	The purpose of this All Plan Letter (APL) is to clarify Medi-Cal managed care health plans (MCPs) contractual obligations for authorizing post-stabilization care services. In accordance with Title 28 CCR section 1300.71.4, when a Member is stabilized, but the health care Provider believes that they require additional Medically Necessary Covered Services and may not be discharged safely, the MCP, "shall approve or disapprove a health care provider's request for authorization to provide necessary post-stabilization medical care within one half hour of the request." To clarify, the "health care provider" as referenced herein refers to both Out-of-Network Providers (i.e., non-contracting Providers) and Network Providers.
27	DHCS	23-010	5/4/2023	Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) about the provision of Medically Necessary Behavioral Health Treatment (BHT) services for Members under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, as outlined in APL 19-010 or any superseding APL, and in accordance with mental health parity requirements. This APL clarifies that the MCP has primary responsibility for ensuring that all of a Member's needs for Medically Necessary BHT services are met across environments, including on-site at school or during virtual school sessions. For example, if educational BHT services provided to a Member by school-based Providers have been discontinued during the COVID-19 Public Health Emergency (PHE), the MCP must ensure that Medically Necessary BHT services are provided. The MCP is responsible for coordinating with other entities and covering any gap in Medically Necessary BHT services for the Member.
28	DHCS	23-011	5/8/2023	Treatment of Recoveries Made by the Managed Care Health Plan of Overpayments to Providers	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) relating to an MCP's recovery of all overpayments to providers.
29	DHCS	23-012	5/12/2023	Enforcement Actions: Administrative and Monetary Sanctions	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide clarification to Medi-Cal managed care health plans (MCPs) of the Department of Health Care Services' (DHCS) policy regarding the imposition of administrative and monetary sanctions, which are among the enforcement actions DHCS may take to enforce compliance with MCP contractual provisions and applicable state and federal laws. This APL supersedes APL 22-015.
30	DMHCS	23-015	5/16/2023	Supplemental Provider Directory Annual Filing Requirements	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (Department) issues this All Plan Letter (APL) 23-015, as a supplement to APL 23-007 (OPL) – Provider Directory Annual Filing Requirements (2023), to provide additional guidance and a filing extension to health care service plans (plans) regarding the Section 1367.27 Annual Compliance (2023) filing.

#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
31	DHCS	23-013	5/18/2023	Mandatory Signatories to the CalHHS Data Exchange Framework	MEDI-CAL	The purpose of this All Plan Letter (APL) is to inform Medi-Cal managed care health plans (MCPs) of their requirement to sign the California Health and Human Services Agency (CalHHS) Data Exchange Framework (DxF) Data Sharing Agreement (DSA). This DSA defines the parties that are subject to the DxF's new data exchange rules and establishes a common set of terms, conditions, and obligations to support the secure exchange of and access to health and social services information in compliance with applicable laws, regulations, and policies.
32	DHCS	21-004	5/24/2023	Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services (REVISED)	MEDI-CAL	This All Plan Letter (APL) serves to inform all Medi-Cal managed care health plans (MCPs) of the dataset for threshold and concentration languages and clarifies the threshold and concentration standards specified in state and federal law and MCP contracts. This dataset identifies the threshold and concentration languages in which, at a minimum, MCPs must provide written translated member information.
33	DHCS	23-014	6/9/2023	Proposition 56 Value-Based Payment Program Directed Payments	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with guidance on value-based directed payments, funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), to Network Providers for qualifying services tied to performance on designated health care quality measures in the domains of prenatal and postpartum care, early childhood prevention, chronic disease management, and behavioral health care.
34	DHCS	23-015	6/9/2023	Proposition 56 Directed Payments For Private Services	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with information on required directed payments, funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), for the provision of specified state-funded medical pregnancy termination services.
35	DHCS	23-016	6/9/2023	Directed Payments for Developmental Screening Services	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with guidance on directed payments, initially funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), for the provision of standardized developmental screening services for children.
36	DHCS	23-017	6/13/2023	Directed Payments for Adverse Childhood Experiences Screening Services	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with guidance on directed payments, initially funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), for the provision of standardized Adverse Childhood Experiences (ACE) screening services for adults (through 64 years of age) and children.
37	DHCS	23-018	6/23/2023	Managed Care Health Plan Transition Policy Guide	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to all Medi-Cal managed care health plans (MCPs) regarding the 2024 MCP Transition effective January 1, 2024. The 2024 Managed Care Plan Transition Policy Guide (Policy Guide) establishes and details the requirements for the implementation of the 2024 MCP Transition.
38	DMHC	23-016	6/29/2023	Implementation of SB 1338 (2022) - Community Assistance, Recovery, and Empowerment (CARE)	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (Department) issues this All Plan Letter (APL) 23-016 to set out the Department's guidance about how health plans shall ensure they identify enrollees who are involved in CARE implemented by SB 1338 (the CARE Act) and how health plans shall process and pay claims arising from their enrollees' CARE agreements or CARE plans.
42	DHCS	23-021	8/16/2023	Population Needs Assessment and Population Health Management Strategy	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance on the modified Population Needs Assessment (PNA) and new Population Health Management (PHM) Strategy requirements for Medi-Cal Managed Care Plans (MCPs). Additional operational details on the PNA and PHM Strategy are located in the PHM Policy Guide. Any future updates will also be communicated via the PHM Policy Guide.
43	DHCS	23-022	8/16/2023	CoC for Medi-Cal Beneficiaries Who Newly Enroll in Medi-Cal Managed Care from Medi-Cal FFS, on or After January 1, 2023	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with guidance on Continuity of Care for beneficiaries who are mandatorily transitioning from Medi-Cal Fee-For-Service (FFS) to enroll as Members in Medi-Cal managed care. This APL applies to both Medi-Cal only beneficiaries and those dually eligible for Medicare and Medi-Cal, for their Medi-Cal Providers. This APL also describes other types of transitions into Medi-Cal managed care for specific Medi-Cal Member populations for which MCPs must allow Continuity of Care. This APL supersedes APL 22-032
44	DHCS	23-021	8/16/2023	Population Needs Assessment and Population Health Management Strategy	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance on the modified Population Needs Assessment (PNA) and new Population Health Management (PHM) Strategy requirements for Medi-Cal Managed Care Plans (MCPs). Additional operational details on the PNA and PHM Strategy are located in the PHM Policy Guide. Any future updates will also be communicated via the PHM Policy Guide.

#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
45	DHCS	23-022	8/16/2023	CoC for Medi-Cal Beneficiaries Who Newly Enroll in Medi-Cal Managed Care from Medi-Cal FFS, on or After January 1, 2023	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with guidance on Continuity of Care for beneficiaries who are mandatorily transitioning from Medi-Cal Fee-For-Service (FFS) to enroll as Members in Medi-Cal managed care. This APL applies to both Medi-Cal only beneficiaries and those dually eligible for Medicare and Medi-Cal, for their Medi-Cal Providers. This APL also describes other types of transitions into Medi-Cal managed care for specific Medi-Cal Member populations for which MCPs must allow Continuity of Care. This APL supersedes APL 22-032.
46	DMHC	23-018	8/17/2023	RY 2024/MY 2023 Provider Appointment Availability Survey NPMH Provider Follow-Up Appointment Initial Performance Target for Corrective Action	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (DMHC) hereby issues All Plan Letter (APL) 23-018 (OPM) – RY 2024/MY 2023 Provider Appointment Availability Survey (PAAS) Non-Physician Mental Health Provider Follow-Up Appointment Initial Performance Target for corrective Action. If this APL does not apply to your health plan, no further action is required related to this APL.
47	DHCS	23-023	8/18/2023	Intermediate Care Facilities for Individuals With Developmental Disabilities -- Long Term Care Benefit Standardization and Transition of Members to Managed Care (and associated Model Contract Language)	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide requirements to all Medi-Cal managed care plans (MCPs) for the Long-Term Care (LTC) Intermediate Care Facility/Home for Individuals with Developmental Disabilities1,2 services provisions of the California Advancing and Innovating Medi-Cal (CalAIM) benefit standardization initiative.3,4 This APL contains requirements related to Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) Homes, Intermediate Care Facilities for the Developmentally Disabled-Habilitative (ICF/DD-H) Homes, and Intermediate Care Facilities for the Developmentally Disabled-Nursing (ICF/DD-N) Homes.
50	DHCS	23-024	8/24/2023	Doula Services	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care plans (MCPs) with guidance regarding the qualifications for providing doula services, effective for dates of service on or after January 1, 2023.

Health Care Services

Steve O'Brien, MD

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

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

Date: **September 8th, 2023**

Subject: **Health Care Services Report**

Utilization Management: Outpatient

- Beginning January 1st, 2024, a new law in California will allow adults ages 26 through 49 to qualify for full-scope Medi-Cal, regardless of immigration status. This initiative, called the Ages 26 through 49 Adult Expansion, is modeled after the Young Adult Expansion for young adults 19 through 25, and the Older Adult Expansion, which provided full scope Medi-Cal to adults 50 years of age or older. We are currently evaluating data from DHCS to identify members for possible Continuity of Care (CoC) and evaluating these requests against current CoC benefit criteria for coverage. CoC coverage is available for the following scenarios:
    - Out of network PCP
    - DME
    - Rehab
    - Respiratory therapy
    - Behavioral Health
    - Specialty Populations

- Health Suite/Prior Authorization project to ensure up-front PA alignment with back-end claims payment is in its final stages. The last 6 PA categories are being configured, enabling AAH to update to current billable coding by DHCS, refine PA coding requirements and align with claims for proper adjudication. This will also create a PA coding master list by PA category as a resource for our provider partners. On an annual basis, coding will be reviewed and updated with any changes from DHCS. There will be an ongoing internal assessment to identify PA categories appropriate for this process.

- Anthem Transition in 2024 Planning: Outreached to all local CBAS Centers to gain understanding of potential volume of Anthem CBAS Membership. Anticipated volume is 13 members in our contracted facilities. Working alongside contracting and provider services to assess network adequacy for the new members transitioning.

- MOT- Developed and implemented new MOT structured notes to track the member specific data that is shared between the OP and CM teams.

- Pharmacy Training- OP team trained the Pharmacy department through various real time training sessions as well as open office hours to ensure streamlined handoffs to ensure members pharmaceutical needs are addressed.

Outpatient Authorization Denial Rates			
Denial Rate Type	**June 2023**	**July 2023**	**August 2023**
Overall Denial Rate	**3.4%**	**3.4%**	**3.5%**
Denial Rate Excluding Partial Denials	**3.1%**	**3.1%**	**3.3%**
Partial Denial Rate	**0.2%**	**0.3%**	**0.1%**

Turn Around Time Compliance			
Line of Business	**June 2023**	**July 2023**	**August 2023**
Overall	**95%**	**94%**	**94%**
Medi-Cal	**95%**	**94%**	**94%**
IHSS	**98%**	**97%**	**99%**
Benchmark	***95%***	***95%***	***95%***

Utilization Management: Inpatient

- The Inpatient UM team managed 974 acute, subacute, and skilled nursing facility authorizations, in addition to 1826 clinical reviews in the month of August. IP UM Team maintained average TAT of 0.3 days.

- The 40% volume increase in SNF admissions related to 2023 volume increases from both the Long-Term Care carve-in and the dually eligible (Medicare and Medi-Cal) population has been sustained. These new populations have a higher hospitalization rate, which contributed to increases in acute inpatient admissions. Management of LTC authorization related requests led to a slight dip in Auth TAT compliance (94%) that is being closely monitored to ensure we continue to meet benchmark TAT of 95%.

- As part of the Transitional Care Services (TCS) requirement for Population Health Management, the IP UM team is identifying high risk members admitted to a hospital, conducts discharge assessment, provides the name of Care Manager for inclusion in the discharge summary, and refers to Case Management department for follow up. In 2024, TCS will also include simplified requirements for low-risk members and the IP team will be working on operationalizing the requirements.

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

- IP UM department meets weekly for rounds with contracted hospital providers; Alameda Health System, Sutter, Kindred LTACH, Kentfield LTACH, and Washington, to discuss UM issues, address discharge barriers, and improve throughput and real time communication. These meetings also provide a forum for discussing new requirements, such as PCS Forms and new services, such as Community Supports.

Inpatient Med-Surg Utilization Total All Aid Categories **Actuals (excludes Maternity)**			
Metric	**May 2023**	**June 2023**	**July 2023**
Authorized LOS	**5.7**	**5.2**	**4.8**
Admits/1,000	**51.9**	**49.7**	**47.6**
Days/1,000	**295.9**	**258.9**	**230.6**

Turn Around Time Compliance			
Line of Business	**May 2023**	**June 2023**	**July 2023**
Overall	**96%**	**94%**	**94%**
Medi-Cal	**96%**	**94%**	**94%**
IHSS	**100%**	**94%**	**90%**
Benchmark	***95%***	***95%***	***95%***
Inpatient Authorization Denial Rates			
Denial Rate Type	**May 2023**	**June 2023**	**July 2023**
Full Denials Rate	**0.7%**	**1.0%**	**0.6%**
Partial Denials	**0.6%**	**0.5%**	**1.2%**
All Types of Denials Rate	**1.4 %**	**1.4%**	**1.8%**

<u>Utilization Management: Long Term Care</u>

- LTC census during August was 1921 members.

- The planning for the carving in of members in need of Intermediate Care Facilities for persons with Developmental Disabilities (ICF-DD) and Subacute in 2024 continues. The LTC team continues working closely with the Integrated Planning Department (IPD) and key stakeholders, such as ICF-DD and Subacute providers,

Regional Center of the East Bay, and AAH departments such as Provider Relations, Member Services, Claims and C&O.

  - The final APL for the carving in of members in need of Intermediate Care Facilities for persons with Developmental Disabilities (ICF-DD) and Subacute in 2024 was issued in August. DHCS deliverables are due 90 days from the APL date.

- In July, LTC members had 50 hospital admissions, with an average LOS of 5.1 days in the hospital.

- Two surveys were sent to LTC providers to obtain information about their experience with AAH and about their operations:

  - Long Term Care Survey Link sent to 64 Contracted Nursing Facilities in Alameda County, and 12 Facility/ Facility corporations have responded to the survey. The survey included questions related to DME, Transportation, discharge summaries, knowledge of available CalAIM services and whether they knew how to contact the LTSS Liaison. The data showed that the biggest concerns that SNFs had were related to transportation and billing. Information from respondents using out of net providers for transportation and DME was shared with our vendor management and Contracting Teams to contract if possible.
  - The ICF DD Survey link was shared with the 31 ICF Homes. Questions for this survey included questions related to the census and duals breakdown, DME, Transportation, discharge summaries, knowledge of available CalAIM services, pharmacy quality processes and whether they knew how to contact the LTSS Liaison. The results showed many non-contracted vendors were being utilized currently, and this information was shared with the contracting team to prepare for the benefit integration and network adequacy for January 2024.

- LTC Manager continues facility outreach with LTSS Liaison on facility outreach and education on AAH processes as follow up to Townhall sessions as well as survey monkey results.

Pharmacy

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

Decisions	Number of PAs Processed
Approved	38
Denied	26
Closed	103
Total	**167**

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

- Medications for diabetes, nerve pain, weight management, asthma, infection, arthritis or psoriasis and fungal infection are in the top ten categories for denials.

Rank	Drug Name	Common Use	Common Denial Reason
1	JARDIANCE ORAL TABLET10 MG	Diabetes	Criteria for approval not met
2	LIDOCAINE EXTERNAL PATCH 5%	Nerve Pain	Criteria for approval not met
3	WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML	Weight Management	Criteria for approval not met
4	BREO ELLIPTA INHALATION AEOROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT	Asthma	Criteria for approval not met
5	JARDIANCE ORAL TABLET 25 MG	Diabetes	Criteria for approval not met
6	DOXYCYCLINE HYCLATE ORAL TABLET 100 MG	Infection	Criteria for approval not met
7	ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	Arthritis or Psoriasis	Criteria for approval not met
8	JUBLIA EXTERNAL SOLUTION 10%	Fungal Infection	Criteria for approval not met
9	FARXIGA ORAL TABLET 5 MG	Diabetes	Criteria for approval not met
10	RYBELSUS ORAL TABLET 3 MG	Diabetes	Criteria for approval not met

- Pharmacy is leading initiatives on PAD (physician administered drugs) focused internal and external partnership and reviewed PAD related UM authorizations as follows. Effective July 17,2023, AAH Pharmacy team is managing end to end process for UM Medication Authorization requests. This is an internal workflow change and does not impact the process for providers needing to submit prior authorization. Note: number of auth was one auth is per drug for January 2023-May 2023. Effective June 2023 number of auth is recognized by authorization request number:

Month	Number of Auth
June 2023	251
July 2023	263
August 2023*	327

- August 2023 data is through partial through August 30th.

- The Alliance routinely reviews benefits to ensure there is proper alignment of authorized services and proper claim payment to provider partners. This is to ensure that medical services provided to our members are medically necessary and appropriate.
- Effective 9/1/23, the Alliance has updated their Prior Authorization List for Physician Administered Drugs. This will impact outpatient drugs being submitted under the medical benefit as medical claims that are often administered at doctor office or outpatient hospital. This will not affect drugs acquired at the pharmacy level.
- These changes were communicated to our providers and delegates on 8/1/23. In addition, there has been targeted outreach to our top impacted providers to provide supplemental Q&A sessions.

- 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 August 18th, 2023, approximately 107.65 million point-of-sale pharmacy paid claims to participating pharmacies totaling approximately $10.63 billion in payments.
  - Processed 373,280 prior authorization requests.
  - Answered 367,075 calls and 100 percent of virtual hold calls and voicemails have been returned.
  - We have closed submitting Medi-Cal PAs and informing doctor offices to submit to Medi-Cal RX:

Month	Number of Total PA Closed
January 2023	30
February 2023	39
March 2023	60
April 2023	50
May 2023	60
June 2023	57
July 2023	72
August 2023	59

- Pharmacy is collaborating with multiple healthcare services departments:
    - Pharmacy is collaborating with multiple departments within healthcare services as well as in-network Intermediate Care Facilities (ICF) partners to help support Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF DD) Carve-In implementation.
    - Pharmacy's TOC (Transition of Care) Program continues collaborating with the AAH Inpatient UM Department and Case Management Disease Management (CMDM) Department to help reduce the number of re-admissions after members are discharged from hospitals through education to the members as well as filling potential gaps between providers and their patients.
    - At the start of 2023, DHCS is requiring all MCPs to perform medication reconciliations for their highest risk TOC members based on new criteria from the state. Referred cases from the CMDM daily feed are evaluated to determine if Pharmacy is required for each case. Pharmacy is focusing on lower volume, higher need cases where pharmacy may have the greatest impact on member outcomes.
    - Pharmacy is collaborating with CDPH, QI and HealthEd for additional asthma intervention and smoking cessation strategies (e.g., data sharing, toolkit exchange and community worker training materials/programs).
    - Pharmacy is collaborating with QI on an educational campaign to providers on untreated hepatitis B and C.
    - Pharmacy continues to monitor members on use of opioids.

Case Management (CM)

- CM collaborated with IP UM, LTC and ECM to incorporate DHCS's new requirements for Transitional Care Services (TCS). Go-Live was 1/1/23. The requirements include an assigned care manager, completion of a discharge risk assessment and discharge documentation to ensure the member understands their discharge plan. CM is continuing to collaborate with internal partners in preparation for extending TCS to all members in January of 2024.

- CM is collaborating with AAH Pharmacy and one of our hospital partners, Sutter Health to discuss targeting members with a Congestive Heart Failure (CHF) related hospitalization for Transitional Care Services,

- Major Organ Transplant (MOT) CM Bundle continues to be offered to members in need of evaluation and transplantation of major organs and bone marrow. The volume continues to increase, (currently 393 members). All nurses in case management support members throughout the MOT process, and coordinate services with both the AAH UM department and the Centers of Excellence staff.

- CM continues to collaborate with UM and Pharmacy regarding high-risk utilizers, and CM has improved the workflow to increase CM engagement with high utilizers. The workgroup does deep dives into high utilizer cases with UM partners to understand the drivers of high utilization and identify areas for improvement.

- CM has taken on the responsibility to acquire Physician Certification Statement (PCS) forms before Non-Emergency Medical Transportation (NEMT) trips to better align with DHCS requirements for members who need that higher level of transportation. The transportation coordinators have been able to increase PCS form acquisition from 60% to 85% since implementation in March. CM continues to educate the provider network, including hospital discharge planners, about PCS form requirements.

- CM is working closely with the Population Health Management team to move Disease Management programs forward. The collaborative is working on final touches to the Asthma and Diabetes workflows. Cardiovascular Disease and Depression discussions are beginning.

Case Type	Cases Opened in June 2023	Total Open Cases as of June 2023	Cases Opened in July 2023	Total Open Cases as of July 2023
Care Coordination	514	984	497	878
Complex Case Management	25	69	14	68
Transitions of Care (TCS)	243	399	196	346

CalAIM Enhanced Case Management

- ECM is working with IPD, Analytics and Provider Services to launch Populations of Focus (JI & Birth Equity) on 01/01/24.

- California Children’s Services (CCS) contracting as an ECM provider is complete. CCS as an ECM provider will really expand the ability of AAH to reach and provide services to our most vulnerable children. The launch is confirmed for 09/01/23.

- On-going meetings for the Justice Involved (JI) Pilot with ROOTS are underway.

- DHCS will issue MOC requirements for Birth Equity, due 10/2/23.

- Meetings with IPD underway for ECM Model of Care, (MOC,) due 10/02/23; Roots JI Pilot, and JI Re-entry projects.

- Meetings underway with Anthem to discuss and plan for continuity of care the ECM/CS Anthem conversion on 01/01/24.

- Kickoff meeting with Kaiser on KPHP-AAH transition occurred on 8/31/23.

- Two ECM/CS Listening Sessions for prospective ECM/CS providers were held on 08/10/23 & 08/15/23. Special attention has been given to outreach to JI & Birth Equity providers.

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

*Current Anthem providers in the county

Case Type	ECM Outreach in May 2023	Total Open Cases as of May 2023	ECM Outreach in June 2023	Total Open Cases as of June 2023	ECM Outreach in July 2023	Total Open Cases as of July 2023
ECM	202*	1037	98**	1070	371	1073

*Corrected numbers
**06/01/23 Pandemic outreach modifications ended, so face to face outreach was re-instated. Some providers submitted wrong billing codes, so ECM is working with providers to correct.

Community Supports (CS)

- CS services are focused on reducing unnecessary hospitalizations and ED visits. The six initial CS services launched on 1/1/2022 were:

    - Housing Navigation
    - Housing Deposits
    - Tenancy Sustaining Services
    - Medical Respite
    - Medically Tailored/Supportive Meals
    - Asthma Remediation

- CS went live with 3 additional services 7/1/23:
    - (Caregiver) Respite Services
    - Personal Care & Homemaker Services
    - Environmental Accessibility Adaptations (Home Modifications)

- A Self-Funded Pilot for 2 additional Community Supports-like Services continues to support members diverting from skilled nursing or transitioning to home. East Bay Innovations (EBI) is the provider.

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

- FindHelp is a platform that will be used to better align with DHCS' requirements to establish a closed loop referral process. CS is working closely with each CS provider to bring them onto the platform.

- The CS team is reviewing entity interest forms internally to move forward with CS providers to bring the following programming live 1/1/24:
    - Asthma Remediation for adults
    - Further network expansion for Nursing Facility Transition/Diversion
    - Further network expansion for Community Transition Services
    - Sobering Centers

- Community Supports will be bringing Alameda County Community Food Bank on as a Community Supports provider for Medically Tailored Meals/Medically Supportive Food in Q3 of 2023.

Community Supports	Services Authorized in Apr 2023	Services Authorized in May 2023	Services Authorized in June 2023	Services Authorized in July 2023
Housing Navigation	409	426	443	454
Housing Deposits	149	144	133	121
Housing Tenancy	1018	1009	989	979
Asthma Remediation	52	54	51	53
Meals	830	1037	1167	1128
Medical Respite	51	74	69	72
Transition to Home	2	4	5	5
Nursing Facility Diversion	3	3	4	4

Grievances & Appeals

- All cases were resolved within the goal of 95% within regulatory timeframes.
- Total grievances resolved in August were 7.24 complaints per 1,000 members.
- The Alliance's goal is to have an overturn rate of less than 25%, for the reporting period of August 2023; we did meet our goal at 19.3% overturn rate.

August 2023 Cases	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	1,181	30 Calendar Days	95% compliance within standard	1,167	98.8%	3.34
Expedited Grievance	0	72 Hours	95% compliance within standard	NA	NA	NA
Exempt Grievance	1,728	Next Business Day	95% compliance within standard	1,724	99.7%	4.89
Standard Appeal	31	30 Calendar Days	95% compliance within standard	31	100.0%	0.08
Expedited Appeal	NA	72 Hours	95% compliance within standard	NA	NA	NA
Total Cases:	2,940		95% compliance within standard	2,922	99.3%	7.24

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

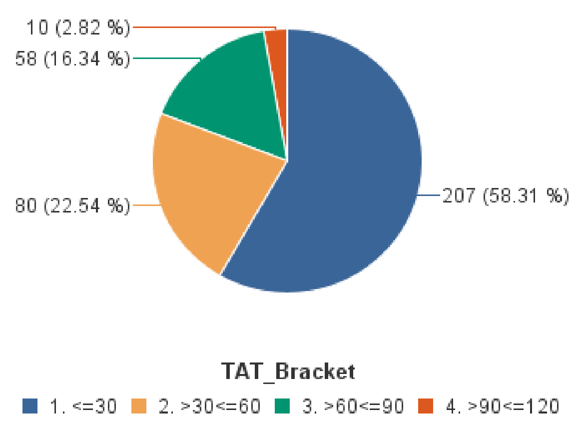
Quality

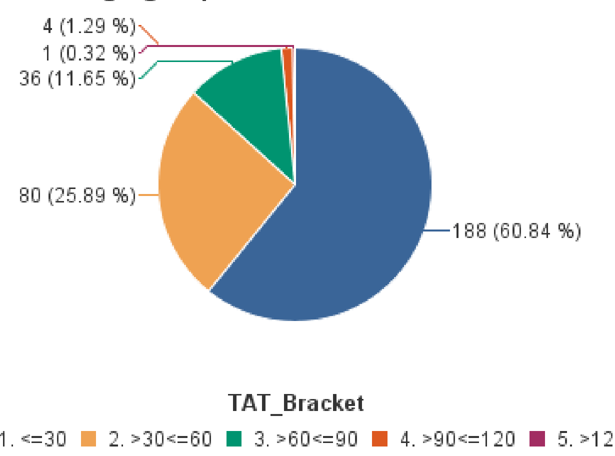
- Quality Improvement continues to track and trend PQI Turn-Around-Time (TAT) compliance. Our goal is closure of PQIs cases within 120 days from receipt to resolution via nurse investigation and procurement of medical records and/or provider responses followed by final MD review when applicable.

- 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.

- There were no PQI cases open > 120 days in July or August. Therefore, turnaround times for case review and closure remain well within the benchmark of 95% per PQI P&P QI-104 for this lookback period.

- When cases are open for >120 days, it is primarily due to delay in receipt of medical records or provider responses. Measures to identify barriers and close these gaps continue to be a priority when necessary.





2022 Final HEDIS Rates – Managed Care Accountability Set

NCQA Acronym	Measure Description	2021 Admin Rates	2021 Hybrid Rates	2022 Admin Rates	2022 Hybrid Rates	MPL
Behavioral Health						
FUA1	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 30 Day	12.90%		29.46%		21.24%
FUM1	Follow-Up After Emergency Department Visit for Mental Illness - 30 Day	59.77%		49.03%		54.51%
Children's Health						
CIS10	Childhood Immunization Status - Combo 10	44.31%	47.15%	45.20%	52.80%	34.79%
IMA	Immunizations for Adolescents - Combo 2	45.14%	46.96%	49.36%	50.61%	35.04%
LSC	Lead Screening in Children	53.76%		57.52%	60.58%	63.99%
W15	Well-Child Visits in the First 15 Months of Life - 6 or More Visits	44.08%		46.56%		55.72%
W30	Well-Child Visits for Age 15 Months to 30 Months - Two or More Visits	63.73%		69.01%		65.83%
WCV	Child and Adolescent Well-Care Visits	51.64%		49.69%		48.93%
Women's Health						
BCS	Breast Cancer Screening	53.02%		56.13%		50.95%
CHL	Chlamydia Screening in Women	63.46%		64.14%		55.32%
CCS	Cervical Cancer Screening	55.55%	61.52%	52.44%	53.83%	57.64%
PPC2	Timeliness of Postpartum Care	78.98%	83.60%	81.72%	85.42%	77.37%
PPC1	Timeliness of Prenatal Care	86.33%	92.00%	85.36%	87.50%	85.40%
Disease Management						
CDC10	HbA1c Control (>9.0%)	37.30%	32.85%	37.06%	29.20%	39.90%
CBP	Controlling High Blood Pressure	33.91%	55.72%	41.77%	54.74%	59.85%

- The chart above provides a summary of the 2022 Managed Care Accountability (MCAS) measures held to the minimum performance level (MPL). Out of the 15 measures that Alameda Alliance was accountable for against the MPL, 5 measures fell below the MPL threshold. Several factors have contributed to the decrease in these rates, encompassing challenges directly stemming from the pandemic that have affected staffing and access, and systemic problems in accurately capturing appropriate data. Moreover, the effectiveness of specific measures such as Cervical Cancer Screening, which spans multiple years, was compromised by the pandemic. This is particularly true when considering that the look-back period coincided with the pandemic crisis. This crisis was marked by government-recommended stay-at-home orders and restricted access to healthcare services, which further intensified the challenges.

- The measures that have fallen below the MPL include:
  - Follow-up After Emergency Department Visit for Mental Illness – 30 day
  - Lead Screening in Children
  - Well Child Visit in the First 15 Months of Life – 6 or More Visits
  - Cervical Cancer Screening
  - Controlling High Blood Pressure

- To address these shortcomings, the Quality Department has undertaken several quality improvement initiatives aimed at increasing rates for measures that are currently below the MPL. These efforts include domain-focused workgroups, member outreach activities such as phone calls and mailers, member incentives to encourage participation in screenings, provider education initiatives, and incentive programs for healthcare providers.

Information Technology

Sasikumar Karaiyan

To: Alameda Alliance for Health Board of Governors

From: Sasi Karaiyan, Chief Information & Security Officer

Date: September 8th, 2023

Subject: Information Technology Report

Call Center System Availability

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

- As part of the call center processes of efficiency and effectiveness, IT is implementing Calabrio Analytics and Speech to Text features which will accurately and cost-effectively analyze customer interactions and agent activity along with its multichannel, all-in-one solution that captures and transforms data, turning raw interactions into usable data for reporting.

- This Calabrio Analytics and Speech to Text feature is planned to be rolled out on October 1st, 2023.

IT Security Program

- IT Security 3.0 initiative is one of the Alliance's top priorities for fiscal year 2023 and 2024. Our goal is to continue 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).

        - Continue to Create, update, and implement policies and procedures to operationalize and maintain security level after remediation.

- Immutable Backup Implementation project has kicked-off. This project has disaster recovery and IT security impacts to ensure the protection and isolation of the Alliance's data backup from ransomware attacks.

- Immutable backup testing has been completed successfully.
- Initial Veeam and CommVault backup sets are now in progress.
  - This process will take 4-6 weeks based on the amount of data.

- The Azure Cloud Governance Framework centers to improve and strengthen our cloud security policies and procedures. It will also focus on Cost containment for cloud resources, Network and border security, Database security, Data storage security, Identity management, access control, Operational security, and Security monitoring and alerting. Additionally, it aims at Data Loss Prevention in the cloud space.
  - We expect this phase of the project to be completed by the end of September 2023.

Fax Services

- Our Fax application system (RightFax) is scheduled to be upgraded to a new version to comply with Authorization application upgrade (TruCare).
  - This is scheduled to complete before the end of September 2023.

- The migration of our Toll-Free fax numbers from TelePacific to EtherFax has been approved by both carriers and is scheduled to cut over before the end of September 2023.

Encounter Data

- In the month of August 2023, the Alliance submitted 220 encounter files to the Department of Health Care Services (DHCS) with a total of 385,477 encounters.

- Percentage of timely submissions was above 90% for both Institutional and Professional Encounters.

Enrollment

- The Medi-Cal Enrollment file for the month of August 2023 was received and loaded to HEALTHsuite.

HealthSuite

- The Alliance received 244,907 claims in the month of August 2023. A total of 311,446 claims were finalized during the month out of which 257,311 claims auto adjudicated. This sets the auto-adjudication rate for this period to 82.6%.

- HEALTHsuite production application was upgraded to v23.01 on August 12th.

- HEALTHsuite application operated with an uptime of 99.9%. No outages were reported during the period.

TruCare

- A total of 18,323 authorizations were loaded and processed in the TruCare application.

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

Information Technology

Supporting Documents

Enrollment

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

Month	Total MC[1]	MC[1] - Add/ Reinstatements	MC[1] - Terminated	Total GC[2]	GC[2] - Add/ Reinstatements	GC[2]- Terminated
August	452,408	4,092	8,304	5,646	124	145

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 August 2023

Auto-Assignments	Member Count
Auto-assignments MC	2,054
Auto-assignments Expansion	1,500
Auto-assignments GC	67
PCP Changes (PCP Change Tool) Total	3,292

TruCare Application

- See Table 2-1 "Summary of TruCare Authorizations for the month of August 2023".
- There were 18,323 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 August 2023*

Transaction Type	Inbound automated Auths	Errored	Total Auths Loaded in TruCare
Paper Fax to Scan (UM, BH)	2,750	2,045	1,477
Provider Portal Requests (UM, BH)	4,429	1,050	4,314
EDI (CHCN historical)	4,458	552	4,443
Provider Portal to AAH Online (Long Term Care)	65	39	54
Provider Portal to AAH Online (Behavioral Health)	0*	0	*Manual + Fax only* 180
Manual Entry (all other not automated or faxed vs portal use)	N/A	N/A	2,163
Total			12,631

Key: EDI – Electronic Data Interchange

*The Behavioral Health Initial Evaluation Continuity of Care form was suspended from use in AAH Online and was re-deployed on 09/01.

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 July 2023

Group	Individual User Accounts	Individual User Accounts Accessed	Total Logins	New Users
Provider	8,390	5,745	189,251	557
MCAL	126,739	3,590	6,987	963
IHSS	4,378	121	127	22
Total	**139,507**	**9,546**	**196,365**	**1,542**

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

Category	Page Name	Page Views
Provider	Member Eligibility	769859
Provider	Claim Status	213419
Provider - Authorizations	Auth Submit	12939
Provider - Authorizations	Auth Search	6119
Member	Provider Directory	5171
Provider	Provider Directory	3677
Member My Care	Member Eligibility	3672
Provider - Claims	Submit professional claims	2770
Provider	Member Roster	2225
Member Help Resources	ID Card	1993
Member Help Resources	Find a Doctor or Hospital	1664
Member Help Resources	Select or Change Your PCP	1203
Member Home	MC ID Card	1116
Member My Care	My Claims Services	921
Provider - Reports	Reports	835
Provider - Provider Directory	Manual	250
Provider - Home	Long Term Care Forms SSO	235
Provider - Provider Directory	Instruction Guide	235
Provider - Home	Behavior Health Forms SSO	217
Member Help Resources	Contact Us	201
Member My Care	Protected Health Information	118
Provider	Pharmacy	99
Member Help Resources	Update My Contact Info	94

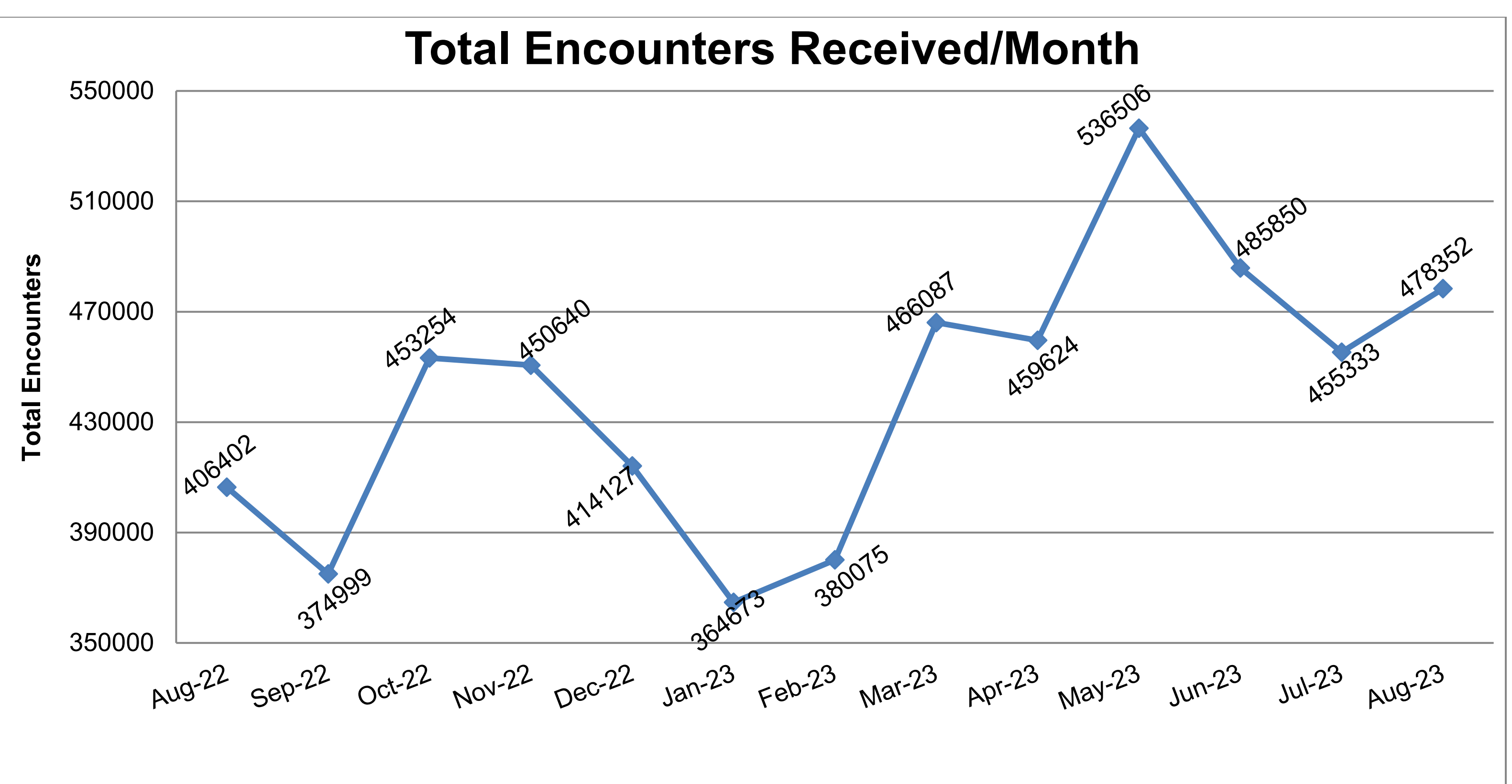
*Provider Portal (Green), Member Portal (Blue)

Encounter Data from Trading Partners 2023

- **ACBH**: August monthly files (0 records)
  - No longer receiving encounter files but through HCSA.
- **AHS**: August weekly files (4,380 records) were received on time.
- **BAC**: August monthly file (38 records) were received on time.
- **Beacon**: August weekly files (0 records)
  - No longer receiving encounter files.
- **CHCN**: August weekly files (85,836 records) were received on time.
- **CHME**: August monthly file (5,704 records) were received on time.
- **CFMG**: August weekly files (8,946 records) were received on time.
- **Docustream**: August monthly files (744 records) were received on time.
- **EBI**: August monthly files (814 records) were received on time.
- **HCSA**: August monthly files (3,466 records) were received on time.
- **IOA**: August monthly files (673 records) were received on time.
- **Kaiser**: August bi-weekly files (76,278 records) were received on time.
- **LogistiCare**: August weekly files (27,129 records) were received on time.
- **March Vision**: August monthly file (4,563 records) were received on time.
- **MED**: August monthly file (11 records) were received on time.
- **Quest Diagnostics**: August weekly files (14,859 records) were received on time.
- **SENECA**: August monthly file (4 records) were received on time.
- **Magellan**: August monthly files (360,952 records) were received on time.

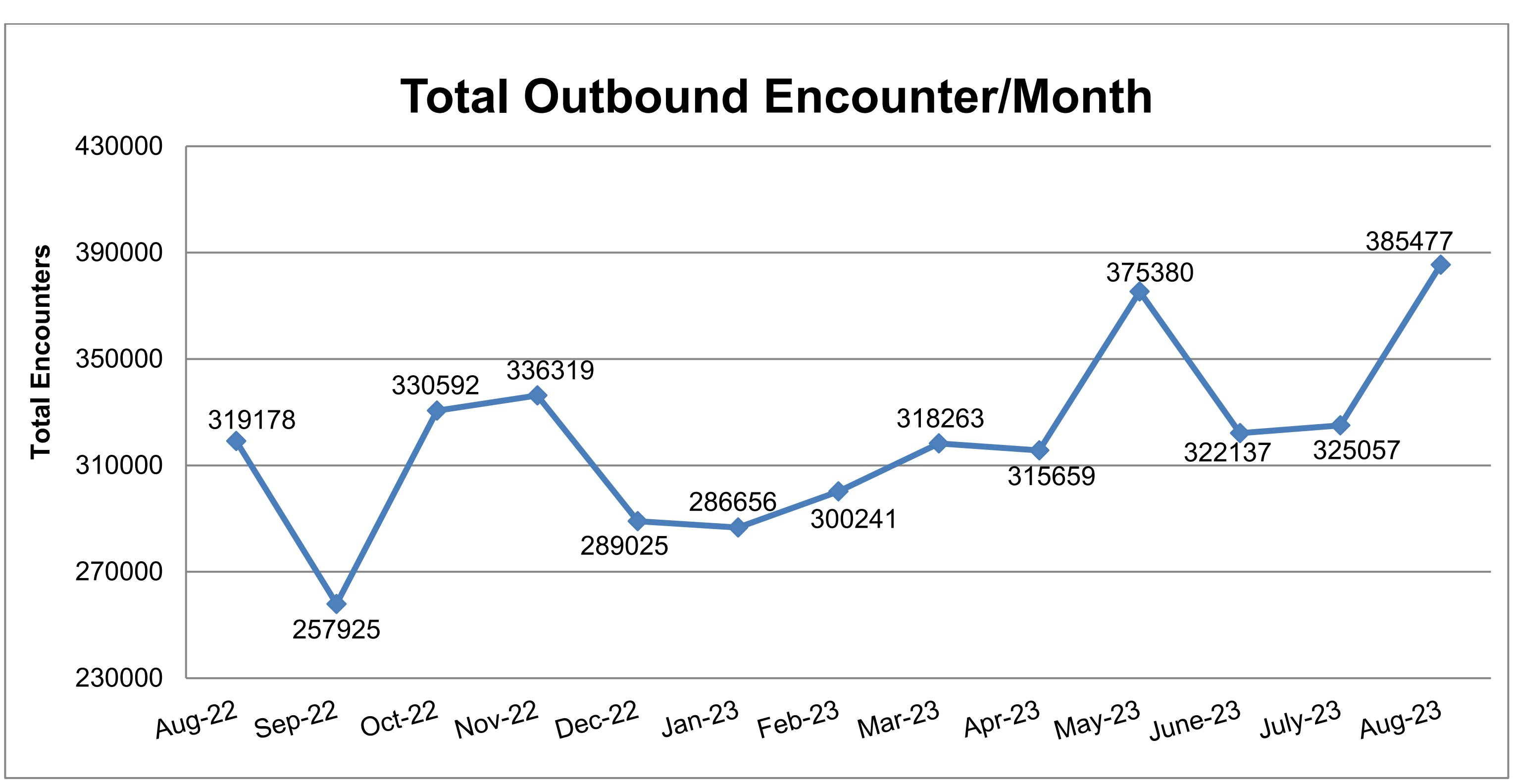
Trading Partner Medical Encounter Inbound Submission History

Trading Partners	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	July-23	Aug-23
Health Suite	177945	175955	171386	174429	177828	163764	167475	238283	218296	251858	267437	224540	244907
ACBH			8	51	87	86	39	95					
AHS	5482	5609	5589	6015	6332	4568	5377	5088	6353	5380	6250	4363	4380
BAC	53	37	39	38	35	199	34	32	38	40	37	39	38
Beacon	21310	16040	13490	12883	10437	13824	11036	12159	15799	5822	4559	620	
CHCN	84302	75234	136445	108148	83258	87182	83191	82394	84654	117764	90418	102081	85836
CHME	4722	5191	5214	5152	4822	4574	5303	4729	5277	4987	5692	5706	5704
Claimsnet	10631	6940	15668	19173	12790	9679	11694	8851	16155	12526	9986	12379	8946
Docustream	1149	1715	1294	1435	1487	1327	1794	1361	865	575	607	567	744
EBI									976	15	910	1664	814
HCSA	1869	4440	2098	3734	1781	1825	1976	590	78	72	5573	3824	3466
IOA							172	156	201	325	974	424	673
Kaiser	62477	48613	63341	76637	81333	35798	56965	73095	68883	91196	53820	56673	76278
Logisticare	20200	19257	19041	23451	16946	24456	18034	21647	20558	28628	20859	22235	27129
March Vision	2708	3824	3693	3497	4427	3598	3434	3281	4275	3647	5101	4468	4563
MED												9	11
Quest	13554	12144	15948	15997	12564	13793	13551	14326	17216	13671	13627	15741	14859
SENECA													4
Total	406402	374999	453254	450640	414127	364673	380075	466087	459624	536506	485850	455333	478352



Outbound Medical Encounter Submission

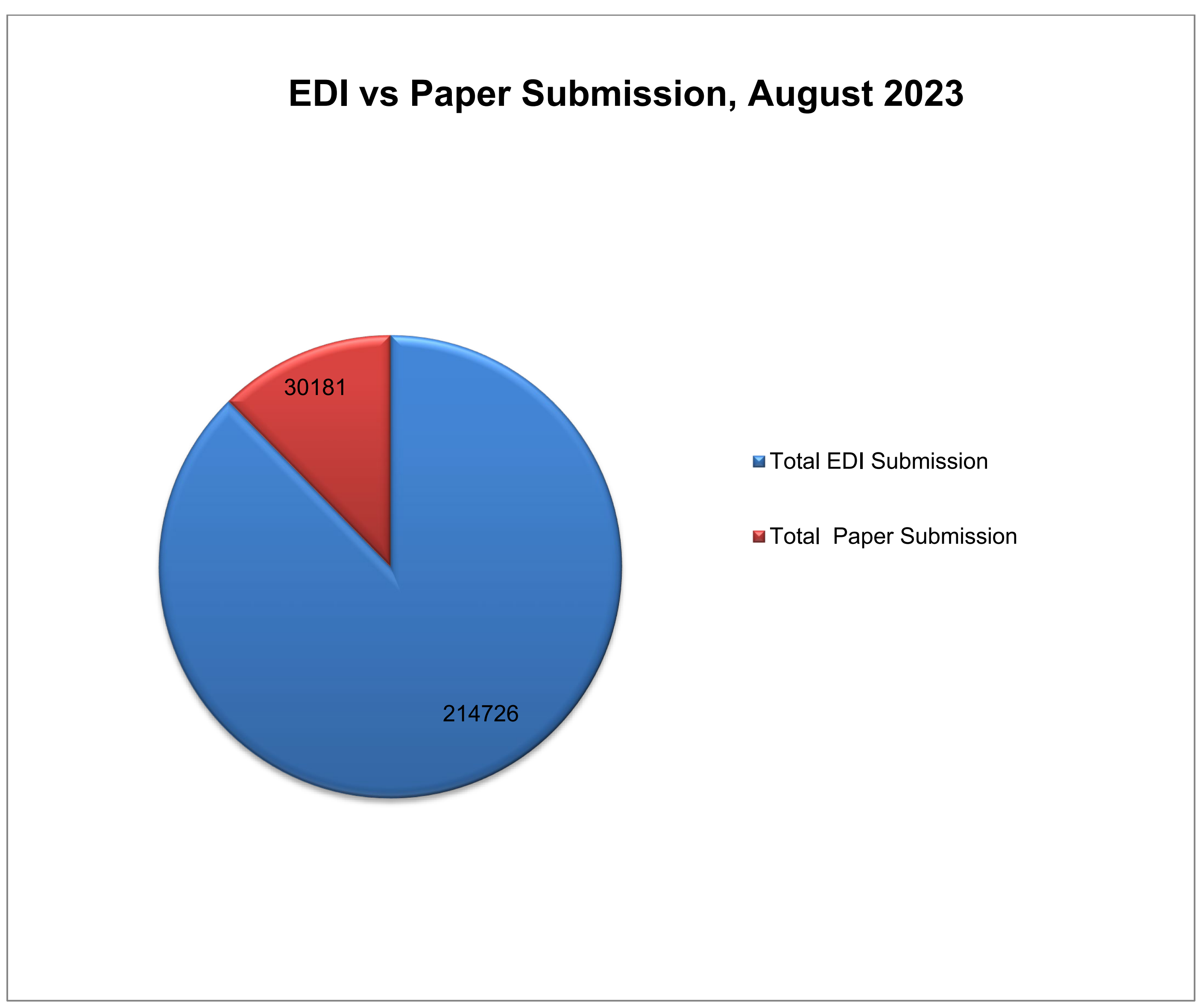
Trading Partners	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Health Suite	121957	96495	121299	95516	97435	114224	128102	117672	117823	151866	126674	147199	170751
ACBH			4	36	60	56	21	73				0	
AHS	5168	4360	6626	5915	5208	5439	5260	3845	7300	5236	5070	5318	4251
BAC	50	37	37	38	33	196	33	32	38	40	37	39	37
Beacon	17246	12054	10967	10172	8001	11282	8910	9674	11927	2879	2233	318	
CHCN	60678	50714	74449	92283	55698	58881	58279	59074	60373	79256	65595	56593	74313
CHME	4618	5069	5016	4843	4729	4470	5181	4606	5159	4864	5577	5595	5546
Claimsnet	7248	4614	10491	11118	8983	8241	8334	6361	9834	10891	7445	8849	6386
Docustream	964	1436	1060	1134	1268	1117	1521	1232	481	411	378	347	529
EBI									906	15	872	1574	804
HCSA	1770	2368	2013	2001	1725	1777	1304	287	52	55	1781	3778	3405
IOA							168	152	45	276	751	410	654
Kaiser	61831	47861	62682	75808	80464	35360	55930	72409	65652	72893	68887	55988	75591
Logisticare	20022	19001	18457	23178	16729	24291	12223	27071	20411	28455	20787	21686	26670
March Vision	1969	2631	2601	2396	2938	2454	2308	2400	3006	2366	3408	2720	2737
MED												9	11
Quest	15657	11285	14890	11881	5754	18868	12667	13375	12652	15877	12642	14634	13788
SENECA													4
Total	319178	257925	330592	336319	289025	286656	300241	318263	315659	375380	322137	325057	385477



HealthSuite Paper vs EDI Claims Submission Breakdown

Period	Total EDI Submission	Total Paper Submission	Total Claims
23-Aug	214726	30181	244907

Key: EDI – Electronic Data Interchange

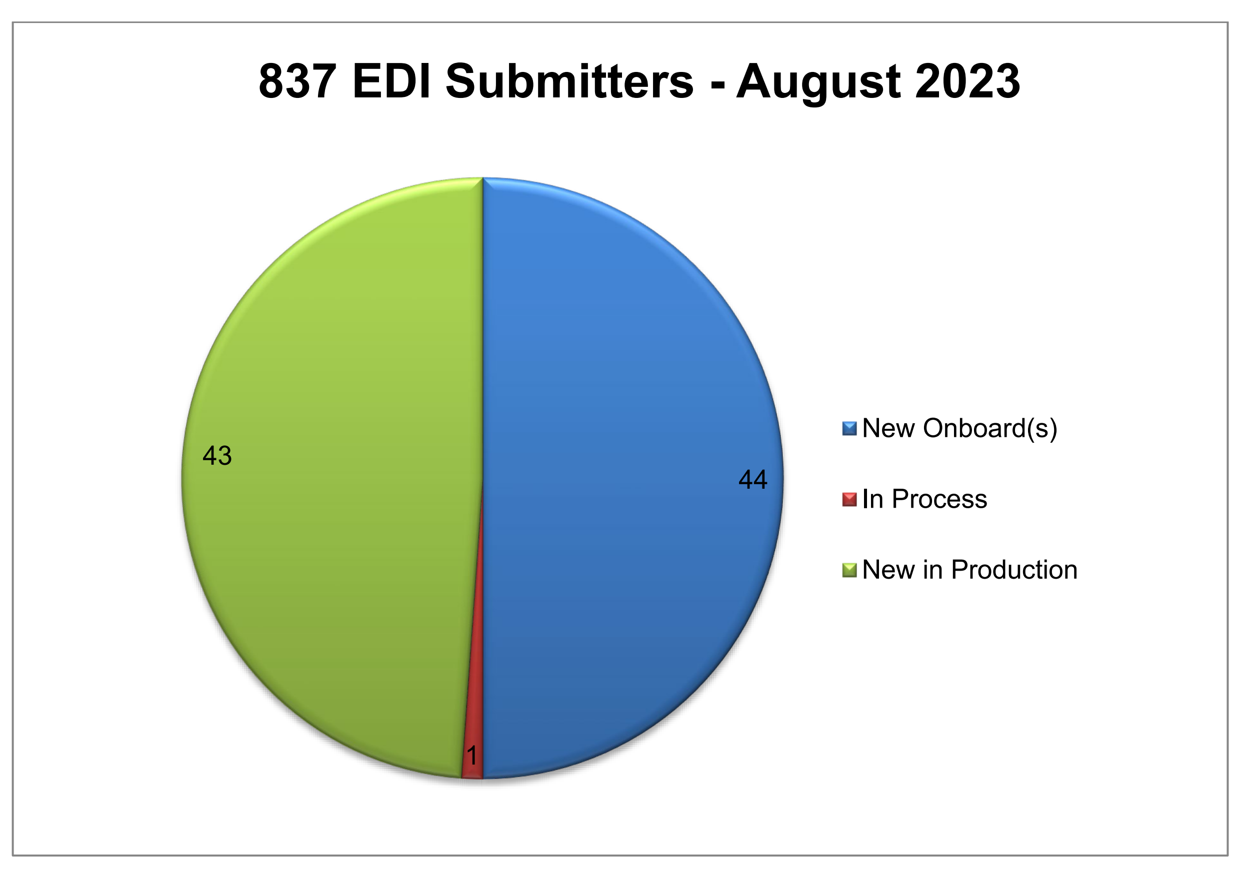


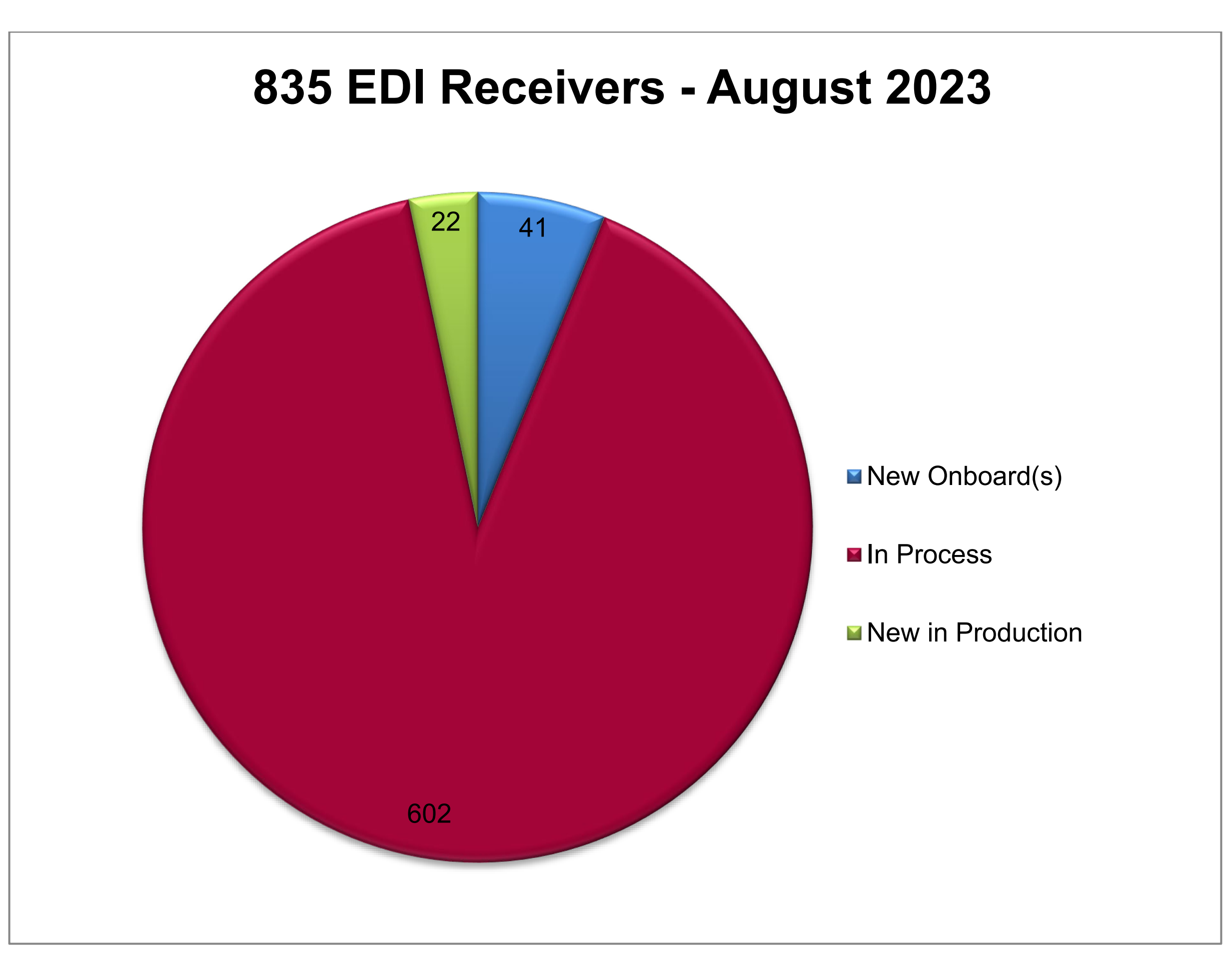
Onboarding EDI Providers - Updates

- August 2023 EDI Claims:
  - A total of 1821 new EDI submitters have been added since October 2015, with 43 added in August 2023.
  - The total number of EDI submitters is 2561 providers.

- August 2023 EDI Remittances (ERA):
  - A total of 792 new ERA receivers have been added since October 2015, with 22 added in August 2023.
  - The total number of ERA receivers is 786 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
Sep-22	11	0	11	2150	57	385	26	542
Oct-22	17	0	17	2167	48	407	26	568
Nov-22	49	2	47	2214	50	410	47	615
Dec-22	19	0	19	2233	20	421	9	624
Jan-23	13	2	11	2244	21	423	19	643
Feb-23	24	0	24	2268	37	457	3	646
Mar-23	55	0	55	2323	78	472	63	709
Apr-23	50	3	47	2370	24	491	5	714
May-23	35	5	30	2400	44	527	8	722
Jun-23	79	7	72	2472	58	544	41	763
Jul-23	48	2	46	2518	62	583	23	786
Aug-23	44	1	43	2561	41	602	22	808


837 EDI Submitters - August 2023
43
44
1
New Onboard(s)
In Process
New in Production


835 EDI Receivers - August 2023
22
41
602
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 August 2023.

File Type	August-23
837 I Files	42
837 P Files	178
Total Files	220

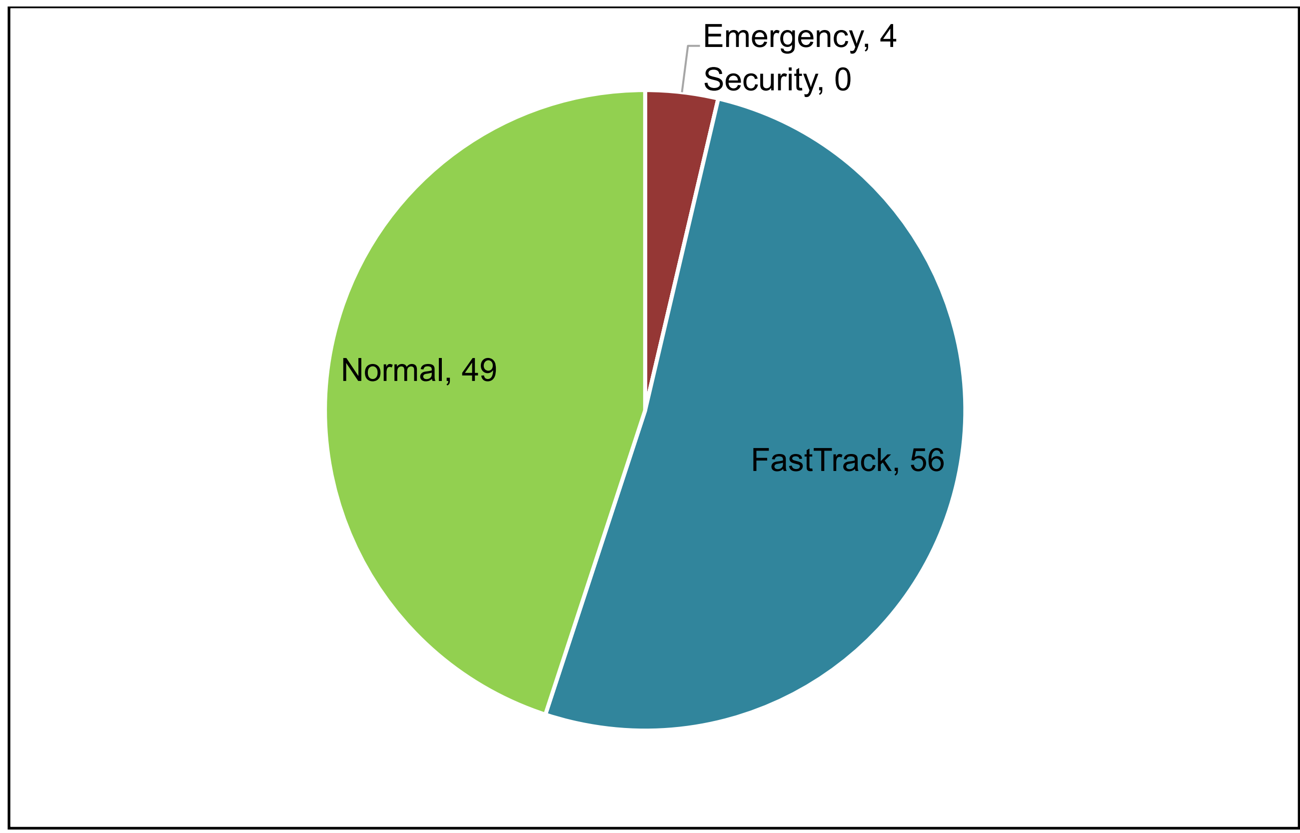
Lag-time Metrics/Key Performance Indicators (KPI)

AAH Encounters: Outbound 837	August-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	92%	65%
Timeliness-% Within Lag Time – Professional 0-180 days	99%	80%

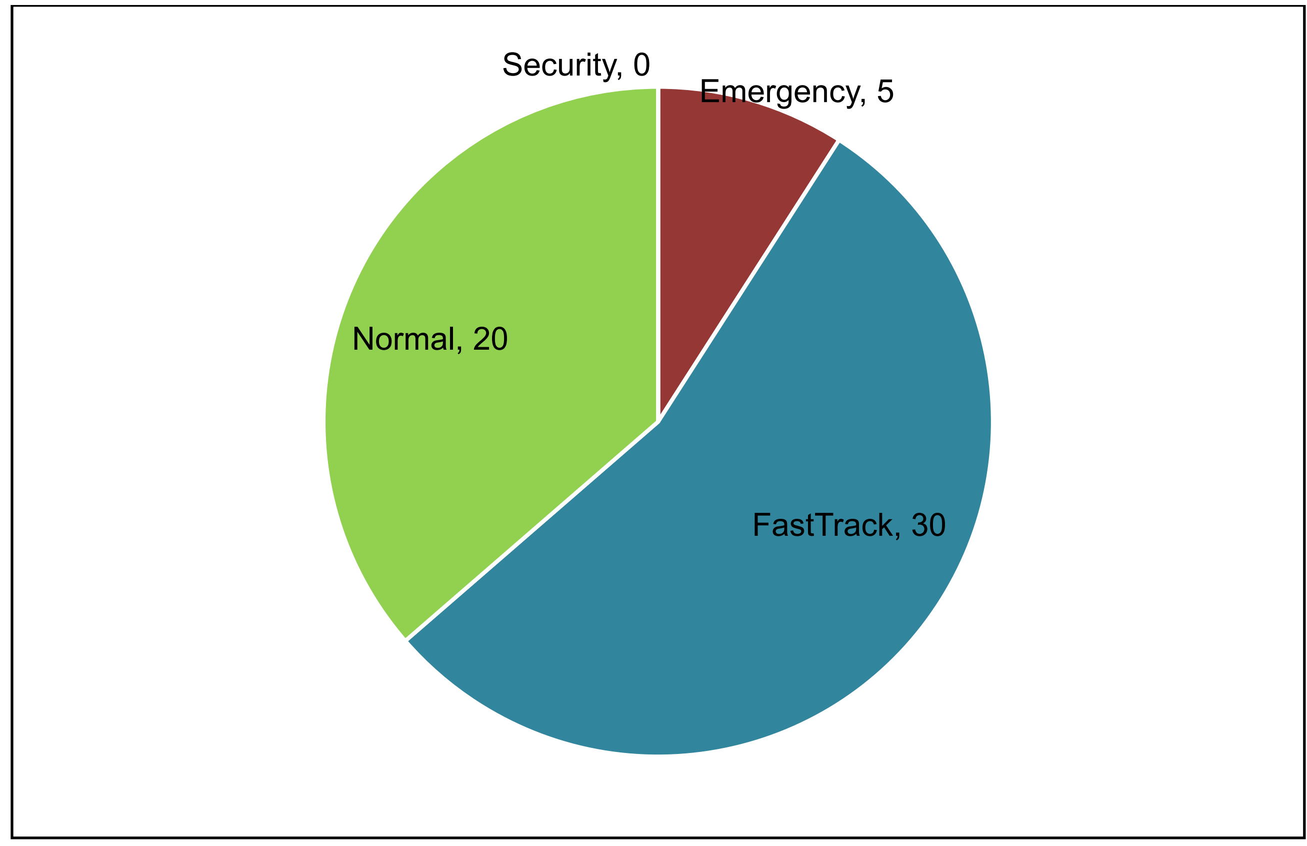
Change Management Key Performance Indicator (KPI)

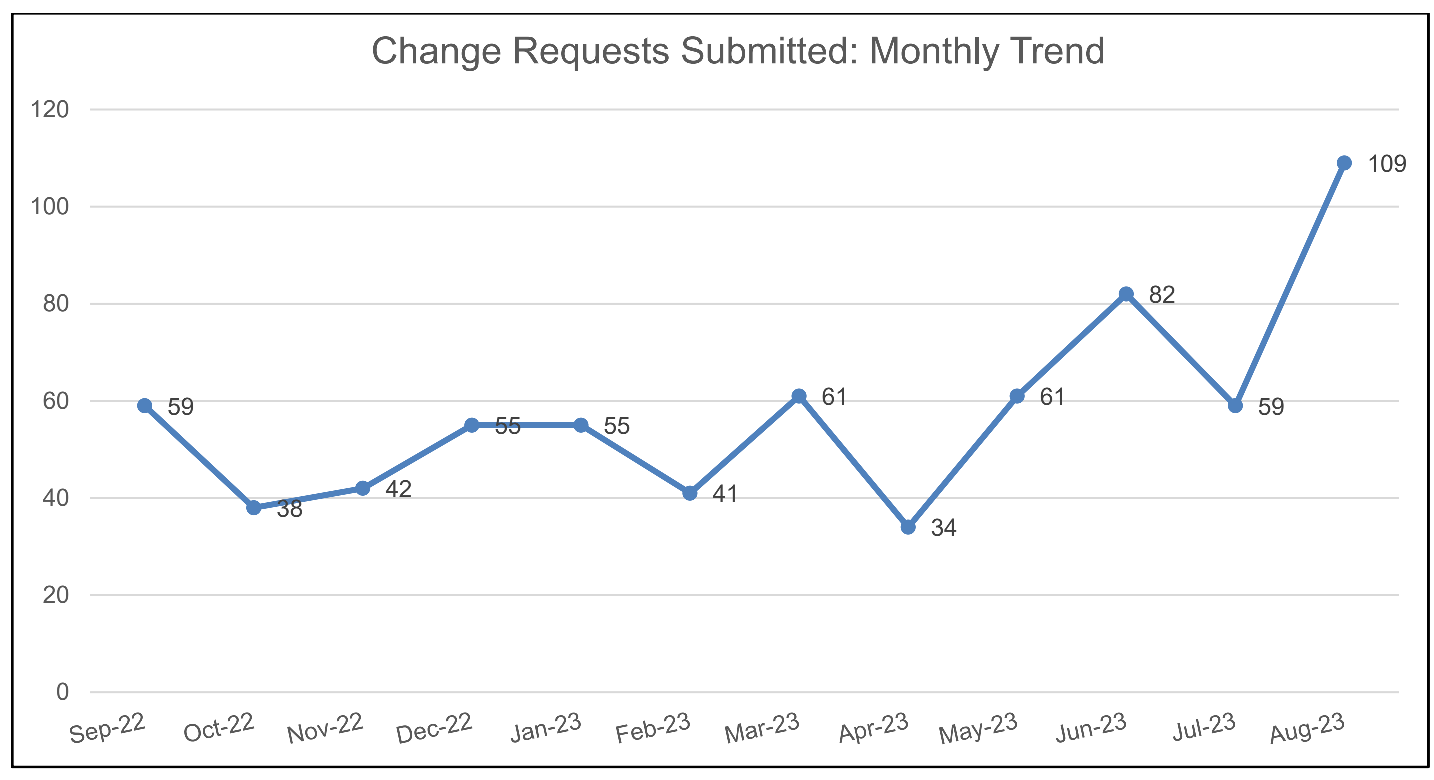
- Change Request Overall Summary in the month of August 2023 KPI:
  - 109 Changes Submitted.
  - 55 Changes Completed and Closed.
  - 216 Active Change Requests in pipeline.
  - 3 Change Requests Cancelled or Rejected.

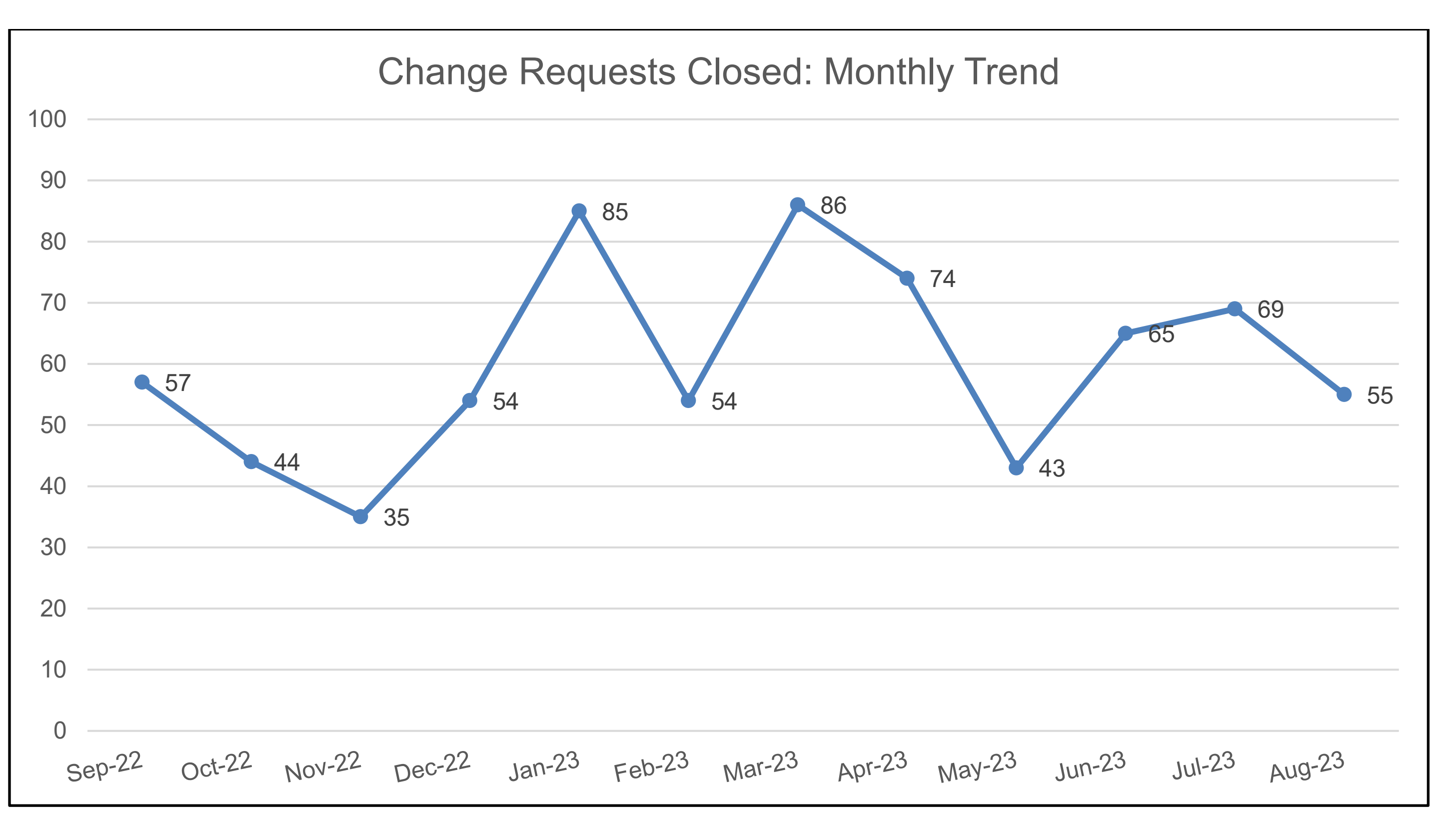
- 109 Change Requests Submitted/Logged in the month of August 2023



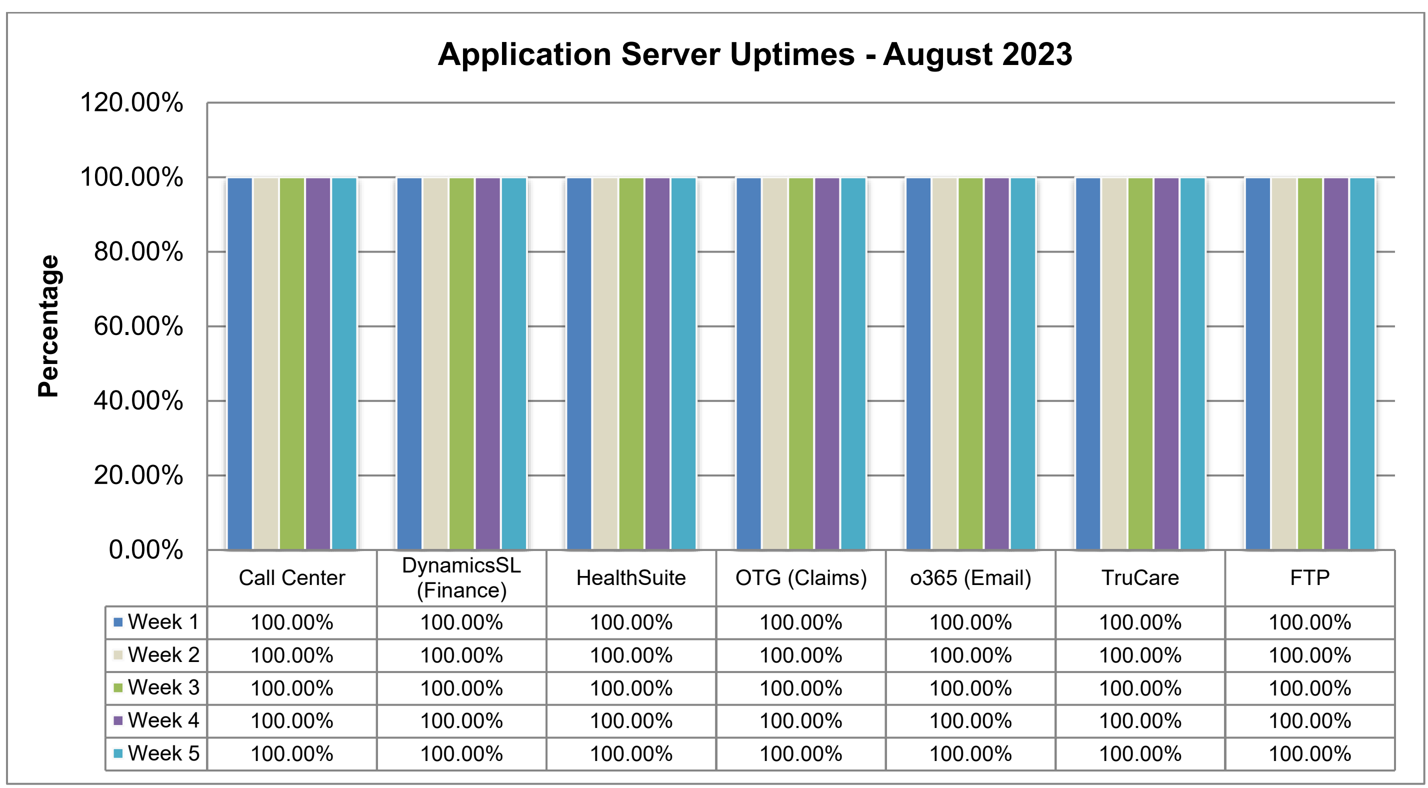
- 55 Change Requests Closed in the month of August 2023




Change Requests Submitted: Monthly Trend
120
100
80
60
40
20
0
59
38
42
55
55
41
61
34
61
82
59
109
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
Jul-23
Aug-23

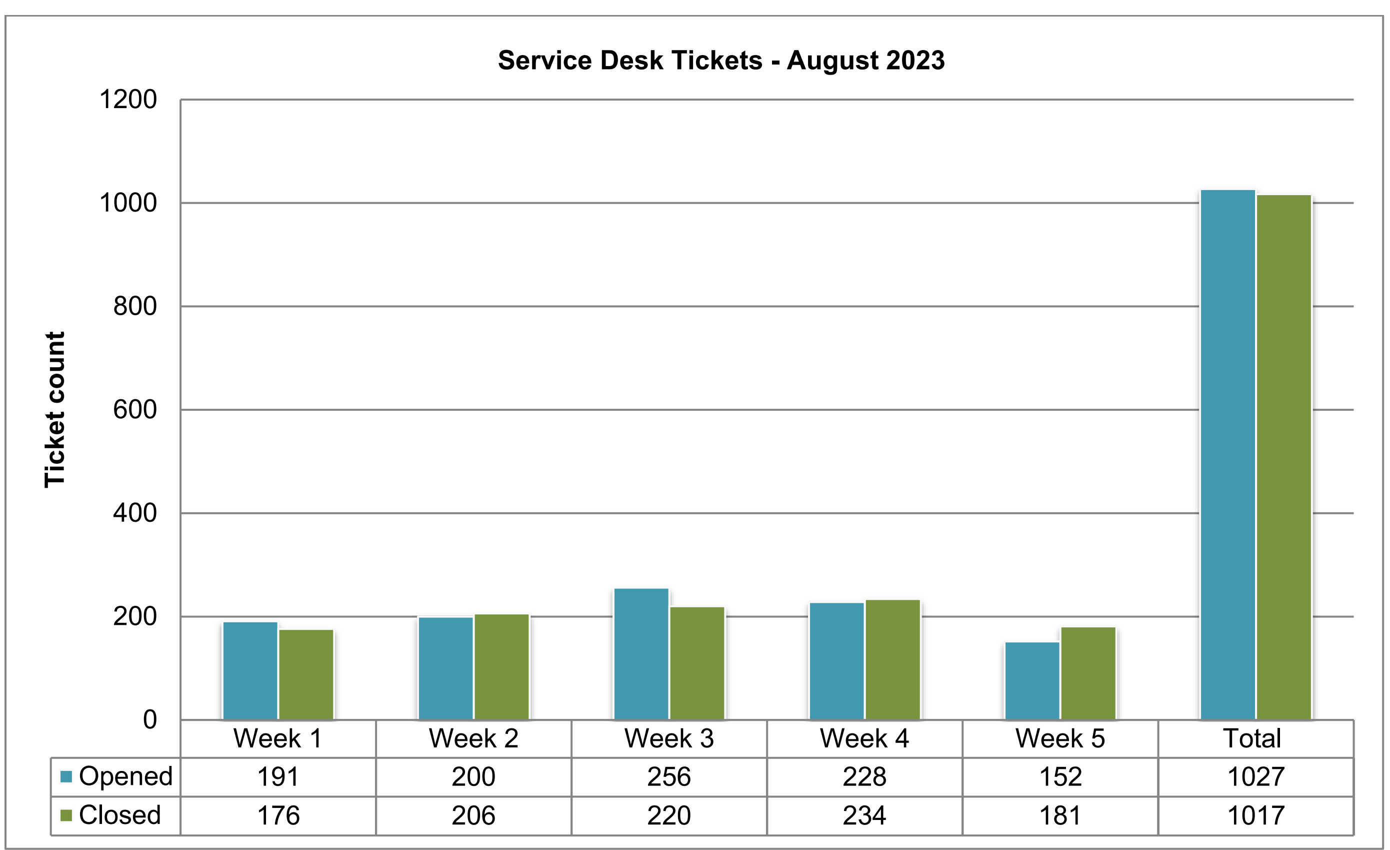

Change Requests Closed: Monthly Trend
100
90
80
70
60
50
40
30
20
10
0
57
44
35
54
85
54
86
74
43
65
69
55
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
Jul-23
Aug-23

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.
- There were no outages in the month of August 2023.

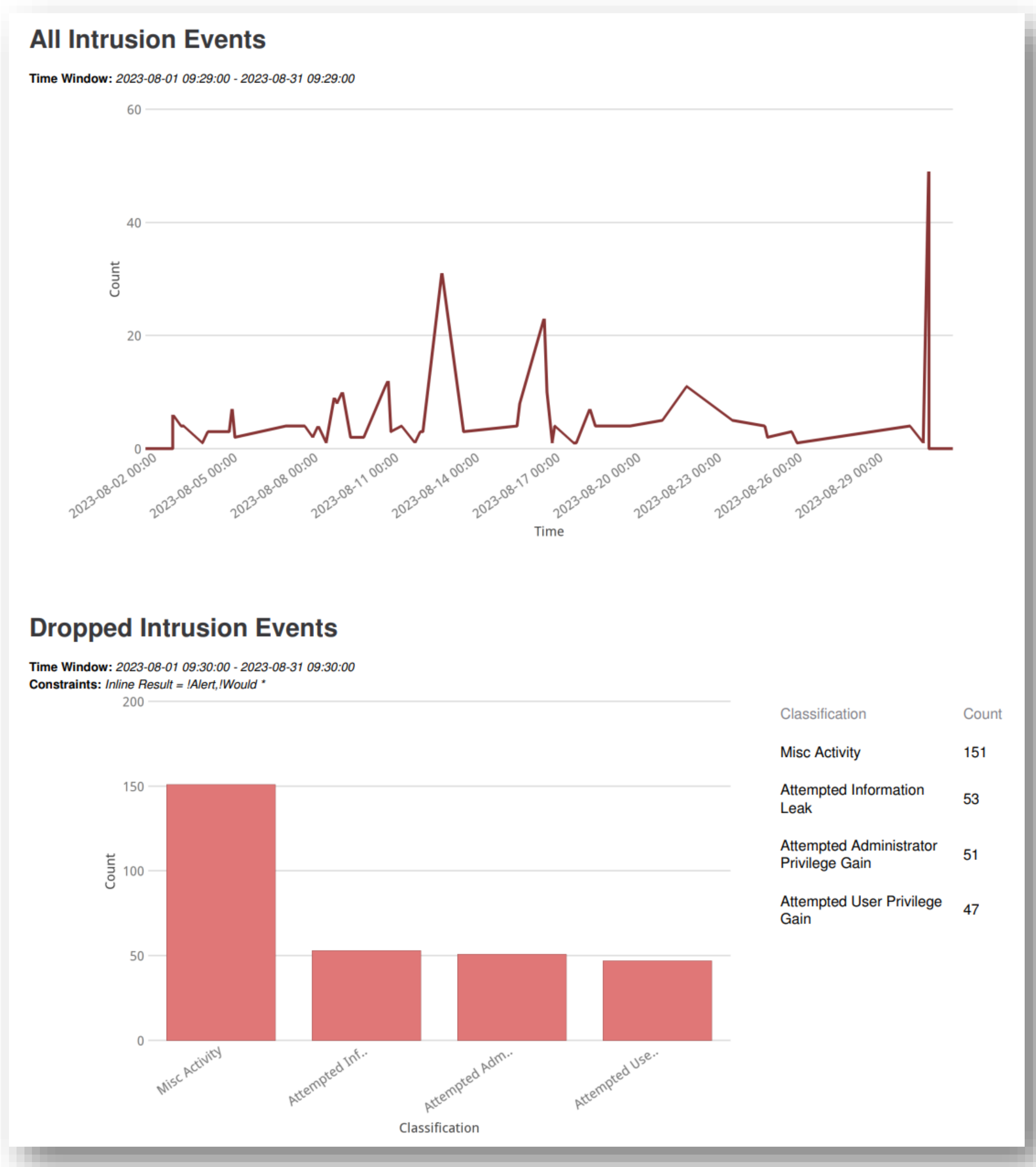


	Week 1	Week 2	Week 3	Week 4	Week 5	Total
Opened	191	200	256	228	152	1027
Closed	176	206	220	234	181	1017

- **1027** Service Desk tickets were opened in the month of August 2023, which is **28.4%** higher than the previous month. This is **21%** higher than the previous 3-month average of **830**.

- **1017** Service Desk tickets were closed, which is **24%** higher than the previous month. This is **18.2%** higher than the previous 3-month average of **847**.

August 2023



Classification	Count
Misc Activity	151
Attempted Information Leak	53
Attempted Administrator Privilege Gain	51
Attempted User Privilege Gain	47

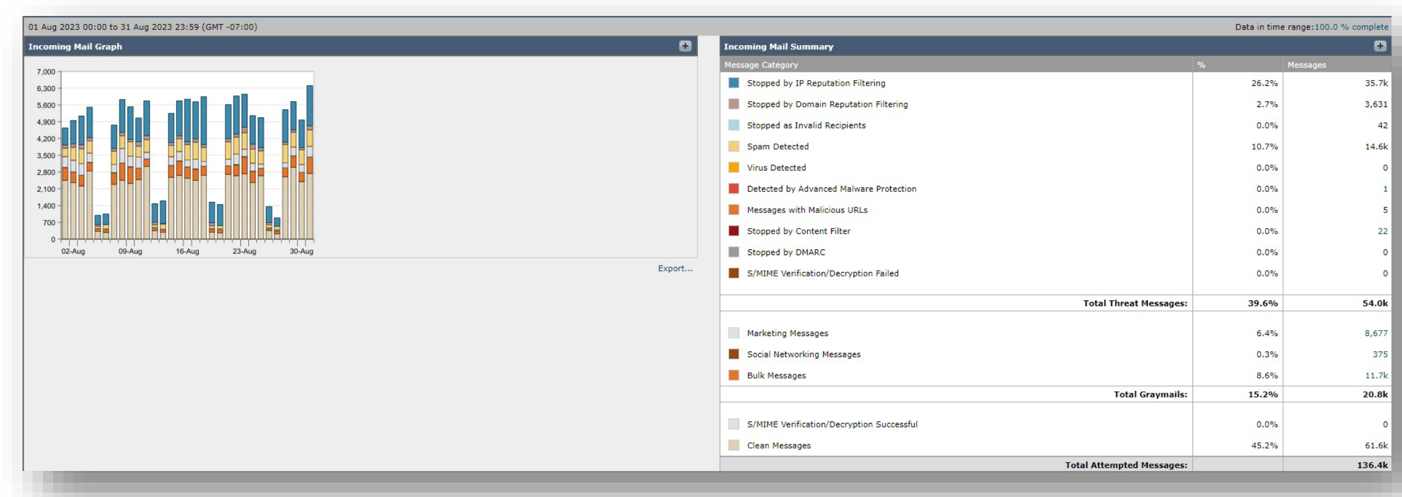
IronPort Email Security Gateways

Email Filters

August 2023

MX4

Inbound Mail

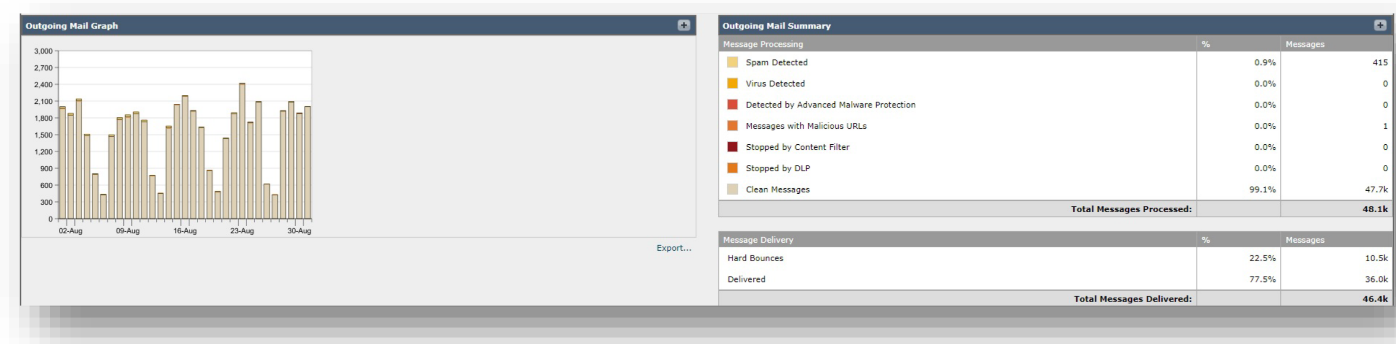


01 Aug 2023 00:00 to 31 Aug 2023 23:59 (GMT -07:00) Data in time range: 100.0 % complete

Incoming Mail Summary

Message Category	%	Messages
Stopped by IP Reputation Filtering	26.2%	35.7k
Stopped by Domain Reputation Filtering	2.7%	3,631
Stopped as Invalid Recipients	0.0%	42
Spam Detected	10.7%	14.6k
Virus Detected	0.0%	0
Detected by Advanced Malware Protection	0.0%	1
Messages with Malicious URLs	0.0%	5
Stopped by Content Filter	0.0%	22
Stopped by DMARC	0.0%	0
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	**39.6%**	**54.0k**
Marketing Messages	6.4%	8,677
Social Networking Messages	0.3%	375
Bulk Messages	8.6%	11.7k
Total Graymails:	**15.2%**	**20.8k**
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	45.2%	61.6k
Total Attempted Messages:		**136.4k**

Outbound Mail



Outgoing Mail Summary

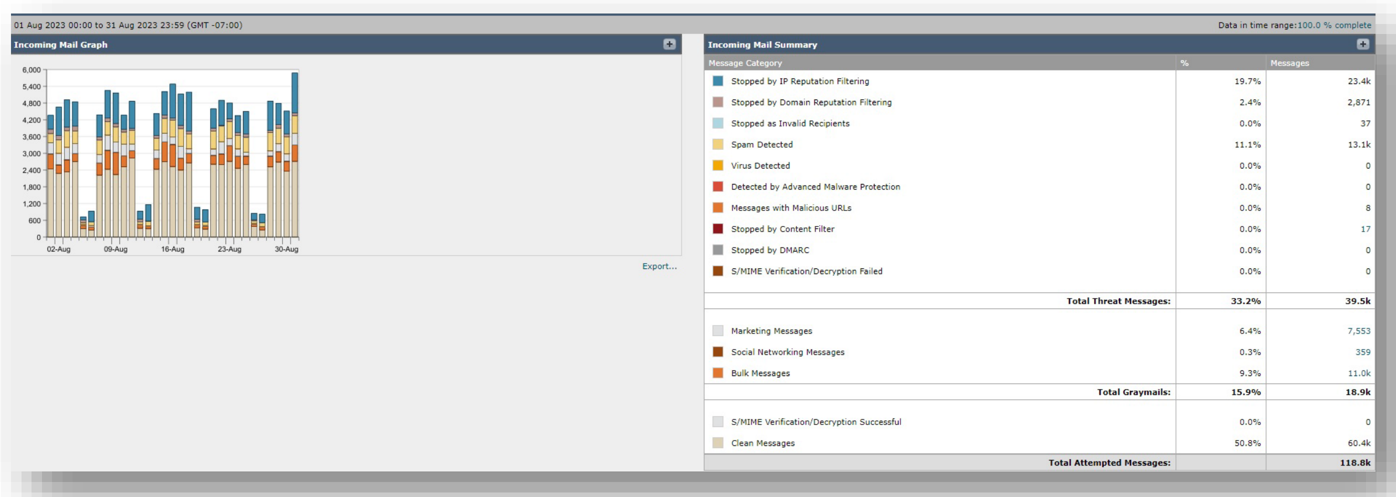
Message Processing	%	Messages
Spam Detected	0.9%	415
Virus Detected	0.0%	0
Detected by Advanced Malware Protection	0.0%	0
Messages with Malicious URLs	0.0%	1
Stopped by Content Filter	0.0%	0
Stopped by DLP	0.0%	0
Clean Messages	99.1%	47.7k
Total Messages Processed:		**48.1k**

Message Delivery	%	Messages
Hard Bounces	22.5%	10.5k
Delivered	77.5%	36.0k
Total Messages Delivered:		**46.4k**

August 2023

MX9

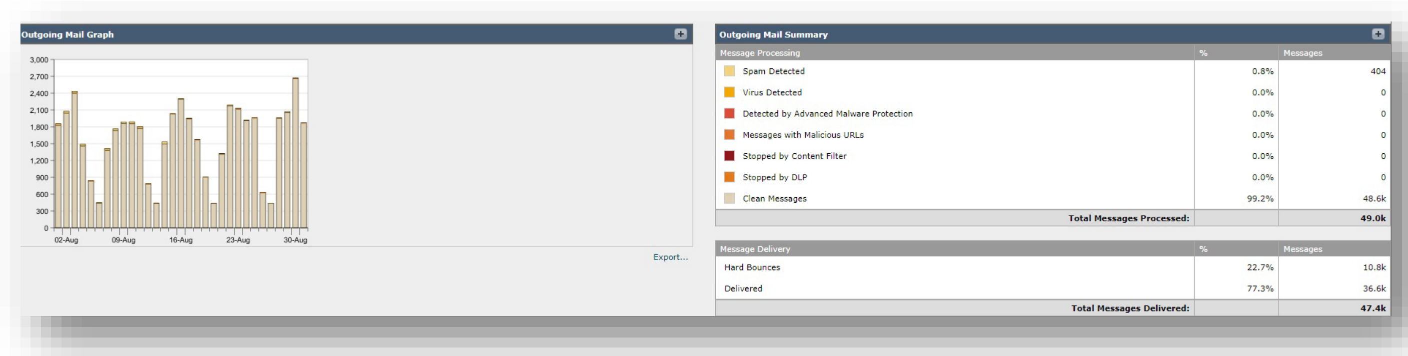
Inbound Mail



Incoming Mail Summary

Message Category	%	Messages
Stopped by IP Reputation Filtering	19.7%	23.4k
Stopped by Domain Reputation Filtering	2.4%	2,871
Stopped as Invalid Recipients	0.0%	37
Spam Detected	11.1%	13.1k
Virus Detected	0.0%	0
Detected by Advanced Malware Protection	0.0%	0
Messages with Malicious URLs	0.0%	8
Stopped by Content Filter	0.0%	17
Stopped by DMARC	0.0%	0
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	**33.2%**	**39.5k**
Marketing Messages	6.4%	7,553
Social Networking Messages	0.3%	359
Bulk Messages	9.3%	11.0k
Total Graymails:	**15.9%**	**18.9k**
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	50.8%	60.4k
Total Attempted Messages:		**118.8k**

Outbound Mail



Outgoing Mail Summary

Message Processing	%	Messages
Spam Detected	0.8%	404
Virus Detected	0.0%	0
Detected by Advanced Malware Protection	0.0%	0
Messages with Malicious URLs	0.0%	0
Stopped by Content Filter	0.0%	0
Stopped by DLP	0.0%	0
Clean Messages	99.2%	48.6k
Total Messages Processed:		**49.0k**

Message Delivery	%	Messages
Hard Bounces	22.7%	10.8k
Delivered	77.3%	36.6k
Total Messages Delivered:		**47.4k**

Item / Date	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	*Aug-23*
Stopped By Reputation	27.6k	43.6k	20.9k	23k	53.9k	41.9k	65.3k	60.9k	31.7k	33.2k	27.1k	30.4k	***59.1k***
Invalid Recipients	117	71	94	87	184	204	68	75	97	113	92	82	***79***
Spam Detected	13.3k	14.6k	10.9k	10.9k	10.8k	10.1k	12.5k	15.4k	14.5k	13.7k	14.1k	12.5k	***27.9k***
Virus Detected	0	2	3	3	2	1	3	0	2	9	1	5	***3***
Advanced Malware	1	2	0	0	0	1	1	0	0	3	1	0	***1***
Malicious URLs	448	226	102	61	14	35	34	27	6	478	233	170	***6***
Content Filter	79	111	171	77	23	37	33	40	115	127	162	56	***39***
Marketing Messages	14.5k	13.7k	13.9k	16.1k	13.4k	13.7k	13.9k	15.5k	15.5k	18.5k	16.1k	15.7k	***16.2k***
Attempted Admin Privilege Gain	210	151	68	40	112	61	61	115	170	4	50	173	***51***
Attempted User Privilege Gain	722	395	180	324	797	107	307	87	428	42	66	162	***47***
Attempted Information Leak	12,210	10,748	12,942	12.3k	78.9k	17.8k	17.1k	12.5k	24.4k	5	1	18	***53***
Potential Corp Policy Violation	0	0	0	0	1	0	0	0	0	4	2	0	***0***
Network Scans Detected	0	0	0	0	0	0	0	0	0	0	0	0	***0***
Web Application Attack	4	0	0	0	0	19	1	2	2	7	1	8	***0***
Attempted Denial of Service	215	436	0	214	117	0	0	2.9k	109	0	0	1	***0***
Misc. Attack	733	3,295	469	87	111	240	1,288	2	521	2	3	1,862	***151***

- All security activity data is based on the current month's metrics as a percentage. This is compared to the previous three month's average, except as noted.

- Email based metrics currently monitored have increased with a return to a reputation-based block for a total of 59.1k.

- Attempted information leaks detected and blocked at the firewall is at 53 for the month of August 2023.

- Network scans returned a value of 0, which is in line with previous month's data.

- Attempted User Privilege Gain is lower at 47 from a previous six-month average of 138.

Performance & Analytics

Tiffany Cheang

To: Alameda Alliance for Health Board of Governors

From: Tiffany Cheang, Chief Analytics Officer

Date: September 8th, 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: June 2022 – May 2023 dates of service
  Prior reporting period: June 2021 – May 2022 dates of service
  (Note: Data excludes Kaiser membership data.)

- For the Current reporting period, the top 9.9% of members account for 86.7% of total costs.

- In comparison, the Prior reporting period was lower at 9.2% of members accounting for 83.6% of total costs.

- Characteristics of the top utilizing population remained fairly consistent between the reporting periods:

  - The SPD (non-duals) and ACA OE categories of aid decreased to account for 58.6% of the members, with SPDs accounting for 25.1% and ACA OE's at 33.5%.

  - The percent of members with costs >= $30K increased from 1.9% to 2.4%.

  - Of those members with costs >= $100K, the percentage of total members remained consistent at 0.5%.

    - For these members, non-trauma/pregnancy inpatient costs continue to comprise the majority of costs, increasing to 44.8%.

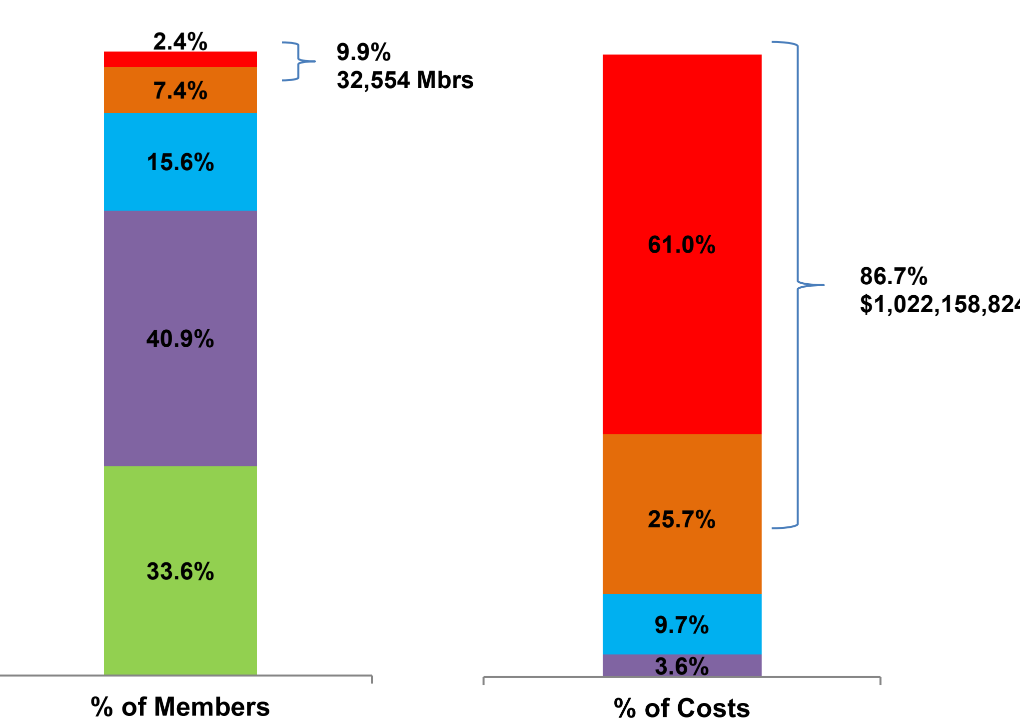
  - Demographics for member city and gender for members with costs >= $30K follow the same distribution as the overall Alliance population.

  - However, the age distribution of the top 9.9% is more concentrated in the 45–66-year-old category (39.5%) compared to the overall population (20.6%).

Analytics

Supporting Documents

Alameda Alliance for Health - Analytics Supporting Documentation: Member - Cost Analysis
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Jun 2022 - May 2023
Note: Data incomplete due to claims lag
Run Date: 08/28/2023



Cost Range	Members	% of Members	Costs	% of Costs
$30K+	8,083	2.4%	$ 719,100,227	61.0%
$5K - $30K	24,471	7.4%	$ 303,058,597	25.7%
$1K - $5K	51,581	15.6%	$ 114,819,224	9.7%
< $1K	135,118	40.9%	$ 42,314,514	3.6%
$0	110,781	33.6%	$ -	0.0%
Totals	**330,034**	**100.0%**	**$ 1,179,292,563**	**100.0%**

Top 9.9% of Members = 86.7% of Costs

Cost Range	Members	% of Total Members	Costs	% of Total Costs
$100K+	1,782	0.5%	$ 403,317,886	34.2%
$75K to $100K	813	0.2%	$ 70,072,295	5.9%
$50K to $75K	1,610	0.5%	$ 97,964,835	8.3%
$40K to $50K	1,341	0.4%	$ 59,781,573	5.1%
$30K to $40K	2,537	0.8%	$ 87,963,639	7.5%
SubTotal	***8,083***	***2.4%***	***$ 719,100,227***	***61.0%***
$20K to $30K	3,718	1.1%	$ 91,245,991	7.7%
$10K to $20K	9,164	2.8%	$ 129,349,852	11.0%
$5K to $10K	11,589	3.5%	$ 82,462,753	7.0%
SubTotal	***24,471***	***7.4%***	***$ 303,058,597***	***25.7%***
Total	**32,554**	***9.9%***	**$ 1,022,158,824**	***86.7%***

Enrollment Status	Members	Total Costs
Still Enrolled as of May 2023	307,268	$ 1,082,442,087
Dis-Enrolled During Year	22,766	$ 96,850,476
Totals	**330,034**	**$ 1,179,292,563**

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
9.9% of Members = 86.7% of Costs
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Jun 2022 - May 2023
Note: Data incomplete due to claims lag
Run Date: 08/28/2023

9.9% of Members = 86.7% of Costs
25.1% of members are SPDs and account for 30.9% of costs.
33.5% of members are ACA OE and account for 34.1% of costs.
5.3% of members disenrolled as of May 2023 and account for 8.8% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Members	% of Members
IHSS	IHSS	145	618	763	2.3%
MCAL	MCAL - ADULT	808	4,533	5,341	16.4%
	MCAL - BCCTP	-	-	-	0.0%
	MCAL - CHILD	374	2,024	2,398	7.4%
	MCAL - ACA OE	2,580	8,312	10,892	33.5%
	MCAL - SPD	2,645	5,525	8,170	25.1%
	MCAL - DUALS	397	1,927	2,324	7.1%
	MCAL - LTC	102	22	124	0.4%
	MCAL - LTC-DUAL	428	393	821	2.5%
Not Eligible	Not Eligible	604	1,117	1,721	5.3%
Total		**8,083**	**24,471**	**32,554**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Costs	% of Costs
IHSS	IHSS	$ 10,786,689	$ 6,936,590	$ 17,723,279	1.7%
MCAL	MCAL - ADULT	$ 70,763,365	$ 52,721,973	$ 123,485,338	12.1%
	MCAL - BCCTP	$ -	$ -	$ -	0.0%
	MCAL - CHILD	$ 24,622,109	$ 23,674,508	$ 48,296,617	4.7%
	MCAL - ACA OE	$ 248,391,475	$ 100,670,246	$ 349,061,720	34.1%
	MCAL - SPD	$ 244,714,041	$ 71,569,017	$ 316,283,058	30.9%
	MCAL - DUALS	$ 21,354,948	$ 24,554,739	$ 45,909,687	4.5%
	MCAL - LTC	$ 5,335,332	$ 500,428	$ 5,835,760	0.6%
	MCAL - LTC-DUAL	$ 16,569,325	$ 8,537,117	$ 25,106,442	2.5%
Not Eligible	Not Eligible	$ 76,562,944	$ 13,893,979	$ 90,456,924	8.8%
Total		**$ 719,100,227**	**$ 303,058,597**	**$ 1,022,158,824**	**100.0%**

Highest Cost Members; Cost Per Member >= $100K
36.9% of members are SPDs and account for 35.2% of costs.
35.0% of members are ACA OE and account for 36.6% of costs.
13.6% of members disenrolled as of May 2023 and account for 13.8% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Total Members	% of Members
IHSS	IHSS	21	1.2%
MCAL	MCAL - ADULT	165	9.3%
	MCAL - BCCTP	-	0.0%
	MCAL - CHILD	42	2.4%
	MCAL - ACA OE	624	35.0%
	MCAL - SPD	658	36.9%
	MCAL - DUALS	27	1.5%
	MCAL - LTC	2	0.1%
	MCAL - LTC-DUAL	1	0.1%
Not Eligible	Not Eligible	242	13.6%
Total		**1,782**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Total Costs	% of Costs
IHSS	IHSS	$ 4,056,428	1.0%
MCAL	MCAL - ADULT	$ 38,983,673	9.7%
	MCAL - BCCTP	$ -	0.0%
	MCAL - CHILD	$ 9,332,246	2.3%
	MCAL - ACA OE	$ 147,772,714	36.6%
	MCAL - SPD	$ 142,105,896	35.2%
	MCAL - DUALS	$ 4,988,580	1.2%
	MCAL - LTC	$ 245,593	0.1%
	MCAL - LTC-DUAL	$ 117,660	0.0%
Not Eligible	Not Eligible	$ 55,715,095	13.8%
Total		**$ 403,317,886**	**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+	9%	0%	1%	0%	54%	1%	13%	5%	2%	7%
$75K to $100K	6%	0%	1%	0%	40%	3%	8%	4%	7%	13%
$50K to $75K	4%	0%	2%	1%	35%	3%	8%	7%	6%	15%
$40K to $50K	6%	0%	2%	1%	36%	5%	5%	5%	2%	14%
$30K to $40K	9%	0%	2%	1%	25%	10%	6%	5%	1%	21%
$20K to $30K	3%	1%	3%	0%	22%	5%	6%	5%	1%	30%
$10K to $20K	0%	0%	10%	1%	26%	5%	10%	8%	2%	17%
$5K to $10K	0%	0%	10%	1%	19%	7%	11%	13%	1%	17%
Total	**6%**	**0%**	**3%**	**0%**	**39%**	**4%**	**10%**	**6%**	**2%**	**14%**

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

Human Resources

Anastacia Swift

To: Alameda Alliance for Health Board of Governors

From: Anastacia Swift, Chief Human Resources Officer

Date: September 8th, 2023

Subject: Human Resources Report

Staffing

- As of September 1st, 2023, the Alliance had 494 full time employees and 1-part time employee.
- On September 1st, 2023, the Alliance had 75 open positions in which 22 signed offer acceptance letters have been received, with start dates in the near future resulting in a total of 53 positions open to date. The Alliance is actively recruiting for the remaining 53 positions and several of these positions are in the interviewing or job offer stage.
- Summary of open positions by department:

Department	Open Position September 1st	Signed Offers Accepted by Department	Remaining Recruitment Positions
Healthcare Services	26	9	17
Operations	30	10	20
Healthcare Analytics	4	1	3
Information Technology	2	0	2
Finance	7	1	6
Compliance & Legal	2	0	2
Human Resources	3	1	2
Health Equity	0	0	0
Executive	1	0	1
Total	75	22	53

- Our current recruitment rate is 11%.

Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in August 2023 included:
  - 5 years:
    - Robin Bridges (Grievance & Appeals)
    - Rithy Leng (Utilization Management)
  - 6 years:
    - Dinesh Khadka (IT Development)
    - Linda Chen (IT Development)
    - Kishor Kanneluru (IT Data Exchange)
  - 7 years:
    - Gigi Nguyen (Case/Disease Management)
    - Nancy Vongsay (Utilization Management)
  - 9 years:
    - Christina Ly (Member Services)
  - 11 years:
    - Hyacinth Joya (IT-Ops & Quality Apps Mgt)
    - Tina Tan (Finance)
  - 12 years:
    - Lorraine Valdivia (Claims)
  - 13 years:
    - Helen Ha (Claims)
  - 16 years:
    - Vanessa Swann (Member Services)