



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

Board of Governors

Regular Meeting

Friday, March 8, 2019
12:00 p.m. – 2:00 p.m.

1240 South Loop Road, Alameda, CA 94502

AGENDA

BOARD OF GOVERNORS
Regular Meeting
Friday, March 8, 2019
12:00 p.m. – 2:00 p.m.

1240 South Loop Road
Alameda, CA 94502

Speaker's Card/Request to Speak: If you would like to address the Board on a scheduled agenda item, please complete the Request to Speak Form. The card is at the table at the entrance to the Board Room. Please identify on the card your name, address (optional), and the item on which you would like to speak and return to the Clerk of the Board. The Request to Speak Form assists the Chair in ensuring that all persons wishing to address the Board are recognized. Your name will be called at the time the matter is heard by the Board.

1. CALL TO ORDER

A regular meeting of the Alameda Alliance for Health Board of Governors will be called to order on March 8, 2019 at 12:00 p.m. at 1240 South Loop Road, Alameda, California, by Dr. Evan Seevak, Presiding Officer.

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) REVIEW AND APPROVE FEBRUARY 2019 BOARD OF GOVERNORS MEETING MINUTES

6. BOARD MEMBER REPORTS

a) COMPLIANCE ADVISORY GROUP

b) FINANCE COMMITTEE

7. CEO UPDATE

8. BOARD BUSINESS

- a) REVIEW AND APPROVE JANUARY 2019 MONTHLY FINANCIAL STATEMENTS**
- b) SECOND QUARTER 2019 FORECAST**

9. STANDING COMMITTEE UPDATES

- a) PEER REVIEW AND CREDENTIALING COMMITTEE**

10. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS

11. PUBLIC COMMENTS (NON-AGENDA ITEMS)

12. ADJOURNMENT

NOTICE TO THE PUBLIC

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

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

NOTICE TO THE PUBLIC

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

The Board meets regularly on the second Friday of each month in the Alameda Alliance for Health Offices located 1240 S. Loop Road, Alameda, California. Meetings begin at 12:00 noon, unless otherwise noted. Meeting agendas and approved minutes are kept current on the Alameda Alliance for Health's website at www.alamedaalliance.org.

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

Staff Reports are available at the Alameda Alliance for Health Offices located 1240 S. Loop Road for public review and copying. Please call the Clerk of the Board at 510-747-6160 for assistance or any additional information.

Additions and Deletions to the Agenda: Additions to the agenda are limited by California Government Code Section 54954.2 and confined to items that arise after the posting of the Agenda and must be acted upon prior to the next Board meeting. For special meeting agendas, only those items listed on the published agenda may be discussed.

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

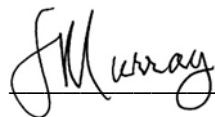
Public Input: If you are interested in addressing the Board, please fill out a form provided at the meeting with your full name and address. These forms are submitted to the Clerk of the Board at the front of the room. The Chair of the Board will call your name to speak when your item is considered. When you speak to the Board, state your full name and address for the record.

Supplemental Material Received After The Posting Of The Agenda: Any supplemental writings or documents distributed to a majority of the Board regarding any item on this agenda after the posting of the agenda will be available for public review Alameda Alliance for Health Offices located 1240 S. Loop Road, during normal business hours. In addition, such writings or documents will be made available for public review at the respective public meeting.

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 or at the time he/she addresses the Board of Governors. Please provide 15 copies of the information to be submitted and file with the Clerk of the Board at the time of arrival to the meeting. This information will be disseminated to the Board of Governors at the time testimony is given.

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

I hereby certify that the agenda for the Board of Governors meeting was posted in the posting book located at 1240 S. Loop Road, Alameda, California on March 4, 2019 by 12:00 p.m. as well as on the Alameda Alliance for Health's web page at www.alamedaalliance.org.



Clerk of the Board – Jeanette Murray



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Service you can trust.

CEO Update

Scott Coffin

To: Alameda Alliance for Health Board of Governors

From: Scott Coffin, Chief Executive Officer

Date: March 8, 2019

Subject: CEO Report

- **Alameda Alliance for Health reporting a net loss of \$1.0 million for the first seven months of the fiscal year (July 2018 through January 2019), approximately \$20 million favorable to budget.**
 - Second quarter forecasts a year-end \$10.7 million net loss.
 - Enrollment fluctuations in Medi-Cal program continue, in the long-term trending downward.
 - Budget process for fiscal year 2019/2020 started in February and completes in April/May; preliminary budget approval in June followed by final budget approval in August.
 - Third quarter forecast will be reviewed at the May 2019 Board of Governor's meeting.

- **Governor's Budget Proposal and the implications to the Medi-Cal program.**
 - Early childhood development, screenings, and preventative health.
 - Access to health care for young adults, up to age 26.
 - Develop a single-payer system for pharmaceuticals, results in carving out pharmacy services from the managed care system and transitioning into the fee-for-service system by January 2021.

- **Regulatory Audits in 2019.**
 - Routine finance & claims audit with the Department of Managed Health Care is schedule for November 2019.
 - Routine medical survey audit with the Department of Health Care Services is tentatively scheduled for third quarter of 2019.

- **Health Home Program (ACA 2703).**
 - Application submitted to DHCS on February 28th, 2019.
 - If approved the Alliance would officially start the program on July 1st, 2019.
 - Recognition to Dr. Steve O'Brien, Dr. Michelle Schneidermann, and our safety-net community partners (e.g. AHS, CHCN, HCSA, community health centers, and the community based care management entities).

- **California State Auditor's Office.**
 - Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services to eligible members under the age of 21. Alliance was notified in May 2018 regarding the Bureau of State Auditor's examination of EPSDT services, and the on-site audit was completed in August 2018. The exit conference was held in February 2019 with the State Auditor's Office, and the final report is expected to be released in March 2019.
 - Medi-Cal Eligibility Discrepancies #2018-603. The audit report was released by the State Auditor's Office in October 2018, and the Department of Health Care Services (DHCS) is expected to respond to the managed care health plans and county administrators after July 2019.

- **Quality Improvement & Regulatory Enforcements.**
 - Governor Newsom is contacting managed care organizations statewide for an update on pediatric care models and health care quality measures, and is requesting DHCS to identify oversight and quality measurement opportunities for pediatric health services. The response is due by April 1st, 2019.
 - Department of Health Care Services (DHCS) announced March 5th, 2019, of a pending All Plan Letter (APL) that revises the "minimum performance levels" for health care measures, currently reported as part of the annual HEDIS process. DHCS announced that financial penalties and sanctions could result for managed care health plans failing to meet the minimum requirements, which will be defined in the APL.

- **340B Outpatient Drug Administration.**

- The 340B program provides brand and generic drugs outpatient drugs to eligible health care organizations and covered entities at significantly reduced prices. In preparation for regulatory filing requirements the Alliance is launching a two-phase project that would establish a “340B clearinghouse” for purposes of encounter reporting, and subsequently develop a 340B payment methodology for outpatient drugs that complies with the DHCS payment methodology (SPA 17-002).
- The high cost single source brand drugs are more than 90% of the 340B-eligible fills (e.g. oncology, hematology, rheumatology, ophthalmology). Generic drugs represent approx. 10% or less of the 340B-eligible fills.
- The rollout of the Alliance’s 340B Compliance Program is divided into two phases, and would be completed by the end of 2019:
 - Phase One: By July 2019, Alliance establishes a clearinghouse “exchange” to reconcile 340B purchases and report to the Department of Health Care Services as part of the regulatory encounter filings.
 - Phase Two: By December 2019, Alliance sets up a transparent “340B drug formulary” and reimburses pharmacies for actual acquisition costs plus dispensing fees for covered brand and generic drugs administered to Alliance patients. DHCS is issuing final instructions to health plans in Q1-2019.

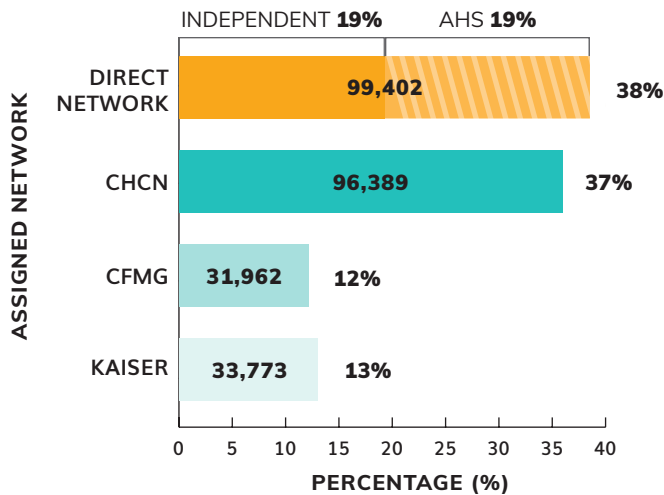
THE ALLIANCE EXECUTIVE DASHBOARD PROVIDES A HIGH LEVEL OVERVIEW OF KEY PERFORMANCE MEASURES AND INDICATORS.

MEMBERSHIP

261,526
TOTAL MEMBERSHIP

IHSS 5,890 | MEDI-CAL 255,636

DISTRIBUTION OF ALL MEMBERSHIP BY ASSIGNED NETWORK

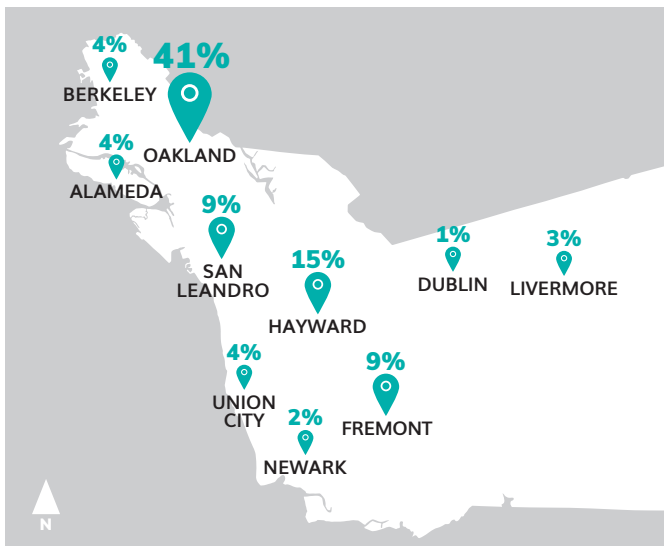


DISTRIBUTION OF MEMBERSHIP BY CITY

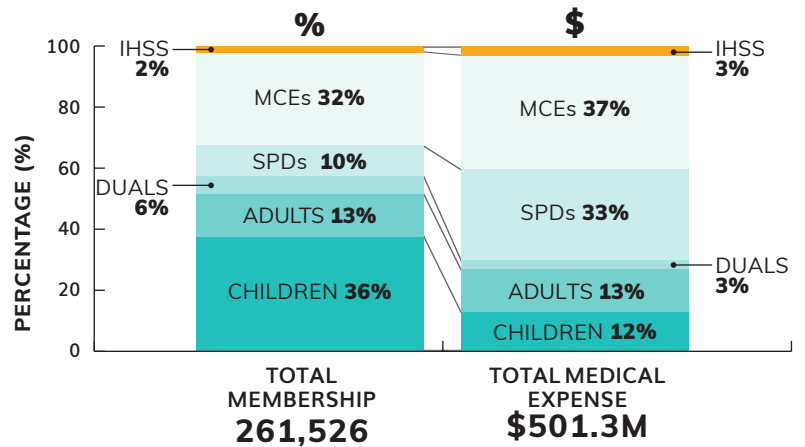
92%

OF ALLIANCE MEMBERS LIVE IN **10 CITIES** AND THE REMAINING 8% LIVE IN THE OTHER ALAMEDA COUNTY CITIES AND UNINCORPORATED AREAS

- TEN CITIES**
- ALAMEDA
 - BERKELEY
 - DUBLIN
 - FREMONT
 - HAYWARD
 - LIVERMORE
 - NEWARK
 - OAKLAND
 - SAN LEANDRO
 - UNION CITY

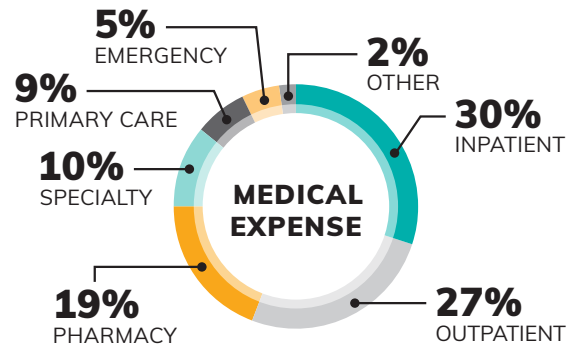


DISTRIBUTION OF MEDICAL EXPENSE BY MEMBERSHIP CATEGORY



REVENUE & EXPENSES

	JANUARY 2019	FISCAL YTD
REVENUE	\$74.5M	\$527M
MEDICAL EXPENSE	(\$72.1M)	(\$501.3M)
ADMIN EXPENSE	(\$4.2M)	(\$30.1M)
OTHER	\$390K	\$3.4M
NET INCOME	(\$1.4M)	(\$983K)



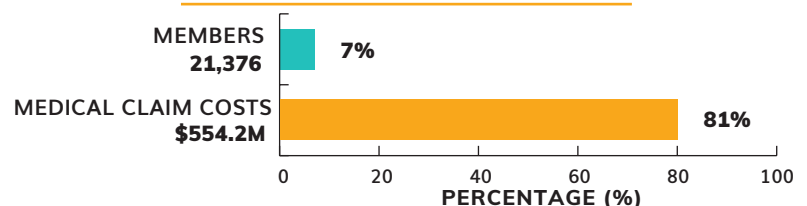
TANGIBLE NET EQUITY

596%



\$189.2M

HIGH UTILIZER DISTRIBUTION*



*REPORTING 4 MONTH LAG

UTILIZATION



INPATIENT
BED DAYS



8710

EMERGENCY
ROOM VISITS**



3.1 DAYS

AVERAGE
LENGTH OF STAY

**REPORTING 2 MONTH LAG

CASE AND DISEASE MANAGEMENT

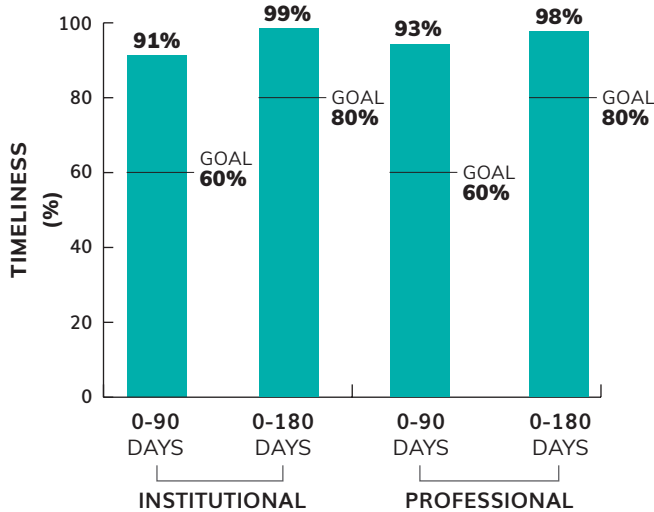
	NEW CASES	TOTAL ENROLLED
CARE COORDINATION	178	396
COMPLEX CASE MANAGEMENT	67	120
CARE NEIGHBORHOOD+	0	0
HEALTH HOMES+	0	0
WHOLE PERSON CARE (AC3)+	0	0
TOTAL	245	516

+ EXTERNAL PROGRAM NUMBERS PROVIDED ON A 2 MONTH LAG

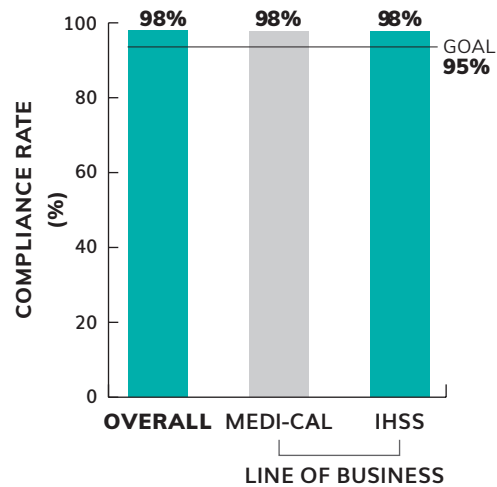
REGULATORY COMPLIANCE

ALL REGULATORY COMPLIANCE MEASURES ARE IN COMPLIANCE, WITH THE EXCEPTION OF THE PROVIDER DISPUTES & RESOLUTIONS OVERTURN RATE BEING 4% OVER THE GOAL.

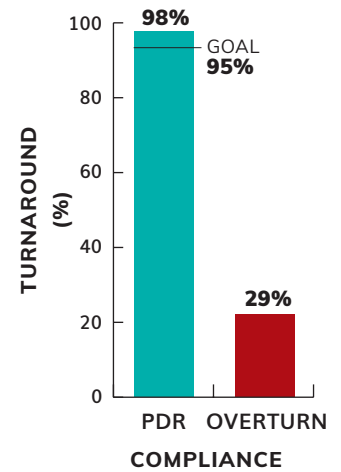
ENCOUNTER DATA



MEDICAL AUTHORIZATIONS



PROVIDER DISPUTES & RESOLUTIONS



CALL CENTER



16,861

CALLS
RECEIVED



82%

ANSWERED IN
30 SECONDS



5%

CALLS
ABANDONED

CLAIMS



115,672

PROCESSED
CLAIMS



72%

AUTO-
ADJUDICATED



23 DAYS

PROCESSED
PAYMENTS

STAFF & RECRUITING



296

TOTAL
EMPLOYEES



5

HIRED IN THE
LAST 30 DAYS



14%

CURRENT
VACANCY



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

Operations Dashboard

Alameda Alliance for Health Operations Dashboard

- March-2019 -

ID	Section	Subject Area	Category	Performance Metric				Annual Budget	ID	
1	1	Financials			Jan-19 FYTD	%	Annual Budget	1		
2								2		
3			Income & Expenses	Revenue \$	\$527,035,624	58.4%	\$901,768,537	3		
4				Medical Expense \$	\$501,271,952	56.2%	\$891,743,509	4		
5				<i>Inpatient (Hospital)</i>	\$149,298,168	29.8%	\$264,836,870	5		
6				<i>Outpatient/Ancillary</i>	\$132,643,424	26.5%	\$244,543,907	6		
7				<i>Emergency Department</i>	\$22,585,606	4.5%	\$44,758,855	7		
8				<i>Pharmacy</i>	\$93,402,473	18.6%	\$157,683,791	8		
9				<i>Primary Care</i>	\$43,749,512	8.7%	\$67,275,537	9		
10				<i>Specialty Care</i>	\$49,269,692	9.8%	\$92,495,171	10		
11				<i>Other</i>	\$10,323,077	2.1%	\$20,149,379	11		
12				Admin Expense \$	\$30,099,043	55.9%	\$53,843,839	12		
13				Other Income / (Exp.) \$	\$3,352,725	6.2%	\$5,970,413	13		
14				Net Income \$	(\$982,647)		(\$37,848,398)	14		
15				Gross Margin %	4.9%		1.1%	15		
16			Liquid Reserves	Medical Loss Ratio (MLR) - Net %	95.1%		98.9%	16		
17				Tangible Net Equity (TNE) %	596.0%		468.0%	17		
18				Tangible Net Equity (TNE) \$	\$189,177,067		\$152,311,317	18		
19			Reinsurance Cases	2018-2019 Cases Submitted	17			19		
20				2018-2019 New Cases Submitted	4			20		
21				2017-2018 Cases Submitted	137			21		
22				2017-2018 New Cases Submitted	45			22		
23			Balance Sheet	Cash Equivalents	\$228,257,767			23		
24				Pass-Through Liabilities	\$45,672,888			24		
25				Uncommitted Cash	\$182,584,879			25		
26				Working Capital	\$177,657,735			26		
27				Current Ratio %	208.3%		100%	27		
28								28		
29	2	Membership			Nov-19	Dec-18	Jan-19	%	Jan-19 Budget	29
30										30
31			Medi-Cal Members	Adults	35,502	35,559	35,034	13%	36,224	31
32				Children	95,498	95,322	94,491	36%	96,643	32
33				Seniors & Persons with Disabilities (SPDs)	26,074	26,006	26,002	10%	26,502	33
34				Managed Care Expansion (MCE)	85,157	85,345	84,010	32%	82,206	34
35				Dual-Eligibles	15,994	16,072	16,099	6%	16,753	35
36										36
37				Total Medi-Cal	258,225	258,304	255,636	98%	258,328	37
38			IHSS Members	IHSS	5,842	5,886	5,890	2%	5,883	38
39			Total Membership	Medi-Cal and IHSS	264,067	264,190	261,526	100%	264,211	39
40										40
41			Members Assigned By Delegate	Direct-contracted network	51,835	52,152	50,615	19%		41
42				Alameda Health System (Direct Assigned)	48,771	48,873	48,787	19%		42
43				Children's First Medical Group	32,488	32,520	31,962	12%		43
44				Community Health Center Network	96,559	96,414	96,389	37%		44
45				Kaiser Permanente	34,414	34,231	33,773	13%		45
46										46

Alameda Alliance for Health Operations Dashboard

- March-2019 -

ID	Section	Subject Area	Category	Performance Metric	Dec-18	Jan-19	Feb-19	%	Performance Goal	ID
47	3	Claims			Dec-18	Jan-19	Feb-19	%	Performance Goal	47
48										48
49			HEALTHsuite Claims Processing	Number of Claims Received	113,623	125,001	117,729			49
50				Number of Claims Paid	85,976	92,863	90,486			50
51				Number of Claims Denied	23,454	30,183	25,186			51
52				Inventory (Unfinalized Claims)	82,439	83,235	83,569			52
53				Pended Claims (Days)	15,784	13,567	12,576	15%		53
54				0-29 Calendar Days	15,602	13,458	10,420	12%		54
55				30-44 Calendar Days	137	49	869	1%		55
56				45-59 Calendar Days	8	8	7	0%		56
57				60-89 Calendar Days	18	21	1	0%		57
58				90-119 Calendar Days	2	14	52	0%		58
59				120 or more Calendar Days	17	17	1,227	1%		59
60				Total Claims Paid (dollars)	\$37,165,174	\$40,897,539	\$40,206,582			60
61				Interest Paid (Total Dollar)	\$39,482	\$25,642	\$24,209	0%		61
62				Auto Adjudication Rate (%)	74.3%	72.1%	72.2%		70%	62
63				Average Payment Turnaround (days)	23	23	23		25 days or less	63
64			Claims Auditing	# of Pre-Pay Audited Claims	3,364	3,737	2,546			64
65			Claims Compliance	% of Claims Processed Within 30 Cal Days (DHCS Goal = 90%)	99%	97%	99%		90%	65
66				% of Claims Processed Within 90 Cal Days (DHCS Goal = 99%)	100%	100%	100%		99%	66
67				% of Claims Processed Within 45 Work Days (DMHC Goal = 95%)	100%	100%	100%		95%	67
68										68
69	4	Member Services			Dec-18	Jan-19	Feb-19	%	Performance Goal	69
70										70
71			Member Call Center	Inbound Call Volume	14,337	20,181	16,861			71
72				Calls Answered in 30 Seconds %	92.0%	82.0%	82.0%		80.0%	72
73				Abandoned Call Rate %	6.0%	4.0%	5.0%		5.0% or less	73
74				Average Wait Time	02:12	00:24	00:26			74
75				Average Call Duration	07:47	08:01	08:01			75
76				Outbound Call Volume	9,556	12,618	11,073			76
77										77
78	5	Provider Services			Dec-18	Jan-19	Feb-19	%	Performance Goal	78
79										79
80			Provider Call Center	Inbound Call Volume	4,595	7,386	6,262			80
81										81
82	6	Provider Contracting			Dec-18	Jan-19	Feb-19	%	Performance Goal	82
83										83
84			Provider Network	Primary Care Physician	588	591	595			84
85				Specialist	6,432	6,474	6,520			85
86				Hospital	17	17	17			86
87				Skilled Nursing Facility	52	56	56			87
88				Durable Medical Equipment	Capitated	Capitated	Capitated			88
89				Urgent Care	12	12	14			89
90				Health Centers (FQHCs and Non-FQHCs)	73	73	73			90
91				Transportation	380	380	380			91
92			Provider Credentialing	Number of Providers in Credentialing	1,438	1,423	1,423			92
93				Number of Providers Credentialed	1,438	1,423	1,423			93
94										94

Alameda Alliance for Health Operations Dashboard

- March-2019 -

ID	Section	Subject Area	Category	Performance Metric	Dec-18	Jan-19	Feb-19	%	Annual Budget	ID
95	7	Human Resources & Recruiting			Dec-18	Jan-19	Feb-19	%	Annual Budget	95
96										96
97			Employees	Total Employees	291	293	296		319	97
98				Full Time Employees	289	291	294	99%		98
99				Part Time Employees	2	2	2	1%		99
100				New Hires	6	5	5			100
101				Separations	4	3	2			101
102				Open Positions	36	40	46	14%	10% or less	102
103				Signed Offer Letters Received	8	4	9			103
104				Recruiting in Process	28	36	37	11%		104
105										105
106			Non-Employee (Temps / Seasonal)		12	12	13			106
107										107
108	8	Compliance			Dec-18	Jan-19	Feb-19	%	Performance Goal	108
109										109
110			Provider Disputes & Resolutions	Turnaround Compliance (45 business days)	65%	66%	98%		95%	110
111				% Overturned	38%	22%	29%		25% or less	111
112										112
113			Member Grievances	Overall Standard Grievance Compliance Rate % (30 calendar days)	100%	100%	100%		95%	113
114				Overall Expedited Grievance Compliance Rate % (3 calendar days)	100%	100%	100%		95%	114
115										115
116			Member Appeals	Overall Standard Appeal Compliance Rate (30 calendar days)	100%	100%	100%		95%	116
117				Overall Expedited Appeal Compliance Rate (3 calendar days)	100%	100%	100%		95%	117
118										118
119	9	Encounter Data & Technology			Dec-18	Jan-19	Feb-19		Performance Goal	119
120										120
121			Business Availability	HEALTHsuite (Claims and Membership System)	100.00%	99.62%	99.99%		99.99%	121
122				TruCare (Care Management System)	100.00%	100.00%	100.00%		99.99%	122
123				All Other Applications and Systems	100.00%	99.75%	100.00%		99.99%	123
124										124
125			Encounter Data	<u>Inbound Trading Partners 837 (Trading Partner To AAH)</u>						125
126				Timeliness of file submitted by Due Date	100.00%	100.00%	100.00%		100.0%	126
127										127
128				<u>AAH Outbound 837 (AAH To DHCS)</u>						128
129				Timeliness - % Within Lag Time - Institutional 0-90 days	78.3%	94.4%	91.4%		60.0%	129
130				Timeliness - % Within Lag Time - Institutional 0-180 days	82.7%	98.6%	98.6%		80.0%	130
131				Timeliness - % Within Lag Time - Professional 0-90 days	82.8%	93.2%	92.8%		65.0%	131
132				Timeliness - % Within Lag Time - Professional 0-180 days	91.8%	98.6%	98.2%		80.0%	132
133										133

Alameda Alliance for Health Operations Dashboard

- March-2019 -

ID	Section	Subject Area	Category	Performance Metric	Dec-18	Jan-19	Feb-19	%	Performance Goal	ID
134	10	Health Care Services			Dec-18	Jan-19	Feb-19	%	Performance Goal	134
135										135
136			Authorization Turnaround	Overall Authorization Turnaround % Compliant	97%	97%	98%		95%	136
137				Medi-Cal %	97%	97%	98%		95%	137
138				Group Care %	99%	98%	98%		95%	138
139										139
140			Inpatient Utilization	Days / 1000	313.3	336.1	203.0			140
141				Admits / 1000	74.5	79.9	65.3			141
142				Average Length of Stay	4.2	4.2	3.1			142
143										143
144					Nov-18	Dec-18	Jan-19	%		144
145										145
146			Emergency Department (ED) Utilization	# ED Visits / 1000 (Based on Claims w/ 2 month lag)	41.63	42.44	38.26			146
147										147
148					Dec-18	Jan-19	Feb-19	%		148
149										149
150			Outpatient Authorization Denial Rates	Overall Denial Rate (%)	5.8%	5.2%	6.7%			150
151				Denial Rate Excluding Partial Denials (%)	5.4%	4.5%	6.1%			151
152				Partial Denial Rate (%)	0.4%	0.6%	0.7%			152
153										153
154			Pharmacy Authorizations	Approved Prior Authorizations	528	696	565	33%		154
155				Denied Prior Authorizations	544	623	584	34%		155
156				Closed Prior Authorizations	436	624	561	33%		156
157				Total Prior Authorizations	1,508	1,943	1,710			157
158										158
159			Case Management	<u>New Cases</u>						159
160				Care Coordination	210	146	178			160
161				Complex Case Management	43	110	67			161
162				Care Neighborhood*	10	11	0			162
163				Health Homes*	11	8	0			163
164				Whole Person Care (AC3)*	10	81	0			164
165				Total New Cases	284	356	245			165
166										166
167				<u>Total Enrolled</u>						167
168				Care Coordination	546	432	396			168
169				Complex Case Management	83	142	120			169
170				Care Neighborhood*	315	390	0			170
171				Health Homes*	188	173	0			171
172				Whole Person Care (AC3)*	129	274	0			172
173				Total Enrollment	1,261	1,411	516			173
174										174

* External program numbers provided on a 2 month lag



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

Finance

Gil Riojas

To: Alameda Alliance for Health Board of Governors Meeting

From: Gil Riojas, Chief Financial Officer

Date: March 8, 2019

Subject: Finance Report

Executive Summary

- For the month ended January 31, 2019, the Alliance had enrollment of 261,526 members, a Net Loss of \$1.4 million, and 596% of required Tangible Net Equity (TNE).

<u>Overall Results: (in Thousands)</u>				
		Month		YTD
Revenue	\$	74,529	\$	527,036
Medical Expense		72,093		501,272
Admin. Expense		4,183		30,099
Other Inc. / (Exp.)		390		3,353
Net Income	\$	(1,357)	\$	(983)

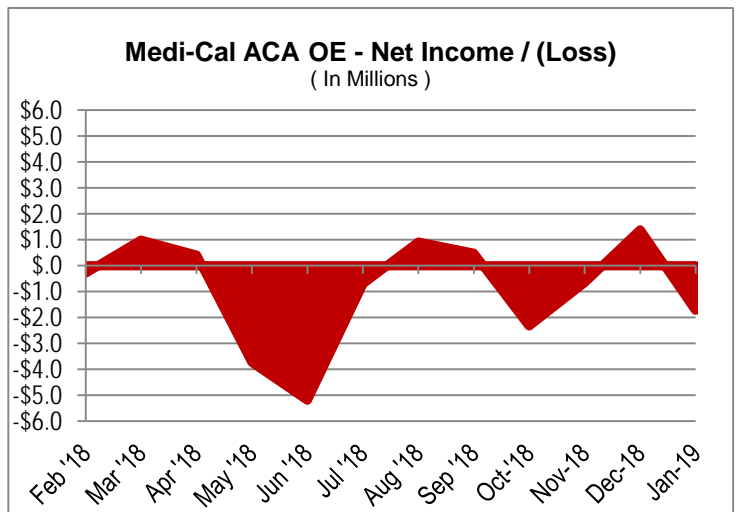
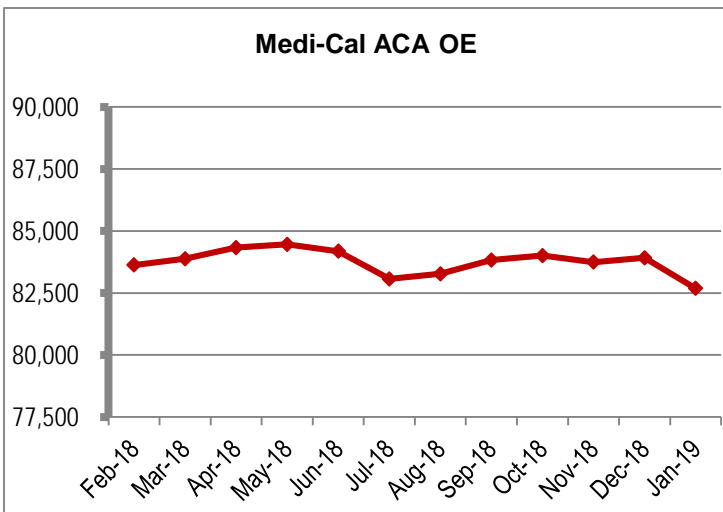
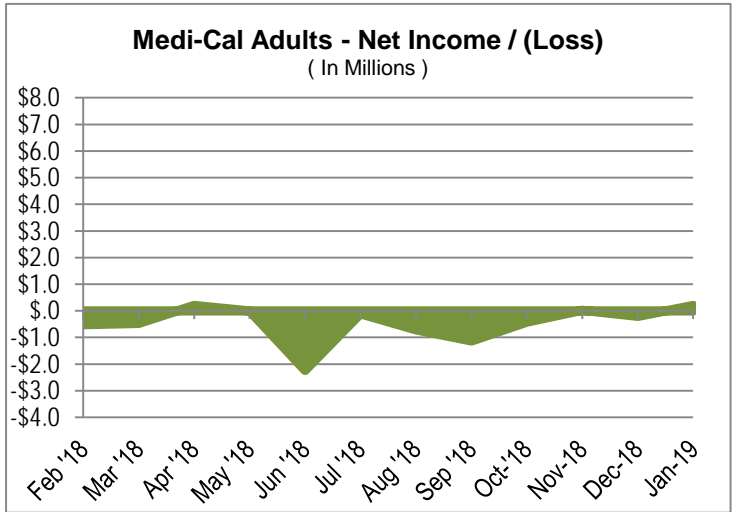
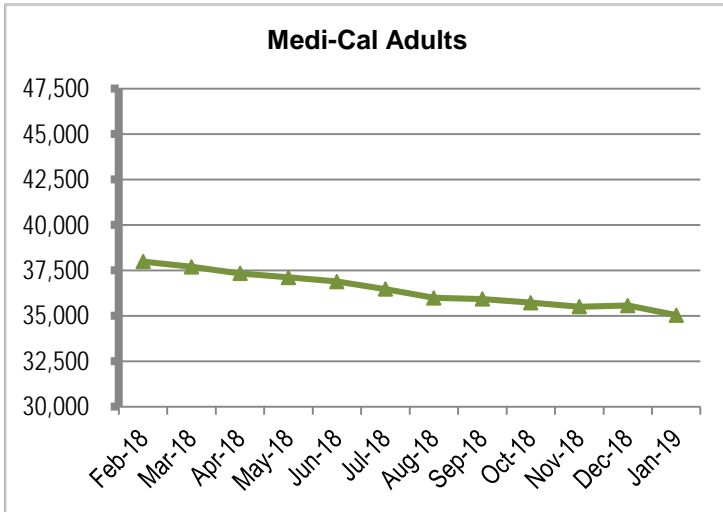
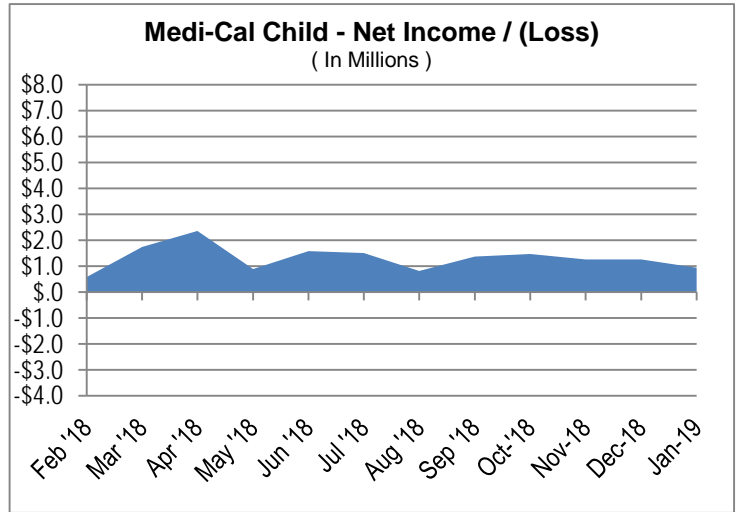
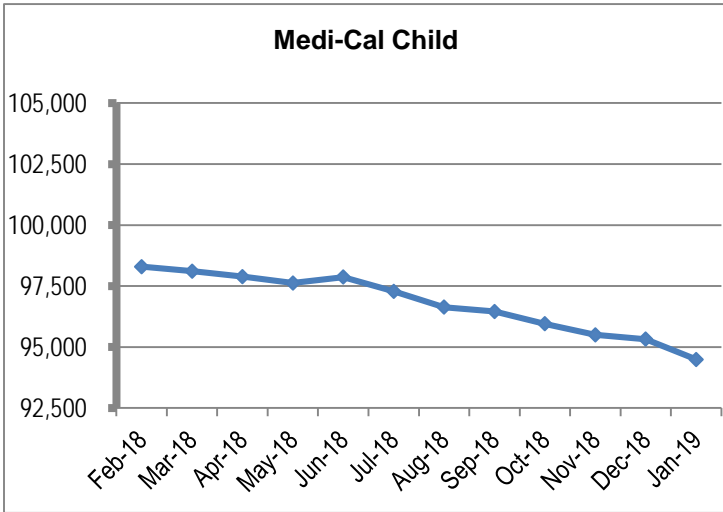
<u>Net Income by Program:</u>			
		Month	YTD
Medi-Cal		(\$1,263)	(\$1,825)
Group Care		(\$95)	\$843
	\$	(1,357)	\$ (983)

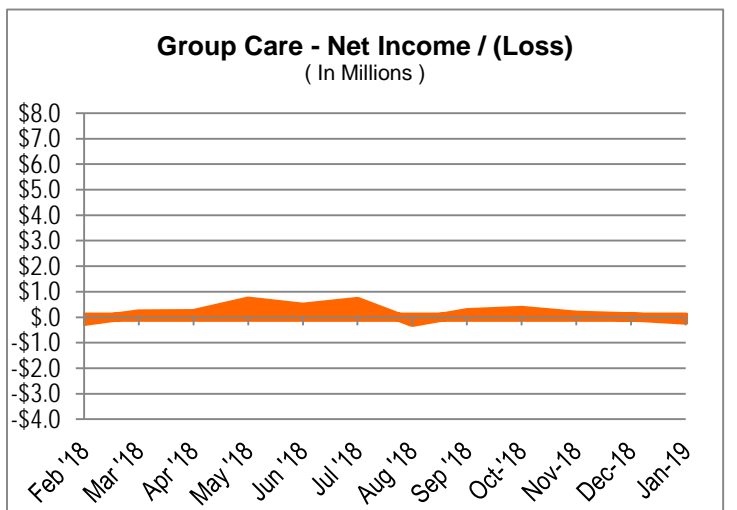
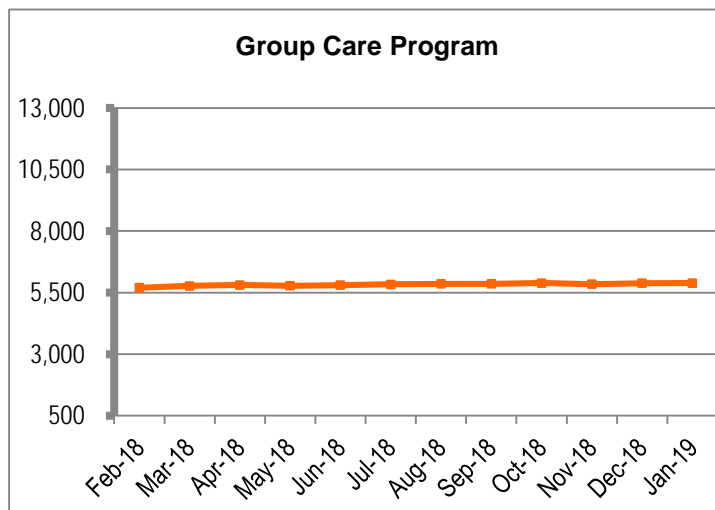
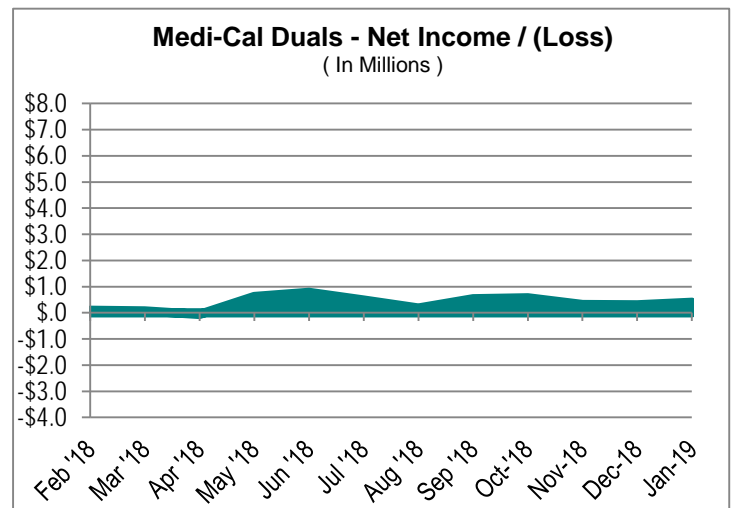
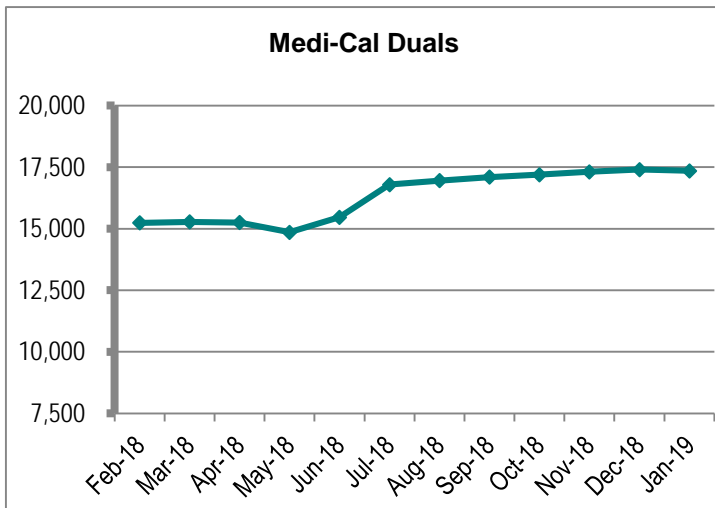
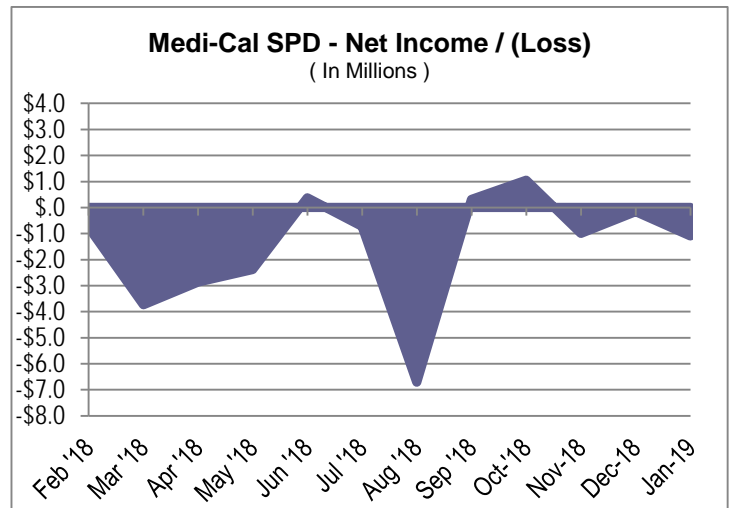
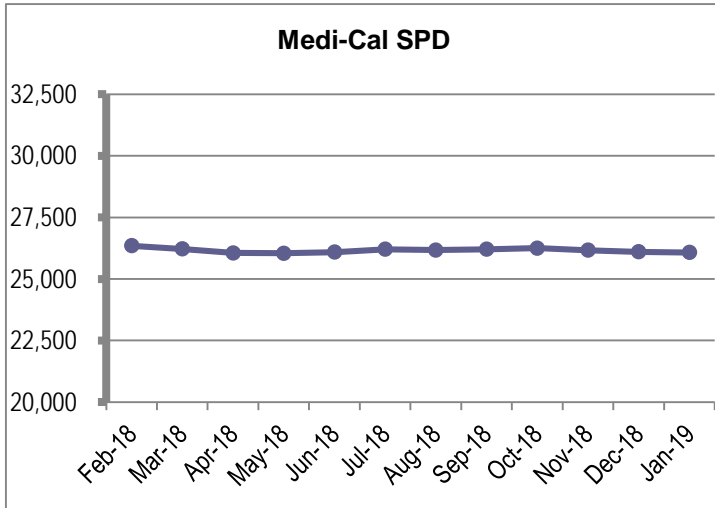
Enrollment

- Total enrollment decreased by 2,664 members since December 2018.
- Total enrollment decreased by 4,771 members since June 2018.

Month Membership and YTD Member Months								
Actual vs. Budget								
For the Month and Fiscal Year-to-Date								
Enrollment					Member Months			
January-2019					Year-to-Date			
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
35,035	36,224	(1,189)	-3.3%	Medi-Cal:	250,188	254,134	(3,946)	-1.6%
94,491	96,643	(2,152)	-2.2%	Adults	671,641	679,097	(7,456)	-1.1%
26,078	26,502	(424)	-1.6%	Child	183,183	184,235	(1,052)	-0.6%
17,348	16,753	595	3.6%	SPD	120,089	118,628	1,461	1.2%
82,684	82,206	478	0.6%	Duals	584,527	583,160	1,367	0.2%
255,636	258,328	(2,692)	-1.0%	ACA OE	1,809,628	1,819,254	(9,626)	-0.5%
5,890	5,883	7	0.1%	Medi-Cal Total	41,060	41,062	(2)	0.0%
261,526	264,211	(2,685)	-1.0%	Group Care	1,850,688	1,860,316	(9,628)	-0.5%
				Total				

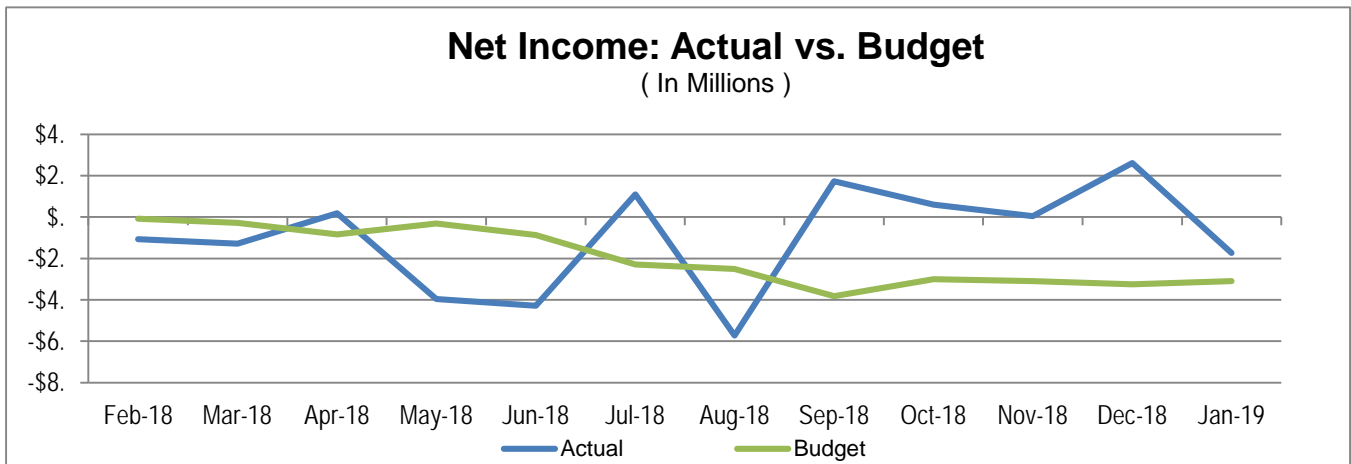
Enrollment and Profitability by Program and Category of Aid





Net Income

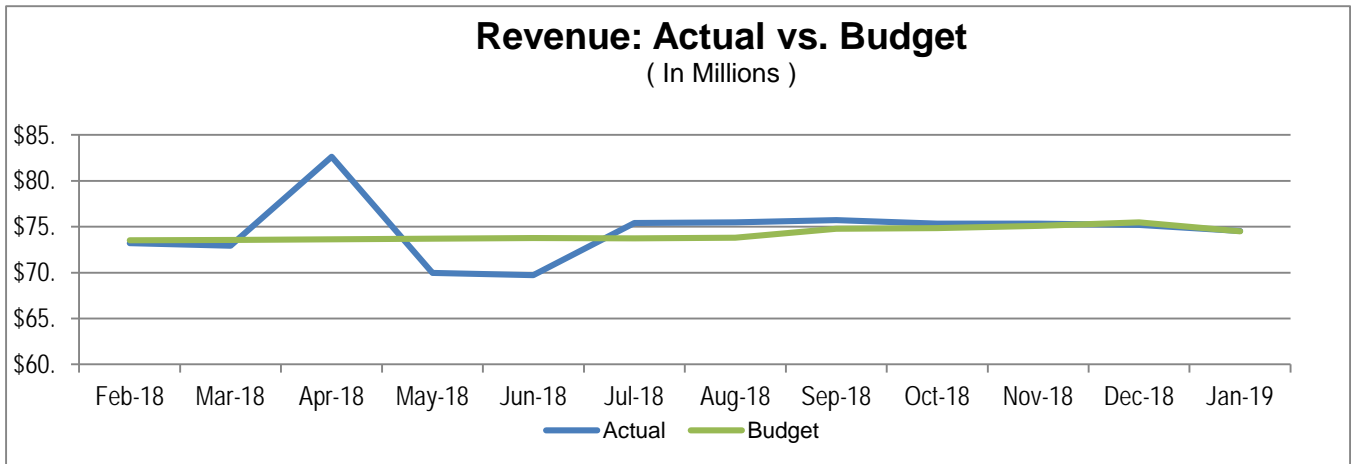
- For the month ended January 31, 2019:
 - Actual Net Loss: \$1.4 million.
 - Budgeted Net Loss: \$3.1 million.
- For the year-to-date (YTD) ended January 31, 2019:
 - Actual YTD Net Loss: \$983,000.
 - Budgeted YTD Net Loss: \$20.9 million.



- The favorable variance of \$1.7 million in the current month is largely due to:
 - Favorable \$1.4 million lower than anticipated Medical Expense.
 - Favorable \$445,000 lower than anticipated Administrative Expense.
 - Partially offset by unfavorable \$90,000 lower than anticipated Other Income & Expense.

Revenue

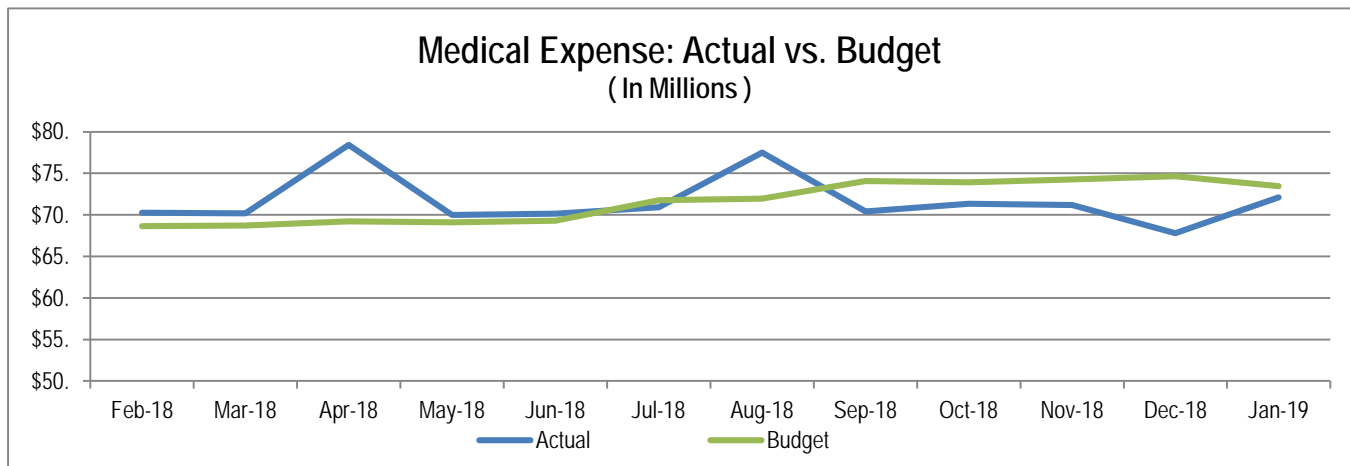
- For the month ended January 31, 2019:
 - Actual Revenue: \$74.5 million.
 - Budgeted Revenue: \$74.5 million.
- For the fiscal year-to-date ended January 31, 2019:
 - Actual YTD Revenue: \$527.0 million.
 - Budgeted YTD Revenue: \$525.6 million.



- For the month ended January 31, 2019, the favorable revenue variance of \$11,000 is mainly due to:
 - Favorable \$312,000 in higher Maternity Supplemental payments, primarily due to higher volume of births.
 - Favorable \$145,000 in higher capitation payments, primarily due to increased payment for ACA OE category of aid which has a higher monthly capitation rate, partially offset by payment reductions for categories of aid which have a lower monthly capitation rate.
 - Favorable \$127,000 in higher Care Connect payments, primarily due to retroactive adjustments.
 - Unfavorable \$336,000 in lower Behavioral Health Supplemental payments, primarily due to lower utilization than planned.
 - Unfavorable \$280,000 in lower Hep C Supplemental payments, primarily due to lower utilization than planned.

Medical Expense

- For the month ended January 31, 2019:
 - Actual Medical Expense: \$72.1 million.
 - Budgeted Medical Expense: \$73.5 million.
- For the fiscal year-to-date ended January 31, 2019:
 - Actual YTD Medical Expense: \$501.3 million.
 - Budgeted YTD Medical Expense: \$518.8 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 on a quarterly basis by the company's external actuaries at Optumas.
- For January, updates to Fee-For-Service (FFS) decreased the estimate for unpaid Medical Expenses for prior months by \$1.4 million. Year-to-date, the estimate for prior years decreased by \$3.6 million (per table below).

Medical Expense - Actual vs. Budget (In Dollars)						
Adjusted to Eliminate the Impact of Prior Period IBNP Estimates						
Favorable/(Unfavorable)						
	Actual			Budget	Variance - Adjusted Actual vs. Budget	
	Adjusted	Change in IBNP	Reported		\$	%
Capitated Medical Expense	\$116,956,307	\$0	\$116,956,307	\$119,710,594	\$2,754,287	2.3%
Primary Care FFS	14,708,416	(596,971)	14,111,445	13,255,806	(1,452,609)	-11.0%
Specialty Care FFS	26,729,921	492,229	27,222,150	27,868,257	1,138,337	4.1%
Outpatient FFS	48,647,674	427,683	49,075,357	55,452,003	6,804,329	12.3%
Ancillary FFS	18,384,993	(87,624)	18,297,369	17,496,220	(888,773)	-5.1%
Pharmacy FFS	94,207,919	(805,446)	93,402,473	91,653,648	(2,554,270)	-2.8%
ER Services FFS	23,562,189	(976,583)	22,585,606	25,314,300	1,752,111	6.9%
Inpatient Hospital & SNF FFS	151,391,174	(2,093,006)	149,298,168	156,585,075	5,193,901	3.3%
Other Benefits & Services	10,026,383	0	10,026,383	10,605,861	579,478	5.5%
Net Reinsurance	(369,979)	0	(369,979)	184,635	554,614	300.4%
Provider Incentive	666,665	0	666,665	666,666	1	0.0%
	\$504,911,660	(\$3,639,716)	\$501,271,944	\$518,793,066	\$13,881,406	2.7%

Medical Expense - Actual vs. Budget (Per Member Per Month)

Adjusted to Eliminate the Impact of Prior Year IBNP Estimates

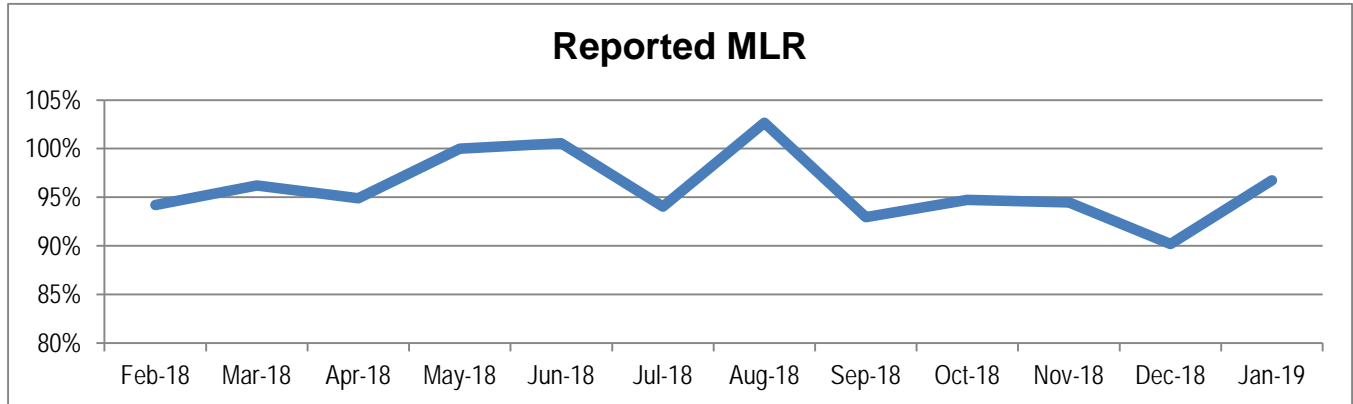
Favorable/(Unfavorable)

	Actual			Budget	Variance - Adjusted Actual vs. Budget	
	<u>Adjusted</u>	<u>Change in IBNP</u>	<u>Reported</u>		\$	%
Capitated Medical Expense	\$63.20	\$0.00	\$63.20	64.35	\$1.15	1.8%
Primary Care FFS	7.95	(0.32)	7.62	7.13	(0.82)	-11.5%
Specialty Care FFS	14.44	0.27	14.71	14.98	0.54	3.6%
Outpatient FFS	26.29	0.23	26.52	29.81	3.52	11.8%
Ancillary FFS	9.93	(0.05)	9.89	9.40	(0.53)	-5.6%
Pharmacy FFS	50.90	(0.44)	50.47	49.27	(1.64)	-3.3%
ER Services FFS	12.73	(0.53)	12.20	13.61	0.88	6.4%
Inpatient Hospital & SNF FFS	81.80	(1.13)	80.67	84.17	2.37	2.8%
Other Benefits & Services	5.42	0.00	5.42	5.70	0.28	5.0%
Net Reinsurance	(0.20)	0.00	(0.20)	0.10	0.30	301.4%
Provider Incentive	0.36	0.00	0.36	0.36	(0.00)	-0.5%
	\$272.82	(\$1.97)	\$270.86	\$278.87	\$6.05	2.2%

- Excluding the effect of prior year estimates for IBNP, year-to-date medical expense variance is \$13.9 million favorable to budget. On a PMPM basis, medical expense is favorable to budget by 2.2%.
 - Outpatient Expense is under budget for all populations. Lab, Radiology, Behavioral Health Therapy, Mental Health, and Other Outpatient services showed lower than trend utilization. Also contributing, are refunds for overpayment of dialysis services.
 - Inpatient Expense is significantly under budget for SPDs. Expense for catastrophic cases has been materially less than anticipated by 12% and days per 1,000 member months have decreased by 8%.
 - Emergency Expense is favorable for all populations, primarily driven by lower cost per visit.
 - Pharmacy Expense is higher than planned for all populations except Adults, caused by increased specialty drug unit cost and including Anti-rheumatoid and Oncology drugs.
 - Unfavorable Primary Care expense, for all populations except Child, is largely a result of increased utilization.
 - Favorable capitation expense mainly results from a retroactive adjustment to supplemental payments for our Globally Sub-capitated Delegate. This corresponds to an equivalent revenue reduction. We have also had fewer BHT Kick payments, which are passed through to our Globally Sub-capitated Delegate.
 - Favorable Net Reinsurance Expense represents higher prior year recoveries than anticipated.

Medical Loss Ratio (MLR)

- The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 96.7% of net revenue for the month and 95.1% for the fiscal year-to-date.



Administrative Expense

- For the month ended January 31, 2019:
 - Actual Administrative Expense: \$4.2 million.
 - Budgeted Administrative Expense: \$4.6 million.
- For the fiscal year-to-date ended January 31, 2019:
 - Actual YTD Administrative Expense: \$30.1 million.
 - Budgeted YTD Administrative Expense: \$31.3 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 %
\$2,347,385	\$2,684,791	\$337,406	12.6%	Employee Expense	\$15,915,048	\$16,905,611	\$990,563	5.9%
559,586	491,840	(67,746)	-13.8%	Medical Benefits Admin Expense	3,755,252	3,757,992	2,740	0.1%
475,087	654,532	179,445	27.4%	Purchased & Professional Services	3,230,080	4,423,390	1,193,310	27.0%
801,191	797,227	(3,964)	-0.5%	Other Admin Expense	7,198,663	6,202,936	(995,727)	-16.1%
\$4,183,249	\$4,628,390	\$445,141	9.6%	Total Administrative Expense	\$30,099,043	\$31,289,929	\$1,190,886	3.8%

- The year-to-date favorable variance is primarily due to:
 - Fewer than anticipated employees – six Full-Time Equivalent (FTE) employees less than budget.
 - Less than planned Computer Support Services.
 - Partially offset by unfavorable estimated MCO tax shortfall.
- Administrative expense represented 5.6% of net revenue for the month and 5.7% of net revenue for the year-to-date.

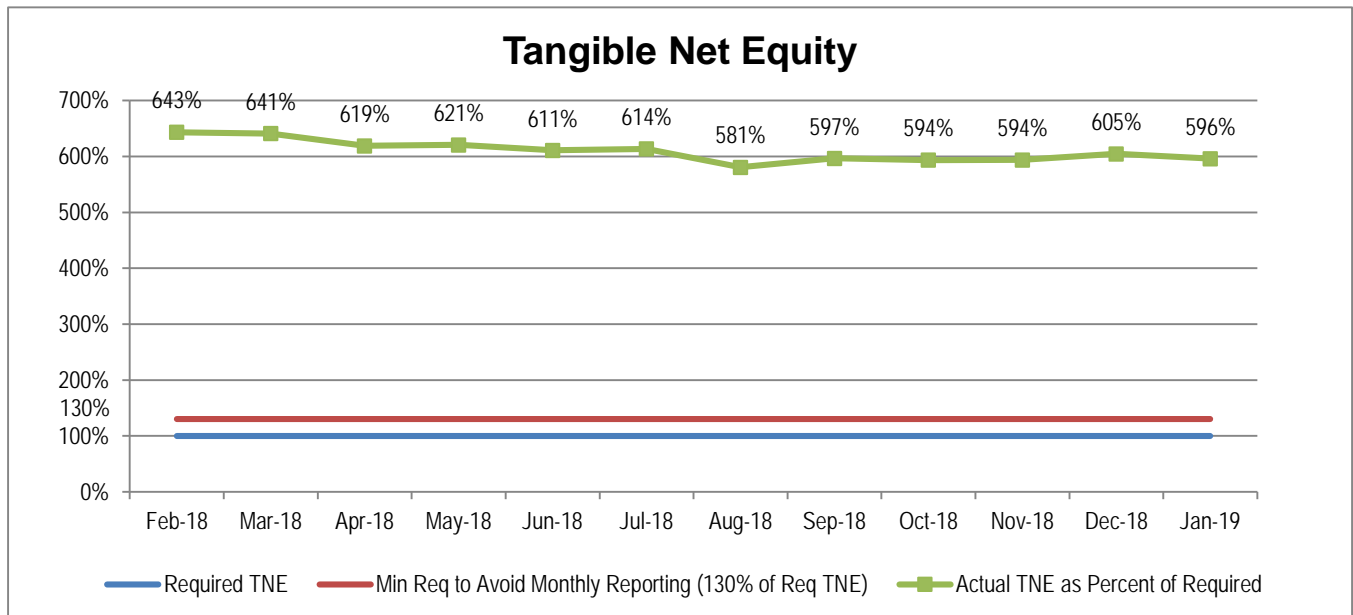
Other Income / (Expense)

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

- Year-to-date interest income from investments is \$3.6 million.
- Year-to-date claims interest expense, due to delayed payment of certain claims or recalculated interest on previously paid claims is \$396,000.

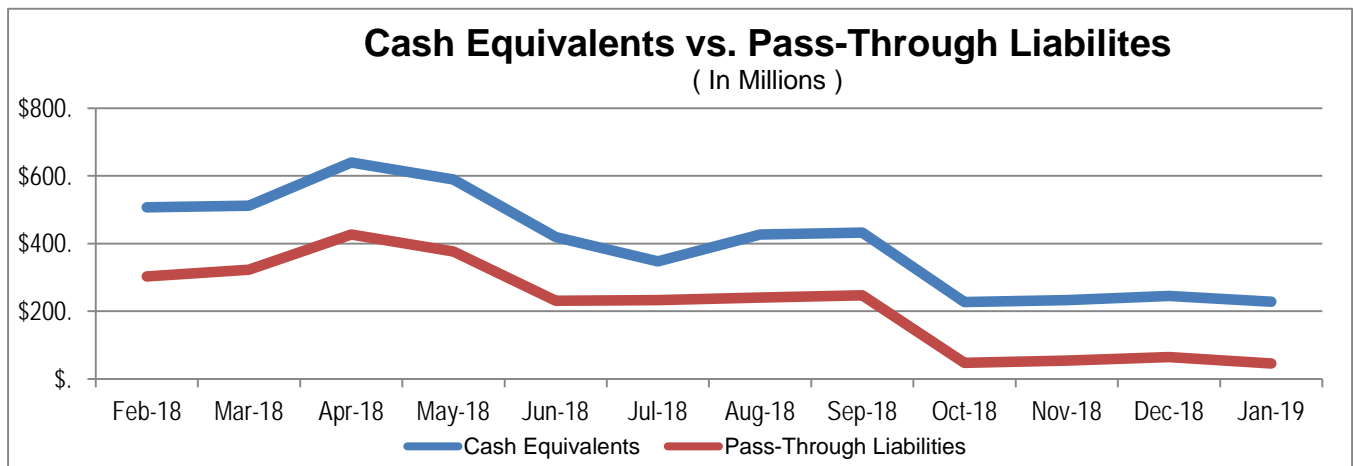
Tangible Net Equity (TNE)

- 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 \$31.7 million
 - Actual TNE \$189.2 million
 - Surplus TNE \$157.4 million
 - TNE as % of Required TNE 596%



- Cash and Liabilities reflect pass-through liabilities and ACA OE MLR accrual. The ACA OE MLR accrual represents funds that must be paid back to the Department of Health Care Services (DHCS) / Centers for Medicare & Medicaid Services (CMS) and are a result of ACA OE MLR being less than 85% for the 2017 fiscal year.

- To ensure appropriate liquidity and limit risk, the majority of Alliance financial assets are kept in short-term investments and highly-liquid money market funds. An investment strategy was implemented in April 2018. The strategy focuses on security of funds, liquidity, and interest maximization.
- Key Metrics
 - Cash & Cash Equivalents \$228.3 million
 - Pass-Through Liabilities \$45.7 million
 - Uncommitted Cash \$182.6 million
 - Working Capital \$177.7 million
 - Current Ratio 2.08 (regulatory minimum is 1.0)



Capital Investment

- Fiscal year-to-date Capital assets acquired: \$556,000.
- Annual capital budget: \$1.7 million.
- A summary of year-to-date capital asset acquisitions is included in this monthly financial statement package.

Caveats to Financial Statements

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

Finance

Supporting Documents

ALAMEDA ALLIANCE FOR HEALTH
STATEMENT OF REVENUE & EXPENSES
ACTUAL VS. BUDGET (WITH MEDICAL EXPENSE BY PAYMENT TYPE)
COMBINED BASIS (RESTRICTED & UNRESTRICTED FUNDS)
FOR THE MONTH AND FISCAL YTD ENDED January 31, 2019

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
255,636	258,328	(2,692)	(1.0%)	MEMBERSHIP				
5,890	5,883	7	0.1%	1 - Medi-Cal	1,809,628	1,819,254	(9,626)	(0.5%)
				2 - Group Care	41,060	41,062	(2)	0.0%
261,526	264,211	(2,685)	(1.0%)	3 - Total Member Months	1,850,688	1,860,316	(9,628)	(0.5%)
				REVENUE				
\$74,529,116	\$74,517,998	\$11,118	0.0%	4 - TOTAL REVENUE	\$527,035,624	\$525,649,404	\$1,386,220	0.3%
				MEDICAL EXPENSES				
16,914,275	17,336,853	422,578	2.4%	Capitated Medical Expenses:				
				5 - Capitated Medical Expense	116,956,306	119,710,609	2,754,303	2.3%
22,248,047	21,314,837	(933,210)	(4.4%)	Fee for Service Medical Expenses:				
2,226,416	1,840,238	(386,178)	(21.0%)	6 - Inpatient Hospital & SNF FFS Expense	149,298,171	156,585,076	7,286,905	4.7%
3,292,227	3,863,064	570,837	14.8%	7 - Primary Care Physician FFS Expense	14,111,444	13,255,802	(855,642)	(6.5%)
2,499,251	2,564,373	65,122	2.5%	8 - Specialty Care Physician Expense	27,222,153	27,868,261	646,108	2.3%
6,632,604	7,971,523	1,338,919	16.8%	9 - Ancillary Medical Expense	18,297,373	17,496,219	(801,154)	(4.6%)
3,254,837	3,824,386	569,549	14.9%	10 - Outpatient Medical Expense	49,075,356	55,452,007	6,376,651	11.5%
13,024,819	13,012,871	(11,948)	(0.1%)	11 - Emergency Expense	22,585,606	25,314,300	2,728,694	10.8%
				12 - Pharmacy Expense	93,402,473	91,653,647	(1,748,826)	(1.9%)
53,178,201	54,391,292	1,213,091	2.2%	13 - Total Fee for Service Expense	373,992,576	387,625,312	13,632,736	3.5%
1,535,616	1,604,713	69,097	4.3%	14 - Other Benefits & Services	10,026,382	10,605,861	579,479	5.5%
398,659	60,271	(338,388)	(561.4%)	15 - Reinsurance Expense	(369,978)	184,631	554,609	300.4%
66,666	66,666	0	0.0%	16 - Risk Pool Distribution	666,665	666,665	0	0.0%
72,093,417	73,459,795	1,366,378	1.9%	17 - TOTAL MEDICAL EXPENSES	501,271,952	518,793,078	17,521,126	3.4%
2,435,700	1,058,203	1,377,496	130.2%	18 - GROSS MARGIN	25,763,672	6,856,326	18,907,346	275.8%
				ADMINISTRATIVE EXPENSES				
2,347,385	2,684,791	337,406	12.6%	19 - Personnel Expense	15,915,048	16,905,611	990,563	5.9%
559,586	491,840	(67,746)	(13.8%)	20 - Benefits Administration Expense	3,755,252	3,757,992	2,740	0.1%
475,087	654,532	179,444	27.4%	21 - Purchased & Professional Services	3,230,080	4,423,390	1,193,310	27.0%
801,192	797,228	(3,964)	(0.5%)	22 - Other Administrative Expense	7,198,662	6,202,935	(995,727)	(16.1%)
4,183,249	4,628,390	445,141	9.6%	23 -Total Administrative Expense	30,099,043	31,289,929	1,190,886	3.8%
(1,747,550)	(3,570,187)	1,822,637	51.1%	24 - NET OPERATING INCOME / (LOSS)	(4,335,371)	(24,433,602)	20,098,232	82.3%
				OTHER INCOME / EXPENSE				
390,071	480,000	(89,929)	(18.7%)	25 - Total Other Income / (Expense)	3,352,724	3,570,417	(217,693)	(6.1%)
(\$1,357,479)	(\$3,090,187)	\$1,732,708	56.1%	26 - NET INCOME / (LOSS)	(\$982,647)	(\$20,863,185)	\$19,880,539	95.3%
5.6%	6.2%	0.6%	9.6%	27 - Admin Exp % of Revenue	5.7%	6.0%	0.2%	4.1%

**ALAMEDA ALLIANCE FOR HEALTH
SUMMARY BALANCE SHEET 2019
CURRENT MONTH VS. PRIOR MONTH
January 31, 2019**

	<u>January</u>	<u>December</u>	<u>Difference</u>	<u>% Difference</u>
CURRENT ASSETS:				
Cash & Equivalents				
Cash	\$20,858,617	\$24,080,538	(\$3,221,921)	-13.38%
Short-Term Investments	207,399,150	221,630,329	(14,231,179)	-6.42%
Interest Receivable	140,712	195,749	(55,037)	-28.12%
Other Receivables - Net	104,572,549	106,856,891	(2,284,342)	-2.14%
Prepaid Expenses	4,062,256	4,202,958	(140,701)	-3.35%
CalPERS Net Pension Asset	(630,096)	(630,096)	0	0.00%
Deferred CalPERS Outflow	5,347,248	5,347,248	0	0.00%
TOTAL CURRENT ASSETS	341,750,436	361,683,616	(19,933,180)	-5.51%
OTHER ASSETS:				
Restricted Assets	341,716	691,695	(349,979)	-50.60%
TOTAL OTHER ASSETS	341,716	691,695	(349,979)	-50.60%
PROPERTY AND EQUIPMENT:				
Land, Building & Improvements	9,438,045	9,343,641	94,404	1.01%
Furniture And Equipment	13,260,700	13,239,728	20,973	0.16%
Leasehold Improvement	848,417	848,417	0	0.00%
Internally-Developed Software	16,824,002	16,824,002	0	0.00%
Fixed Assets at Cost	40,371,163	40,255,787	115,377	0.29%
Less: Accumulated Depreciation	(29,193,547)	(29,011,476)	(182,070)	0.63%
NET PROPERTY AND EQUIPMENT	11,177,617	11,244,310	(66,694)	-0.59%
TOTAL ASSETS	\$353,269,768	\$373,619,621	(\$20,349,853)	-5.45%
CURRENT LIABILITIES:				
Accounts Payable	\$2,028,439	\$2,427,778	(\$399,339)	-16.45%
Pass-Through Liabilities	45,672,888	65,149,133	(19,476,246)	-29.89%
Claims Payable	11,742,944	11,577,099	165,845	1.43%
IBNP Reserves	93,114,155	92,524,073	590,082	0.64%
Payroll Liabilities	2,660,728	2,554,305	106,423	4.17%
CalPERS Deferred Inflow	3,024,492	3,024,492	0	0.00%
Risk Sharing	4,465,288	4,398,622	66,666	1.52%
Provider Grants/ New Health Program	1,383,768	1,429,573	(45,805)	-3.20%
TOTAL CURRENT LIABILITIES	164,092,701	183,085,075	(18,992,374)	-10.37%
TOTAL LIABILITIES	164,092,701	183,085,075	(18,992,374)	-10.37%
NET WORTH:				
Contributed Capital	840,233	840,233	0	0.00%
Restricted & Unrestricted Funds	189,319,480	189,319,480	0	0.00%
Year-to Date Net Income / (Loss)	(982,647)	374,832	(1,357,479)	-362.16%
TOTAL NET WORTH	189,177,067	190,534,546	(1,357,479)	-0.71%
TOTAL LIABILITIES AND NET WORTH	\$353,269,768	\$373,619,621	(\$20,349,853)	-5.45%

Alameda Alliance for Health
FY19 Income Statement Run-Rate Analysis
January 2019
\$000s: Favorable/(Unfavorable)

This Schedule adjusts General Ledger results as booked to determine the current period operating results.

	Month					Year-To-Date				
	As Reported	Adjustments	Normalized	Budget	Normalized vs. Budget	As Reported	Adjustments	Normalized	Budget	Normalized vs. Budget
Members	261,526		261,526	264,211	(2,685)	1,850,688		1,850,688	1,860,316	(9,628)
Profit & Loss										
Revenue	\$74,529	\$0	\$74,529	\$74,518	\$11	\$527,036	(\$556)	\$526,480	\$525,649	\$831
Medical Expense	72,093	(1,412)	73,505	73,460	(45)	501,272	(6,321)	507,593	518,793	11,200
Gross Margin	2,436	(1,412)	1,024	1,058	(34)	25,764	(6,877)	18,887	6,856	12,031
Administrative Expense	4,183	0	4,183	4,628	445	30,099	0	30,099	31,290	1,191
Operating Income / (Loss)	(1,748)	(1,412)	(3,159)	(3,570)	411	(4,335)	(6,877)	(11,212)	(24,434)	13,221
Other Income / (Expense)	390	0	390	480	(90)	3,353	0	3,353	3,570	(218)
Net Income / (Loss)	(\$1,357)	(\$1,412)	(\$2,769)	(\$3,090)	\$321	(\$983)	(\$6,877)	(\$7,859)	(\$20,863)	\$13,004
PMPM										
Revenue	\$284.98		\$284.98	\$282.04	\$2.94	\$284.78		\$284.48	\$282.56	\$1.92
Medical	\$275.66		\$281.06	\$278.03	(\$3.03)	\$270.86		\$274.27	\$278.87	\$4.60
Gross Margin	\$9.31		\$3.92	\$4.01	(\$0.09)	\$13.92		\$10.21	\$3.69	\$6.52
Ratios										
Medical Loss Ratio	96.7%		98.6%	98.6%	0.0%	95.1%		96.4%	98.7%	2.3%
Administrative Expense %	5.6%		5.6%	6.2%	0.6%	5.7%		5.7%	6.0%	0.2%
Net Income / (Loss) %	-1.8%		-3.7%	-4.1%	0.4%	-0.2%		-1.5%	-4.0%	2.5%

Notes:

Adjustments generally limited to \$300K.

**ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED**

1/31/2019

	<u>MONTH</u>	<u>3 MONTHS</u>	<u>6 MONTHS</u>	<u>YTD</u>
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	\$2,022,999	\$6,026,763	\$12,040,123	\$14,065,869
Total	<u>2,022,999</u>	<u>6,026,763</u>	<u>12,040,123</u>	<u>14,065,869</u>
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	72,344,418	218,635,503	438,961,966	512,354,268
Allowance for Doubtful Accounts	0	0	0	0
Deferred Premium Revenue	0	0	0	0
Premium Receivable	512,329	(2,539,170)	76,211,468	(4,136,012)
Total	<u>72,856,747</u>	<u>216,096,333</u>	<u>515,173,434</u>	<u>508,218,256</u>
Investment & Other Income Cash Flows				
Other Revenue (Grants)	242,212	428,664	817,188	747,639
Interest Income	335,200	1,382,328	3,010,546	3,616,926
Interest Receivable	55,037	(90,687)	(90,612)	(38,918)
Total	<u>632,449</u>	<u>1,720,305</u>	<u>3,737,122</u>	<u>4,325,647</u>
Medical & Hospital Cash Flows				
Total Medical Expenses	(72,093,417)	(211,091,126)	(430,352,879)	(501,271,952)
Other Receivable	1,772,013	2,097,078	3,571,398	4,160,168
Claims Payable	165,845	(2,447,249)	(1,611,945)	3,753
IBNP Payable	590,082	5,761,960	(4,286,444)	(2,862,833)
Risk Share Payable	66,666	200,000	(2,831,711)	(2,665,045)
Health Program	(45,805)	(349,418)	(578,988)	(612,571)
Other Liabilities	0	0	(1)	(1)
Total	<u>(69,544,616)</u>	<u>(205,828,755)</u>	<u>(436,090,570)</u>	<u>(503,248,481)</u>
Administrative Cash Flows				
Total Administrative Expenses	(4,208,891)	(14,089,335)	(26,560,369)	(30,495,396)
Prepaid Expenses	140,701	(985,749)	(592,017)	(1,241,681)
CalPERS Pension Asset	0	0	0	0
CalPERS Deferred Outflow	0	0	0	0
Trade Accounts Payable	(399,339)	(31,511)	(170,451)	360,673
Other Accrued Liabilities	0	0	0	0
Payroll Liabilities	106,423	(100,217)	128,170	31,998
Depreciation Expense	182,070	583,925	1,175,048	1,376,680
Total	<u>(4,179,036)</u>	<u>(14,622,887)</u>	<u>(26,019,619)</u>	<u>(29,967,726)</u>
Interest Paid				
Debt Interest Expense	0	0	0	0
Total Cash Flows from Operating Activities	<u>1,788,543</u>	<u>3,391,759</u>	<u>68,840,490</u>	<u>(6,606,435)</u>

**ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED**

1/31/2019

	<u>MONTH</u>	<u>3 MONTHS</u>	<u>6 MONTHS</u>	<u>YTD</u>
CASH FLOWS FROM INVESTING ACTIVITIES				
Restricted Cash & Other Asset Cash Flows				
Provider Pass-Thru-Liabilities	(19,476,246)	(2,236,512)	(187,090,656)	(183,511,262)
Restricted Cash	349,979	6,276	4,634	4,634
	<u>(19,126,267)</u>	<u>(2,230,236)</u>	<u>(187,086,022)</u>	<u>(183,506,628)</u>
Fixed Asset Cash Flows				
Depreciation expense	182,070	583,925	1,175,048	1,376,680
Fixed Asset Acquisitions	(115,377)	(272,246)	(553,308)	(556,252)
Change in A/D	(182,070)	(583,925)	(1,175,048)	(1,376,680)
	<u>(115,377)</u>	<u>(272,246)</u>	<u>(553,308)</u>	<u>(556,252)</u>
Total Cash Flows from Investing Activities	<u>(19,241,644)</u>	<u>(2,502,482)</u>	<u>(187,639,330)</u>	<u>(184,062,880)</u>
Financing Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Total Cash Flows	<u>(17,453,101)</u>	<u>889,277</u>	<u>(118,798,840)</u>	<u>(190,669,315)</u>
Rounding	1	0	0	1
Cash @ Beginning of Period	<u>245,710,867</u>	<u>227,368,490</u>	<u>347,056,607</u>	<u>418,927,081</u>
Cash @ End of Period	<u>\$228,257,767</u>	<u>\$228,257,767</u>	<u>\$228,257,767</u>	<u>\$228,257,767</u>
Difference (rounding)	0	0	0	0

**ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED**

1/31/2019

	<u>MONTH</u>	<u>3 MONTHS</u>	<u>6 MONTHS</u>	<u>YTD</u>
NET INCOME RECONCILIATION				
Net Income / (Loss)	(\$1,357,479)	\$1,292,797	(\$2,083,426)	(\$982,647)
Add back: Depreciation	182,070	583,925	1,175,048	1,376,680
Receivables				
Premiums Receivable	512,329	(2,539,170)	76,211,468	(4,136,012)
First Care Receivable	0	0	0	0
Family Care Receivable	0	0	0	0
Healthy Kids Receivable	0	0	0	0
Interest Receivable	55,037	(90,687)	(90,612)	(38,918)
Other Receivable	1,772,013	2,097,078	3,571,398	4,160,168
FQHC Receivable	0	0	0	0
Allowance for Doubtful Accounts	0	0	0	0
Total	<u>2,339,379</u>	<u>(532,779)</u>	<u>79,692,254</u>	<u>(14,762)</u>
Prepaid Expenses	140,701	(985,749)	(592,017)	(1,241,681)
Trade Payables	(399,339)	(31,511)	(170,451)	360,673
Claims Payable, IBNR & Risk Share				
IBNP	590,082	5,761,960	(4,286,444)	(2,862,833)
Claims Payable	165,845	(2,447,249)	(1,611,945)	3,753
Risk Share Payable	66,666	200,000	(2,831,711)	(2,665,045)
Other Liabilities	0	0	(1)	(1)
Total	<u>822,593</u>	<u>3,514,711</u>	<u>(8,730,101)</u>	<u>(5,524,126)</u>
Unearned Revenue				
Deferred Premium Revenue	0	0	0	0
Deferred Grant Revenue	0	0	0	0
Deferred Revenue - Family	0	0	0	0
Deferred Revenue - First	0	0	0	0
Deferred Revenue - IHSS	0	0	0	0
Deferred Revenue - HK	0	0	0	0
Deferred Revenue - Other	0	0	0	0
Total	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Other Liabilities				
Accrued Expenses	0	0	0	0
Payroll Liabilities	106,423	(100,217)	128,170	31,998
Health Program	(45,805)	(349,418)	(578,988)	(612,571)
Accrued Sub Debt Interest	0	0	0	0
Total Change in Other Liabilities	<u>60,618</u>	<u>(449,635)</u>	<u>(450,818)</u>	<u>(580,573)</u>
Cash Flows from Operating Activities	<u>\$1,788,543</u>	<u>\$3,391,759</u>	<u>\$68,840,489</u>	<u>(\$6,606,436)</u>
Difference (rounding)	0	0	(1)	(1)

**ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED**

1/31/2019

	<u>MONTH</u>	<u>3 MONTHS</u>	<u>6 MONTHS</u>	<u>YTD</u>
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received From:				
Capitation Received from State of CA	\$72,856,747	\$216,096,333	\$515,173,434	\$508,218,256
Commercial Premium Revenue	2,022,999	6,026,763	12,040,123	14,065,869
Other Income	242,212	428,664	817,188	747,639
Investment Income	390,237	1,291,641	2,919,934	3,578,008
Cash Paid To:				
Medical Expenses	(69,544,616)	(205,828,755)	(436,090,570)	(503,248,481)
Vendor & Employee Expenses	(4,179,036)	(14,622,887)	(26,019,619)	(29,967,726)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	<u>1,788,543</u>	<u>3,391,759</u>	<u>68,840,490</u>	<u>(6,606,435)</u>
Cash Flows from Financing Activities:				
Purchases of Fixed Assets	<u>(115,377)</u>	<u>(272,246)</u>	<u>(553,308)</u>	<u>(556,252)</u>
Net Cash Provided By (Used In) Financing Activities	<u>(115,377)</u>	<u>(272,246)</u>	<u>(553,308)</u>	<u>(556,252)</u>
Cash Flows from Investing Activities:				
Changes in Investments	0	0	0	0
Restricted Cash	<u>(19,126,267)</u>	<u>(2,230,236)</u>	<u>(187,086,022)</u>	<u>(183,506,628)</u>
Net Cash Provided By (Used In) Investing Activities	<u>(19,126,267)</u>	<u>(2,230,236)</u>	<u>(187,086,022)</u>	<u>(183,506,628)</u>
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Net Change in Cash	(17,453,101)	889,277	(118,798,840)	(190,669,315)
Cash @ Beginning of Period	<u>245,710,867</u>	<u>227,368,490</u>	<u>347,056,607</u>	<u>418,927,081</u>
Subtotal	\$228,257,766	\$228,257,767	\$228,257,767	\$228,257,766
Rounding	1	0	0	1
Cash @ End of Period	<u>\$228,257,767</u>	<u>\$228,257,767</u>	<u>\$228,257,767</u>	<u>\$228,257,767</u>

RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:

Net Income / (Loss)	(\$1,357,479)	\$1,292,797	(\$2,083,426)	(\$982,647)
Depreciation	182,070	583,925	1,175,048	1,376,680
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	2,339,379	(532,779)	79,692,254	(14,762)
Prepaid Expenses	140,701	(985,749)	(592,017)	(1,241,681)
Trade Payables	(399,339)	(31,511)	(170,451)	360,673
Claims payable & IBNP	822,593	3,514,711	(8,730,101)	(5,524,126)
Deferred Revenue	0	0	0	0
Accrued Interest	0	0	0	0
Other Liabilities	60,618	(449,635)	(450,818)	(580,573)
Subtotal	<u>1,788,543</u>	<u>3,391,759</u>	<u>68,840,489</u>	<u>(6,606,436)</u>
Rounding	0	0	1	1
Cash Flows from Operating Activities	<u>\$1,788,543</u>	<u>\$3,391,759</u>	<u>\$68,840,490</u>	<u>(\$6,606,435)</u>

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE CURRENT MONTH - JANUARY 2019

	Child	Adults	Medi-Cal SPD	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Enrollment	94,491	35,035	26,078	82,684	17,348	255,636	5,890	261,526
Gross Revenue	\$9,831,206	\$9,603,552	\$23,307,064	\$26,927,692	\$2,836,603	\$72,506,118	\$2,022,999	\$74,529,116
Contra Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Revenue	\$9,831,206	\$9,603,552	\$23,307,064	\$26,927,692	\$2,836,603	\$72,506,118	\$2,022,999	\$74,529,116
Medical Expense	\$8,587,705	\$8,932,713	\$23,084,963	\$27,199,320	\$2,313,660	\$70,118,362	\$1,975,055	\$72,093,417
Gross Margin	\$1,243,501	\$670,839	\$222,101	(\$271,628)	\$522,942	\$2,387,756	\$47,944	\$2,435,700
Administrative Expense	\$330,100	\$520,948	\$1,441,324	\$1,596,581	\$137,506	\$4,026,460	\$156,790	\$4,183,249
Operating Income / (Expense)	\$913,401	\$149,891	(\$1,219,222)	(\$1,868,209)	\$385,436	(\$1,638,704)	(\$108,846)	(\$1,747,550)
Other Income / (Expense)	\$26,331	\$48,408	\$132,392	\$156,196	\$12,807	\$376,134	\$13,937	\$390,071
Net Income / (Loss)	\$939,733	\$198,299	(\$1,086,831)	(\$1,712,014)	\$398,243	(\$1,262,570)	(\$94,909)	(\$1,357,479)
Revenue PMPM	\$104.04	\$274.11	\$893.74	\$325.67	\$163.51	\$283.63	\$343.46	\$284.98
Medical Expense PMPM	\$90.88	\$254.97	\$885.23	\$328.96	\$133.37	\$274.29	\$335.32	\$275.66
Gross Margin PMPM	\$13.16	\$19.15	\$8.52	(\$3.29)	\$30.14	\$9.34	\$8.14	\$9.31
Administrative Expense PMPM	\$3.49	\$14.87	\$55.27	\$19.31	\$7.93	\$15.75	\$26.62	\$16.00
Operating Income / (Expense) PMPM	\$9.67	\$4.28	(\$46.75)	(\$22.59)	\$22.22	(\$6.41)	(\$18.48)	(\$6.68)
Other Income / (Expense) PMPM	\$0.28	\$1.38	\$5.08	\$1.89	\$0.74	\$1.47	\$2.37	\$1.49
Net Income / (Loss) PMPM	\$9.95	\$5.66	(\$41.68)	(\$20.71)	\$22.96	(\$4.94)	(\$16.11)	(\$5.19)
Medical Loss Ratio	87.4%	93.0%	99.0%	101.0%	81.6%	96.7%	97.6%	96.7%
Gross Margin Ratio	12.6%	7.0%	1.0%	-1.0%	18.4%	3.3%	2.4%	3.3%
Administrative Expense Ratio	3.4%	5.4%	6.2%	5.9%	4.8%	5.6%	7.8%	5.6%
Net Income Ratio	9.6%	2.1%	-4.7%	-6.4%	14.0%	-1.7%	-4.7%	-1.8%

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE FISCAL YEAR-TO-DATE - JANUARY 2019

	Child	Adults	Medi-Cal SPD	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Member Months	671,641	250,188	183,183	584,527	120,089	1,809,628	41,060	1,850,688
Revenue	\$69,716,611	\$67,464,618	\$165,663,315	\$190,802,798	\$19,322,398	\$512,969,740	\$14,065,884	\$527,035,624
Contra Revenue				\$0		\$0		\$0
Net Revenue	\$69,716,611	\$67,464,618	\$165,663,315	\$190,802,798	\$19,322,398	\$512,969,740	\$14,065,884	\$527,035,624
Medical Expense	\$59,037,042	\$66,309,314	\$164,461,182	\$183,358,545	\$15,703,479	\$488,869,561	\$12,402,390	\$501,271,952
Gross Margin	\$10,679,569	\$1,155,304	\$1,202,133	\$7,444,253	\$3,618,919	\$24,100,179	\$1,663,493	\$25,763,672
Administrative Expense	\$2,270,829	\$3,962,623	\$10,746,273	\$11,319,316	\$895,677	\$29,194,717	\$904,326	\$30,099,043
Operating Income / (Expense)	\$8,408,740	(\$2,807,318)	(\$9,544,139)	(\$3,875,063)	\$2,723,242	(\$5,094,538)	\$759,168	(\$4,335,371)
Other Income / (Expense)	\$226,610	\$440,159	\$1,239,642	\$1,266,563	\$96,195	\$3,269,168	\$83,556	\$3,352,724
Net Income / (Loss)	\$8,635,350	(\$2,367,159)	(\$8,304,498)	(\$2,608,500)	\$2,819,436	(\$1,825,370)	\$842,724	(\$982,647)
Revenue PMPM	\$103.80	\$269.66	\$904.36	\$326.42	\$160.90	\$283.47	\$342.57	\$284.78
Medical Expense PMPM	\$87.90	\$265.04	\$897.80	\$313.69	\$130.77	\$270.15	\$302.06	\$270.86
Gross Margin PMPM	\$15.90	\$4.62	\$6.56	\$12.74	\$30.14	\$13.32	\$40.51	\$13.92
Administrative Expense PMPM	\$3.38	\$15.84	\$58.66	\$19.36	\$7.46	\$16.13	\$22.02	\$16.26
Operating Income / (Expense) PMPM	\$12.52	(\$11.22)	(\$52.10)	(\$6.63)	\$22.68	(\$2.82)	\$18.49	(\$2.34)
Other Income / (Expense) PMPM	\$0.34	\$1.76	\$6.77	\$2.17	\$0.80	\$1.81	\$2.03	\$1.81
Net Income / (Loss) PMPM	\$12.86	(\$9.46)	(\$45.33)	(\$4.46)	\$23.48	(\$1.01)	\$20.52	(\$0.53)
Medical Loss Ratio	84.7%	98.3%	99.3%	96.1%	81.3%	95.3%	88.2%	95.1%
Gross Margin Ratio	15.3%	1.7%	0.7%	3.9%	18.7%	4.7%	11.8%	4.9%
Administrative Expense Ratio	3.3%	5.9%	6.5%	5.9%	4.6%	5.7%	6.4%	5.7%
Net Income Ratio	12.4%	-3.5%	-5.0%	-1.4%	14.6%	-0.4%	6.0%	-0.2%

**ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED January 31, 2019**

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
ADMINISTRATIVE EXPENSE SUMMARY								
\$2,347,385	\$2,684,791	\$337,406	12.6%	Personnel Expenses	\$15,915,048	\$16,905,611	\$990,563	5.9%
559,586	491,840	(67,746)	(13.8%)	Benefits Administration Expense	3,755,252	3,757,992	2,740	0.1%
475,087	654,532	179,444	27.4%	Purchased & Professional Services	3,230,080	4,423,390	1,193,310	27.0%
344,631	327,174	(17,457)	(5.3%)	Occupancy	2,580,543	2,482,895	(97,648)	(3.9%)
83,302	170,717	87,415	51.2%	Printing Postage & Promotion	867,016	1,003,046	136,031	13.6%
357,470	410,836	53,365	13.0%	Licenses Insurance & Fees	2,468,898	2,705,185	236,286	8.7%
15,789	(111,498)	(127,287)	114.2%	Supplies & Other Expenses	1,282,205	11,809	(1,270,396)	(10,757.9%)
1,835,865	1,943,600	107,735	5.5%	Total Other Administrative Expense	14,183,995	14,384,318	200,323	1.4%
\$4,183,249	\$4,628,390	\$445,141	9.6%	Total Administrative Expenses	\$30,099,043	\$31,289,929	\$1,190,886	3.8%

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**ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED January 31, 2019**

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
				Personnel Expenses				
\$1,448,046	\$1,588,002	\$139,956	8.8%	Salaries & Wages	\$10,531,993	\$10,810,935	\$278,941	2.6%
142,886	155,376	12,490	8.0%	Paid Time Off	1,019,683	1,076,023	56,341	5.2%
1,850	8,645	6,795	78.6%	Incentives	6,371	46,705	40,334	86.4%
50	250	200	80.0%	Employee of the Month	1,050	1,750	700	40.0%
0	0	0	0.0%	Severance Pay	27,681	0	(27,681)	0.0%
121,996	135,886	13,891	10.2%	Payroll Taxes	275,710	289,554	13,843	4.8%
12,112	17,838	5,726	32.1%	Overtime	117,437	120,556	3,119	2.6%
130,957	133,212	2,255	1.7%	CalPERS ER Match	829,323	887,373	58,050	6.5%
343,826	484,294	140,468	29.0%	Employee Benefits	2,609,682	2,860,231	250,548	8.8%
74,246	80,464	6,217	7.7%	Personal Floating Holiday	75,290	81,277	5,987	7.4%
13,237	13,115	(122)	(0.9%)	Employee Relations	69,247	99,326	30,079	30.3%
1,277	1,864	586	31.5%	Transportation Reimbursement	9,259	12,950	3,691	28.5%
300	3,392	3,092	91.2%	Travel & Lodging	19,982	30,487	10,505	34.5%
16,377	0	(16,377)	0.0%	Temporary Help Services	76,324	122,940	46,616	37.9%
33,656	13,044	(20,612)	(158.0%)	Staff Development/Training	118,298	160,225	41,928	26.2%
6,568	49,409	42,841	86.7%	Staff Recruitment/Advertising	127,718	305,280	177,562	58.2%
2,347,385	2,684,791	337,406	12.6%	Total Employee Expenses	15,915,048	16,905,611	990,563	5.9%
				Benefit Administration Expense				
336,238	266,148	(70,090)	(26.3%)	RX Administration Expense	2,441,261	2,406,899	(34,362)	(1.4%)
223,348	225,692	2,344	1.0%	Behavioral Hlth Administration Fees	1,313,991	1,351,093	37,102	2.7%
559,586	491,840	(67,746)	(13.8%)	Total Employee Expenses	3,755,252	3,757,992	2,740	0.1%
				Purchased & Professional Services				
41,935	78,616	36,680	46.7%	Consulting Services	583,051	678,713	95,662	14.1%
320,398	390,862	70,464	18.0%	Computer Support Services	1,865,178	2,583,953	718,775	27.8%
8,750	29,750	21,000	70.6%	Professional Fees-Accounting	61,250	82,250	21,000	25.5%
74,572	112,655	38,083	33.8%	Other Purchased Services	447,601	784,778	337,178	43.0%
4,053	0	(4,053)	0.0%	Maint. & Repair-Office Equipment	44,585	13,400	(31,185)	(232.7%)
72	0	(72)	0.0%	MIS Software (Non-Capital)	4,459	2,411	(2,048)	(84.9%)
2,621	9,399	6,779	72.1%	Hardware (Non-Capital)	20,640	50,435	29,795	59.1%
8,486	8,000	(486)	(6.1%)	Provider Relations-Credentialing	46,682	51,741	5,059	9.8%
14,200	25,250	11,050	43.8%	Legal Fees	156,635	175,708	19,073	10.9%
475,087	654,532	179,444	27.4%	Total Purchased & Professional Services	3,230,080	4,423,390	1,193,310	27.0%
				Occupancy				
155,963	158,142	2,179	1.4%	Depreciation	1,063,509	1,088,634	25,125	2.3%
26,107	26,107	0	0.0%	Amortization	313,331	313,332	1	0.0%
61,246	62,096	850	1.4%	Building Lease	428,723	432,973	4,250	1.0%
3,182	3,157	(25)	(0.8%)	Leased and Rented Office Equipment	22,126	22,101	(25)	(0.1%)
12,167	18,291	6,124	33.5%	Utilities	99,176	111,518	12,342	11.1%
75,618	48,958	(26,660)	(54.5%)	Telephone	578,619	442,943	(135,676)	(30.6%)
10,347	10,422	76	0.7%	Building Maintenance	75,060	71,394	(3,666)	(5.1%)
344,631	327,174	(17,457)	(5.3%)	Total Occupancy	2,580,543	2,482,895	(97,648)	(3.9%)

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**ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED January 31, 2019**

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
				Printing Postage & Promotion				
\$26,524	\$79,027	\$52,503	66.4%	Postage	\$266,128	\$336,022	\$69,894	20.8%
2,295	3,800	1,505	39.6%	Design & Layout	13,685	21,380	7,695	36.0%
41,792	64,964	23,172	35.7%	Printing Services	436,233	445,319	9,086	2.0%
4,093	9,100	5,007	55.0%	Mailing Services	20,731	53,575	32,844	61.3%
2,658	2,865	207	7.2%	Courier/Delivery Service	20,616	19,092	(1,524)	(8.0%)
20	508	488	96.0%	Pre-Printed Materials and Publications	2,063	4,838	2,775	57.4%
0	0	0	0.0%	Promotional Products	23,821	18,000	(5,821)	(32.3%)
2,324	0	(2,324)	0.0%	Promotional Services	2,324	10,000	7,676	76.8%
1,860	5,000	3,140	62.8%	Community Relations	47,750	55,500	7,750	14.0%
1,736	5,452	3,716	68.2%	Translation - Non-Clinical	33,664	39,319	5,655	14.4%
83,302	170,717	87,415	51.2%	Total Printing Postage & Promotion	867,016	1,003,046	136,031	13.6%
				Licenses Insurance & Fees				
16,334	24,994	8,661	34.7%	Bank Fees	106,851	143,985	37,134	25.8%
0	9,690	9,690	100.0%	Payroll Fees	0	32,690	32,690	100.0%
47,528	50,194	2,666	5.3%	Insurance	332,693	346,025	13,331	3.9%
248,887	271,691	22,804	8.4%	Licenses, Permits and Fees	1,665,371	1,792,685	127,315	7.1%
44,722	54,266	9,544	17.6%	Subscriptions & Dues	363,983	389,799	25,816	6.6%
357,470	410,836	53,365	13.0%	Total Licenses Insurance & Postage	2,468,898	2,705,185	236,286	8.7%
				Supplies & Other Expenses				
7,371	9,500	2,129	22.4%	Office and Other Supplies	35,426	59,759	24,333	40.7%
3,254	2,925	(329)	(11.3%)	Ergonomic Supplies	7,574	19,050	11,476	60.2%
4,679	9,410	4,732	50.3%	Commissary-Food & Beverage	36,750	66,333	29,584	44.6%
0	(133,333)	(133,333)	100.0%	Miscellaneous Expense	1,200,000	(133,333)	(1,333,333)	1,000.0%
485	0	(485)	0.0%	Member Incentive Expense	2,455	0	(2,455)	0.0%
15,789	(111,498)	(127,287)	114.2%	Total Supplies & Other Expense	1,282,205	11,809	(1,270,396)	(10,757.9%)
\$4,183,249	\$4,628,390	\$445,141	9.6%	TOTAL ADMINISTRATIVE EXPENSE	\$30,099,043	\$31,289,929	\$1,190,886	3.8%

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ALAMEDA ALLIANCE FOR HEALTH
 CAPITAL SPENDING INCLUDING CONSTRUCTION-IN-PROCESS
 ACTUAL VS. BUDGET
 FOR THE FISCAL YEAR-TO-DATE ENDED JUNE 30, 2019

	Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Detail	\$ Variance Fav/(Unf.)
1. Hardware:						
Laptops	IT-FY19-01		1,631	\$ 1,631	\$ 33,000	\$ 31,369
Tablets, Surfaces, Macs	IT-FY19-02	14,595		\$ 14,595	\$ 55,000	\$ 40,405
Monitors-(Dual per User)	IT-FY19-03			\$ -	\$ 57,000	\$ 57,000
Cisco IP Phone	IT-FY19-04			\$ -	\$ 20,000	\$ 20,000
Desk Tops	IT-FY19-05	29,432		\$ 29,432	\$ 52,500	\$ 23,068
UCS Blades	IT-FY19-06			\$ -	\$ 103,840	\$ 103,840
DLP Hardware	IT-FY19-07			\$ -	\$ 45,000	\$ 45,000
Cisco Switch	IT-FY19-08	163,259	-	\$ 163,259	\$ 162,660	\$ (599)
Cisco Wireless Access Points	IT-FY19-09			\$ -	\$ 12,000	\$ 12,000
Video Conferencing Upgrades	IT-FY19-10			\$ -	\$ 32,000	\$ 32,000
Unplanned Hardware	IT-FY19-11	15,094		\$ 15,094	\$ -	\$ (15,094)
Carryover from FY18	IT-FY19-12			\$ -	\$ -	\$ -
Hardware Subtotal		\$ 222,380	\$ 1,631	\$ 224,011	\$ 573,000	\$ 348,989
2. Software:						
Storage Upgrade	AC-FY19-01			\$ -	\$ -	\$ -
MS Server 2016	AC-FY19-02			\$ -	\$ 128,700	\$ 128,700
VMWare Licensisng	AC-FY19-03			\$ -	\$ 95,500	\$ 95,500
Unplanned Software	AC-FY19-04			\$ -	\$ -	\$ -
Carryover from FY18	AC-FY19-05			\$ -	\$ -	\$ -
Software Subtotal		\$ -	\$ -	\$ -	\$ 224,200	\$ 224,200
3. Building Improvement:						
1240 HVAC Replace AC-4 1st Floor IT area 5Ton Unit	FA-FY19-01		12,354	\$ 12,354	\$ 11,770	\$ (584)
1240 HVAC Replace AC4-Livermore Piedmont 8Ton Unit	FA-FY19-02		15,934	\$ 15,934	\$ 15,350	\$ (584)
1240 HVAC Emeryville East 14Ton Unit	FA-FY19-03		23,344	\$ 23,344	\$ 22,760	\$ (584)
1240 HVAC AC-6 1st Floor Training 2Ton Unit	FA-FY19-04		9,544	\$ 9,544	\$ 8,960	\$ (584)
1240 HVAC AC-6 1st Floor IT Area 5Ton Unit	FA-FY19-05		12,354	\$ 12,354	\$ 11,770	\$ (584)
1240 HVAC Emeryville West 10Ton Unit	FA-FY19-06		16,124	\$ 16,124	\$ 15,540	\$ (584)
1240 HVAC - Air Balance Trane 50 Ton & 400K Furnace unit, 42 VAV boxes, 6 AC package units, and 2 AC split systems	FA-FY19-07			\$ -	\$ 25,000	\$ 25,000
ACME Security Readers, Cameras, Doors, HD Boxes, if needed or repairs	FA-FY19-08			\$ -	\$ 20,000	\$ 20,000
ACME Badge printer, supplies, softwares/extra security (est.)	FA-FY19-09			\$ -	\$ 10,000	\$ 10,000
Red Hawk Full Fire Equipment upgrades (est.)	FA-FY19-10	5726		\$ 5,726	\$ 80,000	\$ 74,274

	<u>Project ID</u>	<u>Prior YTD Acquisitions</u>	<u>Current Month Acquisitions</u>	<u>Fiscal YTD Acquisitions</u>	<u>Budget Detail</u>	<u>\$ Variance Fav/(Unf.)</u>
Appliances over 1K for 1240, 1320 all suites, if needed to be replaced	FA-FY19-11			\$ -	\$ 5,000	\$ 5,000
Upgrade the Symmetry system	FA-FY19-12			\$ -	\$ 60,000	\$ 60,000
1240 Lighting: sensors, energy efficient bulbs (est.)	FA-FY19-13			\$ -	\$ 40,000	\$ 40,000
1240 (3) Water heater replacements (est.)	FA-FY19-14			\$ -	\$ 10,000	\$ 10,000
Unplanned Building Improvements	FA-FY19-15	38,098	4,750	\$ 42,848	\$ 20,000	\$ (22,848)
Carryover from FY18 / unplanned	FA-FY19-16	6749		\$ 6,749	\$ -	\$ (6,749)
Building Improvement Subtotal		\$ 50,573	\$ 94,404	\$ 144,977	\$ 356,150	\$ 211,173
4. Furniture & Equipment:						
Office Desks, cabinets, box files/ shelves old/broken	FA-FY19-17	2,906		\$ 2,906	\$ 100,000	\$ 97,094
Cubicles and Workstations (various areas)	FA-FY19-18	100,925		\$ 100,925	\$ 250,000	\$ 149,075
Facilities/Warehouse Shelvings, for re-organization	FA-FY19-19			\$ -	\$ 5,000	\$ 5,000
Construction (projects, ad hoc, patch/paint)	FA-FY19-20			\$ -	\$ 20,000	\$ 20,000
Varidesks/ Ergotrons - Ergo	FA-FY19-21	11,362		\$ 11,362	\$ 30,000	\$ 18,638
Tasks Chairs : Various sizes, special order or for Ergo	FA-FY19-22		17,458	\$ 17,458	\$ 20,000	\$ 2,542
Electrical work (projects, cubes, ad hoc requests)	FA-FY19-23			\$ -	\$ 20,000	\$ 20,000
Carryover from FY18	FA-FY19-24	2,824	1,883	\$ 4,707	\$ -	\$ (4,707)
Furniture & Equipment Subtotal		\$ 118,017	\$ 19,341	\$ 137,358	\$ 445,000	\$ 307,642
5. Leasehold Improvement:						
1320, Suite 100 build out offices/Construction (est.)	FA-FY19-25	49,906		\$ 49,906	\$ 45,000	\$ (4,906)
1320, Suite 100 Carpet Replacement & Paint (est.)	FA-FY19-26			\$ -	\$ 80,000	\$ 80,000
Carryover from FY18	FA-FY19-27			\$ -	\$ -	\$ -
Leasehold Improvement Subtotal		\$ 49,906	\$ -	\$ 49,906	\$ 125,000	\$ 75,094
6. Contingency:						
Contingency	FA-FY19-27			\$ -	\$ -	\$ -
Emergency Kits Reorder	FA-FY19-28			\$ -	\$ -	\$ -
Shelving for Cage (vendor: Uline)	FA-FY19-29			\$ -	\$ -	\$ -
Contingency Subtotal		\$ -	\$ -	\$ -	\$ -	\$ -
GRAND TOTAL		\$ 440,876	\$ 115,376	\$ 556,252	\$ 1,723,350	\$ 1,167,098
7. Reconciliation to Balance Sheet:						
Fixed Assets @ Cost - 1/31/19				\$ 40,371,163		
Fixed Assets @ Cost - 6/30/18				\$ 39,814,912		
Fixed Assets Acquired YTD				\$ 556,251		
				\$ (0)		

**ALAMEDA ALLIANCE FOR HEALTH
TANGIBLE NET EQUITY (TNE) AND LIQUID TNE ANALYSIS
SUMMARY - FISCAL YEAR 2019**

<u>TANGIBLE NET EQUITY (TNE)</u>	Jul-18	Aug-18	QTR. END Sep-18	Oct-18	Nov-18	QTR. END Dec-18	Jan-19
Current Month Net Income / (Loss)	\$1,100,779	(\$5,717,223)	\$1,733,826	\$607,174	\$41,636	\$2,608,640	(\$1,357,479)
YTD Net Income / (Loss)	\$1,100,779	(\$4,616,444)	(\$2,882,618)	(\$2,275,443)	(\$2,233,807)	\$374,832	(\$982,647)
Actual TNE							
Net Assets	\$191,260,493	\$185,543,269	\$187,277,096	\$187,884,270	\$187,925,906	\$190,534,546	\$189,177,067
Subordinated Debt & Interest	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Actual TNE	\$191,260,493	\$185,543,269	\$187,277,096	\$187,884,270	\$187,925,906	\$190,534,546	\$189,177,067
Increase/(Decrease) in Actual TNE	\$1,100,780	(\$5,717,224)	\$1,733,827	\$607,174	\$41,636	\$2,608,640	(\$1,357,479)
Required TNE⁽¹⁾	\$31,166,625	\$31,946,145	\$31,392,360	\$31,655,826	\$31,645,459	\$31,508,335	\$31,739,329
Min. Req'd to Avoid Monthly Reporting (130% of Required TNE)	\$40,516,613	\$41,529,989	\$40,810,068	\$41,152,573	\$41,139,097	\$40,960,836	\$41,261,128
TNE Excess / (Deficiency)	\$160,093,868	\$153,597,124	\$155,884,736	\$156,228,444	\$156,280,447	\$159,026,211	\$157,437,738
Actual TNE as a Multiple of Required	6.14	5.81	5.97	5.94	5.94	6.05	5.96

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	\$191,260,493	\$185,543,269	\$187,277,096	\$187,884,270	\$187,925,906	\$190,534,546	\$189,177,067
Fixed Assets at Net Book Value	(11,799,357)	(11,604,651)	(11,572,248)	(11,489,296)	(11,412,796)	(11,244,310)	(11,177,617)
CD Pledged to DMHC	(346,350)	(346,350)	(347,991)	(347,991)	(347,991)	(691,695)	(341,716)
Liquid TNE (Liquid Reserves)	\$179,114,786	\$173,592,268	\$175,356,857	\$176,046,983	\$176,165,119	\$178,598,541	\$177,657,734
Liquid TNE as Multiple of Required	5.75	5.43	5.59	5.56	5.57	5.67	5.60

**ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2019**

	Actual Jul-18	Actual Aug-18	Actual Sep-18	Actual Oct-18	Actual Nov-18	Actual Dec-18	Actual Jan-19	Actual Feb-19	Actual Mar-19	Actual Apr-19	Actual May-19	Actual Jun-19	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	97,284	96,634	96,457	95,954	95,499	95,322	94,491	0	0	0	0	0	671,641
Adults	36,468	35,987	35,922	35,716	35,501	35,559	35,035	0	0	0	0	0	250,188
SPD	26,208	26,170	26,207	26,249	26,168	26,103	26,078	0	0	0	0	0	183,183
ACA OE	83,068	83,271	83,829	84,009	83,746	83,920	82,684	0	0	0	0	0	584,527
Duals	16,790	16,951	17,097	17,192	17,311	17,400	17,348	0	0	0	0	0	120,089
Medi-Cal Program	259,818	259,013	259,512	259,120	258,225	258,304	255,636	0	0	0	0	0	1,809,628
Group Care Program	5,839	5,858	5,856	5,889	5,842	5,886	5,890	0	0	0	0	0	41,060
Total	265,657	264,871	265,368	265,009	264,067	264,190	261,526	0	0	0	0	0	1,850,688

Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	(585)	(650)	(177)	(503)	(455)	(177)	(831)	0	0	0	0	0	(3,378)
Adults	(417)	(481)	(65)	(206)	(215)	58	(524)	0	0	0	0	0	(1,850)
SPD	119	(38)	37	42	(81)	(65)	(25)	0	0	0	0	0	(11)
ACA OE	(1,113)	203	558	180	(263)	174	(1,236)	0	0	0	0	0	(1,497)
Duals	1,324	161	146	95	119	89	(52)	0	0	0	0	0	1,882
Medi-Cal Program	(672)	(805)	499	(392)	(895)	79	(2,668)	0	0	0	0	0	(4,854)
Group Care Program	32	19	(2)	33	(47)	44	4	0	0	0	0	0	83
Total	(640)	(786)	497	(359)	(942)	123	(2,664)	0	0	0	0	0	(4,771)

Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	37.4%	37.3%	37.2%	37.0%	37.0%	36.9%	37.0%	0.0%	0.0%	0.0%	0.0%	0.0%	37.1%
Adults % of Medi-Cal	14.0%	13.9%	13.8%	13.8%	13.7%	13.8%	13.7%	0.0%	0.0%	0.0%	0.0%	0.0%	13.8%
SPD % of Medi-Cal	10.1%	10.1%	10.1%	10.1%	10.1%	10.1%	10.2%	0.0%	0.0%	0.0%	0.0%	0.0%	10.1%
ACA OE % of Medi-Cal	32.0%	32.1%	32.3%	32.4%	32.4%	32.5%	32.3%	0.0%	0.0%	0.0%	0.0%	0.0%	32.3%
Duals % of Medi-Cal	6.5%	6.5%	6.6%	6.6%	6.7%	6.7%	6.8%	0.0%	0.0%	0.0%	0.0%	0.0%	6.6%
Medi-Cal Program % of Total	97.8%	97.8%	97.8%	97.8%	97.8%	97.8%	97.7%	0.0%	0.0%	0.0%	0.0%	0.0%	97.8%
Group Care Program % of Total	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%	2.3%	0.0%	0.0%	0.0%	0.0%	0.0%	2.2%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%

**ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2019**

	Actual Jul-18	Actual Aug-18	Actual Sep-18	Actual Oct-18	Actual Nov-18	Actual Dec-18	Actual Jan-19	Actual Feb-19	Actual Mar-19	Actual Apr-19	Actual May-19	Actual Jun-19	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted													
Directly Contracted (DCP)	52,622	52,107	52,066	51,544	51,835	52,152	50,615	0	0	0	0	0	362,941
Alameda Health System	48,458	48,710	48,959	49,159	48,771	48,873	48,787	0	0	0	0	0	341,717
	<u>101,080</u>	<u>100,817</u>	<u>101,025</u>	<u>100,703</u>	<u>100,606</u>	<u>101,025</u>	<u>99,402</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>704,658</u>
Delegated:													
CFMG	33,132	32,898	32,836	32,676	32,488	32,520	31,962	0	0	0	0	0	228,512
CHCN	97,049	96,859	97,120	97,107	96,559	96,414	96,389	0	0	0	0	0	677,497
Kaiser	34,396	34,297	34,387	34,523	34,414	34,231	33,773	0	0	0	0	0	240,021
Delegated Subtotal	<u>164,577</u>	<u>164,054</u>	<u>164,343</u>	<u>164,306</u>	<u>163,461</u>	<u>163,165</u>	<u>162,124</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,146,030</u>
Total	<u>265,657</u>	<u>264,871</u>	<u>265,368</u>	<u>265,009</u>	<u>264,067</u>	<u>264,190</u>	<u>261,526</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,850,688</u>
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	(454)	(263)	208	(322)	(97)	419	(1,623)	0	0	0	0	0	(2,132)
Delegated:													
CFMG	(279)	(234)	(62)	(160)	(188)	32	(558)	0	0	0	0	0	(1,449)
CHCN	241	(190)	261	(13)	(548)	(145)	(25)	0	0	0	0	0	(419)
Kaiser	(148)	(99)	90	136	(109)	(183)	(458)	0	0	0	0	0	(771)
Delegated Subtotal	<u>(186)</u>	<u>(523)</u>	<u>289</u>	<u>(37)</u>	<u>(845)</u>	<u>(296)</u>	<u>(1,041)</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>(2,639)</u>
Total	<u>(640)</u>	<u>(786)</u>	<u>497</u>	<u>(359)</u>	<u>(942)</u>	<u>123</u>	<u>(2,664)</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>(4,771)</u>
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	38.0%	38.1%	38.1%	38.0%	38.1%	38.2%	38.0%	0.0%	0.0%	0.0%	0.0%	0.0%	38.1%
Delegated:													
CFMG	12.5%	12.4%	12.4%	12.3%	12.3%	12.3%	12.2%	0.0%	0.0%	0.0%	0.0%	0.0%	12.3%
CHCN	36.5%	36.6%	36.6%	36.6%	36.6%	36.5%	36.9%	0.0%	0.0%	0.0%	0.0%	0.0%	36.6%
Kaiser	12.9%	12.9%	13.0%	13.0%	13.0%	13.0%	12.9%	0.0%	0.0%	0.0%	0.0%	0.0%	13.0%
Delegated Subtotal	<u>62.0%</u>	<u>61.9%</u>	<u>61.9%</u>	<u>62.0%</u>	<u>61.9%</u>	<u>61.8%</u>	<u>62.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>61.9%</u>
Total	<u>100.0%</u>	<u>100.0%</u>	<u>100.0%</u>	<u>100.0%</u>	<u>100.0%</u>	<u>100.0%</u>	<u>100.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>100.0%</u>

ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED January 31, 2019

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
				CAPITATED MEDICAL EXPENSES:				
\$1,587,608	\$1,148,138	(\$439,470)	(38.3%)	PCP-Capitation	\$10,062,737	\$8,448,580	(\$1,614,157)	(19.1%)
2,813,322	2,486,152	(327,170)	(13.2%)	PCP-Capitation - FQHC	19,575,331	17,613,079	(1,962,252)	(11.1%)
284,142	291,222	7,080	2.4%	Specialty-Capitation	1,984,802	2,035,814	51,012	2.5%
2,876,346	3,543,158	666,812	18.8%	Specialty-Capitation FQHC	20,062,739	23,565,404	3,502,665	14.9%
254,691	253,892	(799)	(0.3%)	Laboratory-Capitation	1,806,490	1,792,507	(13,983)	(0.8%)
421,588	343,475	(78,113)	(22.7%)	Transportation (Ambulance)-Cap	2,354,209	2,305,087	(49,122)	(2.1%)
198,658	199,264	606	0.3%	Vision Cap	1,403,664	1,405,849	2,185	0.2%
82,572	84,878	2,106	2.5%	CFMG Capitation	577,126	591,921	14,795	2.5%
146,082	268,342	122,260	45.6%	Anc IPA Admin Capitation FQHC	1,017,696	1,637,134	619,438	37.8%
7,741,918	8,183,096	441,178	5.4%	Kaiser Capitation	54,553,224	56,619,445	2,066,221	3.6%
507,347	535,436	28,089	5.2%	DME - Cap	3,558,289	3,695,789	137,500	3.7%
16,914,275	17,336,853	422,578	2.4%	5-TOTAL CAPITATED EXPENSES	116,956,306	119,710,609	2,754,303	2.3%
				FEE FOR SERVICE MEDICAL EXPENSES:				
1,560,621	0	(1,560,621)	0.0%	IBNP-Inpatient Services	291,241	0	(291,241)	0.0%
46,818	0	(46,818)	0.0%	IBNP-Settlement (IP)	8,741	0	(8,741)	0.0%
156,063	0	(156,063)	0.0%	IBNP-Claims Fluctuation (IP)	29,119	0	(29,119)	0.0%
17,480,982	21,314,837	3,833,855	18.0%	Inpatient Hospitalization-FFS	128,035,125	156,585,076	28,549,951	18.2%
1,326,384	0	(1,326,384)	0.0%	IP OB - Mom & NB	8,371,554	0	(8,371,554)	0.0%
46,922	0	(46,922)	0.0%	IP Behavioral Health	441,098	0	(441,098)	0.0%
0	0	0	0.0%	IP - Per Diem	(3,438)	0	3,438	0.0%
1,092,013	0	(1,092,013)	0.0%	IP - Long Term Care	6,752,611	0	(6,752,611)	0.0%
538,244	0	(538,244)	0.0%	IP - Facility Rehab FFS	5,372,119	0	(5,372,119)	0.0%
22,248,047	21,314,837	(933,210)	(4.4%)	6-Inpatient Hospital & SNF FFS Expense	149,298,171	156,585,076	7,286,905	4.7%
129,669	0	(129,669)	0.0%	IBNP-PCP	(272,098)	0	272,098	0.0%
3,890	0	(3,890)	0.0%	IBNP-Settlement (PCP)	(8,159)	0	8,159	0.0%
12,966	0	(12,966)	0.0%	IBNP-Claims Fluctuation (PCP)	(27,215)	0	27,215	0.0%
1,377,167	1,135,498	(241,669)	(21.3%)	Primary Care Non-Contracted FF	9,077,923	7,998,396	(1,079,527)	(13.5%)
74,574	92,242	17,668	19.2%	PCP FQHC FFS	890,938	898,749	7,811	0.9%
628,150	612,498	(15,652)	(2.6%)	Prop 56 Direct Payment Expenses	4,450,056	4,358,657	(91,399)	(2.1%)
2,226,416	1,840,238	(386,178)	(21.0%)	7-Primary Care Physician FFS Expense	14,111,444	13,255,802	(855,642)	(6.5%)
(70,867)	0	70,867	0.0%	IBNP-Specialist	388,031	0	(388,031)	0.0%
1,623,228	0	(1,623,228)	0.0%	Specialty Care-FFS	12,302,879	0	(12,302,879)	0.0%
151,137	0	(151,137)	0.0%	Anesthesiology - FFS	1,092,030	0	(1,092,030)	0.0%
509,347	0	(509,347)	0.0%	Spec Rad Therapy - FFS	4,420,141	0	(4,420,141)	0.0%
117,124	0	(117,124)	0.0%	Obstetrics-FFS	875,932	0	(875,932)	0.0%
191,798	0	(191,798)	0.0%	Spec IP Surgery - FFS	1,622,154	0	(1,622,154)	0.0%
347,564	0	(347,564)	0.0%	Spec OP Surgery - FFS	3,418,969	0	(3,418,969)	0.0%
341,202	3,782,576	3,441,374	91.0%	Spec IP Physician	2,294,786	27,188,881	24,894,095	91.6%
90,906	80,488	(10,418)	(12.9%)	SCP FQHC FFS	756,786	679,380	(77,406)	(11.4%)
(2,128)	0	2,128	0.0%	IBNP-Settlement (SCP)	11,637	0	(11,637)	0.0%
(7,085)	0	7,085	0.0%	IBNP-Claims Fluctuation (SCP)	38,808	0	(38,808)	0.0%
3,292,227	3,863,064	570,837	14.8%	8-Specialty Care Physician Expense	27,222,153	27,868,261	646,108	2.3%
(68,305)	0	68,305	0.0%	IBNP-Ancillary	297,198	0	(297,198)	0.0%
(2,047)	0	2,047	0.0%	IBNP Settlement (ANC)	8,919	0	(8,919)	0.0%
(6,830)	0	6,830	0.0%	IBNP Claims Fluctuation (ANC)	29,722	0	(29,722)	0.0%
313,021	0	(313,021)	0.0%	Acupuncture/Biofeedback	2,123,991	0	(2,123,991)	0.0%
140,390	0	(140,390)	0.0%	Hearing Devices	683,460	0	(683,460)	0.0%
20,723	0	(20,723)	0.0%	Imaging/MRI/CT Global	171,140	0	(171,140)	0.0%
32,526	0	(32,526)	0.0%	Vision FFS	264,072	0	(264,072)	0.0%
4,175	0	(4,175)	0.0%	Family Planning	49,726	0	(49,726)	0.0%
167,796	0	(167,796)	0.0%	Laboratory-FFS	1,419,921	0	(1,419,921)	0.0%
97,302	0	(97,302)	0.0%	ANC Therapist	679,945	0	(679,945)	0.0%
296,167	0	(296,167)	0.0%	Transportation (Ambulance)-FFS	1,965,229	0	(1,965,229)	0.0%
42,672	0	(42,672)	0.0%	Transportation (Other)-FFS	402,568	0	(402,568)	0.0%
371,161	0	(371,161)	0.0%	Hospice	2,758,618	0	(2,758,618)	0.0%
376,428	0	(376,428)	0.0%	Home Health Services	2,711,075	0	(2,711,075)	0.0%
0	2,564,373	2,564,373	100.0%	Other Medical-FFS	17	17,496,209	17,496,202	100.0%
8,689	0	(8,689)	0.0%	Denials	8,689	0	(8,689)	0.0%
0	0	0	0.0%	Refunds-Medical Payments	15,668	0	(15,668)	0.0%
233,890	0	(233,890)	0.0%	DME & Medical Supplies	1,323,339	0	(1,323,339)	0.0%

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MED FFS CAP 2019

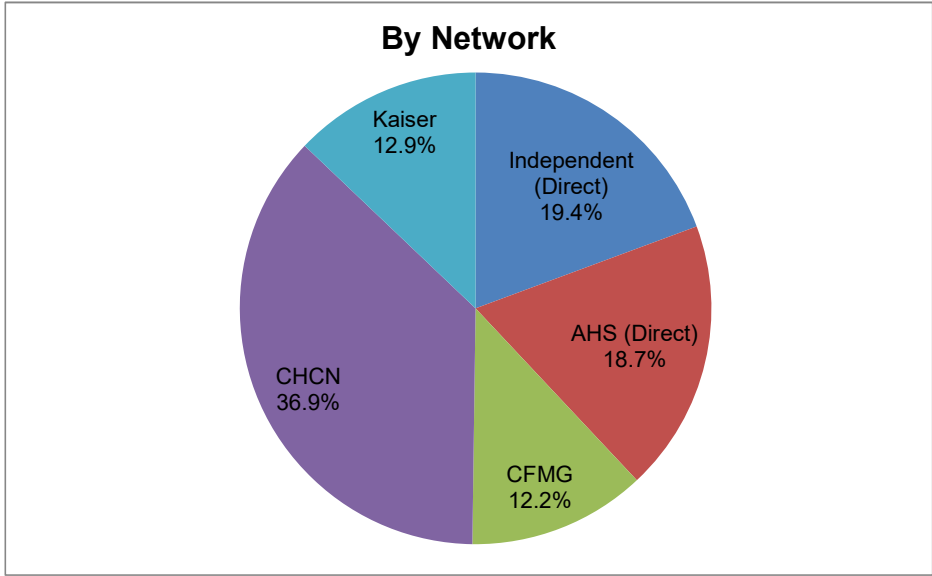
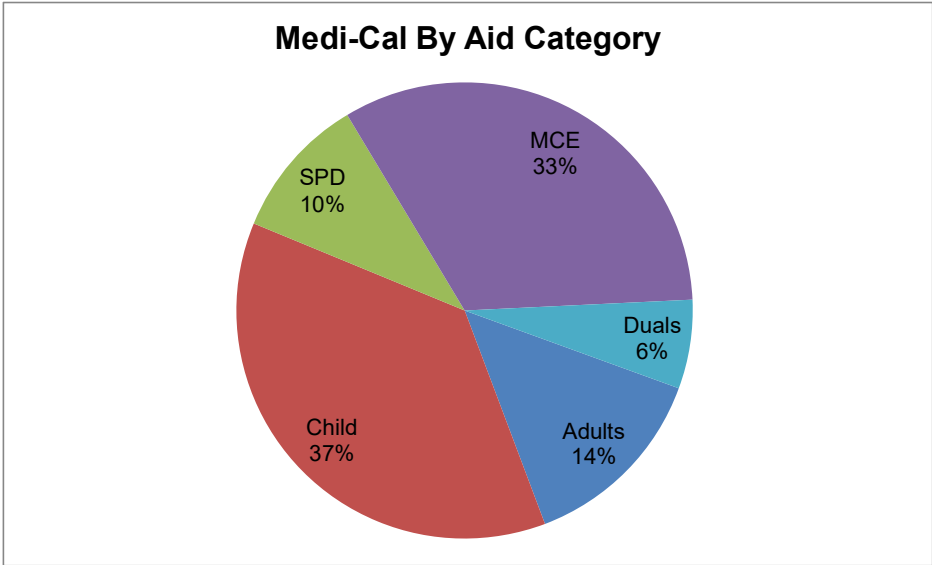
02/21/19
 REPORT #8A

ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED January 31, 2019

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
\$471,493	\$0	(\$471,493)	0.0%	Community Based Adult Services (CBAS)	\$3,384,077	\$0	(\$3,384,077)	0.0%
2,499,251	2,564,373	65,122	2.5%	9-Ancillary Medical Expense	18,297,373	17,496,219	(801,154)	(4.6%)
(692,681)	0	692,681	0.0%	IBNP-Outpatient	(1,089,649)	0	1,089,649	0.0%
(20,782)	0	20,782	0.0%	IBNP Settlement (OP)	(32,692)	0	32,692	0.0%
(69,269)	0	69,269	0.0%	IBNP Claims Fluctuation (OP)	(108,962)	0	108,962	0.0%
1,638,082	7,971,523	6,333,441	79.5%	Out-Patient FFS	11,045,954	55,452,007	44,406,053	80.1%
935,170	0	(935,170)	0.0%	OP Ambul Surgery - FFS	7,213,399	0	(7,213,399)	0.0%
1,002,936	0	(1,002,936)	0.0%	OP Fac Imaging Services-FFS	6,834,238	0	(6,834,238)	0.0%
1,559,192	0	(1,559,192)	0.0%	Behav Health - FFS	11,905,441	0	(11,905,441)	0.0%
311,627	0	(311,627)	0.0%	OP Facility - Lab FFS	2,138,379	0	(2,138,379)	0.0%
69,306	0	(69,306)	0.0%	OP Facility - Cardio FFS	562,665	0	(562,665)	0.0%
59,381	0	(59,381)	0.0%	OP Facility - PT/OT/ST FFS	394,521	0	(394,521)	0.0%
1,839,644	0	(1,839,644)	0.0%	OP Facility - Dialysis FFS	10,212,062	0	(10,212,062)	0.0%
6,632,604	7,971,523	1,338,919	16.8%	10-Outpatient Medical Expense Medical Expense	49,075,356	55,452,007	6,376,651	11.5%
(210,681)	0	210,681	0.0%	IBNP-Emergency	(1,849,799)	0	1,849,799	0.0%
(6,319)	0	6,319	0.0%	IBNP Settlement (ER)	(55,497)	0	55,497	0.0%
(21,066)	0	21,066	0.0%	IBNP Claims Fluctuation (ER)	(184,980)	0	184,980	0.0%
580,475	0	(580,475)	0.0%	Special ER Physician-FFS	4,183,939	0	(4,183,939)	0.0%
6,202	0	(6,202)	0.0%	ER-Non Emergent-FFS	6,202	0	(6,202)	0.0%
2,906,225	3,824,386	918,161	24.0%	ER-Facility	20,485,741	25,314,300	4,828,559	19.1%
3,254,837	3,824,386	569,549	14.9%	11-Emergency Expense	22,585,606	25,314,300	2,728,694	10.8%
(125,561)	0	125,561	0.0%	IBNP-Pharmacy	(298,405)	0	298,405	0.0%
(3,767)	0	3,767	0.0%	IBNP Settlement (RX)	(8,953)	0	8,953	0.0%
(12,557)	0	12,557	0.0%	IBNP Claims Fluctuation (RX)	(29,840)	0	29,840	0.0%
3,449,117	2,499,584	(949,533)	(38.0%)	RX - Non-PBM FFS	23,532,934	19,617,526	(3,915,408)	(20.0%)
10,215,787	10,947,361	731,574	6.7%	Pharmacy-FFS	73,596,205	75,041,608	1,445,403	1.9%
(498,201)	(434,074)	64,127	(14.8%)	Pharmacy-Rebate	(3,389,468)	(3,005,487)	383,981	(12.8%)
13,024,819	13,012,871	(11,948)	(0.1%)	12-Pharmacy Expense	93,402,473	91,653,647	(1,748,826)	(1.9%)
53,178,201	54,391,292	1,213,091	2.2%	13-TOTAL FFS MEDICAL EXPENSES	373,992,576	387,625,312	13,632,736	3.5%
0	(99,718)	(99,718)	100.0%	Clinical Vacancy	0	(397,871)	(397,871)	100.0%
119,290	141,940	22,650	16.0%	Quality Analytics	610,857	818,193	207,336	25.3%
265,587	402,780	137,192	34.1%	Health Plan Services Department Total	1,890,964	2,387,333	496,369	20.8%
495,649	327,868	(167,780)	(51.2%)	Case & Disease Management Department Total	2,520,458	2,348,188	(172,270)	(7.3%)
146,604	166,955	20,350	12.2%	Medical Services Department Total	945,791	1,019,592	73,802	7.2%
391,031	492,216	101,185	20.6%	Quality Management Department Total	3,205,100	3,412,408	207,308	6.1%
99,642	139,662	40,021	28.7%	Pharmacy Services Department Total	805,646	904,347	98,701	10.9%
17,813	33,009	15,196	46.0%	Regulatory Readiness Total	47,566	113,671	66,104	58.2%
1,535,616	1,604,713	69,097	4.3%	14-Other Benefits & Services	10,026,382	10,605,861	579,479	5.5%
0	(341,542)	(341,542)	100.0%	Reinsurance Expense	0	(2,635,115)	(2,635,115)	100.0%
398,659	401,813	3,154	0.8%	Reinsurance Recoveries	(3,177,403)	(2,807,425)	(369,978)	(11.6%)
398,659	60,271	(338,388)	(561.4%)	Stop-Loss Expense	2,807,425	2,819,746	12,321	0.4%
66,666	66,666	0	0.0%	15-Reinsurance Expense	(369,978)	184,631	554,609	300.4%
66,666	66,666	0	0.0%	Preventive Health Services	666,665	666,665	0	0.0%
				Risk Sharing PCP	666,665	666,665	0	0.0%
				16-Risk Pool Distribution	666,665	666,665	0	0.0%
72,093,417	73,459,795	1,366,378	1.9%	17-TOTAL MEDICAL EXPENSES	501,271,952	518,793,078	17,521,126	3.4%

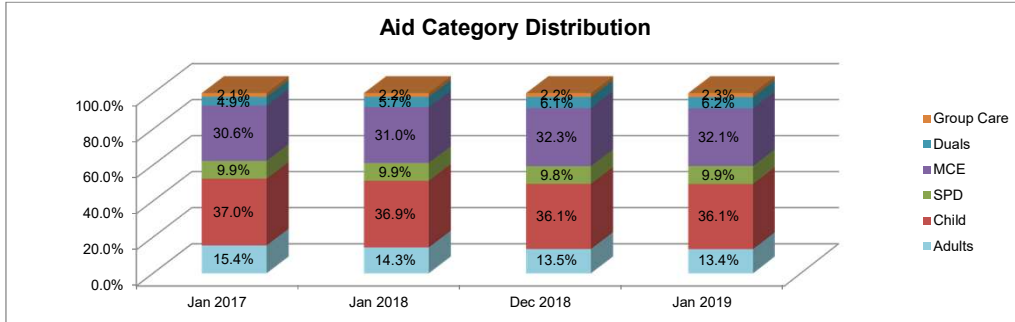
Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Current Membership by Network By Category of Aid							
Category of Aid	Jan 2019	% of Medi-Cal	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Adults	35,034	14%	8,856	6,939	320	13,285	5,634
Child	94,491	37%	9,028	8,330	29,344	31,830	15,959
SPD	26,002	10%	8,879	3,585	1,347	10,341	1,850
MCE	84,010	33%	14,859	27,342	942	32,346	8,521
Duals	16,099	6%	6,302	1,814	9	6,165	1,809
Medi-Cal			47,924	48,010	31,962	93,967	33,773
Group Care			2,691	777	-	2,422	-
Total	261,526	100%	50,615	48,787	31,962	96,389	33,773
Medi-Cal %	97.7%		94.7%	98.4%	100.0%	97.5%	100.0%
Group Care %	2.3%		5.3%	1.6%	0.0%	2.5%	0.0%
<i>Network Distribution</i>			<i>19.4%</i>	<i>18.7%</i>	<i>12.2%</i>	<i>36.9%</i>	<i>12.9%</i>
			% Direct: 38%	% Delegated: 62%			

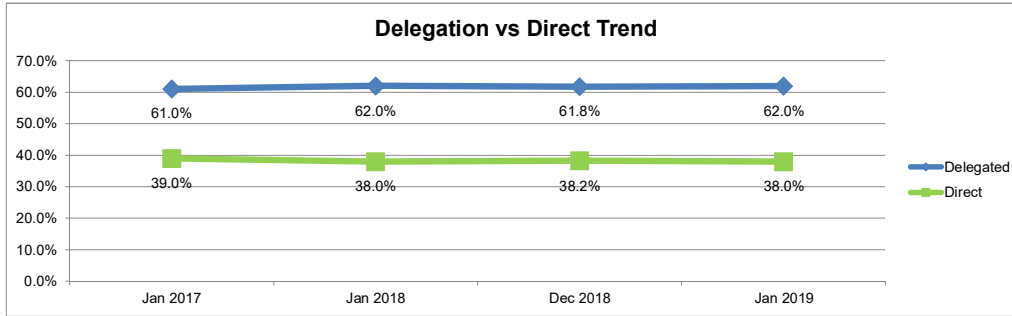


Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

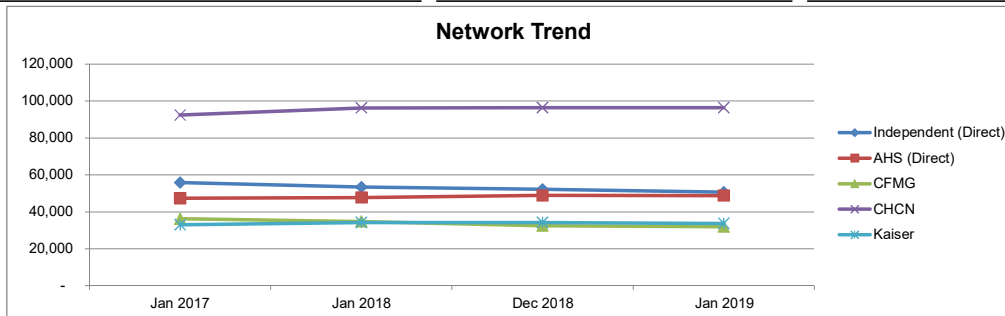
Category of Aid Trend												
Category of Aid	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Jan 2017	Jan 2018	Dec 2018	Jan 2019	Jan 2017	Jan 2018	Dec 2018	Jan 2019	Jan 2017 to Jan 2018	Jan 2018 to Jan 2019	Dec 2018 to Jan 2019	
Adults	40,774	38,177	35,559	35,034	15.4%	14.3%	13.5%	13.4%	-6.4%	-8.2%	-1.5%	
Child	97,978	98,460	95,322	94,491	37.0%	36.9%	36.1%	36.1%	0.5%	-4.0%	-0.9%	
SPD	26,269	26,367	26,006	26,002	9.9%	9.9%	9.8%	9.9%	0.4%	-1.4%	0.0%	
MCE	81,083	82,693	85,345	84,010	30.6%	31.0%	32.3%	32.1%	2.0%	1.6%	-1.6%	
Duals	13,074	15,143	16,072	16,099	4.9%	5.7%	6.1%	6.2%	15.8%	6.3%	0.2%	
Medi-Cal Total	259,178	260,840	258,304	255,636	97.9%	97.8%	97.8%	97.7%	0.6%	-2.0%	-1.0%	
Group Care	5,613	5,743	5,886	5,890	2.1%	2.2%	2.2%	2.3%	2.3%	2.6%	0.1%	
Total	264,791	266,583	264,190	261,526	100.0%	100.0%	100.0%	100.0%	0.7%	-1.9%	-1.0%	



Delegation vs Direct Trend												
Members	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Jan 2017	Jan 2018	Dec 2018	Jan 2019	Jan 2017	Jan 2018	Dec 2018	Jan 2019	Jan 2017 to Jan 2018	Jan 2018 to Jan 2019	Dec 2018 to Jan 2019	
Delegated	161,653	165,370	163,165	162,124	61.0%	62.0%	61.8%	62.0%	2.3%	-2.0%	-0.6%	
Direct	103,138	101,213	101,025	99,402	39.0%	38.0%	38.2%	38.0%	-1.9%	-1.8%	-1.6%	
Total	264,791	266,583	264,190	261,526	100.0%	100.0%	100.0%	100.0%	0.7%	-1.9%	-1.0%	

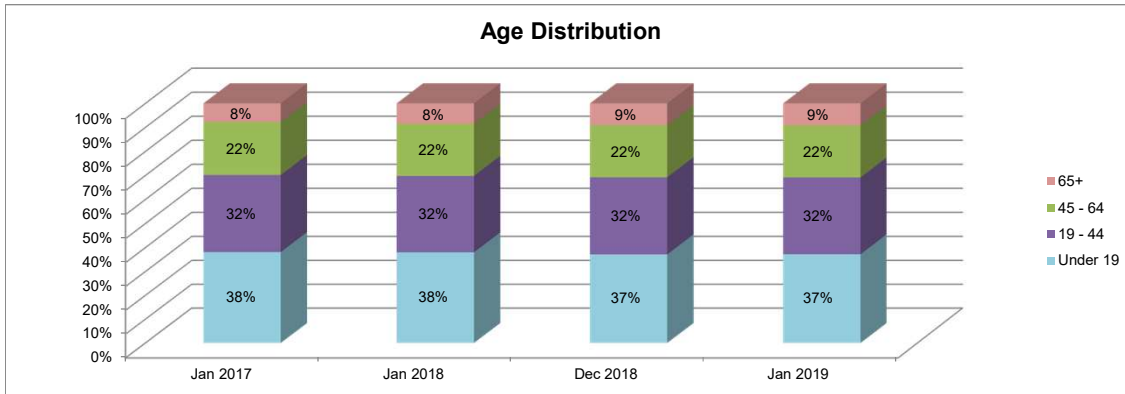


Network Trend												
Network	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Jan 2017	Jan 2018	Dec 2018	Jan 2019	Jan 2017	Jan 2018	Dec 2018	Jan 2019	Jan 2017 to Jan 2018	Jan 2018 to Jan 2019	Dec 2018 to Jan 2019	
Independent (Direct)	55,782	53,448	52,152	50,615	21.1%	20.0%	19.7%	19.4%	-4.2%	-5.3%	-2.9%	
AHS (Direct)	47,356	47,765	48,873	48,787	17.9%	17.9%	18.5%	18.7%	0.9%	2.1%	-0.2%	
CFMG	36,270	34,805	32,520	31,962	13.7%	13.1%	12.3%	12.2%	-4.0%	-8.2%	-1.7%	
CHCN	92,348	96,313	96,414	96,389	34.9%	36.1%	36.5%	36.9%	4.3%	0.1%	0.0%	
Kaiser	33,035	34,252	34,231	33,773	12.5%	12.8%	13.0%	12.9%	3.7%	-1.4%	-1.3%	
Total	264,791	266,583	264,190	261,526	100.0%	100.0%	100.0%	100.0%	0.7%	-1.9%	-1.0%	

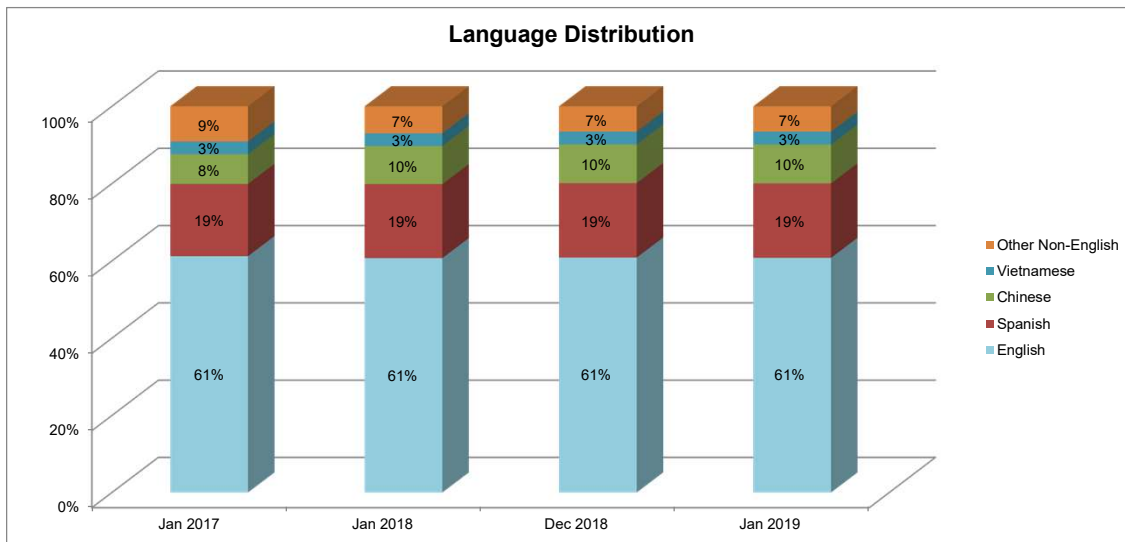


Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Age Category Trend												
Age Category	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Jan 2017	Jan 2018	Dec 2018	Jan 2019	Jan 2017	Jan 2018	Dec 2018	Jan 2019	Jan 2017 to Jan 2018	Jan 2018 to Jan 2019	Dec 2018 to Jan 2019	
Under 19	100,916	101,364	98,122	97,304	38%	38%	37%	37%	0%	-4%	-1%	
19 - 44	84,920	84,784	84,866	83,556	32%	32%	32%	32%	0%	-1%	-2%	
45 - 64	58,454	57,967	57,340	56,766	22%	22%	22%	22%	-1%	-2%	-1%	
65+	20,501	22,468	23,862	23,900	8%	8%	9%	9%	10%	6%	0%	
Total	264,791	266,583	264,190	261,526	100%	100%	100%	100%	1%	-2%	-1%	



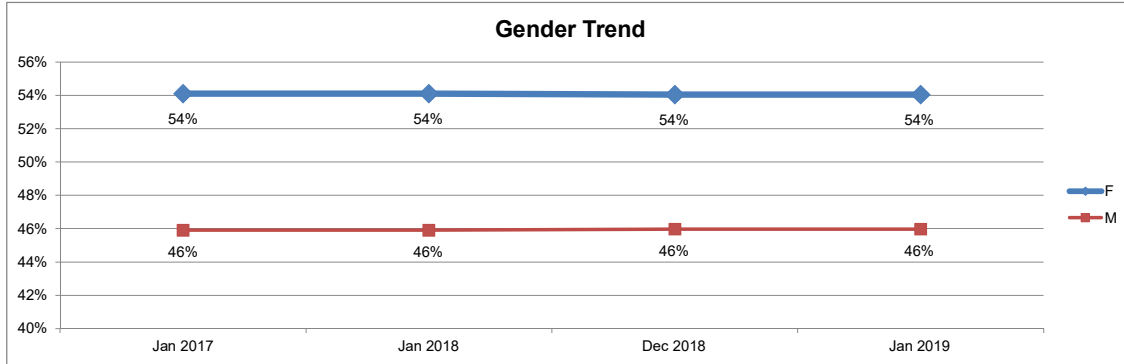
Language Trend												
Language	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Jan 2017	Jan 2018	Dec 2018	Jan 2019	Jan 2017	Jan 2018	Dec 2018	Jan 2019	Jan 2017 to Jan 2018	Jan 2018 to Jan 2019	Dec 2018 to Jan 2019	
English	162,077	161,841	160,783	158,970	61%	61%	61%	61%	0%	-2%	-1%	
Spanish	49,519	51,049	50,898	50,384	19%	19%	19%	19%	3%	-1%	-1%	
Chinese	20,390	26,270	26,409	26,286	8%	10%	10%	10%	29%	0%	0%	
Vietnamese	8,706	8,822	8,743	8,696	3%	3%	3%	3%	1%	-1%	-1%	
Other Non-English	24,099	18,601	17,357	17,190	9%	7%	7%	7%	-23%	-8%	-1%	
Total	264,791	266,583	264,190	261,526	100%	100%	100%	100%	1%	-2%	-1%	



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

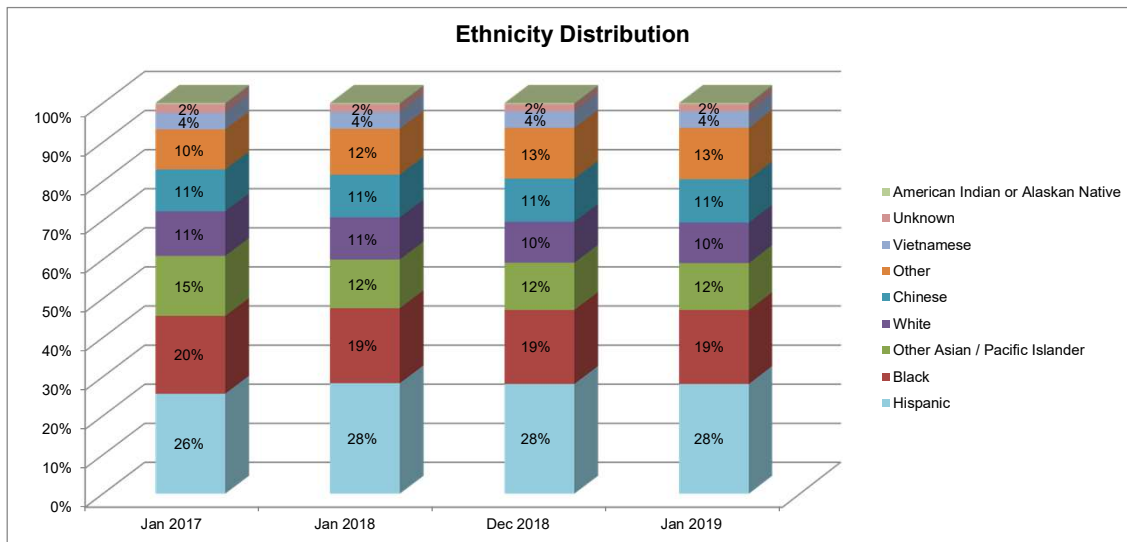
Gender Trend

Gender	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Jan 2017	Jan 2018	Dec 2018	Jan 2019	Jan 2017	Jan 2018	Dec 2018	Jan 2019	Jan 2017 to Jan 2018	Jan 2018 to Jan 2019	Dec 2018 to Jan 2019
F	143,234	144,212	142,763	141,314	54%	54%	54%	54%	1%	-2%	-1%
M	121,557	122,371	121,427	120,212	46%	46%	46%	46%	1%	-2%	-1%
Total	264,791	266,583	264,190	261,526	100%	100%	100%	100%	1%	-2%	-1%



Ethnicity Trend

Ethnicity	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Jan 2017	Jan 2018	Dec 2018	Jan 2019	Jan 2017	Jan 2018	Dec 2018	Jan 2019	Jan 2017 to Jan 2018	Jan 2018 to Jan 2019	Dec 2018 to Jan 2019
Hispanic	67,884	75,484	74,324	73,561	26%	28%	28%	28%	11%	-3%	-1%
Black	52,656	51,185	50,022	49,456	20%	19%	19%	19%	-3%	-3%	-1%
Other Asian / Pacific Islander	40,683	33,190	31,917	31,452	15%	12%	12%	12%	-18%	-5%	-1%
White	30,217	28,717	27,675	27,062	11%	11%	10%	10%	-5%	-6%	-2%
Chinese	28,412	29,082	29,141	28,970	11%	11%	11%	11%	2%	0%	-1%
Other	27,071	31,350	34,362	34,404	10%	12%	13%	13%	16%	10%	0%
Vietnamese	11,309	11,439	11,249	11,174	4%	4%	4%	4%	1%	-2%	-1%
Unknown	5,764	5,393	4,799	4,749	2%	2%	2%	2%	-6%	-12%	-1%
American Indian or Alaskan Native	795	743	701	698	0%	0%	0%	0%	-7%	-6%	0%
Total	264,791	266,583	264,190	261,526	100%	100%	100%	100%	1%	-2%	-1%



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

Medi-Cal By City							
City	Jan 2019	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	104,390	41%	11,892	23,619	14,685	44,809	9,385
Hayward	39,198	15%	8,285	7,797	4,759	11,726	6,631
Fremont	22,277	9%	9,223	3,058	505	6,030	3,461
San Leandro	22,687	9%	4,103	3,292	3,421	8,527	3,344
Union City	11,239	4%	4,421	1,469	402	2,948	1,999
Alameda	10,348	4%	2,010	1,496	1,657	3,825	1,360
Berkeley	9,183	4%	882	1,607	1,307	4,141	1,246
Livermore	7,273	3%	919	619	1,731	2,844	1,160
Newark	6,043	2%	1,815	1,857	110	1,183	1,078
Castro Valley	6,060	2%	1,248	877	1,033	1,737	1,165
San Lorenzo	5,237	2%	908	849	709	1,734	1,037
Pleasanton	3,665	1%	804	330	421	1,524	586
Dublin	3,815	1%	801	334	500	1,520	660
Emeryville	1,532	1%	239	331	239	516	207
Albany	1,511	1%	106	207	343	569	286
Piedmont	297	0%	46	68	34	69	80
Sunol	64	0%	24	11	3	12	14
Antioch	25	0%	7	5	3	9	1
Other	792	0%	191	184	100	244	73
Total	255,636	100%	47,924	48,010	31,962	93,967	33,773

Group Care By City							
City	Jan 2019	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	2,093	36%	619	363	-	1,111	-
Hayward	654	11%	397	100	-	157	-
Fremont	611	10%	474	45	-	92	-
San Leandro	534	9%	222	76	-	236	-
Union City	343	6%	248	30	-	65	-
Alameda	258	4%	113	26	-	119	-
Berkeley	201	3%	45	16	-	140	-
Livermore	79	1%	28	-	-	51	-
Newark	140	2%	101	22	-	17	-
Castro Valley	190	3%	107	20	-	63	-
San Lorenzo	114	2%	52	22	-	40	-
Pleasanton	46	1%	23	1	-	22	-
Dublin	100	2%	45	1	-	54	-
Emeryville	24	0%	12	-	-	12	-
Albany	11	0%	4	-	-	7	-
Piedmont	16	0%	6	1	-	9	-
Sunol	-	0%	-	-	-	-	-
Antioch	21	0%	6	3	-	12	-
Other	455	8%	189	51	-	215	-
Total	5,890	100%	2,691	777	-	2,422	-

Total By City							
City	Dec 2018	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	107,558	41%	12,511	23,982	14,685	45,920	9,385
Hayward	40,258	15%	8,682	7,897	4,759	11,883	6,631
Fremont	23,174	9%	9,697	3,103	505	6,122	3,461
San Leandro	23,456	9%	4,325	3,368	3,421	8,763	3,344
Union City	11,656	4%	4,669	1,499	402	3,013	1,999
Alameda	10,718	4%	2,123	1,522	1,657	3,944	1,360
Berkeley	9,496	4%	927	1,623	1,307	4,281	1,246
Livermore	7,429	3%	947	619	1,731	2,895	1,160
Newark	6,301	2%	1,916	1,879	110	1,200	1,078
Castro Valley	6,299	2%	1,355	897	1,033	1,800	1,165
San Lorenzo	5,389	2%	960	871	709	1,774	1,037
Pleasanton	3,789	1%	827	331	421	1,546	586
Dublin	3,946	1%	846	335	500	1,574	660
Emeryville	1,601	1%	251	331	239	528	207
Albany	1,540	1%	110	207	343	576	286
Piedmont	310	0%	52	69	34	78	80
Sunol	59	0%	24	11	3	12	14
Antioch	58	0%	13	8	3	21	1
Other	1,153	0%	380	235	100	459	73
Total	264,190	100%	50,615	48,787	31,962	96,389	33,773

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Age and Gender by Category of Aid by Network								
Category of Aid	Jan 2019	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser	
MCE	By Age							
Under 19	-	0%	-	-	-	-	-	-
19 - 44	48,930	58%	7,556	17,973	942	17,192	5,267	
45 - 64	33,699	40%	6,980	9,046	-	14,544	3,129	
65+	1,381	2%	323	323	-	610	125	
Total	84,010	100%	14,859	27,342	942	32,346	8,521	
	By Gender							
F	43,308	52%	7,851	12,069	448	17,762	5,178	
M	40,702	48%	7,008	15,273	494	14,584	3,343	
Total	84,010	100%	14,859	27,342	942	32,346	8,521	
SPD	By Age							
Under 19	2,812	11%	168	169	1,209	769	497	
19 - 44	4,952	19%	1,475	705	138	1,901	733	
45 - 64	7,900	30%	2,509	1,445	-	3,566	380	
65+	10,338	40%	4,727	1,266	-	4,105	240	
Total	26,002	100%	8,879	3,585	1,347	10,341	1,850	
	By Gender							
F	13,348	51%	4,850	1,827	432	5,359	880	
M	12,654	49%	4,029	1,758	915	4,982	970	
Total	26,002	100%	8,879	3,585	1,347	10,341	1,850	
Adults	By Age							
Under 19	-	0%	-	-	-	-	-	-
19 - 44	26,554	76%	6,305	5,684	320	9,976	4,269	
45 - 64	8,337	24%	2,499	1,234	-	3,266	1,338	
65+	143	0%	52	21	-	43	27	
Total	35,034	100%	8,856	6,939	320	13,285	5,634	
	By Gender							
F	24,536	70%	5,752	4,730	157	9,677	4,220	
M	10,498	30%	3,104	2,209	163	3,608	1,414	
Total	35,034	100%	8,856	6,939	320	13,285	5,634	
Duals	By Age							
Under 19	-	0%	-	-	-	-	-	-
19 - 44	1,501	9%	543	161	9	483	305	
45 - 64	3,273	20%	1,248	470	-	1,141	414	
65+	11,325	70%	4,511	1,183	-	4,541	1,090	
Total	16,099	100%	6,302	1,814	9	6,165	1,809	
	By Gender							
F	9,219	57%	3,533	994	2	3,588	1,102	
M	6,880	43%	2,769	820	7	2,577	707	
Total	16,099	100%	6,302	1,814	9	6,165	1,809	
Child	By Gender							
F	46,557	49%	4,450	4,180	14,456	15,628	7,843	
M	47,934	51%	4,578	4,150	14,888	16,202	8,116	
Total	94,491	100%	9,028	8,330	29,344	31,830	15,959	

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Age By Network							
Line of Business	Jan 2019	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
MCAL							
Under 19	97,303	38%	9,196	8,499	30,553	32,599	16,456
19 - 44	81,937	32%	15,879	24,523	1,409	29,552	10,574
45 - 64	53,209	21%	13,236	12,195	-	22,517	5,261
65+	23,187	9%	9,613	2,793	-	9,299	1,482
Total	255,636	100%	47,924	48,010	31,962	93,967	33,773
Group Care							
Under 19	1	0%	1	-	-	-	-
19 - 44	1,619	27%	778	270	-	571	-
45 - 64	3,557	60%	1,594	427	-	1,536	-
65+	713	12%	318	80	-	315	-
Total	5,890	100%	2,691	777	-	2,422	-
TOTAL							
Under 19	97,304	37%	9,197	8,499	30,553	32,599	16,456
19 - 44	83,556	32%	16,657	24,793	1,409	30,123	10,574
45 - 64	56,766	22%	14,830	12,622	-	24,053	5,261
65+	23,900	9%	9,931	2,873	-	9,614	1,482
Total	261,526	100%	50,615	48,787	31,962	96,389	33,773



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

Operations

Matt Woodruff

_To: Alameda Alliance for Health Board of Governors
From: Matthew Woodruff, Chief Operations Officer
Date: March 8, 2019
Subject: Operations Report

Member Services

- 12-month Trend Summary:
 - The Member Services Department received in an increased volume (8% increase) of calls (16,861) in February 2019 compared to 13,854 in February 2018. The abandonment rate increased slightly by two percent to 5% in 2019 compared to 3% in 2018.
 - The service level for the department was also three percent higher in February 2019 (82%) compared to February y of 2018 (79%). The top five call reasons (Change of PCP; Eligibility/Member; Kaiser; Benefits; ID Card Request) remained the same in 2018 and 2019 with the exception of a notable increase (3.2%) in enrollment inquiries for 2019. Our work on improving our abandonment rate to meet compliance at 5% or below by working with IT (system outages); making appropriate skill-based routing changes; work schedule adjustments to meet the challenging needs of our members has given us positive results.

- Main Office:
 - The Member Services department blended service level for February was 82%, which is compliant with internal standards. The Department answered 16,003 calls in the month of February and had an abandonment rate of 5%, which is compliant with the 5% standard. Recent changes made to the call scripts have contributed to the significant improvement in meeting call center standards.
 - The Department continues to participate in weekly conference calls with the overflow call center vendor to address concerns; review process workflows; identify training opportunities and to ensure continued compliance with service level agreements.

- Training:
 - The Department is working to create engaging and continuous training sessions to reinforce good practices, boost staff knowledge and

performance and get staff excited about learning. Quarterly training sessions are provided to the call center staff to achieve greater performance and satisfaction outcomes for both the staff and the customers that the Department serves.

- Member Satisfaction Survey:
 - The Customer Satisfaction Survey results continue to reflect that members are generally satisfied with the level of service they received when speaking to member services representatives. During the month of February, a total 2656 of the callers elected to participate in the survey, 1869 callers elected to answer the survey questions completely.
 - Participants were asked to rate their call experience by answering 4 questions.
 - A response of 1 being the most satisfied and a response of 3 being the least satisfied with their call experience.

 - The questions and the results of the survey are as follows:
 - The Member Services Staff understood the reason for my call. February (1843 – satisfied, 24- neutral, 2 – dissatisfied)
 - The Member Services Staff was open to my questions and concerns. February (1829 – satisfied, 38 - neutral, 2 – dissatisfied)
 - The Member Services Staff gave me clear information. February (1842 – satisfied, 23 - neutral, 4- dissatisfied)
 - Overall, I was happy with the services I received today. February (1844 – satisfied, 23 - neutral, 2 - dissatisfied)

 - Overall satisfaction for the month of February shows that 99% of the callers that took the survey, 1844 out of 1869, were satisfied with the results of their call experience. Our first contact resolution (FCR), per survey question #2 above, was 98%.

- Mystery Shopper Survey:
 - During the month of January, our contracted vendor completed 94 “Mystery Shopper” calls.

 - Topics surveyed included the following:
 - Eligibility
 - Pharmacy
 - Benefits
 - Service Area
 - Member ID Card
 - Interpreter Services
 - Primary Care Provider Selection
 - Complaints/Grievances & Appeals
 - Authorizations/Referrals
 - Emergency/Urgent Care
 - Cost sharing/Copays
 - Transportation Services

- Autism Services
 - Skilled Nursing
 - Formulary
 - Kaiser
 - Provider Network
 - Out of Network Coverage
 - Enrollment
- Mystery shopping survey results demonstrated that the member services representatives are compliant with the processes and standards initiated by the Alliance. In all of the 94 survey calls conducted for the month of February, scripts were followed for the closing of the 81 calls. Eighty-six percent (86%) of the calls were closed according to the approved script. Thirteen (13) calls were opened/closed off script. The survey results are reviewed with team members. Learning objectives to correct deficiencies address areas where refresher trainings are identified.
- Exempt Grievances:
 - Four hundred forty-three (443) Exempt Grievances were processed in February. Exempt Grievances are reported monthly/quarterly to various committees for tracking and trending (refer to the Grievance and Appeals report for details). There were no PQI errors for the month of February, which demonstrate the effectiveness of on-going training efforts in appropriately identifying and referring PQIs. Our goal is to enrich staff knowledge about plan benefits and services to improve efficiencies. Providing prompt and accurate information is key to increasing member satisfaction.

Claims

- 12-Month Trend Summary:
 - The Claims Department received a decreased volume of claims at 117,729 in February 2019 compared to 121,187 in February 2018.
 - The Auto-adjudication rate increased in February 2019 to seventy-two percent (72%) as compared to seventy-one percent (71%) in February 2018.
 - Claims Compliance (30-day turn-around time) increased in February 2019 to ninety-nine percent (99%) as compared to ninety-three percent (93%) in February 2018.
- Monthly Analysis:
 - In the month of February, we received a total of 117,729 claims in the HEALTHsuite system.
 - We received seventy-five percent (75%) of claims via EDI and twenty-five percent (25%) of claims via paper.

- One hundred percent (100%) of our claims were processed in 45 days during the month of February.
- Auto Adjudication was seventy-two (72%) for the month of February.

Provider Services

- 12-Month Trend Summary:
 - The Provider Relations Department's call volume increased in February 2019 to 6,262 calls compared to 5,331 call in February 2018.
 - We are anticipating our call volume to increase this year. Provider Services continuously works to achieve first call resolution and reduces the abandonment rates. Our efforts are to promote provider's satisfaction as our first priority.
- The Provider Services department completed 86 visits during the month of January.
- The Provider Services department answered over 5,116 calls for the month of February and made over 1,602 outbound calls.
- The Alliance Quality Department contracts with SPH Analytics to conduct our Provider Satisfaction survey. This is a compliance and contract requirement required by DHCS. The Alliance received our 2018 Provider Satisfaction Survey result from SPH Analytics. The Alliance overall provider satisfaction increased from 79.1% in 2017 to 81.1% in 2018. For comparison, the average commercial plan's overall satisfaction is 76% and for comparison the average Medicaid plan's overall satisfaction is 70%.

Credentialing Department

- 12-Month Trend Summary:
 - At the Peer Review and Credentialing (PRCC) meeting held on February 19, 2019 there were 19 initial providers approved; 9 primary care providers, 3 specialists, 3 ancillary providers, and 4 midlevel providers. Additionally, 28 providers were re-credentialed at this meeting; 5 primary care providers, 16 specialists, 0 ancillary providers, and 7 midlevel providers.
 - For more information, please refer to the Credentialing charts and graphs located in the Operations supporting documentation.

Provider Dispute Resolution

- 12-Month Trend Summary:
 - The PDR department resolved 700 cases in February 2019 compared to 285 cases in February 2018.
 - In February 2019 the PDR department upheld seventy-one percent (71%) of cases versus seventy-six percent (76%) in February 2018.
 - The PDR department resolved ninety-eight percent (98%) of cases within the compliance standard of ninety-five percent (95%) within forty-five (45) working days in February 2019 compared to ninety-six percent (96%) in February 2018.
- Monthly Analysis:
 - In the month of January, 700 PDRs were resolved. Out of the 700 PDRs, 203 were overturned.
 - The overturn rate of PDRs was twenty-nine percent (29%), which did not meet our goal of no more than 25%.
 - All cases were resolved with a ninety-eight percent (98%) compliance rate.
 - There are 689 PDRs that are less than 45 working days old that are currently pending resolution.

Community Relations and Outreach

- 12-Month Trend Summary:
 - In February 2019, the Alliance completed 46 out of 52 (88%) events, and increased the number of events by 283%, when compared to the 12 out of 12 (100%) events completed in February 2018.
 - In February 2019, the Alliance reached 1,348 individuals during outreach events and activities, and increased the numbers reached by 143%, when compared to 555 individuals reached in February 2018.
 - In February 2019, the Alliance increased the number of event participation cities throughout Alameda County by 60% percent to 12 out of 14 cities, compared to 4 out of 14 cities in February 2018.
- Please see supporting documents.

Operations

Supporting Documents

Member Services

Blended Call Results

Blended Results	February
Incoming Calls (R/V)	16,861
Abandoned Rate (R/V)	5%
Answered Calls (R/V)	16,003
Average Speed to Answer (ASA)	00:26
Calls Answered in 30 Seconds (R/V)	82%

Top 5 Call Reasons (Medi-Cal and Group Care) February
Change of PCP
Eligibility - Member
Kaiser
Benefits
Enrollment Inquiry

Member Walk-Ins February 2019 Alameda Location
Eligibility
ID Card Request
PCP Change

Claims Department

January 2019 Final and February 2019 Final

METRICS		
Claims Compliance	Jan-19	Feb-19
90% of clean claims processed within 30 calendar days	97.2%	98.9%
95% of all claims processed within 45 working days	99.9%	99.9%
Claims Volume (Received)	Jan-19	Feb-19
Paper claims	30,873	33,302
EDI claims	94,128	84,427
Claim Volume Total	125,001	117,729
Percentage of Claims Volume by Submission Method	Jan-19	Feb-19
% Paper	24.70%	28.29%
% EDI	75.30%	71.71%
Claims Processed	Jan-19	Feb-19
HEALTHsuite Paid (original claims)	92,863	90,486
HEALTHsuite Denied (original claims)	30,183	25,186
HEALTHsuite Original Claims Sub-Total	123,046	115,672
HEALTHsuite Adjustments	1,712	4,852
HEALTHsuite Total	124,758	120,524
Claims Expense	Jan-19	Feb-19
Medical Claims Paid	\$40,897,539	\$40,206,582
Interest Paid	\$25,642	\$24,209
Auto Adjudication	Jan-19	Feb-19
Claims Auto Adjudicated	88,768	83,490
% Auto Adjudicated	72.1%	72.2%
Average Days from Receipt to Payment	Jan-19	Feb-19
HEALTHsuite	23	23
Pended Claim Age	Jan-19	Feb-19
0-30 calendar days		
HEALTHsuite	13,458	10,420
30-60 calendar days		
HEALTHsuite	57	876
Over 60 calendar days		
HEALTHsuite	52	1,280
Overall Denial Rate	Jan-19	Feb-19
Claims denied in HEALTHsuite	30,183	25,186
% Denied	24.2%	20.9%

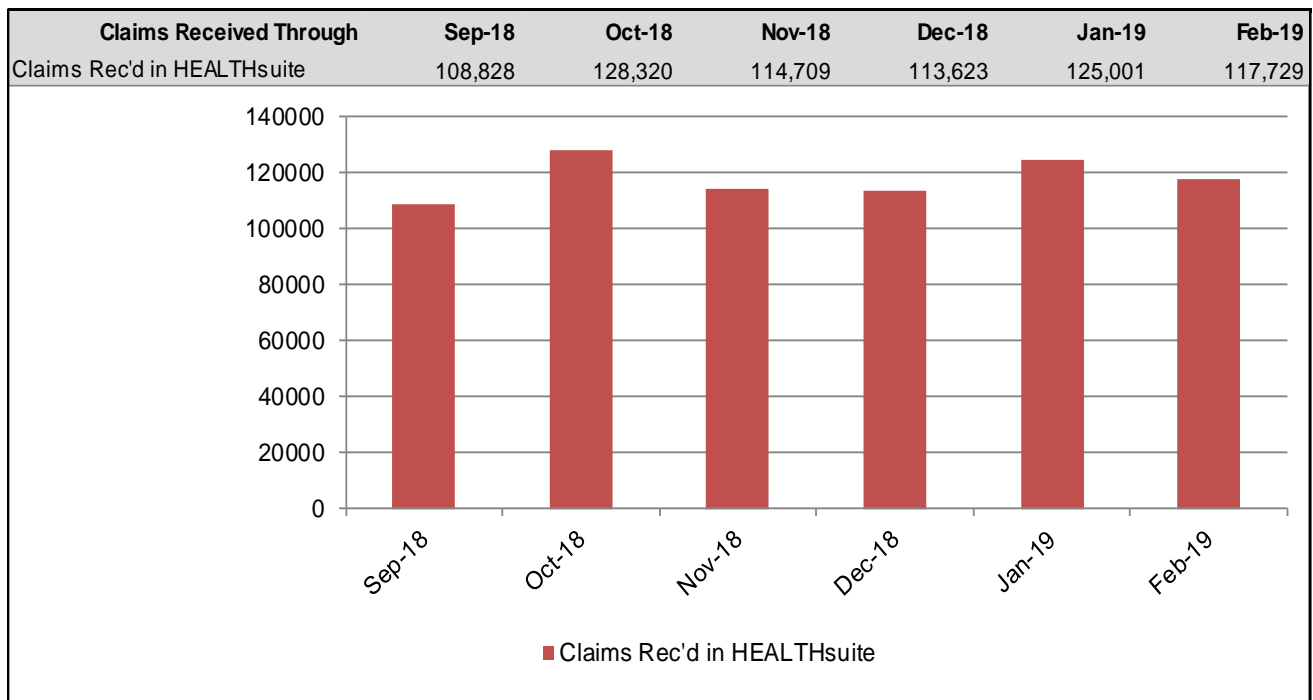
Claims Department

January 2019 Final and February 2019 Final

Feb-19

Top 5 HEALTHsuite Denial Reasons	% of all denials
Responsibility of Provider	28%
Duplicate Claim	13%
Must Submit as a Paper Claim with Copy of Primary Payer EOB	10%
The Time Limit for Filing Has Expired	7%
No Benefits Found for This Date of Service	7%
% Total of all denials	65%

Claims Received By Month



Provider Relations Dashboard February 2019

Alliance Provider Relations Staff	Jan-19	Feb-19
Incoming Calls (PR)	7386	6262
Abandoned Calls	1718	1146
Answered Calls (PR)	5664	5116
<hr/>		
Recordings/Voicemails	Jan-19	Feb-19
Incoming Calls (R/V)	849	644
Abandoned Calls (R/V)		
Answered Calls (R/V)	849	644
<hr/>		
Outbound Calls	Jan-19	Feb-19
Outbound Calls	1642	1602
N/A		
Outbound Calls	1642	1602
<hr/>		
Totals	Jan-19	Feb-19
Total Incoming, R/V, Outbound Calls	9873	8508
Abandoned Calls	1718	1146
Total Answered Incoming, R/V, Outbound Calls	8155	7362

Provider Relations Dashboard February 2019

Call Reasons (Medi-Cal and Group Care)

Category	Jan	Feb
Authorizations	4.5%	5.1%
Benefits	2.3%	2.9%
Claims Inquiry	35.4%	37.0%
Change of PCP	2.1%	3.4%
Complaint/Grievance (includes PDR's)	2.5%	2.5%
Contracts	0.4%	0.4%
Correspondence Question/Followup	0.1%	0.0%
Demographic Change	0.1%	0.1%
Eligibility - Call from Provider	30.5%	30.1%
Exempt Grievance/ G&A	0.1%	0.0%
General Inquiry/Non member	0.1%	0.2%
Health Education	0.0%	0.0%
Intrepreter Services Request	1.0%	1.2%
Kaiser	0.1%	0.2%
Member bill	0.1%	0.1%
Mystery Shopper Call	0.0%	0.0%
Provider Portal Assistance	3.3%	3.2%
Pharmacy	0.8%	1.2%
Provider Network Info	0.1%	0.1%
Transferred Call	7.3%	0.5%
All Other Calls	9.2%	12.1%
TOTAL	100.0%	100.0%

Provider Relations Dashboard

Field Visit Activity Details

Alliance Provider Relations Staff	Feb-19
Claims Issues	1
Contracting/Credentialing	1
Drop-ins	5
JOM's	2
New Provider Orientation	3
Quarterly Visits	75
UM Issues	0
Total Field Visits	87

ALLIANCE NETWORK SUMMARY, CURRENTLY CREDENTIALLED PRACTITIONERS

Practitioners	AHP 376	PCP 359	SPEC 667	PCP/SPEC 21
AAH/AHS/CHCN Breakdown	AAH 418	AHS 200	CHCN 392	COMBINATION OF GROUPS 413

Facilities 223

VENDOR SUMMARY

Credentialing Verification Organization, Gemini Diversified Services

	Number	Average Calendar Days in Process	Goal - Business Days	Goal - 98% Accuracy	Compliant
Initial Files in Process	25	19	Y	Y	Y
Recred Files in Process	73	25	Y	Y	Y
Expirables updated Insurance, License, DEA, Board Certifications					Y
Files currently in process	98				

CAQH Applications Processed in January 2019

Standard Providers and Allied Health 185

February 2019 Peer Review and Credentialing Committee Approvals

Initial Credentialing	Number
PCP	9
SPEC	3
ANCILLARY	3
MIDLEVEL/AHP	4
Recredentialing	19
PCP	5
SPEC	16
ANCILLARY	0
MIDLEVEL/AHP	7
TOTAL	28

February 2019 Facility Approvals

Initial Credentialing	0
Recredentialing	8
Facility Files in Process	22

February 2019 Employee Metrics

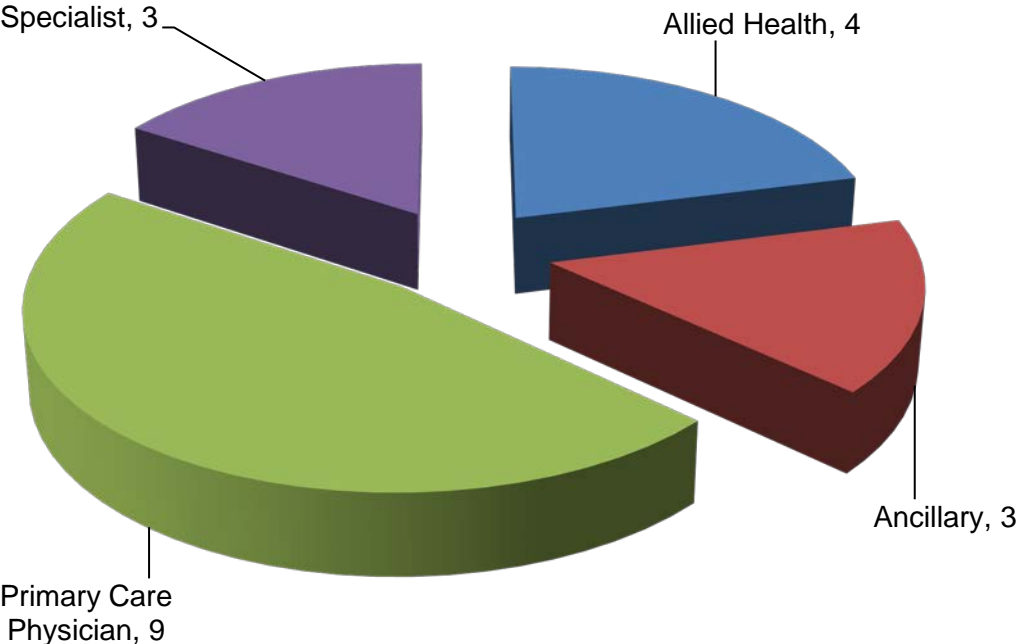
File Processing	Timely processing within 3 days of receipt	Y
Credentialing Accuracy	<3% error rate	Y
DHCS, DMHC, CMS, NCQA Compliant	98%	Y
MBC Monitoring	Timely processing within 3 days of receipt	Y

Initial/Recred				
LAST NAME	FIRST NAME	PCP/Spec/Mid/Ancillary	Initial/Recred	CRED DATE
Arnesty	Janet	Primary Care Physician	Initial	2/19/2019
Chan	Jennifer	Specialist	Initial	2/19/2019
Daly	Sabra	Allied Health	Initial	2/19/2019
Davis	Maisha	Primary Care Physician	Initial	2/19/2019
Eichel	James	Primary Care Physician	Initial	2/19/2019
Flores	Joan	Allied Health	Initial	2/19/2019
Gray	Gia	Primary Care Physician	Initial	2/19/2019
Jacolbia	Ronald	Allied Health	Initial	2/19/2019
Lau	Shirley	Primary Care Physician	Initial	2/19/2019
Lin	Jennifer	Primary Care Physician	Initial	2/19/2019
Nasika	Geeta	Ancillary	Initial	2/19/2019
Nelson	Britta	Allied Health	Initial	2/19/2019
Ng	Lawrence	Primary Care Physician	Initial	2/19/2019
Solano-Rojas	Natalia	Ancillary	Initial	2/19/2019
Tangsombatvisit	Stephanie	Primary Care Physician	Initial	2/19/2019
Trakul	Nicholas	Specialist	Initial	2/19/2019
Wat	Stephen	Specialist	Initial	2/19/2019
Yeung	Kevin	Ancillary	Initial	2/19/2019
Zhu	Li	Primary Care Physician	Initial	2/19/2019
Baden	Rachel	Specialist	Recred	2/19/2019
Barden	Lawrence	Allied Health	Recred	2/19/2019
Bhargava	Monica	Specialist	Recred	2/19/2019
Blaauw	Erica	Allied Health	Recred	2/19/2019
Brown	Ryan	Specialist	Recred	2/19/2019
Cheng	Joseph	Specialist	Recred	2/19/2019
Clanon	Kathleen	Primary Care Physician	Recred	2/19/2019
Davis-Marten	Rita	Allied Health	Recred	2/19/2019
Gonzales	Erin	Primary Care Physician	Recred	2/19/2019
Gupta	Anurag	Specialist	Recred	2/19/2019
Ibrahimi	Said	Specialist	Recred	2/19/2019
Johnston	Samantha	Specialist	Recred	2/19/2019
Jones	Sharon	Primary Care Physician	Recred	2/19/2019
Joshi	Nitin	Specialist	Recred	2/19/2019
Kury	Kristine	Specialist	Recred	2/19/2019
Mealey	Forest	Specialist	Recred	2/19/2019

Moser	Meg	Allied Health	Recred	2/19/2019
Motamed	Soheil	Specialist	Recred	2/19/2019
Mouratoff	John	Specialist	Recred	2/19/2019
Nair	Archana	Primary Care Physician	Recred	2/19/2019
Novotny	Ava	Allied Health	Recred	2/19/2019
Pampalone	Ingrid	Allied Health	Recred	2/19/2019
Pandurangi	Keshav	Specialist	Recred	2/19/2019
Saxena	Meeta	Primary Care Physician	Recred	2/19/2019
Searls	Gwynne	Allied Health	Recred	2/19/2019
Stanten	Steven	Specialist	Recred	2/19/2019
Wu	Monte	Specialist	Recred	2/19/2019
Yamaguchi	Yuka	Specialist	Recred	2/19/2019

FEBRUARY PEER REVIEW AND CREDENTIALING INITIAL APPROVALS BY SPECIALTY

Allied Health	4
Ancillary	3
Primary Care Physician	9
Specialist	3
	<hr/>
	19



Project Management Office Portfolio Overview for February 2019

Alliance Portal Redesign Project

SOW approved by SLT on March 1, 2019. SOW will be executed on March 4, 2019.

- Phase 1 - Deploy Provider Portal – July 1, 2019
 - Member Directory
 - Provider Portal
 - Auth. Submission
 - Care Plan
- Phase 2 – Deploy Member Portal – November 1, 2019
 - Member Responsive
 - Member mobile App
- Phase 2a – Deploy Member Portal - April 1, 2020
 - Motion Point

CobbleStone Project

- No update

COBA Project

- Applications team is creating Enhancement tickets with RAM for HS upgrades in order to process COBA claims.
- EDI team is working to improve the file format

HMS COB (recouping funds)

- Internal Kick-off meeting was held on Feb. 25.
- Team came up with several questions to ask HMS to response to. HMS is looking into questions, but many of their responses will come during our kick-off meeting with them due to HMS needing to ask AAH team key questions.
- HMS COB All team Kick-off to be held on March 7th.
- Met with HMS about Cost Avoidance not being in our current contract. HMS confirmed that. They do offer it and the contract can be amended to include it. HMS suggests we amend contract, but not sign it until 1st payment of refunds come in

to defer the cost. Carry for HMS to provide the cost of the service to us. Tami (AAH) wants to hold off until we are up and running with the other recoupments due to our business being 98% Medi-Cal.

- PerformRx does believe they have a process to handle recoupment of pharmacy claims by reworking claims to reflect the recovered amount and send out a void claim encounter.

Call Center Optimization Project

- NetXperts Engineer (Corey) is analyzing the Nuance Vocalizer product to ensure we have the proper licenses for use before IT Help desk orders the product through our VM team. From order date to receipt of product this can be between 2 to 3 weeks.
- The Vocalizer is a complete, enterprise-ready text-to-speech output engine that enables more human-like, personalized customer interactions for less cost and hassle than hiring voice talent.

PQI Application Development Project

- IT is working closely with Sanjay and his team to enhance PQI app to improve his teams comfort ability with the app and make the process work better for them.
- As Sanjay's team work through the app they are discovering new ways to make their work better

IVR Outbound Dialer Project

- Per Ed Sanares this project is still on hold pending the SIP Trunk Migration project.
- The SPH extension is not a 3 month term as earlier expected, but now a month to month deal.

SIP Trunk Migration

- Project hasn't kicked off yet. Ed Sanares is going connect me with the AT&T account rep to between the setup of a kick off meeting soon.

Ceridian Dayforce Project

- Phase 1 of the project is officially closed.
- There is conversation around a phase 2 of this project, which would be the automation of CalPERS and working on other outstanding items that have been identified since the initial deployment.

HEALTHsuite Upgrade Project

- 4th consecutive yearly upgrade of HEALTHsuite.
- Upgrades HEALTHsuite to version 16.03.00, released by RAM in Jan 2019.
- Test environment being set-up to commence the testing activities.
- Expected to be completed by early May 2019.

Data Warehouse Expansion - Phase 1

- The purpose of the project is to expand the existing Data warehouse to include all the critical domain data (Provider, Finance, Authorization and Pharmacy). This will improve the reliability and consistency of data that are used to generate regulatory reports and other internal reports that guide management decisions.
- Provider domain went live on November 2018.
- Finance Domain development in progress and Go-Live targeted for April 2019.
- Pharmacy domain requirements in progress. Go-Live targeted for Jun 2019.

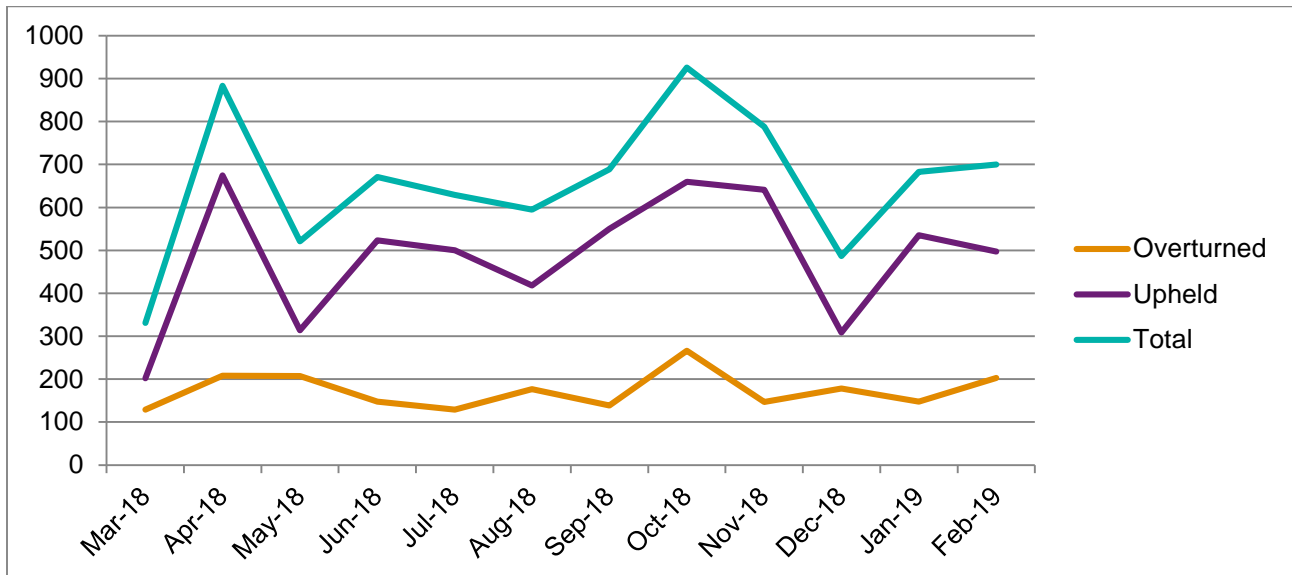
Data Governance

- The purpose of the project is to create and implement an enterprise Data Governance framework, identify and implements tools related to Metadata Management and Data Quality. This will help treat data as an enterprise asset and improve the reliability and consistency of data across the AAH systems and help make better business decisions.
- SoW from vendor under review. Awaiting approval from regulatory for offshoring.
- Data Lineage tool Octopai implemented. Trainings conducted in January 2019.
- Target Go-Live for Data Dictionary is June 2019.

Provider Dispute Resolution (PDR) Update – February 2019

- The Alliance received 637 PDRs in February 2019.
- A total of 700 PDRs were resolved during the month and 98% (689) were resolved within 45 working days so the goal of 95% resolution within 45 working days was met. The resolution rate increased 32% from the previous month.
 - Two Claims Specialists continued to work on PDRs during the month to assist with the backlog and bring the case load back into compliance.
- The PDR overturn rate increased from 22% in January to 29% in February so the goal of an overturn rate less than 25% was not met.
- The inventory is currently at 1,055 PDRs pending resolution with 366 cases out of compliance. The bulk of the cases out of compliance are for one provider, Washington Township that required a review of the provider set-up for all providers associated with the group and re-configuration, as needed. The impacted claims have been adjusted and resolution of the cases are in progress with the provider.

Rolling 12-month PDR Trend Line

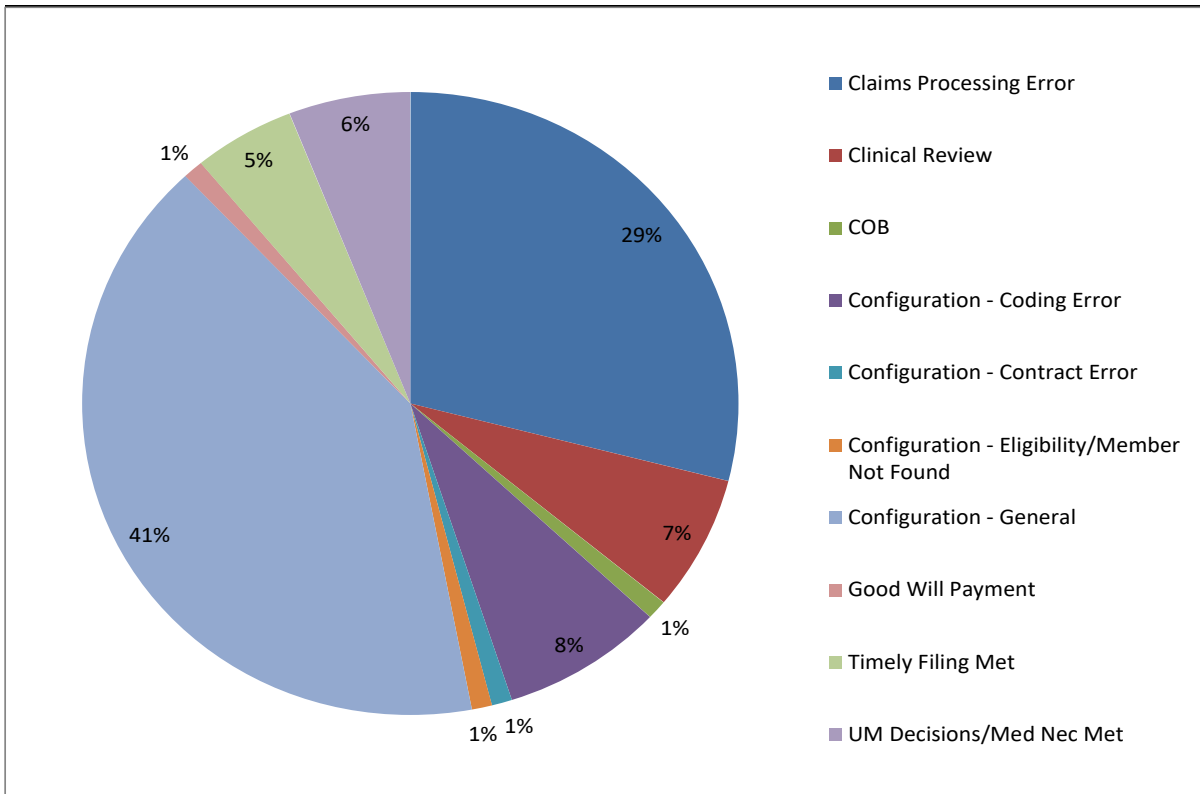


Provider Dispute Resolution
January 2019 Final and February 2019

METRICS			
PDR Compliance		Jan-19	Feb-19
# of PDRs Resolved		685	700
# Resolved Within 45 Working Days		454	689
% of PDRs Resolved Within 45 Working Days		66%	98%
PDRs Received		Jan-19	Feb-19
# of PDRs Received		640	637
PDR Volume Total		640	637
PDRs Resolved		Jan-19	Feb-19
# of PDRs Upheld		535	497
% of PDRs Upheld		78%	71%
# of PDRs Overturned		150	203
% of PDRs Overturned		22%	29%
Total # of PDRs Resolved		685	700
Unresolved PDR Age		Jan-19	Feb-19
0-45 Working Days		914	689
Over 45 Working Days		362	366
Total # of Unresolved PDRs		1,276	1,055

Feb-19

PDR Resolved Case Overturn Reasons



Public Relations External Communications Summary

- February 6, 2019 – March 1, 2019
- The following press release was issued on February 26, 2019:

PATIENT QUALITY AT ALAMEDA ALLIANCE FOR HEALTH IMPROVES FOR THE THIRD YEAR IN A ROW

- *Continuous improvements by Alliance community physicians led to a 30 percent jump in quality measures from 2015 to 2018*
- **Alameda, CA** – Patient quality has improved significantly for the third consecutive year at Alameda Alliance for Health (Alliance), the local health plan that serves nearly 270,000 low-income residents in Alameda County. According to the 2018 results (measurement year 2017) of the Healthcare Effectiveness Data and Information Set (HEDIS), the Alliance scored 30 percentage points higher than in 2015. HEDIS is a tool developed by the National Committee for Quality Assurance (NCQA) that is used by more than 90 percent of America’s health plans to measure performance on important dimensions of care and service. The most significant improvements included increases in immunizations for adolescents, physical activity for children and adolescents, and prenatal care.
- In 2015, the Alliance had the third lowest HEDIS scores of all Medi-Cal managed care health plans in the state of California, and in just three years, the organization is now performing in the top tier of plans in the state.
- “We are proud to have significantly moved up the quality ranks over the last few years, attaining for the first time 100 percent of the required measures above the state’s minimum performance level,” said Alliance CEO Scott Coffin. “This is a testament to the hard work and dedication of Alliance staff and community providers. We look forward to advancing the mission of the Alliance to improve the quality of life for each of our members, and to becoming the most valued health plan in the state.”
- The following categories include the Alliance’s most significant improvements:

- **Immunizations for Adolescents:** Vaccines are a safe and effective way to protect adolescents against potential deadly diseases. *In one year, the Alliance saw a 17 percent improvement for the number of adolescents 13 years of age who had one dose of the meningococcal vaccine, one Tdap vaccine and the complete papillomavirus vaccine series by their 13th birthday.*
- **Physical Activity for Children and Adolescents:** In the last three decades, childhood obesity has more than doubled in children and tripled in adolescents. Health lifestyle habits, including physical activity, can lower the risk of becoming obese and developing related diseases. *In just three years, the number of children and adolescents who received counseling for physical activity at the Alliance has improved by 16 percent.*
- **Prenatal Care:** Timely and adequate prenatal care can prevent poor birth outcomes. It is recommended that a woman with an uncomplicated pregnancy be examined at least once in the first trimester for prenatal care. *In just three years, there was an 11 percent improvement in deliveries that received a prenatal care visit as a member of the Alliance in their first trimester, on their enrollment start date or within 42 days of member enrolling into the Alliance.*
- “Our strong partnership with community physicians and caregivers has played a significant role in improving the quality of care that our members receive,” said Alliance Chief Medical Officer, Dr. Steve O’Brien. “These noteworthy improvements demonstrate the accomplishments of our dedicated providers who work hard every day to provide quality care to our members.”
- As part of the Alliance’s commitment to continuing to improve the quality of care for its members, it invested in implementing a Pay-for-Performance (P4P) initiative in 2014 that rewards primary care providers (PCPs) and PCP groups for superior performance and yearly improvements. Child immunizations, weight assessment and counseling for nutrition and physical activity for children and adolescents, cervical cancer screenings and controlling high blood pressure are among a few

of the measurements that PCPs will have the opportunity to focus on this upcoming year.

- To learn more about the Alliance and its effort to improve quality of care in Alameda County, please visit www.alamedaalliance.org.

About Alameda Alliance for Health

- Alameda Alliance for Health (Alliance) is a local, public, not-for-profit managed care health plan committed to making high quality health care services accessible and affordable to Alameda County residents. Established in 1996, the Alliance was created by and for Alameda County residents. The Alliance Board of Governors, leadership, staff, and provider network reflect the county's cultural and linguistic diversity. The Alliance provides health care coverage to nearly 270,000 low-income children and adults through NCQA accredited Medi-Cal and Alliance Group Care programs.

COMMUNICATIONS & OUTREACH DEPARTMENT:

OUTREACH REPORT FEBRUARY 2019

During the month of February, the Alliance initiated and/or was invited to participate in a total of **52** events throughout Alameda County. The Alliance completed **46** out of the **52** events (**88%**). All events are listed in the table starting on **page 3**.

All of the numbers reached at Member Orientations (MO) are Alliance Members. Approximately 20% of the numbers reached at community events are Medi-Cal Members, of which, 82% are estimated to be Alliance members based on Managed Care Enrollment Reports. Additionally, the Outreach Team began tracking Alliance members at community events in late February 2018. Since July 2018, **7,180** self-identified Alliance members were reached at community events, and member education events.

5 events were not completed during the month of February:

- Tri-Valley Special Needs Resource Fair and Transition Fair - Not enough notice to sign up.
- Navigating the Family Court System - Event was dropped from organizer's calendar.
- East Bay Agency for Children - Event canceled due to holiday closure.
- Davis Street Family Resource Center Basic Needs Information Table - Event has to be set up as a PCP site MO.
- Community Healthcare Information Outreach - Unable to attend due to staffing capacity.
- Smile, California Resource Fair Open House - Unable to attend due to staffing capacity.

[†] Includes community events and member education events.

^{*} Includes refundable deposit.

FEBRUARY 2018 TOTALS



6 COMMUNITY EVENTS
6 NEW MEMBER ORIENTATIONS
12 TOTAL COMPLETED EVENTS



4 CITIES FREMONT
 HAYWARD
 OAKLAND
 SAN LEANDRO



525 REACHED AT COMMUNITY EVENTS
30 NEW MEMBERS AT ORIENTATION
555 TOTAL REACHED AT ALL EVENTS

FEBRUARY 2019 TOTALS



14 COMMUNITY EVENTS
13 MEMBER EDUCATION EVENTS
20 NEW MEMBER ORIENTATIONS
5 MEETINGS/PRESENTATIONS
52 TOTAL INITIATED/INVITED EVENTS
46 TOTAL COMPLETED EVENTS



12 CITIES ALAMEDA
 BERKELEY
 FREMONT
 DUBLIN
 HAYWARD
 LIVERMORE
 NEWARK
 OAKLAND
 PLEASANTON
 SAN LEANDRO
 SAN LORENZO
 UNION CITY



389 TOTAL REACHED AT COMMUNITY EVENTS
787 TOTAL REACHED AT MEMBER EDUCATION EVENTS
58 MEMBERS REACHED AT ORIENTATIONS
114 TOTAL REACHED AT MEETINGS/PRESENTATIONS
571 MEMBERS REACHED AT ALL EVENTS[†]
1,348 TOTAL REACHED AT ALL EVENTS

[†] Includes community events and member education events.

* Includes refundable deposit.

ALLIANCE IN THE COMMUNITY

FEBRUARY 2019



EVENT



DATE



CITY



NUMBER REACHED**



DONATION/ FEE***

311	Oakland Public Library Community Kiosk	Fri, Feb 1	Oakland	5	\$0
312	Fuente Wellness Center	Fri, Feb 1	San Leandro	0	\$0
313	Mobile Market	Fri, Feb 1	San Leandro	27 / 20	\$0
314	Pantry Program	Sat, Feb 2	Alameda	78 / 36	\$0
315	Tri-Valley Special Needs Resource Fair and Transition Fair	Sat, Feb 2	Dublin	N/A	\$0
316	Fremont Family Resource Center	Mon, Feb 4	Fremont	3	\$0
317	Mujeres Unidas y Activas	Tue, Feb 5	Oakland	5	\$0
318	Food Pantry @ Union City Family Center	Tue, Feb 5	Union City	76 / 31	\$0
319	Food Bank Days	Tue, Feb 5	Hayward	145 / 50	\$0
320	West Oakland Health Center	Wed, Feb 6	Oakland	5	\$0
321	Mujeres Unidas y Activas*	Thu, Feb 7	Union City	1	\$0
322	La Clinica - Transit Village	Fri, Feb 8	Oakland	1	\$0
323	Oakland Public Library Community Kiosk	Fri, Feb 8	Oakland	5	\$0
324	Food Pantry @ Well Community Outreach Center	Fri, Feb 8	Livermore	6 / 1	\$0
325	Lunar New Year Celebration	Fri, Feb 8	San Leandro	70 / 34	\$0
326	OACC's Lunar New Year Celebration	Sun, Feb 10	Oakland	132 / 45	\$50
327	Axis Community Health	Mon, Feb 11	Pleasanton	10	\$0
328	Fresh Food for Families - Hayward Promise Neighborhood	Mon, Feb 11	Hayward	49 / 40	\$0
329	Newark Wellness Center	Tue, Feb 12	Newark	0	\$0
330	East Oakland Health Center	Wed, Feb 13	Oakland	2	\$0

■ COMMUNITY EVENT
 ■ MEMBER EDUCATION EVENT
 ■ NEW MEMBER ORIENTATION
 ■ MEETINGS/PRESENTATIONS
■ DID NOT ATTEND
 OTF - ONE TIME FEE

** Number Reached = Total number of people who stopped by Alliance outreach table / Number of self-identified Alliance members

*** Donation/Fee = Applicable vendor sponsorship donation/fees / Refundable deposits

ALLIANCE IN THE COMMUNITY

FEBRUARY 2019



EVENT



DATE



CITY



NUMBER
REACHED**



DONATION/
FEE***

331	Food Pantry @ Chabot College	Wed, Feb 13	Hayward	54 / 25	\$0
332	Mobile Pantry @ Kidango Graham Center	Wed, Feb 13	Newark	25 / 13	\$0
333	2019 Alliance Member Listening Session	Wed, Feb 13	Oakland	50	\$0
334	Pantry Program	Thu, Feb 14	Alameda	52 / 31	\$0
335	Tri-City Health Center	Thu, Feb 14	Fremont	0	\$0
336	Oakland Public Library Community Kiosk	Fri, Feb 15	Oakland	9 / 2	\$0
337	Navigating the Family Court System	Fri, Feb 15	Alameda	N/A	\$0
338	Fathers Corp Meeting	Fri, Feb 15	Alameda	52	\$0
339	Lifelong Over 60 Health Center	Fri, Feb 15	Berkeley	6	\$0
340	East Bay Agency for Children	Mon, Feb 18	Fremont	N/A	\$0
341	Food Bank Days	Tue, Feb 19	Hayward	54 / 28	\$0
342	Glad Tidings	Tue, Feb 19	Hayward	1	\$0
343	Newark Adult School	Wed, Feb 20	Newark	1	\$0
344	Eastmont Wellness Center	Thu, Feb 21	Oakland	10	\$0
345	South Hayward Parish Food Pantry	Fri, Feb 22	Hayward	46 / 32	\$0
346	Davis Street Family Resource Center Basic Needs Information Table	Fri, Feb 22	San Leandro	N/A	\$0
347	Hayward Wellness Center	Fri, Feb 22	Hayward	0	\$0
348	LatinX Education Summit	Fri, Feb 22	Newark	150 / 89	\$0
349	Oakland Public Library Community Kiosk	Fri, Feb 22	Oakland	9 / 4	\$0
350	Food Pantry @ Well Community Outreach Center	Sat, Feb 23	Livermore	61 / 24	\$0

■ COMMUNITY EVENT
 ■ MEMBER EDUCATION EVENT
 ■ NEW MEMBER ORIENTATION
 ■ MEETINGS/PRESENTATIONS
■ DID NOT ATTEND
 OTF - ONE TIME FEE

** Number Reached = Total number of people who stopped by Alliance outreach table / Number of self-identified Alliance members
 *** Donation/Fee = Applicable vendor sponsorship donation/fees / Refundable deposits

ALLIANCE IN THE COMMUNITY

FEBRUARY 2019



EVENT



DATE



CITY



NUMBER
REACHED**



DONATION/
FEE***

	EVENT	DATE	CITY	NUMBER REACHED**	DONATION/FEE***
351	FUSD - Spanish Immersion Taskforce Meeting	Mon, Feb 25	Fremont	12	\$0
352	Tiburcio Vasquez Health Center	Mon, Feb 25	Hayward	0	\$0
353	Community Healthcare Information Outreach	Tue, Feb 26	San Lorenzo	N/A	\$0
354	Smile, California Resource Fair Open House	Tue, Feb 26	Oakland	N/A	\$0
355	Food Pantry @ Chabot College	Tue, Feb 26	Hayward	25 / 13	\$0
356	Public Authority IHSS Training	Tue, Feb 26	Oakland	10 / 7	\$0
357	County Appointment Days	Tue, Feb 26	Hayward	2	\$0
358	Native American Health Center Clinic	Tue, Feb 26	Oakland	4	\$0
359	Roots Community Health Center	Wed, Feb 27	Oakland	8	\$0
360	South Hayward Parish Food Pantry	Thu, Feb 28	Hayward	33 / 22	\$0
361	USDA Monthly Food Pantry	Thu, Feb 28	Union City	54 / 25	\$0
362	Davis Street Family Resource Center	Thu, Feb 28	San Leandro	0	\$0

■ COMMUNITY EVENT
 ■ MEMBER EDUCATION EVENT
 ■ NEW MEMBER ORIENTATION
 ■ MEETINGS/PRESENTATIONS
■ DID NOT ATTEND
 OTF - ONE TIME FEE

** Number Reached = Total number of people who stopped by Alliance outreach table / Number of self-identified Alliance members
 *** Donation/Fee = Applicable vendor sponsorship donation/fees / Refundable deposits



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Compliance

Gil Riojas

To: Alameda Alliance for Health Board of Governors
From: Gilbert Riojas, Chief Financial Officer
Date: March 8, 2019
Subject: Compliance Report

2018 DHCS Medical Survey

- The Department of Health Care Services (DHCS) issued the final audit report to the Plan on December 24, 2018. The Plan submitted the corrective action plan (CAP) response to DHCS on January 31, 2019. The DHCS audit team has begun reviewing the Plan's responses and has requested follow-up information concerning our Complex Case Management (CCM) Program. The DHCS audit team lead has indicated her desire to complete the CAP review prior to the 2019 DHCS annual audit expected in June.

2018 DMHC Medical Survey

- The Department of Managed Health Care (DMHC) issued the final audit report to the Plan on December 17, 2018. The DMHC reviewed the CAP responses submitted by the Plan on November 2, 2018, and noted all 12 findings as not corrected. Supplemental CAP responses for three (3) findings were submitted to the DMHC on February 15, 2019, to address potential quality issues, the online grievance form, and pharmacy non-formulary authorizations. The Department will conduct a follow-up review of the Plan's uncorrected deficiencies and issue a Report within 14-16 months.
- 2019 DMHC Financial Survey:
 - The Department of Managed Health Care (DMHC) gave unofficial notice by phone call on March 1, 2019, that our 2019 DMHC financial audit will take place onsite November 4-14, 2019. The DMHC will send official notification through the Department's web portal by the end of this month.

Regulatory Updates

- 274 Provider Network File Submission:
 - DHCS has indicated to all managed care plans the importance of timely submission for the required monthly 274 provider network data file. DHCS has also indicated their plans to sanction any plan who submits untimely each month until the issue is resolved.

- Newly Enacted Statutes Impacting Health Plan:
 - DMHC has issued APL 19-002 requesting all managed care plans indicate how they plan to comply with newly enacted legislation that impacts the following areas:
 - Maternal Mental Health Program (AB 2193):
 - All plans will be required to have a maternal mental health program in place as of July 1, 2019. Our Health Care Services leadership team is currently working with our mental health delegate, Beacon Health Options, to comply with this requirement.
 - Pharmacy Costs (AB 315 – Group Care only):
 - All plans are now required to offer to our Group Care members the least expensive option between their current pharmacy cost share, and the actual retail cost of their prescribed medications. Our Pharmacy Benefits Manager, PerformRx, has confirmed that this option is currently being provided to our Group Care members.
 - States of Emergency (AB 2941):
 - All plans are now required to provide to their members, displaced or otherwise impacted by a declared state of emergency, clear guidance as to how members will continue receiving care. Our Health Care Services, Communications & Outreach, and Member Services teams are currently drafting policies and workflows to coordinate this effort.

Legislative Updates

- The Plan is tracking priority bills of interest that have been submitted for Committee Hearings. General themes of focus areas include single payer/universal coverage, cost containment, and opioid use. In addition to the bills listed above, the Plan’s tracking for the past month has primarily encompassed the ongoing debates concerning the Governor’s plan to carve out Pharmacy benefits to Medi-Cal Fee-for-Service statewide. The Plan is working through the Local Health Plans of California (LHPC). Our Senior Pharmacy Director has also joined the LHPC’s Pharmacy workgroup in order to actively address managed care plans’ concerns regarding the Governor’s proposals and related legislation.

Internal Auditing Activities

- Compliance Dashboard:
 - The Plan continues to track State findings and self-identified non-compliance issues in the Dashboard for complete resolution and internal audit validation. Compliance is continuing validation audits to

confirm updated processes and required corrective actions are in place.

Delegation oversight

- 2019 Annual Delegation Audit Schedule:
 - The Plan has begun coordinating with our delegate partners to set the 2019 annual audit schedule. The scheduling is expected to be completed by the end of March and will be shared in next month's Board report.



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Health Care Services

Steve O'Brien, MD

To: Alameda Alliance for Health Board of Governors

From: Steve O'Brien, M.D., Chief Medical Officer

Date: March 8, 2019

Subject: Health Care Services Report

Utilization Management – Inpatient

- Continued efficiency and standardized work in UM is the top priority. The department is fully staffed, except for the Inpatient Manager.
- Alameda Health Systems (AHS) kindly hosted the AAH team for a 2nd visit for a dialogue with their front-line case-managers at the Highland campus. There was outstanding dialogue and discussion of barriers to discharge including particular focus on transportation issues at the time of discharge. They also identified readmissions as a top focus for AHS. Action item from this meeting:
 - Partnering with AHS clinical leaders to identify top priorities for Transitions of Care and readmission avoidance.
 - Partner on aligned initiatives to improve TOC and decrease readmissions.
 - Alta Bates Summit Medical Center is our next identified partner facility, which has been approved in meetings with ABSMC CEO and CMO, who will partner with AAH.

January 2019 Inpatient Barometer Total All Aid Categories			
Metric	Actual	Target	Med/Surg
ALOS	4.2	3.5	4.4
Admits/1000	80.3	84.4	69.0
Days/1000	335.5	297.8	303.3
Est. PMPM	\$89.47	\$61.71	\$83.08

*February 2019 Inpatient Barometer Total All Aid Categories			
Metric	Actual	Target	Med/Surg
ALOS	3.1	3.5	3.1
Admits/1000	65.3	84.4	54.9
Days/1000	203.1	297.8	172.9
Est. PMPM	\$52.92	\$61.71	\$47.17

Utilization Management – Outpatient

- Outpatient Utilization is fully staffed and maintaining consistent processes and will be receiving a retraining with the development of standard work in Q2 2019.
 - Turn-around times (98%) remain above benchmark of $\geq 95\%$.
 - Outpatient denial rates are stable.

YTD Outpatient Denials

Total OP Denial Rates	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
2018	7.4%	7.0%	5.8%	6.1%	6.5%	7.2%	7.1%	7.2%	8.9%	7.1%	6.3%	6.2%	6.9%
2019	5.6%	6.7%											6.1%

YTD Outpatient Denials Excluding Partial Denials

Total OP FULL Denial Rates	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
2018	7.2%	6.7%	5.6%	6.0%	6.1%	6.0%	6.6%	6.6%	7.1%	6.2%	5.8%	5.7%	6.3%
2019	4.9%	6.1%											5.4%

Turn Around Time Compliance	
Line of Business	February 2019
Overall	98%
Medi-Cal	98%
IHSS	98%
<i>Benchmark</i>	95%

Pharmacy

- The pharmacy team has added their 4th clinical pharmacist to allow the team to continue increased peer-to-peer conversations with providers and help guide them to formulary appropriate medical choices.
- Outpatient denial rates remain consistent and steady. Asthma medications and diabetes medications are common reasons for denials, as equally efficacious alternatives on our formulary are preferred.
- We are performing an analysis of our physician administered and outpatient infusion related medications and developing best practices to assure high quality and fiscal stewardship.

Number of Prior Authorizations Processed		
Decision	January 2019	February 2019
Approved	696	565
Denied	623	584
Closed	624	561
Total	1,943	1,710

- **February 2019 Top 10 Drugs by Number of Denials:**

Rank	Drug Name	Common Use	Common Denial Reason
1	LIDOCAINE 5% PATCH	Pain	Criteria for approval not met
2	SYMBICORT 160-4.5 MCG INHALER	Asthma or chronic obstructive pulmonary disease (COPD)	Criteria for approval not met
3	VENTOLIN HFA 90 MCG INHALER	Asthma	Formulary Medication that requires PA - Request does not state that the preferred drugs required by criteria have been tried
4	DULERA 100 MCG/5 MCG INHALER	Asthma	Criteria for approval not met
5	DULERA 200 MCG/5 MCG INHALER	Asthma	Criteria for approval not met
6	METHADONE HCL 10 MG TABLET	Pain	Criteria for approval not met

7	LYRICA 50 MG CAPSULE	Pain	Criteria for approval not met
8	PROLIA 60 MG/ML SYRINGE	Bone loss	Formulary Medication that requires PA - Criteria not met (Diagnosis, Labs, etc.)
9	OXYCODONE HCL 5 MG TABLET	Pain	Criteria for approval not met
10	FREESTYLE LIBRE 14 DAY SENSOR	Diabetes	Formulary Medical supply that requires PA - Criteria not met (Diagnosis, Labs, etc.)

Case and Disease Management

- Case management has successfully recruited 3 additional Medical Social Workers and 2 nurses to their team. The growing internal team is connected to our external case management resources and partners developing an intelligent web of care management for Medi-Cal patients across Alameda County.
 - A partial work from home pilot for nurses begins 4/1/19.
 - Training: we have written retraining modules for Case Management that includes the writing of standard work. In early 2019, the Case Management staff will receive this training, followed by auditing of their work.

- External Case Management resources:
 - Health Homes & AC3: We have surpassed our goal of enrollment for AC3. The inclusion of CHCN's Care Neighborhood program into Health Homes/AC3 has expanded this number significantly from 144 in December to 268 in January.
 - Health Homes California Program: Planning continues along on schedule for launch of the official California Health Homes Program in July 2019. Last week, we submitted our completed Health Homes Program application to DHCS. We are poised to launch the official program with a strong initial enrollment.

- Internal Case Management Volume: Case volume for the AAH employed Case Management team continues to rise slowly. Additional staffing with RNs and MSWs will greatly increase our ability to case manage more patients.

Case Type	New Cases Opened in February 2019	Total Open Cases As of February 2019
Care Coordination	178	396
Complex	67	120

Grievance & Appeals

- Grievances are any expression of dissatisfaction by a member. Our actual grievance rate (3.01/1000 members) is higher than our goal ($\leq 1/1000$ members)
 - Elevated grievance rates in our durable medical equipment (DME) vendor are being addressed through a specific action plan. Grievances for the DME vendor were very high in December but seem to have decreased with January's preliminary evaluation. There is significant focus on this area and the focus of weekly meetings between the plan and our vendor.
- Appeals had an overturn rate of 34.7% which, although better than the 60% they were at one year ago, is above our goal of 25% overturn rate.
- All cases were resolved within the goal of 95% regulatory compliance timeframes.
- Recruitment of additional G&A nurses is a top priority. A temporary nurse has been added

February 2019 Cases	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	232	30 Calendar Days	95% compliance within standard	232	100%	0.90
Expedited Grievance	1	72 Hours	95% compliance within standard	1	100%	0.004
Exempt Grievance	467	Next Business Day	95% compliance within standard	464	99.4%	1.80
Standard Appeal	72	30 Calendar Days	95% compliance within standard	72	100%	0.28
Expedited Appeal	6	72 Hours	95% compliance within standard	6	100%	0.02
Total Cases:	778		95% compliance within standard	775	99.6%	3.01

Quality/ Health Care Quality Committee (HCQC)

- The Health Care Quality Committee meets next on March 21, 2019.
- Stephanie Wakefield has joined AAH as Senior Director of Quality. Ms. Wakefield is an experienced Health Plan nurse with significant experience working with health care delivery partners to improve delivery and reporting of Quality for Medi-Cal members.



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Information Technology

Sasikumar Karaiyan

To: Alameda Alliance for Health Board of Governors
From: Sasi Karaiyan, Executive Director of Information Technology
Date: March 8, 2019
Subject: Information Technology Report

Call Center System Availability

- AAH phone systems and call center applications remained 100% available during the month of February. Call Center stabilization and optimization effort is in progress, we are continuing to perform the following activities to optimize the call center eco-system (applications, backend integration, configuration, and network).
 - Discovery and Documentation of the Call Center Stabilization project has been completed.
 - Cleanup of the Call Center Stabilization has been complete.
 - IVR Migration from Avaya to Cisco - Work in progress.
 - Improved alerts and notifications – Work in progress.
 - Session Initiation Protocol (SIP) trunk migration from Vonage to AT&T – Work in progress.
 - Upgrading the call manager environment (2 Ring, Calabrio, and Finesse software) – Not Started.

Encounter Data

- In the month of February, AAH submitted 89 encounter files to DHCS.
- AHS fixed the issues in the Conifer test files and successfully submitted replacement and void, they are ready to move to production.

Enrollment

- The February 834 monthly file from DHCS was received and processed on time.

HEALTHsuite

- The HEALTHsuite system continued to operate normally with an uptime of 99.10%.

TruCare

- The TruCare system continued to operate normally with an uptime of 99.80%. There were 9,776 authorizations processed through the system.

Web Portal

- The Web Portal usage for the month of February 2019 among our group providers remains consistent with prior months.

Information Security

- All security activity data is based on the current months metrics as a percentage. This is compared to the previous three months average, except as noted.
- Email based metrics currently monitored are within the normal expected rate of (μ) variances with a return to a reputation-based blocks for a total of 14.2k.
- Attempted information leaks detected and blocked at the firewall are about the same from 44 to 47 for the month.
- Network scans returned a value of 4 which is in line with previous month's data.
- Attempted User Privilege Gain is lower at 78 from a previous six months average of 191.

Information Technology

Supporting Documents

Enrollment

- See Table 1-1 “Summary of Medical and Group Care member enrollment in the month of February 2019”.
- Summary of Primary Care Physician (PCP) Auto-assignment in the month of February 2019.
- See Table 1-2 “Summary of Primary Care Physician (PCP) Auto-assignment in the month of February 2019”.
- The following tables 1-1 and 1-2 are supporting documents from the enrollment summary section.
- Table 1-1 Summary of Medical and Group Care Member Enrollment in the Month of February.

Month	Total MC ¹	MC ¹ - Add/Reinstatements	MC ¹ - Terminated	Total GC ²	GC ² - Add/Reinstatements	GC ² - Terminated
February	253,888	4,425	7,215	5,855	170	206

1. MC – Medical Member
 2. GC – Group Care Member

- Table 1-2 Summary of Primary Care Physician (PCP) Auto-Assignment in the Month of February 2019.

Auto-Assignments	Member Count
Auto-assignments MC	1,433
Auto-assignments Expansion	880
Auto-assignments GC	65
PCP Changes (PCP Change Tool) Total	3,356

TruCare

- See Table 2-1 “Summary of TruCare Authorizations for the month of February 2019”.
- Manually updated Authorizations in TruCare: 9,776.
- TruCare Application Uptime – 99.80%.
- The following table 2-1 is a supporting document from the TruCare summary section.

- Table 2-1 Summary of TruCare Authorizations for the Month of February 2019.

Transaction Type	Inbound EDI Auths	Failed PP-Already In TC	Failed PP-MNF	Failed PP-PNF	Failed PP-Procedure Code	Failed PP-Diagnosis Code	Misc	Total EDI failure	New Auths entered	Total Auths loaded in TruCare Production
EDI-CHCN	3,959	143	0	23	24	25	18	236	0	3,723
EDI-Care Core National	860	0	0	0	0	0	0	0	0	860
Manual Entry	0	0	0	0	0	0	0	0	3,222	3,222
Total										7,805

Key: - PP=Pre-Processor; MNF=Member Not Found; PNF=Provider Not Found; TC=TruCare

Web Portal

- The following table 3-1 is a supporting document from the Web Portal summary section.
- Table 3-1 Web Portal Usage for the Month of January 2019.

Group	Individual User Accounts	Individual User Accounts Accessed	Total Logins	New Users
Provider	2,623	2,219	197,426	282
MCAL	54,518	1,749	3,673	636
IHSS	2,204	75	143	23
AAH Staff	122	43	555	1
Total	59,467	4,186	201,797	942

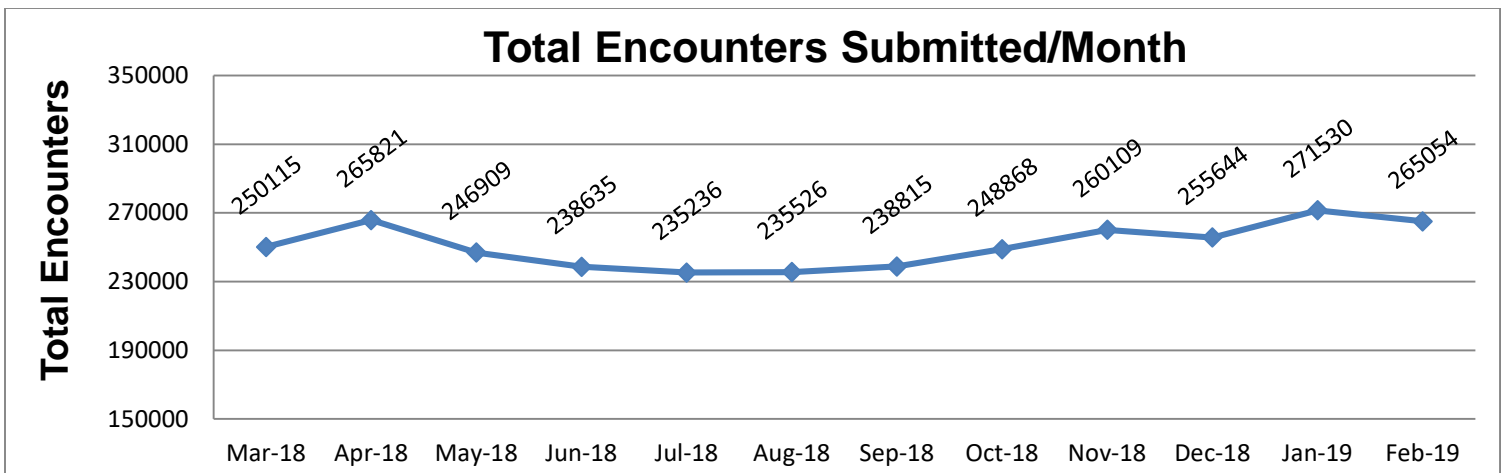
- Table 3-2 Top Pages Viewed for the month of January 2019.

Top 25 Pages Viewed		
Category	Page Name	January-19
Provider	Member Eligibility	753,006
Provider	Claim Status	156,414
Provider	Member Roster	81,598
Provider	Authorization Status	7,438
Member - Eligibility	Member Eligibility	5,500
Member - Claims	Claims - Services	3,188
Member - Help Center	Find a Doctor or Facility	2,734
Member - Help Center	Member ID Card	2,245
Member - Help Center	Select/Change PCP	619
Provider - Provider Directory	Provider Directory PCP/Specialist	509
Member - Pharmacy	My Pharmacy Claims	504
Member - Help Center	Update My Contact Info	257
Member - Pharmacy	Pharmacy - Drugs	193
Member - Help Center	Contact Us	138
Member - Help Center	Authorizations & Referrals	111
Provider	Pharmacy	102
Provider - Provider Directory	Attestation	101
Member – Health/Wellness	Personal Health Record - Intro	93
Member - Pharmacy	Pharmacy	76
Member - Forms/Resources	Authorized Representative Form	73
Member – Health/Wellness	Personal Health Record - NoMoreClipboard	56
Member – Pharmacy	Find a Drug	56
Member – Help Center	File a Grievance or Appeal	54
Provider – Provider Directory	Provider Directory - Facility	46
Member – Health/Wellness	Member Materials	43

Encounter Data from Trading Partners

- AHS:
 - February weekly files (3,835 records) were received on time.
- Beacon:
 - February monthly files (7,891 records) were received on time.

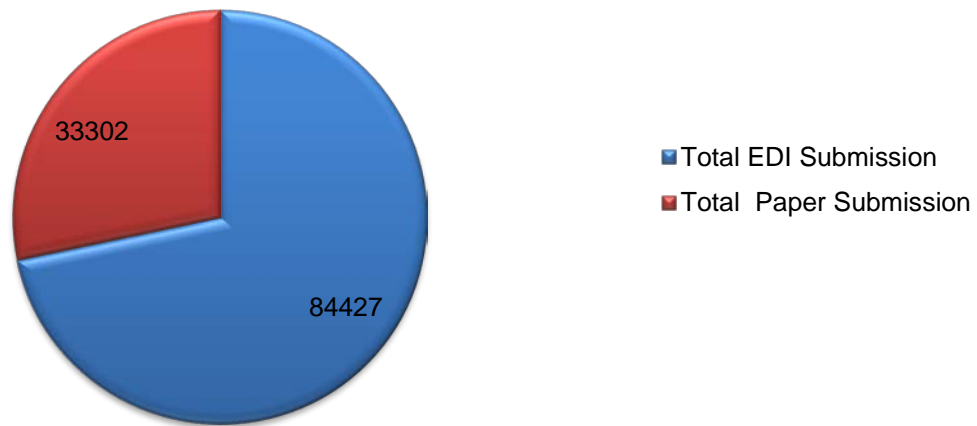
- CHCN:
 - February weekly files (53,219 records) were received on time.
- CHME:
 - February monthly file (3,272 records) was received on time.
- CFMG:
 - February weekly files (7,543 records) were received on time.
- PerformRx:
 - February monthly files (177,507 records) were received on time.
- Kaiser:
 - February monthly files (34,110 records) were received on time.
 - February Kaiser Pharmacy – monthly files (20,187 records) were received on time.
- LogistiCare:
 - February weekly files (15,917 records) were received on time.
- March Vision:
 - February monthly file (2,195 records) was received on time.
- Quest Diagnostics:
 - February weekly files (13,943 records) were received on time.



Paper vs EDI Claims

Period	Total EDI Submissions	Total Paper Submissions	Total claims
19-Feb	84,427	33,302	117,729

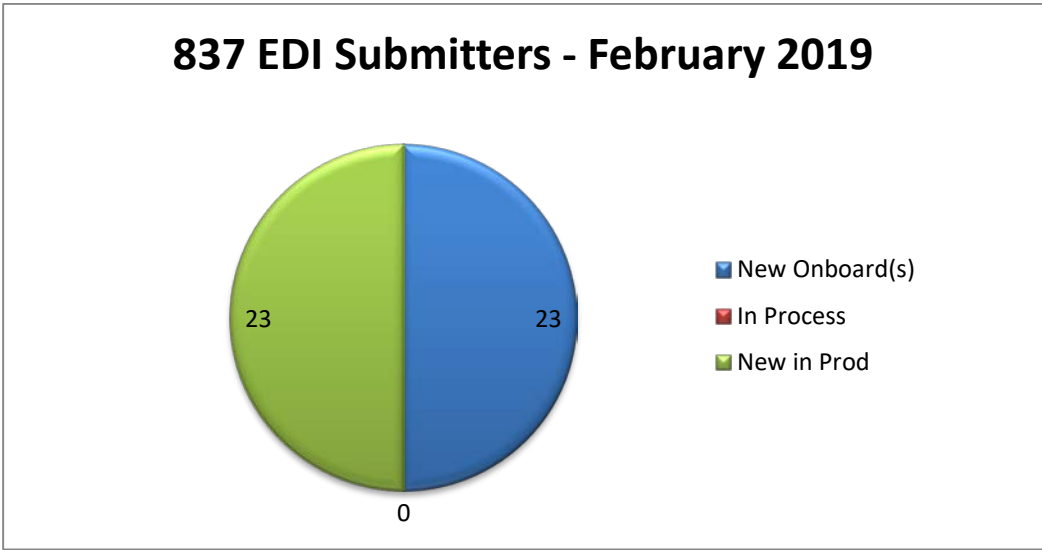
EDI vs Paper Submission, February 2019



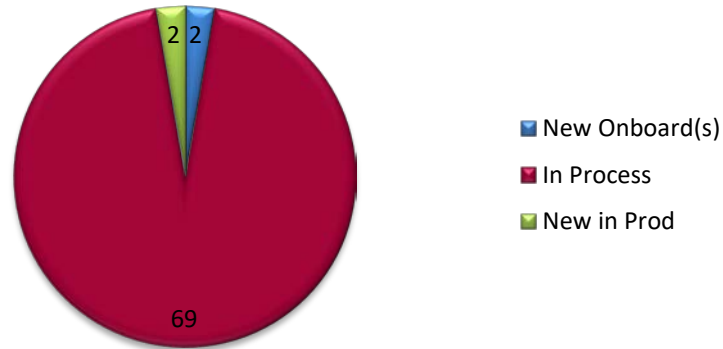
Onboarding EDI Providers - Updates

- February 2019 EDI Claims:
 - A total of 561 new EDI submitters have been added since October 2015, with 23 added in February 2019.
 - The total number of EDI submitters is 1293 providers.
- February 2019 EDI Remittances (ERA):
 - A total of 162 new ERA receivers have been added since October 2015, with 2 added in February 2019.
 - The total number of ERA receivers is 201 providers.

	837				835			
	New on boards	In process	New In prod	Total in Prod	New on boards	In process	New In prod	Total in Prod
Mar - 18	17	0	17	1070	2	49	2	143
April - 18	42	2	40	1110	3	52	3	146
May - 18	22	4	18	1128	4	54	2	148
June - 18	20	0	20	1148	4	56	2	150
July - 18	15	0	15	1163	8	60	4	154
Aug - 18	19	0	19	1182	9	60	9	163
Sept - 18	11	1	10	1192	1	61	0	163
Oct - 18	37	0	37	1229	4	64	1	164
Nov - 18	12	1	11	1240	5	69	0	164
Dec - 18	8	1	7	1247	9	69	9	173
Jan - 19	23	0	23	1270	26	69	26	199
Feb - 19	23	0	23	1293	2	69	2	201



835 EDI Receivers - February 2019



Summary of Lag Times

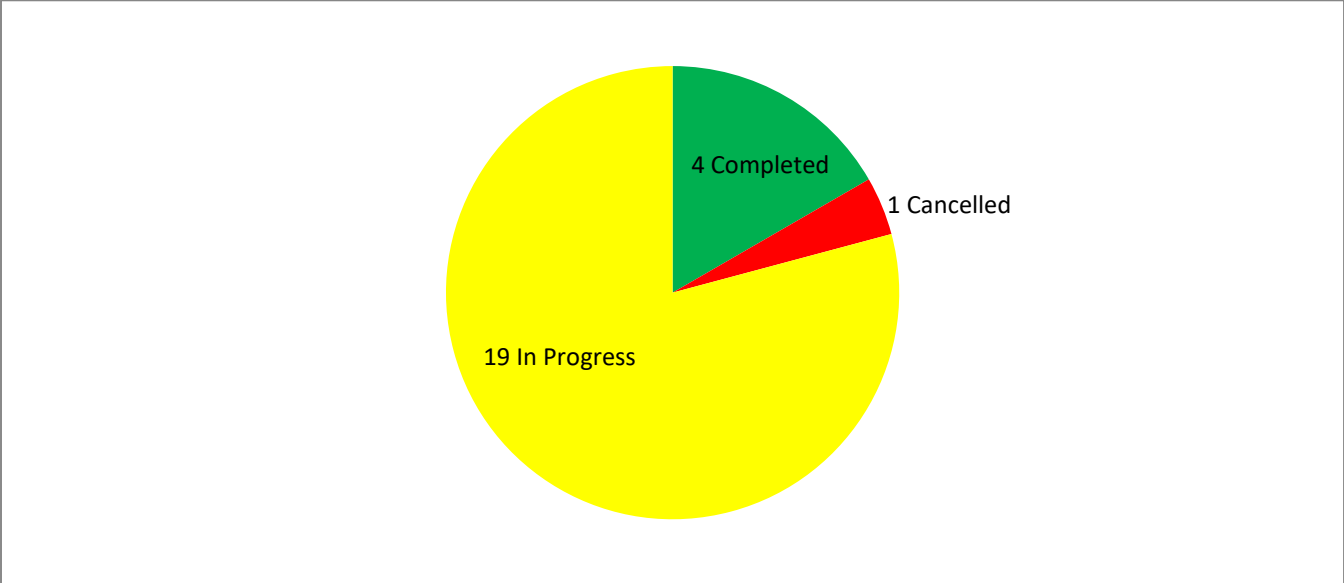
- The following is a summary of Lag Times.

AAH Encounters: Outbound 837 (AAH to DHCS)	Feb-19	Target
Timeliness-% Within Lag Time - Institutional 0-90 days	91%	60%
Timeliness-% Within Lag Time - Institutional 0-180 days	99%	80%
Timeliness-% Within Lag Time - Professional 0-90 days	93%	73%
Timeliness-% Within Lag Time – Professional 0-180 days	98%	80%

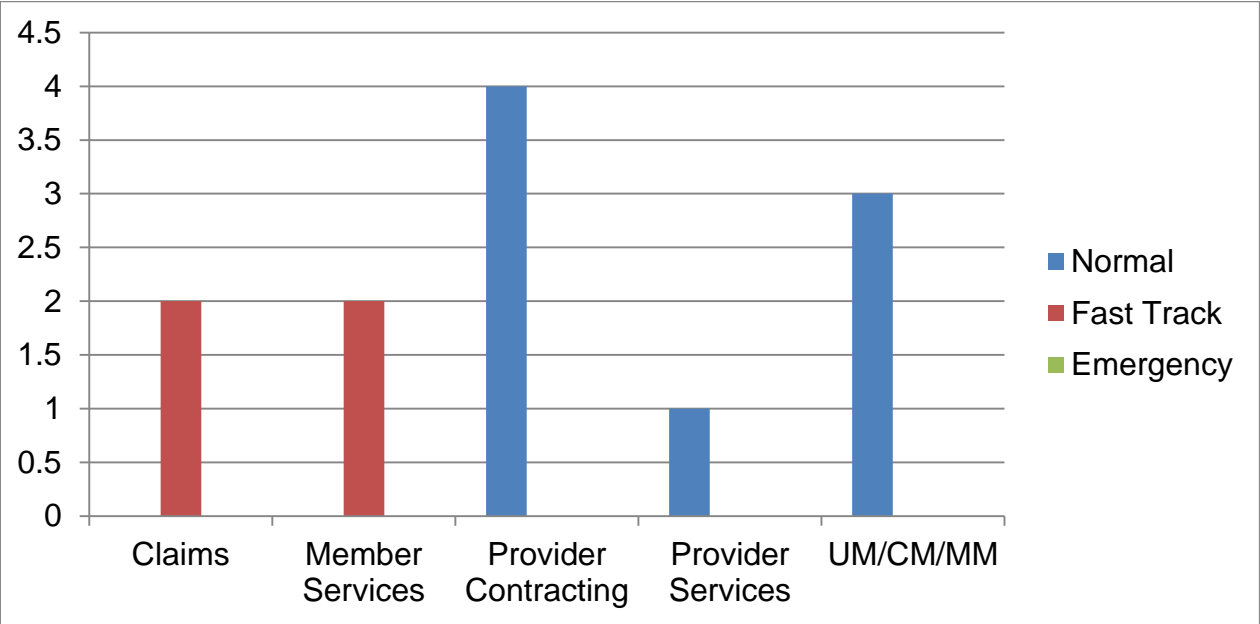
Change Management Key Performance Indicator (KPI)

- Change Request Submitted by Type in the month of February.
 - 11 Normal CR
 - 12 Fast Track CR
 - 1 Emergency CR

- 24 CRs Submitted/logged in the month of February 2019 resulting in:

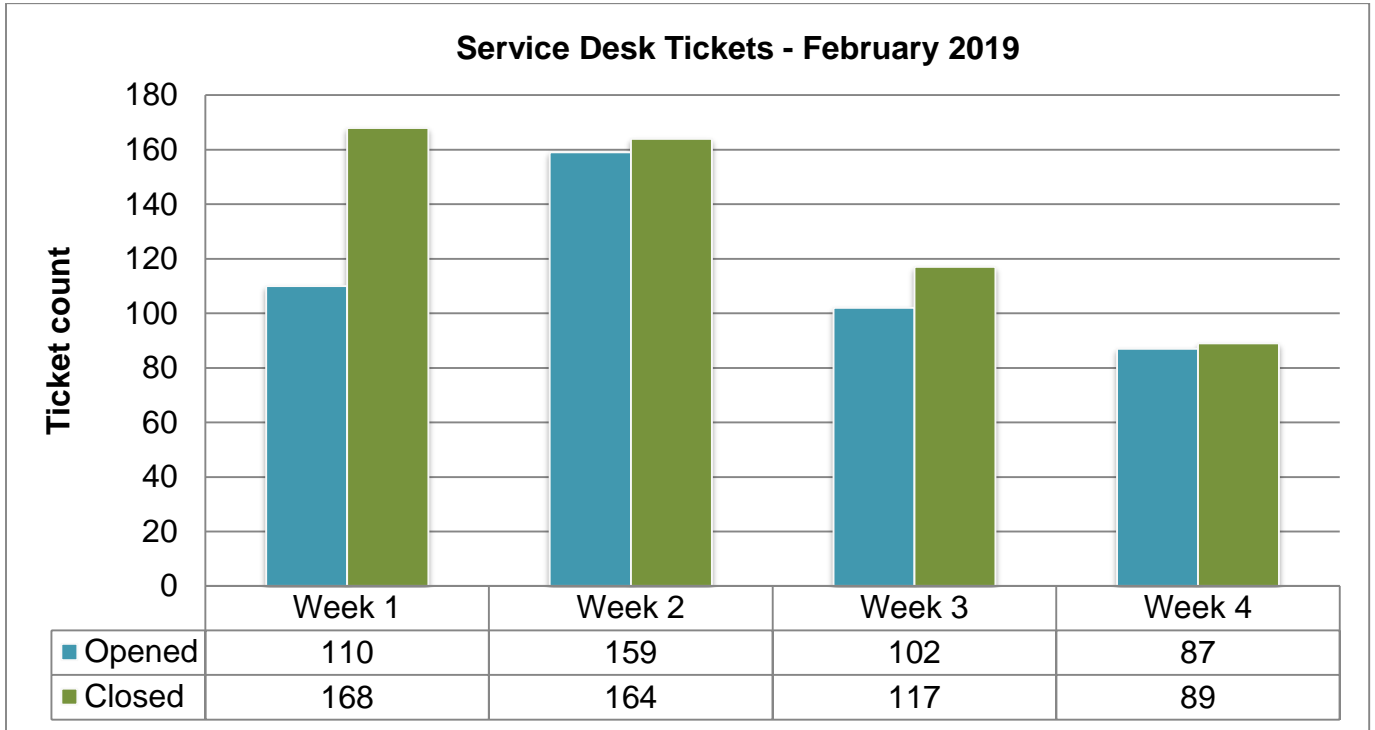


Business Units CRs Submitted



IT Stats: Infrastructure

- AAH phone systems and call center applications remained 100% available during the month of February. No call center outages occurred during this month. We are continuing to work on projects to optimize the call center eco-system (applications, backend integration, configuration, and network).



Information Security

- The following is supporting security data furnishing additional information for the Information Security summary.

Item / Date	18-Aug	18-Sep	18-Oct	18-Nov	18-Dec	19-Jan	19-Feb
Stopped By Reputation	1,385K	631K	338K*	1058K	511.5K	458.0K	14.2K
Invalid Recipients	60	181	24*	49	26	37	0
Spam Detected	74.9K	10.8 K	27K*	58.8K	30.0K	29.8K	1,269
Virus Detected	2	0	1*	2	0	6	1
Advanced Malware	10	84	3*	1	9	4	0
Malicious URLs	8,218	560	466*	1,023	284	579	4
Content Filter	4,873	64K	952*	2,801	7,357	1,917	1
Marketing Messages	6,982	942	3,063*	7,328	2,973	3,413	179
Attempted Admin Privilege Gain	3,129	108	328*	288	626	626	2,128
Attempted User Privilege Gain	137	10	257	260	258	348	78
Attempted Information Leak	20	46	65	63	64	44	47
Potential Corp Policy Violation	34	5	9	13	21	16	30
Network Scans Detected	12	10	4	8	6	5	4
Web Application Attack	17	2	11	10	9	47	42
Misc. Attack	6*	1	5	3	4	78	18

* These results are not representative as they include sensor detection of PEN testing activities

All Intrusion Events

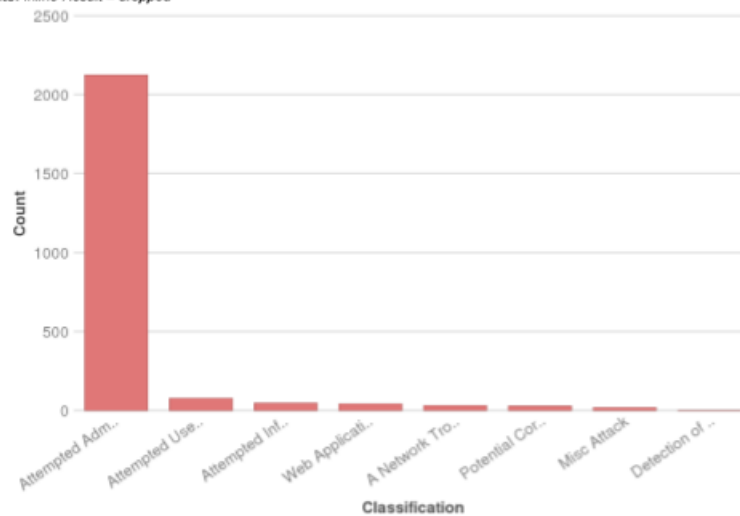
Time Window: 2019-02-01 09:37:00 - 2019-02-28 13:45:00



Dropped Intrusion Events

Time Window: 2019-02-01 09:28:00 - 2019-02-28 13:46:00

Constraints: Inline Result = dropped



Classification	Count
Attempted Administrator Privilege Gain	2,128
Attempted User Privilege Gain	78
Attempted Information Leak	47
Web Application Attack	42
A Network Trojan was Detected	31
Potential Corporate Policy Violation	30
Misc Attack	18
Detection of a Network Scan	4

- The above graph represents the list of intrusion events attempted by various groups:
 - Attempted information leaks detected and blocked at the firewall are about the same from 44 to 47 for the month.
 - Attempted User Privilege Gain is lower at 78 from a previous six months average of 191.



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Analytics

Tiffany Cheang

To: Alameda Alliance for Health Board of Governors
From: Tiffany Cheang, Chief Analytics Officer
Date: March 8, 2019
Subject: Performance & Analytics Report

Membership Demographics

- Note: Membership demographics have been moved to the Finance section.

Member Cost Analysis

- The Member Cost Analysis below is based on the following 12 month rolling periods:
 - Current reporting period: December 2017 – November 2018 dates of service.
 - Prior reporting period: December 2016 – November 2017 dates of service.
 - (Note: Data excludes Kaiser Membership data).
- For the Current reporting period, the top 7.4% of members account for 80.8% of total costs.
- In comparison, the Prior reporting period was slightly lower at 7.1% of members accounting for 79.6% of total costs.
- Characteristics of the top utilizing population remained fairly consistent between the reporting periods:
 - The SPD (~33%) and MCE (~31%) categories of aid continue to account for over 60% of the members.
 - The percent of members with costs \geq \$30K has remained consistent at 1.4%.
 - Of those members with costs \geq \$100K, the percentage of total members has remained consistent at 0.3%.
 - For these members, non-trauma/pregnancy inpatient costs continue to comprise the majority of costs, increasing slightly from 47% to 51%.
- Demographics for member city and gender for members with costs \geq \$30K follow the same distribution as the overall Alliance population.
- However, the age distribution of the top 7.4% is more concentrated in the 45-66 year old category (43%) compared to the overall population (22%).

Analytics

Supporting Documents

Alameda Alliance for Health - Analytics Supporting Documentation: Member - Cost Analysis

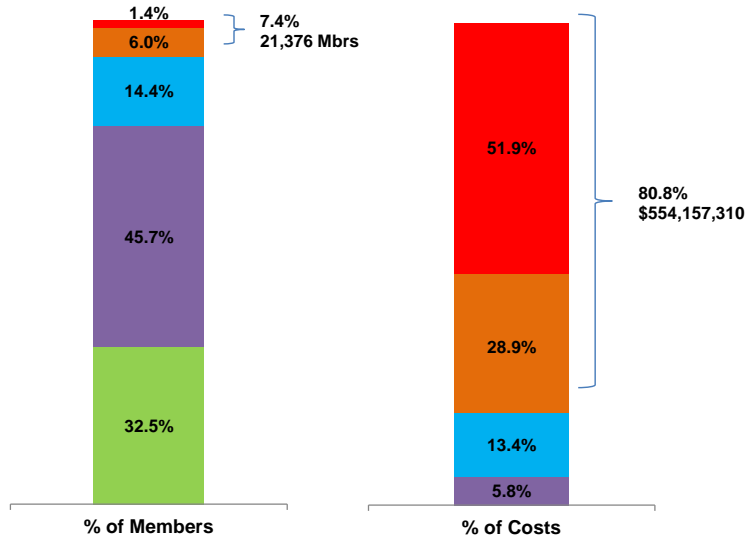
Lines of Business: MCAL, IHSS; Excludes Kaiser Members

Dates of Service: Dec 2017 - Nov 2018

Note: Data incomplete due to claims lag

Run Date: 12/28/18

Member Cost Distribution



Top 7.4% of Members = 80.8% of Costs

Cost Range	Members	% of Total Members	Costs	% of Total Costs
\$100K+	964	0.3%	\$ 186,626,243	27.2%
\$75K to \$100K	502	0.2%	\$ 43,262,626	6.3%
\$50K to \$75K	1,004	0.3%	\$ 61,306,538	8.9%
\$40K to \$50K	669	0.2%	\$ 29,897,557	4.4%
\$30K to \$40K	1,012	0.3%	\$ 35,075,161	5.1%
SubTotal	4,151	1.4%	\$ 356,168,125	51.9%
\$20K to \$30K	2,015	0.7%	\$ 49,363,063	7.2%
\$10K to \$20K	6,004	2.1%	\$ 82,940,262	12.1%
\$5K to \$10K	9,206	3.2%	\$ 65,685,859	9.6%
SubTotal	17,225	6.0%	\$ 197,989,185	28.9%
Total	21,376	7.4%	\$ 554,157,310	80.8%

Cost Range	Members	% of Members	Costs	% of Costs
\$30K+	4,151	1.4%	\$ 356,168,125	51.9%
\$5K - \$30K	17,225	6.0%	\$ 197,989,185	28.9%
\$1K - \$5K	41,523	14.4%	\$ 91,855,318	13.4%
< \$1K	132,351	45.7%	\$ 39,973,324	5.8%
\$0	94,070	32.5%	\$ -	0.0%
Totals	288,615	100.0%	\$ 682,946,691	100.0%

Enrollment Status	Members	Total Costs
Still Enrolled as of Nov 2018	230,573	\$ 591,066,690
Dis-Enrolled During Year	58,747	\$ 94,919,262
Totals	289,320	\$ 685,985,952

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

7.4% of Members = 80.8% of Costs

Lines of Business: MCAL, IHSS; Excludes Kaiser Members

Dates of Service: Dec 2017 - Nov 2018

Note: Data incomplete due to claims lag

Run Date: 12/28/18

7.4% of Members = 80.8% of Costs

32.9% of members are SPDs (Dual and Non-Dual combined) and account for 37.3% of costs.

31.5% of members are MCE and account for 30.3% of costs.

9.5% of members disenrolled as of Nov 2018 and account for 15.0% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Members with Costs >=\$30K	Members with Costs \$5K-\$30K	Total Members	% of Members
IHSS	IHSS	96	549	645	3.0%
MCAL	MCAL - ADULT	399	3,007	3,406	15.9%
	MCAL - BCCTP	2	2	4	0.0%
	MCAL - CHILD	124	1,383	1,507	7.0%
	MCAL - MCE	1,235	5,502	6,737	31.5%
	MCAL - SPD	1,618	4,480	6,098	28.5%
	MCAL - SPD-DUAL	56	886	942	4.4%
Not Eligible	Not Eligible	621	1,416	2,037	9.5%
Total		4,151	17,225	21,376	100.0%

Cost Breakout by LOB

LOB	Eligibility Category	Members with Costs >=\$30K	Members with Costs \$5K-\$30K	Total Costs	% of Costs
IHSS	IHSS	\$ 7,070,281	\$ 6,108,376	\$ 13,178,657	2.4%
MCAL	MCAL - ADULT	\$ 28,963,832	\$ 33,625,462	\$ 62,589,295	11.3%
	MCAL - BCCTP	\$ 209,355	\$ 14,684	\$ 224,039	0.0%
	MCAL - CHILD	\$ 5,980,085	\$ 14,521,757	\$ 20,501,841	3.7%
	MCAL - MCE	\$ 105,982,181	\$ 62,063,619	\$ 168,045,801	30.3%
	MCAL - SPD	\$ 138,396,715	\$ 54,009,521	\$ 192,406,236	34.7%
	MCAL - SPD-DUAL	\$ 3,608,310	\$ 10,730,177	\$ 14,338,487	2.6%
Not Eligible	Not Eligible	\$ 65,957,365	\$ 16,915,588	\$ 82,872,954	15.0%
Total		\$ 356,168,125	\$ 197,989,185	\$ 554,157,310	100.0%

% of Total Costs By Service Type

Cost Range	Trauma Costs	Hep C Rx Costs	Pregnancy, Childbirth & Newborn Costs
\$100K+	8%	1%	1%
\$75K to \$100K	4%	3%	2%
\$50K to \$75K	4%	3%	2%
\$40K to \$50K	5%	4%	3%
\$30K to \$40K	6%	4%	5%
\$20K to \$30K	5%	5%	6%
\$10K to \$20K	1%	0%	13%
\$5K to \$10K	0%	0%	12%
Total	5%	2%	5%

Highest Cost Members; Cost Per Member >= \$100K

41.7% of members are SPDs (Dual and Non-Dual combined) and account for 39.5% of costs.

28.7% of members are MCE and account for 29.5% of costs.

21.2% of members disenrolled as of Nov 2018 and account for 23.0% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Total Members	% of Members
IHSS	IHSS	12	1.2%
MCAL	MCAL - ADULT	66	6.8%
	MCAL - BCCTP	1	0.1%
	MCAL - CHILD	2	0.2%
	MCAL - MCE	277	28.7%
	MCAL - SPD	395	41.0%
	MCAL - SPD-DUAL	7	0.7%
Not Eligible	Not Eligible	204	21.2%
Total		964	100.0%

Cost Breakout by LOB

LOB	Eligibility Category	Total Costs	% of Costs
IHSS	IHSS	\$ 2,574,747	1.4%
MCAL	MCAL - ADULT	\$ 11,972,314	6.4%
	MCAL - BCCTP	\$ 111,787	0.1%
	MCAL - CHILD	\$ 262,448	0.1%
	MCAL - MCE	\$ 54,985,816	29.5%
	MCAL - SPD	\$ 72,574,642	38.9%
	MCAL - SPD-DUAL	\$ 1,156,275	0.6%
Not Eligible	Not Eligible	\$ 42,988,214	23.0%
Total		\$ 186,626,243	100.0%

Breakout by Service Type/Location

Pharmacy Costs	Inpatient Costs (POS 21)	ER Costs (POS 23)	Outpatient Costs (POS 22)	Office Costs (POS 11)	Dialysis Costs (POS 65)	Other Costs (All Other POS)
12%	59%	2%	11%	5%	3%	2%
17%	44%	2%	8%	6%	11%	4%
24%	41%	3%	8%	6%	7%	5%
18%	47%	5%	9%	8%	2%	7%
20%	41%	7%	8%	8%	2%	9%
21%	40%	8%	9%	9%	1%	8%
18%	36%	7%	14%	12%	2%	7%
23%	24%	9%	13%	18%	1%	8%
17%	45%	5%	11%	9%	4%	5%

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



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

Human Resources

Anastacia Swift

To: Alameda Alliance for Health Board of Governors

From: Anastacia Swift, Executive Director, Human Resources

Date: March 8, 2019

Subject: Human Resources Report

Staffing

- As of March 1, 2019 the Alliance had 294 full time employees and 2-part time employees.
- On March 1, 2019 the Alliance had 46 open positions in which 9 signed offer acceptance letters have been received with start dates in the near future resulting in a total of 37 positions open to date. The Alliance is actively recruiting for the remaining 37 positions and several of these positions are in the interviewing or job offer stage.
- Summary of open positions by department:

Department	Open Positions March 1st	Signed Offers Accepted by Department	Remaining Recruitment Positions
Healthcare Services	26	8	18
Operations	9		9
Healthcare Analytics	2		2
Information Technology	5	1	4
Finance	2		2
Human Resources	2		2
Total	46	9	37

- Our current open positions rate is 14%

Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in February 2019 included:
 - 6 years:
 - Sandra Galindo (Legal)
 - Tiffany Cheang (Healthcare Analytics)
 - 8 years:
 - Judith Rosas (Member Services)