



# **Board of Governors**

## **Regular Meeting**

**Friday, January 11, 2019**  
**12:00 p.m. – 2:00 p.m.**

**1240 South Loop Road, Alameda, CA 94502**

# AGENDA

BOARD OF GOVERNORS  
Regular Meeting  
Friday, January 11, 2019  
12:00 p.m. – 2:00 p.m.

1240 South Loop Road  
Alameda, CA 94502

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**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.

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## 1. CALL TO ORDER

A regular meeting of the Alameda Alliance for Health Board of Governors will be called to order on January 11, 2019 at 12:00 p.m. at 1240 South Loop Road, Alameda, California, by Marty Lynch, 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 DECEMBER 2018 BOARD OF GOVERNORS MEETING MINUTES

## 6. BOARD MEMBER REPORTS

### a) COMPLIANCE ADVISORY GROUP

### b) FINANCE COMMITTEE

## **7. BOARD BUSINESS**

- a) REVIEW AND APPROVE NOVEMBER 2018 MONTHLY FINANCIAL STATEMENTS**
- b) CHAIRPERSON & VICE-CHAIRPERSON NOMINATIONS**
- c) COST CONTAINMENT AND QUALITY OF CARE INITIATIVES**

## **8. STANDING COMMITTEE UPDATES**

- a) PEER REVIEW AND CREDENTIALING COMMITTEE**
- b) PHARMACY AND THERAPEUTICS COMMITTEE**
- c) MEMBERS ADVISORY COMMITTEE**

## **9. CEO UPDATE**

## **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](http://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](http://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.

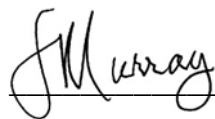
**Public Input:** If you are interested in addressing the Board, please fill out a form provided at the meeting with your full name and address. These forms are submitted to the Clerk of the Board at the front of the room. The Chair of the Board will call your name to speak when your item is considered. 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 January 7, 2019 by 12:00 p.m. as well as on the Alameda Alliance for Health's web page at [www.alamedaalliance.org](http://www.alamedaalliance.org).



Clerk of the Board – Jeanette Murray



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

# CEO Update

## Scott Coffin

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

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

**Date: January 11, 2019**

**Subject: CEO Report**

- **Alliance's Operating Performance (July through November) is \$12.3 million favorable to budget, reporting YTD net loss of \$2.2 million.**
  - Budget variance in the inpatient and emergency room utilization, and increased pharmacy expenses.
- **Claims & Authorization Audit Update.**
  - Initial phase of the audit completed in mid-December, and the findings are being evaluated by a cross-departmental committee.
- **Local and Statewide Market Trends in Managed Care.**
  - Enrollment trends & demographics.
  - Financial forecasts by public health plans.
  - Optional Expansion (ACA) reimbursement rates have declined by 40% over the last two years.
- **Operational Readiness for the implementation of the state-funded Health Home Program (ACA 2703) – Alameda County go-live is July 2019.**
- **340B Outpatient Drug Administration.**
  - DHCS issuing final instructions to health plans in Q1-2019.
  - Alliance to form a 340B exchange by July 2019, and subsequent phase to implement 340B pricing policies by end of 2019.
- **DHCS Procurement in Alameda County 2019, Managed Medi-Cal Services.**
  - Late 2019 the request for proposal may be released to the public.

# EXECUTIVE DASHBOARD

## JANUARY 2019

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

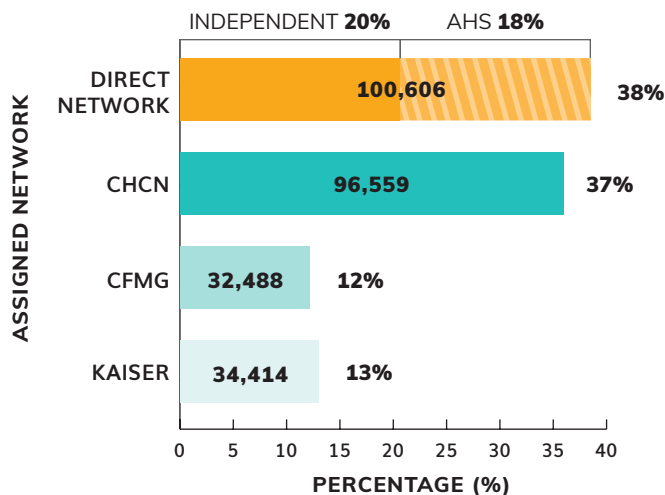
### MEMBERSHIP

# 264,067

TOTAL MEMBERSHIP

IHSS 5,842 | MEDI-CAL 258,225

### DISTRIBUTION OF ALL MEMBERSHIP BY ASSIGNED NETWORK



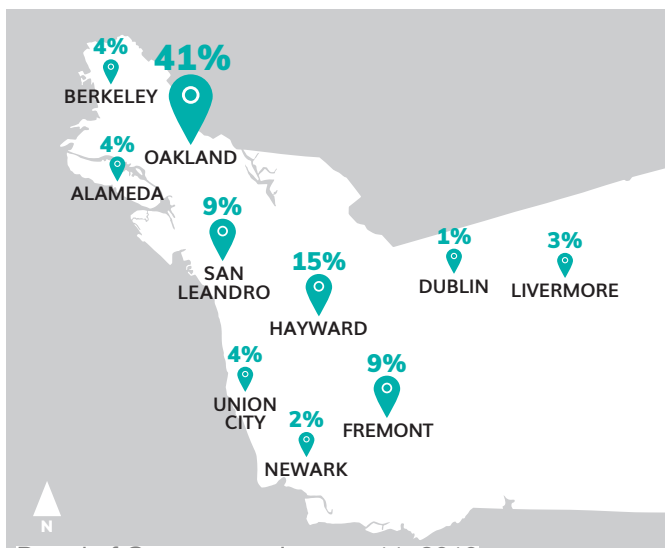
### DISTRIBUTION OF MEMBERSHIP BY CITY

# 92%

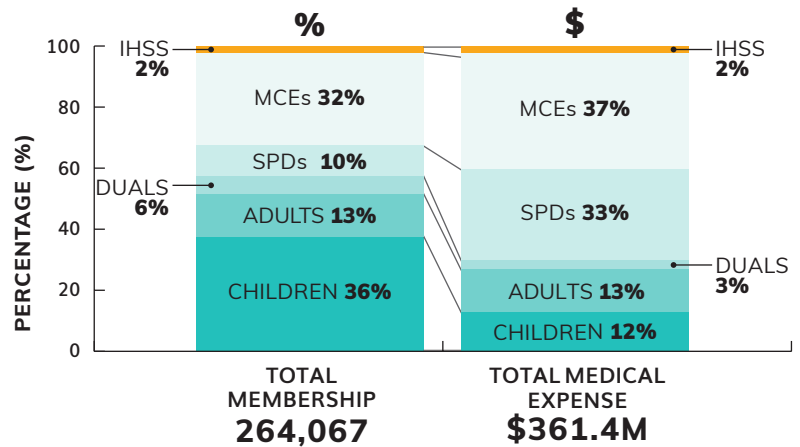
OF ALLIANCE MEMBERS LIVE IN **10 CITIES** AND THE REMAINING 8% LIVE IN THE OTHER ALAMEDA COUNTY CITIES AND UNINCORPORATED AREAS

**TEN CITIES**

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

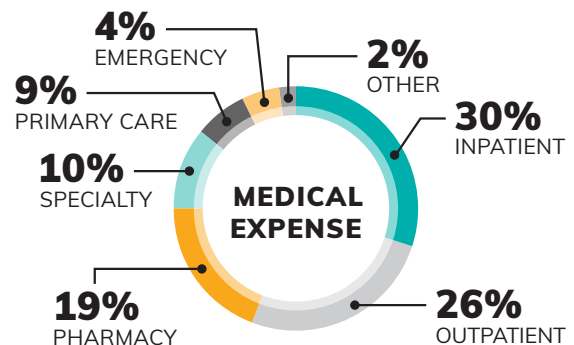


### DISTRIBUTION OF MEDICAL EXPENSE BY MEMBERSHIP CATEGORY



### REVENUE & EXPENSES

	November 2018	FISCAL YTD
REVENUE	\$75.4M	\$377.3M
MEDICAL EXPENSE	(\$71.2M)	(\$361.4M)
ADMIN EXPENSE	(\$4.4M)	(\$20.6M)
OTHER	\$327.4K	\$2.4M
<b>NET INCOME</b>	<b>\$41.6K</b>	<b>(\$2.2M)</b>



### TANGIBLE NET EQUITY\*

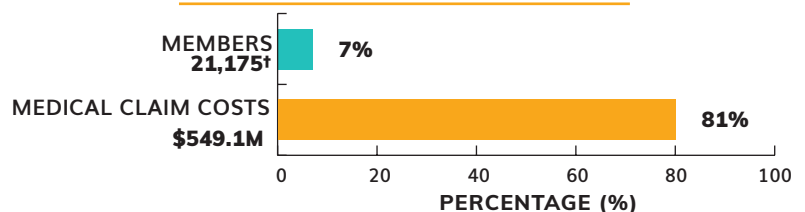
594%



\$187.9M

\*AS OF NOVEMBER 2018

### HIGH UTILIZER DISTRIBUTION



\*REPORTING 4 MONTH LAG

## UTILIZATION



**3,864**

INPATIENT  
BED DAYS



**7,816**

EMERGENCY  
ROOM VISITS\*



**3.2 DAYS**

AVERAGE  
LENGTH OF STAY

\*REPORTING 1 MONTH LAG (LIKE FINANCE)

## CASE AND DISEASE MANAGEMENT

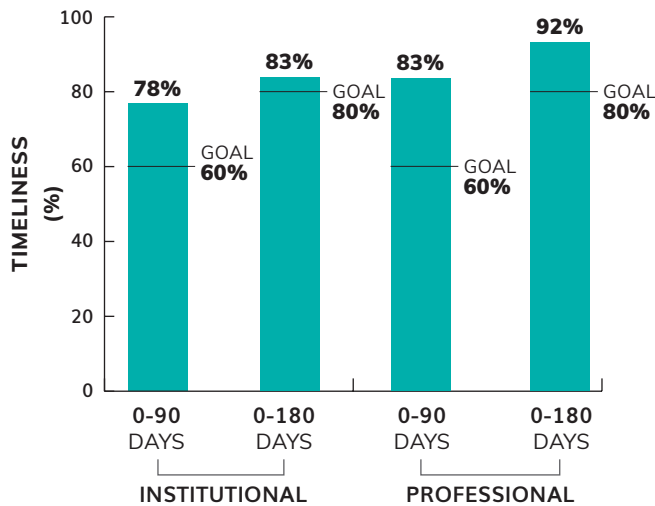
	NEW CASES	TOTAL ENROLLED
CARE COORDINATION	110	458
CARE NEIGHBORHOOD*	86	370
COMPLEX CASE MANAGEMENT	6	44
HEALTH HOMES*	24	172
WHOLE PERSON CARE (AC3)*	24	136
<b>TOTAL</b>	<b>250</b>	<b>1,180</b>

\*REPORTING 1 MONTH LAG (LIKE FINANCE)

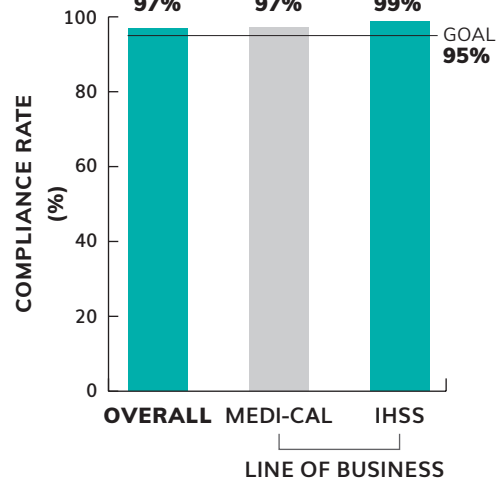
## REGULATORY COMPLIANCE

ALL REGULATORY COMPLIANCE MEASURES ARE IN COMPLIANCE WITH THE EXCEPTION OF PROVIDER DISPUTES & RESOLUTIONS NOT MEETING THE TURNAROUND TIME GOAL.

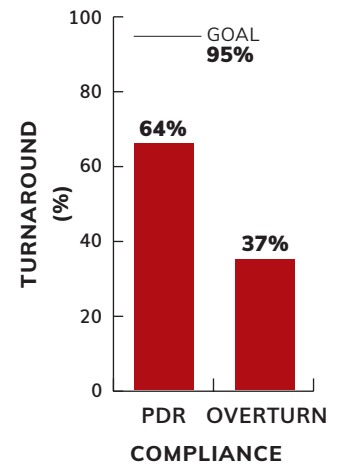
### ENCOUNTER DATA



### MEDICAL AUTHORIZATIONS



### PROVIDER DISPUTES & RESOLUTIONS



## CALL CENTER



**14,337**

CALLS  
RECEIVED



**92%**

ANSWERED IN  
30 SECONDS



**6%**

CALLS  
ABANDONED



**109,430**

PROCESSED  
CLAIMS



**74%**

AUTO-  
ADJUDICATED



**23 DAYS**

PROCESSED  
PAYMENTS

## STAFF & RECRUITING



**291**

TOTAL  
EMPLOYEES



**6**

HIRED IN THE  
LAST 30 DAYS



**11%**

CURRENT  
VACANCY





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

# Operations Dashboard

# Alameda Alliance for Health Operations Dashboard

- January-2019 -

ID	Section	Subject Area	Category	Performance Metric					ID
1	1	Financials			Nov-18 FYTD			%	Annual Budget
2									2
3			Income & Expenses	Revenue \$	\$377,311,880			41.8%	\$901,768,537
4				Medical Expense \$	\$361,368,715			40.5%	\$891,743,509
5				Inpatient (Hospital)	\$108,364,064			30.0%	\$264,836,870
6				Outpatient/Ancillary	\$95,295,072			26.4%	\$244,543,907
7				Emergency Department	\$15,997,944			4.4%	\$44,758,855
8				Pharmacy	\$67,685,229			18.7%	\$157,683,791
9				Primary Care	\$31,025,260			8.6%	\$67,275,537
10				Specialty Care	\$35,929,635			9.9%	\$92,495,171
11				Other	\$7,071,511			2.0%	\$20,149,379
12				Admin Expense \$	\$20,569,817			38.2%	\$53,843,839
13				Other Income / (Exp.) \$	\$2,392,845			4.4%	\$5,970,413
14				Net Income \$	(\$2,233,807)			5.9%	(\$37,848,398)
15				Gross Margin %	4.2%				1.1%
16			Liquid Reserves	Medical Loss Ratio (MLR) - Net %	95.8%				98.9%
17				Tangible Net Equity (TNE) %	593.9%				468.0%
18				Tangible Net Equity (TNE) \$	\$187,925,906				\$152,311,317
19			Reinsurance Cases	2018-2019 Cases Submitted > 450K	4				
20				2018-2019 New Cases Submitted	0				
21				2017-2018 Cases Submitted > 450K	44				
22				2017-2018 New Cases Submitted	0				
23			Balance Sheet	Cash Equivalents	\$232,887,556				
24				Pass-Through Liabilities	\$54,294,571				
25				Uncommitted Cash	\$178,592,985				
26				Working Capital	\$176,165,119				
27				Current Ratio %	202.3%				100%
28									28
29	2	Membership			Sep-19	Oct-18	Nov-18	%	Nov-18 Budget
30									30
31			Medi-Cal Members	Adults	35,922	35,716	35,502	13%	36,439
32				Children	96,457	95,954	95,498	36%	97,295
33				Seniors & Persons with Disabilities (SPDs)	26,116	26,159	26,074	10%	26,393
34				Managed Care Expansion (MCE)	85,152	85,404	85,157	32%	83,730
35				Dual-Eligibles	15,865	15,887	15,994	6%	17,050
36									36
37				Total Medi-Cal	259,512	259,120	258,225	98%	260,907
38			IHSS Members	IHSS	5,856	5,889	5,842	2%	5,873
39			Total Membership	Medi-Cal and IHSS	265,368	265,009	264,067	100%	266,780
40									40
41			Members Assigned By Delegate	Direct-contracted network	52,066	51,544	51,835	20%	
42				Alameda Health System (Direct Assigned)	48,959	49,159	48,771	18%	
43				Children's First Medical Group	32,836	32,676	32,488	12%	
44				Community Health Center Network	97,120	97,107	96,559	37%	
45				Kaiser Permanente	34,387	34,523	34,414	13%	
46									46

# Alameda Alliance for Health Operations Dashboard

- January-2019 -

ID	Section	Subject Area	Category	Performance Metric	Oct-18	Nov-18	Dec-18	%	Performance Goal	ID
47	3	Claims			Oct-18	Nov-18	Dec-18	%	Performance Goal	47
48			HEALTHsuite Claims Processing	Number of Claims Received	128,320	114,709	113,623			48
49				Number of Claims Paid	108,691	88,335	85,976			49
50				Number of Claims Denied	27,083	22,265	23,454			50
51				Inventory (Unfinalized Claims)	71,778	82,861	82,439			51
52				Pended Claims (Days)	10,655	15,296	15,784	19%		52
53				0-29 Calendar Days	10,586	14,947	15,602	19%		53
54				30-44 Calendar Days	46	312	137	0%		54
55				45-59 Calendar Days	2	13	8	0%		55
56				60-89 Calendar Days	11	3	18	0%		56
57				90-119 Calendar Days	5	10	2	0%		57
58				120 or more Calendar Days	5	11	17	0%		58
59				Total Claims Paid (dollars)	\$53,269,312	\$37,279,990	\$37,165,174			59
60				Interest Paid (Total Dollar)	\$87,223	\$54,411	\$39,482	0%		60
61				Auto Adjudication Rate (%)	72.0%	72.6%	74.3%		70%	61
62				Average Payment Turnaround (days)	23	23	23		25 days or less	62
63			Claims Auditing	# of Pre-Pay Audited Claims	2,026	2,117	3,364			63
64			Claims Compliance	% of Claims Processed Within 30 Cal Days (DHCS Goal = 90%)	99%	99%	99%		90%	64
65				% of Claims Processed Within 90 Cal Days (DHCS Goal = 99%)	100%	100%	100%		99%	65
66				% of Claims Processed Within 45 Work Days (DMHC Goal = 95%)	100%	100%	100%		95%	66
67										67
68										68
69	4	Member Services			Oct-18	Nov-18	Dec-18	%	Performance Goal	69
70			Member Call Center	Inbound Call Volume	15,367	16,002	14,337			70
71				Calls Answered in 30 Seconds %	79.0%	89.0%	92.0%		80.0%	71
72				Abandoned Call Rate %	4.0%	7.0%	6.0%		5.0% or less	72
73				Average Wait Time	00:36	04:35	02:12			73
74				Average Call Duration	07:42	07:46	07:47			74
75				Outbound Call Volume	13,281	10,499	9,556			75
76										76
77										77
78	5	Provider Services			Oct-18	Nov-18	Dec-18	%	Performance Goal	78
79			Provider Call Center	Inbound Call Volume	5,479	4,822	4,595			79
80										80
81										81
82	6	Provider Contracting			Oct-18	Nov-18	Dec-18	%	Performance Goal	82
83			Provider Network	Primary Care Physician	593	593	588			83
84				Specialist	6,282	6,461	6,432			84
85				Hospital	17	17	17			85
86				Skilled Nursing Facility	51	51	52			86
87				Durable Medical Equipment	Capitated	Capitated	Capitated			87
88				Urgent Care	12	12	12			88
89				Health Centers (FQHCs and Non-FQHCs)	71	72	73			89
90				Transportation	380	380	380			90
91			Provider Credentialing	Number of Providers in Credentialing	1,440	1,435	1,438			91
92				Number of Providers Credentialed	1,440	1,435	1,438			92
93										93
94										94

# Alameda Alliance for Health Operations Dashboard

- January-2019 -

ID	Section	Subject Area	Category	Performance Metric	Oct-18	Nov-18	Dec-18	%	Annual Budget	ID
95	7	Human Resources & Recruiting			Oct-18	Nov-18	Dec-18	%	Annual Budget	95
96										96
97			Employees	Total Employees	296	289	291		319	97
98				Full Time Employees	293	286	289	99%		98
99				Part Time Employees	3	3	2	1%		99
100				New Hires	10	2	6			100
101				Separations	5	9	4			101
102				Open Positions	40	39	36	11%	10% or less	102
103				Signed Offer Letters Received	7	4	8			103
104				Recruiting in Process	33	35	28	9%		104
105										105
106			Non-Employee (Temps / Seasonal)		15	11	12			106
107										107
108	8	Compliance			Oct-18	Nov-18	Dec-18	%	Performance Goal	108
109										109
110			Provider Disputes & Resolutions	Turnaround Compliance (45 business days)	95%	53%	64%		95%	110
111				% Overturned	29%	19%	37%		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			Oct-18	Nov-18	Dec-18		Performance Goal	119
120										120
121			Business Availability	HEALTHsuite (Claims and Membership System)	100.00%	100.00%	100.00%		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%	100.00%	100.00%		99.99%	123
124										124
125			Encounter Data	Inbound Trading Partners 837 (Trading Partner To AAH)						125
126				Timeliness of file submitted by Due Date	100.00%	100.00%	100.00%		100.0%	126
127										127
128				AAH Outbound 837 (AAH To DHCS)						128
129				Timeliness - % Within Lag Time - Institutional 0-90 days	58.9%	93.7%	78.3%		60.0%	129
130				Timeliness - % Within Lag Time - Institutional 0-180 days	72.9%	99.1%	82.7%		80.0%	130
131				Timeliness - % Within Lag Time - Professional 0-90 days	84.1%	90.3%	82.8%		65.0%	131
132				Timeliness - % Within Lag Time - Professional 0-180 days	91.4%	97.6%	91.8%		80.0%	132
133										133

# Alameda Alliance for Health Operations Dashboard

- January-2019 -

ID	Section	Subject Area	Category	Performance Metric						ID
134	10	Health Care Services			Oct-18	Nov-18	Dec-18	%	Performance Goal	134
135										135
136			Authorization Turnaround	Overall Authorization Turnaround % Compliant	97%	97%	97%		95%	136
137				Medi-Cal %	97%	97%	97%		95%	137
138				Group Care %	97%	98%	99%		95%	138
139										139
140			Inpatient Utilization	Days / 1000	296.9	301.9	202.1			140
141				Admits / 1000	74.6	71.8	64.0			141
142				Average Length of Stay	4.0	4.2	3.2			142
143										143
144					Sep-18	Oct-18	Nov-18	%		144
145										145
146			Emergency Department (ED) Utilization	# ED Visits / 1000 (Based on Claims w/ 2 month lag)	44.37	44.68	39.07			146
147										147
148					Oct-18	Nov-18	Dec-18	%		148
149										149
150			Outpatient Authorization Denial Rates	Overall Denial Rate (%)	6.5%	6.2%	5.8%			150
151				Denial Rate Excluding Partial Denials (%)	5.7%	5.6%	5.4%			151
152				Partial Denial Rate (%)	0.9%	0.5%	0.4%			152
153										153
154			Pharmacy Authorizations	Approved Prior Authorizations	663	568	528	37%		154
155				Denied Prior Authorizations	659	564	544	37%		155
156				Closed Prior Authorizations	458	472	436	26%		156
157				Total Prior Authorizations	1,780	1,604	1,508			157
158										158
159			Case Management	<u>New Cases</u>						159
160				Care Coordination	226	199	110			160
161				Complex Case Management	59	60	6			161
162				Care Neighborhood*	106	86	0			162
163				Health Homes*	14	24	0			163
164				Whole Person Care (AC3)*	6	24	0			164
165				Total New Cases	411	393	116			165
166										166
167				<u>Total Enrolled</u>						167
168				Care Coordination	514	490	458			168
169				Complex Case Management	120	95	44			169
170				Care Neighborhood*	347	370	0			170
171				Health Homes*	143	172	0			171
172				Whole Person Care (AC3)*	124	136	0			172
173				Total Enrollment	1,248	1,263	502			173
174										174

\* External program numbers provided on a 1 month lag



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Service you can trust.

# Finance

## Gil Riojas

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

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

**Date: January 11, 2019**

**Subject: Finance Report**

### **Executive Summary**

- For the month ended November 30, 2018, the Alliance had enrollment of 264,067 members, a Net Income of \$42,000, and 594% of required Tangible Net Equity (TNE).

<u>Overall Results: (in Thousands)</u>				
		Month		YTD
Revenue	\$	75,351	\$	377,312
Medical Expense		71,188		361,369
Admin. Expense		4,449		20,570
Other Inc. / (Exp.)		327		2,393
Net Income	\$	42	\$	(2,234)

<u>Net Income by Program:</u>			
		Month	YTD
Medi-Cal		(\$37)	(\$3,159)
Group Care		\$79	\$925
	\$	42	\$ (2,234)

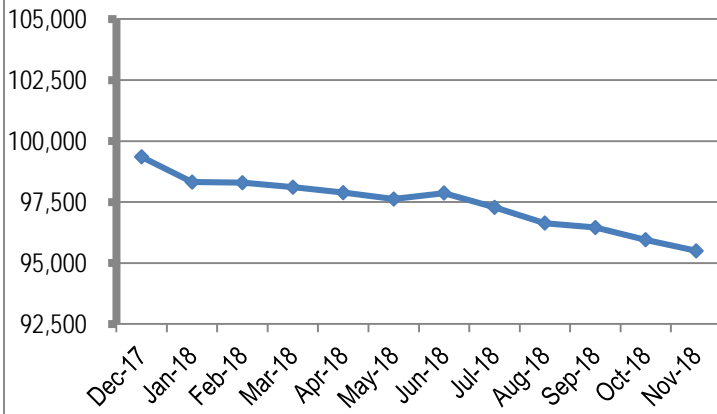
### **Enrollment**

- Total enrollment decreased by 942 members since October 2018.
- Total enrollment decreased by 2,230 members since June 2018.

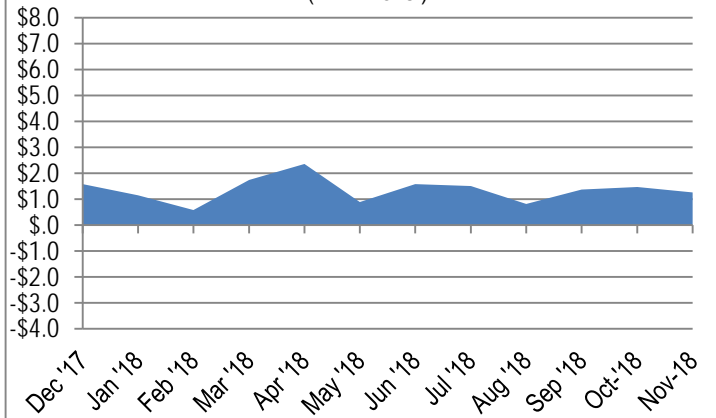
Month Membership and YTD Member Months								
Actual vs. Budget								
For the Month and Fiscal Year-to-Date								
Enrollment					Member Months			
November-2018					Year-to-Date			
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
35,501	36,439	(938)	-2.6%		Adults	179,594	181,319	(1,725)
95,499	97,295	(1,796)	-1.8%	Child	481,828	484,835	(3,007)	-0.6%
26,168	26,393	(225)	-0.9%	SPD	131,002	131,230	(228)	-0.2%
17,311	17,050	261	1.5%	Duals	85,341	84,792	549	0.6%
83,746	83,730	16	0.0%	ACA OE	417,923	417,070	853	0.2%
258,225	260,907	(2,682)	-1.0%	Medi-Cal Total	1,295,688	1,299,246	(3,558)	-0.3%
5,842	5,873	(31)	-0.5%	Group Care	29,284	29,301	(17)	-0.1%
264,067	266,780	(2,713)	-1.0%	Total	1,324,972	1,328,547	(3,575)	-0.3%

## Enrollment and Profitability by Program and Category of Aid

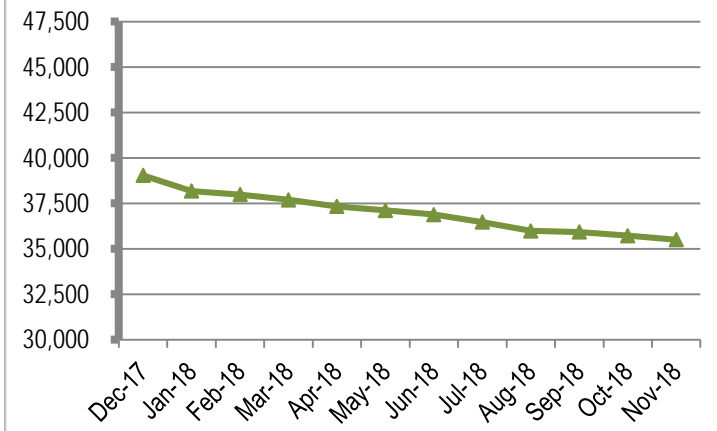
**Medi-Cal Child**



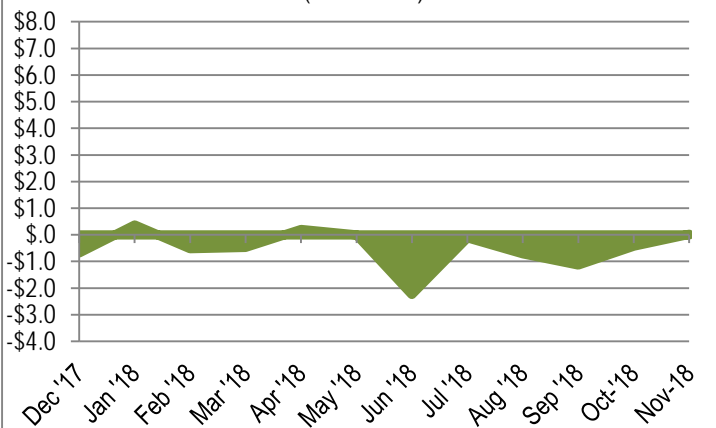
**Medi-Cal Child - Net Income / (Loss)**  
( In Millions )



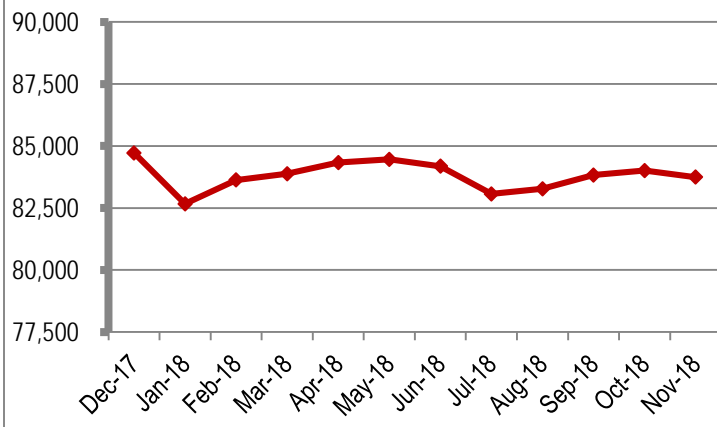
**Medi-Cal Adults**



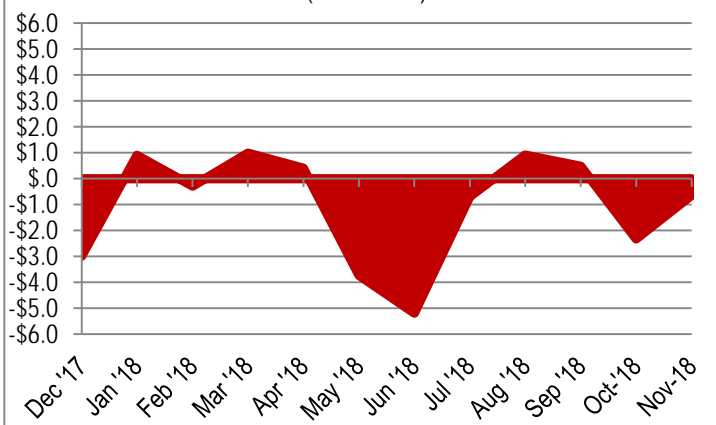
**Medi-Cal Adults - Net Income / (Loss)**  
( In Millions )



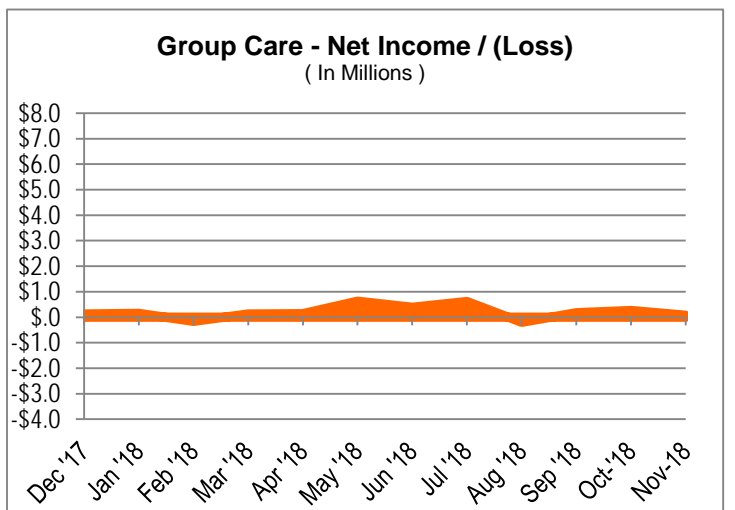
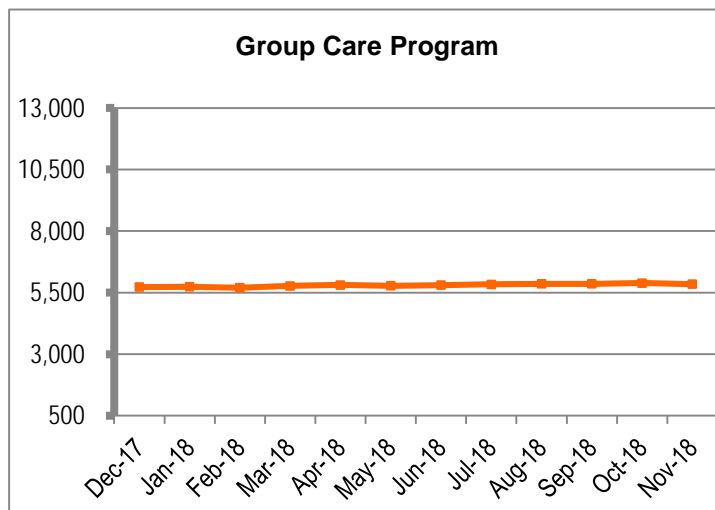
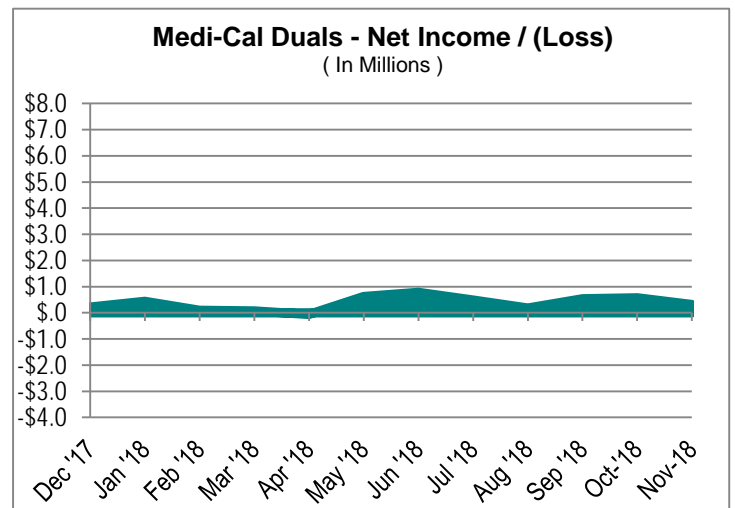
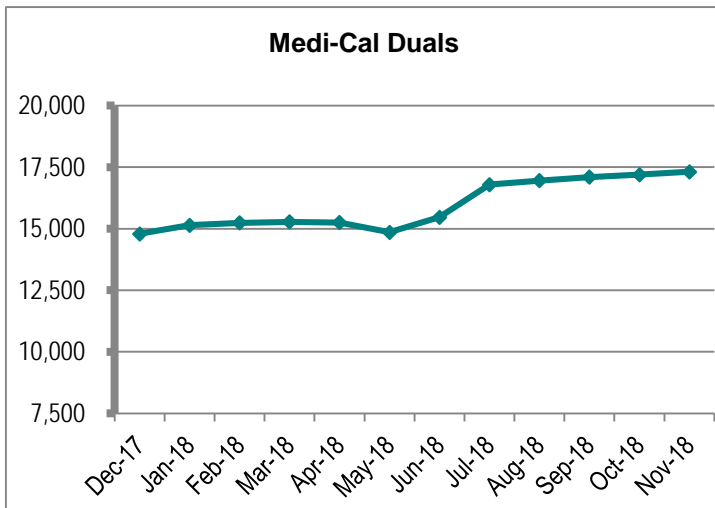
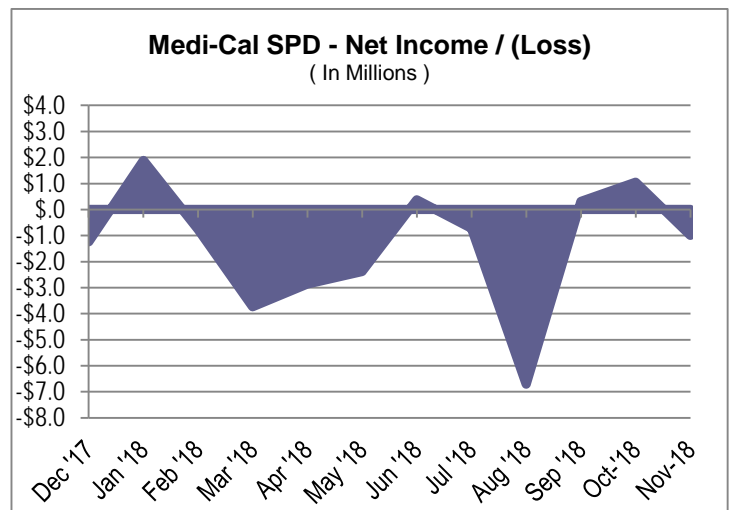
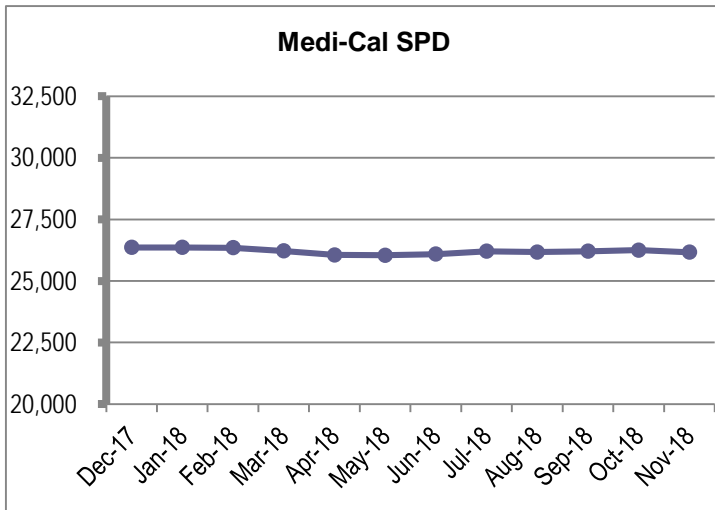
**Medi-Cal ACA OE**



**Medi-Cal ACA OE - Net Income / (Loss)**  
( In Millions )

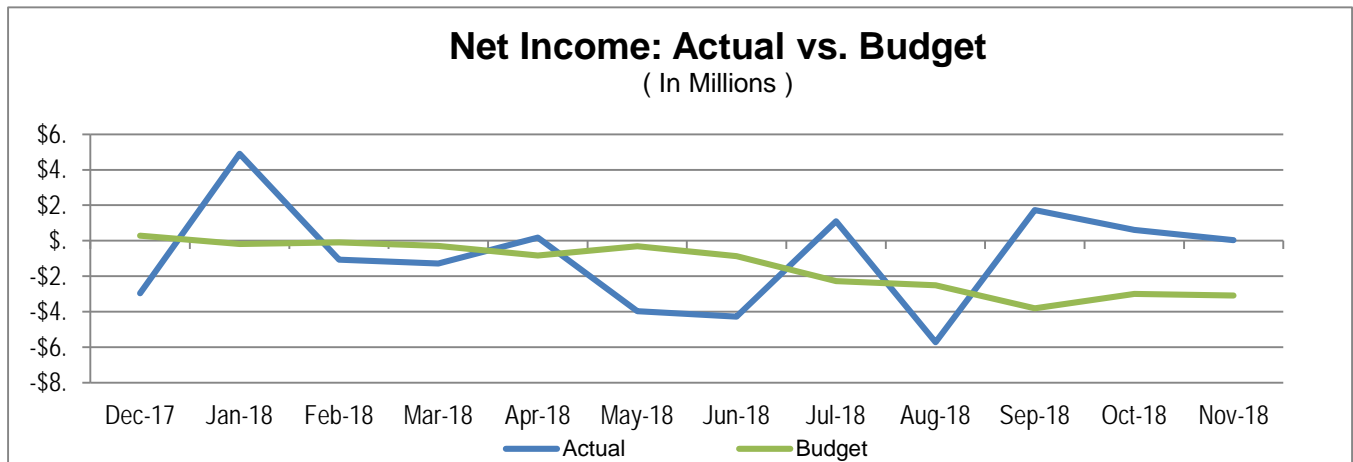






## **Net Income**

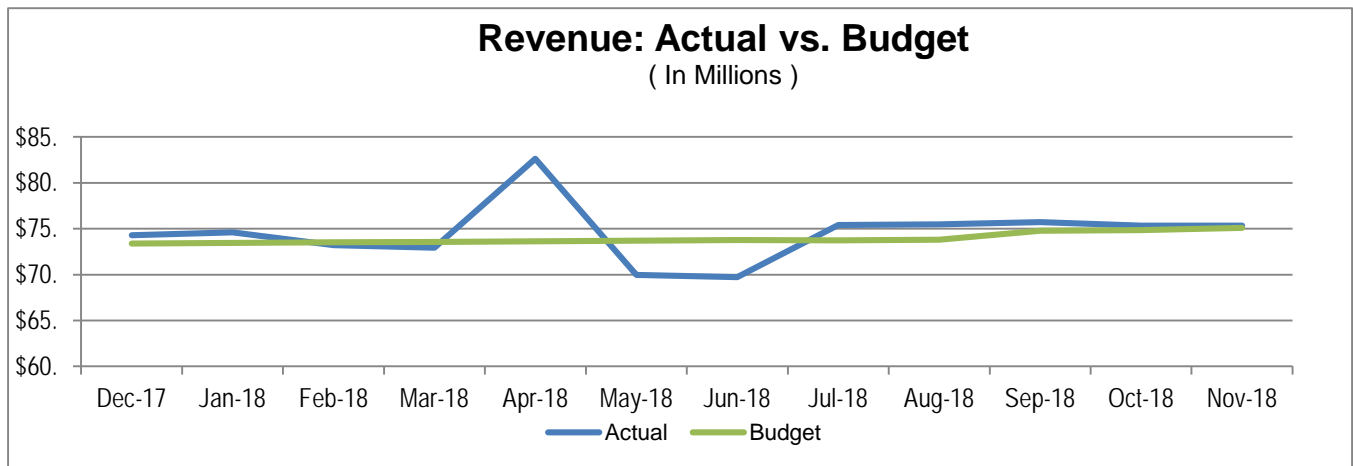
- For the month ended November 30, 2018:
  - Actual Net Income: \$42,000.
  - Budgeted Net Loss: \$3.1 million.
- For the year-to-date (YTD) ended November 30, 2018:
  - Actual YTD Net Loss: \$2.2 million.
  - Budgeted YTD Net Loss: \$14.5 million.



- The favorable variance of \$3.1 million in the current month is largely due to:
  - Favorable \$250,000 higher than anticipated Premium Revenue.
  - Favorable \$3.1 million lower than anticipated Medical Expense.
  - Unfavorable \$49,000 higher than anticipated Administrative Expense.
  - Unfavorable \$153,000 lower than anticipated Other Income.

## **Revenue**

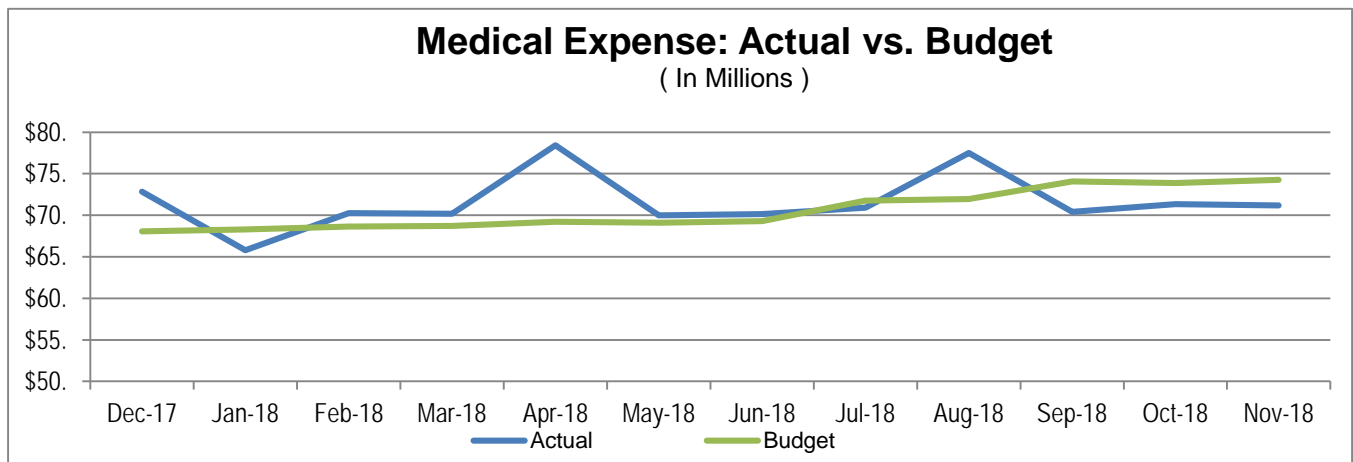
- For the month ended November 30, 2018:
  - Actual Revenue: \$75.4 million.
  - Budgeted Revenue: \$75.1 million.
- For the fiscal year-to-date ended November 30, 2018:
  - Actual YTD Revenue: \$377.3 million.
  - Budgeted YTD Revenue: \$375.6 million.



- For the month ended November 30, 2018, the favorable revenue variance of \$250,000 is mainly due to:
  - Favorable \$579,000 in higher capitation, primarily due to higher net paid enrollment.
  - Favorable \$113,000 in higher Maternity Supplemental payments, primarily due to timing of Kick payments.
  - Unfavorable \$460,000 in lower Behavioral Health Supplemental payments, primarily due to a one-time Kaiser retroactive adjustment of \$556,000 for service months September 2014 to March 2018.

### **Medical Expense**

- For the month ended November 30, 2018:
  - Actual Medical Expense: \$71.2 million.
  - Budgeted Medical Expense: \$74.3 million.
- For the fiscal year-to-date ended November 30, 2018:
  - Actual YTD Medical Expense: \$361.4 million.
  - Budgeted YTD Medical Expense: \$370.7 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 November, updates to Fee-For-Service (FFS) decreased the estimate for unpaid Medical Expenses for prior months by \$1.6 million. Year-to-date, the estimate for prior years decreased by \$2.8 million (per table below).

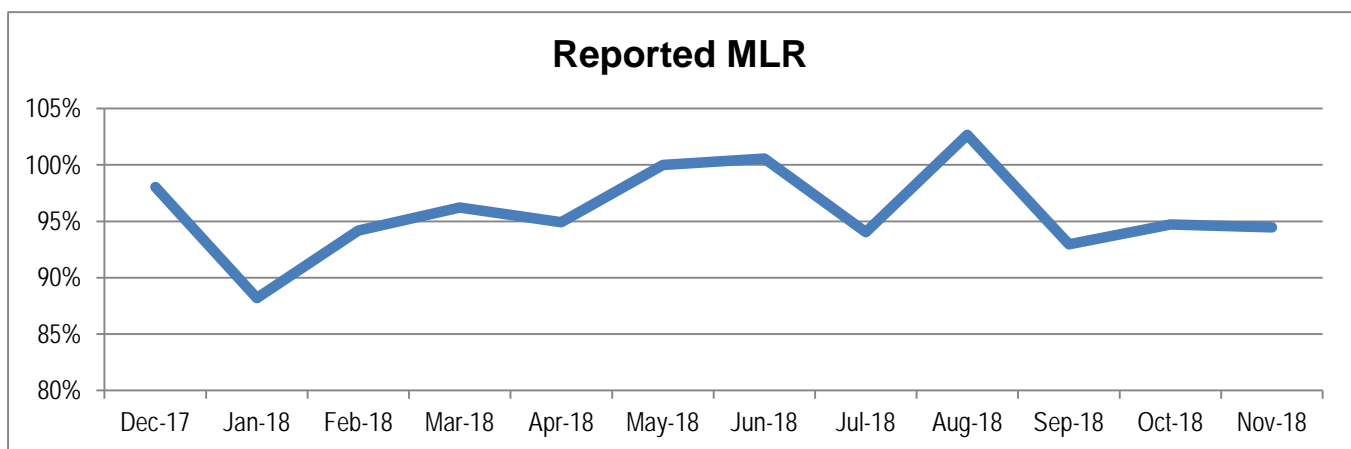
Medical Expense - Actual vs. Budget (In Dollars)							
Adjusted to Eliminate the Impact of Prior Period IBNP Estimates							
Favorable/(Unfavorable)							
	Actual	Budget	Variance	Per Member Month			
				Actual	Budget	Variance	
Capitated Medical Expense	\$83,240,084	\$84,846,125	1,606,041	\$62.82	\$63.86	\$1.04	1.6%
Primary Care FFS	10,652,232	9,558,037	(1,094,195)	8.04	7.19	(0.85)	-11.7%
Specialty Care FFS	19,622,663	20,113,971	491,309	14.81	15.14	0.33	2.2%
Outpatient FFS	35,505,797	39,471,440	3,965,643	26.80	29.71	2.91	9.8%
Ancillary FFS	12,847,095	12,350,901	(496,194)	9.70	9.30	(0.40)	-4.3%
Pharmacy FFS	68,285,114	65,532,102	(2,753,012)	51.54	49.33	(2.21)	-4.5%
ER Services FFS	17,024,535	17,631,277	606,742	12.85	13.27	0.42	3.2%
Inpatient Hospital & SNF FFS	109,909,988	113,124,142	3,214,154	82.95	85.15	2.20	2.6%
Other Benefits and Services	7,072,138	7,440,054	367,916	5.34	5.60	0.26	4.7%
Net Reinsurance	(533,964)	63,522	597,486	(0.40)	0.05	0.45	942.9%
Provider Incentive	533,332	533,332	0	0.40	0.40	(0.00)	-0.3%
Medical Expense - Current Period	364,159,014	370,664,905	6,505,891	274.84	279.00	4.16	1.5%
Changes in Prior Period Estimates	(2,790,304)	0	2,790,304	(2.11)	0.00	2.11	NA
Medical Expense - Reported	\$361,368,710	\$370,664,905	\$9,296,195	\$272.74	\$279.00	\$6.26	2.2%

- Excluding the effect of prior year estimates for IBNP, year-to-date medical expense variance is \$6.5 million favorable to budget. On a PMPM basis, medical expense is favorable to budget by 1.5%.
  - Outpatient Expense is under budget for all populations. Lab, Radiology, Mental Health and Other Outpatient services showed lower than trend utilization. Also contributing, are refunds for overpayment of dialysis services.
  - Emergency Expense is favorable for all populations, lower than projected utilization, mainly in the SPDs and Child COAs.
  - Pharmacy Expense is higher than planned for ACA OE, SPD and Adult COAs, caused by increased specialty drug unit cost and including Anti-rheumatoid and Oncology drugs.
  - Unfavorable Primary Care expense for the SPD, ACA OE and Adults populations is largely a result of increased utilization. Cost per visit was also higher than anticipated.

- 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.
- 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 94.5% of net revenue for the month and 95.8% for the fiscal year-to-date.



### **Administrative Expense**

- For the month ended November 30, 2018:
  - Actual Administrative Expense: \$4.4 million.
  - Budgeted Administrative Expense: \$4.4 million.
- For the fiscal year-to-date ended November 30, 2018:
  - Actual YTD Administrative Expense: \$20.6 million.
  - Budgeted YTD Administrative Expense: \$22.1 million.

Summary of Administrative Expense (In Dollars)							
For the Month and Fiscal Year-to-Date							
Month					Year-to-Date		
Actual	Budget	Variance \$	Variance %		Actual	Budget	Variance \$
\$2,267,005	\$2,402,307	\$135,302	5.6%	Employee Expense	\$11,343,288	\$11,759,997	\$416,709
593,354	496,727	(96,627)	-19.5%	Medical Benefits Admin Expense	2,631,646	2,767,626	135,980
596,435	588,131	(8,304)	-1.4%	Purchased & Professional Services	2,308,818	3,089,534	780,716
992,559	912,949	(79,610)	-8.7%	Other Admin Expense	4,286,065	4,496,847	210,782
\$4,449,353	\$4,400,114	(\$49,239)	-1.1%	Total Administrative Expense	\$20,569,817	\$22,114,004	\$1,544,187
							7.0%

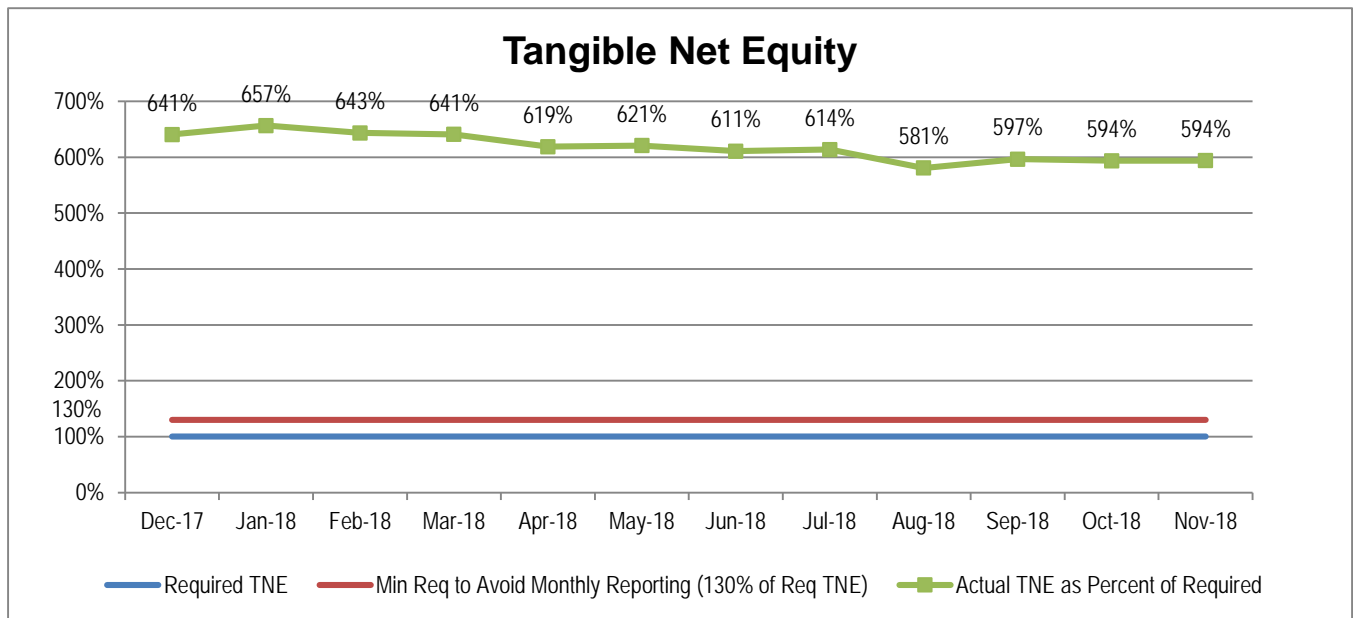
- The year-to-date favorable variance is primarily due to:
  - Delayed hiring of personnel.
  - Less than planned Computer Support Services.
  - Delayed consulting services.
- Administrative expense represented 5.9% of net revenue for the month and 5.5% for the year-to-date.

### **Other Income / (Expense)**

- Other Income & Expense is comprised of investment income and claims interest.
- For the month, net Other Income / Expense is \$153,000 unfavorable to budget primarily due to lower interest income from investments. Budget was based on a higher cash balance and corresponding projected interest income. Lower cash balance is due to the October 2018 remittance of \$179.3 million dollars to the Department of Health Care Services for the January 2014 to June 2016 ACA OE MLR.
- Year-to-date interest income from investments is \$2.6 million.
- Year-to-date claims interest expense, due to delayed payment of certain claims or recalculated interest on previously paid claims is \$340,000.

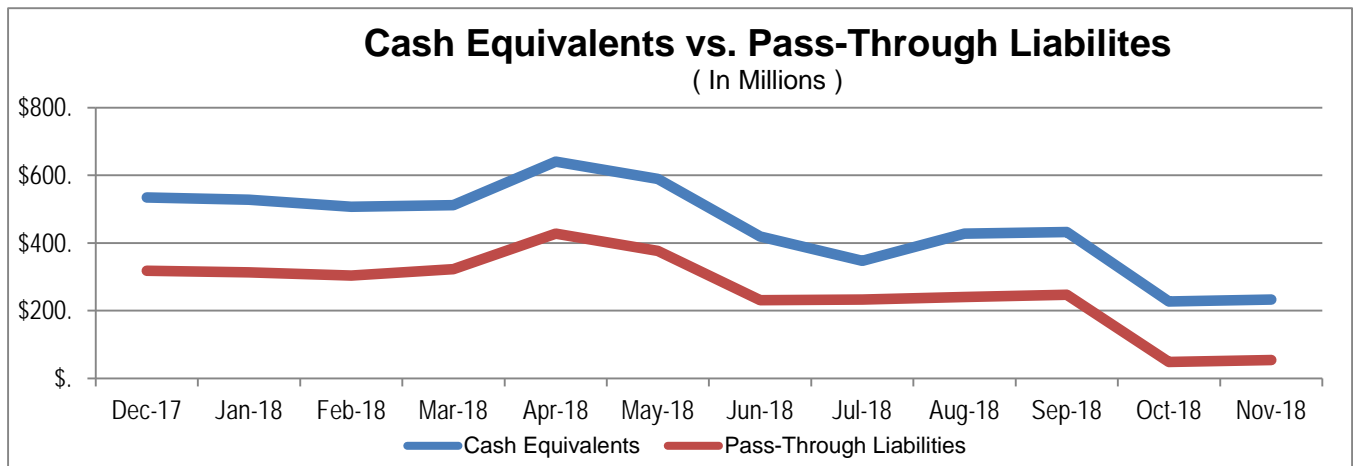
### **Tangible Net Equity (TNE)**

- 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 \$31.6 million
  - Actual TNE \$187.9 million
  - Surplus TNE \$156.3 million
  - TNE as % of Required TNE 594%



## **Balance Sheet**

- 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 \$232.9 million
  - Pass-Through Liabilities \$54.3 million
  - Uncommitted Cash \$178.6 million
  - Working Capital \$176.2 million
  - Current Ratio 2.02 (regulatory minimum is 1.0)



### **Capital Investment**

- Fiscal year-to-date Capital assets acquired: \$408,000.
- 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 November 30, 2018**

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
MEMBERSHIP								
258,225	260,907	(2,682)	(1.0%)	1 - Medi-Cal	1,295,688	1,299,246	(3,558)	(0.3%)
5,842	5,873	(31)	(0.5%)	2 - Group Care	29,284	29,301	(17)	(0.1%)
264,067	266,780	(2,713)	(1.0%)	3 - Total Member Months	1,324,972	1,328,547	(3,575)	(0.3%)
REVENUE								
\$75,351,471	\$75,101,255	\$250,216	0.3%	4 - TOTAL REVENUE	\$377,311,880	\$375,646,562	\$1,665,318	0.4%
MEDICAL EXPENSES								
Capitated Medical Expenses:								
16,577,668	17,302,058	724,390	4.2%	5 - Capitated Medical Expense	83,240,082	84,846,133	1,606,051	1.9%
Fee for Service Medical Expenses:								
20,211,646	22,045,650	1,834,004	8.3%	6 - Inpatient Expense	108,364,067	113,124,141	4,760,074	4.2%
2,239,919	1,953,691	(286,228)	(14.7%)	7 - Primary Care Physician Expense	10,057,017	9,558,032	(498,985)	(5.2%)
13,924,568	14,383,888	459,320	3.2%	8 - Other Medical Expense	68,952,871	71,936,321	2,983,450	4.1%
3,051,133	3,837,164	786,031	20.5%	9 - Emergency Expense	15,997,944	17,631,276	1,633,332	9.3%
13,844,473	13,044,339	(800,134)	(6.1%)	10 - Pharmacy Expense	67,685,228	65,532,101	(2,153,127)	(3.3%)
53,271,738	55,264,732	1,992,994	3.6%	11 - Total Fee for Service Expense	271,057,126	277,781,871	6,724,745	2.4%
1,435,176	1,574,914	139,738	8.9%	12 - Other Benefits & Services	7,072,138	7,440,054	367,916	4.9%
(163,360)	60,681	224,041	369.2%	13 - Reinsurance Expense	(533,964)	63,519	597,483	940.6%
66,667	66,667	0	0.0%	15 - Risk Pool Distribution	533,332	533,332	0	0.0%
71,187,889	74,269,052	3,081,163	4.1%	14 - TOTAL MEDICAL EXPENSES	361,368,715	370,664,909	9,296,194	2.5%
4,163,582	832,203	3,331,378	400.3%	15 - GROSS MARGIN	15,943,165	4,981,653	10,961,513	220.0%
ADMINISTRATIVE EXPENSES								
2,267,005	2,402,307	135,302	5.6%	16 - Personnel Expense	11,343,288	11,759,997	416,709	3.5%
593,354	496,727	(96,627)	(19.5%)	17 - Benefits Administration Expense	2,631,646	2,767,626	135,981	4.9%
596,435	588,131	(8,304)	(1.4%)	18 - Purchased & Professional Services	2,308,818	3,089,534	780,715	25.3%
992,559	912,949	(79,611)	(8.7%)	19 - Other Administrative Expense	4,286,065	4,496,847	210,782	4.7%
4,449,353	4,400,114	(49,240)	(1.1%)	20 -Total Administrative Expense	20,569,817	22,114,004	1,544,187	7.0%
(285,772)	(3,567,911)	3,282,139	92.0%	21 - NET OPERATING INCOME / (LOSS)	(4,626,652)	(17,132,351)	12,505,699	73.0%
OTHER INCOME / EXPENSE								
327,408	479,999	(152,591)	(31.8%)	22 - Total Other Income / (Expense)	2,392,845	2,610,417	(217,572)	(8.3%)
\$41,636	(\$3,087,912)	\$3,129,548	101.3%	23 - NET INCOME / (LOSS)	(\$2,233,807)	(\$14,521,934)	\$12,288,127	84.6%
5.9%	5.9%	0.0%	-0.8%	24 - Admin Exp % of Revenue	5.5%	5.9%	0.4%	7.4%

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PL FFS CAP 2019

12/20/18

**Alameda Alliance for Health**  
**FY19 Income Statement Run-Rate Analysis**  
**November 2018**  
**\$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
<b>Members</b>	<b>264,067</b>		<b>264,067</b>	<b>266,780</b>	<b>(2,713)</b>	<b>1,324,972</b>		<b>1,324,972</b>	<b>1,328,547</b>	<b>(3,575)</b>
<b>Profit &amp; Loss</b>										
Revenue	\$75,351	(\$556)	\$74,796	\$75,101	(\$305)	\$377,312	(\$556)	\$376,756	\$375,647	\$1,110
Medical Expense	71,188	(2,186)	73,374	74,269	895	361,369	(5,060)	366,429	370,665	4,236
<b>Gross Margin</b>	<b>4,164</b>	<b>(2,741)</b>	<b>1,422</b>	<b>832</b>	<b>590</b>	<b>15,943</b>	<b>(5,616)</b>	<b>10,327</b>	<b>4,982</b>	<b>5,346</b>
Administrative Expense	4,449	0	4,449	4,400	(49)	20,570	0	20,570	22,114	1,544
<b>Operating Income / (Loss)</b>	<b>(286)</b>	<b>(2,741)</b>	<b>(3,027)</b>	<b>(3,568)</b>	<b>541</b>	<b>(4,627)</b>	<b>(5,616)</b>	<b>(10,243)</b>	<b>(17,132)</b>	<b>6,890</b>
Other Income / (Expense)	327	0	327	480	(153)	2,393	0	2,393	2,610	(218)
<b>Net Income / (Loss)</b>	<b>\$42</b>	<b>(\$2,741)</b>	<b>(\$2,700)</b>	<b>(\$3,088)</b>	<b>\$388</b>	<b>(\$2,234)</b>	<b>(\$5,616)</b>	<b>(\$7,850)</b>	<b>(\$14,522)</b>	<b>\$6,672</b>
<b>PMPM</b>										
Revenue	\$285.35		\$283.25	\$281.51	\$1.74	\$284.77		\$284.35	\$282.75	\$1.60
Medical	\$269.58		\$277.86	\$278.39	\$0.53	\$272.74		\$276.56	\$279.00	\$2.44
Gross Margin	\$15.77		\$5.39	\$3.12	\$2.27	\$12.03		\$7.79	\$3.75	\$4.04
<b>Ratios</b>										
Medical Loss Ratio	94.5%		98.1%	98.9%	0.8%	95.8%		97.3%	98.7%	1.4%
Administrative Expense %	5.9%		5.9%	5.9%	-0.1%	5.5%		5.5%	5.9%	0.4%
Net Income / (Loss) %	0.1%		-3.6%	-4.1%	0.5%	-0.6%		-2.1%	-3.9%	1.8%

**Notes:**

Adjustments generally limited to \$300K.

**ALAMEDA ALLIANCE FOR HEALTH  
SUMMARY BALANCE SHEET 2019  
CURRENT MONTH VS. PRIOR MONTH  
November 30, 2018**

	<u>November</u>	<u>October</u>	<u>Difference</u>	<u>% Difference</u>
<b>CURRENT ASSETS:</b>				
Cash & Equivalents				
Cash	\$61,262,532	\$56,022,318	\$5,240,214	9.35%
Short-Term Investments	171,625,024	171,346,172	278,852	0.16%
Interest Receivable	41,073	50,025	(8,952)	-17.89%
Other Receivables - Net	106,932,103	104,130,457	2,801,646	2.69%
Prepaid Expenses	3,868,072	3,076,507	791,565	25.73%
CalPERS Net Pension Asset	(630,096)	(630,096)	0	0.00%
Deferred CalPERS Outflow	5,347,248	5,347,248	0	0.00%
<b>TOTAL CURRENT ASSETS</b>	<b>348,445,957</b>	<b>339,342,632</b>	<b>9,103,325</b>	<b>2.68%</b>
<b>OTHER ASSETS:</b>				
Restricted Assets	347,991	347,991	0	0.00%
<b>TOTAL OTHER ASSETS</b>	<b>347,991</b>	<b>347,991</b>	<b>0</b>	<b>0.00%</b>
<b>PROPERTY AND EQUIPMENT:</b>				
Land, Building & Improvements	9,320,881	9,294,712	26,169	0.28%
Furniture And Equipment	13,234,400	13,190,773	43,627	0.33%
Leasehold Improvement	843,537	789,431	54,106	6.85%
Internally-Developed Software	16,824,002	16,824,002	0	0.00%
Fixed Assets at Cost	40,222,819	40,098,918	123,901	0.31%
Less: Accumulated Depreciation	(28,810,023)	(28,609,622)	(200,401)	0.70%
<b>NET PROPERTY AND EQUIPMENT</b>	<b>11,412,796</b>	<b>11,489,296</b>	<b>(76,500)</b>	<b>-0.67%</b>
<b>TOTAL ASSETS</b>	<b>\$360,206,744</b>	<b>\$351,179,918</b>	<b>\$9,026,826</b>	<b>2.57%</b>
<b>CURRENT LIABILITIES:</b>				
Accounts Payable	\$2,882,497	\$2,059,950	\$822,547	39.93%
Pass-Through Liabilities	54,294,571	47,909,400	6,385,171	13.33%
Claims Payable	12,125,876	14,190,193	(2,064,318)	-14.55%
IBNP Reserves	91,155,876	87,352,195	3,803,681	4.35%
Payroll Liabilities	2,708,294	2,760,944	(52,650)	-1.91%
CalPERS Deferred Inflow	3,024,492	3,024,492	0	0.00%
Risk Sharing	4,331,955	4,265,288	66,667	1.56%
Provider Grants/ New Health Program	1,757,278	1,733,186	24,092	1.39%
<b>TOTAL CURRENT LIABILITIES</b>	<b>172,280,838</b>	<b>163,295,648</b>	<b>8,985,190</b>	<b>5.50%</b>
<b>TOTAL LIABILITIES</b>	<b>172,280,838</b>	<b>163,295,648</b>	<b>8,985,190</b>	<b>5.50%</b>
<b>NET WORTH:</b>				
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)	(2,233,807)	(2,275,443)	41,636	-1.83%
<b>TOTAL NET WORTH</b>	<b>187,925,906</b>	<b>187,884,270</b>	<b>41,636</b>	<b>0.02%</b>
<b>TOTAL LIABILITIES AND NET WORTH</b>	<b>\$360,206,744</b>	<b>\$351,179,918</b>	<b>\$9,026,826</b>	<b>2.57%</b>

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BALSHEET 19

12/20/18  
**REPORT #3**

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

**11/30/2018**

	<u>MONTH</u>	<u>3 MONTHS</u>	<u>6 MONTHS</u>	<u>YTD</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>				
<b>Commercial Premium Cash Flows</b>				
Commercial Premium Revenue	\$1,994,874	\$6,002,996	\$12,047,606	\$10,033,980
Total	1,994,874	6,002,996	12,047,606	10,033,980
<b>Medi-Cal Premium Cash Flows</b>				
Medi-Cal Revenue	73,325,719	220,170,908	434,902,429	367,044,484
Allowance for Doubtful Accounts	0	0	0	0
Deferred Premium Revenue	0	0	0	0
Premium Receivable	(4,466,173)	(4,464,617)	(20,784,378)	(6,063,014)
Total	68,859,546	215,706,291	414,118,051	360,981,470
<b>Investment &amp; Other Income Cash Flows</b>				
Other Revenue (Grants)	75,311	442,336	647,309	394,285
Interest Income	337,644	1,416,348	3,058,801	2,572,242
Interest Receivable	8,952	(36,181)	131,426	60,721
Total	421,907	1,822,503	3,837,536	3,027,248
<b>Medical &amp; Hospital Cash Flows</b>				
Total Medical Expenses	(71,187,889)	(212,947,532)	(430,175,843)	(361,368,715)
Other Receivable	1,664,526	2,960,711	782,814	3,727,616
Claims Payable	(2,064,318)	4,305,264	942,506	386,684
IBNP Payable	3,803,681	(4,486,966)	(6,811,603)	(4,821,112)
Risk Share Payable	66,667	(3,131,710)	(2,548,378)	(2,798,378)
Health Program	24,092	(273,896)	(714,386)	(239,062)
Other Liabilities	0	0	0	1
Total	(67,693,241)	(213,574,129)	(438,524,890)	(365,112,966)
<b>Administrative Cash Flows</b>				
Total Administrative Expenses	(4,504,023)	(12,702,420)	(24,962,496)	(20,910,084)
Prepaid Expenses	(791,565)	(354,072)	(758,123)	(1,047,496)
CalPERS Pension Asset	0	0	490,877	0
CalPERS Deferred Outflow	0	0	(1,689,471)	0
Trade Accounts Payable	822,547	(5,513,685)	72,955	1,214,731
Other Accrued Liabilities	0	0	0	0
Payroll Liabilities	(52,650)	101,628	943,932	79,564
Depreciation Expense	200,401	594,864	811,306	993,156
Total	(4,325,290)	(17,873,685)	(25,091,020)	(19,670,129)
<b>Interest Paid</b>				
Debt Interest Expense	0	0	0	0
<b>Total Cash Flows from Operating Activities</b>	<b>(742,204)</b>	<b>(7,916,024)</b>	<b>(33,612,717)</b>	<b>(10,740,397)</b>

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

**11/30/2018**

	<u>MONTH</u>	<u>3 MONTHS</u>	<u>6 MONTHS</u>	<u>YTD</u>
<b><u>CASH FLOWS FROM INVESTING ACTIVITIES</u></b>				
<b>Restricted Cash &amp; Other Asset Cash Flows</b>				
Provider Pass-Thru-Liabilities	6,385,171	(186,056,031)	(322,547,236)	(174,889,579)
Restricted Cash	<u>0</u>	<u>(1,642)</u>	<u>(3,164)</u>	<u>(1,642)</u>
	6,385,171	(186,057,673)	(322,550,400)	(174,891,221)
<b>Fixed Asset Cash Flows</b>				
Depreciation expense	200,401	594,864	811,306	993,156
Fixed Asset Acquisitions	(123,901)	(403,009)	(77,689)	(407,907)
Change in A/D	<u>(200,401)</u>	<u>(594,864)</u>	<u>(811,306)</u>	<u>(993,156)</u>
	(123,901)	(403,009)	(77,689)	(407,907)
<b>Total Cash Flows from Investing Activities</b>	<u><b>6,261,270</b></u>	<u><b>(186,460,682)</b></u>	<u><b>(322,628,089)</b></u>	<u><b>(175,299,128)</b></u>
<b>Financing Cash Flows</b>				
Subordinated Debt Proceeds	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Total Cash Flows</b>	<u><b>5,519,066</b></u>	<u><b>(194,376,706)</b></u>	<u><b>(356,240,806)</b></u>	<u><b>(186,039,525)</b></u>
Rounding	0	1	1	0
<b>Cash @ Beginning of Period</b>	<u>227,368,490</u>	<u>427,264,261</u>	<u>589,128,361</u>	<u>418,927,081</u>
<b>Cash @ End of Period</b>	<u><b>\$232,887,556</b></u>	<u><b>\$232,887,556</b></u>	<u><b>\$232,887,556</b></u>	<u><b>\$232,887,556</b></u>
Difference (rounding)	0	0	0	0

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

**11/30/2018**

	<u>MONTH</u>	<u>3 MONTHS</u>	<u>6 MONTHS</u>	<u>YTD</u>
<b>NET INCOME RECONCILIATION</b>				
<b>Net Income / (Loss)</b>	\$41,636	\$2,382,637	(\$4,482,194)	(\$2,233,808)
<b>Add back: Depreciation</b>	200,401	594,864	811,306	993,156
<b>Receivables</b>				
Premiums Receivable	(4,466,173)	(4,464,617)	(20,784,378)	(6,063,014)
First Care Receivable	0	0	0	0
Family Care Receivable	0	0	0	0
Healthy Kids Receivable	0	0	0	0
Interest Receivable	8,952	(36,181)	131,426	60,721
Other Receivable	1,664,526	2,960,711	782,814	3,727,616
FQHC Receivable	0	0	0	0
Allowance for Doubtful Accounts	0	0	0	0
Total	<u>(2,792,695)</u>	<u>(1,540,087)</u>	<u>(19,870,138)</u>	<u>(2,274,677)</u>
<b>Prepaid Expenses</b>	(791,565)	(354,072)	(1,956,717)	(1,047,496)
<b>Trade Payables</b>	822,547	(5,513,685)	72,955	1,214,731
<b>Claims Payable, IBNR &amp; Risk Share</b>				
IBNP	3,803,681	(4,486,966)	(6,811,603)	(4,821,112)
Claims Payable	(2,064,318)	4,305,264	942,506	386,684
Risk Share Payable	66,667	(3,131,710)	(2,548,378)	(2,798,378)
Other Liabilities	0	0	0	1
Total	<u>1,806,030</u>	<u>(3,313,412)</u>	<u>(8,417,475)</u>	<u>(7,232,805)</u>
<b>Unearned Revenue</b>				
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>
<b>Other Liabilities</b>				
Accrued Expenses	0	0	0	0
Payroll Liabilities	(52,650)	101,628	943,932	79,564
Health Program	24,092	(273,896)	(714,386)	(239,062)
Accrued Sub Debt Interest	0	0	0	0
Total Change in Other Liabilities	<u>(28,558)</u>	<u>(172,268)</u>	<u>229,546</u>	<u>(159,498)</u>
<b>Cash Flows from Operating Activities</b>	<u><b>(\$742,204)</b></u>	<u><b>(\$7,916,023)</b></u>	<u><b>(\$33,612,717)</b></u>	<u><b>(\$10,740,397)</b></u>
Difference (rounding)	0	1	0	0

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

**11/30/2018**

	<u>MONTH</u>	<u>3 MONTHS</u>	<u>6 MONTHS</u>	<u>YTD</u>
<b>CASH FLOW STATEMENT:</b>				
<b>Cash Flows from Operating Activities:</b>				
Cash Received From:				
Capitation Received from State of CA	\$68,859,546	\$215,706,291	\$414,118,051	\$360,981,470
Commercial Premium Revenue	1,994,874	6,002,996	12,047,606	10,033,980
Other Income	75,311	442,336	647,309	394,285
Investment Income	346,596	1,380,167	3,190,227	2,632,963
Cash Paid To:				
Medical Expenses	(67,693,241)	(213,574,129)	(438,524,890)	(365,112,966)
Vendor & Employee Expenses	(4,325,290)	(17,873,685)	(25,091,020)	(19,670,129)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	<u>(742,204)</u>	<u>(7,916,024)</u>	<u>(33,612,717)</u>	<u>(10,740,397)</u>
<b>Cash Flows from Financing Activities:</b>				
Purchases of Fixed Assets	<u>(123,901)</u>	<u>(403,009)</u>	<u>(77,689)</u>	<u>(407,907)</u>
Net Cash Provided By (Used In) Financing Activities	<u>(123,901)</u>	<u>(403,009)</u>	<u>(77,689)</u>	<u>(407,907)</u>
<b>Cash Flows from Investing Activities:</b>				
Changes in Investments	0	0	0	0
Restricted Cash	<u>6,385,171</u>	<u>(186,057,673)</u>	<u>(322,550,400)</u>	<u>(174,891,221)</u>
Net Cash Provided By (Used In) Investing Activities	<u>6,385,171</u>	<u>(186,057,673)</u>	<u>(322,550,400)</u>	<u>(174,891,221)</u>
<b>Financial Cash Flows</b>				
Subordinated Debt Proceeds	0	0	0	0
<b>Net Change in Cash</b>	<b>5,519,066</b>	<b>(194,376,706)</b>	<b>(356,240,806)</b>	<b>(186,039,525)</b>
<b>Cash @ Beginning of Period</b>	<u>227,368,490</u>	<u>427,264,261</u>	<u>589,128,361</u>	<u>418,927,081</u>
Subtotal	<u>\$232,887,556</u>	<u>\$232,887,555</u>	<u>\$232,887,555</u>	<u>\$232,887,556</u>
Rounding	0	1	1	0
<b>Cash @ End of Period</b>	<u><b>\$232,887,556</b></u>	<u><b>\$232,887,556</b></u>	<u><b>\$232,887,556</b></u>	<u><b>\$232,887,556</b></u>
<b>RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:</b>				
<b>Net Income / (Loss)</b>	\$41,636	\$2,382,637	(\$4,482,194)	(\$2,233,808)
Depreciation	200,401	594,864	811,306	993,156
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	(2,792,695)	(1,540,087)	(19,870,138)	(2,274,677)
Prepaid Expenses	(791,565)	(354,072)	(1,956,717)	(1,047,496)
Trade Payables	822,547	(5,513,685)	72,955	1,214,731
Claims payable & IBNP	1,806,030	(3,313,412)	(8,417,475)	(7,232,805)
Deferred Revenue	0	0	0	0
Accrued Interest	0	0	0	0
Other Liabilities	(28,558)	(172,268)	229,546	(159,498)
Subtotal	<u>(742,204)</u>	<u>(7,916,023)</u>	<u>(33,612,717)</u>	<u>(10,740,397)</u>
Rounding	0	(1)	0	0
<b>Cash Flows from Operating Activities</b>	<u><b>(\$742,204)</b></u>	<u><b>(\$7,916,024)</b></u>	<u><b>(\$33,612,717)</b></u>	<u><b>(\$10,740,397)</b></u>



**ALAMEDA ALLIANCE FOR HEALTH  
OPERATING STATEMENT BY CATEGORY OF AID**

**GAAP BASIS  
FOR THE CURRENT MONTH - NOVEMBER 2018**

	Child	Adults	Medi-Cal SPD	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
<b>Enrollment</b>	<b>95,499</b>	<b>35,501</b>	<b>26,168</b>	<b>83,746</b>	<b>17,311</b>	<b>258,225</b>	<b>5,842</b>	<b>264,067</b>
<b>Gross Revenue</b>	<b>\$9,842,463</b>	<b>\$9,616,749</b>	<b>\$23,980,170</b>	<b>\$27,141,236</b>	<b>\$2,775,979</b>	<b>\$73,356,597</b>	<b>\$1,994,874</b>	<b>\$75,351,471</b>
<b>Contra Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Net Revenue</b>	<b>\$9,842,463</b>	<b>\$9,616,749</b>	<b>\$23,980,170</b>	<b>\$27,141,236</b>	<b>\$2,775,979</b>	<b>\$73,356,597</b>	<b>\$1,994,874</b>	<b>\$75,351,471</b>
<b>Medical Expense</b>	<b>\$8,327,792</b>	<b>\$9,064,308</b>	<b>\$23,455,148</b>	<b>\$26,216,176</b>	<b>\$2,341,209</b>	<b>\$69,404,634</b>	<b>\$1,783,255</b>	<b>\$71,187,889</b>
<b>Gross Margin</b>	<b>\$1,514,671</b>	<b>\$552,440</b>	<b>\$525,022</b>	<b>\$925,060</b>	<b>\$434,769</b>	<b>\$3,951,963</b>	<b>\$211,619</b>	<b>\$4,163,582</b>
<b>Administrative Expense</b>	<b>\$282,592</b>	<b>\$560,654</b>	<b>\$1,629,428</b>	<b>\$1,704,869</b>	<b>\$127,746</b>	<b>\$4,305,288</b>	<b>\$144,065</b>	<b>\$4,449,353</b>
<b>Operating Income / (Expense)</b>	<b>\$1,232,079</b>	<b>(\$8,214)</b>	<b>(\$1,104,405)</b>	<b>(\$779,809)</b>	<b>\$307,024</b>	<b>(\$353,325)</b>	<b>\$67,554</b>	<b>(\$285,772)</b>
<b>Other Income / (Expense)</b>	<b>\$25,014</b>	<b>\$34,570</b>	<b>\$115,959</b>	<b>\$129,998</b>	<b>\$10,861</b>	<b>\$316,402</b>	<b>\$11,006</b>	<b>\$327,408</b>
<b>Net Income / (Loss)</b>	<b>\$1,257,093</b>	<b>\$26,357</b>	<b>(\$988,446)</b>	<b>(\$649,812)</b>	<b>\$317,884</b>	<b>(\$36,924)</b>	<b>\$78,560</b>	<b>\$41,636</b>
<b>Revenue PMPM</b>	<b>\$103.06</b>	<b>\$270.89</b>	<b>\$916.39</b>	<b>\$324.09</b>	<b>\$160.36</b>	<b>\$284.08</b>	<b>\$341.47</b>	<b>\$285.35</b>
<b>Medical Expense PMPM</b>	<b>\$87.20</b>	<b>\$255.33</b>	<b>\$896.33</b>	<b>\$313.04</b>	<b>\$135.24</b>	<b>\$268.78</b>	<b>\$305.25</b>	<b>\$269.58</b>
<b>Gross Margin PMPM</b>	<b>\$15.86</b>	<b>\$15.56</b>	<b>\$20.06</b>	<b>\$11.05</b>	<b>\$25.12</b>	<b>\$15.30</b>	<b>\$36.22</b>	<b>\$15.77</b>
<b>Administrative Expense PMPM</b>	<b>\$2.96</b>	<b>\$15.79</b>	<b>\$62.27</b>	<b>\$20.36</b>	<b>\$7.38</b>	<b>\$16.67</b>	<b>\$24.66</b>	<b>\$16.85</b>
<b>Operating Income / (Expense) PMPM</b>	<b>\$12.90</b>	<b>(\$0.23)</b>	<b>(\$42.20)</b>	<b>(\$9.31)</b>	<b>\$17.74</b>	<b>(\$1.37)</b>	<b>\$11.56</b>	<b>(\$1.08)</b>
<b>Other Income / (Expense) PMPM</b>	<b>\$0.26</b>	<b>\$0.97</b>	<b>\$4.43</b>	<b>\$1.55</b>	<b>\$0.63</b>	<b>\$1.23</b>	<b>\$1.88</b>	<b>\$1.24</b>
<b>Net Income / (Loss) PMPM</b>	<b>\$13.16</b>	<b>\$0.74</b>	<b>(\$37.77)</b>	<b>(\$7.76)</b>	<b>\$18.36</b>	<b>(\$0.14)</b>	<b>\$13.45</b>	<b>\$0.16</b>
<b>Medical Loss Ratio</b>	<b>84.6%</b>	<b>94.3%</b>	<b>97.8%</b>	<b>96.6%</b>	<b>84.3%</b>	<b>94.6%</b>	<b>89.4%</b>	<b>94.5%</b>
<b>Gross Margin Ratio</b>	<b>15.4%</b>	<b>5.7%</b>	<b>2.2%</b>	<b>3.4%</b>	<b>15.7%</b>	<b>5.4%</b>	<b>10.6%</b>	<b>5.5%</b>
<b>Administrative Expense Ratio</b>	<b>2.9%</b>	<b>5.8%</b>	<b>6.8%</b>	<b>6.3%</b>	<b>4.6%</b>	<b>5.9%</b>	<b>7.2%</b>	<b>5.9%</b>
<b>Net Income Ratio</b>	<b>12.8%</b>	<b>0.3%</b>	<b>-4.1%</b>	<b>-2.4%</b>	<b>11.5%</b>	<b>-0.1%</b>	<b>3.9%</b>	<b>0.1%</b>

**ALAMEDA ALLIANCE FOR HEALTH  
OPERATING STATEMENT BY CATEGORY OF AID**

**GAAP BASIS  
FOR THE FISCAL YEAR-TO-DATE - NOVEMBER 2018**

	Child	Adults	Medi-Cal SPD	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
<b>Member Months</b>	481,828	179,594	131,002	417,923	85,341	1,295,688	29,284	1,324,972
<b>Revenue</b>	\$49,670,246	\$48,568,282	\$118,813,514	\$136,538,078	\$13,687,767	\$367,277,885	\$10,033,995	\$377,311,880
<b>Contra Revenue</b>				\$0		\$0		\$0
<b>Net Revenue</b>	\$49,670,246	\$48,568,282	\$118,813,514	\$136,538,078	\$13,687,767	\$367,277,885	\$10,033,995	\$377,311,880
<b>Medical Expense</b>	\$41,874,183	\$48,501,817	\$119,373,439	\$132,014,025	\$11,051,905	\$352,815,369	\$8,553,346	\$361,368,715
<b>Gross Margin</b>	\$7,796,063	\$66,464	(\$559,926)	\$4,524,053	\$2,635,862	\$14,462,516	\$1,480,649	\$15,943,165
<b>Administrative Expense</b>	\$1,525,685	\$2,745,606	\$7,403,337	\$7,695,134	\$589,162	\$19,958,924	\$610,893	\$20,569,817
<b>Operating Income / (Expense)</b>	\$6,270,378	(\$2,679,142)	(\$7,963,262)	(\$3,171,081)	\$2,046,700	(\$5,496,407)	\$869,756	(\$4,626,652)
<b>Other Income / (Expense)</b>	\$159,450	\$316,730	\$902,568	\$892,040	\$66,341	\$2,337,128	\$55,716	\$2,392,845
<b>Net Income / (Loss)</b>	\$6,429,828	(\$2,362,412)	(\$7,060,695)	(\$2,279,042)	\$2,113,041	(\$3,159,279)	\$925,472	(\$2,233,807)
<b>Revenue PMPM</b>	\$103.09	\$270.43	\$906.96	\$326.71	\$160.39	\$283.46	\$342.64	\$284.77
<b>Medical Expense PMPM</b>	\$86.91	\$270.06	\$911.23	\$315.88	\$129.50	\$272.30	\$292.08	\$272.74
<b>Gross Margin PMPM</b>	\$16.18	\$0.37	(\$4.27)	\$10.83	\$30.89	\$11.16	\$50.56	\$12.03
<b>Administrative Expense PMPM</b>	\$3.17	\$15.29	\$56.51	\$18.41	\$6.90	\$15.40	\$20.86	\$15.52
<b>Operating Income / (Expense) PMPM</b>	\$13.01	(\$14.92)	(\$60.79)	(\$7.59)	\$23.98	(\$4.24)	\$29.70	(\$3.49)
<b>Other Income / (Expense) PMPM</b>	\$0.33	\$1.76	\$6.89	\$2.13	\$0.78	\$1.80	\$1.90	\$1.81
<b>Net Income / (Loss) PMPM</b>	\$13.34	(\$13.15)	(\$53.90)	(\$5.45)	\$24.76	(\$2.44)	\$31.60	(\$1.69)
<b>Medical Loss Ratio</b>	84.3%	99.9%	100.5%	96.7%	80.7%	96.1%	85.2%	95.8%
<b>Gross Margin Ratio</b>	15.7%	0.1%	-0.5%	3.3%	19.3%	3.9%	14.8%	4.2%
<b>Administrative Expense Ratio</b>	3.1%	5.7%	6.2%	5.6%	4.3%	5.4%	6.1%	5.5%
<b>Net Income Ratio</b>	12.9%	-4.9%	-5.9%	-1.7%	15.4%	-0.9%	9.2%	-0.6%

**ALAMEDA ALLIANCE FOR HEALTH  
ADMINISTRATIVE EXPENSE DETAIL  
ACTUAL VS. BUDGET  
FOR THE MONTH AND FISCAL YTD ENDED November 30, 2018**

CURRENT MONTH				Account Description	FISCAL YEAR TO DATE			
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)		Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
ADMINISTRATIVE EXPENSE SUMMARY								
\$2,267,005	\$2,402,307	\$135,302	5.6%	Personnel Expenses	\$11,343,288	\$11,759,997	\$416,709	3.5%
593,354	496,727	(96,627)	(19.5%)	Benefits Administration Expense	2,631,646	2,767,626	135,981	4.9%
596,435	588,131	(8,304)	(1.4%)	Purchased & Professional Services	2,308,818	3,089,534	780,715	25.3%
368,008	352,486	(15,522)	(4.4%)	Occupancy	1,863,829	1,810,930	(52,899)	(2.9%)
256,375	141,735	(114,640)	(80.9%)	Printing Postage & Promotion	613,304	699,917	86,613	12.4%
354,577	395,493	40,915	10.3%	Licenses Insurance & Fees	1,751,684	1,886,403	134,719	7.1%
13,599	23,235	9,636	41.5%	Supplies & Other Expenses	57,248	99,597	42,349	42.5%
2,182,348	1,997,807	(184,541)	(9.2%)	Total Other Administrative Expense	9,226,529	10,354,007	1,127,478	10.9%
\$4,449,353	\$4,400,114	(\$49,240)	(1.1%)	Total Administrative Expenses	\$20,569,817	\$22,114,004	\$1,544,187	7.0%

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ADMIN YTD 2019  
12/28/18  
**REPORT #6**

**ALAMEDA ALLIANCE FOR HEALTH  
ADMINISTRATIVE EXPENSE DETAIL  
ACTUAL VS. BUDGET  
FOR THE MONTH AND FISCAL YTD ENDED November 30, 2018**

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
				<b>Personnel Expenses</b>				
\$1,542,159	\$1,547,053	\$4,894	0.3%	Salaries & Wages	\$7,602,585	\$7,641,601	\$39,016	0.5%
150,378	151,282	904	0.6%	Paid Time Off	747,079	766,013	18,935	2.5%
821	8,645	7,824	90.5%	Incentives	2,771	28,580	25,809	90.3%
0	250	250	100.0%	Employee of the Month	1,000	1,250	250	20.0%
15,000	0	(15,000)	0.0%	Severance Pay	15,000	0	(15,000)	0.0%
26,293	24,691	(1,602)	(6.5%)	Payroll Taxes	127,927	128,465	538	0.4%
13,087	18,838	5,751	30.5%	Overtime	87,487	84,770	(2,717)	(3.2%)
110,481	125,498	15,017	12.0%	CalPERS ER Match	593,094	625,994	32,900	5.3%
371,941	403,959	32,018	7.9%	Employee Benefits	1,885,332	1,933,859	48,527	2.5%
0	0	0	0.0%	Personal Floating Holiday	948	813	(134)	(16.5%)
12,806	5,615	(7,191)	(128.1%)	Employee Relations	46,220	54,530	8,310	15.2%
1,733	1,998	265	13.3%	Transportation Reimbursement	6,424	8,733	2,309	26.4%
5,153	1,275	(3,878)	(304.2%)	Travel & Lodging	15,034	26,370	11,336	43.0%
8,766	32,400	23,634	72.9%	Temporary Help Services	47,695	122,940	75,245	61.2%
4,280	31,590	27,310	86.5%	Staff Development/Training	51,762	137,422	85,660	62.3%
4,107	49,213	45,106	91.7%	Staff Recruitment/Advertising	112,932	198,658	85,726	43.2%
<b>2,267,005</b>	<b>2,402,307</b>	<b>135,302</b>	<b>5.6%</b>	<b>Total Employee Expenses</b>	<b>11,343,288</b>	<b>11,759,997</b>	<b>416,709</b>	<b>3.5%</b>
				<b>Benefit Administration Expense</b>				
368,232	269,276	(98,956)	(36.7%)	RX Administration Expense	1,764,942	1,870,328	105,387	5.6%
225,122	227,451	2,329	1.0%	Behavioral Hlth Administration Fees	866,704	897,298	30,594	3.4%
<b>593,354</b>	<b>496,727</b>	<b>(96,627)</b>	<b>(19.5%)</b>	<b>Total Employee Expenses</b>	<b>2,631,646</b>	<b>2,767,626</b>	<b>135,981</b>	<b>4.9%</b>
				<b>Purchased &amp; Professional Services</b>				
140,477	70,837	(69,640)	(98.3%)	Consulting Services	465,492	514,010	48,518	9.4%
312,676	348,672	35,996	10.3%	Computer Support Services	1,286,463	1,843,620	557,157	30.2%
8,750	8,750	0	0.0%	Professional Fees-Accounting	43,750	43,750	0	0.0%
59,459	116,083	56,624	48.8%	Other Purchased Services	295,290	505,457	210,166	41.6%
9,665	0	(9,665)	0.0%	Maint. & Repair-Office Equipment	32,360	13,400	(18,961)	(141.5%)
72	1,139	1,067	93.7%	MIS Software (Non-Capital)	4,314	1,811	(2,503)	(138.2%)
6,608	9,399	2,791	29.7%	Hardware (Non-Capital)	16,821	31,636	14,815	46.8%
5,193	8,000	2,807	35.1%	Provider Relations-Credentailing	32,422	35,741	3,319	9.3%
53,534	25,250	(28,284)	(112.0%)	Legal Fees	131,905	100,108	(31,797)	(31.8%)
<b>596,435</b>	<b>588,131</b>	<b>(8,304)</b>	<b>(1.4%)</b>	<b>Total Purchased &amp; Professional Services</b>	<b>2,308,818</b>	<b>3,089,534</b>	<b>780,715</b>	<b>25.3%</b>
				<b>Occupancy</b>				
152,530	156,428	3,898	2.5%	Depreciation	753,963	772,676	18,713	2.4%
47,871	47,871	0	0.0%	Amortization	239,353	239,354	1	0.0%
61,246	62,096	850	1.4%	Building Lease	306,231	308,781	2,550	0.8%
3,157	3,157	0	0.0%	Leased and Rented Office Equipment	15,786	15,787	0	0.0%
12,133	15,791	3,658	23.2%	Utilities	65,677	76,934	11,257	14.6%
76,008	55,220	(20,788)	(37.6%)	Telephone	428,837	345,026	(83,811)	(24.3%)
15,063	11,922	(3,141)	(26.3%)	Building Maintenance	53,982	52,372	(1,610)	(3.1%)
<b>368,008</b>	<b>352,486</b>	<b>(15,522)</b>	<b>(4.4%)</b>	<b>Total Occupancy</b>	<b>1,863,829</b>	<b>1,810,930</b>	<b>(52,899)</b>	<b>(2.9%)</b>

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ADMIN YTD 2019  
12/28/18  
**REPORT #6**

**ALAMEDA ALLIANCE FOR HEALTH  
ADMINISTRATIVE EXPENSE DETAIL  
ACTUAL VS. BUDGET  
FOR THE MONTH AND FISCAL YTD ENDED November 30, 2018**

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
				<b>Printing Postage &amp; Promotion</b>				
\$98,694	\$39,429	(\$59,265)	(150.3%)	Postage	\$201,985	\$220,443	\$18,458	8.4%
595	3,800	3,205	84.3%	Design & Layout	2,975	13,780	10,805	78.4%
134,773	65,139	(69,634)	(106.9%)	Printing Services	301,296	313,351	12,054	3.8%
2,075	11,200	9,125	81.5%	Mailing Services	10,300	37,875	27,575	72.8%
3,620	2,558	(1,062)	(41.5%)	Courier/Delivery Service	15,482	13,132	(2,350)	(17.9%)
8	823	815	99.0%	Pre-Printed Materials and Publications	227	2,422	2,195	90.6%
0	3,000	3,000	100.0%	Promotional Products	18,477	18,000	(477)	(2.7%)
0	333	333	100.0%	Promotional Services	0	10,000	10,000	100.0%
7,537	10,000	2,463	24.6%	Community Relations	35,684	42,500	6,816	16.0%
9,072	5,452	(3,620)	(66.4%)	Translation - Non-Clinical	26,878	28,415	1,536	5.4%
<b>256,375</b>	<b>141,735</b>	<b>(114,640)</b>	<b>(80.9%)</b>	<b>Total Printing Postage &amp; Promotion</b>	<b>613,304</b>	<b>699,917</b>	<b>86,613</b>	<b>12.4%</b>
				<b>Licenses Insurance &amp; Fees</b>				
18,752	25,869	7,117	27.5%	Bank Fees	75,363	93,996	18,633	19.8%
0	5,700	5,700	100.0%	Payroll Fees	0	17,300	17,300	100.0%
47,528	50,194	2,666	5.3%	Insurance	237,638	245,637	7,999	3.3%
238,813	261,785	22,972	8.8%	Licenses, Permits and Fees	1,167,393	1,249,396	82,003	6.6%
49,485	51,944	2,460	4.7%	Subscriptions & Dues	271,289	280,074	8,784	3.1%
<b>354,577</b>	<b>395,493</b>	<b>40,915</b>	<b>10.3%</b>	<b>Total Licenses Insurance &amp; Postage</b>	<b>1,751,684</b>	<b>1,886,403</b>	<b>134,719</b>	<b>7.1%</b>
				<b>Supplies &amp; Other Expenses</b>				
7,509	9,500	1,991	21.0%	Office and Other Supplies	24,336	40,759	16,422	40.3%
0	2,925	2,925	100.0%	Ergonomic Supplies	4,320	13,200	8,880	67.3%
5,104	10,810	5,706	52.8%	Commissary-Food & Beverage	26,621	45,638	19,017	41.7%
985	0	(985)	0.0%	Member Incentive Expense	1,970	0	(1,970)	0.0%
<b>13,599</b>	<b>23,235</b>	<b>9,636</b>	<b>41.5%</b>	<b>Total Supplies &amp; Other Expense</b>	<b>57,248</b>	<b>99,597</b>	<b>42,349</b>	<b>42.5%</b>
<b>\$4,449,353</b>	<b>\$4,400,114</b>	<b>(\$49,240)</b>	<b>(1.1%)</b>	<b>TOTAL ADMINISTRATIVE EXPENSE</b>	<b>\$20,569,817</b>	<b>\$22,114,004</b>	<b>\$1,544,187</b>	<b>7.0%</b>

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ADMIN YTD 2019  
12/28/18  
**REPORT #6**

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.)
<b>1. Hardware:</b>						
Laptops	IT-FY19-01			\$ -	\$ 33,000	\$ 33,000
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	14,668	14,764	\$ 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	2,210	9,080	\$ 11,290	\$ -	\$ (11,290)
Carryover from FY18	IT-FY19-12			\$ -	\$ -	\$ -
<b>Hardware Subtotal</b>		<b>\$ 180,137</b>	<b>\$ 38,439</b>	<b>\$ 218,576</b>	<b>\$ 573,000</b>	<b>\$ 354,424</b>
<b>2. Software:</b>						
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			\$ -	\$ -	\$ -
<b>Software Subtotal</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 224,200</b>	<b>\$ 224,200</b>
<b>3. Building Improvement:</b>						
1240 HVAC Replace AC-4 1st Floor IT area 5Ton Unit	FA-FY19-01			\$ -	\$ 11,770	\$ 11,770
1240 HVAC Replace AC4-Livermore Piedmont 8Ton Unit	FA-FY19-02			\$ -	\$ 15,350	\$ 15,350
1240 HVAC Emeryville East 14Ton Unit	FA-FY19-03			\$ -	\$ 22,760	\$ 22,760
1240 HVAC AC-6 1st Floor Training 2Ton Unit	FA-FY19-04			\$ -	\$ 8,960	\$ 8,960
1240 HVAC AC-6 1st Floor IT Area 5Ton Unit	FA-FY19-05			\$ -	\$ 11,770	\$ 11,770
1240 HVAC Emeryville West 10Ton Unit	FA-FY19-06			\$ -	\$ 15,540	\$ 15,540
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			\$ -	\$ 80,000	\$ 80,000

	Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Budget Detail	\$ Variance Fav/(Unf.)
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		29,113	\$ 29,113	\$ 20,000	\$ (9,113)
Carryover from FY18 / unplanned	FA-FY19-16			\$ -	\$ -	\$ -
<b>Building Improvement Subtotal</b>		<b>\$ -</b>	<b>\$ 29,113</b>	<b>\$ 29,113</b>	<b>\$ 356,150</b>	<b>\$ 327,037</b>
<b>4. Furniture &amp; Equipment:</b>						
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			\$ -	\$ 20,000	\$ 20,000
Electrical work (projects, cubes, ad hoc requests)	FA-FY19-23			\$ -	\$ 20,000	\$ 20,000
Carryover from FY18	FA-FY19-24	2,944	(2,944)	\$ -	\$ -	\$ -
<b>Furniture &amp; Equipment Subtotal</b>		<b>\$ 103,869</b>	<b>\$ 11,324</b>	<b>\$ 115,193</b>	<b>\$ 445,000</b>	<b>\$ 329,807</b>
<b>5. Leasehold Improvement:</b>						
1320, Suite 100 build out offices/Construction (est.)	FA-FY19-25		45,026	\$ 45,026	\$ 45,000	\$ (26)
1320, Suite 100 Carpet Replacement & Paint (est.)	FA-FY19-26			\$ -	\$ 80,000	\$ 80,000
Carryover from FY18	FA-FY19-27			\$ -	\$ -	\$ -
<b>Leasehold Improvement Subtotal</b>		<b>\$ -</b>	<b>\$ 45,026</b>	<b>\$ 45,026</b>	<b>\$ 125,000</b>	<b>\$ 79,974</b>
<b>6. Contingency:</b>						
Contingency	FA-FY19-27			\$ -	\$ -	\$ -
Emergency Kits Reorder	FA-FY19-28			\$ -	\$ -	\$ -
Shelving for Cage (vendor: Uline)	FA-FY19-29			\$ -	\$ -	\$ -
<b>Contingency Subtotal</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>GRAND TOTAL</b>		<b>\$ 284,006</b>	<b>\$ 123,901</b>	<b>\$ 407,907</b>	<b>\$ 1,723,350</b>	<b>\$ 1,315,443</b>
<b>7. Reconciliation to Balance Sheet:</b>						
Fixed Assets @ Cost - 11/30/18				\$ 40,222,818		
Fixed Assets @ Cost - 6/30/18				\$ 39,814,912		
<b>Fixed Assets Acquired YTD</b>				<b>\$ 407,906</b>		
				<b>\$ 0</b>		

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

<b><u>TANGIBLE NET EQUITY (TNE)</u></b>	<b>Jul-18</b>	<b>Aug-18</b>	<b>QTR. END Sep-18</b>	<b>Oct-18</b>	<b>Nov-18</b>
<b>Current Month Net Income / (Loss)</b>	\$1,100,779	(\$5,717,223)	\$1,733,826	\$607,174	\$41,636
<b>YTD Net Income / (Loss)</b>	\$1,100,779	(\$4,616,444)	(\$2,882,618)	(\$2,275,443)	(\$2,233,807)
<b>Actual TNE</b>					
Net Assets	\$191,260,493	\$185,543,269	\$187,277,096	\$187,884,270	\$187,925,906
Subordinated Debt & Interest	\$0	\$0	\$0	\$0	\$0
<b>Total Actual TNE</b>	<b>\$191,260,493</b>	<b>\$185,543,269</b>	<b>\$187,277,096</b>	<b>\$187,884,270</b>	<b>\$187,925,906</b>
<b>Increase/(Decrease) in Actual TNE</b>	\$1,100,780	(\$5,717,224)	\$1,733,827	\$607,174	\$41,636
<b>Required TNE<sup>(1)</sup></b>	<b>\$31,166,625</b>	<b>\$31,946,145</b>	<b><u>\$31,392,360</u></b>	<b>\$31,655,826</b>	<b>\$31,645,459</b>
<b>Min. Req'd to Avoid Monthly Reporting (130% of Required TNE)</b>	\$40,516,613	\$41,529,989	\$40,810,068	\$41,152,573	\$41,139,097
<b>TNE Excess / (Deficiency)</b>	\$160,093,868	\$153,597,124	\$155,884,736	\$156,228,444	\$156,280,447
<b>Actual TNE as a Multiple of Required</b>	<b>6.14</b>	<b>5.81</b>	<b>5.97</b>	<b>5.94</b>	<b>5.94</b>

**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
Fixed Assets at Net Book Value	(11,799,357)	(11,604,651)	(11,572,248)	(11,489,296)	(11,412,796)
CD Pledged to DMHC	(346,350)	(346,350)	(347,991)	(347,991)	(347,991)
<b>Liquid TNE (Liquid Reserves)</b>	<b>\$179,114,786</b>	<b>\$173,592,268</b>	<b>\$175,356,857</b>	<b>\$176,046,983</b>	<b>\$176,165,119</b>
<b>Liquid TNE as Multiple of Required</b>	<b>5.75</b>	<b>5.43</b>	<b>5.59</b>	<b>5.56</b>	<b>5.57</b>



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

<b>Page 1</b>	Actual Enrollment by Plan & Category of Aid
<b>Page 2</b>	Actual Delegated Enrollment Detail

	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
<b>Enrollment by Plan &amp; Aid Category:</b>													
Medi-Cal Program:													
Child	97,284	96,634	96,457	95,954	95,499	0	0	0	0	0	0	0	481,828
Adults	36,468	35,987	35,922	35,716	35,501	0	0	0	0	0	0	0	179,594
SPD	26,208	26,170	26,207	26,249	26,168	0	0	0	0	0	0	0	131,002
ACA OE	83,068	83,271	83,829	84,009	83,746	0	0	0	0	0	0	0	417,923
Duals	16,790	16,951	17,097	17,192	17,311	0	0	0	0	0	0	0	85,341
Medi-Cal Program	259,818	259,013	259,512	259,120	258,225	0	0	0	0	0	0	0	1,295,688
Group Care Program	5,839	5,858	5,856	5,889	5,842	0	0	0	0	0	0	0	29,284
<b>Total</b>	<b>265,657</b>	<b>264,871</b>	<b>265,368</b>	<b>265,009</b>	<b>264,067</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,324,972</b>

**Month Over Month Enrollment Change:**

Medi-Cal Monthly Change													
Child	(585)	(650)	(177)	(503)	(455)	0	0	0	0	0	0	0	(2,370)
Adults	(417)	(481)	(65)	(206)	(215)	0	0	0	0	0	0	0	(1,384)
SPD	119	(38)	37	42	(81)	0	0	0	0	0	0	0	79
ACA OE	(1,113)	203	558	180	(263)	0	0	0	0	0	0	0	(435)
Duals	1,324	161	146	95	119	0	0	0	0	0	0	0	1,845
Medi-Cal Program	(672)	(805)	499	(392)	(895)	0	0	0	0	0	0	0	(2,265)
Group Care Program	32	19	(2)	33	(47)	0	0	0	0	0	0	0	35
<b>Total</b>	<b>(640)</b>	<b>(786)</b>	<b>497</b>	<b>(359)</b>	<b>(942)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(2,230)</b>

**Enrollment Percentages:**

Medi-Cal Program:													
Child % of Medi-Cal	37.4%	37.3%	37.2%	37.0%	37.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	37.2%
Adults % of Medi-Cal	14.0%	13.9%	13.8%	13.8%	13.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	13.9%
SPD % of Medi-Cal	10.1%	10.1%	10.1%	10.1%	10.1%	0.0%	0.0%	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%	0.0%	0.0%	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%	0.0%	0.0%	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%	0.0%	0.0%	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%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.2%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>

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

<b>Page 1</b>	Actual Enrollment by Plan & Category of Aid
<b>Page 2</b>	Actual Delegated Enrollment Detail

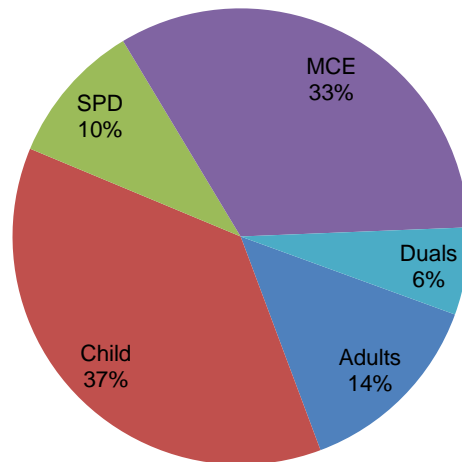
	Actual Jul-18	Actual Aug-18	Actual Sep-18	Actual Oct-18	Actual Nov-18	Actual Dec-18	Actual Jan-19	Actual Feb-19	Actual Mar-19	Actual Apr-19	Actual May-19	Actual Jun-19	YTD Member Months
<b>Current Direct/Delegate Enrollment:</b>													
Directly-Contracted													
Directly Contracted (DCP)	52,622	52,107	52,066	51,544	51,835	0	0	0	0	0	0	0	260,174
Alameda Health System	48,458	48,710	48,959	49,159	48,771	0	0	0	0	0	0	0	244,057
	101,080	100,817	101,025	100,703	100,606	0	0	0	0	0	0	0	504,231
Delegated:													0
CFMG	33,132	32,898	32,836	32,676	32,488	0	0	0	0	0	0	0	164,030
CHCN	97,049	96,859	97,120	97,107	96,559	0	0	0	0	0	0	0	484,694
Kaiser	34,396	34,297	34,387	34,523	34,414	0	0	0	0	0	0	0	172,017
Delegated Subtotal	164,577	164,054	164,343	164,306	163,461	0	0	0	0	0	0	0	820,741
<b>Total</b>	<b>265,657</b>	<b>264,871</b>	<b>265,368</b>	<b>265,009</b>	<b>264,067</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,324,972</b>
<b>Direct/Delegate Month Over Month Enrollment Change:</b>													
Directly-Contracted	(454)	(263)	208	(322)	(97)	0	0	0	0	0	0	0	(928)
Delegated:													0
CFMG	(279)	(234)	(62)	(160)	(188)	0	0	0	0	0	0	0	(923)
CHCN	241	(190)	261	(13)	(548)	0	0	0	0	0	0	0	(249)
Kaiser	(148)	(99)	90	136	(109)	0	0	0	0	0	0	0	(130)
Delegated Subtotal	(186)	(523)	289	(37)	(845)	0	0	0	0	0	0	0	(1,302)
<b>Total</b>	<b>(640)</b>	<b>(786)</b>	<b>497</b>	<b>(359)</b>	<b>(942)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(2,230)</b>
<b>Direct/Delegate Enrollment Percentages:</b>													
Directly-Contracted	38.0%	38.1%	38.1%	38.0%	38.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	38.1%
Delegated:													
CFMG	12.5%	12.4%	12.4%	12.3%	12.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	12.4%
CHCN	36.5%	36.6%	36.6%	36.6%	36.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	36.6%
Kaiser	12.9%	12.9%	13.0%	13.0%	13.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	13.0%
Delegated Subtotal	62.0%	61.9%	61.9%	62.0%	61.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	61.9%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>

## Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

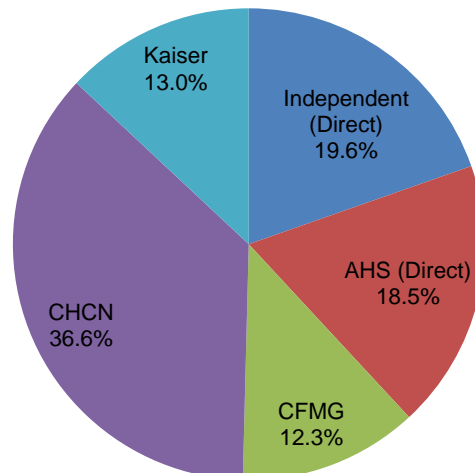
### Current Membership by Network By Category of Aid

Category of Aid	Nov 2018	% of Medi-Cal	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Adults	35,502	14%	9,104	6,777	356	13,526	5,739
Child	95,498	37%	9,508	8,340	29,836	31,476	16,338
SPD	26,074	10%	8,906	3,605	1,365	10,322	1,876
MCE	85,157	33%	15,384	27,504	920	32,670	8,679
Duals	15,994	6%	6,263	1,791	11	6,147	1,782
Medi-Cal	258,225		49,165	48,017	32,488	94,141	34,414
Group Care	5,842		2,670	754	-	2,418	-
<b>Total</b>	<b>264,067</b>	<b>100%</b>	<b>51,835</b>	<b>48,771</b>	<b>32,488</b>	<b>96,559</b>	<b>34,414</b>
Medi-Cal %	97.8%		94.8%	98.5%	100.0%	97.5%	100.0%
Group Care %	2.2%		5.2%	1.5%	0.0%	2.5%	0.0%
<i>Network Distribution</i>			19.6%	18.5%	12.3%	36.6%	13.0%
			<b>% Direct: 38%</b>		<b>% Delegated: 62%</b>		

**Medi-Cal By Aid Category**

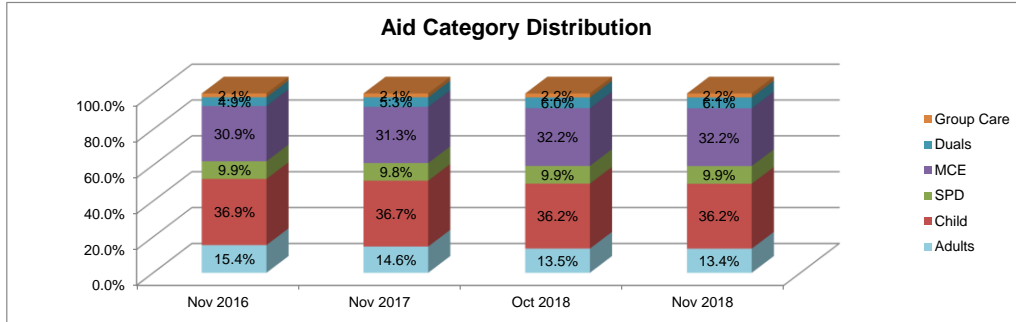


**By Network**

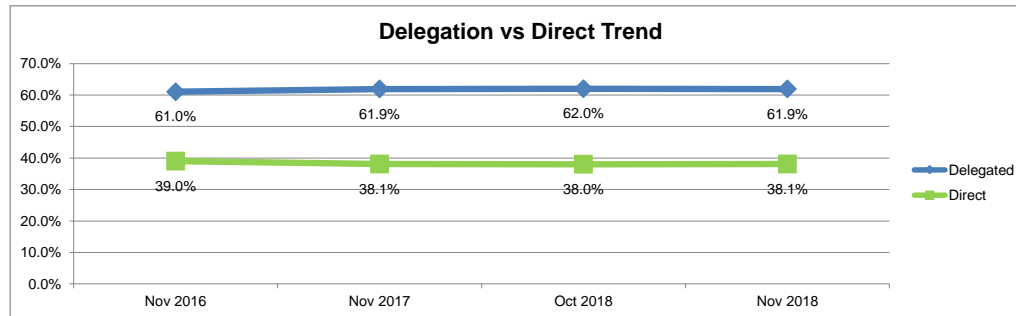


# Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

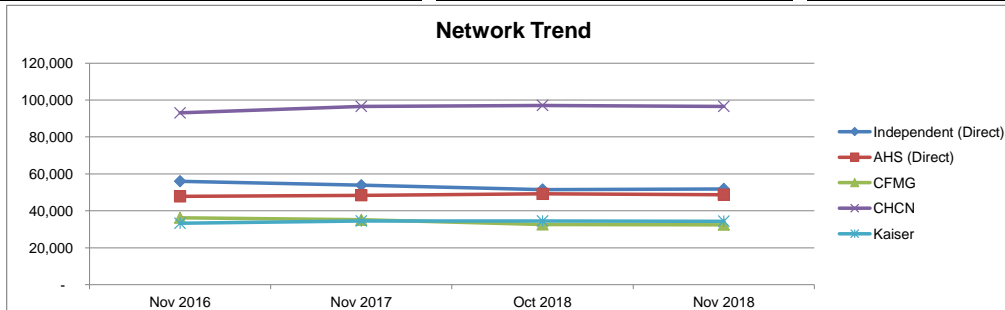
Category of Aid Trend												
	Members				% of Total (ie.Distribution)				% Growth (Loss)			
Category of Aid	Nov 2016	Nov 2017	Oct 2018	Nov 2018	Nov 2016	Nov 2017	Oct 2018	Nov 2018	Nov 2016 to Nov 2017	Nov 2017 to Nov 2018	Oct 2018 to Nov 2018	
Adults	41,062	39,229	35,716	35,502	15.4%	14.6%	13.5%	13.4%	-4.5%	-9.5%	-0.6%	
Child	98,242	98,585	95,954	95,498	36.9%	36.7%	36.2%	36.2%	0.3%	-3.1%	-0.5%	
SPD	26,253	26,419	26,159	26,074	9.9%	9.8%	9.9%	9.9%	0.6%	-1.3%	-0.3%	
MCE	82,226	84,181	85,404	85,157	30.9%	31.3%	32.2%	32.2%	2.4%	1.2%	-0.3%	
Duals	12,997	14,364	15,887	15,994	4.9%	5.3%	6.0%	6.1%	10.5%	11.3%	0.7%	
Medi-Cal Total	260,780	262,778	259,120	258,225	97.9%	97.9%	97.8%	97.8%	0.8%	-1.7%	-0.3%	
Group Care	5,616	5,751	5,889	5,842	2.1%	2.1%	2.2%	2.2%	2.4%	1.6%	-0.8%	
Total	266,396	268,529	265,009	264,067	100.0%	100.0%	100.0%	100.0%	0.8%	-1.7%	-0.4%	



Delegation vs Direct Trend											
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Members	Nov 2016	Nov 2017	Oct 2018	Nov 2018	Nov 2016	Nov 2017	Oct 2018	Nov 2018	Nov 2016 to Nov 2017	Nov 2017 to Nov 2018	Oct 2018 to Nov 2018
Delegated	162,543	166,285	164,306	163,461	61.0%	61.9%	62.0%	61.9%	2.3%	-1.7%	-0.5%
Direct	103,853	102,244	100,703	100,606	39.0%	38.1%	38.0%	38.1%	-1.5%	-1.6%	-0.1%
Total	266,396	268,529	265,009	264,067	100.0%	100.0%	100.0%	100.0%	0.8%	-1.7%	-0.4%

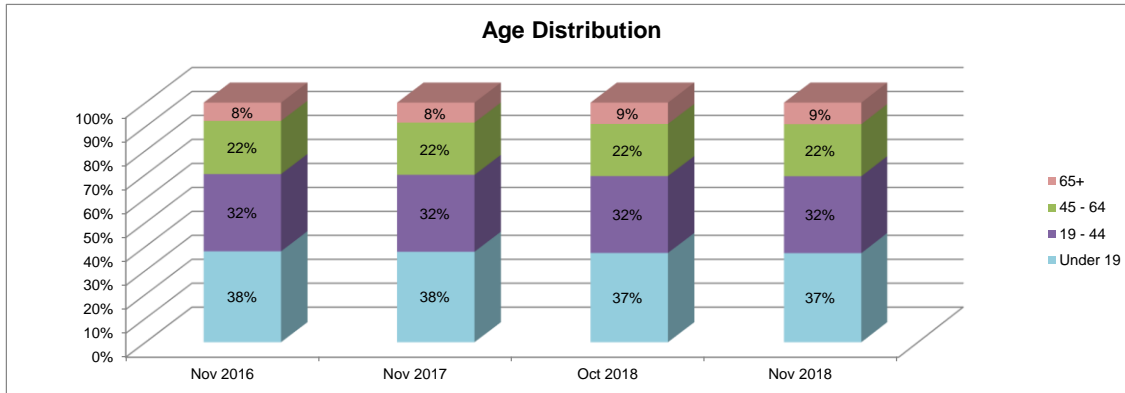


Network Trend												
	Members				% of Total (ie.Distribution)				% Growth (Loss)			
Network	Nov 2016	Nov 2017	Oct 2018	Nov 2018	Nov 2016	Nov 2017	Oct 2018	Nov 2018	Nov 2016 to Nov 2017	Nov 2017 to Nov 2018	Oct 2018 to Nov 2018	
Independent (Direct)	56,030	53,850	51,544	51,835	21.0%	20.1%	19.4%	19.6%	-3.9%	-3.7%	0.6%	
AHS (Direct)	47,823	48,394	49,159	48,771	18.0%	18.0%	18.5%	18.5%	1.2%	0.8%	-0.8%	
CFMG	36,236	35,165	32,676	32,488	13.6%	13.1%	12.3%	12.3%	-3.0%	-7.6%	-0.6%	
CHCN	93,007	96,601	97,107	96,559	34.9%	36.0%	36.6%	36.6%	3.9%	0.0%	-0.6%	
Kaiser	33,300	34,519	34,523	34,414	12.5%	12.9%	13.0%	13.0%	3.7%	-0.3%	-0.3%	
Total	266,396	268,529	265,009	264,067	100.0%	100.0%	100.0%	100.0%	0.8%	-1.7%	-0.4%	

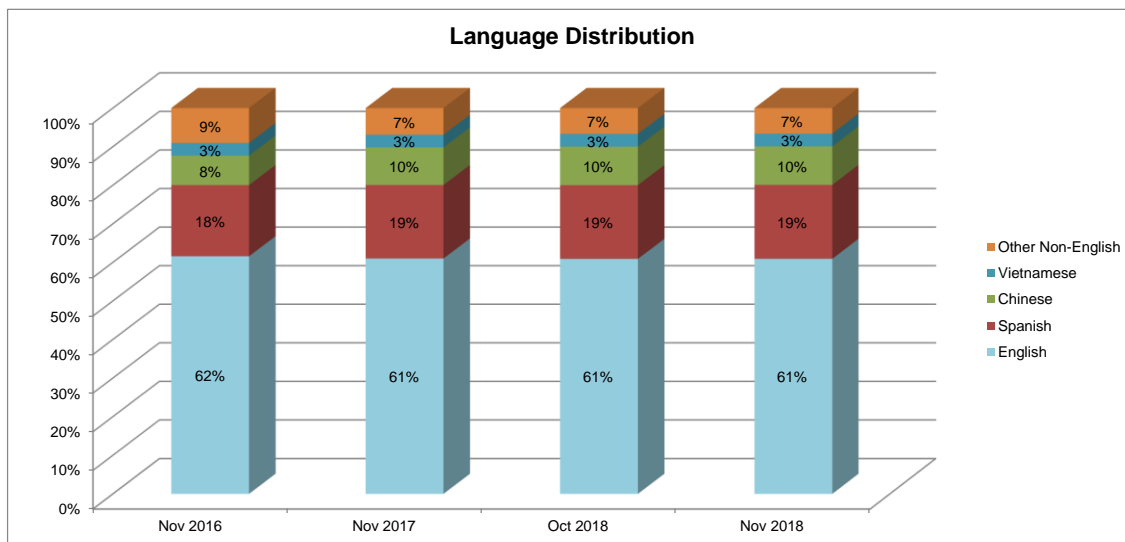


# Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Age Category Trend											
Age Category	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Nov 2016	Nov 2017	Oct 2018	Nov 2018	Nov 2016	Nov 2017	Oct 2018	Nov 2018	Nov 2016 to Nov 2017	Nov 2017 to Nov 2018	Oct 2018 to Nov 2018
Under 19	101,190	101,495	98,815	98,326	38%	38%	37%	37%	0%	-3%	0%
19 - 44	85,828	86,128	85,006	84,644	32%	32%	32%	32%	0%	-2%	0%
45 - 64	59,099	58,543	57,614	57,360	22%	22%	22%	22%	-1%	-2%	0%
65+	20,279	22,363	23,574	23,737	8%	8%	9%	9%	10%	6%	1%
<b>Total</b>	<b>266,396</b>	<b>268,529</b>	<b>265,009</b>	<b>264,067</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>1%</b>	<b>-2%</b>	<b>0%</b>



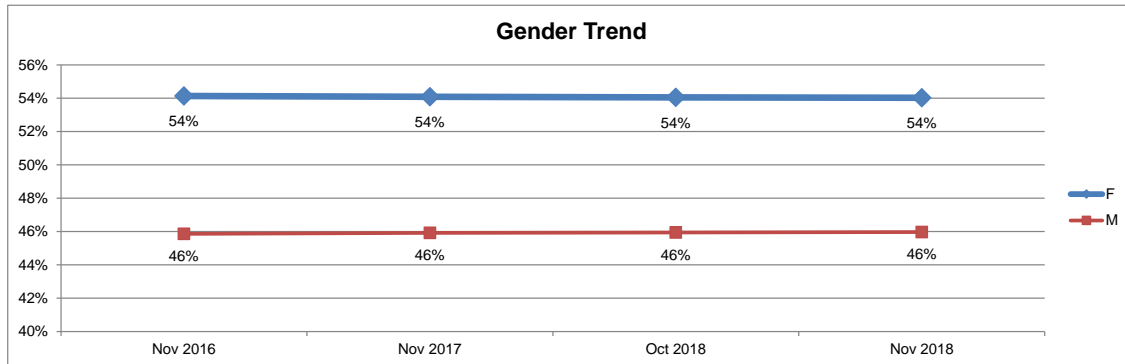
Language Trend											
Language	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Nov 2016	Nov 2017	Oct 2018	Nov 2018	Nov 2016	Nov 2017	Oct 2018	Nov 2018	Nov 2016 to Nov 2017	Nov 2017 to Nov 2018	Oct 2018 to Nov 2018
English	164,001	163,750	161,332	160,821	62%	61%	61%	61%	0%	-2%	0%
Spanish	49,152	51,143	50,684	50,621	18%	19%	19%	19%	4%	-1%	0%
Chinese	20,408	26,248	26,463	26,381	8%	10%	10%	10%	29%	1%	0%
Vietnamese	8,723	8,782	8,773	8,709	3%	3%	3%	3%	1%	-1%	-1%
Other Non-English	24,112	18,606	17,757	17,535	9%	7%	7%	7%	-23%	-6%	-1%
<b>Total</b>	<b>266,396</b>	<b>268,529</b>	<b>265,009</b>	<b>264,067</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>1%</b>	<b>-2%</b>	<b>0%</b>



# Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

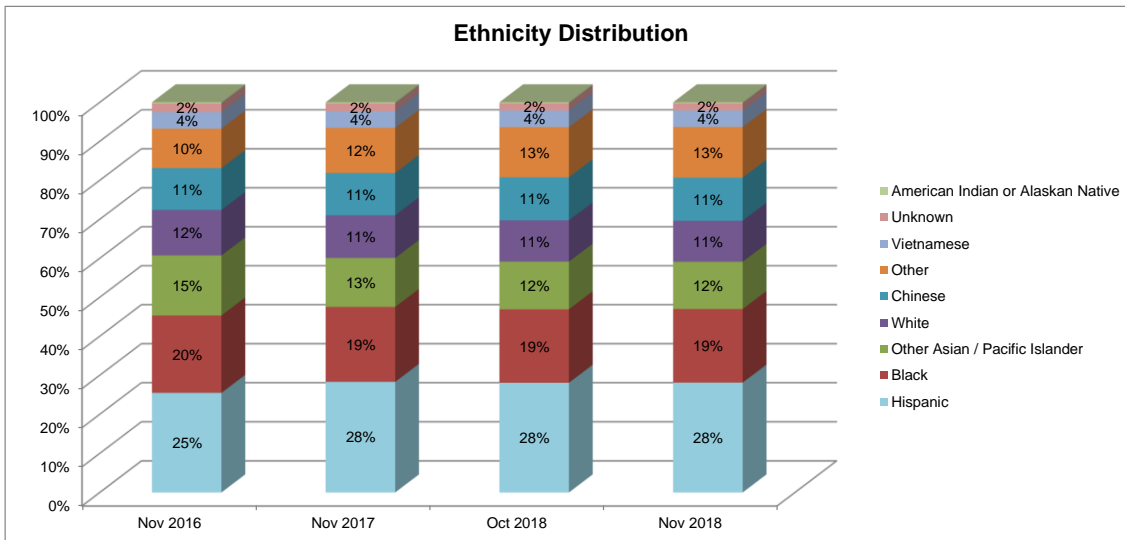
## Gender Trend

Gender	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Nov 2016	Nov 2017	Oct 2018	Nov 2018	Nov 2016	Nov 2017	Oct 2018	Nov 2018	Nov 2016 to Nov 2017	Nov 2017 to Nov 2018	Oct 2018 to Nov 2018
F	144,219	145,232	143,240	142,672	54%	54%	54%	54%	1%	-2%	0%
M	122,177	123,297	121,769	121,395	46%	46%	46%	46%	1%	-2%	0%
<b>Total</b>	<b>266,396</b>	<b>268,529</b>	<b>265,009</b>	<b>264,067</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>1%</b>	<b>-2%</b>	<b>0%</b>



## Ethnicity Trend

Ethnicity	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Nov 2016	Nov 2017	Oct 2018	Nov 2018	Nov 2016	Nov 2017	Oct 2018	Nov 2018	Nov 2016 to Nov 2017	Nov 2017 to Nov 2018	Oct 2018 to Nov 2018
Hispanic	67,818	75,935	74,330	74,185	25%	28%	28%	28%	12%	-2%	0%
Black	52,895	51,616	49,960	49,840	20%	19%	19%	19%	-2%	-3%	0%
Other Asian / Pacific Islander	41,011	33,727	32,396	32,000	15%	13%	12%	12%	-18%	-5%	-1%
White	31,069	29,405	28,035	27,793	12%	11%	11%	11%	-5%	-5%	-1%
Chinese	28,604	29,109	29,272	29,189	11%	11%	11%	11%	2%	0%	0%
Other	26,972	31,136	34,058	34,279	10%	12%	13%	13%	15%	10%	1%
Vietnamese	11,337	11,480	11,316	11,207	4%	4%	4%	4%	1%	-2%	-1%
Unknown	5,914	5,360	4,958	4,894	2%	2%	2%	2%	-9%	-9%	-1%
American Indian or Alaskan Native	776	761	684	680	0%	0%	0%	0%	-2%	-11%	-1%
<b>Total</b>	<b>266,396</b>	<b>268,529</b>	<b>265,009</b>	<b>264,067</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>1%</b>	<b>-2%</b>	<b>0%</b>



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

## Medi-Cal By City

City	Nov 2018	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	105,122	41%	12,569	23,498	14,678	44,842	9,535
Hayward	39,697	15%	8,562	7,732	4,849	11,746	6,808
Fremont	22,680	9%	9,377	3,112	528	6,128	3,535
San Leandro	22,820	9%	4,183	3,316	3,689	8,234	3,398
Union City	11,333	4%	4,436	1,479	417	2,984	2,017
Alameda	10,504	4%	2,012	1,517	1,674	3,891	1,410
Berkeley	9,315	4%	912	1,607	1,299	4,232	1,265
Livermore	7,359	3%	886	642	1,737	2,925	1,169
Newark	6,142	2%	1,879	1,866	119	1,179	1,099
Castro Valley	6,150	2%	1,271	904	1,073	1,714	1,188
San Lorenzo	5,286	2%	944	860	764	1,683	1,035
Pleasanton	3,765	1%	806	352	438	1,570	599
Dublin	3,857	1%	766	335	500	1,580	676
Emeryville	1,571	1%	251	329	255	531	205
Albany	1,533	1%	98	212	340	586	297
Piedmont	296	0%	49	65	28	73	81
Sunol	55	0%	13	10	3	12	17
Antioch	32	0%	14	6	1	8	3
Other	708	0%	137	175	96	223	77
<b>Total</b>	<b>258,225</b>	<b>100%</b>	<b>49,165</b>	<b>48,017</b>	<b>32,488</b>	<b>94,141</b>	<b>34,414</b>

## Group Care By City

City	Nov 2018	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	2,077	36%	617	354	-	1,106	-
Hayward	650	11%	391	103	-	156	-
Fremont	612	10%	478	41	-	93	-
San Leandro	526	9%	222	69	-	235	-
Union City	342	6%	252	28	-	62	-
Alameda	254	4%	110	25	-	119	-
Berkeley	200	3%	43	14	-	143	-
Livermore	81	1%	28	-	-	53	-
Newark	142	2%	101	23	-	18	-
Castro Valley	193	3%	106	21	-	66	-
San Lorenzo	104	2%	46	19	-	39	-
Pleasanton	44	1%	23	1	-	20	-
Dublin	93	2%	40	2	-	51	-
Emeryville	26	0%	12	1	-	13	-
Albany	10	0%	3	-	-	7	-
Piedmont	14	0%	5	1	-	8	-
Sunol	-	0%	-	-	-	-	-
Antioch	21	0%	8	2	-	11	-
Other	453	8%	185	50	-	218	-
<b>Total</b>	<b>5,842</b>	<b>100%</b>	<b>2,670</b>	<b>754</b>	<b>-</b>	<b>2,418</b>	<b>-</b>

## Total By City

City	Nov 2018	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	107,199	41%	13,186	23,852	14,678	45,948	9,535
Hayward	40,347	15%	8,953	7,835	4,849	11,902	6,808
Fremont	23,292	9%	9,855	3,153	528	6,221	3,535
San Leandro	23,346	9%	4,405	3,385	3,689	8,469	3,398
Union City	11,675	4%	4,688	1,507	417	3,046	2,017
Alameda	10,758	4%	2,122	1,542	1,674	4,010	1,410
Berkeley	9,515	4%	955	1,621	1,299	4,375	1,265
Livermore	7,440	3%	914	642	1,737	2,978	1,169
Newark	6,284	2%	1,980	1,889	119	1,197	1,099
Castro Valley	6,343	2%	1,377	925	1,073	1,780	1,188
San Lorenzo	5,390	2%	990	879	764	1,722	1,035
Pleasanton	3,809	1%	829	353	438	1,590	599
Dublin	3,950	1%	806	337	500	1,631	676
Emeryville	1,597	1%	263	330	255	544	205
Albany	1,543	1%	101	212	340	593	297
Piedmont	310	0%	54	66	28	81	81
Sunol	55	0%	13	10	3	12	17
Antioch	53	0%	22	8	1	19	3
Other	1,161	0%	322	225	96	441	77
<b>Total</b>	<b>264,067</b>	<b>100%</b>	<b>51,835</b>	<b>48,771</b>	<b>32,488</b>	<b>96,559</b>	<b>34,414</b>



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: January 11, 2019**

**Subject: Operations Report**

### **Member Services**

- 12-month Trend Summary:
  - The Member Services Department received an increasing volume of calls of 14,337 in December 2018 compared to 11,660 in December 2017. The abandonment rate increased to six percent (6%) in 2018 compared to two percent (2%) in 2017.
  - The service level for the department increased by one percent (1%) to ninety-two percent (92%) in 2018 as opposed to ninety-one percent (91%) in 2017. While membership has remained steady, we can account the increase in call volume and service level due to the department being fully staffed towards the end of 2018 (14 new hires) as well as the onboarding of AnsaFone as an overflow call center. We are making strides to improve our abandonment rate to meet compliance at five percent (5%) or below by working with AnsaFone to ensure they are meeting goals.
  - In 2018, the department also restricted the phone tree and made changes to implement skill-based call routing by forwarding specific calls to the appropriate tier levels in the department (for example, eligibility calls going to MSR I's and pharmacy calls going to MSR II's). The department continuously works to increase first call resolution and member satisfaction efforts as the member experience is our first priority.
- Main Office:
  - The Member Services Department's blended service level for December was ninety-two percent (92%), which is compliant with internal standards. The department answered 13,493 calls in the month of December and had an abandonment rate of six percent (6%), which is above the five percent (5%) standard.
  - The department continues to monitor and work with the IT Department to make appropriate queue and script changes to improve the member experience by providing a seamless transition to the overflow call vendor. The vendor is currently training additional agents to meet call volume. Weekly check-in calls with the vendor and management are held to address concerns; review process workflows; identify training opportunities and to ensure continued compliance with service level agreements.

- Outbound Unit:
  - During the month of December, the Outbound Unit completed 143 Timely Access Survey calls to providers; 112 PCP choice; 16 OHI verification calls; 4 address verifications and 11 Kaiser HCO outreach calls to members. The Outbound Unit will focus on new outreach campaigns to include targeted a group of members: Those who have had retroactive eligibility added and thus have no PCP for more than 30 days and SPDs that do not have a PCP assigned in any current month.
  
- 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 December, a total 2,225 of the callers elected to participate in the survey but only 1,594 callers completed all survey questions.
  - 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.  
December (1,568 – satisfied, 24- neutral, 4 – dissatisfied)
    - The Member Services Staff was open to my questions and concerns.  
December (1,561– satisfied, 32 - neutral, 3 – dissatisfied)
    - The Member Services Staff gave me clear information.  
December (1,572 – satisfied, 22- neutral, 2- dissatisfied)
    - Overall, I was happy with the services I received today.  
December (1,567 – satisfied, 22 - neutral, 7 - dissatisfied)
  
  - Overall satisfaction for the month of December shows that ninety-eight percent (98%) of the callers that took the surveyor 1,567 out of 1,596, were satisfied with the results of their call experience. Our first contact resolution (FCR), per survey question #2 above, was ninety-eight percent (98%).
  
- Mystery Shopper Survey:
  - During the month of December, our contracted vendor completed 95 “Mystery Shopper” calls.
  
  - Topics surveyed included the following:
 

▪ Eligibility	▪ Primary Care Provider Selection
▪ Pharmacy	▪ Complaints/Grievances & Appeals
▪ Benefits	▪ Authorizations/Referrals
▪ Service Area	▪ Emergency/Urgent Care
▪ Member ID Card	▪ Cost sharing/Copays

- Interpreter Services
  - Autism Services
  - Skilled Nursing
  - Formulary
  - Kaiser
  - Transportation Services
  - 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. Out of the 95 survey calls conducted for the month of December, 86 scripts were followed for the closing of the calls. Ninety-one percent (91%) of the calls were closed according to the approved script. Nine (9) calls were closed off script. The survey results are reviewed with team members. Learning objectives to correct deficiencies have proven successful in addressing areas where refresher trainings are identified.
- Exempt Grievances:
  - Four hundred sixty-two (462) Exempt Grievances were processed in December. Exempt Grievances are reported monthly and quarterly to various committees for tracking and trending (refer to the Grievance and Appeals report for details). PQI error reports are forwarded weekly by the Quality Department and are reviewed by the MS Supervisors with their respective team members. The MS supervisors are providing one-on-one training with staff members as training opportunities are identified. 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 lower volume of claims at 113,623 in December 2018 compared to 116,809 in December 2017. We believe this can be attributed to the 8,000 less members enrolled with the Alliance.
  - The Auto-adjudication rate increased in December 2018 to seventy-four percent (74%) as compared to fifty-nine percent (59%) in December 2017.
  - Claims Compliance (30-day turn-around time) increased in December 2018 to ninety-nine percent (99%) as compared to ninety-five percent (95%) in December 2017.
- Monthly Analysis:
  - In the month of December, we received a total of 113,623 claims in the HEALTHsuite system.
  - We received seventy-four percent (74%) of claims via EDI and twenty-six percent (26%) of claims via paper.
  - Ninety-nine percent (99%) of our claims were processed in 45 days during the month of December.
  - Auto Adjudication was seventy-four (74%) for the month of December.

## **Provider Services**

- 12-Month Trend Summary:
  - The Provider Relations Department's call volume increased in December 2018 to 4,595 calls compared to 4,134 call in December 2017. The total call volume increased in 2018 to 59,785 as compared to 52, 014 in 2017.
- The Provider Services department did not complete any visits during the month of December. This can be attributed to the mailing of the 2019 P4P packets and due to the department's staff shortage. The team called all providers that were mailed the 2019 packets to ensure their receipt.
- The Provider Services department answered over 4,422 calls for the month of October and made over 1,629 outbound calls.

## **Credentialing Department**

- At the Peer Review and Credentialing (PRCC) meeting held on December 18, 2018, there were 7 initial providers approved. Additionally, 20 providers were re-credentialed at this meeting.
- 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 312 cases in December 2018 compared to 745 cases in December 2017. This can be attributed to a lower volume of cases and a change in leadership.
  - In December 2018 the PDR department upheld sixty-three percent (63%) of cases versus thirty-seven percent (37%) in December 2017.
  - The PDR department resolved sixty-four percent (64%) of cases within compliant standards as compared to ninety-five percent (95%) in December 2017. The drop in compliance can be attributed to a change in workflow and management.
- Monthly Analysis:
  - In the month of December, 487 PDRs were resolved. Out of the 487 PDRs, 178 were overturned.
  - The overturn rate of PDRs was thirty-seven percent (37%), higher than our goal of 25%.
  - All cases were resolved with a sixty-three percent (63%) compliance rate.
  - Currently there are 1,322 PDRs that are less than 45 working days old, are currently still pending resolution.

## **Community Relations and Outreach**

- 12-Month Trend Summary:
  - During the second quarter of the fiscal year, the Alliance completed a total of 122 out of 148 events (82%), compared to a completion rate of 41 out of 47 (87%) during 2017. In the second quarter of 2018, the Alliance increased the number of events by two-hundred and sixty percent (260%) compared to 2017.
  - The Alliance increased the total number of individuals reached by nearly fourteen percent (14%) from 6,633 at all events, compared to the 5,827 in 2017. The C&O Department implemented an event tracking tool during Fiscal Year 2017-2018 to systematically improve our tracking method, and to help prevent misstating numbers reached.
  - During 2018, the Alliance increased the number of event participation cities throughout Alameda County by fifty-six percent (56%) to 14 (100%) out of 14 cities, compared to 9 (64%) out of 14 cities during 2017.

# **Operations**

## **Supporting Documents**

## **Member Services**

### **Blended Call Results**

<b>Blended Results</b>	<b>December</b>
Incoming Calls (R/V)	14,337
Abandoned Rate (R/V)	6%
Answered Calls (R/V)	13,493
Average Speed to Answer (ASA)	02:12
Calls Answered in 30 Seconds (R/V)	92%

### **Top 5 Call Reasons**

<b>Top 5 Call Reasons (Medi-Cal and Group Care) December</b>
Change of PCP
Eligibility - Member
Kaiser
Benefits
ID Card Request

### **Member Walk-Ins**

<b>Member Walk-Ins December 2018 Alameda Location</b>
Kaiser
ID Card Request
Kaiser
Total Walk-Ins: 60

## Provider Relations Dashboard December 2018

Alliance Provider Relations Staff	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Incoming Calls (PR)	5260	5331	5357	4726	5271	4599	4396	5341	4608	5479	4822	4595
Abandoned Calls	68	30	47	53	68	62	71	47	35	29	36	40
Answered Calls (PR)	5031	5089	5080	4502	5009	4407	4263	5270	4536	5389	4714	4422
Recordings/Voicemails	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Incoming Calls (R/V)	377	358	479	501	495	624	1005	569	715	661	640	496
Abandoned Calls (R/V)												
Answered Calls (R/V)	377	358	479	501	495	624	1005	569	715	661	640	496
Outbound Calls	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Outbound Calls	1604	1588	1621	1538	1550	1354	1373	1613	1492	1655	1716	1629
N/A												
Outbound Calls	1604	1588	1621	1538	1550	1354	1373	1613	1492	1655	1716	1629
Totals	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Total Incoming, R/V, Outbound Calls	7241	7277	7457	6765	7316	6577	6774	7523	6815	7795	7178	6720
Abandoned Calls	68	30	47	53	68	62	71	47	35	29	36	40
Total Answered Incoming, R/V, Outbound Calls	7012	7035	7180	6541	7054	6385	6641	7452	6743	7705	7070	6547



**Claims Department**  
**November 2018 Final and December 2018 Final**

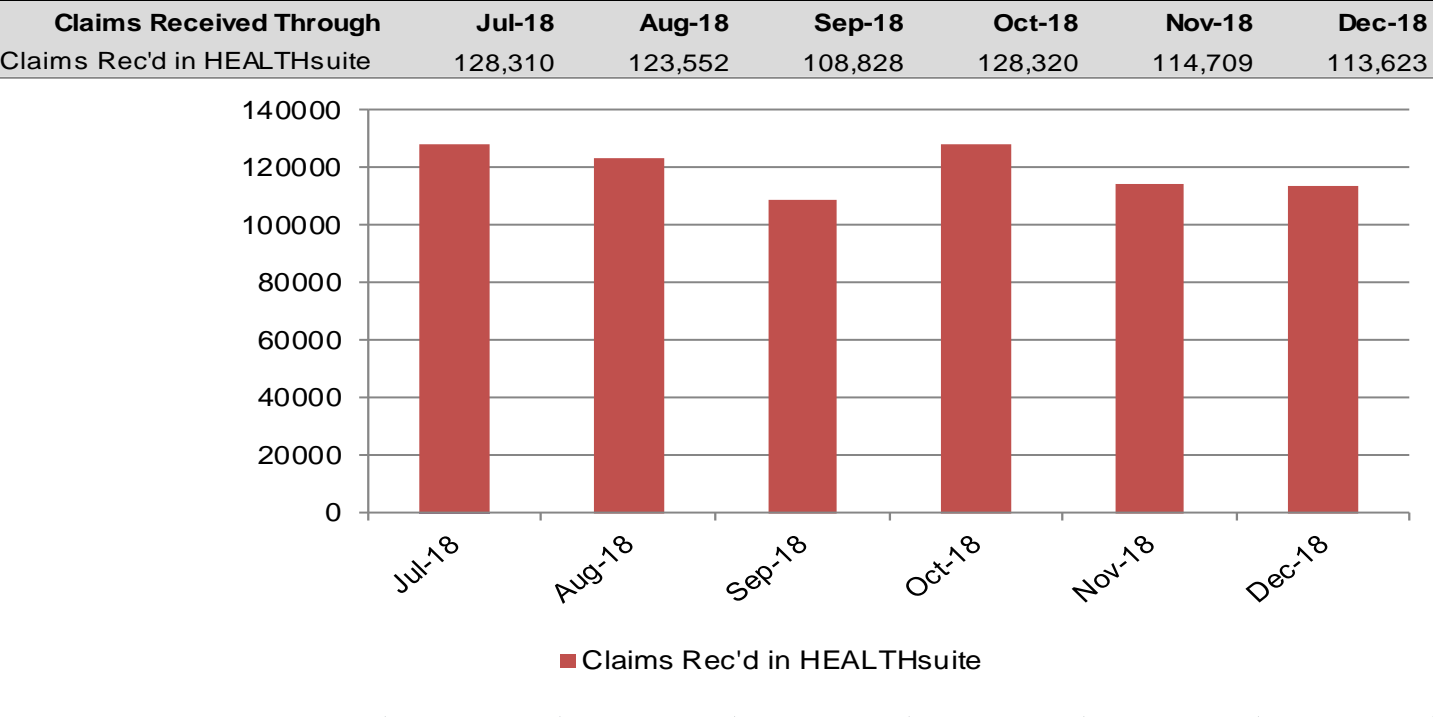
METRICS		
Claims Compliance	Nov-18	Dec-18
90% of clean claims processed within 30 calendar days	98.8%	98.9%
95% of all claims processed within 45 working days	99.8%	99.9%
Claims Volume (Received)	Nov-18	Dec-18
Paper claims	25,163	29,701
EDI claims	89,546	83,922
<b>Claim Volume Total</b>	<b>114,709</b>	<b>113,623</b>
Percentage of Claims Volume by Submission Method	Nov-18	Dec-18
% Paper	21.94%	26.14%
% EDI	78.06%	73.86%
Claims Processed	Nov-18	Dec-18
HEALTHsuite Paid (original claims)	88,335	85,976
HEALTHsuite Denied (original claims)	22,265	23,454
<b>HEALTHsuite Original Claims Sub-Total</b>	<b>110,600</b>	<b>109,430</b>
HEALTHsuite Adjustments	2,032	1,037
<b>HEALTHsuite Total</b>	<b>112,632</b>	<b>110,467</b>
Claims Expense	Nov-18	Dec-18
Medical Claims Paid	\$37,279,990	\$37,165,174
Interest Paid	\$54,411	\$39,482
Auto Adjudication	Nov-18	Dec-18
Claims Auto Adjudicated	80,277	81,307
% Auto Adjudicated	72.6%	74.3%
Average Days from Receipt to Payment	Nov-18	Dec-18
HEALTHsuite	23	23
Pended Claim Age	Nov-18	Dec-18
<b>0-30 calendar days</b>		
HEALTHsuite	14,947	15,455
<b>30-60 calendar days</b>		
HEALTHsuite	325	279
<b>Over 60 calendar days</b>		
HEALTHsuite	24	37
Overall Denial Rate	Nov-18	Dec-18
Claims denied in HEALTHsuite	22,265	23,454
% Denied	19.8%	21.2%

**Dec-18**

**Claims Department**  
**November 2018 Final and December 2018 Final**

Top 5 HEALTHsuite Denial Reasons	% of all denials
Responsibility of Provider	26%
Duplicate Claim	18%
Must Submit as a Paper Claim with Copy of Primary Payer EOB	11%
The Time Limit for Filing Has Expired	8%
No Benefits Found for This Date of Service	6%
<b>% Total of all denials</b>	<b>69%</b>

**Claims Received By Month**



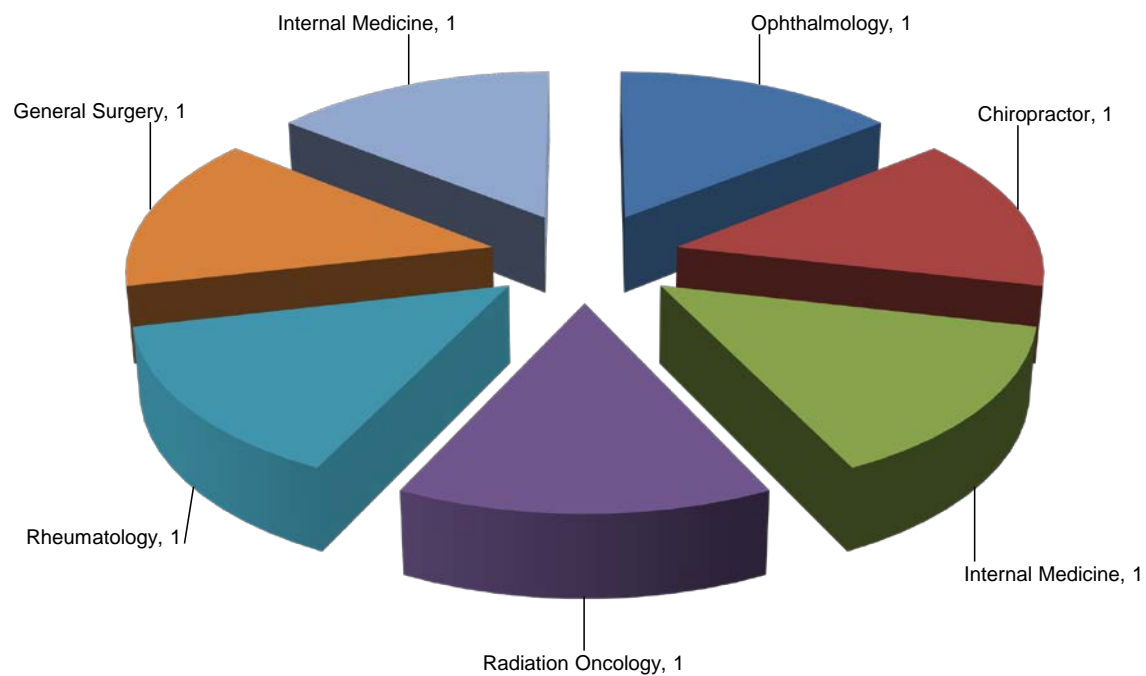
ALLIANCE NETWORK SUMMARY, CURRENTLY CREDENTIALIAED PRACTITIONERS					
Practitioners	AHP 386	PCP 353	SPEC 678	PCP/SPEC 21	
AAH/AHS/CHCN Breakdown	AAH 412	AHS 210	CHCN 393	COMBINATION OF GROUPS 423	
Facilities	221				
VENDOR SUMMARY					
Credentialing Verification Organization, Gemini Diversified Services					
	Number	Average Calendar Days in Process	Goal - Business Days	Goal - 98% Accuracy	Compliant
Initial Files in Process	19	33		Y	N
Recred Files in Process	29	25		Y	Y
Expirables updated Insurance, License, DEA, Board Certifications					Y
Files currently in process	48				
CAQH Applications Processed in December 2018					
Standard Providers	Invoice not received				
Allied Health	Invoice not received				
December 2018 Peer Review and Credentialing Committee Approvals					
Initial Credentialing	Number				
PCP	2				
SPEC	4				
ANCILLARY	1				
MIDLEVEL/AHP	0				
Recredentialing					
PCP	7				
SPEC	9				
ANCILLARY	1				
MIDLEVEL/AHP	3				
TOTAL	27				
December 2018 Facility Approvals					
Initial Credentialing	0				
Recredentialing	2				
Facility Files in Process	8				
December 2018 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			

\* Invoice not yet received

LAST NAME	FIRST NAME	PRIMARY SPECIALTY	Initial/Recred	Cred Date
Chiu	Cynthia	Ophthalmology	Initial	12/18/2018
Conlon	Britta	Chiropractor	Initial	12/18/2018
Gupta	Jyoti	Internal Medicine	Initial	12/18/2018
Korah	Mariam	Radiation Oncology	Initial	12/18/2018
Neuwelt	Clark	Rheumatology	Initial	12/18/2018
Senekjian	Lara	General Surgery	Initial	12/18/2018
Stine	Shelene	Internal Medicine	Initial	12/18/2018
Abudayeh	Nabil	Internal Medicine	Recred	12/18/2018
Ahuja	Rajiv	Internal Medicine	Recred	12/18/2018
Alberelli	Tonya	Ophthalmology	Recred	12/18/2018
Araneta	Christine	Physician Assistant	Recred	12/18/2018
Chan	Eliza	Registered Dietitian	Recred	12/18/2018
Chen	Sophia	Ophthalmology	Recred	12/18/2018
Chen	Steven	Family Medicine	Recred	12/18/2018
Eile	Susan	Cardiovascular Disease	Recred	12/18/2018
Gacote	Apolinar	Internal Medicine	Recred	12/18/2018
Jones	Anthony	HIV Specialist	Recred	12/18/2018
Lash	Bhrett	Internal Medicine	Recred	12/18/2018
Melkumyan	Dalila	Certified Nurse Midwife	Recred	12/18/2018
Nolasco-Alonzo	Susana	Pediatrics	Recred	12/18/2018
Pagtalunan	Maria	Nephrology	Recred	12/18/2018
Petersen	Glen	Pulmonary Disease	Recred	12/18/2018
Seeger	Suzanne	Certified Nurse Midwife	Recred	12/18/2018
Sethi	Saurabh	Gastroenterology	Recred	12/18/2018
Stinghen	Donato	General Surgery	Recred	12/18/2018
Wilson	Byron	Medical Oncology	Recred	12/18/2018
Wong	Bryan	Nephrology	Recred	12/18/2018

## DECEMBER PEER REVIEW AND CREDENTIALING INITIAL APPROVALS BY SPECIALTY

Ophthalmology	1
Chiropractor	1
Internal Medicine	1
Radiation Oncology	1
Rheumatology	1
General Surgery	1
Internal Medicine	1
	<hr/>
	7



## **Project Management Office Portfolio Overview for December 2018**

### **Provider Portal Implementation**

- The project scope has expanded to include redesigning the Alliance.org website.
- Phase 1 - Deploy Provider Portal. The target completion date is June 2019.
  - New Provider Capabilities.
  - Build new interface to TruCare and enhance current interface.
  - Public Portal Redesign (splash page and linked pages).
- Phase 2 - Deploy Provider Portal Expansion. The target completion date is Q3 2019.
  - Submit/view PQI's and Provider disputes.
  - Patient profiles to include Care Plan and Utilization data.
  - Expand access to CB-CME.
- Phase 3 – Deploy Member Portal & added Provider Portal Capabilities. The target completion date is TBD.
  - New Member Capabilities.
  - Iterate additional Provider changes and functions.

### **COBA project**

- We are now starting Parallel Production Testing. (This is testing of exactly how we will submit and received file from CMS in production once when we are ready to go live).
- IT team completed the Eligibility File creation and deployment on December 31<sup>st</sup>.
- File Transfer to CMS FTP site – deployment planned for January 9<sup>th</sup>.

### **Call Center Optimization Project**

- Phase 1 was completed by December 14th.
- Phase 2 - CUCM & CUC Cleanup (executing recommendations from original assessment).
  - The target date for completion is 1/18/2019. Items to be completed are:
    - 1. Execute recommendations from original assessment.

- 2. Status report in Word format outlining all work completed.
- Original Assessment Documentation (in MS Word).
- Inventory (in MS Word).

### **PQI Application Development Project**

- Phase 1 of application was completed by 12/21/2018. (Move from excel to app was the stated phase 1 goal).
- PQI app was deployed into production on 1/03/2019.
- Phase 2 to begin after analysis and updates/corrections (if necessary) of phase 1 are completed.

### **IVR Outbound Dialer Project**

- Cisco and Vonage are now involved to analyze and decode the data in hopes to find a resolution/root cause with IVR Outbound Dialer.
- The goal is to find the root cause and resolve the issue preventing the IVR Outbound Dialer from working properly by January 15<sup>th</sup>.

### **Ceridian Dayforce Project**

- Project is officially closed.
- There is conversation around a phase 2 of this project, which would be the automation of CalPERS.

### **HEALTHsuite Upgrade Project**

- 4th consecutive yearly upgrade of Healthsuite
- Upgrades Healthsuite to version 16.02.01, released by RAM in Oct 2018
- All or most of the following will be implemented:
  - 35 new system enhancements that will enable better control and configurations
  - 188 ticket fixes for various bugs reported to RAM
- Expected to be completed by April 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 March 2019.

### **Data Governance**

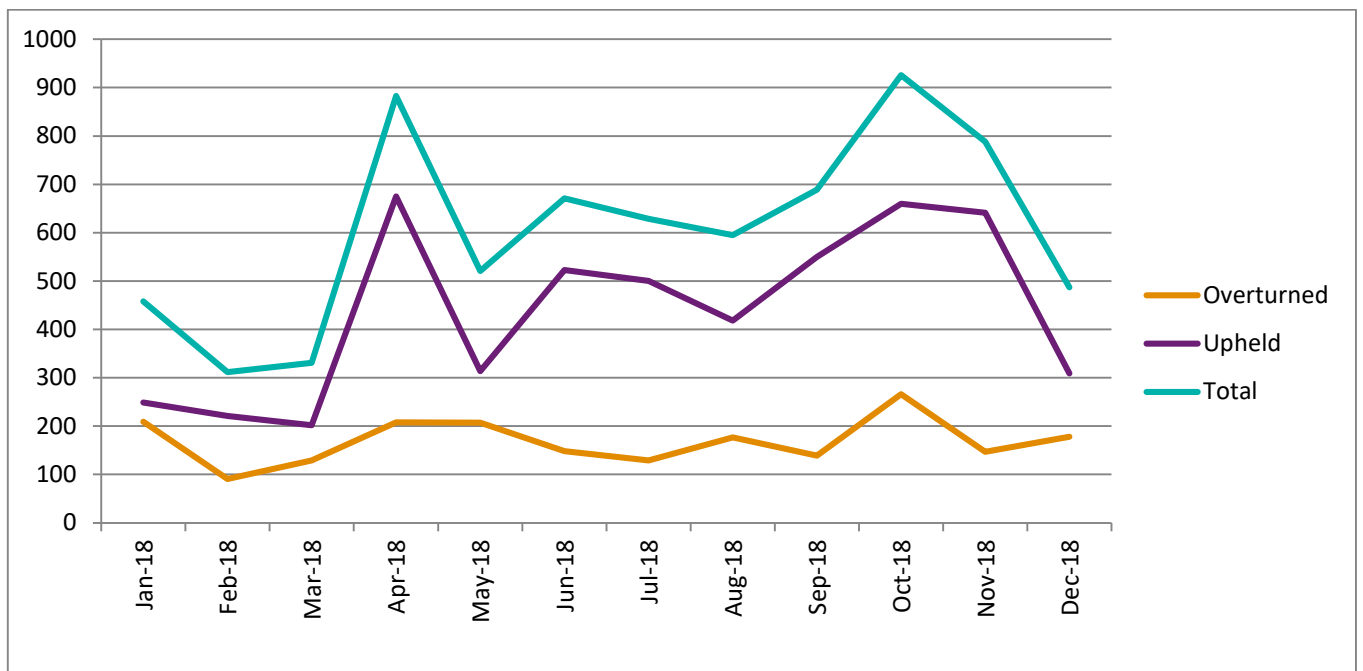
- The purpose of the project is to create and implement an enterprise Data Governance framework, identify and implements tools related to Metadata Management and Data Quality. This will help treat data as an enterprise asset and improve the reliability and consistency of data across the AAH systems and help make better business decisions.
- Project intake and Project charter complete.
- SoW discussions in progress with the vendor.
- Data Lineage tool Octopai implemented. Trainings to be conducted in January 2019.
- Target Go-Live for Data Dictionary is June 2019.



## **Provider Dispute Resolution (PDR) Update – December 2018**

- The Alliance received 381 PDRs in December 2018.
- A total of 487 PDRs were resolved during the month; however, all resolved cases were not completed within the Alliance goal of 95% within 45 working days. The Compliance Rate for December was 64%.
  - The goal was not met due to the function remaining understaffed and the inherited backlog of cases received in September and October that were previously unresolved.
- The PDR overturn rate increased from 19% in November to 37% in December so the goal of an overturn rate less than 25% was not met.
- The inventory is currently at 1,364 PDRs pending resolution with 42 cases out of compliance.
  - Two Claims Specialists have been assigned to work on PDRs to assist with the backlog and bring the case load back into compliance.

**Rolling 12-month PDR Trend Line**



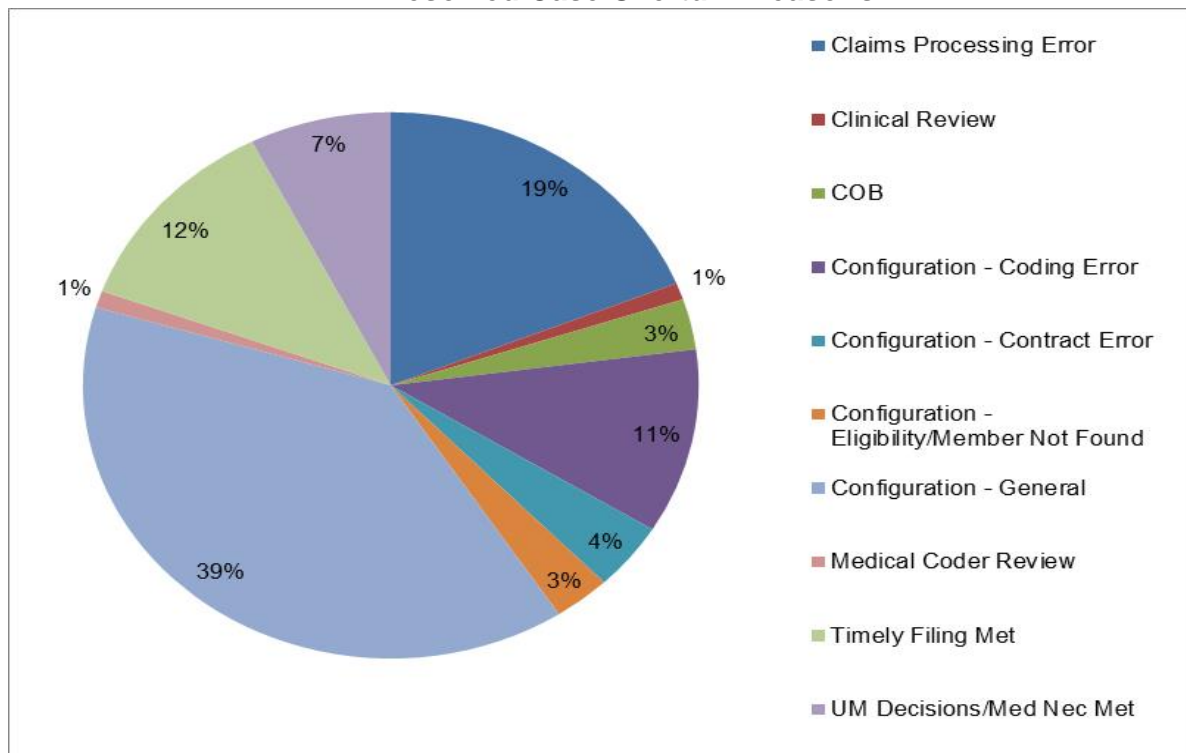
## Provider Dispute Resolution

### November 2018 Final and December 2018 Final

METRICS		
PDR Compliance		
	Nov-18	Dec-18
# of PDRs Resolved	788	487
# Resolved Within 45 Working Days	420	312
% of PDRs Resolved Within 45 Working Days	53.0%	64.0%
PDRs Received		
	Nov-18	Dec-18
# of PDRs Received	770	381
<b>PDR Volume Total</b>	<b>770</b>	<b>381</b>
PDRs Resolved		
	Nov-18	Dec-18
# of PDRs Upheld	641	309
% of PDRs Upheld	81%	63%
# of PDRs Overturned	147	178
% of PDRs Overturned	19%	37%
<b>Total # of PDRs Resolved</b>	<b>788</b>	<b>487</b>
Unresolved PDR Age		
	Nov-18	Dec-18
0-45 Working Days	1,075	1,322
Over 45 Working Days	126	42

Dec-18

#### PDR Resolved Case Overturn Reasons





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# Compliance

## Gil Riojas

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

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

**Date: January 11, 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 final report included the same 38 findings as the draft report. The majority of the findings were in the following operational areas: utilization management, pharmacy decisions, grievance and appeals, delegation oversight, provider training, case management, initial health assessment, HIPAA, and fraud reporting. The Plan has 30 days to provide a corrective action plan (CAP) response to DHCS to address the deficiencies. The Plan continues to update its Compliance dashboard to work on CAP responses.

### **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. The Plan submitted an addendum to the DMHC for review and consideration for five (5) findings. The Department will conduct a follow-up review of the Plan's uncorrected deficiencies and issue a Report within 14-16 months. Supplemental CAP responses for three (3) findings will be submitted to the DMHC to review within 60 days. The Plan continues to update its Compliance dashboard to work on CAP responses.

### **Regulatory Update**

- Pediatric Palliative Care:
  - DHCS has announced that the children enrolled in the pediatric palliative care waiver that ended on 12/31/18 will be transitioned into managed care effective January 1, 2019 from California Children's Services (CCS). DHCS shared a list of 16 members that will be transitioning into the Plan from Alameda County CCS program. The Plan has been working with CCS on the transition along with attending planning meeting with DHCS. Member outreach letters and telephone calls have been conducted by the Plan prior to the implementation date to ensure a smooth transition and continuity of care. Post transition case management initiatives are taking

place to ensure the affected members continue to receive care without experiencing any issues or barriers. The Plan is reporting updates daily and monthly to DHCS until March 2019.

### **Fraud, Waste and Abuse (FWA) Reporting & Analysis**

- In 2018 the Plan received 71 suspected FWA incidents reported to the Compliance department. All 71 incidents were reported to DHCS as required. This was a dramatic increase since 2017 which had a total of 15 FWA incidents reported. The reported incidents for 2018 are summarized below by FWA categories.

<b>FWA Investigation Categories</b>	<b>Number of Incidents Reported to the Alliance</b>	<b>Number of Incidents Reported to DHCS</b>
Member Identify Theft/Fraud	31	31
Provider Billing Issue	28	28
Prescription/Pharmacy Issue	6	6
Other	6	6
<b>Total</b>	<b>71</b>	<b>71</b>

### **Internal Auditing Activities**

- The Plan's Compliance department conducts quarterly reviews of case files in the following areas: Claims (120 cases), Provider Dispute Resolutions (120 cases), Utilization Management (60 cases), and Grievances & Appeals (60 cases). Below are the overall results of each audit for the past four consecutive quarters. Results under 95% are issued a corrective action to address the deficiencies.

<b>2017-2018 INTERNAL AUDIT SCORES</b>					
<b>Category</b>	<b>Q3 2017</b>	<b>Q4 2017</b>	<b>Q1 2018</b>	<b>Q2 2018</b>	<b>2017-2018 Rolling Average</b>
<b>Utilization Management</b>	97%	99%	100%	99%	99%
<b>Provider Dispute Resolutions</b>	97%	95%	99%	99%	98%
<b>Grievances &amp; Appeals</b>	97%	94%	96%	94%	95%
<b>Claims</b>	98%	97%	98%	98%	98%

### **Delegation Oversight**

- The Plan completed its annual audits for the 11 delegated entities prior to the close of the calendar year as required. Pre-delegation audits were conducted on Alameda Health Systems in 2018 for primary care services prior to implementation. Below is a summary of the audits and CAP statuses.

<b>Name of Delegated Entity</b>		<b>Date Corrective Action Plan (CAP) Issued by the Plan</b>	<b>Status (Open/Closed)</b>
1.	Kaiser	1/07/19	Open
2.	Children First Medical Group (CFMG)	12/07/18	Open
3.	Beacon Health Strategies (Mental Health Provider)	11/15/18	Open
4.	Community Health Center Network (CHCN)	12/14/18	Open
5.	California Home Medical Equipment (CHME)	10/26/18	Open
6.	PerformRx (Pharmacy Benefits Manager)	10/01/18	Open
7.	March Vision	12/19/18	Open
8.	EviCore (Radiology)	12/19/18	Closed
9.	Lucille Packard	N/A (No CAP)	Closed
10.	UCSF	N/A (No CAP)	Closed
11.	Physical Therapy PN	N/A (No CAP)	Closed



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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:** January 11, 2019

**Subject:** Health Care Services Report

### **Utilization Management – Inpatient**

- Significant focus is underway, through partnership with Alameda Health System, to focus on Length of Stay (LOS). Scheduled activities for early 2019 include:
  - Meeting with Alameda Health System hospitalists (1/14/19) and case managers (TBD) to identify and rank barriers to discharge and throughput.
  - From this prioritized list of barriers and in partnership with Alameda Health System, throughput/LOS initiatives will be chosen that target the biggest barriers to discharge.
  - Retraining of the inpatient UM team with the development of standard work is half completed. Auditing of standard processes is now underway to be followed by the 2<sup>nd</sup> half of training in early 2019.

<b>November 2018 Inpatient Barometer Total All Aid Categories</b>			
<b>Metric</b>	<b>Actual</b>	<b>Target</b>	<b>Med/Surg</b>
<b>ALOS</b>	4.2	3.5	4.4
<b>Admits/1000</b>	71.8	84.4	61.4
<b>Days/1000</b>	300.7	297.8	268.9
<b>Est. PMPM</b>	\$77.57	\$61.71	\$71.25

<b>December 2018 Inpatient Barometer Total All Aid Categories</b>			
<b>Metric</b>	<b>Actual</b>	<b>Target</b>	<b>Med/Surg</b>
<b>ALOS</b>	3.1	3.5	3.2
<b>Admits/1000</b>	64.3	84.4	54.2
<b>Days/1000</b>	200.9	297.8	174.1
<b>Est. PMPM</b>	\$51.90	\$61.71	\$46.63



## **Utilization Management – Outpatient**

- Outpatient Utilization is maintaining consistent processes and will be receiving a retraining with the development of standard work in Q2 2019.
  - Turn-around times (97%) remain above benchmark of  $\geq 95\%$ .
  - Outpatient denial rates remain consistent and steady.
    - Monthly and yearly denial rates are stable year over year, except that partial denials/modifications have increased slightly.

<b>YTD Outpatient Denials Including Partial Denials</b>													
<b>Total OP Denial Rates</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>YTD</b>
<b>2017</b>	5.4%	5.6%	6.4%	6.8%	6.6%	6.4%	5.5%	5.8%	6.3%	6.5%	6.8%	6.7%	6.2%
<b>2018</b>	7.4%	6.9%	5.8%	6.1%	6.5%	7.1%	7.0%	7.0%	8.8%	6.9%	6.2%	5.8%	6.8%

<b>YTD Outpatient Denials Excluding Partial Denials</b>													
<b>Total OP FULL Denial Rates</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>YTD</b>
<b>2017</b>	4.5%	4.8%	5.9%	6.6%	6.5%	6.2%	5.4%	5.6%	6.1%	6.4%	6.5%	6.4%	5.9%
<b>2018</b>	7.2%	6.6%	5.6%	6.0%	6.1%	5.8%	6.5%	6.5%	6.9%	6.1%	5.7%	5.4%	6.2%

<b>Turn Around Time Compliance</b>			
<b>Line of Business</b>	<b>December 2018</b>	<b>Q4 2018</b>	<b>2018 YTD</b>
Overall	97%	97%	98%
Medi-Cal	97%	97%	98%
IHSS	99%	98%	97%
Benchmark	95%	95%	95%

## **Pharmacy**

- Pharmacy is continuing to focus on prior authorizations:
  - Pharmacy is adding 2 staff members: a clinical lead pharmacist and a lead pharmacy technician. These team members will focus on formulary alignment, project implementation and improved prior authorization process.
  - Outpatient denial rates remain consistent and steady. Lidocaine patches remain one of our most commonly denied medications due to improper use request. Most other commonly denied medications have equally efficacious formulary alternatives.

<b>Number of Prior Authorizations Processed</b>		
<b>Decision</b>	<b>November 2018</b>	<b>December 2018</b>
Approved	568	528
Denied	564	544
Closed	472	436
Total	1,604	1,508

<b>December 2018 Top 10 Drugs by Number of Denials</b>			
<b>Rank</b>	<b>Drug Name</b>	<b>Common Use</b>	<b>Common Denial Reason</b>
1	LIDOCAINE 5% PATCH	Pain	Criteria for approval not met
2	TESTOSTERONE CYP 200 MG/ML VIAL	Hypogonadism; gender dysphoria	Criteria for approval not met
3	NOVOLOG FLEXPEN SYRINGE	Diabetes	Criteria for approval not met
4	SPIRIVA 18 MCG CP-HANDIHALER	COPD	Non-formulary
5	XIFAXAN 550 MG TABLET	Infection	Criteria for approval not met
6	DULERA 200 MCG/5 MCG INHALER	Asthma	Criteria for approval not met
7	TRETINOIN 0.025% CREAM	Acne	Criteria for approval not met
8	LYRICA 75 MG CAPSULE	Pain	Criteria for approval not met
9	METHADONE HCL 10 MG TABLET	Pain	Criteria for approval not met
10	DOXYCYCLINE HYCLATE 100 MG TAB	Infection	Non-formulary

## **Case and Disease Management**

- Case Management has made progress in program design and implementation
  - Management:
    - We now have a full, experienced Case Management management team.
  - Front line staff:
    - Starting January, we have posted partial work-from-home Case Management RN positions in an attempt to fill our significant RN shortage.
    - 3 additional social work positions are being posted this month.
  - 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 nearly completed inclusion of CHCN's Care Neighborhood program into Health Homes/AC3 will expand those numbers even greater.
  - Health Homes California Program:
    - Planning continues along on schedule for launch of the official California Health Homes program in July 2019. At that point, the AAH self-funded Health Homes pilot will cease and morph into the official California Health Homes program.
- 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 December 2018	Total Open Cases As of December 2018
Care Coordination	110	458
Complex	6	44
Transition of Care	0	0

## **Grievance & Appeals**

- Grievances are any expression of dissatisfaction by a member. Our actual grievance rate (2.38/1000 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 with results expected in Q1 2019.
- Appeals had an overturn rate of 40.2% 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 time-frames.

December 2018 Case	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	261	30 Calendar Days	95% compliance within standard	261	100%	0.79
Expedited Grievance	1	72 Hours	95% compliance within standard	1	100%	0.004
Exempt Grievance	320	Next Business Day	95% compliance within standard	320	100%	1.21
Standard Appeal	96	30 Calendar Days	95% compliance within standard	96	100%	0.36
Expedited Appeal	1	72 Hours	95% compliance within standard	1	100%	0.004
Total Cases:	679		95% compliance within standard	679	100%	2.38

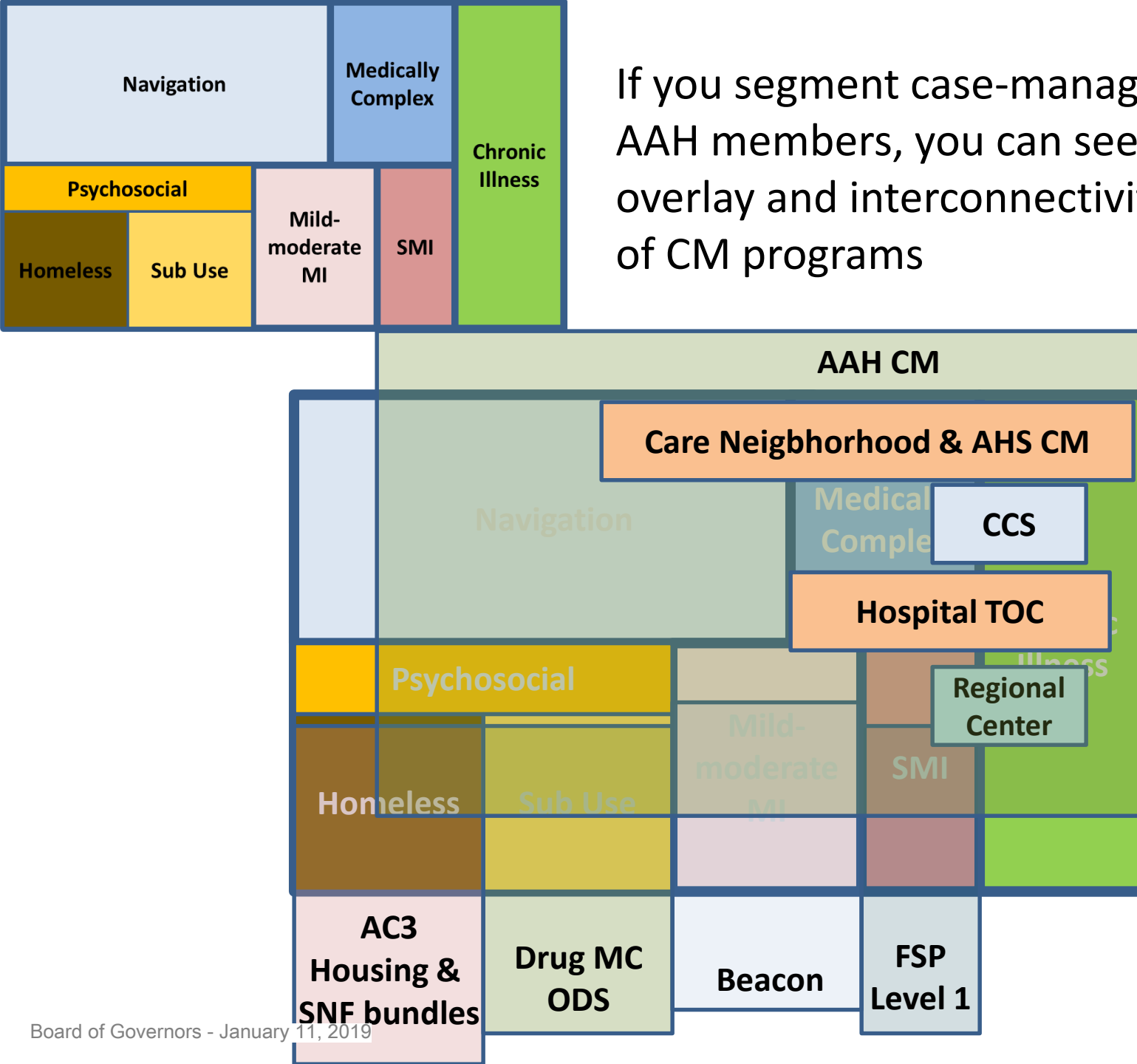
## **Health Care Quality Committee (HCQC)**

- The Health Care Quality Committee meets next January 17, 2019  
Minutes will be included in next month's board packet.

## Case Management for AAH Members

	<b>CM PROGRAM</b>	<b>DESCRIPTION</b>
AAH Directly Employed	Case Management <ul style="list-style-type: none"> <li>- Complex CM</li> <li>- Navigation</li> </ul>	Full spectrum CM for medically ill and psychosocially challenged. Telephonic care by RNs, MSWs and navigators providing episodic complex case management, care coordination and transitions of care
AAH Funded &/or Administered	Health Homes <ul style="list-style-type: none"> <li>- Self funded pilot</li> <li>- Official HH</li> </ul>	CM and coordination for high utilizing, high complexity patients. AAH's self-funded HH pilot transitions into the official HH program July 1, 2019. Administrative leadership and support is provided by AAH while the large majority of care is provided by >20 community-based CM entities (CB-CME)
AAH Delegated	Mild-Mod Mental Health CM	AAH's delegated, mild-moderate mental health provider, Beacon, maintains CM onsite at AAH to telephonically manage member access to mental health services in coordination with AAH's CM team
Community Based	Care Neighborhood	CHCN's FQHC-based Community Health Worker (CHW) CM program supported by LCSWs and connected to FQHC clinic services. Services provided in clinics and home visits.
	Alameda Health System Complex Care	AHS's 3 FQHC-based CM program incorporating clinic-based navigators and social workers. All are AAH/AC3 CB-CME sites
	Other Hospital Transitions of Care	Other area hospital systems have varying degrees of care management, primarily focused on transitions of care
County Based	Alameda County Care Connect (AC3)	Alameda HCSA's Whole Person Care funded CM program for frequent users of multiple crisis system and/or recent homelessness. Mirrored on HH care model and administered through AAH's CB-CME network
	Housing & SNF bundles	Alameda HCSA's intensive housing navigation and support services for homeless and those in permanent supportive housing
	Full Service Partnerships & Level 1 Service Teams	Alameda BHCS's onsite & contracted network for those with serious mental illness providing "whatever it takes" CM, medication management and housing navigation
	Drug Medi-Cal ODS	Alameda BHCS's new CM program for members with substance abuse disorder
	CCS CM	California Children Service's funded, intensive CM provided by RNs and MSWs for significantly ill children with CCS eligible conditions
	Regional Center CM	Regional Center of the East Bay's intensive CM for individuals with developmental disabilities

If you segment case-managed AAH members, you can see the overlay and interconnectivity of CM programs





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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: January 11, 2019**

**Subject: Information Technology Report**

### **Call Center System Availability**

- AAH phone systems and call center applications continue to operate normally with an uptime of 99.99%. Overall, we are continuing to perform the following activities to optimize the call center eco-system (applications, backend integration, configuration, and network).
  - Phase 1 (Discovery and Documentation of the Call Center Stabilization project has been completed.
  - Phase 2 (Clean up) of the Call Center Stabilization project is in progress.
  - Implementing alerts and notifications – Work in progress.
  - Session Initiation Protocol (SIP) trunk migration from Vonage to AT&T – Migration is in progress and completion targeted before the end of March, 2019.
  - Upgrading the call manager environment (2 Ring, Calabrio, and Finesse software) – Not Started.

### **Encounter Data**

- In the month of December, AAH submitted 99 encounter files to DHCS.
- We identified several issues in the AHS conifer file. AHS is required to fix these issues before they can send us a production file.

### **Enrollment**

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

### **Health Suite**

- The Health Suite system continued to operate normally with an uptime of 99.99%.



### **TruCare**

- The TruCare system continued to operate normally with an uptime of 99.99%. There were 7,492 authorizations processed through the system.

### **Web Portal**

- The Web Portal Usage for the month of December 2018 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.
- Attempted information leaks detected and blocked at the firewall are slightly higher from 63 to 64 for the month.
- Email based metrics currently monitored are back to our normal expected rate of ( $\mu$ ) variances with a return to a reputation-based blocks for a total of 511.5 K.
- Network scans returned a value of 5 which is in line with previous month's data.
- Attempted User Privilege Gain is slightly lower at 260 from a previous six months average of 191.

# **Information Technology**

## **Supporting Documents**

## **Enrollment**

- See Table 1-1 “Summary of Medical and Group Care member enrolment in the month of December 2018”.
  - Summary of Primary Care Physician (PCP) Auto-assignment in the month of December 2018.
  - See Table 1-2 “Summary of Primary Care Physician (PCP) Auto-assignment in the month of December 2018”.
  - 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 December.

Month	Total MC <sup>1</sup>	MC <sup>1</sup> - Add/ Reinstatements	MC <sup>1</sup> - Terminated	Total GC <sup>2</sup>	GC <sup>2</sup> - Add/ Reinstatements	GC <sup>2</sup> - Terminated
December	258,216	5,690	6,707	5,887	199	157

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

- Table 1-2 Summary of Primary Care Physician (PCP) Auto-Assignment in the Month of December 2018.

Auto-Assignments	Member Count
Auto-assignments MC	1,881
Auto-assignments Expansion	1,227
Auto-assignments GC	47
PCP Changes (PCP Change Tool) Total	3,155

## **TruCare**

- See Table 2-1 “Summary of TruCare Authorizations for the month of December 2018”.
- Manually updated Authorizations in TruCare: 9,650.
- TruCare Application Uptime – 99.99%.
- The following table 2-1 is a supporting document from the TruCare summary section.

Table 2-1 Summary of TruCare Authorizations for the Month of December 2018.

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
<b>EDI-CHCN</b>	3,536	114	42	4	6	23	11	196	0	3,340
<b>EDI-Care Core National</b>	962	0	0	0	0	0	0	0	0	962
<b>Manual Entry</b>	0	0	0	0	0	0	0	0	3,190	3,190
<b>Total</b>										<b>7,492</b>

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 November 2018.

Group	Individual User Accounts	Individual User Accounts Accessed	Total Logins	New Users
<b>Provider</b>	2,611	2,282	208,348	167
<b>MCAL</b>	53,417	1,397	2,666	484
<b>IHSS</b>	2,162	63	124	20
<b>AAH Staff</b>	123	43	355	4
<b>Total</b>	<b>58,313</b>	<b>3,785</b>	<b>211,493</b>	<b>675</b>

- Table 3-2 Top Pages Viewed for the month of November 2018.

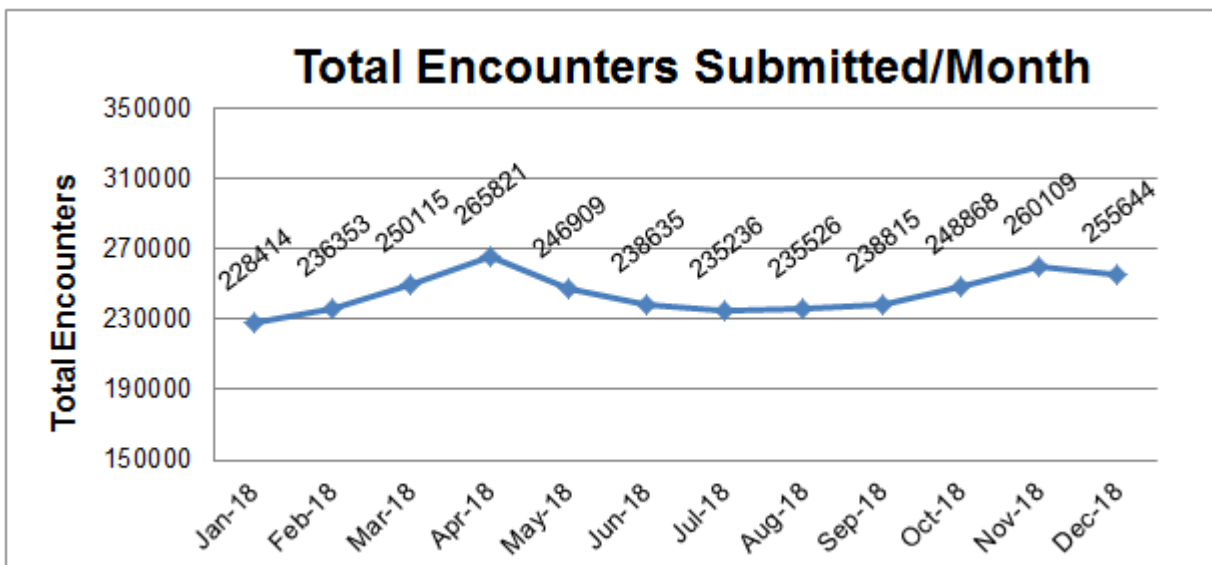
<b>Top 25 Pages Viewed</b>		
Category	Page Name	November-18
Provider	Member Eligibility	681,128
Provider	Claim Status	254,955
Provider	Member Roster	71,057
Provider	Authorization Status	7,715

Member - Eligibility	Member Eligibility	4,002
Member - Claims	Claims - Services	2,809
Member - Help Center	Find a Doctor or Facility	2,294
Member - Help Center	Member ID Card	1,740
Provider - Provider Directory	Provider Directory PCP/Specialist	543
Member - Help Center	Select/Change PCP	435
Member - Pharmacy	My Pharmacy Claims	389
Member - Help Center	Update My Contact Info	168
Member - Pharmacy	Pharmacy - Drugs	163
Member - Help Center	Contact Us	121
Provider - Provider Directory	Attestation	94
Member - Help Center	Authorizations & Referrals	83
Member - Forms/Resources	Authorized Representative Form	80
Provider – Provider Directory	Provider Directory - Facility	64
Member – Health/Wellness	Member Materials	58
Provider	Pharmacy	57
Member - Pharmacy	Pharmacy	54
Member – Health/Wellness	Personal Health Record - Intro	53
Member – Help Center	File a Grievance or Appeal	49
Member - Pharmacy	Find a Drug	37
Member – Health/Wellness	Personal Health Record - NoMoreClipboard	36

### **Encounter Data from Trading Partners**

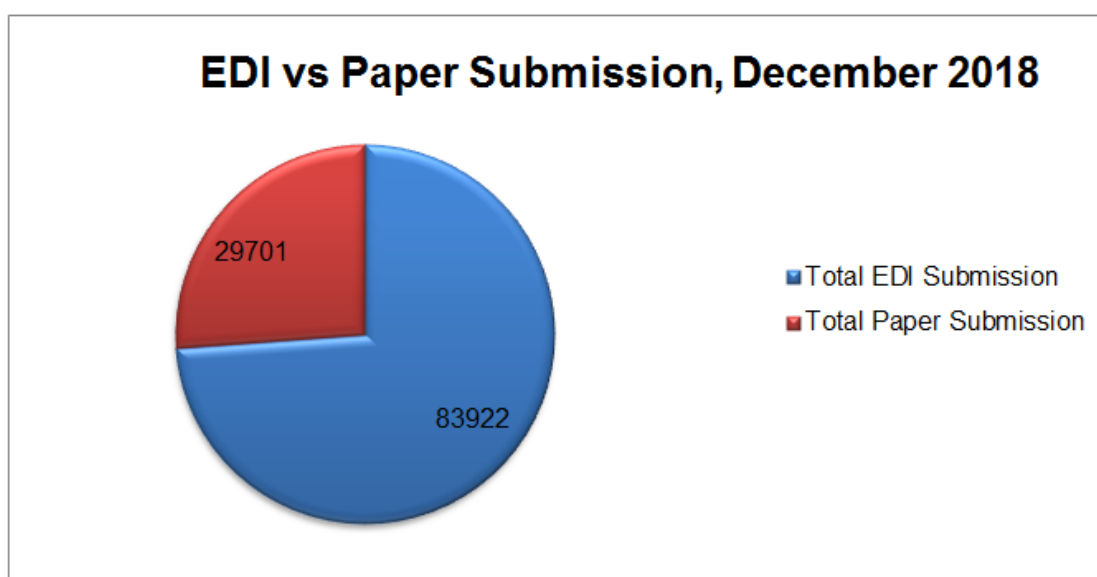
- AHS:
  - December weekly files (3,088 records) were received on time.
- Beacon:
  - December monthly files (8,435 records) were received on time.
- CHCN:
  - December weekly files (57,864 records) were received on time.
- CHME:
  - December monthly file (2,990 records) was received on time.
- CFMG:
  - December weekly files (9,462 records) were received on time.
- PerformRx:
  - December monthly files (192,898 records) were received on time.
- Kaiser:
  - December monthly files (33,145 records) were received on time.
  - December Kaiser Pharmacy – monthly files (19,297 records) were received on time.
- LogistiCare:
  - December weekly files (10,598 records) were received on time.

- March Vision:
  - December monthly file (2,909 records) was received on time.
- Quest Diagnostics:
  - December weekly files (13,530 records) were received on time.



#### HealthSuite Paper vs EDI Breakdown:

Period	Total EDI Submissions	Total Paper Submissions	Total claims
18-Dec	83922	29701	113623

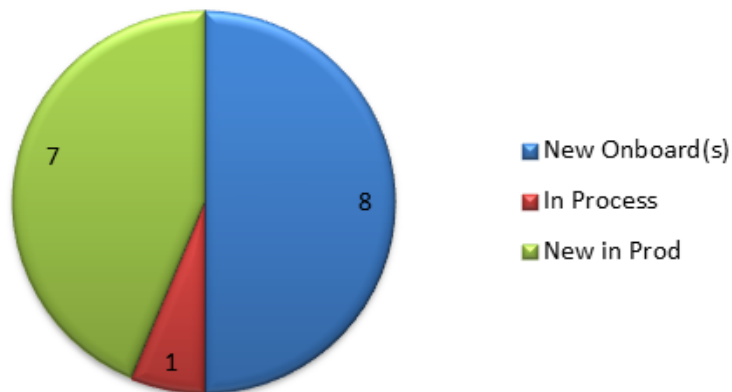


### Onboarding EDI Providers - Updates:

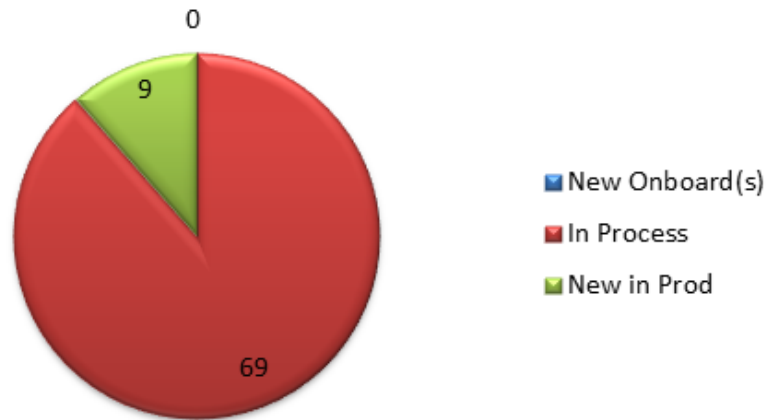
- December 2018 EDI Claims:
  - A total of 515 new EDI submitters have been added since December 2015, with 7 added in December 2018.
  - The total number of EDI submitters is 1247 providers.
- December 2018 EDI Remittances (ERA):
  - A total of 134 new ERA receivers have been added since December 2015, with 9 added in December 2018.
  - The total number of ERA receivers is 173 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
Jan-18	16	0	16	1041	3	39	2	141
Feb -18	12	0	12	1053	8	47	0	141
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

### 837 EDI Submitters - December 2018

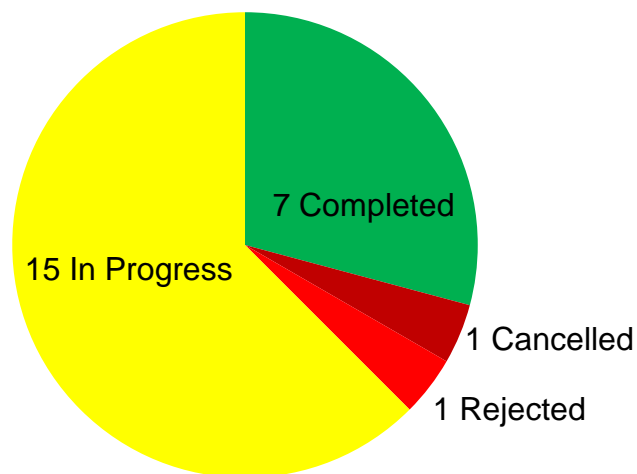


## 835 EDI Receivers - December 2018



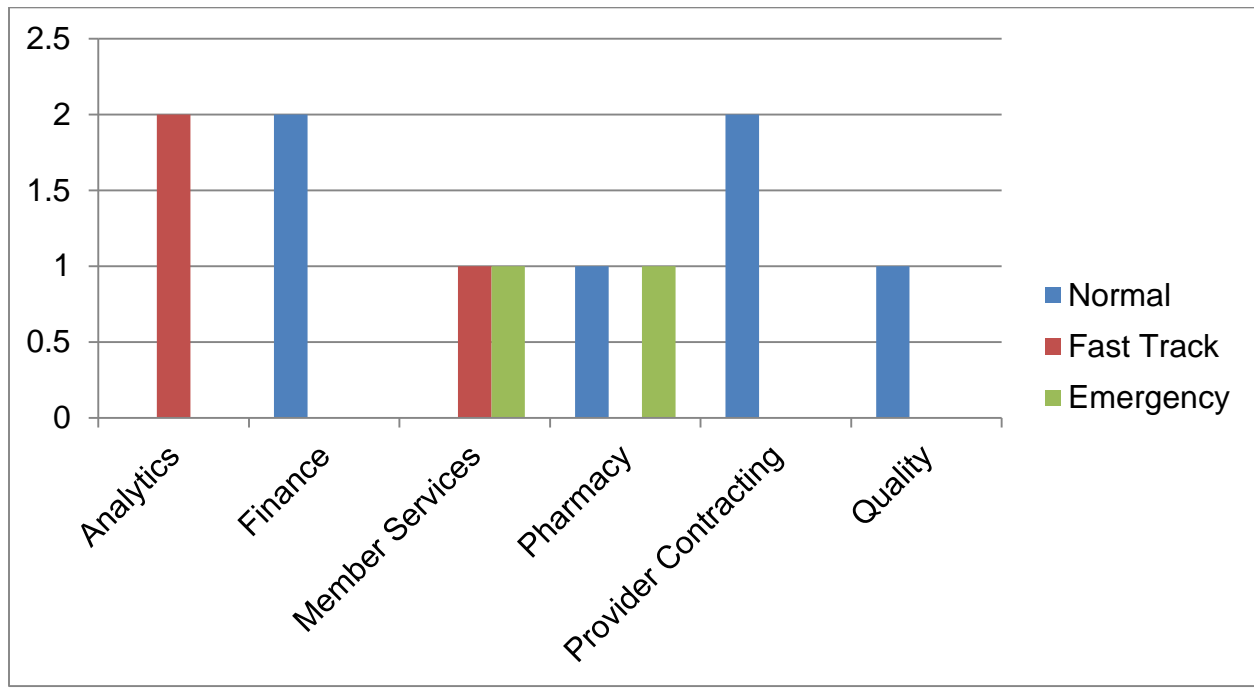
### Change Management Key Performance Indicator (KPI)

- Change Request Submitted by Type in the month of December.
  - 8 Normal CR.
  - 9 Fast Track CR.
  - 5 Emergency CR.
- 22 CRs Submitted/logged in the month of December 2018 resulting in:



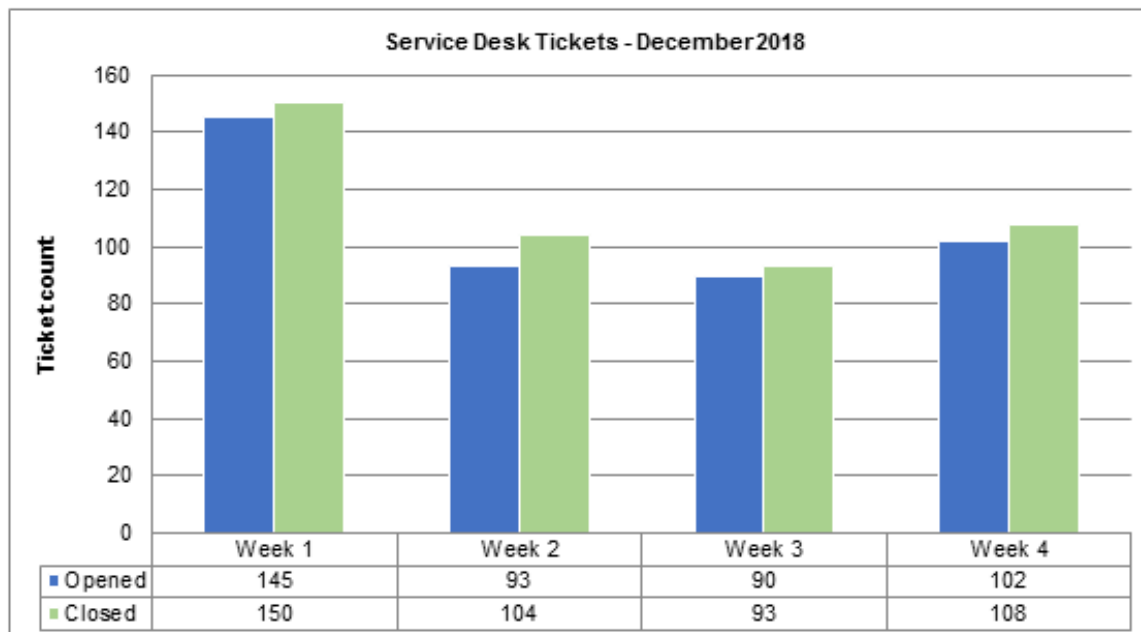


- **Business Units CRs Submitted**



### **IT Stats: Infrastructure**

- All mission critical applications are monitored and managed thoroughly. No outages occurred during the month of December.
- 430 Service Desk tickets were opened and 455 were closed during the month of December.



## **Information Security**

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

<b>Item / Date</b>	<b>18-Apr</b>	<b>18-May</b>	<b>18-Jun</b>	<b>18-Sep</b>	<b>18-Oct</b>	<b>18-Nov</b>	<b>18-Dec</b>
Stopped By Reputation	1,311K	1,998K	1,385K	631K	338K*	1058K	511.5K
Invalid Recipients	4	54	60	181	24*	49	26
Spam Detected	59.43K	72.87K	74.9K	10.8 K	27K*	58.8K	30.0K
Virus Detected	1	0	2	0	1*	2	0
Advanced Malware	1	1	10	84	3*	1	9
Malicious URLs	7,028	11,558	8,218	560	466*	1,023	284
Content Filter	6,272	5,926	4,873	64K	952*	2,801	7,357
Marketing Messages	12,953	12,211	6,982	942	3,063*	7,328	2,973
Attempted Admin Privilege Gain	113	164	3,129*	108	328*	288	626
Attempted User Privilege Gain	513	226	137	10	257	260	258
Attempted Information Leak	46	35	20	46	65	63	64
Potential Corp Policy Violation	5	31	34	9	13	21	16
Network Scans Detected	2	10	12	4	8	6	5
Web Application Attack	6	2	17*	11	10	9	47
Misc. Attack	0	1	6*	5	3	4	78

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

## All Intrusion Events

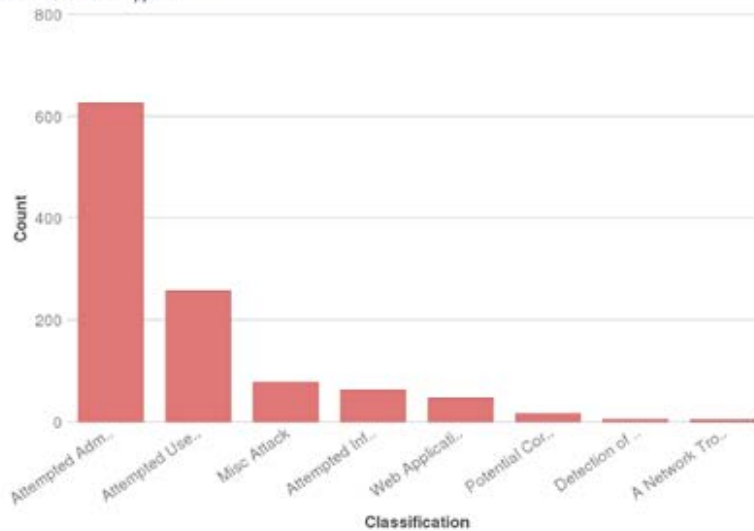
Time Window: 2018-12-01 09:37:00 - 2018-12-31 13:45:00



## Dropped Intrusion Events

Time Window: 2018-12-01 09:28:00 - 2018-12-31 13:46:00

Constraints: Inline Result = dropped



Classification	Count
Attempted Administrator Privilege Gain	626
Attempted User Privilege Gain	258
Misc Attack	78
Attempted Information Leak	64
Web Application Attack	47
Potential Corporate Policy Violation	16
Detection of a Network Scan	5
A Network Trojan was Detected	4

- The above graph represents the list of intrusion events attempted by various groups:
  - Attempted information leaks detected and blocked at the firewall are slightly higher from 63 to 65 for the month.
  - Attempted User Privilege Gain is slightly lower at 260 from a previous six months average of 191.



# **Analytics**

**Tiffany Cheang**

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

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

**Date: January 11, 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: October 2017 – September 2018 dates of service
  - Prior reporting period: October 2016 – September 2017 dates of service  
(Note: Data excludes Kaiser membership data.)
- For the Current reporting period, the top 7.3% of members account for 80.5% of total costs.
- In comparison, the Prior reporting period was slightly lower at 6.9% of members accounting for 79.4% 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 increased only slightly from 1.3% to 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 48% to 50%.
- Demographics for member city and gender follow the same distribution as the overall Alliance population.
- However, the age distribution of the top 7.3% 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

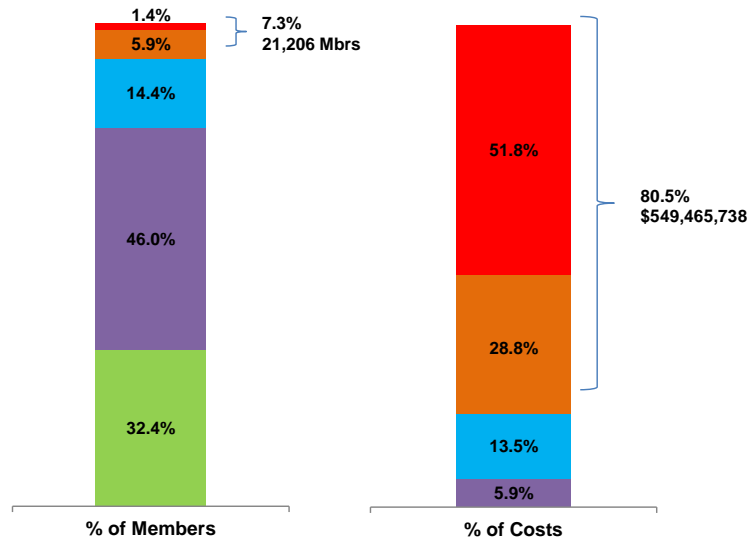
Lines of Business: MCAL, IHSS; Excludes Kaiser Members

Dates of Service: Oct 2017 - Sept 2018

Note: Data incomplete due to claims lag

Run Date: 12/28/18

Member Cost Distribution



Top 7.3% of Members = 80.5% of Costs

Cost Range	Members	% of Members	Costs	% of Costs
\$30K+	4,103	1.4%	\$ 353,169,997	51.8%
\$5K - \$30K	17,072	5.9%	\$ 195,966,450	28.8%
\$1K - \$5K	41,674	14.4%	\$ 92,040,045	13.5%
< \$1K	133,356	46.0%	\$ 40,436,815	5.9%
\$0	93,981	32.4%	\$ -	0.0%
<b>Totals</b>	<b>290,186</b>	<b>100.0%</b>	<b>\$ 681,613,307</b>	<b>100.0%</b>

Cost Range	Members	% of Total Members	Costs	% of Total Costs
\$100K+	954	0.3%	\$ 185,145,323	27.2%
\$75K to \$100K	496	0.2%	\$ 42,849,210	6.3%
\$50K to \$75K	1,020	0.4%	\$ 61,967,523	9.1%
\$40K to \$50K	665	0.2%	\$ 29,693,547	4.4%
\$30K to \$40K	968	0.3%	\$ 33,514,394	4.9%
<b>SubTotal</b>	<b>4,103</b>	<b>1.4%</b>	<b>\$ 353,169,997</b>	<b>51.8%</b>
\$20K to \$30K	2,005	0.7%	\$ 48,992,462	7.2%
\$10K to \$20K	5,886	2.0%	\$ 81,405,308	11.9%
\$5K to \$10K	9,181	3.2%	\$ 65,568,679	9.6%
<b>SubTotal</b>	<b>17,072</b>	<b>5.9%</b>	<b>\$ 195,966,450</b>	<b>28.8%</b>
<b>Total</b>	<b>21,175</b>	<b>7.3%</b>	<b>\$ 549,136,447</b>	<b>80.6%</b>

Enrollment Status	Members	Total Costs
Still Enrolled as of Sept 2018	231,899	\$ 591,819,812
Dis-Enrolled During Year	58,287	\$ 89,793,495
<b>Totals</b>	<b>290,186</b>	<b>\$ 681,613,307</b>

## 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

7.3% of Members = 80.6% of Costs

Lines of Business: MCAL, IHSS; Excludes Kaiser Members

Dates of Service: Oct 2017 - Sept 2018

Note: Data incomplete due to claims lag

Run Date: 12/28/18

## 7.3% of Members = 80.6% of Costs

33.0% of members are SPDs (Dual and Non-Dual combined) and account for 38.4% of costs.

31.0% of members are MCE and account for 30.0% of costs.

9.5% of members disenrolled as of Sept 2018 and account for 14.1% of costs.

### Member Breakout by LOB

LOB	Eligibility Category	Members with Costs >=\$30K	Members with Costs \$5K-\$30K	Total Members	% of Members
IHSS	IHSS	95	562	657	3.1%
MCAL	MCAL - ADULT	398	3,052	3,450	16.3%
	MCAL - BCCTP	1	2	3	0.0%
	MCAL - CHILD	118	1,383	1,501	7.1%
	MCAL - MCE	1,205	5,355	6,560	31.0%
	MCAL - SPD	1,623	4,405	6,028	28.5%
	MCAL - SPD-DUAL	61	896	957	4.5%
Not Eligible	Not Eligible	602	1,417	2,019	9.5%
<b>Total</b>		<b>4,103</b>	<b>17,072</b>	<b>21,175</b>	<b>100.0%</b>

### Cost Breakout by LOB

LOB	Eligibility Category	Members with Costs >=\$30K	Members with Costs \$5K-\$30K	Total Costs	% of Costs
IHSS	IHSS	\$ 6,454,195	\$ 6,121,509	\$ 12,575,704	2.3%
MCAL	MCAL - ADULT	\$ 28,582,300	\$ 34,114,319	\$ 62,696,620	11.4%
	MCAL - BCCTP	\$ 90,988	\$ 15,837	\$ 106,825	0.0%
	MCAL - CHILD	\$ 5,613,545	\$ 14,536,341	\$ 20,149,887	3.7%
	MCAL - MCE	\$ 104,753,637	\$ 60,182,408	\$ 164,936,045	30.0%
	MCAL - SPD	\$ 142,921,746	\$ 53,761,849	\$ 196,683,595	35.8%
	MCAL - SPD-DUAL	\$ 3,685,448	\$ 10,600,463	\$ 14,285,912	2.6%
Not Eligible	Not Eligible	\$ 61,068,138	\$ 16,633,722	\$ 77,701,860	14.1%
<b>Total</b>		<b>\$ 353,169,997</b>	<b>\$ 195,966,450</b>	<b>\$ 549,136,447</b>	<b>100.0%</b>

### % of Total Costs By Service Type

Cost Range	% of Total Costs By Service Type			Breakout by Service Type/Location						
	Trauma Costs	Hep C Rx Costs	Pregnancy, Childbirth & Newborn Costs	Pharmacy Costs	Inpatient Costs (POS 21)	ER Costs (POS 23)	Outpatient Costs (POS 22)	Office Costs (POS 11)	Dialysis Costs (POS 65)	Other Costs (All Other POS)
\$100K+	8%	1%	1%	12%	59%	2%	11%	5%	3%	2%
\$75K to \$100K	4%	3%	2%	17%	44%	2%	8%	6%	11%	4%
\$50K to \$75K	4%	3%	2%	24%	41%	3%	8%	6%	7%	5%
\$40K to \$50K	5%	4%	3%	18%	47%	5%	9%	8%	2%	7%
\$30K to \$40K	6%	4%	5%	20%	41%	7%	8%	8%	2%	9%
\$20K to \$30K	5%	5%	6%	21%	40%	8%	9%	9%	1%	8%
\$10K to \$20K	1%	0%	13%	18%	36%	7%	14%	12%	2%	7%
\$5K to \$10K	0%	0%	12%	23%	24%	9%	13%	18%	1%	8%
<b>Total</b>	<b>5%</b>	<b>2%</b>	<b>5%</b>	<b>17%</b>	<b>45%</b>	<b>5%</b>	<b>11%</b>	<b>9%</b>	<b>4%</b>	<b>5%</b>

### 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

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

42.1% of members are SPDs (Dual and Non-Dual combined) and account for 41.5% of costs.

29.0% of members are MCE and account for 29.7% of costs.

20.2% of members disenrolled as of Sept 2018 and account for 20.9% of costs.

### Member Breakout by LOB

LOB	Eligibility Category	Total Members	% of Members
IHSS	IHSS	15	1.6%
MCAL	MCAL - ADULT	63	6.6%
	MCAL - BCCTP	-	0.0%
	MCAL - CHILD	4	0.4%
	MCAL - MCE	277	29.0%
	MCAL - SPD	397	41.6%
	MCAL - SPD-DUAL	5	0.5%
Not Eligible	Not Eligible	193	20.2%
<b>Total</b>		<b>954</b>	<b>100.0%</b>

### Cost Breakout by LOB

LOB	Eligibility Category	Total Costs	% of Costs
IHSS	IHSS	\$ 2,473,866	1.3%
MCAL	MCAL - ADULT	\$ 11,637,982	6.3%
	MCAL - BCCTP	\$ -	0.0%
	MCAL - CHILD	\$ 465,407	0.3%
	MCAL - MCE	\$ 54,958,358	29.7%
	MCAL - SPD	\$ 76,076,218	41.1%
	MCAL - SPD-DUAL	\$ 777,783	0.4%
Not Eligible	Not Eligible	\$ 38,755,708	20.9%
<b>Total</b>		<b>\$ 185,145,323</b>	<b>100.0%</b>





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: January 11, 2019**

**Subject: Human Resources Report**

**Staffing**

- As of January 1, 2019 the Alliance had 289 full time employees and 2-part time employees.
- On January 1, 2019 the Alliance had 28 open positions and had received signed offer acceptances from 8 people for start dates in the future resulting in a total of 36 positions total. The Alliance is actively recruiting for the remaining 36 positions and several of those are in the interviewing or job offer stage.
- Summary of open positions by department

Department	Position	Offers Accepted
Healthcare Services	13	3
Operations	6	1
Healthcare Analytics	1	1
Information Technology	3	2
Finance	3	1
Human Resources	2	
Signed Offers Accepted	8	
Total	36	

- Our current open positions rate is 11%.

## **Employee Recognition**

- Employees reaching major milestones in their length of service at the Alliance in December 2018 included:
  - 6 years:
    - Elizabeth Nunez (Member Services)
    - Kathy Gordon (IT Applications)
  - 7 years:
    - Brian Beck (Facilities & Support Services)
    - Annie Lam (Provider Services)
  - 8 years:
    - Loren Mariscal (Complaints & Resolutions)
  - 14 years:
    - Monica Cabral (Claims)
  - 20 years:
    - Famina Perry (Claims)