



Board of Governors

Regular Meeting

Friday, April 12, 2019
12:00 p.m. – 2:00 p.m.

1240 South Loop Road, Alameda, CA 94502

AGENDA

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

1240 South Loop Road
Alameda, CA 94502

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

1. CALL TO ORDER

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

2. ROLL CALL

3. AGENDA APPROVAL OR MODIFICATIONS

4. INTRODUCTIONS

5. CONSENT CALENDAR

(All matters listed on the Consent Calendar are to be approved with one motion unless a member of the Board of Governors removes an item for separate action. Any consent calendar item for which separate action is requested shall be heard as the next Agenda item.)

a) REVIEW AND APPROVE MARCH 2019 BOARD OF GOVERNORS MEETING MINUTES

6. BOARD MEMBER REPORTS

a) COMPLIANCE ADVISORY GROUP

b) FINANCE COMMITTEE

7. BOARD BUSINESS

- a) REVIEW AND APPROVE FEBRUARY 2019 MONTHLY FINANCIAL STATEMENTS**
- b) UTILIZATION TRENDS REVIEW**
- c) HEALTH SERVICES UPDATE – EPSDT AND CASE MANAGEMENT SERVICES**

8. CEO UPDATE

9. STANDING COMMITTEE UPDATES

- a) PEER REVIEW AND CREDENTIALING COMMITTEE**
- b) HEALTH CARE QUALITY COMMITTEE**
- c) PHARMACY AND THERAPEUTICS COMMITTEE**
- d) MEMBERS ADVISORY COMMITTEE**

10. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS

11. PUBLIC COMMENTS (NON-AGENDA ITEMS)

12. CLOSED SESSION

- a) EXISTING LITIGATION: Paragraph (1) of subdivision (d) Section 54956.9; 1 case: In the Matter of Silingo V Mobile Medical Exam, et al. Case # SACV13-1348-FMO (SHx).**

13. ADJOURNMENT

NOTICE TO THE PUBLIC

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

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

NOTICE TO THE PUBLIC

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

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

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

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

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

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

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

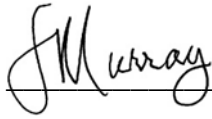
Supplemental Material Received After The Posting Of The Agenda: Any supplemental writings or documents distributed to a majority of the Board regarding any item on this agenda after the posting of the agenda will be available for public review Alameda Alliance for Health Offices located 1240 S. Loop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

Submittal of Information by Members of the Public for Dissemination or Presentation at Public Meetings (Written Materials/handouts): Any member of the public who desires to submit documentation in hard copy form may do so prior to the meeting or at the time he/she addresses the Board of Governors. Please provide 15 copies of the information to be submitted and file with the Clerk of the Board at the time of arrival to the meeting. This information will be disseminated to the Board of Governors at the time testimony is given.

Americans With Disabilities Act (ADA): It is the intention of the Alameda Alliance for Health to comply with the Americans with Disabilities Act (ADA) in all respects. If, as an attendee or a participant

at this meeting, you will need special assistance beyond what is normally provided, the Alameda Alliance for Health will attempt to accommodate you in every reasonable manner. Please contact the Clerk of the Board, Jeanette Murray at 510-747-6160 at least 48 hours prior to the meeting to inform us of your needs and to determine if accommodation is feasible. Please advise us at that time if you will need accommodations to attend or participate in meetings on a regular basis.

I hereby certify that the agenda for the Board of Governors meeting was posted in the posting book located at 1240 S. Loop Road, Alameda, California on April 9, 2019 by 12:00 p.m. as well as on the Alameda Alliance for Health's web page at www.alamedaalliance.org.

A handwritten signature in black ink, appearing to read "JMurray", is written over a horizontal line.

Clerk of the Board – Jeanette Murray



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Board of Governors Minutes

**ALAMEDA ALLIANCE FOR HEALTH
BOARD OF GOVERNORS
REGULAR MEETING**

**March 8, 2019
12:00 pm – 2:00 pm
1240 South Loop Road, Alameda, CA**

SUMMARY OF PROCEEDINGS

Board Members Present: Dr. Evan Seevak (Chair), Rebecca Gebhart (Vice Chair), Scott Coffin, Feda Almaliti, Dr. Noha Aboelata, Wilma Chan, Dr. Rollington Ferguson, Delvecchio Finley, Marty Lynch, Dr. Kelly Meade, Nick Peraino, Will Scott, Travis Stein, and David Vliet

Excused: Aarondeep Basrai, Dr. Michael Marchiano

Alliance Staff Present: Scott Coffin, Tiffany Cheang, Dr. Steve O'Brien, Gil Riojas, Anastacia Swift, Matt Woodruff, and Jeanette Murray

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
1. CALL TO ORDER			
E. Seevak	The regular board meeting was called to order by E. Seevak at 12:06 PM. A board quorum was established by a simple majority for the meeting.	None	None
2. ROLL CALL			
E. Seevak		None	None
3. AGENDA APPROVAL OR MODIFICATIONS			
E. Seevak	There were no modifications to the agenda.	None	None
4. INTRODUCTIONS			
E. Seevak	Dr. Kelly Meade was introduced as the newest member of the Board. Dr. Meade was born and raised in Oakland, and she is a general Pediatrician. She has been with Children's Hospital, Oakland for 23 years. Her most recent position was as Medical Director of UHC. Children's Hospital is now Benioff Children's Hospital and is affiliated with the Health System of UCSF. Dr. Meade's most recent role is with the UCSF School of Medicine Dean's Office.	None	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
5. CONSENT CALENDAR			
E. Seevak	<p>E. Seevak requested a motion to approve the Consent Calendar:</p> <ul style="list-style-type: none"> February 8, 2019 Board of Governors Meeting Minutes. <p>M. Lynch moved to approve the Consent Calendar. D. Vliet seconded the motion. The motion passed unanimously.</p>	<p>Motion: W. Chan Second: N. Aboelata Motion passed unanimously.</p>	None
6. a. BOARD MEMBER REPORT – COMPLIANCE ADVISORY GROUP			
R. Gebhart	<p>R. Gebhart provided the following updates from the Compliance Advisory Committee. Board members who participated were N. Aboelata, T. Stein, F. Almaliti, and W. Scott. The committee tracks DHCS, DMHC, and internally identified findings.</p> <ul style="list-style-type: none"> There are a total of 95 findings that we are tracking and 89% have been completed. The remaining 11% of state findings are still in progress to be completed by the next meeting. A particular finding that was called out for discussion was the Notice of Authorization letter process. The finding was that the letters were not clear, concise, or at the sixth (6th) grade reading level. The Alliance has an NCQA (National Committee for Quality Assurance) expert currently reviewing applicable letters and templates and applying NCQA best practices to them. Other specific findings discussed related to receiving final documentation or having a particular Corrective Action Plan finalized and made ready for the verification process. There are two audits related to the California State Auditor office that we will be tracking. 1) Medi-Cal eligibility discrepancies audit which reviewed enrolled Medi-Cal members that were discovered to be deceased. We are waiting to see what the State will do regarding potential recoupment of revenue paid for those deceased members. 2) We are anticipating the release of the second California State Auditor Report on EPSDT (Early and Periodic Screening, Diagnostic, and Treatment). The focus on EPSDT is anticipated to refining and increasing metrics on pediatric services. The DMHC Financial Audit is scheduled for November. The next DMHC Medical Services Audit will take place in June/July. 	None	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>M. Lynch asked for a summary of the items that are a specific cause for concern.</p> <p>R. Gebhart responded that the biggest issues are as follows:</p> <ul style="list-style-type: none"> • Complex Case Management. • Technology – reducing manual workarounds. • State Focus of Delegation oversight and our role in that. 		
6.b. BOARD MEMBER REPORT– FINANCE COMMITTEE			
R. Ferguson	<p>R. Ferguson reported from the Finance Committee meeting on March 5th. Board member, M. Marchiano also attended this meeting.</p> <ul style="list-style-type: none"> • TNE continues to remain stable. • Administrative costs are back under budget after two months of being slightly above. • Projected budgeted loss is approximately \$20 million less than anticipated. We are currently at a \$1 million Net Loss. • Membership continues to decline. S. Coffin and team are “digging down” to get answers. 	None	None
7. CEO UPDATE			
S. Coffin	<p>S. Coffin provided the following updates:</p> <ul style="list-style-type: none"> • Reported on budgeted net loss vs. actual. • MLR is running 2.7% less than original budget leading to \$20M favorable variance. • Second quarter forecasts a year-end \$10.7M net loss vs. original projected net loss of \$38M. • Enrollment down statewide. Governor’s budget estimates further decline throughout the state. • March 11 presentation to County regarding enrollment trends throughout Alameda County. This is a joint partnership presentation with Social Services Agency, and Health Care Services Agency. • Budgeting process began in February and will be completed in May. A preliminary budget will be presented to the Board in June so that we have a working budget for the new fiscal year on July 1. We will receive our final rates from the Department of Health Care Services (DHCS) sometime in July and will return to the Board with a final Budget for approval in August. 	None	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<ul style="list-style-type: none"> Operations dashboard (red areas): <ul style="list-style-type: none"> Our vacancy rate is currently at 14%. Our internal goal is 10%. We currently have 37 vacancies. Provider Disputes & Resolutions overturn rate is currently at 29%, and our internal benchmark is 25%. This is partly due to reorganization of the departments. In January we transitioned Case Management programs together for the purpose of expanding capacity for the Whole Person Care pilot (AC3 program), and to prepare for upcoming Health Homes Program implementation. There are zeros in the case management program section of the packet due to delay in reporting since combining case management. <p>M. Lynch asked if it is possible to include at least the most current numbers in the dashboard, even if they are not the most up-to-date. Dr. O'Brien answered that it was an oversight on his part and reported the current numbers to the board. Health Home Pilot currently has 173 members, and AC3 (Alameda County Care Connect) currently has 274 members, which includes Care Neighborhood members.</p> <ul style="list-style-type: none"> Governor's budget proposal highlights: <ul style="list-style-type: none"> Strong emphasis on preventative health for children. Access to healthcare for young adults up to age 26. Develop a single-payer system for pharmaceuticals, results in carving out pharmacy services from the managed care system and transitioning into the fee-for-service system by January 2021. Plan due out from DHCS in July. <p>R. Gebhart asked if there could be a deep dive into the 340B plan at the next board meeting so that the board can have a working understanding of the program and the implications. S. O'Brien gave a high-level overview of the program. S. Coffin further offered that information would be sent to the Board for review and possible discussion at the next Board meeting.</p> <ul style="list-style-type: none"> 340B Outpatient Drug Administration : <ul style="list-style-type: none"> The 340B program provides brand and generic drugs outpatient drugs to eligible health care organizations and covered entities at 		<p>Deep dive into 340B for general Board understanding</p>

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>significantly reduced prices. In preparation for regulatory filing requirements the Alliance is launching a two-phase project that would establish a "340B clearinghouse" for purposes of encounter reporting, and subsequently develop a 340B payment methodology for outpatient drugs that complies with the DHCS payment methodology (SPA 17-002).</p> <ul style="list-style-type: none"> o The high-cost single source brand drugs are more than 90% of the 340B eligible fills (e.g., oncology, hematology, rheumatology, ophthalmology). Generic drugs represent approx. 10% or less of the 340B-eligible fills. o The rollout of the Alliance's 340B Compliance Program is divided into two phases, and would be completed by the end of 2019: <ul style="list-style-type: none"> ▪ Phase One: By July 2019, Alliance establishes a clearinghouse "exchange" to reconcile 340B purchases and report to the Department of Health Care Services as part of the regulatory encounter filings. ▪ Phase Two: By December 2019, Alliance sets up a transparent "340B drug formulary" and reimburses pharmacies for actual acquisition costs plus dispensing fees for covered brand and generic drugs administered to Alliance patients. DHCS is issuing final instructions to health plans in Q1-2019. <p>M. Lynch asked about Phase 2 of 340B Program. S. O'Brien explained it is in regards to reimbursement. The State will reimburse actual costs plus a dispensing fee. Additionally, under the proposed program, each plan needs to decide how we will reimburse covered entities for these drugs.</p> <p>E. Seevak commented regarding Alliance's role and asked for clarification. S. O'Brien answered we are a middle man/payer.</p> <p>M. Lynch asked D. Finley and K. Meade how public hospitals and public clinics are involved and what their exposure to it is. D. Finley answered that they are very concerned and gave a brief overview of how the discounts are being used currently. The concern is that the discounts used to be given to the covered entities directly and now the State will take them up front and will reimburse the plan actual costs. The loss of these funds to the covered entities directly will likely impact other programs that the funds were being used for. K. Meade responded that</p>		<p>Homework on LA County</p>

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>CHO is using it only in niche programs and brought up LA County to which D. Finley gave some insight. D. Finley also offered that the new Health Care Services Director comes from LA County. S. O'Brien provided a final contribution offering reassurance that we are taking all concerns into consideration and will be made part of the overall conversation when making these decisions.</p> <ul style="list-style-type: none"> • Regulatory audits. As R. Gebhart reported, there will be two routine audits later this year. • Health Home Program – Application completed ahead of the deadline to the state and awaiting decision from State. If approved, the Alliance would officially start the program on July 1, 2019. Specific recognition to Dr. Steve O'Brien, Dr. Michelle Schneidermann, and our safety-net community partners (AHS, CHCN, HCSA, community health centers, and community-based care management entities) for committing to the Health Home Pilot back in 2016. • CA State Auditor's office has launched two separate audits of State Agencies and the Alliance was interviewed and will likely be cited in the final report. <ul style="list-style-type: none"> ○ The first is related to children's services /EPSDT. ○ The second is related to Medi-Cal eligibility discrepancies. Specifically relating to deceased enrollee potential takeback. The reports will be made available around the third (3rd) quarter of this year. <p>F. Almaliti asked how we get notified that the member is deceased. S. Coffin answered that the dis-enrollment process happens at the county level. He further offered that it seems to be more an issue of timeliness of reporting deceased status rather than not being reported at all.</p> <p>R. Ferguson and N. Aboelata commented regarding the reporting process. The physician typically signs the death certificate, but there is currently no mechanism to report this to the plan.</p> <ul style="list-style-type: none"> • Quality Improvement & Regulatory Enforcements. <ul style="list-style-type: none"> ○ DHCS announced they would be raising the minimum performance levels for health care measures, and that financial penalties and sanctions could result for managed care health plans failing to 		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>meet the minimum requirements which will be defined in the pending All Plan Letter (APL).</p> <p>M. Lynch asked a question regarding the new Deputy Director for Community Health for LA County Department of Health Services, Dr. Mark Ghaly, and his experience with the homeless and indigent population. D. Finley stated that he had worked with Dr. Ghaly in LA and offered that Dr. Ghaly did a lot of integrated work with jail and behavioral health. K. Meade added that he started in San Francisco and then was recruited to LA County, and has a lot of health center experience and working with incarcerated youth.</p>		
8.a. BOARD BUSINESS – REVIEW AND APPROVE FINANCIAL STATEMENTS			
G. Riojas	<p>G. Riojas provided the following financial updates for January:</p> <ul style="list-style-type: none"> • Net Loss of \$1.4 million; budgeted Net Loss of \$3.1 million. Actual YTD Net Loss of \$983,000; budgeted YTD Net Loss of \$20.9 million. • Enrollment decreased by 2,664. Current enrollment is at 261,526. Medicaid enrollment across the United States is down by 600,000 members, primarily in the child category of aid. • Revenue \$74.5 million; budgeted revenue \$74.5 million. • Actual Medical Expenses \$72.1 million; budgeted medical expense \$73.5 million. • Medical Loss Ratio 96.7% for the month and 95.1% YTD; budgeted 98.9% for YTD. • Administrative Expenses \$4.2 million; budgeted \$4.6 million. YTD actual administrative expense \$30.1 million vs. budgeted \$31.3 million. • YTD interest income from investments is \$3.6 million, and YTD claims interest expense is \$396,000. • Tangible net equity (TNE) continue to remain healthy 596% of the required amount, with a surplus of \$157.4 million. • Balance Sheet: Cash \$228.3 million; \$182.6 million is uncommitted. <p>D. Vliet asked how we compare to other plans of our size in regards to fiscal position this time of the year. G. Riojas answered we have a good balance being pretty much right in the middle in nearly all categories. All plans saw an uptick in medical expenses at the beginning of the fiscal</p>		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>year, but all the plans have leveled off like we did but no real explanation.</p> <p>E. Seevak reiterated that other plans are seeing a “leveling off” of medical expense. G. Riojas confirmed.</p> <p>M. Lynch asked what the greatest contributor to the success we are seeing in our finances is, if not for the initiatives and efforts of the Alliance. G. Riojas answered that it’s not so much that medical expenses are going down, so much as they are not as high as we originally anticipated they would be.</p> <p>D. Finley asked if there can there be additional intelligence into the trend and how we use that assumption and incorporate it into the forecast/budget. S. Coffin added that we would come back with more reporting and understanding how assumptions are made. Hesitant to take credit for savings until proper vetting can be done.</p> <p>N. Aboelata contributed to the conversation asking when we would feel comfortable making the connection between savings and our interventions. E. Seevak also asked if other case management programs might be contributing as well and not just the complex case management pilots. S. O’Brien answered it is cumulative processes and actions that are contributing to the decline in expenses, but we are looking to quantify via ROI which programs are helping the most.</p> <p>T. Stein asked if there was a specific assessment phase with ROI and outcomes structured into the pilot program. G. Riojas answered that outcomes and ROI was not part of the pilot program, but it will be part of the actual program.</p> <p>R. Ferguson asked if we had any outcomes data on our pilot. S. O’Brien answered that because we had multiple pilots going on simultaneously and we are now diving into the data to determine which programs were more successful than others. T. Cheang also contributed that we are currently analyzing data for ROI measures.</p>		<p>Benchmarks against other plans</p>

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>K. Meade added the perspective that it took her organization two years to see a change in utilization when they had a similar type of program.</p> <p>T. Stein and N. Aboelata commented about the need to understand the expectations of timelines for results so the Board can have the necessary confidence to be able to ask the right questions necessary to move forward with future pilots and programs. R. Gebhart suggested at a future meeting we can have a presentation.</p>	<p>Motion: T. Stein Second: M. Lynch Motion passed.</p>	
8. b. BOARD BUSINESS – SECOND QUARTER 2019 FORECAST			
G. Riojas	<p>G. Riojas provided the following 2019 Q2 Forecast:</p> <ul style="list-style-type: none"> Original budgeted loss was \$37.8M; Q2 reduced that loss to \$10.7M which is driven by medical and administrative expenses. Biggest contributing factor is the trends we anticipated in catastrophic cases did not materialize. <p>E. Seevak asked for our definition of a catastrophic case. G. Riojas answered that it applies to cases that exceed a certain dollar amount and for the Alliance, that amount is anything over \$100,000.</p> <ul style="list-style-type: none"> Administrative expenses are anticipated to be lower than budgeted. Medical Loss Ratio (MLR) is anticipated to be 2.7% lower at 96.2%. TNE at year-end is higher than anticipated at \$174M and 541.8%. <p>D. Vliet asked what a Global Subcontractor is. G. Riojas answered that this refers to our Kaiser contract.</p> <ul style="list-style-type: none"> \$6.3M Favorable Rate Variance in our anticipated Inpatient Expenses. This is due to largely to originally forecasted higher number of stop-loss cases. Based on historical levels, we anticipated a \$10M impact; however, due to fewer than anticipated cases reaching that stop-loss figure, the impact was \$3.7M, leaving the \$6.3M favorable variance. <p>A lengthy discussion regarding Stop-Loss ensued amongst Board members resulting in the understanding that the Stop-Loss issue is related to our contract with Alameda Health Systems Hospitals and that</p>	None	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>overall the current data suggests that we will not have as many of these catastrophic cases as we originally budgeted for the remainder of the fiscal year. It is a number that has some variability, but if that number stays the same at 14, there could be some additional savings.</p> <p>E. Seevak asked for clarification to the point that we are not paying as much more to AHS as we anticipated, G. Riojas answered that utilization is not as high as we thought it would be, but the rates have gone up significantly.</p> <p>F. Almaliti asked if our reinsurance covers the stop-loss cases. G. Riojas answered that reinsurance covers us up to a certain percentage. So if a case goes above \$550K, stop-loss for us kicks in, and then a reinsurer will pay things above there. It's a little bit different with the contracts. One of the things the reinsurer does is look at some of the contracts, and they want to make sure they are reinsuring things they want to reinsure, and this is something they may look at and say it needs to be carved out. It's not as if the reinsurer kicks in after a certain amount; they are very particular about what they cover and what they won't.</p> <p>F. Almaliti asked how many inpatient days triggers the stop-loss. G. Riojas affirmed that it was a very good question and it is what we try to estimate. We had used a measure of days, and we projected that going forward, but what we're seeing is that wasn't the thing that would trigger the stop-loss, and so now we are reevaluating what baseline we should use for that. Is it a higher number of days? The type of care that they're getting? Those are all things that we're looking into for our next year and the rest of this year.</p> <ul style="list-style-type: none"> • \$102M in fees paid to Alameda County for deceased enrollees. Potential recoupment could affect future forecast. However it is anticipated that if the State decides to recoup any of this, it will likely hit next fiscal year budget/forecast. 		
9.a. STANDING COMMITTEE UPDATES – PEER REVIEW AND CREDENTIALING COMMITTEE			
S. O'Brien	<p>S. O'Brien provided a summary of the most recent Peer Review and Credentialing Committee Meeting, which was held on February 19, 2019.</p> <ul style="list-style-type: none"> • There were 19 initial providers credentialed. 		None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<ul style="list-style-type: none"> 9 primary care, 3 specialty care, 3 ancillary, and 4 mid-level practitioners. There were 28 providers re-credentialed. 		
10. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS			
S. Coffin	<ul style="list-style-type: none"> 340B summary to be distributed. Health utilization patterns year-over-year – compare to at least two other regions with public plans. Timelines for reporting benefits of our different programs. 	None	None
11. PUBLIC COMMENTS (NON-AGENDA ITEMS)			
E. Seevak		None	None
12. ADJOURNMENT			
E. Seevak	The meeting was adjourned at 2:00 PM.	None	None

Respectfully Submitted By:
Christine E. Corpus, Executive Assistant to the Chief Financial Officer



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CEO Update

Scott Coffin

To: Alameda Alliance for Health Board of Governors

From: Scott Coffin, Chief Executive Officer

Date: April 12, 2019

Subject: CEO Report

- **Operations Performance & Projections.**

- Fiscal year-to-date net income \$2.0M, 8 months of reporting into fiscal year 2018/2019. Revenues are \$11 million higher than budget, medical expense \$13.7 million below budget at 94.8%, and administration expenses are \$1.8 million below budget at 5.5%.
- Fiscal year 2019/2020 preliminary budget in June, and final budget to be presented to the Board of Governors for approval in September.
- Medi-Cal membership trends and impact to revenue next year.

- **Scheduled & Pending Regulatory Audits.**

- Routine medical survey audit in June 2019 by the DHCS (A&I), including EPSDT and delegation oversight.
- Finance & Claims Audit in November 2019 by the DMHC.
- Medical Loss Ratio investigation to be scheduled in 2019, conducted by the Federal Office of Inspector General. The DHCS completed an audit in 2017-2018 and published findings.

- **Regulatory Compliance Priorities in 2019.**

- DHCS to measuring and auditing health plan performance in three categories: Quality, Delegation Oversight, and Encounter Data Reporting.
- Sanctions and financial penalties by DHCS to start in calendar year 2019.

- **Cost Containment & Operational Efficiency Initiatives.**

- Preliminary benefits timeline for community-based models and internal services (see attached page).
- System enhancements, changes to workflows, and new technology.

Alameda Alliance for Health
Preliminary Timeline for Reporting of Program Benefits

#	Initiative	Description	Program Type	Start Date	Benefits Reported
1	Pharmacy Utilization	Revision to contracted rates, increase in rebate dollars earned, and utilization-based changes to the pharmacy services.	Internal Utilization Management	January 2019	June 2019
2	Inpatient Denials	Application of medical necessity guidelines in contracted hospitals to ensure admissions are based on clinical guidelines. The outcome of this program is to deny inappropriate claims that do not meet medical necessity guidelines.	Internal Case Management	September 2018	July 2019
3	Hospital Outpatient - Out of Network	Alliance members coordinated to in-network hospitals for elective outpatient services.	Internal Case Management	May 2018	July 2019
4	Care Neighborhood	Case management program operated by the Community Health Center Network at 20 sites throughout Alameda County. Approximately \$2.5M paid to CHCN in calendar years 2017 and 2018.	Community-based Case Management	January 2017	August 2019
5	Health Homes (Pilot)	Self-funded case management pilot program. Total of \$1.5M invested into community-based care models in Alameda County across 15 sites, and linked with Whole Person Care initiative (AC3). Program transitions to federally funded model in July 2019 (application pending DHCS approval).	Community-based Case Management	July 2017	January 2020
6	Hospital Inpatient - Length of Stay	Discharge planning with contracted hospitals to expedite the transition of the patient into the home or other care setting (e.g. skilled nursing, respite, recuperative beds).	Internal Case Management	January 2019	June 2020

EXECUTIVE DASHBOARD

APRIL 2019

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

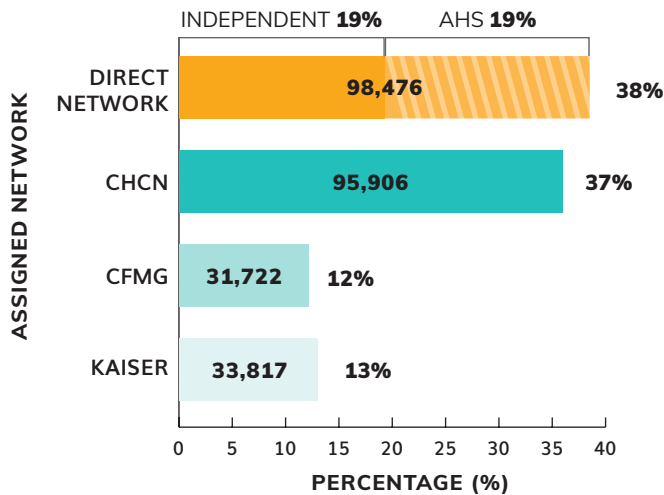
MEMBERSHIP

259,921

TOTAL MEMBERSHIP

IHSS 5,854 | MEDI-CAL 254,067

DISTRIBUTION OF ALL MEMBERSHIP BY ASSIGNED NETWORK

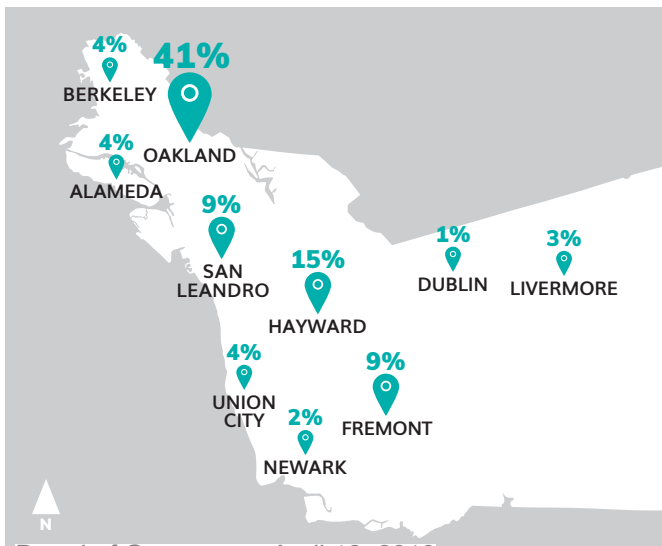


DISTRIBUTION OF MEMBERSHIP BY CITY

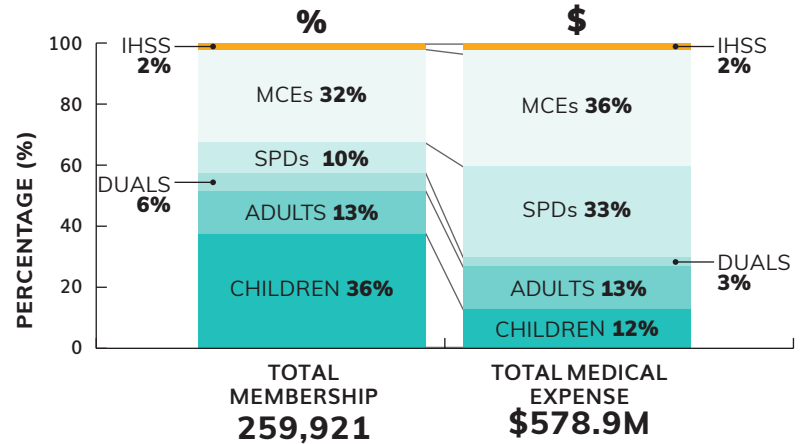
92%

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

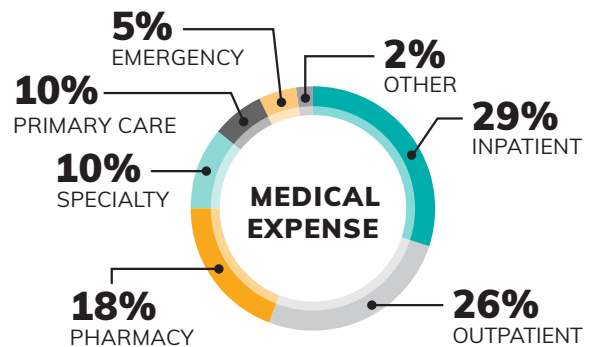


DISTRIBUTION OF MEDICAL EXPENSE BY MEMBERSHIP CATEGORY



REVENUE & EXPENSES

	FEBRUARY 2019	FISCAL YTD
REVENUE	\$83.9M	\$611M
MEDICAL EXPENSE	(\$77.6M)	(\$578.9M)
ADMIN EXPENSE	(\$3.8M)	(\$33.9M)
OTHER	\$422K	\$3.8M
NET INCOME	\$3M	\$2M



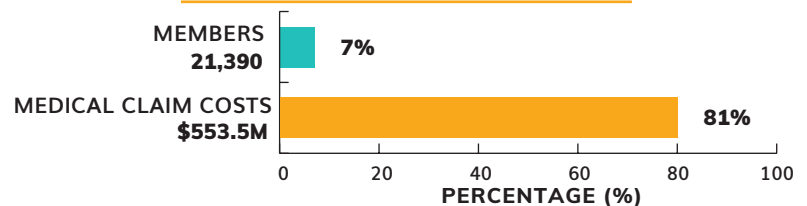
TANGIBLE NET EQUITY*

592%



\$192M

HIGH UTILIZER DISTRIBUTION*



*REPORTING 4 MONTH LAG

UTILIZATION*



5,348

INPATIENT
BED DAYS



7,566

EMERGENCY
ROOM VISITS



4.4 DAYS

AVERAGE
LENGTH OF STAY

*REPORTING 2 MONTH LAG

CASE AND DISEASE MANAGEMENT*

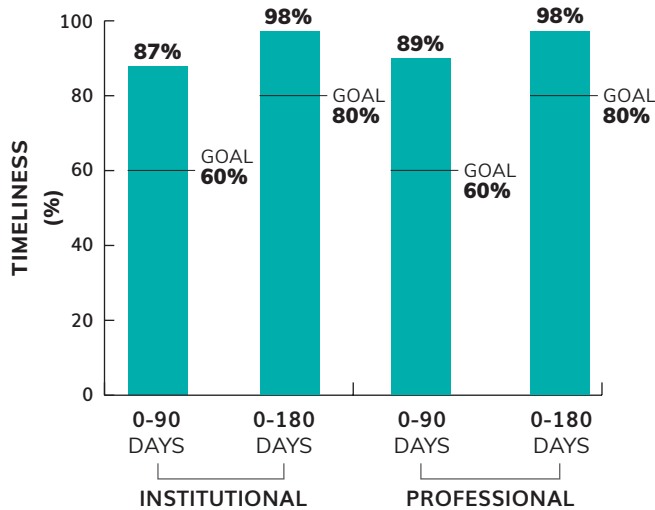
	NEW CASES	TOTAL ENROLLED
CARE COORDINATION	180	399
COMPLEX CASE MANAGEMENT	66	119
HEALTH HOMES	17	166
WHOLE PERSON CARE (AC3)	28	325
TOTAL	291	1,009

*REPORTING 2 MONTH LAG

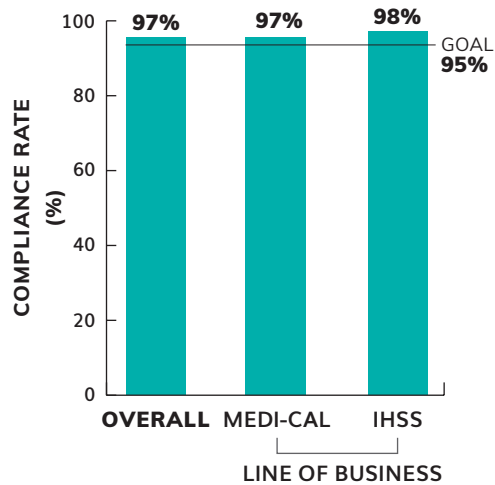
REGULATORY COMPLIANCE

ALL REGULATORY COMPLIANCE MEASURES ARE IN COMPLIANCE.

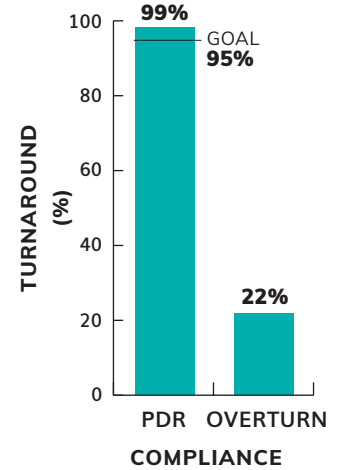
ENCOUNTER DATA



MEDICAL AUTHORIZATIONS



PROVIDER DISPUTES & RESOLUTIONS



CALL CENTER



18,732

CALLS
RECEIVED



75%

ANSWERED IN
30 SECONDS



6%

CALLS
ABANDONED



118,543

PROCESSED
CLAIMS



73%

AUTO-
ADJUDICATED



30 DAYS

PROCESSED
PAYMENTS

STAFF & RECRUITING



298

TOTAL
EMPLOYEES



8

HIRED IN THE
LAST 30 DAYS



14%

CURRENT
VACANCY



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

Operations Dashboard

Alameda Alliance for Health Operations Dashboard

- April-2019 -

ID	Section	Subject Area	Category	Performance Metric					ID
1	1	Financials			Feb-19 FYTD	%	Annual Budget		1
2									2
3			Income & Expenses	Revenue \$	\$610,971,859	67.8%	\$901,768,537		3
4				Medical Expense \$	\$578,905,048	64.9%	\$891,743,509		4
5				Inpatient (Hospital)	\$169,300,473	29.2%	\$264,836,870		5
6				Outpatient/Ancillary	\$152,171,848	26.3%	\$244,543,907		6
7				Emergency Department	\$26,443,814	4.6%	\$44,758,855		7
8				Pharmacy	\$104,501,135	18.1%	\$157,683,791		8
9				Primary Care	\$58,796,801	10.2%	\$67,275,537		9
10				Specialty Care	\$55,536,324	9.6%	\$92,495,171		10
11				Other	\$12,154,653	2.1%	\$20,149,379		11
12				Admin Expense \$	\$33,865,246	62.9%	\$53,843,839		12
13				Other Income / (Exp.) \$	\$3,774,949	7.0%	\$5,970,413		13
14				Net Income \$	\$1,976,514		(\$37,848,398)		14
15				Gross Margin %	5.2%		1.1%		15
16			Liquid Reserves	Medical Loss Ratio (MLR) - Net %	94.8%		98.9%		16
17				Tangible Net Equity (TNE) %	592.0%		468.0%		17
18				Tangible Net Equity (TNE) \$	\$192,136,228		\$152,311,317		18
19			Reinsurance Cases	2018-2019 Cases Submitted	7				19
20				2018-2019 New Cases Submitted	0				20
21				2017-2018 Cases Submitted	45				21
22				2017-2018 New Cases Submitted	0				22
23			Balance Sheet	Cash Equivalents	\$233,103,570				23
24				Pass-Through Liabilities	\$70,269,936				24
25				Uncommitted Cash	\$162,833,634				25
26				Working Capital	\$180,711,337				26
27				Current Ratio %	197.4%		100%		27
28									28
29	2	Membership			Dec-18	Jan-19	Feb-19	%	Feb-19 Budget
30									30
31			Medi-Cal Members	Adults	35,559	35,034	34,651	13%	36,375
32				Children	95,322	94,491	93,809	36%	96,965
33				Seniors & Persons with Disabilities (SPDs)	26,006	26,002	25,979	10%	26,612
34				Managed Care Expansion (MCE)	85,345	84,010	83,493	32%	82,357
35				Dual-Eligibles	16,072	16,099	16,135	6%	16,785
36									36
37				Total Medi-Cal	258,304	255,636	254,067	98%	259,094
38			IHSS Members	IHSS	5,886	5,890	5,854	2%	5,888
39			Total Membership	Medi-Cal and IHSS	264,190	261,526	259,921	100%	264,982
40									40
41			Members Assigned By Delegate	Direct-contracted network	52,152	50,615	50,235	19%	
42				Alameda Health System (Direct Assigned)	48,873	48,787	48,241	19%	
43				Children's First Medical Group	32,520	31,962	31,722	12%	
44				Community Health Center Network	96,414	96,389	95,906	37%	
45				Kaiser Permanente	34,231	33,773	33,817	13%	
46									46

Alameda Alliance for Health Operations Dashboard

- April-2019 -

ID	Section	Subject Area	Category	Performance Metric	Jan-19	Feb-19	Mar-19	%	Performance Goal	ID
47	3	Claims			Jan-19	Feb-19	Mar-19	%	Performance Goal	47
48			HEALTHsuite Claims Processing	Number of Claims Received	125,001	117,729	124,018			48
49				Number of Claims Paid	92,863	90,486	89,738			49
50				Number of Claims Denied	30,183	25,186	28,805			50
51				Inventory (Unfinalized Claims)	83,235	90,446	88,779			51
52				Pended Claims (Days)	13,567	13,151	11,449	13%		52
53				0-29 Calendar Days	13,458	11,515	11,014	12%		53
54				30-44 Calendar Days	49	633	404	0%		54
55				45-59 Calendar Days	8	5	14	0%		55
56				60-89 Calendar Days	21	1	4	0%		56
57				90-119 Calendar Days	14	15	1	0%		57
58				120 or more Calendar Days	17	982	12	0%		58
59				Total Claims Paid (dollars)	\$40,897,539	\$40,206,582	\$41,574,288			59
60				Interest Paid (Total Dollar)	\$25,642	\$24,209	\$55,336	0%		60
61				Auto Adjudication Rate (%)	72.1%	72.2%	73.3%		70%	61
62				Average Payment Turnaround (days)	23	23	30		25 days or less	62
63			Claims Auditing	# of Pre-Pay Audited Claims	3,737	2,546	2,922			63
64			Claims Compliance	% of Claims Processed Within 30 Cal Days (DHCS Goal = 90%)	97%	99%	94%		90%	64
65				% of Claims Processed Within 90 Cal Days (DHCS Goal = 99%)	100%	100%	96%		99%	65
66				% of Claims Processed Within 45 Work Days (DMHC Goal = 95%)	100%	100%	96%		95%	66
67										67
68										68
69	4	Member Services			Jan-19	Feb-19	Mar-19	%	Performance Goal	69
70			Member Call Center	Inbound Call Volume	20,181	16,861	18,732			70
71				Calls Answered in 30 Seconds %	82.0%	82.0%	75.0%		80.0%	71
72				Abandoned Call Rate %	4.0%	5.0%	6.0%		5.0% or less	72
73				Average Wait Time	00:24	00:26	01:00			73
74				Average Call Duration	08:01	08:01	07:08			74
75				Outbound Call Volume	12,618	11,073	12,312			75
76										76
77										77
78	5	Provider Services			Jan-19	Feb-19	Mar-19	%	Performance Goal	78
79			Provider Call Center	Inbound Call Volume	7,386	6,262	6,811			79
80										80
81										81
82	6	Provider Contracting			Jan-19	Feb-19	Mar-19	%	Performance Goal	82
83			Provider Network	Primary Care Physician	591	595	595			83
84				Specialist	6,474	6,520	6,597			84
85				Hospital	17	17	17			85
86				Skilled Nursing Facility	56	56	56			86
87				Durable Medical Equipment	Capitated	Capitated	Capitated			87
88				Urgent Care	12	14	16			88
89				Health Centers (FQHCs and Non-FQHCs)	73	73	73			89
90				Transportation	380	380	380			90
91			Provider Credentialing	Number of Providers in Credentialing	1,423	1,423	1,421			91
92				Number of Providers Credentialed	1,423	1,423	1,421			92
93										93
94										94

Alameda Alliance for Health Operations Dashboard

- April-2019 -

ID	Section	Subject Area	Category	Performance Metric	Jan-19	Feb-19	Mar-19	%	Annual Budget	ID
95	7	Human Resources & Recruiting			Jan-19	Feb-19	Mar-19	%	Annual Budget	95
96										96
97			Employees	Total Employees	293	296	298		319	97
98				Full Time Employees	291	294	297	100%		98
99				Part Time Employees	2	2	1	0%		99
100				New Hires	5	5	8			100
101				Separations	3	2	6			101
102				Open Positions	40	46	46	14%	10% or less	102
103				Signed Offer Letters Received	4	9	6			103
104				Recruiting in Process	36	37	40	12%		104
105										105
106			Non-Employee (Temps / Seasonal)		12	13	10			106
107										107
108	8	Compliance			Jan-19	Feb-19	Mar-19	%	Performance Goal	108
109										109
110			Provider Disputes & Resolutions	Turnaround Compliance (45 business days)	66%	98%	99%		95%	110
111				% Overturned	23%	30%	22%		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			Jan-19	Feb-19	Mar-19		Performance Goal	119
120										120
121			Business Availability	HEALTHsuite (Claims and Membership System)	99.62%	99.99%	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	99.75%	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	94.4%	91.5%	87.2%		60.0%	129
130				Timeliness - % Within Lag Time - Institutional 0-180 days	98.6%	98.6%	98.0%		80.0%	130
131				Timeliness - % Within Lag Time - Professional 0-90 days	93.2%	93.0%	89.2%		65.0%	131
132				Timeliness - % Within Lag Time - Professional 0-180 days	98.6%	98.3%	97.5%		80.0%	132
133										133

Alameda Alliance for Health Operations Dashboard

- April-2019 -

ID	Section	Subject Area	Category	Performance Metric	Jan-19	Feb-19	Mar-19	Q3	Performance Goal	ID
134	10	Health Care Services			Jan-19	Feb-19	Mar-19	Q3	Performance Goal	134
135										135
136			Authorization Turnaround	Overall Authorization Turnaround % Compliant	97%	98%	97%	97%	95%	136
137				Medi-Cal %	97%	98%	97%	97%	95%	137
138				Group Care %	98%	98%	98%	98%	95%	138
139										139
140			Outpatient Authorization Denial Rates	Overall Denial Rate (%)	5.2%	6.7%	6.2%			140
141				Denial Rate Excluding Partial Denials (%)	4.5%	6.1%	5.6%			141
142				Partial Denial Rate (%)	0.6%	0.7%	0.6%			142
143										143
144			Pharmacy Authorizations	Approved Prior Authorizations	696	565	654	35%		144
145				Denied Prior Authorizations	623	584	590	32%		145
146				Closed Prior Authorizations	624	561	611	33%		146
147				Total Prior Authorizations	1,943	1,710	1,855			147
148										148
149					Dec-18	Jan-19	Feb-19			149
150										150
151			Inpatient Utilization	Days / 1000	279.2	330.8	282.6			151
152				Admits / 1000	63.1	68.5	64.0			152
153				Average Length of Stay	4.4	4.8	4.4			153
154										154
155			Emergency Department (ED) Utilization	# ED Visits / 1000	46.69	49.31	40.72			155
156										156
157			Case Management	<u>New Cases</u>						157
158				Care Coordination	210	146	180			158
159				Complex Case Management	43	110	66			159
160				Health Homes	12	10	17			160
161				Whole Person Care (AC3)	10	130	28			161
162				Total New Cases	275	396	291			162
163										163
164				<u>Total Enrolled</u>						164
165				Care Coordination	546	433	399			165
166				Complex Case Management	83	142	119			166
167				Health Homes	187	187	166			167
168				Whole Person Care (AC3)	159	281	325			168
169				Total Enrollment	975	1,043	1,009			169
170										170



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

Finance

Gil Riojas

To: Alameda Alliance for Health Board of Governors Meeting

From: Gil Riojas, Chief Financial Officer

Date: April 12, 2019

Subject: Finance Report

Executive Summary

- For the month ended February 28, 2019, the Alliance had enrollment of 259,921 members, a Net Income of \$3.0 million, and 592% of required Tangible Net Equity (TNE).

<u>Overall Results: (in Thousands)</u>				
		Month		YTD
Revenue	\$	83,936	\$	610,972
Medical Expense		77,633		578,905
Admin. Expense		3,766		33,865
Other Inc. / (Exp.)		422		3,775
Net Income	\$	2,959	\$	1,977

<u>Net Income by Program:</u>			
		Month	YTD
Medi-Cal		\$3,057	\$1,232
Group Care		(98)	744
	\$	2,959	\$ 1,977

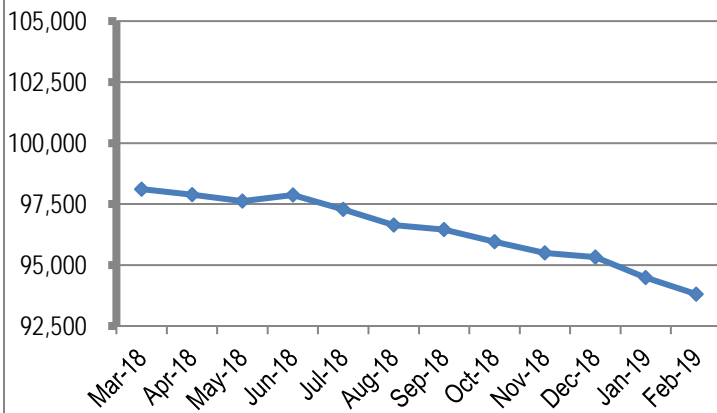
Enrollment

- Total enrollment decreased by 1,605 members since January 2019.
- Total enrollment decreased by 6,376 members since June 2018.

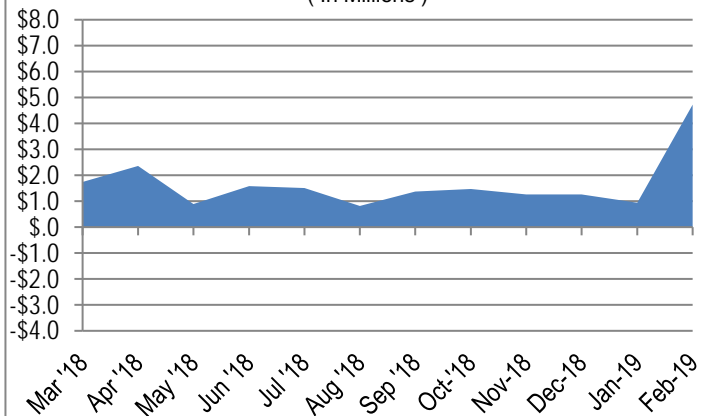
Month Membership and YTD Member Months								
Actual vs. Budget								
For the Month and Fiscal Year-to-Date								
Enrollment					Member Months			
February-2019					Year-to-Date			
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
34,651	36,375	(1,724)	-4.7%		Adults	284,839	290,509	(5,670)
93,809	96,965	(3,156)	-3.3%	Child	765,450	776,062	(10,612)	-1.4%
26,059	26,612	(553)	-2.1%	SPD	209,242	210,847	(1,605)	-0.8%
17,399	16,785	614	3.7%	Duals	137,488	135,413	2,075	1.5%
82,149	82,357	(208)	-0.3%	ACA OE	666,676	665,517	1,159	0.2%
254,067	259,094	(5,027)	-1.9%	Medi-Cal Total	2,063,695	2,078,348	(14,653)	-0.7%
5,854	5,888	(34)	-0.6%	Group Care	46,914	46,950	(36)	-0.1%
259,921	264,982	(5,061)	-1.9%	Total	2,110,609	2,125,298	(14,689)	-0.7%

Enrollment and Profitability by Program and Category of Aid

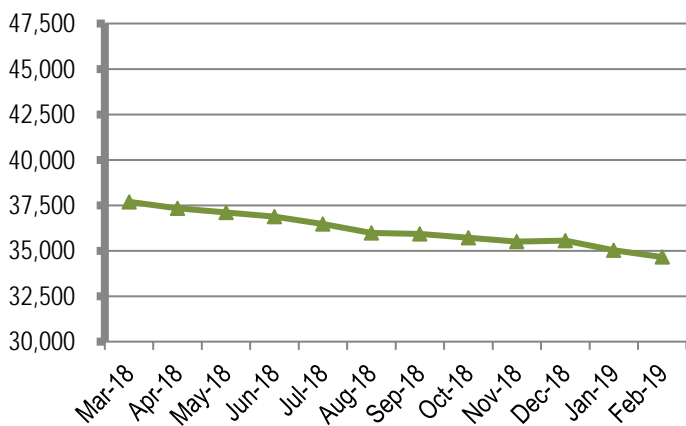
Medi-Cal Child



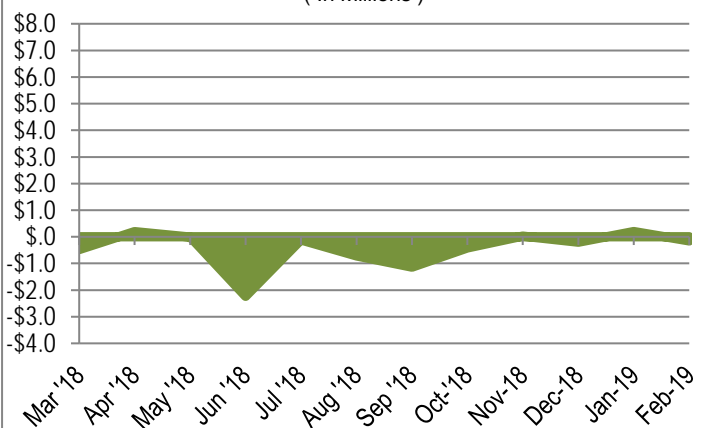
Medi-Cal Child - Net Income / (Loss)
(In Millions)



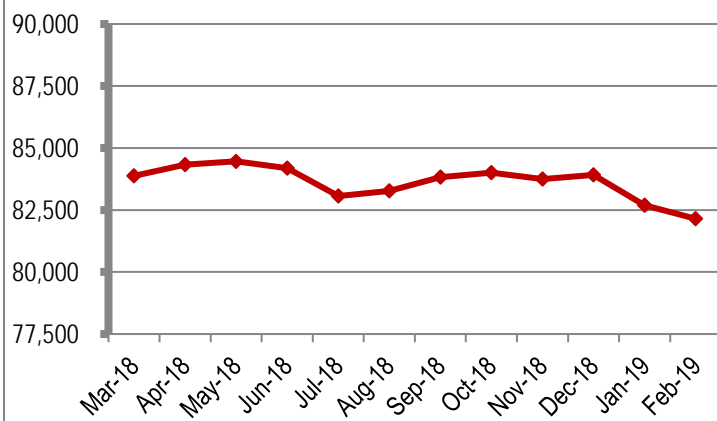
Medi-Cal Adults



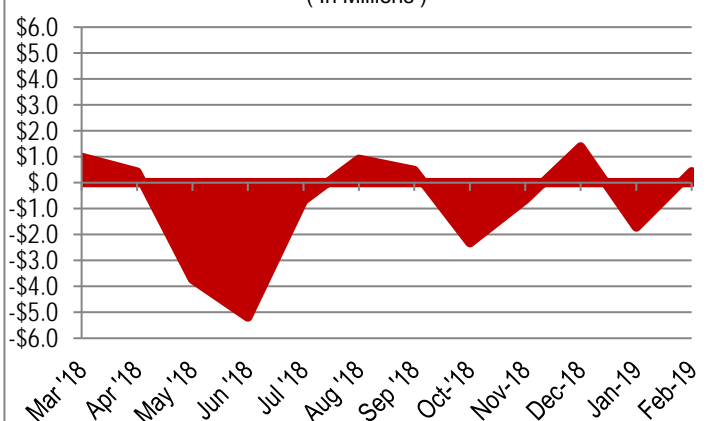
Medi-Cal Adults - Net Income / (Loss)
(In Millions)

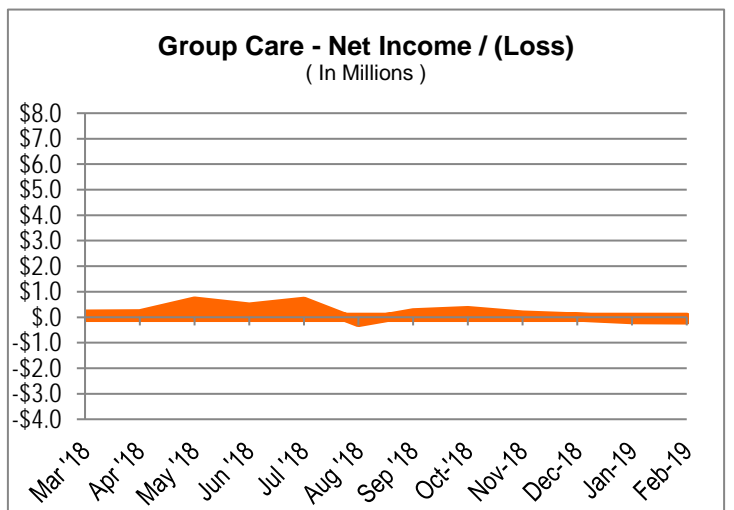
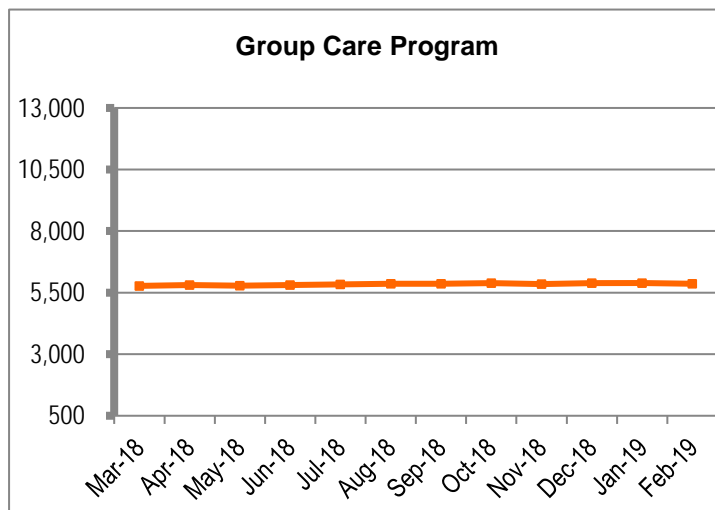
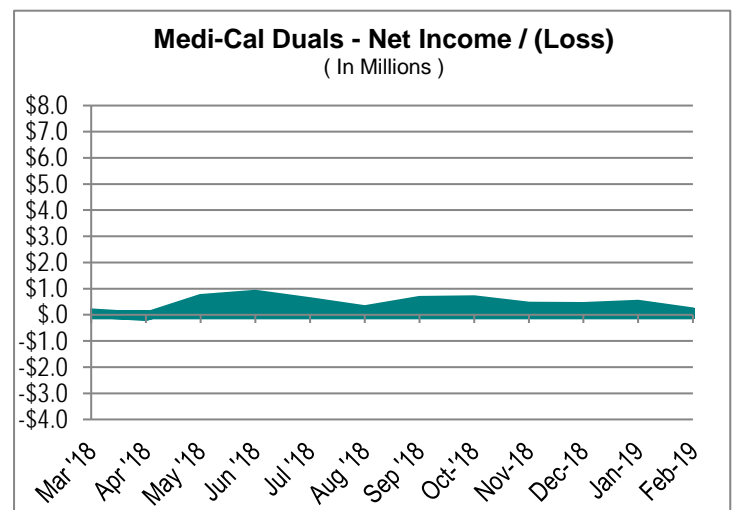
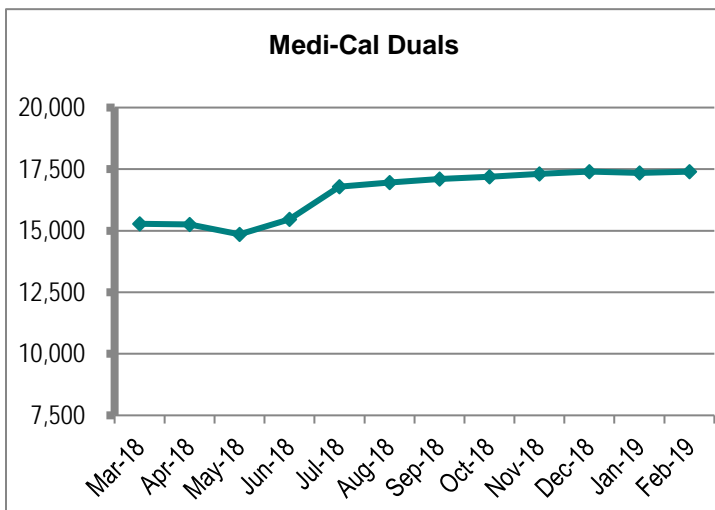
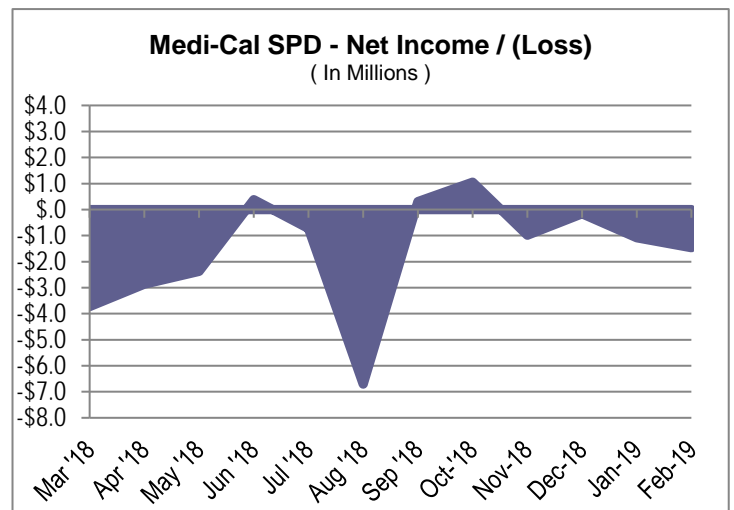
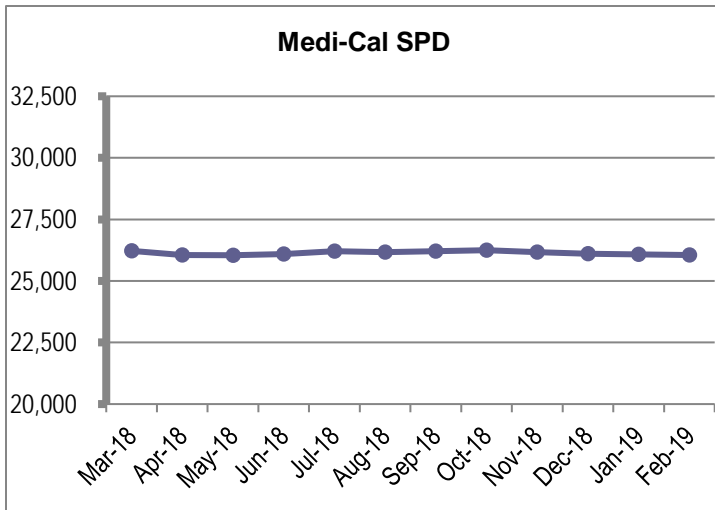


Medi-Cal ACA OE



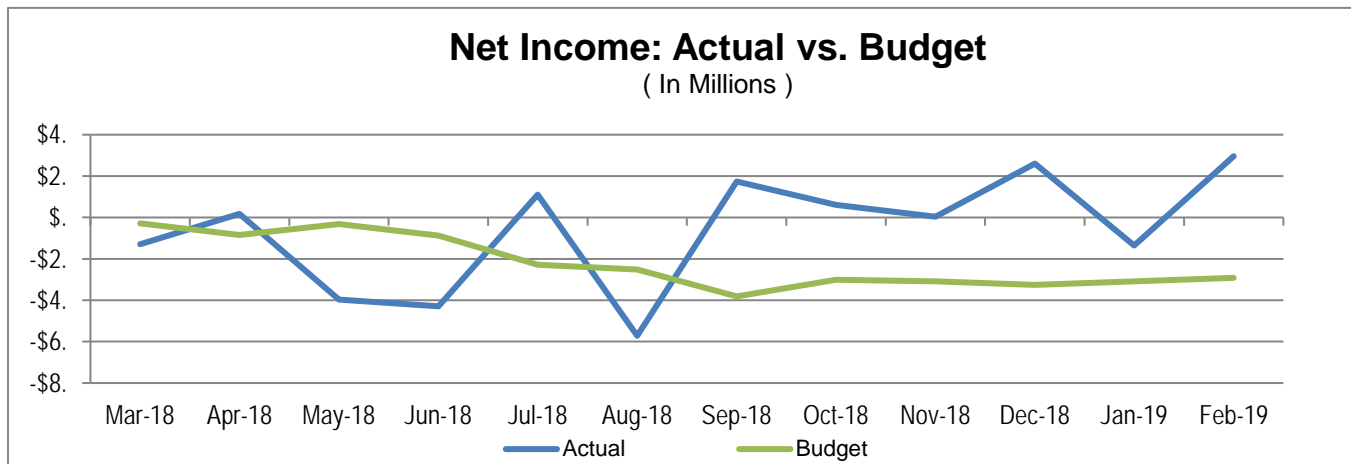
Medi-Cal ACA OE - Net Income / (Loss)
(In Millions)





Net Income

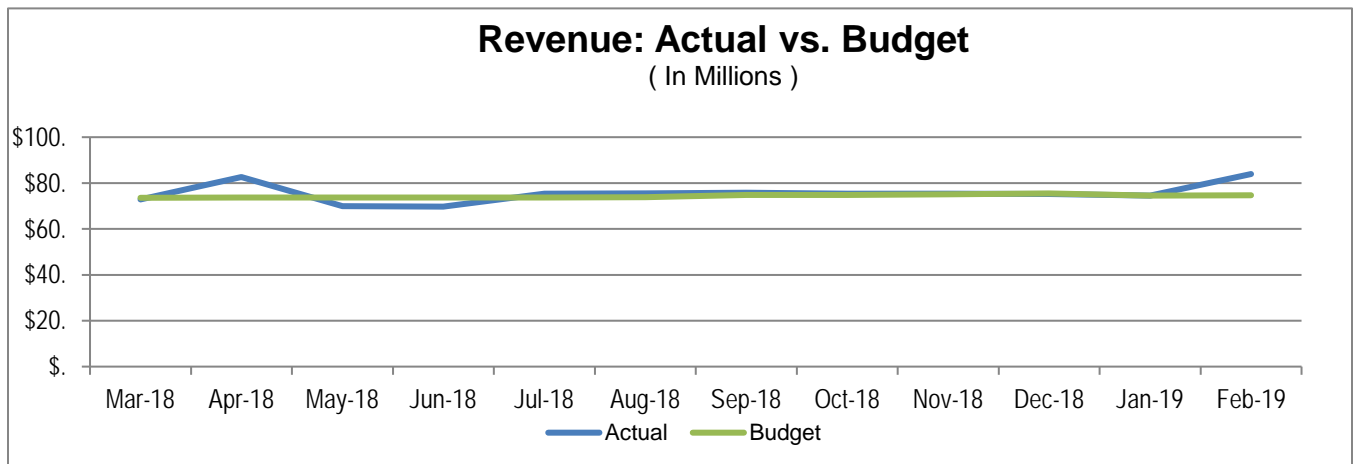
- For the month ended February 28, 2019:
 - Actual Net Income: \$3.0 million.
 - Budgeted Net Loss: \$2.9 million.
- For the year-to-date (YTD) ended February 28, 2019:
 - Actual YTD Net Income: \$2.0 million.
 - Budgeted YTD Net Loss: \$23.8 million.



- The favorable variance of \$5.9 million in the current month is largely due to:
 - Favorable \$9.2 million higher than anticipated Revenue.
 - Favorable \$607,000 lower than anticipated Administrative Expense.
 - Partially offset by unfavorable \$3.9 million higher than anticipated Medical Expense.
 - Unfavorable \$58,000 lower than anticipated Other Income & Expense.

Revenue

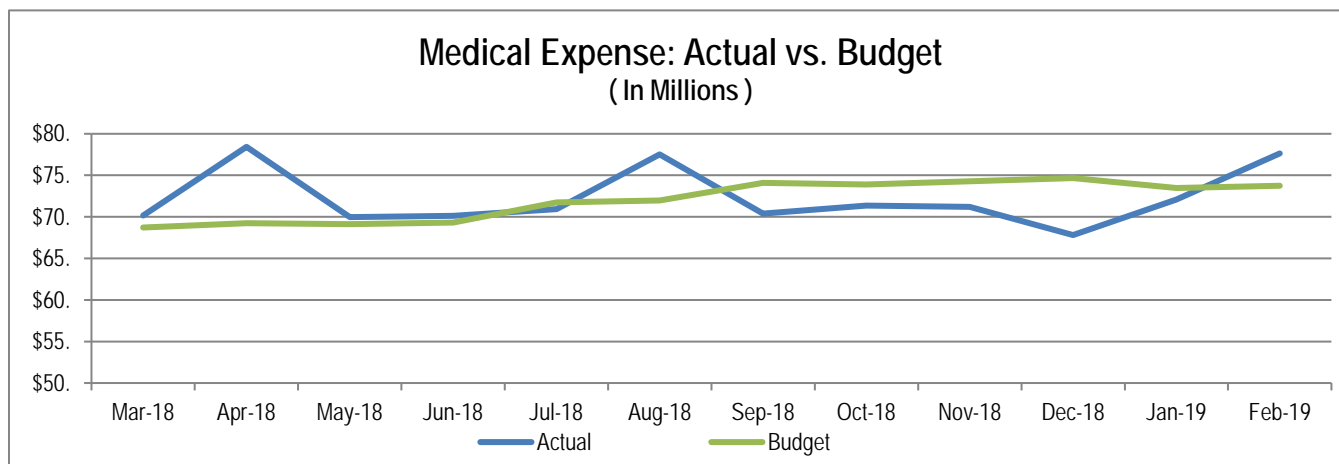
- For the month ended February 28, 2019:
 - Actual Revenue: \$83.9 million.
 - Budgeted Revenue: \$74.7 million.
- For the fiscal year-to-date ended February 28, 2019:
 - Actual YTD Revenue: \$611.0 million.
 - Budgeted YTD Revenue: \$600.4 million.



- For the month ended February 28, 2019, the favorable revenue variance of \$9.2 million is mainly due to:
 - Favorable \$9.3 million revenue for amounts to be paid to physicians funded by Prop 56. This revenue is offset by corresponding Medical Expense. The Alliance has received DHCS final FY19 Capitation rates (retroactive to July 2018) which reflect the higher FY19 Prop 56 rates.
 - Favorable \$586,000 revenue for amounts to be paid to providers of Ground Emergency Medical Transportation (GEMT). Revenue received will have a corresponding offset in Medical Expenses. The Alliance received DHCS final FY19 capitation rates (retroactive to July 2018) which included a new additional payment for GEMT. This is a supplemental payment to GEMT providers for non-contracted trips. An APL will be finalized and released by the State on the new payment stream in April of 2019.
 - Unfavorable \$280,000 in lower Maternity Supplemental payments, primarily due to lower utilization than planned.
 - Unfavorable \$228,000 in lower Hep C Supplemental payments, primarily due to lower utilization than planned.

Medical Expense

- For the month ended February 28, 2019:
 - Actual Medical Expense: \$77.6 million.
 - Budgeted Medical Expense: \$73.8 million.
- For the fiscal year-to-date ended February 28, 2019:
 - Actual YTD Medical Expense: \$578.9 million.
 - Budgeted YTD Medical Expense: \$592.6 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 February, updates to Fee-For-Service (FFS) increased the estimate for unpaid Medical Expenses for prior months by \$400,000. Year-to-date, the estimate for prior years decreased by \$3.9 million (per table below).

Medical Expense - Actual vs. Budget (In Dollars)						
Adjusted to Eliminate the Impact of Prior Period IBNP Estimates						
Favorable/(Unfavorable)						
	Actual			Budget	Variance - Adjusted Actual vs. Budget	
	Adjusted	Change in IBNP	Reported		\$	%
Capitated Medical Expense	\$133,610,978	\$0	\$133,610,978	\$137,095,343	\$3,484,365	2.5%
Primary Care FFS	25,510,029	(594,619)	24,915,410	15,104,561	(10,405,468)	-68.9%
Specialty Care FFS	29,957,338	447,026	30,404,364	31,755,800	1,798,462	5.7%
Outpatient FFS	56,115,858	396,493	56,512,351	63,478,224	7,362,366	11.6%
Ancillary FFS	21,166,098	(104,225)	21,061,873	20,078,669	(1,087,429)	-5.4%
Pharmacy FFS	105,324,091	(822,956)	104,501,135	104,730,633	(593,458)	-0.6%
ER Services FFS	27,460,243	(1,016,429)	26,443,814	29,160,081	1,699,838	5.8%
Inpatient Hospital & SNF FFS	171,459,961	(2,159,488)	169,300,473	178,000,051	6,540,091	3.7%
Other Benefits & Services	11,394,869	0	11,394,869	12,169,033	774,164	6.4%
Net Reinsurance	26,451	0	26,451	245,061	218,610	89.2%
Provider Incentive	733,330	0	733,330	733,330	0	0.0%
	\$582,759,246	(\$3,854,198)	\$578,905,048	\$592,550,786	\$9,791,540	1.7%

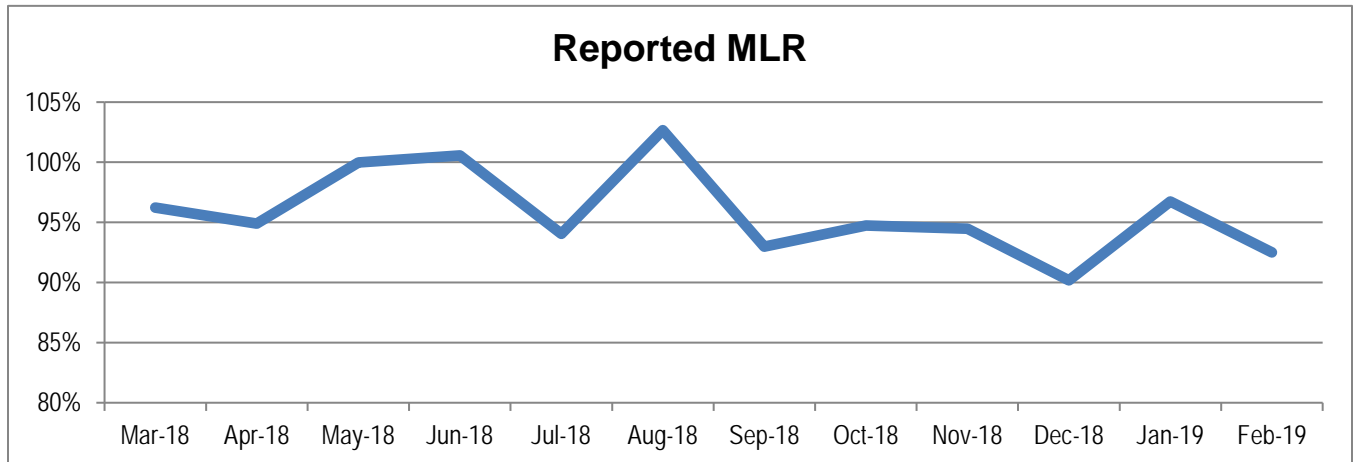
Medical Expense - Actual vs. Budget (Per Member Per Month)							
Adjusted to Eliminate the Impact of Prior Year IBNP Estimates							
Favorable/(Unfavorable)							
	Actual			Budget	Variance - Adjusted Actual vs. Budget		
	<u>Adjusted</u>	<u>Change in IBNP</u>	<u>Reported</u>		\$	%	
Capitated Medical Expense	\$63.30	\$0.00	\$63.30	\$64.51	\$1.20	1.9%	
Primary Care FFS	12.09	(0.28)	11.80	7.11	(4.98)	-70.1%	
Specialty Care FFS	14.19	0.21	14.41	14.94	0.75	5.0%	
Outpatient FFS	26.59	0.19	26.78	29.87	3.28	11.0%	
Ancillary FFS	10.03	(0.05)	9.98	9.45	(0.58)	-6.1%	
Pharmacy FFS	49.90	(0.39)	49.51	49.28	(0.62)	-1.3%	
ER Services FFS	13.01	(0.48)	12.53	13.72	0.71	5.2%	
Inpatient Hospital & SNF FFS	81.24	(1.02)	80.21	83.75	2.52	3.0%	
Other Benefits & Services	5.40	0.00	5.40	5.73	0.33	5.7%	
Net Reinsurance	0.01	0.00	0.01	0.12	0.10	89.1%	
Provider Incentive	0.35	0.00	0.35	0.35	(0.00)	-0.7%	
	\$276.11	(\$1.83)	\$274.28	\$278.81	\$2.70	1.0%	

- Excluding the effect of prior year estimates for IBNP, year-to-date medical expense variance is \$9.8 million favorable to budget. On a PMPM basis, medical expense is favorable to budget by 1.0%.
 - Primary Care Expense is over budget, due to the significant increase in Prop 56 rates. The expanded list of codes and higher rates per code were received in mid-March and will be paid retroactively to July 2018.
 - Outpatient Expense is under budget for all populations. Lab, Radiology, Behavioral Health Therapy, Mental Health, and Other Outpatient services showed lower than trend utilization. Also contributing, are refunds for overpayment of dialysis services.
 - Inpatient Expense is significantly under budget for SPDs. Expense for catastrophic cases has been materially less than anticipated. SPD unit cost has decreased by 8% and days per 1,000 member months have decreased by 7%.
 - Emergency Expense is favorable as compared to budget, for all populations.
 - Pharmacy Expense is slightly higher than planned, driven by the ACA OE Category of Aid. This is primarily due to increased unit cost for specialty drugs, such as Anti-rheumatoid and Oncology medications.
 - Favorable capitation expense mainly results from a retroactive adjustment to supplemental payments for our Globally Sub-capitated Delegate. This corresponds to an equivalent revenue reduction. We have also had fewer BHT Kick payments, which are passed through to our Globally Sub-capitated Delegate.

- Favorable Net Reinsurance Expense represents higher prior year recoveries than anticipated.

Medical Loss Ratio (MLR)

- The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 92.5% of net revenue for the month and 94.8% for the fiscal year-to-date.



Administrative Expense

- For the month ended February 28, 2019:
 - Actual Administrative Expense: \$3.8 million.
 - Budgeted Administrative Expense: \$4.4 million.
- For the fiscal year-to-date ended February 28, 2019:
 - Actual YTD Administrative Expense: \$33.9 million.
 - Budgeted YTD Administrative Expense: \$35.7 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 \$
\$2,278,448	\$2,563,016	\$284,568	11.1%	Employee Expense	\$18,193,496	\$19,468,627	\$1,275,131
430,971	493,628	62,657	12.7%	Medical Benefits Admin Expense	4,186,223	4,251,620	65,397
345,515	564,078	218,563	38.7%	Purchased & Professional Services	3,575,595	4,987,469	1,411,874
711,269	752,875	41,606	5.5%	Other Admin Expense	7,909,932	6,955,809	(954,123)
\$3,766,203	\$4,373,597	\$607,394	13.9%	Total Administrative Expense	\$33,865,246	\$35,663,525	\$1,798,279
							5.0%

- The year-to-date favorable variance is primarily due to:
 - Fewer than anticipated employees – six Full-Time Equivalent (FTE) employees less than budget.
 - Less than planned Computer Support Services.
 - Partially offset by unfavorable estimated MCO tax shortfall.

- Administrative expense represented 4.5% of net revenue for the month and 5.5% of net revenue for the year-to-date.

Other Income / (Expense)

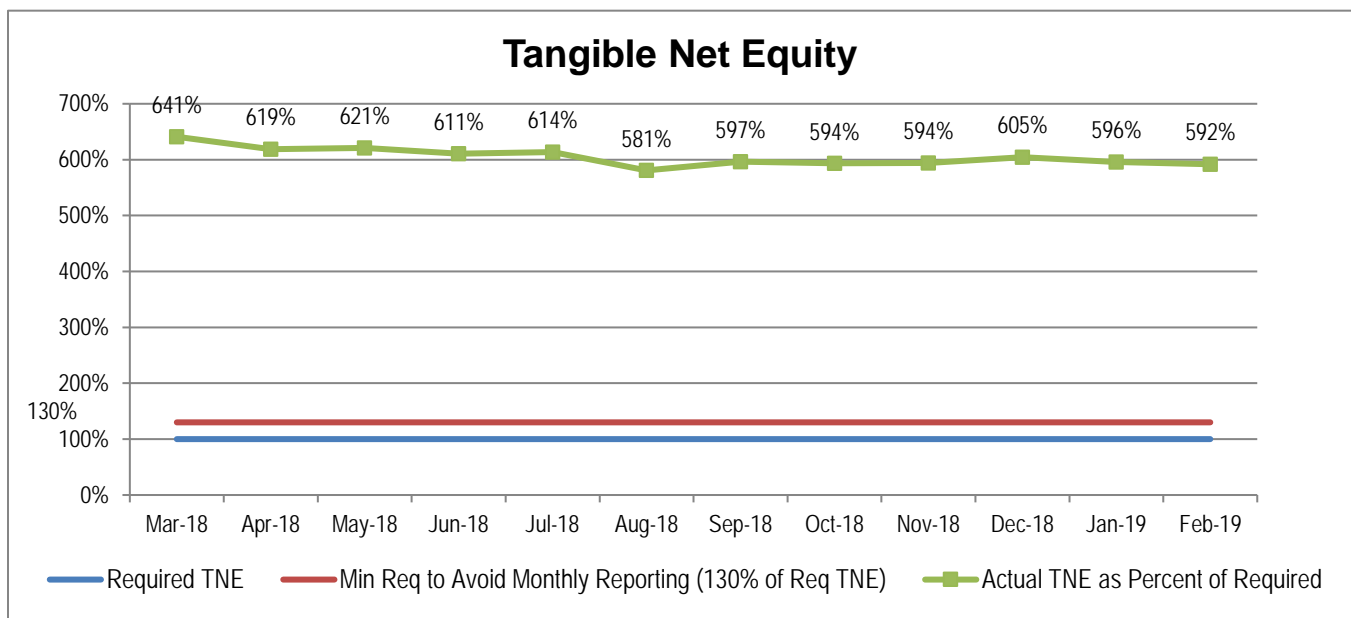
Other Income & Expense is comprised of investment income and claims interest.

- Year-to-date interest income from investments is \$3.9 million.
- Year-to-date claims interest expense, due to delayed payment of certain claims or recalculated interest on previously paid claims is \$420,000.

Tangible Net Equity (TNE)

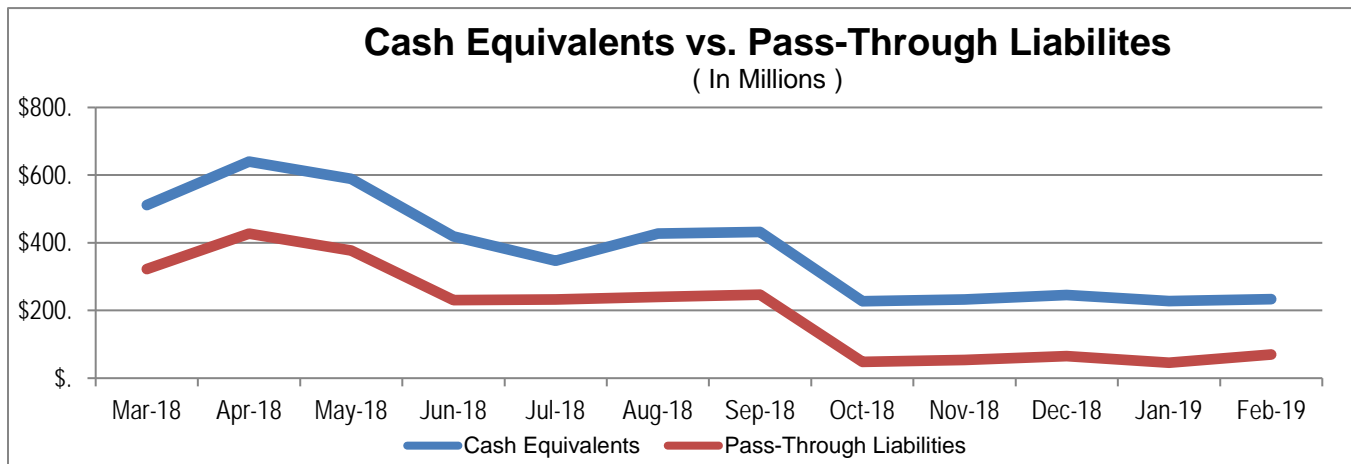
- The Department of Managed Health Care (DMHC) monitors the financial stability of health plans to ensure that they can meet their financial obligations to consumers. TNE is a calculation of a company's total tangible assets minus the company's total liabilities. The Alliance exceeds DMHC's required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

- Required TNE \$32.5 million
- Actual TNE \$192.1 million
- Surplus TNE \$159.7 million
- TNE as % of Required TNE 592%



- 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 \$233.1 million
 - Pass-Through Liabilities \$70.3 million
 - Uncommitted Cash \$162.8 million
 - Working Capital \$180.7 million
 - Current Ratio 1.97 (regulatory minimum is 1.0)



Capital Investment

- Fiscal year-to-date Capital assets acquired: \$623,000.
- 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 February 28, 2019

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
254,067	259,094	(5,027)	(1.9%)	MEMBERSHIP	2,063,695	2,078,348	(14,653)	(0.7%)
5,854	5,888	(34)	(0.6%)	1 - Medi-Cal	46,914	46,950	(36)	(0.1%)
259,921	264,982	(5,061)	(1.9%)	2 - Group Care	2,110,609	2,125,298	(14,689)	(0.7%)
				3 - Total Member Months				
				REVENUE				
\$83,936,235	\$74,736,835	\$9,199,400	12.3%	4 - TOTAL REVENUE	\$610,971,859	\$600,386,239	\$10,585,620	1.8%
				MEDICAL EXPENSES				
				Capitated Medical Expenses:				
16,654,672	17,384,734	730,062	4.2%	5 - Capitated Medical Expense	133,610,978	137,095,343	3,484,365	2.5%
				Fee for Service Medical Expenses:				
20,002,303	21,414,975	1,412,672	6.6%	6 - Inpatient Hospital & SNF FFS Expense	169,300,473	178,000,051	8,699,578	4.9%
10,803,965	1,848,759	(8,955,206)	(484.4%)	7 - Primary Care Physician FFS Expense	24,915,410	15,104,561	(9,810,849)	(65.0%)
3,182,210	3,887,539	705,329	18.1%	8 - Specialty Care Physician Expense	30,404,364	31,755,800	1,351,436	4.3%
2,764,501	2,582,450	(182,051)	(7.0%)	9 - Ancillary Medical Expense	21,061,873	20,078,669	(983,204)	(4.9%)
7,436,995	8,026,217	589,222	7.3%	10 - Outpatient Medical Expense	56,512,352	63,478,224	6,965,872	11.0%
3,858,207	3,845,781	(12,426)	(0.3%)	11 - Emergency Expense	26,443,814	29,160,081	2,716,267	9.3%
11,098,662	13,076,986	1,978,324	15.1%	12 - Pharmacy Expense	104,501,135	104,730,633	229,498	0.2%
59,146,843	54,682,707	(4,464,136)	(8.2%)	13 - Total Fee for Service Expense	433,139,420	442,308,019	9,168,599	2.1%
1,368,487	1,563,173	194,686	12.5%	14 - Other Benefits & Services	11,394,869	12,169,033	774,165	6.4%
396,430	60,430	(336,000)	(556.0%)	15 - Reinsurance Expense	26,451	245,061	218,610	89.2%
66,665	66,665	0	0.0%	16 - Risk Pool Distribution	733,330	733,330	0	0.0%
77,633,096	73,757,709	(3,875,388)	(5.3%)	17 - TOTAL MEDICAL EXPENSES	578,905,048	592,550,786	13,645,738	2.3%
6,303,139	979,126	5,324,012	543.8%	18 - GROSS MARGIN	32,066,811	7,835,453	24,231,358	309.3%
				ADMINISTRATIVE EXPENSES				
2,278,448	2,563,016	284,569	11.1%	19 - Personnel Expense	18,193,496	19,468,627	1,275,131	6.5%
430,971	493,628	62,657	12.7%	20 - Benefits Administration Expense	4,186,223	4,251,620	65,398	1.5%
345,515	564,078	218,563	38.7%	21 - Purchased & Professional Services	3,575,595	4,987,469	1,411,873	28.3%
711,270	752,874	41,604	5.5%	22 - Other Administrative Expense	7,909,932	6,955,809	(954,123)	(13.7%)
3,766,203	4,373,597	607,394	13.9%	23 -Total Administrative Expense	33,865,246	35,663,525	1,798,280	5.0%
2,536,936	(3,394,470)	5,931,406	174.7%	24 - NET OPERATING INCOME / (LOSS)	(1,798,435)	(27,828,073)	26,029,637	93.5%
				OTHER INCOME / EXPENSE				
422,225	479,999	(57,774)	(12.0%)	25 - Total Other Income / (Expense)	3,774,949	4,050,416	(275,467)	(6.8%)
\$2,959,161	(\$2,914,471)	\$5,873,632	201.5%	26 - NET INCOME / (LOSS)	\$1,976,514	(\$23,777,657)	\$25,754,171	108.3%
4.5%	5.9%	1.4%	23.3%	27 - Admin Exp % of Revenue	5.5%	5.9%	0.4%	6.7%

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PL FFS CAP 2019

03/28/19

**ALAMEDA ALLIANCE FOR HEALTH
SUMMARY BALANCE SHEET 2019
CURRENT MONTH VS. PRIOR MONTH
February 28, 2019**

	<u>February</u>	<u>January</u>	<u>Difference</u>	<u>% Difference</u>
CURRENT ASSETS:				
Cash & Equivalents				
Cash	\$9,306,704	\$20,858,617	(\$11,551,913)	-55.38%
Short-Term Investments	223,796,866	207,399,150	16,397,716	7.91%
Interest Receivable	140,712	140,712	0	0.00%
Other Receivables - Net	124,424,728	104,572,549	19,852,180	18.98%
Prepaid Expenses	3,798,352	4,062,256	(263,905)	-6.50%
Prepaid Inventoried Items	4,488	0	4,488	0.00%
CalPERS Net Pension Asset	(630,096)	(630,096)	0	0.00%
Deferred CalPERS Outflow	5,347,248	5,347,248	0	0.00%
TOTAL CURRENT ASSETS	366,189,003	341,750,436	24,438,567	7.15%
OTHER ASSETS:				
Restricted Assets	341,716	341,716	0	0.00%
TOTAL OTHER ASSETS	341,716	341,716	0	0.00%
PROPERTY AND EQUIPMENT:				
Land, Building & Improvements	9,460,000	9,438,045	21,955	0.23%
Furniture And Equipment	13,304,025	13,260,700	43,325	0.33%
Leasehold Improvement	849,885	848,417	1,468	0.17%
Internally-Developed Software	16,824,002	16,824,002	0	0.00%
Fixed Assets at Cost	40,437,911	40,371,163	66,748	0.17%
Less: Accumulated Depreciation	(29,354,736)	(29,193,547)	(161,189)	0.55%
NET PROPERTY AND EQUIPMENT	11,083,175	11,177,617	(94,441)	-0.84%
TOTAL ASSETS	\$377,613,894	\$353,269,768	\$24,344,125	6.89%
CURRENT LIABILITIES:				
Accounts Payable	\$1,358,550	\$2,028,439	(\$669,890)	-33.02%
Pass-Through Liabilities	70,269,936	45,672,888	24,597,049	53.85%
Claims Payable	10,582,492	11,742,944	(1,160,452)	-9.88%
IBNP Reserves	91,758,038	93,114,155	(1,356,117)	-1.46%
Payroll Liabilities	2,658,478	2,660,728	(2,250)	-0.08%
CalPERS Deferred Inflow	3,024,492	3,024,492	0	0.00%
Risk Sharing	4,531,953	4,465,288	66,665	1.49%
Provider Grants/ New Health Program	1,293,728	1,383,768	(90,040)	-6.51%
TOTAL CURRENT LIABILITIES	185,477,666	164,092,701	21,384,965	13.03%
TOTAL LIABILITIES	185,477,666	164,092,701	21,384,965	13.03%
NET WORTH:				
Contributed Capital	840,233	840,233	0	0.00%
Restricted & Unrestricted Funds	189,319,480	189,319,480	0	0.00%
Year-to Date Net Income / (Loss)	1,976,514	(982,647)	2,959,161	-301.14%
TOTAL NET WORTH	192,136,228	189,177,067	2,959,161	1.56%
TOTAL LIABILITIES AND NET WORTH	\$377,613,894	\$353,269,768	\$24,344,125	6.89%

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BALSHEET 19

03/29/19
REPORT #3

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

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

	Month					Year-To-Date				
	As Reported	Adjustments	Normalized	Budget	Normalized vs. Budget	As Reported	Adjustments	Normalized	Budget	Normalized vs. Budget
Members	259,921		259,921	264,982	(5,061)	2,110,609		2,110,609	2,125,298	(14,689)
Profit & Loss										
Revenue	\$83,936	(\$9,201)	\$74,735	\$74,737	(\$2)	\$610,972	(\$556)	\$610,416	\$600,386	\$10,030
Medical Expense	77,633	9,116	68,517	73,758	5,241	578,905	(6,536)	585,441	592,551	7,110
Gross Margin	6,303	(85)	6,218	979	5,239	32,067	(7,091)	24,976	7,835	17,140
Administrative Expense	3,766	0	3,766	4,374	607	33,865	0	33,865	35,664	1,798
Operating Income / (Loss)	2,537	(85)	2,452	(3,394)	5,846	(1,798)	(7,091)	(8,890)	(27,828)	18,938
Other Income / (Expense)	422	0	422	480	(58)	3,775	0	3,775	4,050	(275)
Net Income / (Loss)	\$2,959	(\$85)	\$2,874	(\$2,914)	\$5,789	\$1,977	(\$7,091)	(\$5,115)	(\$23,778)	\$18,663
PMPM										
Revenue	\$322.93		\$287.53	\$282.04	\$5.49	\$289.48		\$289.21	\$282.50	\$6.72
Medical	\$298.68		\$263.61	\$278.35	\$14.74	\$274.28		\$277.38	\$278.81	\$1.43
Gross Margin	\$24.25		\$23.92	\$3.70	\$20.23	\$15.19		\$11.83	\$3.69	\$8.15
Ratios										
Medical Loss Ratio	92.5%		91.7%	98.7%	7.0%	94.8%		95.9%	98.7%	2.8%
Administrative Expense %	4.5%		5.0%	5.9%	0.8%	5.5%		5.5%	5.9%	0.4%
Net Income / (Loss) %	3.5%		3.8%	-3.9%	7.7%	0.3%		-0.8%	-4.0%	3.1%

Notes:

Adjustments generally limited to \$300K.

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

2/28/2019

	<u>MONTH</u>	<u>3 MONTHS</u>	<u>6 MONTHS</u>	<u>YTD</u>
<u>CASH FLOWS FROM OPERATING ACTIVITIES</u>				
Commercial Premium Cash Flows				
Commercial Premium Revenue	\$2,002,512	\$6,034,401	\$12,037,397	\$16,068,380
Total	<u>2,002,512</u>	<u>6,034,401</u>	<u>12,037,397</u>	<u>16,068,380</u>
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	81,933,663	227,243,447	447,414,355	594,287,931
Allowance for Doubtful Accounts	0	0	0	0
Deferred Premium Revenue	0	0	0	0
Premium Receivable	(19,429,717)	(17,502,714)	(21,967,331)	(23,565,729)
Total	<u>62,503,946</u>	<u>209,740,733</u>	<u>425,447,024</u>	<u>570,722,202</u>
Investment & Other Income Cash Flows				
Other Revenue (Grants)	149,764	503,118	945,454	897,403
Interest Income	296,729	1,341,413	2,757,761	3,913,655
Interest Receivable	0	(99,639)	(135,819)	(38,918)
Total	<u>446,493</u>	<u>1,744,892</u>	<u>3,567,396</u>	<u>4,772,140</u>
Medical & Hospital Cash Flows				
Total Medical Expenses	(77,633,096)	(217,536,333)	(430,483,865)	(578,905,048)
Other Receivable	(422,463)	10,089	2,970,800	3,737,705
Claims Payable	(1,160,452)	(1,543,384)	2,761,880	(1,156,700)
IBNP Payable	(1,356,117)	602,162	(3,884,804)	(4,218,950)
Risk Share Payable	66,665	199,998	(2,931,712)	(2,598,380)
Health Program	(90,040)	(463,550)	(737,445)	(702,611)
Other Liabilities	0	0	(1)	0
Total	<u>(80,595,503)</u>	<u>(218,731,018)</u>	<u>(432,305,147)</u>	<u>(583,843,984)</u>
Administrative Cash Flows				
Total Administrative Expenses	(3,790,412)	(13,375,724)	(26,078,144)	(34,285,808)
Prepaid Expenses	259,417	65,232	(288,840)	(982,264)
CalPERS Pension Asset	0	0	0	0
CalPERS Deferred Outflow	0	0	0	0
Trade Accounts Payable	(669,890)	(1,523,947)	(7,037,632)	(309,216)
Other Accrued Liabilities	0	0	0	0
Payroll Liabilities	(2,250)	(49,816)	51,811	29,748
Depreciation Expense	161,189	544,713	1,139,576	1,537,869
Total	<u>(4,041,946)</u>	<u>(14,339,542)</u>	<u>(32,213,229)</u>	<u>(34,009,671)</u>
Interest Paid				
Debt Interest Expense	0	0	0	0
Total Cash Flows from Operating Activities	<u>(19,684,498)</u>	<u>(15,550,534)</u>	<u>(23,466,559)</u>	<u>(26,290,933)</u>

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

2/28/2019

	<u>MONTH</u>	<u>3 MONTHS</u>	<u>6 MONTHS</u>	<u>YTD</u>
<u>CASH FLOWS FROM INVESTING ACTIVITIES</u>				
Restricted Cash & Other Asset Cash Flows				
Provider Pass-Thru-Liabilities	24,597,049	15,975,365	(170,080,665)	(158,914,214)
Restricted Cash	<u>0</u>	<u>6,276</u>	<u>4,634</u>	<u>4,634</u>
	24,597,049	15,981,641	(170,076,031)	(158,909,580)
Fixed Asset Cash Flows				
Depreciation expense	161,189	544,713	1,139,576	1,537,869
Fixed Asset Acquisitions	(66,748)	(215,092)	(618,101)	(622,999)
Change in A/D	<u>(161,189)</u>	<u>(544,713)</u>	<u>(1,139,576)</u>	<u>(1,537,869)</u>
	(66,748)	(215,092)	(618,101)	(622,999)
Total Cash Flows from Investing Activities	<u>24,530,301</u>	<u>15,766,549</u>	<u>(170,694,132)</u>	<u>(159,532,579)</u>
Financing Cash Flows				
Subordinated Debt Proceeds	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Cash Flows	<u>4,845,803</u>	<u>216,015</u>	<u>(194,160,691)</u>	<u>(185,823,512)</u>
Rounding	1	(1)	0	1
Cash @ Beginning of Period	<u>228,257,766</u>	<u>232,887,556</u>	<u>427,264,261</u>	<u>418,927,081</u>
Cash @ End of Period	<u>\$233,103,570</u>	<u>\$233,103,570</u>	<u>\$233,103,570</u>	<u>\$233,103,570</u>
Difference (rounding)	0	0	0	0

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

2/28/2019

	<u>MONTH</u>	<u>3 MONTHS</u>	<u>6 MONTHS</u>	<u>YTD</u>
NET INCOME RECONCILIATION				
Net Income / (Loss)	\$2,959,160	\$4,210,322	\$6,592,958	\$1,976,514
Add back: Depreciation	161,189	544,713	1,139,576	1,537,869
Receivables				
Premiums Receivable	(19,429,717)	(17,502,714)	(21,967,331)	(23,565,729)
First Care Receivable	0	0	0	0
Family Care Receivable	0	0	0	0
Healthy Kids Receivable	0	0	0	0
Interest Receivable	0	(99,639)	(135,819)	(38,918)
Other Receivable	(422,463)	10,089	2,970,800	3,737,705
FQHC Receivable	0	0	0	0
Allowance for Doubtful Accounts	0	0	0	0
Total	<u>(19,852,180)</u>	<u>(17,592,264)</u>	<u>(19,132,350)</u>	<u>(19,866,942)</u>
Prepaid Expenses	259,417	65,232	(288,840)	(982,264)
Trade Payables	(669,890)	(1,523,947)	(7,037,632)	(309,216)
Claims Payable, IBNR & Risk Share				
IBNP	(1,356,117)	602,162	(3,884,804)	(4,218,950)
Claims Payable	(1,160,452)	(1,543,384)	2,761,880	(1,156,700)
Risk Share Payable	66,665	199,998	(2,931,712)	(2,598,380)
Other Liabilities	0	0	(1)	0
Total	<u>(2,449,904)</u>	<u>(741,224)</u>	<u>(4,054,637)</u>	<u>(7,974,030)</u>
Unearned Revenue				
Deferred Premium Revenue	0	0	0	0
Deferred Grant Revenue	0	0	0	0
Deferred Revenue - Family	0	0	0	0
Deferred Revenue - First	0	0	0	0
Deferred Revenue - IHSS	0	0	0	0
Deferred Revenue - HK	0	0	0	0
Deferred Revenue - Other	0	0	0	0
Total	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Other Liabilities				
Accrued Expenses	0	0	0	0
Payroll Liabilities	(2,250)	(49,816)	51,811	29,748
Health Program	(90,040)	(463,550)	(737,445)	(702,611)
Accrued Sub Debt Interest	0	0	0	0
Total Change in Other Liabilities	<u>(92,290)</u>	<u>(513,366)</u>	<u>(685,634)</u>	<u>(672,863)</u>
Cash Flows from Operating Activities	<u>(\$19,684,498)</u>	<u>(\$15,550,534)</u>	<u>(\$23,466,559)</u>	<u>(\$26,290,932)</u>
Difference (rounding)	0	0	0	1

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

2/28/2019

	<u>MONTH</u>	<u>3 MONTHS</u>	<u>6 MONTHS</u>	<u>YTD</u>
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received From:				
Capitation Received from State of CA	\$62,503,946	\$209,740,733	\$425,447,024	\$570,722,202
Commercial Premium Revenue	2,002,512	6,034,401	12,037,397	16,068,380
Other Income	149,764	503,118	945,454	897,403
Investment Income	296,729	1,241,774	2,621,942	3,874,737
Cash Paid To:				
Medical Expenses	(80,595,503)	(218,731,018)	(432,305,147)	(583,843,984)
Vendor & Employee Expenses	(4,041,946)	(14,339,542)	(32,213,229)	(34,009,671)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	<u>(19,684,498)</u>	<u>(15,550,534)</u>	<u>(23,466,559)</u>	<u>(26,290,933)</u>
Cash Flows from Financing Activities:				
Purchases of Fixed Assets	<u>(66,748)</u>	<u>(215,092)</u>	<u>(618,101)</u>	<u>(622,999)</u>
Net Cash Provided By (Used In) Financing Activities	<u>(66,748)</u>	<u>(215,092)</u>	<u>(618,101)</u>	<u>(622,999)</u>
Cash Flows from Investing Activities:				
Changes in Investments	0	0	0	0
Restricted Cash	<u>24,597,049</u>	<u>15,981,641</u>	<u>(170,076,031)</u>	<u>(158,909,580)</u>
Net Cash Provided By (Used In) Investing Activities	<u>24,597,049</u>	<u>15,981,641</u>	<u>(170,076,031)</u>	<u>(158,909,580)</u>
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Net Change in Cash	4,845,803	216,015	(194,160,691)	(185,823,512)
Cash @ Beginning of Period	<u>228,257,766</u>	<u>232,887,556</u>	<u>427,264,261</u>	<u>418,927,081</u>
Subtotal	\$233,103,569	\$233,103,571	\$233,103,570	\$233,103,569
Rounding	1	(1)	0	1
Cash @ End of Period	<u>\$233,103,570</u>	<u>\$233,103,570</u>	<u>\$233,103,570</u>	<u>\$233,103,570</u>
RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:				
Net Income / (Loss)	\$2,959,160	\$4,210,322	\$6,592,958	\$1,976,514
Depreciation	161,189	544,713	1,139,576	1,537,869
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	(19,852,180)	(17,592,264)	(19,132,350)	(19,866,942)
Prepaid Expenses	259,417	65,232	(288,840)	(982,264)
Trade Payables	(669,890)	(1,523,947)	(7,037,632)	(309,216)
Claims payable & IBNP	(2,449,904)	(741,224)	(4,054,637)	(7,974,030)
Deferred Revenue	0	0	0	0
Accrued Interest	0	0	0	0
Other Liabilities	(92,290)	(513,366)	(685,634)	(672,863)
Subtotal	<u>(19,684,498)</u>	<u>(15,550,534)</u>	<u>(23,466,559)</u>	<u>(26,290,932)</u>
Rounding	0	0	0	(1)
Cash Flows from Operating Activities	<u>(19,684,498)</u>	<u>(15,550,534)</u>	<u>(23,466,559)</u>	<u>(26,290,933)</u>

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

**GAAP BASIS
FOR THE CURRENT MONTH - FEBRUARY 2019**

	Child	Adults	Medi-Cal SPD	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Enrollment	93,809	34,651	26,059	82,149	17,399	254,067	5,854	259,921
Gross Revenue	\$14,079,828	\$10,713,855	\$25,136,429	\$29,218,434	\$2,785,178	\$81,933,723	\$2,002,512	\$83,936,235
Contra Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Revenue	\$14,079,828	\$10,713,855	\$25,136,429	\$29,218,434	\$2,785,178	\$81,933,723	\$2,002,512	\$83,936,235
Medical Expense	\$9,117,519	\$10,503,364	\$25,670,336	\$27,792,060	\$2,565,210	\$75,648,490	\$1,984,607	\$77,633,096
Gross Margin	\$4,962,309	\$210,490	(\$533,908)	\$1,426,374	\$219,968	\$6,285,234	\$17,905	\$6,303,139
Administrative Expense	\$319,446	\$475,457	\$1,356,511	\$1,359,932	\$124,823	\$3,636,170	\$130,033	\$3,766,203
Operating Income / (Expense)	\$4,642,863	(\$264,967)	(\$1,890,419)	\$66,442	\$95,145	\$2,649,064	(\$112,128)	\$2,536,936
Other Income / (Expense)	\$32,129	\$55,044	\$154,672	\$152,859	\$13,710	\$408,415	\$13,810	\$422,225
Net Income / (Loss)	\$4,674,992	(\$209,923)	(\$1,735,747)	\$219,301	\$108,856	\$3,057,479	(\$98,318)	\$2,959,161
Revenue PMPM	\$150.09	\$309.19	\$964.60	\$355.68	\$160.08	\$322.49	\$342.08	\$322.93
Medical Expense PMPM	\$97.19	\$303.12	\$985.09	\$338.31	\$147.43	\$297.75	\$339.02	\$298.68
Gross Margin PMPM	\$52.90	\$6.07	(\$20.49)	\$17.36	\$12.64	\$24.74	\$3.06	\$24.25
Administrative Expense PMPM	\$3.41	\$13.72	\$52.06	\$16.55	\$7.17	\$14.31	\$22.21	\$14.49
Operating Income / (Expense) PMPM	\$49.49	(\$7.65)	(\$72.54)	\$0.81	\$5.47	\$10.43	(\$19.15)	\$9.76
Other Income / (Expense) PMPM	\$0.34	\$1.59	\$5.94	\$1.86	\$0.79	\$1.61	\$2.36	\$1.62
Net Income / (Loss) PMPM	\$49.84	(\$6.06)	(\$66.61)	\$2.67	\$6.26	\$12.03	(\$16.79)	\$11.38
Medical Loss Ratio	64.8%	98.0%	102.1%	95.1%	92.1%	92.3%	99.1%	92.5%
Gross Margin Ratio	35.2%	2.0%	-2.1%	4.9%	7.9%	7.7%	0.9%	7.5%
Administrative Expense Ratio	2.3%	4.4%	5.4%	4.7%	4.5%	4.4%	6.5%	4.5%
Net Income Ratio	33.2%	-2.0%	-6.9%	0.8%	3.9%	3.7%	-4.9%	3.5%

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

**GAAP BASIS
FOR THE FISCAL YEAR-TO-DATE - FEBRUARY 2019**

	Child	Adults	Medi-Cal SPD	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Member Months	765,450	284,839	209,242	666,676	137,488	2,063,695	46,914	2,110,609
Revenue	\$83,796,439	\$78,178,473	\$190,799,744	\$220,021,232	\$22,107,575	\$594,903,463	\$16,068,395	\$610,971,859
Contra Revenue				\$0		\$0		\$0
Net Revenue	\$83,796,439	\$78,178,473	\$190,799,744	\$220,021,232	\$22,107,575	\$594,903,463	\$16,068,395	\$610,971,859
Medical Expense	\$68,154,561	\$76,812,678	\$190,131,518	\$211,150,605	\$18,268,688	\$564,518,051	\$14,386,997	\$578,905,048
Gross Margin	\$15,641,878	\$1,365,795	\$668,225	\$8,870,627	\$3,838,887	\$30,385,412	\$1,681,398	\$32,066,811
Administrative Expense	\$2,590,275	\$4,438,080	\$12,102,784	\$12,679,247	\$1,020,500	\$32,830,887	\$1,034,359	\$33,865,246
Operating Income / (Expense)	\$13,051,603	(\$3,072,285)	(\$11,434,559)	(\$3,808,621)	\$2,818,387	(\$2,445,475)	\$647,039	(\$1,798,435)
Other Income / (Expense)	\$258,739	\$495,202	\$1,394,314	\$1,419,422	\$109,905	\$3,677,583	\$97,367	\$3,774,949
Net Income / (Loss)	\$13,310,343	(\$2,577,083)	(\$10,040,244)	(\$2,389,199)	\$2,928,292	\$1,232,108	\$744,406	\$1,976,514
Revenue PMPM	\$109.47	\$274.47	\$911.86	\$330.03	\$160.80	\$288.27	\$342.51	\$289.48
Medical Expense PMPM	\$89.04	\$269.67	\$908.67	\$316.72	\$132.87	\$273.55	\$306.67	\$274.28
Gross Margin PMPM	\$20.43	\$4.79	\$3.19	\$13.31	\$27.92	\$14.72	\$35.84	\$15.19
Administrative Expense PMPM	\$3.38	\$15.58	\$57.84	\$19.02	\$7.42	\$15.91	\$22.05	\$16.05
Operating Income / (Expense) PMPM	\$17.05	(\$10.79)	(\$54.65)	(\$5.71)	\$20.50	(\$1.18)	\$13.79	(\$0.85)
Other Income / (Expense) PMPM	\$0.34	\$1.74	\$6.66	\$2.13	\$0.80	\$1.78	\$2.08	\$1.79
Net Income / (Loss) PMPM	\$17.39	(\$9.05)	(\$47.98)	(\$3.58)	\$21.30	\$0.60	\$15.87	\$0.94
Medical Loss Ratio	81.3%	98.3%	99.6%	96.0%	82.6%	94.9%	89.5%	94.8%
Gross Margin Ratio	18.7%	1.7%	0.4%	4.0%	17.4%	5.1%	10.5%	5.2%
Administrative Expense Ratio	3.1%	5.7%	6.3%	5.8%	4.6%	5.5%	6.4%	5.5%
Net Income Ratio	15.9%	-3.3%	-5.3%	-1.1%	13.2%	0.2%	4.6%	0.3%

**ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED February 28, 2019**

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
ADMINISTRATIVE EXPENSE SUMMARY								
\$2,278,448	\$2,563,016	\$284,569	11.1%	Personnel Expenses	\$18,193,496	\$19,468,627	\$1,275,131	6.5%
430,971	493,628	62,657	12.7%	Benefits Administration Expense	4,186,223	4,251,620	65,398	1.5%
345,515	564,078	218,563	38.7%	Purchased & Professional Services	3,575,595	4,987,469	1,411,873	28.3%
324,983	306,144	(18,838)	(6.2%)	Occupancy	2,905,526	2,789,039	(116,487)	(4.2%)
60,503	147,092	86,588	58.9%	Printing Postage & Promotion	927,519	1,150,138	222,619	19.4%
309,480	408,286	98,806	24.2%	Licenses Insurance & Fees	2,778,378	3,113,470	335,092	10.8%
16,304	(108,648)	(124,952)	115.0%	Supplies & Other Expenses	1,298,509	(96,839)	(1,395,348)	1,440.9%
1,487,755	1,810,580	322,825	17.8%	Total Other Administrative Expense	15,671,750	16,194,898	523,148	3.2%
\$3,766,203	\$4,373,597	\$607,394	13.9%	Total Administrative Expenses	\$33,865,246	\$35,663,525	\$1,798,280	5.0%

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**ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED February 28, 2019**

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
				Personnel Expenses				
\$1,480,415	\$1,601,567	\$121,152	7.6%	Salaries & Wages	\$12,012,408	\$12,412,502	\$400,094	3.2%
129,270	156,825	27,555	17.6%	Paid Time Off	1,148,953	1,232,848	83,896	6.8%
1,462	8,645	7,183	83.1%	Incentives	7,833	55,350	47,517	85.8%
350	250	(100)	(40.0%)	Employee of the Month	1,400	2,000	600	30.0%
0	0	0	0.0%	Severance Pay	27,681	0	(27,681)	0.0%
29,941	49,081	19,140	39.0%	Payroll Taxes	305,652	338,635	32,983	9.7%
13,723	17,438	3,715	21.3%	Overtime	131,160	137,994	6,834	5.0%
121,550	134,359	12,809	9.5%	CalPERS ER Match	950,873	1,021,731	70,859	6.9%
434,289	488,515	54,226	11.1%	Employee Benefits	3,043,972	3,348,746	304,774	9.1%
1,320	0	(1,320)	0.0%	Personal Floating Holiday	76,610	81,277	4,667	5.7%
7,188	4,015	(3,173)	(79.0%)	Employee Relations	76,435	103,341	26,906	26.0%
1,513	1,913	401	20.9%	Transportation Reimbursement	10,772	14,864	4,092	27.5%
181	1,225	1,044	85.2%	Travel & Lodging	20,163	31,712	11,549	36.4%
18,169	0	(18,169)	0.0%	Temporary Help Services	94,493	122,940	28,447	23.1%
37,725	29,774	(7,952)	(26.7%)	Staff Development/Training	156,023	189,999	33,976	17.9%
1,352	69,409	68,057	98.1%	Staff Recruitment/Advertising	129,070	374,689	245,619	65.6%
2,278,448	2,563,016	284,569	11.1%	Total Employee Expenses	18,193,496	19,468,627	1,275,131	6.5%
				Benefit Administration Expense				
266,956	267,288	333	0.1%	RX Administration Expense	2,708,216	2,674,187	(34,029)	(1.3%)
164,015	226,340	62,325	27.5%	Behavioral Hlth Administration Fees	1,478,006	1,577,433	99,427	6.3%
430,971	493,628	62,657	12.7%	Total Employee Expenses	4,186,223	4,251,620	65,398	1.5%
				Purchased & Professional Services				
34,681	75,712	41,031	54.2%	Consulting Services	617,732	754,425	136,693	18.1%
175,825	334,878	159,053	47.5%	Computer Support Services	2,041,003	2,918,831	877,828	30.1%
20,486	8,750	(11,736)	(134.1%)	Professional Fees-Accounting	81,736	91,000	9,264	10.2%
71,018	112,089	41,071	36.6%	Other Purchased Services	518,619	896,867	378,248	42.2%
6,980	0	(6,980)	0.0%	Maint & Repair-Office Equipment	51,565	13,400	(38,165)	(284.8%)
72	0	(72)	0.0%	MIS Software (Non-Capital)	4,531	2,411	(2,120)	(87.9%)
1,639	9,399	7,760	82.6%	Hardware (Non-Capital)	22,279	59,834	37,555	62.8%
7,005	8,000	995	12.4%	Provider Relations-Credentailing	53,687	59,741	6,054	10.1%
27,809	15,250	(12,559)	(82.4%)	Legal Fees	184,444	190,958	6,514	3.4%
345,515	564,078	218,563	38.7%	Total Purchased & Professional Services	3,575,595	4,987,469	1,411,873	28.3%
				Occupancy				
135,082	138,113	3,031	2.2%	Depreciation	1,198,590	1,226,746	28,156	2.3%
26,107	26,107	0	0.0%	Amortization	339,438	339,439	1	0.0%
61,246	62,096	850	1.4%	Building Lease	489,969	495,069	5,100	1.0%
3,132	3,157	25	0.8%	Leased and Rented Office Equipment	25,258	25,258	0	0.0%
11,169	15,791	4,622	29.3%	Utilities	110,345	127,309	16,964	13.3%
76,538	48,958	(27,580)	(56.3%)	Telephone	655,157	491,901	(163,256)	(33.2%)
11,709	11,922	214	1.8%	Building Maintenance	86,768	83,316	(3,452)	(4.1%)
324,983	306,144	(18,838)	(6.2%)	Total Occupancy	2,905,526	2,789,039	(116,487)	(4.2%)

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**ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED February 28, 2019**

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
				Printing Postage & Promotion				
\$23,670	\$43,977	\$20,307	46.2%	Postage	\$289,798	\$380,000	\$90,202	23.7%
0	3,800	3,800	100.0%	Design & Layout	13,685	25,180	11,495	45.7%
26,972	65,139	38,168	58.6%	Printing Services	463,205	510,459	47,253	9.3%
3,883	12,600	8,717	69.2%	Mailing Services	24,614	66,175	41,561	62.8%
3,612	2,865	(747)	(26.1%)	Courier/Delivery Service	24,228	21,957	(2,271)	(10.3%)
8	258	250	96.8%	Pre-Printed Materials and Publications	2,071	5,097	3,025	59.4%
0	3,000	3,000	100.0%	Promotional Products	23,821	21,000	(2,821)	(13.4%)
0	0	0	0.0%	Promotional Services	2,324	10,000	7,676	76.8%
145	10,000	9,855	98.6%	Community Relations	47,895	65,500	17,605	26.9%
2,214	5,452	3,239	59.4%	Translation - Non-Clinical	35,878	44,771	8,894	19.9%
60,503	147,092	86,588	58.9%	Total Printing Postage & Promotion	927,519	1,150,138	222,619	19.4%
				Licenses Insurance & Fees				
16,884	24,994	8,111	32.5%	Bank Fees	123,735	168,980	45,245	26.8%
0	5,700	5,700	100.0%	Payroll Fees	0	38,390	38,390	100.0%
47,528	50,194	2,666	5.3%	Insurance	380,221	396,219	15,998	4.0%
188,372	271,419	83,047	30.6%	Licenses, Permits and Fees	1,853,743	2,064,104	210,362	10.2%
56,696	55,979	(718)	(1.3%)	Subscriptions & Dues	420,680	445,778	25,098	5.6%
309,480	408,286	98,806	24.2%	Total Licenses Insurance & Postage	2,778,378	3,113,470	335,092	10.8%
				Supplies & Other Expenses				
6,409	9,500	3,091	32.5%	Office and Other Supplies	41,835	69,259	27,424	39.6%
3,433	2,925	(508)	(17.4%)	Ergonomic Supplies	11,008	21,975	10,967	49.9%
5,961	12,260	6,299	51.4%	Commissary-Food & Beverage	42,711	78,593	35,882	45.7%
0	(133,333)	(133,333)	100.0%	Miscellaneous Expense	1,200,000	(266,666)	(1,466,666)	550.0%
500	0	(500)	0.0%	Member Incentive Expense	2,955	0	(2,955)	0.0%
16,304	(108,648)	(124,952)	115.0%	Total Supplies & Other Expense	1,298,509	(96,839)	(1,395,348)	1,440.9%
\$3,766,203	\$4,373,597	\$607,394	13.9%	TOTAL ADMINISTRATIVE EXPENSE	\$33,865,246	\$35,663,525	\$1,798,280	5.0%

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ADMIN YTD 2019
03/29/19
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.)
1. Hardware:						
Laptops	IT-FY19-01	1,631	2,848	\$ 4,479	\$ 33,000	\$ 28,521
Tablets, Surfaces, Macs	IT-FY19-02	14,595		\$ 14,595	\$ 55,000	\$ 40,405
Monitors-(Dual per User)	IT-FY19-03			\$ -	\$ 57,000	\$ 57,000
Cisco IP Phone	IT-FY19-04			\$ -	\$ 20,000	\$ 20,000
Desk Tops	IT-FY19-05	29,432		\$ 29,432	\$ 52,500	\$ 23,068
UCS Blades	IT-FY19-06			\$ -	\$ 103,840	\$ 103,840
DLP Hardware	IT-FY19-07			\$ -	\$ 45,000	\$ 45,000
Cisco Switch	IT-FY19-08	163,259	-	\$ 163,259	\$ 162,660	\$ (599)
Cisco Wireless Access Points	IT-FY19-09			\$ -	\$ 12,000	\$ 12,000
Video Conferencing Upgrades	IT-FY19-10			\$ -	\$ 32,000	\$ 32,000
Unplanned Hardware	IT-FY19-11	15,094	33,771	\$ 48,865	\$ -	\$ (48,865)
Carryover from FY18	IT-FY19-12			\$ -	\$ -	\$ -
Hardware Subtotal		\$ 224,011	\$ 36,620	\$ 260,631	\$ 573,000	\$ 312,369
2. Software:						
Storage Upgrade	AC-FY19-01			\$ -	\$ -	\$ -
MS Server 2016	AC-FY19-02			\$ -	\$ 128,700	\$ 128,700
VMWare Licensisng	AC-FY19-03			\$ -	\$ 95,500	\$ 95,500
Unplanned Software	AC-FY19-04			\$ -	\$ -	\$ -
Carryover from FY18	AC-FY19-05			\$ -	\$ -	\$ -
Software Subtotal		\$ -	\$ -	\$ -	\$ 224,200	\$ 224,200
3. Building Improvement:						
1240 HVAC Replace AC-4 1st Floor IT area 5Ton Unit	FA-FY19-01	12,354		\$ 12,354	\$ 11,770	\$ (584)
1240 HVAC Replace AC4-Livermore Piedmont 8Ton Unit	FA-FY19-02	15,934		\$ 15,934	\$ 15,350	\$ (584)
1240 HVAC Emeryville East 14Ton Unit	FA-FY19-03	23,344		\$ 23,344	\$ 22,760	\$ (584)
1240 HVAC AC-6 1st Floor Training 2Ton Unit	FA-FY19-04	9,544		\$ 9,544	\$ 8,960	\$ (584)
1240 HVAC AC-6 1st Floor IT Area 5Ton Unit	FA-FY19-05	12,354		\$ 12,354	\$ 11,770	\$ (584)
1240 HVAC Emeryville West 10Ton Unit	FA-FY19-06	16,124		\$ 16,124	\$ 15,540	\$ (584)
1240 HVAC - Air Balance Trane 50 Ton & 400K Furnace unit, 42 VAV boxes, 6 AC package units, and 2 AC split systems	FA-FY19-07			\$ -	\$ 25,000	\$ 25,000
ACME Security Readers, Cameras, Doors, HD Boxes, if needed or repairs	FA-FY19-08			\$ -	\$ 20,000	\$ 20,000
ACME Badge printer, supplies, softwares/extra security (est.)	FA-FY19-09			\$ -	\$ 10,000	\$ 10,000
Red Hawk Full Fire Equipment upgrades (est.)	FA-FY19-10	5,726	21,955	\$ 27,681	\$ 80,000	\$ 52,319

	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	42,848		\$ 42,848	\$ 20,000	\$ (22,848)
Carryover from FY18 / unplanned	FA-FY19-16	6,749		\$ 6,749	\$ -	\$ (6,749)
Building Improvement Subtotal		\$ 144,977	\$ 21,955	\$ 166,932	\$ 356,150	\$ 189,218
4. Furniture & Equipment:						
Office Desks, cabinets, box files/ shelves old/broken	FA-FY19-17	2,906		\$ 2,906	\$ 100,000	\$ 97,094
Cubicles and Workstations (various areas)	FA-FY19-18	100,925		\$ 100,925	\$ 250,000	\$ 149,075
Facilities/Warehouse Shelvings, for re-organization	FA-FY19-19			\$ -	\$ 5,000	\$ 5,000
Construction (projects, ad hoc, patch/paint)	FA-FY19-20			\$ -	\$ 20,000	\$ 20,000
Varidesks/ Ergotrons - Ergo	FA-FY19-21	11,362		\$ 11,362	\$ 30,000	\$ 18,638
Tasks Chairs : Various sizes, special order or for Ergo	FA-FY19-22	17,458	6,705	\$ 24,163	\$ 20,000	\$ (4,163)
Electrical work (projects, cubes, ad hoc requests)	FA-FY19-23			\$ -	\$ 20,000	\$ 20,000
Carryover from FY18	FA-FY19-24	4,707		\$ 4,707	\$ -	\$ (4,707)
Furniture & Equipment Subtotal		\$ 137,358	\$ 6,705	\$ 144,063	\$ 445,000	\$ 300,937
5. Leasehold Improvement:						
1320, Suite 100 build out offices/Construction (est.)	FA-FY19-25	49,906		\$ 49,906	\$ 45,000	\$ (4,906)
1320, Suite 100 Carpet Replacement & Paint (est.)	FA-FY19-26		1,468	\$ 1,468	\$ 80,000	\$ 78,532
Carryover from FY18	FA-FY19-27			\$ -	\$ -	\$ -
Leasehold Improvement Subtotal		\$ 49,906	\$ 1,468	\$ 51,374	\$ 125,000	\$ 73,626
6. Contingency:						
Contingency	FA-FY19-27			\$ -	\$ -	\$ -
Emergency Kits Reorder	FA-FY19-28			\$ -	\$ -	\$ -
Shelving for Cage (vendor: Uline)	FA-FY19-29			\$ -	\$ -	\$ -
Contingency Subtotal		\$ -	\$ -	\$ -	\$ -	\$ -
GRAND TOTAL		\$ 556,252	\$ 66,748	\$ 623,000	\$ 1,723,350	\$ 1,100,350
7. Reconciliation to Balance Sheet:						
Fixed Assets @ Cost - 2/28/19				\$ 40,437,911		
Fixed Assets @ Cost - 6/30/18				\$ 39,814,912		
Fixed Assets Acquired YTD				\$ 622,999		
				\$ (0)		

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

<u>TANGIBLE NET EQUITY (TNE)</u>	Jul-18	Aug-18	QTR. END Sep-18	Oct-18	Nov-18	QTR. END Dec-18	Jan-19	Feb-19
Current Month Net Income / (Loss)	\$1,100,779	(\$5,717,223)	\$1,733,826	\$607,174	\$41,636	\$2,608,640	(\$1,357,479)	\$2,959,161
YTD Net Income / (Loss)	\$1,100,779	(\$4,616,444)	(\$2,882,618)	(\$2,275,443)	(\$2,233,807)	\$374,833	(\$982,647)	\$1,976,514
Actual TNE								
Net Assets	\$191,260,493	\$185,543,269	\$187,277,096	\$187,884,270	\$187,925,906	\$190,534,546	\$189,177,067	\$192,136,228
Subordinated Debt & Interest	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Actual TNE	\$191,260,493	\$185,543,269	\$187,277,096	\$187,884,270	\$187,925,906	\$190,534,546	\$189,177,067	\$192,136,228
Increase/(Decrease) in Actual TNE	\$1,100,780	(\$5,717,224)	\$1,733,827	\$607,174	\$41,636	\$2,608,640	(\$1,357,479)	\$2,959,161
Required TNE⁽¹⁾	\$31,166,625	\$31,946,145	\$31,392,360	\$31,655,826	\$31,645,459	\$31,508,335	\$31,739,329	\$32,455,566
Min. Req'd to Avoid Monthly Reporting (130% of Required TNE)	\$40,516,613	\$41,529,989	\$40,810,068	\$41,152,573	\$41,139,097	\$40,960,836	\$41,261,128	\$42,192,236
TNE Excess / (Deficiency)	\$160,093,868	\$153,597,124	\$155,884,736	\$156,228,444	\$156,280,447	\$159,026,211	\$157,437,738	\$159,680,662
Actual TNE as a Multiple of Required	6.14	5.81	5.97	5.94	5.94	6.05	5.96	5.92

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

LIQUID TANGIBLE NET EQUITY

Net Assets	\$191,260,493	\$185,543,269	\$187,277,096	\$187,884,270	\$187,925,906	\$190,534,546	\$189,177,067	\$192,136,228
Fixed Assets at Net Book Value	(11,799,357)	(11,604,651)	(11,572,248)	(11,489,296)	(11,412,796)	(11,244,310)	(11,177,617)	(11,083,175)
CD Pledged to DMHC	(346,350)	(346,350)	(347,991)	(347,991)	(347,991)	(691,695)	(341,716)	(341,716)
Liquid TNE (Liquid Reserves)	\$179,114,786	\$173,592,268	\$175,356,857	\$176,046,983	\$176,165,119	\$178,598,541	\$177,657,734	\$180,711,337
Liquid TNE as Multiple of Required	5.75	5.43	5.59	5.56	5.57	5.67	5.60	5.57

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

Page 1	Actual Enrollment by Plan & Category of Aid
Page 2	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
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	97,284	96,634	96,457	95,954	95,499	95,322	94,491	93,809	0	0	0	0	765,450
Adults	36,468	35,987	35,922	35,716	35,501	35,559	35,035	34,651	0	0	0	0	284,839
SPD	26,208	26,170	26,207	26,249	26,168	26,103	26,078	26,059	0	0	0	0	209,242
ACA OE	83,068	83,271	83,829	84,009	83,746	83,920	82,684	82,149	0	0	0	0	666,676
Duals	16,790	16,951	17,097	17,192	17,311	17,400	17,348	17,399	0	0	0	0	137,488
Medi-Cal Program	259,818	259,013	259,512	259,120	258,225	258,304	255,636	254,067	0	0	0	0	2,063,695
Group Care Program	5,839	5,858	5,856	5,889	5,842	5,886	5,890	5,854	0	0	0	0	46,914
Total	265,657	264,871	265,368	265,009	264,067	264,190	261,526	259,921	0	0	0	0	2,110,609

Month Over Month Enrollment Change:

Medi-Cal Monthly Change													
Child	(585)	(650)	(177)	(503)	(455)	(177)	(831)	(682)	0	0	0	0	(4,060)
Adults	(417)	(481)	(65)	(206)	(215)	58	(524)	(384)	0	0	0	0	(2,234)
SPD	119	(38)	37	42	(81)	(65)	(25)	(19)	0	0	0	0	(30)
ACA OE	(1,113)	203	558	180	(263)	174	(1,236)	(535)	0	0	0	0	(2,032)
Duals	1,324	161	146	95	119	89	(52)	51	0	0	0	0	1,933
Medi-Cal Program	(672)	(805)	499	(392)	(895)	79	(2,668)	(1,569)	0	0	0	0	(6,423)
Group Care Program	32	19	(2)	33	(47)	44	4	(36)	0	0	0	0	47
Total	(640)	(786)	497	(359)	(942)	123	(2,664)	(1,605)	0	0	0	0	(6,376)

Enrollment Percentages:

Medi-Cal Program:													
Child % of Medi-Cal	37.4%	37.3%	37.2%	37.0%	37.0%	36.9%	37.0%	36.9%	0.0%	0.0%	0.0%	0.0%	37.1%
Adults % of Medi-Cal	14.0%	13.9%	13.8%	13.8%	13.7%	13.8%	13.7%	13.6%	0.0%	0.0%	0.0%	0.0%	13.8%
SPD % of Medi-Cal	10.1%	10.1%	10.1%	10.1%	10.1%	10.1%	10.2%	10.3%	0.0%	0.0%	0.0%	0.0%	10.1%
ACA OE % of Medi-Cal	32.0%	32.1%	32.3%	32.4%	32.4%	32.5%	32.3%	32.3%	0.0%	0.0%	0.0%	0.0%	32.3%
Duals % of Medi-Cal	6.5%	6.5%	6.6%	6.6%	6.7%	6.7%	6.8%	6.8%	0.0%	0.0%	0.0%	0.0%	6.7%
Medi-Cal Program % of Total	97.8%	97.8%	97.8%	97.8%	97.8%	97.8%	97.7%	97.7%	0.0%	0.0%	0.0%	0.0%	97.8%
Group Care Program % of Total	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%	2.3%	2.3%	0.0%	0.0%	0.0%	0.0%	2.2%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%

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

Page 1	Actual Enrollment by Plan & Category of Aid
Page 2	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
Current Direct/Delegate Enrollment:													
Directly-Contracted													
Directly Contracted (DCP)	52,622	52,107	52,066	51,544	51,835	52,152	50,615	50,235	0	0	0	0	413,176
Alameda Health System	48,458	48,710	48,959	49,159	48,771	48,873	48,787	48,241	0	0	0	0	389,958
	101,080	100,817	101,025	100,703	100,606	101,025	99,402	98,476	0	0	0	0	803,134
Delegated:													
CFMG	33,132	32,898	32,836	32,676	32,488	32,520	31,962	31,722	0	0	0	0	260,234
CHCN	97,049	96,859	97,120	97,107	96,559	96,414	96,389	95,906	0	0	0	0	773,403
Kaiser	34,396	34,297	34,387	34,523	34,414	34,231	33,773	33,817	0	0	0	0	273,838
Delegated Subtotal	164,577	164,054	164,343	164,306	163,461	163,165	162,124	161,445	0	0	0	0	1,307,475
Total	265,657	264,871	265,368	265,009	264,067	264,190	261,526	259,921	0	0	0	0	2,110,609
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	(454)	(263)	208	(322)	(97)	419	(1,623)	(926)	0	0	0	0	(3,058)
Delegated:													
CFMG	(279)	(234)	(62)	(160)	(188)	32	(558)	(240)	0	0	0	0	(1,689)
CHCN	241	(190)	261	(13)	(548)	(145)	(25)	(483)	0	0	0	0	(902)
Kaiser	(148)	(99)	90	136	(109)	(183)	(458)	44	0	0	0	0	(727)
Delegated Subtotal	(186)	(523)	289	(37)	(845)	(296)	(1,041)	(679)	0	0	0	0	(3,318)
Total	(640)	(786)	497	(359)	(942)	123	(2,664)	(1,605)	0	0	0	0	(6,376)
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	38.0%	38.1%	38.1%	38.0%	38.1%	38.2%	38.0%	37.9%	0.0%	0.0%	0.0%	0.0%	38.1%
Delegated:													
CFMG	12.5%	12.4%	12.4%	12.3%	12.3%	12.3%	12.2%	12.2%	0.0%	0.0%	0.0%	0.0%	12.3%
CHCN	36.5%	36.6%	36.6%	36.6%	36.6%	36.5%	36.9%	36.9%	0.0%	0.0%	0.0%	0.0%	36.6%
Kaiser	12.9%	12.9%	13.0%	13.0%	13.0%	13.0%	12.9%	13.0%	0.0%	0.0%	0.0%	0.0%	13.0%
Delegated Subtotal	62.0%	61.9%	61.9%	62.0%	61.9%	61.8%	62.0%	62.1%	0.0%	0.0%	0.0%	0.0%	61.9%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%

ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED February 28, 2019

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
				CAPITATED MEDICAL EXPENSES:				
\$1,492,347	\$1,151,880	(\$340,467)	(29.6%)	PCP-Capitation	\$11,555,084	\$9,600,460	(\$1,954,624)	(20.4%)
2,750,977	2,492,987	(257,990)	(10.3%)	PCP-Capitation - FQHC	22,326,308	20,106,066	(2,220,242)	(11.0%)
266,833	292,203	25,370	8.7%	Specialty-Capitation	2,251,635	2,328,017	76,382	3.3%
2,817,585	3,553,422	735,837	20.7%	Specialty-Capitation FQHC	22,880,323	27,118,826	4,238,503	15.6%
254,431	254,646	215	0.1%	Laboratory-Capitation	2,060,921	2,047,153	(13,768)	(0.7%)
339,284	344,478	5,194	1.5%	Transportation (Ambulance)-Cap	2,693,493	2,649,565	(43,928)	(1.7%)
197,127	199,869	2,742	1.4%	Vision Cap	1,600,792	1,605,718	4,926	0.3%
77,732	84,962	7,230	8.5%	CFMG Capitation	654,858	676,883	22,025	3.3%
142,971	269,245	126,274	46.9%	Anc IPA Admin Capitation FQHC	1,160,668	1,906,379	745,711	39.1%
7,810,971	8,203,724	392,753	4.8%	Kaiser Capitation	62,364,195	64,823,169	2,458,974	3.8%
504,414	537,318	32,904	6.1%	DME - Cap	4,062,703	4,233,107	170,404	4.0%
16,654,672	17,384,734	730,062	4.2%	5-TOTAL CAPITATED EXPENSES	133,610,978	137,095,343	3,484,365	2.5%
				FEE FOR SERVICE MEDICAL EXPENSES:				
(702,046)	0	702,046	0.0%	IBNP-Inpatient Services	(410,805)	0	410,805	0.0%
(21,062)	0	21,062	0.0%	IBNP-Settlement (IP)	(12,321)	0	12,321	0.0%
(70,203)	0	70,203	0.0%	IBNP-Claims Fluctuation (IP)	(41,084)	0	41,084	0.0%
18,276,898	21,414,975	3,138,077	14.7%	Inpatient Hospitalization-FFS	146,312,023	178,000,051	31,688,028	17.8%
1,156,069	0	(1,156,069)	0.0%	IP OB - Mom & NB	9,527,624	0	(9,527,624)	0.0%
22,749	0	(22,749)	0.0%	IP Behavioral Health	463,847	0	(463,847)	0.0%
0	0	0	0.0%	IP - Per Diem	(3,438)	0	3,438	0.0%
836,217	0	(836,217)	0.0%	IP - Long Term Care	7,588,828	0	(7,588,828)	0.0%
503,680	0	(503,680)	0.0%	IP - Facility Rehab FFS	5,875,799	0	(5,875,799)	0.0%
20,002,303	21,414,975	1,412,672	6.6%	6-Inpatient Hospital & SNF FFS Expense	169,300,473	178,000,051	8,699,578	4.9%
(452,566)	0	452,566	0.0%	IBNP-PCP	(724,664)	0	724,664	0.0%
(13,577)	0	13,577	0.0%	IBNP-Settlement (PCP)	(21,736)	0	21,736	0.0%
(45,258)	0	45,258	0.0%	IBNP-Claims Fluctuation (PCP)	(72,473)	0	72,473	0.0%
1,259,754	1,141,868	(117,886)	(10.3%)	Primary Care Non-Contracted FF	10,337,677	9,140,264	(1,197,413)	(13.1%)
109,744	92,546	(17,198)	(18.6%)	PCP FQHC FFS	1,000,682	991,295	(9,387)	(0.9%)
9,945,867	614,345	(9,331,522)	(1,518.9%)	Prop 56 Direct Payment Expenses	14,395,923	4,973,002	(9,422,921)	(189.5%)
10,803,965	1,848,759	(8,955,206)	(484.4%)	7-Primary Care Physician FFS Expense	24,915,410	15,104,561	(9,810,849)	(65.0%)
(339,796)	0	339,796	0.0%	IBNP-Specialist	48,235	0	(48,235)	0.0%
1,770,945	0	(1,770,945)	0.0%	Specialty Care-FFS	14,073,824	0	(14,073,824)	0.0%
103,933	0	(103,933)	0.0%	Anesthesiology - FFS	1,195,963	0	(1,195,963)	0.0%
551,802	0	(551,802)	0.0%	Spec Rad Therapy - FFS	4,971,943	0	(4,971,943)	0.0%
90,184	0	(90,184)	0.0%	Obstetrics-FFS	966,116	0	(966,116)	0.0%
246,449	0	(246,449)	0.0%	Spec IP Surgery - FFS	1,868,604	0	(1,868,604)	0.0%
361,365	0	(361,365)	0.0%	Spec OP Surgery - FFS	3,780,334	0	(3,780,334)	0.0%
342,908	3,806,687	3,463,779	91.0%	Spec IP Physician	2,637,695	30,995,568	28,357,873	91.5%
98,595	80,852	(17,743)	(21.9%)	SCP FQHC FFS	855,381	760,232	(95,149)	(12.5%)
(10,195)	0	10,195	0.0%	IBNP-Settlement (SCP)	1,442	0	(1,442)	0.0%
(33,981)	0	33,981	0.0%	IBNP-Claims Fluctuation (SCP)	4,827	0	(4,827)	0.0%
3,182,210	3,887,539	705,329	18.1%	8-Specialty Care Physician Expense	30,404,364	31,755,800	1,351,436	4.3%
(50,266)	0	50,266	0.0%	IBNP-Ancillary	246,932	0	(246,932)	0.0%
(1,507)	0	1,507	0.0%	IBNP Settlement (ANC)	7,412	0	(7,412)	0.0%
(5,028)	0	5,028	0.0%	IBNP Claims Fluctuation (ANC)	24,694	0	(24,694)	0.0%
308,145	0	(308,145)	0.0%	Acupuncture/Biofeedback	2,432,136	0	(2,432,136)	0.0%
110,333	0	(110,333)	0.0%	Hearing Devices	793,793	0	(793,793)	0.0%
17,480	0	(17,480)	0.0%	Imaging/MRI/CT Global	188,620	0	(188,620)	0.0%
26,026	0	(26,026)	0.0%	Vision FFS	290,098	0	(290,098)	0.0%
5,054	0	(5,054)	0.0%	Family Planning	54,780	0	(54,780)	0.0%
150,778	0	(150,778)	0.0%	Laboratory-FFS	1,570,699	0	(1,570,699)	0.0%
103,474	0	(103,474)	0.0%	ANC Therapist	783,418	0	(783,418)	0.0%
271,038	0	(271,038)	0.0%	Transportation (Ambulance)-FFS	2,236,267	0	(2,236,267)	0.0%
43,232	0	(43,232)	0.0%	Transportation (Other)-FFS	445,800	0	(445,800)	0.0%
247,153	0	(247,153)	0.0%	Hospice	3,005,771	0	(3,005,771)	0.0%
317,170	0	(317,170)	0.0%	Home Health Services	3,028,245	0	(3,028,245)	0.0%
0	2,582,450	2,582,450	100.0%	Other Medical-FFS	17	20,078,669	20,078,652	100.0%
0	0	0	0.0%	Denials	8,689	0	(8,689)	0.0%
0	0	0	0.0%	Refunds-Medical Payments	15,668	0	(15,668)	0.0%
186,521	0	(186,521)	0.0%	DME & Medical Supplies	1,509,859	0	(1,509,859)	0.0%

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MED FFS CAP 2019

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ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED February 28, 2019

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
\$585,974	\$0	(\$585,974)	0.0%	GEMT Direct Payment Expense	\$585,974	\$0	(\$585,974)	0.0%
448,923	0	(448,923)	0.0%	Community Based Adult Services (CBAS)	3,832,999	0	(3,832,999)	0.0%
2,764,501	2,582,450	(182,051)	(7.0%)	9-Ancillary Medical Expense	21,061,873	20,078,669	(983,204)	(4.9%)
274,535	0	(274,535)	0.0%	IBNP-Outpatient	(815,114)	0	815,114	0.0%
8,236	0	(8,236)	0.0%	IBNP Settlement (OP)	(24,456)	0	24,456	0.0%
27,454	0	(27,454)	0.0%	IBNP Claims Fluctuation (OP)	(81,508)	0	81,508	0.0%
1,327,756	8,026,217	6,698,461	83.5%	Out-Patient FFS	12,373,710	63,478,224	51,104,514	80.5%
973,946	0	(973,946)	0.0%	OP Ambul Surgery - FFS	8,187,345	0	(8,187,345)	0.0%
1,269,996	0	(1,269,996)	0.0%	OP Fac Imaging Services-FFS	8,104,234	0	(8,104,234)	0.0%
1,701,163	0	(1,701,163)	0.0%	Behav Health - FFS	13,606,604	0	(13,606,604)	0.0%
260,438	0	(260,438)	0.0%	OP Facility - Lab FFS	2,398,816	0	(2,398,816)	0.0%
66,387	0	(66,387)	0.0%	OP Facility - Cardio FFS	629,052	0	(629,052)	0.0%
57,362	0	(57,362)	0.0%	OP Facility - PT/OT/ST FFS	451,883	0	(451,883)	0.0%
1,469,723	0	(1,469,723)	0.0%	OP Facility - Dialysis FFS	11,681,785	0	(11,681,785)	0.0%
7,436,995	8,026,217	589,222	7.3%	10-Outpatient Medical Expense Medical Expense	56,512,352	63,478,224	6,965,872	11.0%
506,672	0	(506,672)	0.0%	IBNP-Emergency	(1,343,127)	0	1,343,127	0.0%
15,201	0	(15,201)	0.0%	IBNP Settlement (ER)	(40,296)	0	40,296	0.0%
50,668	0	(50,668)	0.0%	IBNP Claims Fluctuation (ER)	(134,312)	0	134,312	0.0%
558,415	0	(558,415)	0.0%	Special ER Physician-FFS	4,742,355	0	(4,742,355)	0.0%
0	0	0	0.0%	ER-Non Emergent-FFS	6,202	0	(6,202)	0.0%
2,727,251	3,845,781	1,118,530	29.1%	ER-Facility	23,212,992	29,160,081	5,947,089	20.4%
3,858,207	3,845,781	(12,426)	(0.3%)	11-Emergency Expense	26,443,814	29,160,081	2,716,267	9.3%
(436,635)	0	436,635	0.0%	IBNP-Pharmacy	(735,040)	0	735,040	0.0%
(13,100)	0	13,100	0.0%	IBNP Settlement (RX)	(22,053)	0	22,053	0.0%
(43,663)	0	43,663	0.0%	IBNP Claims Fluctuation (RX)	(73,503)	0	73,503	0.0%
3,112,232	2,509,506	(602,726)	(24.0%)	RX - Non-PBM FFS	26,645,167	22,127,032	(4,518,135)	(20.4%)
8,913,901	11,001,554	2,087,653	19.0%	Pharmacy-FFS	82,510,106	86,043,162	3,533,056	4.1%
(434,074)	(434,074)	0	0.0%	Pharmacy-Rebate	(3,823,542)	(3,439,561)	383,981	(11.2%)
11,098,662	13,076,986	1,978,324	15.1%	12-Pharmacy Expense	104,501,135	104,730,633	229,498	0.2%
59,146,843	54,682,707	(4,464,136)	(8.2%)	13-TOTAL FFS MEDICAL EXPENSES	433,139,420	442,308,019	9,168,599	2.1%
0	(151,305)	(151,305)	100.0%	Clinical Vacancy	0	(549,177)	(549,177)	100.0%
129,510	181,633	52,122	28.7%	Quality Analytics	740,368	999,826	259,458	26.0%
258,465	382,041	123,576	32.3%	Health Plan Services Department Total	2,149,429	2,769,374	619,945	22.4%
351,052	355,886	4,834	1.4%	Case & Disease Management Department Total	2,871,511	2,704,075	(167,436)	(6.2%)
103,741	153,719	49,977	32.5%	Medical Services Department Total	1,049,532	1,173,311	123,779	10.5%
404,507	476,521	72,014	15.1%	Quality Management Department Total	3,609,607	3,888,929	279,322	7.2%
101,956	132,904	30,948	23.3%	Pharmacy Services Department Total	907,602	1,037,250	129,648	12.5%
19,255	31,775	12,520	39.4%	Regulatory Readiness Total	66,821	145,446	78,625	54.1%
1,368,487	1,563,173	194,686	12.5%	14-Other Benefits & Services	11,394,869	12,169,033	774,165	6.4%
0	(342,434)	(342,434)	100.0%	Reinsurance Expense	(3,177,403)	(2,977,549)	199,854	(6.7%)
396,430	402,864	6,434	1.6%	Reinsurance Recoveries	3,203,855	3,222,610	18,755	0.6%
396,430	60,430	(336,000)	(556.0%)	15-Reinsurance Expense	26,451	245,061	218,610	89.2%
66,665	66,665	0	0.0%	Preventive Health Services	733,330	733,330	0	0.0%
66,665	66,665	0	0.0%	Risk Sharing PCP	733,330	733,330	0	0.0%
77,633,096	73,757,709	(3,875,388)	(5.3%)	16-Risk Pool Distribution	578,905,048	592,550,786	13,645,738	2.3%
				17-TOTAL MEDICAL EXPENSES				

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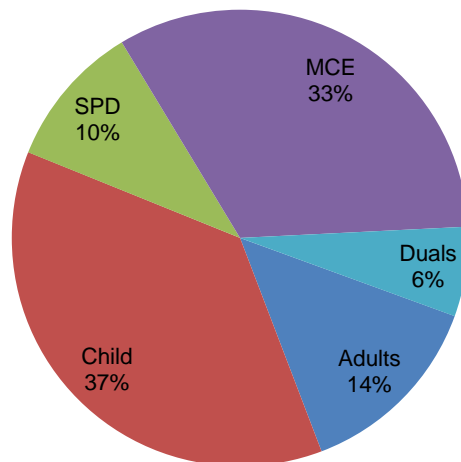
MED FFS CAP 2019

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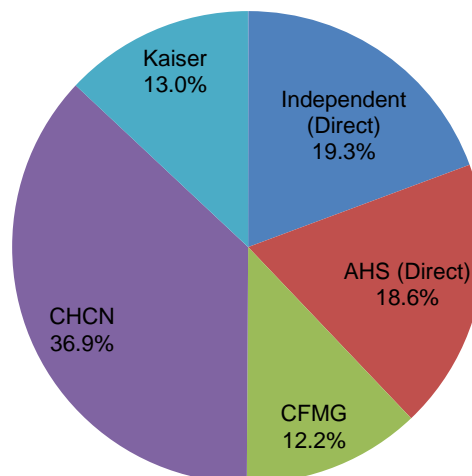
Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Current Membership by Network By Category of Aid							
Category of Aid	Feb 2019	% of Medi-Cal	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Adults	34,651	14%	8,709	6,801	330	13,202	5,609
Child	93,809	37%	8,806	8,345	29,095	31,637	15,926
SPD	25,979	10%	8,860	3,590	1,345	10,325	1,859
MCE	83,493	33%	14,898	26,917	944	32,144	8,590
Duals	16,135	6%	6,304	1,810	8	6,180	1,833
Medi-Cal	254,067		47,577	47,463	31,722	93,488	33,817
Group Care	5,854		2,658	778	-	2,418	-
Total	259,921	100%	50,235	48,241	31,722	95,906	33,817
Medi-Cal %	97.7%		94.7%	98.4%	100.0%	97.5%	100.0%
Group Care %	2.3%		5.3%	1.6%	0.0%	2.5%	0.0%
<i>Network Distribution</i>			19.3%	18.6%	12.2%	36.9%	13.0%
			% Direct: 38%		% Delegated: 62%		

Medi-Cal By Aid Category

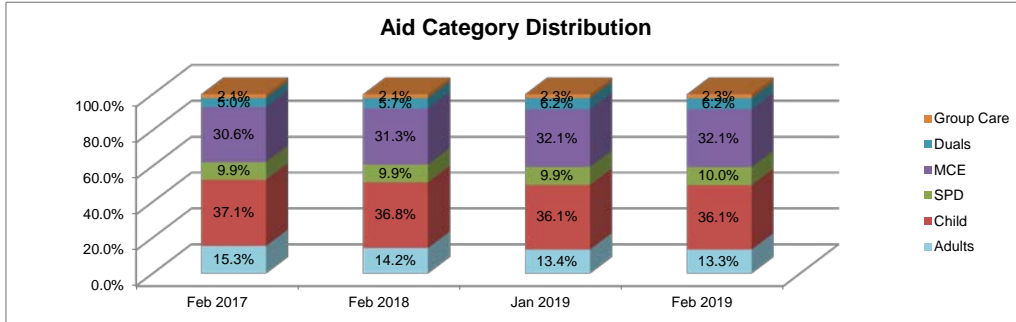


By Network

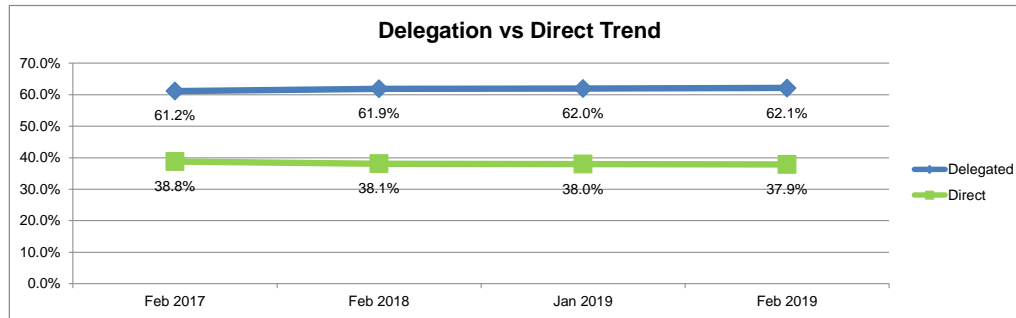


Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

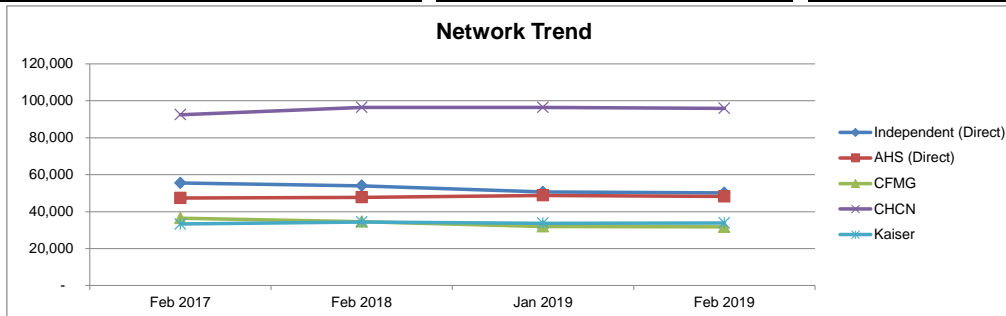
Category of Aid Trend												
	Members				% of Total (ie.Distribution)				% Growth (Loss)			
Category of Aid	Feb 2017	Feb 2018	Jan 2019	Feb 2019	Feb 2017	Feb 2018	Jan 2019	Feb 2019	Feb 2017 to Feb 2018	Feb 2018 to Feb 2019	Jan 2019 to Feb 2019	
Adults	40,672	37,979	35,034	34,651	15.3%	14.2%	13.4%	13.3%	-6.6%	-8.8%	-1.1%	
Child	98,238	98,291	94,491	93,809	37.1%	36.8%	36.1%	36.1%	0.1%	-4.6%	-0.7%	
SPD	26,336	26,348	26,002	25,979	9.9%	9.9%	9.9%	10.0%	0.0%	-1.4%	-0.1%	
MCE	81,030	83,628	84,010	83,493	30.6%	31.3%	32.1%	32.1%	3.2%	-0.2%	-0.6%	
Duals	13,189	15,238	16,099	16,135	5.0%	5.7%	6.2%	6.2%	15.5%	5.9%	0.2%	
Medi-Cal Total	259,465	261,484	255,636	254,067	97.9%	97.9%	97.7%	97.7%	0.8%	-2.8%	-0.6%	
Group Care	5,641	5,704	5,890	5,854	2.1%	2.1%	2.3%	2.3%	1.1%	2.6%	-0.6%	
Total	265,106	267,188	261,526	259,921	100.0%	100.0%	100.0%	100.0%	0.8%	-2.7%	-0.6%	



Delegation vs Direct Trend											
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Members	Feb 2017	Feb 2018	Jan 2019	Feb 2019	Feb 2017	Feb 2018	Jan 2019	Feb 2019	Feb 2017 to Feb 2018	Feb 2018 to Feb 2019	Jan 2019 to Feb 2019
Delegated	162,238	165,337	162,124	161,445	61.2%	61.9%	62.0%	62.1%	1.9%	-2.4%	-0.4%
Direct	102,868	101,851	99,402	98,476	38.8%	38.1%	38.0%	37.9%	-1.0%	-3.3%	-0.9%
Total	265,106	267,188	261,526	259,921	100.0%	100.0%	100.0%	100.0%	0.8%	-2.7%	-0.6%

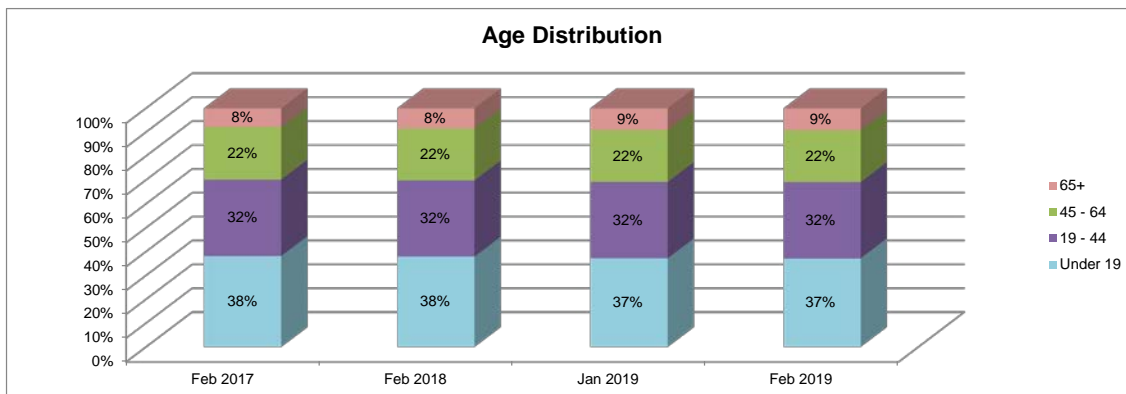


Network Trend												
	Members				% of Total (ie.Distribution)				% Growth (Loss)			
Network	Feb 2017	Feb 2018	Jan 2019	Feb 2019	Feb 2017	Feb 2018	Jan 2019	Feb 2019	Feb 2017 to Feb 2018	Feb 2018 to Feb 2019	Jan 2019 to Feb 2019	
Independent												
(Direct)	55,524	54,046	50,615	50,235	20.9%	20.2%	19.4%	19.3%	-2.7%	-7.1%	-0.8%	
AHS (Direct)	47,344	47,805	48,787	48,241	17.9%	17.9%	18.7%	18.6%	1.0%	0.9%	-1.1%	
CFMG	36,475	34,563	31,962	31,722	13.8%	12.9%	12.2%	12.2%	-5.2%	-8.2%	-0.8%	
CHCN	92,477	96,400	96,389	95,906	34.9%	36.1%	36.9%	36.9%	4.2%	-0.5%	-0.5%	
Kaiser	33,286	34,374	33,773	33,817	12.6%	12.9%	12.9%	13.0%	3.3%	-1.6%	0.1%	
Total	265,106	267,188	261,526	259,921	100.0%	100.0%	100.0%	100.0%	0.8%	-2.7%	-0.6%	

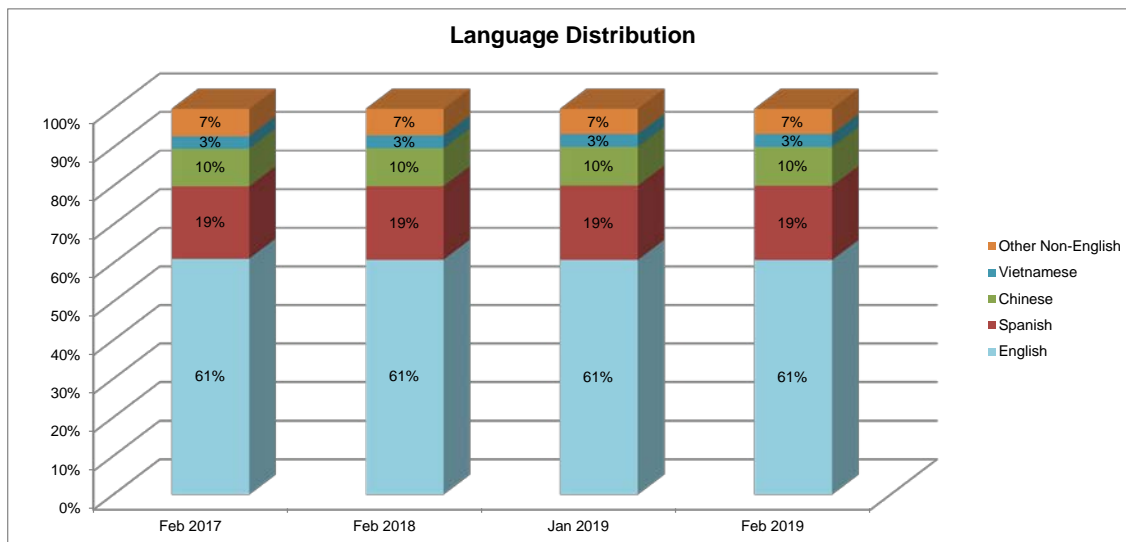


Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Age Category Trend											
Age Category	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Feb 2017	Feb 2018	Jan 2019	Feb 2019	Feb 2017	Feb 2018	Jan 2019	Feb 2019	Feb 2017 to Feb 2018	Feb 2018 to Feb 2019	Jan 2019 to Feb 2019
Under 19	101,187	101,188	97,304	96,617	38%	38%	37%	37%	0%	-5%	-1%
19 - 44	84,780	85,322	83,556	82,854	32%	32%	32%	32%	1%	-3%	-1%
45 - 64	58,436	58,177	56,766	56,428	22%	22%	22%	22%	0%	-3%	-1%
65+	20,703	22,501	23,900	24,022	8%	8%	9%	9%	9%	7%	1%
Total	265,106	267,188	261,526	259,921	100%	100%	100%	100%	1%	-3%	-1%



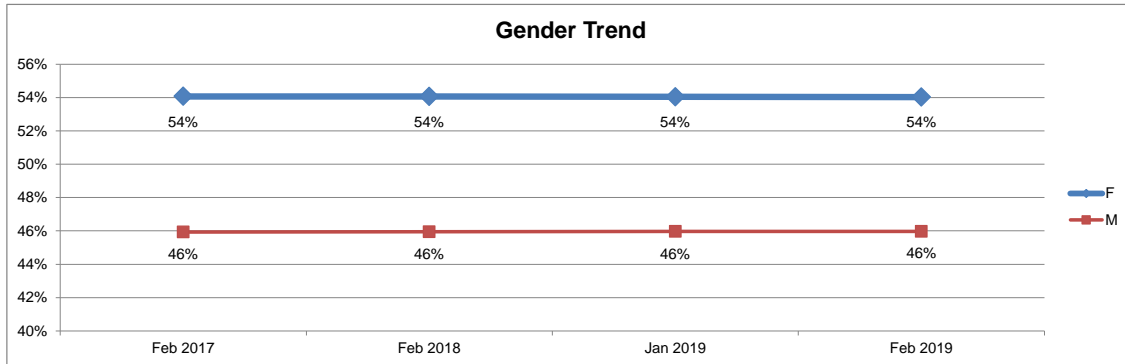
Language Trend											
Language	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Feb 2017	Feb 2018	Jan 2019	Feb 2019	Feb 2017	Feb 2018	Jan 2019	Feb 2019	Feb 2017 to Feb 2018	Feb 2018 to Feb 2019	Jan 2019 to Feb 2019
English	162,123	162,575	158,970	157,949	61%	61%	61%	61%	0%	-3%	-1%
Spanish	49,710	51,028	50,384	49,985	19%	19%	19%	19%	3%	-2%	-1%
Chinese	25,798	26,232	26,286	26,180	10%	10%	10%	10%	2%	0%	0%
Vietnamese	8,711	8,796	8,696	8,686	3%	3%	3%	3%	1%	-1%	0%
Other Non-English	18,764	18,557	17,190	17,121	7%	7%	7%	7%	-1%	-8%	0%
Total	265,106	267,188	261,526	259,921	100%	100%	100%	100%	1%	-3%	-1%



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

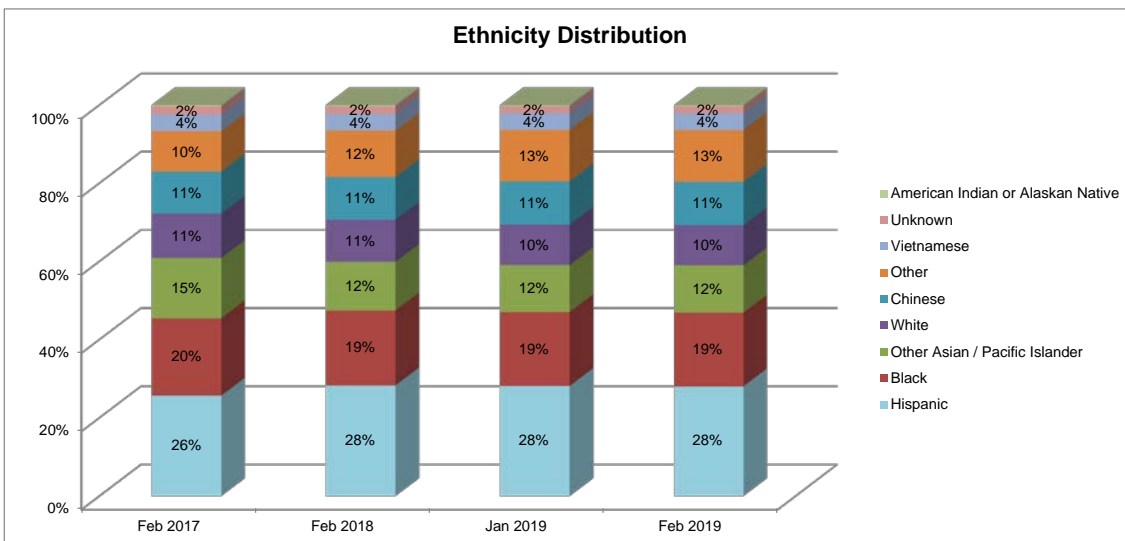
Gender Trend

Gender	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Feb 2017	Feb 2018	Jan 2019	Feb 2019	Feb 2017	Feb 2018	Jan 2019	Feb 2019	Feb 2017 to Feb 2018	Feb 2018 to Feb 2019	Jan 2019 to Feb 2019
F	143,346	144,441	141,314	140,441	54%	54%	54%	54%	1%	-3%	-1%
M	121,760	122,747	120,212	119,480	46%	46%	46%	46%	1%	-3%	-1%
Total	265,106	267,188	261,526	259,921	100%	100%	100%	100%	1%	-3%	-1%



Ethnicity Trend

Ethnicity	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Feb 2017	Feb 2018	Jan 2019	Feb 2019	Feb 2017	Feb 2018	Jan 2019	Feb 2019	Feb 2017 to Feb 2018	Feb 2018 to Feb 2019	Jan 2019 to Feb 2019
Hispanic	68,034	75,548	73,561	72,926	26%	28%	28%	28%	11%	-3%	-1%
Black	52,531	51,248	49,456	49,015	20%	19%	19%	19%	-2%	-4%	-1%
Other Asian / Pacific Islander	40,789	33,186	31,452	31,329	15%	12%	12%	12%	-19%	-6%	0%
White	30,076	28,847	27,062	26,750	11%	11%	10%	10%	-4%	-7%	-1%
Chinese	28,474	29,067	28,970	28,898	11%	11%	11%	11%	2%	-1%	0%
Other	27,329	31,733	34,404	34,418	10%	12%	13%	13%	16%	8%	0%
Vietnamese	11,315	11,454	11,174	11,167	4%	4%	4%	4%	1%	-3%	0%
Unknown	5,764	5,367	4,749	4,721	2%	2%	2%	2%	-7%	-12%	-1%
American Indian or Alaskan Native	794	738	698	697	0%	0%	0%	0%	-7%	-6%	0%
Total	265,106	267,188	261,526	259,921	100%	100%	100%	100%	1%	-3%	-1%



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

Medi-Cal By City							
City	Feb 2019	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	103,897	41%	11,797	23,352	14,577	44,735	9,436
Hayward	38,827	15%	8,214	7,690	4,676	11,646	6,601
Fremont	22,115	9%	9,142	3,027	518	5,981	3,447
San Leandro	22,566	9%	4,045	3,262	3,387	8,510	3,362
Union City	11,189	4%	4,386	1,461	414	2,932	1,996
Alameda	10,243	4%	1,982	1,467	1,638	3,790	1,366
Berkeley	9,214	4%	983	1,558	1,302	4,106	1,265
Livermore	7,208	3%	947	611	1,698	2,803	1,149
Newark	6,009	2%	1,807	1,844	115	1,166	1,077
Castro Valley	6,000	2%	1,207	889	1,027	1,729	1,148
San Lorenzo	5,218	2%	882	850	729	1,723	1,034
Pleasanton	3,636	1%	807	336	416	1,494	583
Dublin	3,800	1%	793	340	497	1,489	681
Emeryville	1,523	1%	245	321	237	507	213
Albany	1,491	1%	107	204	341	557	282
Piedmont	293	0%	49	67	35	67	75
Sunol	64	0%	18	11	3	11	21
Antioch	31	0%	7	4	5	13	2
Other	743	0%	159	169	107	229	79
Total	254,067	100%	47,577	47,463	31,722	93,488	33,817

Group Care By City							
City	Feb 2019	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	2,073	35%	598	372	-	1,103	-
Hayward	648	11%	401	95	-	152	-
Fremont	616	11%	478	45	-	93	-
San Leandro	532	9%	221	73	-	238	-
Union City	342	6%	247	28	-	67	-
Alameda	255	4%	111	27	-	117	-
Berkeley	204	3%	47	17	-	140	-
Livermore	79	1%	28	-	-	51	-
Newark	141	2%	101	23	-	17	-
Castro Valley	189	3%	101	21	-	67	-
San Lorenzo	112	2%	49	20	-	43	-
Pleasanton	45	1%	23	1	-	21	-
Dublin	99	2%	45	3	-	51	-
Emeryville	25	0%	12	-	-	13	-
Albany	12	0%	3	-	-	9	-
Piedmont	13	0%	3	1	-	9	-
Sunol	-	0%	-	-	-	-	-
Antioch	21	0%	5	3	-	13	-
Other	448	8%	185	49	-	214	-
Total	5,854	100%	2,658	778	-	2,418	-

Total By City							
City	Dec 2018	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	107,558	41%	12,395	23,724	14,577	45,838	9,436
Hayward	40,258	15%	8,615	7,785	4,676	11,798	6,601
Fremont	23,174	9%	9,620	3,072	518	6,074	3,447
San Leandro	23,456	9%	4,266	3,335	3,387	8,748	3,362
Union City	11,656	4%	4,633	1,489	414	2,999	1,996
Alameda	10,718	4%	2,093	1,494	1,638	3,907	1,366
Berkeley	9,496	4%	1,030	1,575	1,302	4,246	1,265
Livermore	7,429	3%	975	611	1,698	2,854	1,149
Newark	6,301	2%	1,908	1,867	115	1,183	1,077
Castro Valley	6,299	2%	1,308	910	1,027	1,796	1,148
San Lorenzo	5,389	2%	931	870	729	1,766	1,034
Pleasanton	3,789	1%	830	337	416	1,515	583
Dublin	3,946	1%	838	343	497	1,540	681
Emeryville	1,601	1%	257	321	237	520	213
Albany	1,540	1%	110	204	341	566	282
Piedmont	310	0%	52	68	35	76	75
Sunol	59	0%	18	11	3	11	21
Antioch	58	0%	12	7	5	26	2
Other	1,153	0%	344	218	107	443	79
Total	264,190	100%	50,235	48,241	31,722	95,906	33,817



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: April 12, 2019

Subject: Operations Report

Member Services

- 12-month Trend Summary:
 - The Member Services Department received an increased volume, eight percent (8%) of calls; 18,732 in March 2019 compared to 14,472 in March 2018. The abandonment rate increased slightly by two percent (2%) to six percent (6%) in 2019 compared to four percent (4%) in 2018.
 - The service level for the department was also two percent (2%) higher in March 2019 (75%), compared to March 2018 (73%). The top five call reasons (Eligibility/Member; Change of PCP; Kaiser; Benefits; ID Card Request) have remained the same in 2018 and 2019. We are working on improving our abandonment rate to meet our internal standard of 5% or below by working with our overflow call vendor, who is training additional agents to manage peak call volumes (monthly Department and All Staff meetings; and Member Services staff trainings). Contract amendments are being reviewed by Vendor Management to expedite the on-boarding of additional vendor agents. Changes remain in queue for the Group Care Member ID cards (adding the Member Services phone number to the front of the ID cards) to ensure our Group Care (GP) members are connected to the appropriate call centers. Currently, GP members inappropriately select the provider service call center which is for the health care providers. This change will increase first call resolution and member satisfaction efforts to make the member experience our first priority. These changes are scheduled to begin by May 15, 2019.
- Main Office:
 - The Member Services department blended service level for March was seventy-five (75%), which did not meet our internal standards. The Department answered 17,474 calls in March and had a blended abandonment rate of six percent (6%). Six percent exceeds our internal five percent (5%) standard. We anticipate that the pending amendments to the overflow vendor contract will expedite the on-boarding process of additional agents. We are reviewing eligible staff promotions of Member Services Representatives (MSR) Tier I to MSR Tier II and MSR Tier III to

assist in the intake, management, and resolution of member complex issues. These changes will also help our overflow call center with the transfer of complex member calls to the right staff with the right skills to better service our members.

- The Department participates in bi-monthly conference calls with the overflow call center vendor to address concerns, review process workflows, identify training opportunities, and to ensure continued compliance with service level agreements.
- Staffing:
 - The Department continues to actively interview candidates for the two Member Service Representative (MSR) positions that are currently open. The MSR I Spanish candidate has accepted the position and is pending background checks. An offer is pending for the MSR I Cantonese position.
- Training:
 - The Department is working to create engaging and continuous training sessions to reinforce good practices, boost staff knowledge and performance, and get staff excited about learning. In March, the Department attended many staff trainings. The Member Services Supervisors and the Member Services Director attended Leadership Trainings', Member Services Department staff were trained on Rx Nova, anew authorization tool, by the Alliance pharmacy Department and the Member Services team received a training titled "Delighting Your Customers". The Director and Talent and Quality Development Specialist also attended a 3-day on-site disaster recovery ITIL® training. Quarterly exempt grievance training sessions are provided to the call center staff to achieve greater accuracy in following appropriate processing procedures and categorization of inquiries; Exempt Grievances and/or Standard Grievance or Appeals.
- 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 March, a total 2,825 of the callers elected to participate in the survey and 1,954 callers elected to answer the survey questions completely.
 - Participants were asked to rate their call experience by answering four (4) questions.
 - A response of one (1) being the most satisfied and a response of three (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.

- March (1921 – satisfied, 30- neutral, 3 – dissatisfied)
 - The Member Services Staff was open to my questions and concerns.
March (1922 – satisfied, 26 - neutral, 6 – dissatisfied)
 - The Member Services Staff gave me clear information.
March (1920 – satisfied, 27 - neutral, 7- dissatisfied)
 - Overall, I was happy with the services I received today.
March (1930 – satisfied, 18 - neutral, 6 - dissatisfied)
- Overall satisfaction for March shows that ninety-nine percent (99%) of the callers that took the survey or 1930 out of 1954, were satisfied with the results of their call experience. Our first contact resolution (FCR), per survey question #2 above, was ninety-eight (98%).
- Mystery Shopper Survey:
 - During March, our contracted vendor completed 103 “Mystery Shopper” calls.
 - New Mystery Shopper questions were implemented in March that target the following benefits:

Topic 1: Eligibility & Enrollment
Topic 2: Cost Sharing
Topic 3: Member ID Card
Topic 4: Primary Care Provider
Topic 5: Provider Network
Topic 6: Emergency & Urgent Care
Topic 7: Benefits
Topic 8: Mental Health
Topic 9: Transportation
Topic 10: DME
Topic 11: Skilled Nursing
Topic 12: Pharmacy
Topic 13: Authorizations
Topic 14: Kaiser
Topic 15: Complaints/G&A

- Mystery shopping survey results demonstrated that the member services representatives are compliant with the processes and standards initiated by the Alliance. In all of the 103 survey calls conducted for March, scripts were followed for the closing of 96 calls. Ninety-three percent (93%) of the calls were closed according to the approved script. Seven percent (7%) of the calls were opened or closed off script. Most calls were not fully verified at the opening or start of the call, and more generalized information was provided. The survey results are reviewed with team members. The Mystery

Shoppers reported the MSRs as being very nice, friendly and eager to assist the caller. Learning objectives to correct deficiencies address areas where refresher trainings are identified.

- Exempt Grievances:
 - Five hundred ninety-one (591) Exempt Grievances were processed in March and one thousand five hundred seventy-three (1,573) for the first quarter. Exempt Grievances are reported monthly and quarterly to various committees for tracking and trending (refer to the Grievance and Appeals report for details). There were no Potential Quality Incidents (PQI) errors for March, which demonstrate the effectiveness of on-going training efforts in appropriately identifying and referring PQIs. Our goal is to enrich staff knowledge about plan benefits and services to improve efficiencies. Providing prompt and accurate information is key to increasing member satisfaction.

Claims

- 12-Month Trend Summary:
 - The Claims Department received a decreased volume of claims of 124,018 in March 2019 compared to 130,175 in March 2018.
 - The Auto-adjudication rate increased in March 2019 to seventy-three percent (73%) as compared to sixty-two percent (62%) in March 2018.
 - Claims Compliance (30-day turn-around time) decreased in March 2019 to ninety-four percent (94%) as compared to ninety-eight percent (98%) in March 2018.
- Monthly Analysis:
 - In the month of March, we received a total of 124,018 claims in the HEALTHsuite system.
 - We received seventy-five percent (75%) of claims via EDI and twenty-five percent (25%) of claims via paper.
 - Ninety-six percent (96%) of our claims were processed within 45 days during the month of March.
 - Auto Adjudication was seventy-three (73%) for the month of February.

Provider Services

- 12-Month Trend Summary:
 - The Provider Relations Department's call volume increased in March 2019 to 6,811 calls compared to 5,357 calls in March 2018.
 - We are anticipating our call volume to increase this year. Provider Services continuously works to achieve first call resolution and reduction of the

abandonment rates. Our efforts are to promote provider's satisfaction as our first priority.

- The Provider Services department completed 67 visits during the month of March.
- The Provider Services department answered over 5,982 calls for the month of March and made over 1,814 outbound calls.

Credentialing Department

- Summary:
 - At the Peer Review and Credentialing (PRCC) meeting held on March 19, 2019, there were 17 initial providers approved; 5 primary care providers, 6 specialists, 0 ancillary providers, and 7 midlevel providers. Additionally, 24 providers were re-credentialed at this meeting; 9 primary care providers, 12 specialists, 1 ancillary providers, and 2 midlevel providers.
 - For more information, please refer to the Credentialing charts and graphs located in the Operations supporting documentation.

Provider Dispute Resolution

- 12-Month Trend Summary:
 - The provider dispute resolution (PDR) department resolved 716 cases in March 2019 compared to 328 cases in March 2018.
 - In March 2019 the PDR department upheld seventy-eight percent (78%) of cases versus sixty-two percent (62%) in March 2018.
 - The PDR department resolved ninety-nine percent (99%) of cases within the compliance standard of ninety-five percent (95%) within forty-five (45) working days in March 2019 compared to ninety-seven percent (97%) in March 2018.
- Monthly Analysis:
 - In the month of March, 716 PDRs were resolved. Out of the 716 PDRs, 158 were overturned.
 - The overturn rate of PDRs was twenty-two percent (22%), which met our goal of less than twenty-five percent (25%).
 - All cases were resolved with a ninety-nine percent (99%) compliance rate.
 - There are 537 PDRs that are less than 45 working-days old that are currently pending resolution.

Community Relations and Outreach

- 12-Month Trend Summary:
 - The Communications & Outreach (C&O) Department increased the number of events by 239% in March 2019 and completed 61 out of 67 events (91% completion rate), compared to 18 out of 21 events (87% completion rate) in March 2018.
 - The number of events in Quarter 3, 2019 also increased by 240% and 140 out of 161 events (87% completion rate) were completed, compared to 41 out of 46 events (89% completion rate) in Quarter 3, 2018.
 - The C&O Department increased the total number of individuals reached by 116% in March 2019 to 2,703 (820 self-identified Alliance members) compared to 1,250 in March 2018.
 - The total individuals reached in Quarter 3, 2019 increased by 178% to 5,274 (1,902 self-identified Alliance members) compared to 1,898 in Q3 2018.
 - The C&O Department increased the number of event participation cities throughout Alameda County to twelve (12) cities or unincorporated areas in March 2019 compared to six (6) cities or unincorporated areas in March 2018.
 - The number of cities also increased in Quarter 3, 2019 by 116% to thirteen (13) cities or unincorporated areas, compared to six (6) cities or unincorporated areas in Quarter 3, 2018.
- Monthly Analysis
 - In March 2019, the C&O Department completed 61 out of 67 events (91% completion rate).
 - In March 2019, the C&O Department reached 2,703 individuals and 820 self-identified Alliance members during outreach events and activities.
 - In March 2019, the C&O Department completed events in twelve (12) cities or unincorporated areas throughout Alameda County.
 - In Quarter 3, 2019, the C&O Department completed 140 out of 161 events (87% completion rate).
 - In Quarter 3, 2019, the C&O Department reached 5,274 individuals (1,902 (36%) self-identified Alliance members) during outreach events and activities.
 - In Quarter 3, 2019, the C&O Department completed events in thirteen (13) cities/unincorporated areas throughout Alameda County.
 - Please see attached **Addendum A & B** (supporting documents)

Operations

Supporting Documents

Member Services

Blended Call Results

Blended Results	March
Incoming Calls (R/V)	18,732
Abandoned Rate (R/V)	7%
Answered Calls (R/V)	17,474
Average Speed to Answer (ASA)	00:30
Calls Answered in 30 Seconds (R/V)	75%

Top 5 Call Reasons (Medi-Cal and Group Care) March 2019
Change of PCP
Eligibility - Member
Kaiser
Benefits
ID Card Requests

Member Walk-Ins March 2019 Alameda Location
Eligibility
ID Card Request
Member Bill
Total Walk-Ins: 51

Claims Department

February 2019 Final and March 2019 Final

METRICS		
Claims Compliance	Feb-19	Mar-19
90% of clean claims processed within 30 calendar days	98.9%	93.9%
95% of all claims processed within 45 working days	99.9%	95.8%
Claims Volume (Received)	Feb-19	Mar-19
Paper claims	33,302	31,624
EDI claims	84,427	92,394
Claim Volume Total	117,729	124,018
Percentage of Claims Volume by Submission Method	Feb-19	Mar-19
% Paper	28.29%	25.50%
% EDI	71.71%	74.50%
Claims Processed	Feb-19	Mar-19
HEALTHsuite Paid (original claims)	90,486	89,738
HEALTHsuite Denied (original claims)	25,186	28,805
HEALTHsuite Original Claims Sub-Total	115,672	118,543
HEALTHsuite Adjustments	4,852	3,160
HEALTHsuite Total	120,524	121,703
Claims Expense	Feb-19	Mar-19
Medical Claims Paid	\$40,206,582	\$41,574,288
Interest Paid	\$24,209	\$55,336
Auto Adjudication	Feb-19	Mar-19
Claims Auto Adjudicated	83,490	86,940
% Auto Adjudicated	72.2%	73.3%
Average Days from Receipt to Payment	Feb-19	Mar-19
HEALTHsuite	23	30
Pended Claim Age	Feb-19	Mar-19
0-30 calendar days		
HEALTHsuite	10,420	11,014
30-60 calendar days		
HEALTHsuite	876	418
Over 60 calendar days		
HEALTHsuite	1,280	17
Overall Denial Rate	Feb-19	Mar-19
Claims denied in HEALTHsuite	25,186	28,805
% Denied	20.9%	23.7%

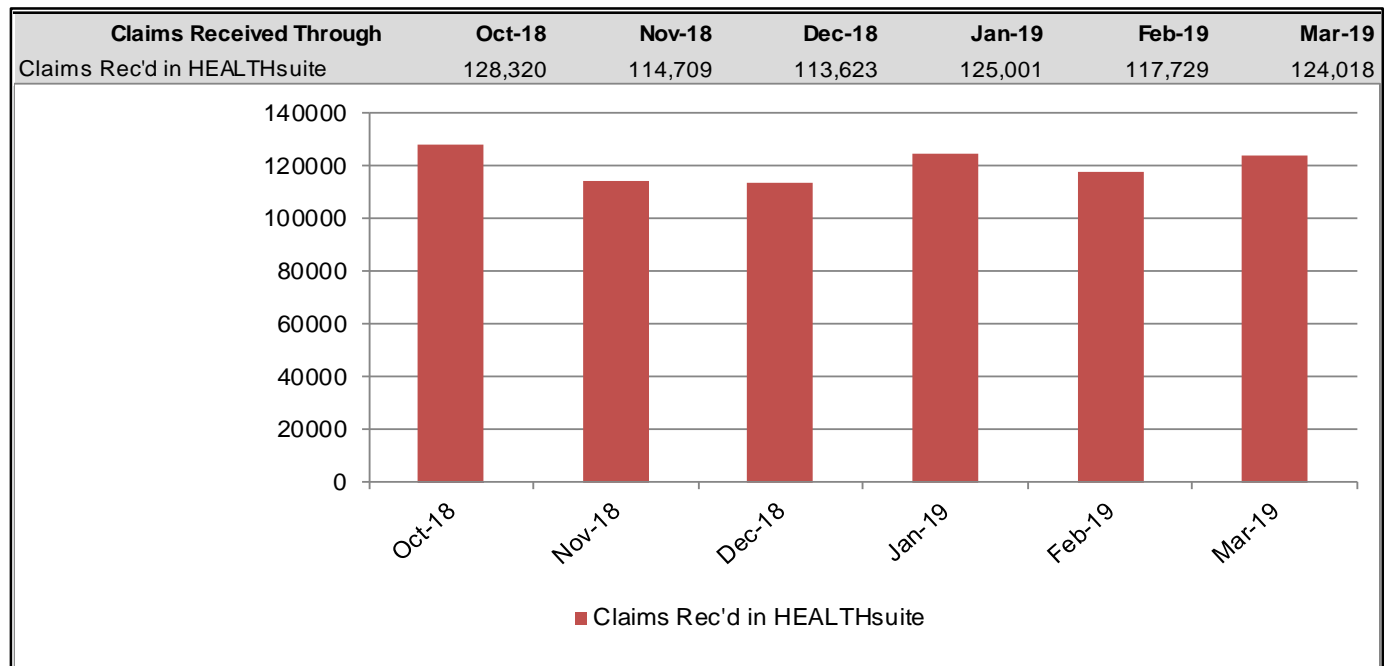
Claims Department

February 2019 Final and March 2019 Final

Mar-19

Top 5 HEALTHsuite Denial Reasons	% of all denials
Responsibility of Provider	24%
Duplicate Claim	23%
Must Submit as a Paper Claim with Copy of Primary Payer EOB	9%
No Benefits Found for This Date of Service	6%
Non-Covered Benefit for This Plan	6%
% Total of all denials	68%

Claims Received By Month



Provider Relations Dashboard March 2019

Alliance Provider Relations Staff	Jan-19	Feb-19	Mar-19
Incoming Calls (PR)	7386	6262	6811
Abandoned Calls	1718	1146	829
Answered Calls (PR)	5664	5116	5982
Recordings/Voicemails	Jan-19	Feb-19	Mar-19
Incoming Calls (R/V)	849	644	420
Abandoned Calls (R/V)			
Answered Calls (R/V)	849	644	420
Outbound Calls	Jan-19	Feb-19	Mar-19
Outbound Calls	1642	1602	1814
N/A			
Outbound Calls	1642	1602	1814
Totals	Jan-19	Feb-19	Mar-19
Total Incoming, R/V, Outbound Calls	9873	8508	9045
Abandoned Calls	1718	1146	829
Total Answered Incoming, R/V, Outbound Calls	8155	7362	8216

Provider Relations Dashboard March 2019

Call Reasons (Medi-Cal and Group Care)

Category	Jan	Feb	Mar
Authorizations	4.5%	5.1%	4.9%
Benefits	2.3%	2.9%	2.6%
Claims Inquiry	35.4%	37.0%	37.3%
Change of PCP	2.1%	3.4%	3.1%
Complaint/Grievance (includes PDR's)	2.5%	2.5%	2.2%
Contracts	0.4%	0.4%	0.5%
Correspondence Question/Followup	0.1%	0.0%	0.0%
Demographic Change	0.1%	0.1%	0.2%
Eligibility - Call from Provider	30.5%	30.1%	29.7%
Exempt Grievance/ G&A	0.1%	0.0%	0.2%
General Inquiry/Non member	0.1%	0.2%	0.2%
Health Education	0.0%	0.0%	0.0%
Intrepreter Services Request	1.0%	1.2%	1.7%
Kaiser	0.1%	0.2%	0.2%
Member bill	0.1%	0.1%	0.2%
Mystery Shopper Call	0.0%	0.0%	0.0%
Provider Portal Assistance	3.3%	3.2%	3.0%
Pharmacy	0.8%	1.2%	1.2%
Provider Network Info	0.1%	0.1%	0.1%
Transferred Call	7.3%	0.5%	0.1%
All Other Calls	9.2%	12.1%	12.6%
TOTAL	100.0%	100.0%	100.0%

Field Visit Activity Details

Alliance Provider Relations Staff	Jan-19	Feb-19	Mar-19
Claims Issues	1	1	4
Contracting/Credentialing	0	1	1
Drop-ins	0	5	10
JOM's	3	2	2
New Provider Orientation	0	3	5
Quarterly Visits	52	75	44
UM Issues	2	0	1
Total Field Visits	58	87	67

Provider Relations Dashboard

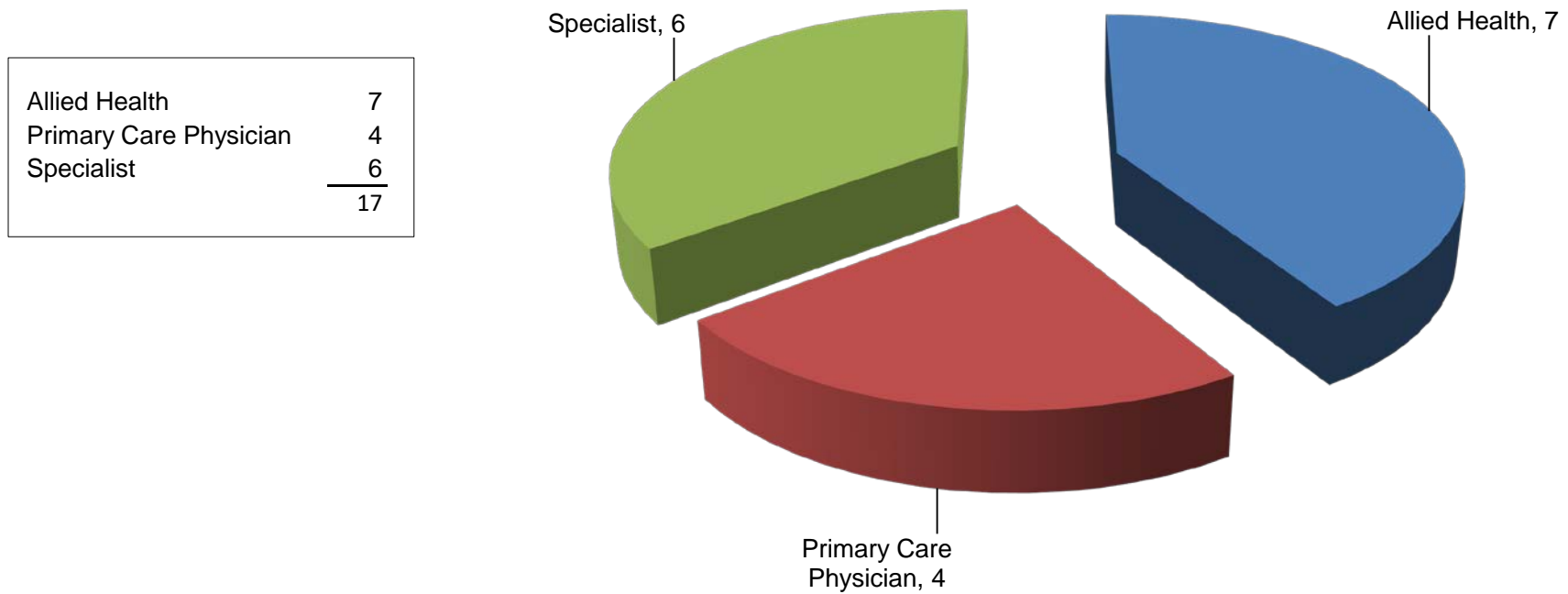
Field Visit Activity Details

Alliance Provider Relations Staff	Jan-19	Feb-19	Mar-19
Claims Issues	1	1	4
Contracting/Credentialing	0	1	1
Drop-ins	0	5	10
JOM's	3	2	2
New Provider Orientation	0	3	5
Quarterly Visits	52	75	44
UM Issues	2	0	1
Total Field Visits	58	87	67

ALLIANCE NETWORK SUMMARY, CURRENTLY CREDENTIALIAED PRACTITIONERS					
Practitioners	AHP 382	PCP 359	SPEC 661	PCP/SPEC 19	
AAH/AHS/CHCN Breakdown	AAH 411	AHS 201	CHCN 394	COMBINATION OF GROUPS 415	
Facilities	226				
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	27	25	Y	Y	Y
Recred Files in Process	18	41	Y	Y	Y
Expirables updated Insurance, License, DEA, Board Certifications					Y
Files currently in process	45				
CAQH Applications Processed in February 2019					
Standard Providers and Allied Health	103				
March 2019 Peer Review and Credentialing Committee Approvals					
Initial Credentialing	Number				
PCP	4				
SPEC	6				
ANCILLARY	0				
MIDLEVEL/AHP	7				
Recredentialing	17				
PCP	9				
SPEC	12				
ANCILLARY	1				
MIDLEVEL/AHP	2				
TOTAL	24				
March 2019 Facility Approvals					
Initial Credentialing	2				
Recredentialing	2				
Facility Files in Process	27				
March 2019 Employee Metrics					
File Processing	Timely processing within 3 days of receipt	Y			
Credentialing Accuracy	<3% error rate	Y			
DHCS, DMHC, CMS, NCQA Compliant	98%	Y			
MBC Monitoring	Timely processing within 3 days of receipt	Y			

Initial/Recred				
LAST NAME	FIRST NAME	PCP/Spec/Mid/Ancillary	initial/Recrd	CRED DATE
Anderson	David	Specialist	Initial	3/19/2019
Ullal	Monish	Primary Care Physician	Initial	3/19/2019
Chan	Anthony	Specialist	Initial	3/19/2019
Le-Tran	Vivian	Specialist	Initial	3/19/2019
Khoury	Sam	Specialist	Initial	3/19/2019
Valjalo	Elizabeth	Allied Health	Initial	3/19/2019
Reynolds	Kerisimasi	Specialist	Initial	3/19/2019
Eisenberg	Emily	Allied Health	Initial	3/19/2019
Knight	Lynmarie	Allied Health	Initial	3/19/2019
Sun	Hank	Specialist	Initial	3/19/2019
Georgis	Martha	Allied Health	Initial	3/19/2019
Blanchard	Lauren	Allied Health	Initial	3/19/2019
Shah	Jhankhana	Primary Care Physician	Initial	3/19/2019
Parks	Erica	Allied Health	Initial	3/19/2019
Coontz	Kristopher	Primary Care Physician	Initial	3/19/2019
Valencia	Benito	Primary Care Physician	Initial	3/19/2019
Park	Michelle	Allied Health	Initial	3/19/2019
Bolds	Jackie	Primary Care Physician	Recreds	3/19/2019
Carper	John	Primary Care Physician	Recreds	3/19/2019
Cecchi	Gary	Specialist	Recreds	3/19/2019
Jain	Aditya	Primary Care Physician and Specialist	Recreds	3/19/2019
Kim	Jin	Primary Care Physician and Specialist	Recreds	3/19/2019
Lenoir	Michael	Primary Care Physician and Specialist	Recreds	3/19/2019
Salzman	John	Specialist	Recreds	3/19/2019
Untalan	Doris	Allied Health	Recreds	3/19/2019
Pyun	Catherine	Specialist	Recreds	3/19/2019
Wei	Wei Jane	Ancillary	Recreds	3/19/2019
Leung	Man	Specialist	Recreds	3/19/2019
Kong	Li	Specialist	Recreds	3/19/2019
Law	Abraham	Primary Care Physician	Recreds	3/19/2019
Van Tassel	Jason	Specialist	Recreds	3/19/2019
Estakhri	Mary	Specialist	Recreds	3/19/2019
Xu	Weiwei	Specialist	Recreds	3/19/2019
Chan	Edward	Primary Care Physician	Recreds	3/19/2019
McEntee	Rebecca	Primary Care Physician	Recreds	3/19/2019
Sengupta	Geetika	Primary Care Physician	Recreds	3/19/2019
Asfour	Fareed	Specialist	Recreds	3/19/2019
Bower	Megan	Allied Health	Recreds	3/19/2019
Tang	Michele	Specialist	Recreds	3/19/2019
Ito	Timothy	Specialist	Recreds	3/19/2019
Lin	Jeff	Specialist	Recreds	3/19/2019

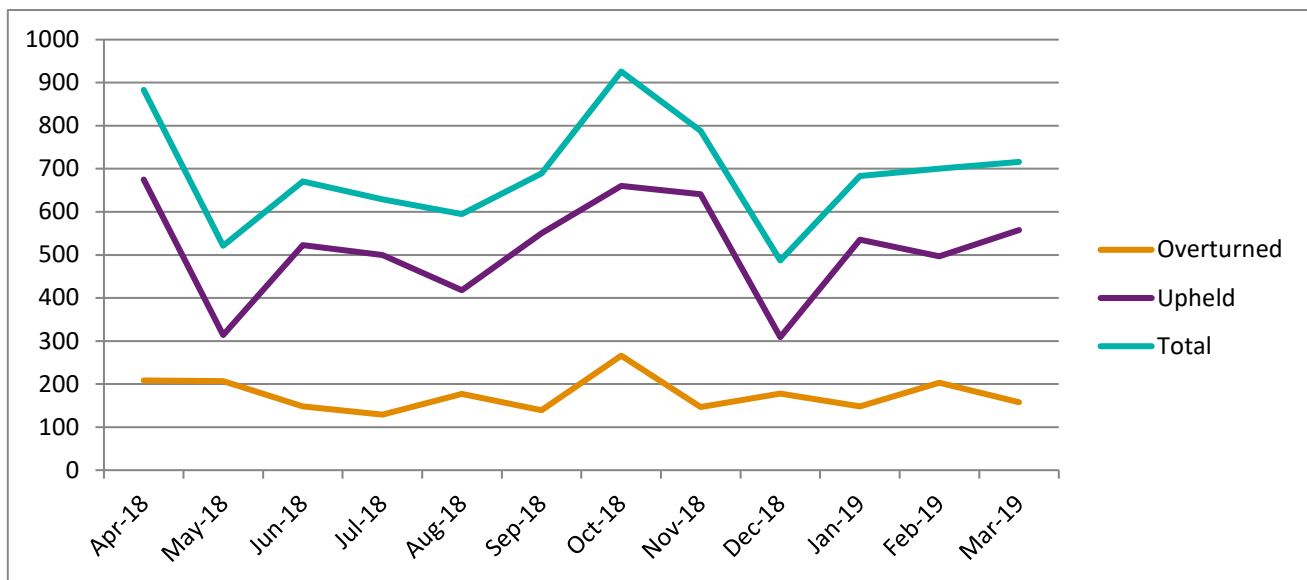
MARCH PEER REVIEW AND CREDENTIALING INITIAL APPROVALS BY SPECIALTY



Provider Dispute Resolution (PDR) Update – March 2019

- The Alliance received 717 PDRs in March 2019.
- A total of 716 PDRs were resolved during the month and 99% (710) were resolved within 45 working days so the goal of 95% resolution within 45 working days was met. The resolution rate increased 1% from the previous month.
 - Two Claims Specialists continued to work on PDRs during the month, as needed, to assist with the caseload. We are currently recruiting for two open PDR Analyst positions.
- The PDR overturn rate decreased from 29% in February to 22% in March so the goal of an overturn rate less than 25% was met.
- The inventory is currently at 917 PDRs pending resolution with 380 cases out of compliance. The bulk of the cases out of compliance are for one provider, Washington Township that required a review of the provider set-up for all providers associated with the group and re-configuration, as needed. The impacted claims have been adjusted and resolution of the cases are in progress with the provider.

Rolling 12-month PDR Trend Line



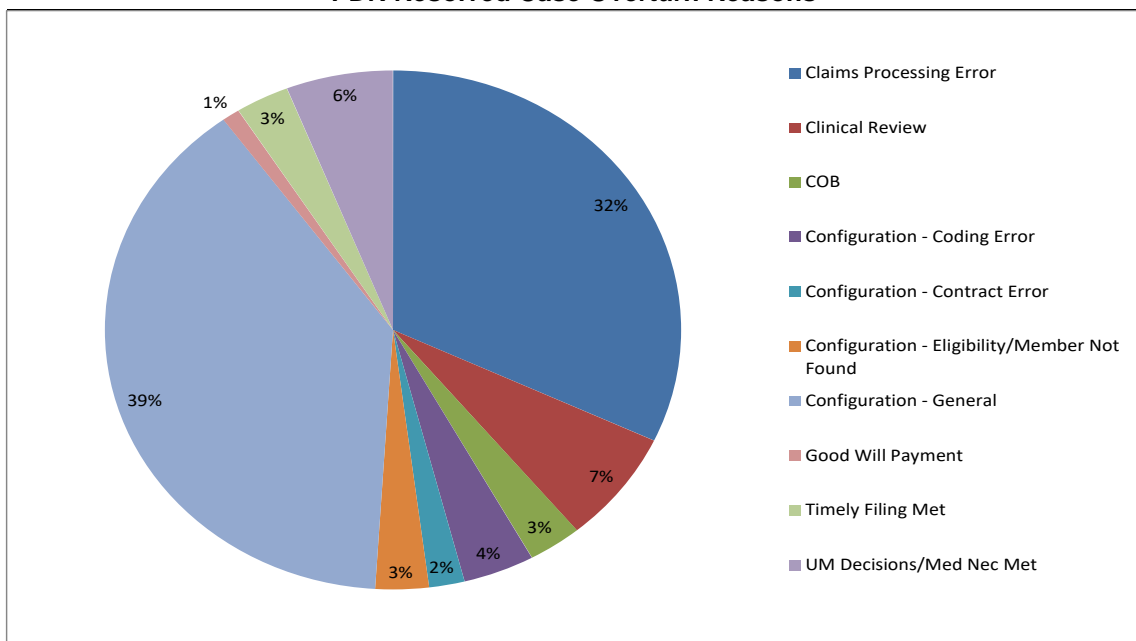
Provider Dispute Resolution

February 2019 Final and March 2019 Final

METRICS		
PDR Compliance		
	Feb-19	Mar-19
# of PDRs Resolved	700	716
# Resolved Within 45 Working Days	689	710
% of PDRs Resolved Within 45 Working Days	98%	99%
PDRs Received		
	Feb-19	Mar-19
# of PDRs Received	637	717
PDR Volume Total	637	717
PDRs Resolved		
	Feb-19	Mar-19
# of PDRs Upheld	497	558
% of PDRs Upheld	71%	78%
# of PDRs Overturned	203	158
% of PDRs Overturned	29%	22%
Total # of PDRs Resolved	700	716
Unresolved PDR Age		
	Feb-19	Mar-19
0-45 Working Days	689	537
Over 45 Working Days	366	380
Total # of Unresolved PDRs	1,055	917

Mar-19

PDR Resolved Case Overturn Reasons



Public Relations External Communications Summary

- March 2, 2019 – April 5, 2019.
- The following article was submitted to the Alameda-Contra Costa Medical Association (ACCMA) March – April 2019 Provider Bulletin:

The Alliance's Efforts to Address the Opioid Epidemic

- Over the last few years, health care organizations and government entities across the United States have been working hard to develop strategies to address the ongoing opioid epidemic. According to the Centers for Disease Control and Prevention, between 1999 and 2016, more than 630,000 people died from a drug overdose in the United States. In Alameda County, opioid prescriptions were written at a rate of 53.63 prescriptions per 100 residents in 2015, representing nearly half of all prescriptions. While opioid related deaths in Alameda County are lower than state and national rates, with the California rate twice as high and the U.S. rate about three times as high, the county has seen an increase in the last few years.
- In order to address the growing rates in opioid related usage and deaths, the Alliance has developed various initiatives utilizing our continuum of care approach that are focused on prevention, recovery support, and intervention and treatment efforts. The Alliance has begun to partner with local organizations to educate and equip our providers with best practices and tools. We have also conducted community outreach through the Alliance's Member Advisory Committee and local health care stakeholders, and have developed pharmacy safeguards, such as implementing formulary limits. Our intervention and treatment efforts include member education on the risks of opioids and information on available resources, as well as expanding access to therapies such as acupuncture and chiropractic services. Lastly, as part of recovery support, we are working to develop targeted case management programs that engage and provide supportive services to members with substance use disorders.
- The Alliance's Health Care Services team, led by Dr. Steve O'Brien as Chief Medical Officer, continues to work closely with our provider partners, county leadership and other safety net providers to support programs that reduce prescription drug abuse in our community. Ultimately, we hope that our efforts will support our providers, properly assist

members who have been diagnosed with substance use disorders, and promote the well-being of our members while effectively managing their pain. We remain committed to helping reduce opioid misuse and to promoting appropriate standards of care throughout Alameda County.

Governor Newsom's Health Care Proposals for California

- On January 10th, newly elected Governor, Gavin Newsom submitted his 2019-2020 "California for All" budget proposal to the state legislature. The proposed budget includes investments and changes in early childhood education and health care that would benefit many of the community members that we serve. Governor Newsom hopes to increase the Medi-Cal budget by \$2.2 billion, which includes proposals such as extending supplemental payments to Medi-Cal providers and expanding full-scope Medi-Cal coverage eligibility to young adults aged 19-26, regardless of immigration status. Other proposals in health care include funding for the Whole Person Care pilot, increasing and expanding subsidies through Covered CA, and investments for mental health services.
- Additionally, Governor Newsom announced an executive order to create a single purchaser system for prescription drugs. The executive order tasks the Department of Health Care Services (DHCS) and other state agencies with transitioning all pharmacy services from Medi-Cal managed care into a fee-for-service benefit by January 2021. Through this executive order, private and public purchasers would negotiate prescription drug prices with pharmaceutical companies. The Alliance is actively coordinating with industry leaders and subject matter experts to understand the implications of carving out this important health benefit, and further recognizes that many of our safety net provider partners participating in the 340B program could be negatively impacted through a reduction in revenues for prescription drugs. The Alliance will continue to monitor and take positions as needed in response to state legislation that impact our members and safety net partners.

Proposition 56 Supplemental Payments Update

- In November 2016, California voters passed Proposition 56, which increased the tax rate on cigarettes and other tobacco products. A state bill followed to appropriate Proposition 56 funding for specified DHCS health care expenditures.
- Since July 2018, the Alliance has issued payments to providers who rendered services for 13 eligible procedure codes between July 1, 2017 and June 30, 2018. DHCS is currently proposing to extend supplemental payments for another 12 months. If approved, 10 eligible procedure codes will be added and rates for the current 13 eligible codes will be increased by DHCS for services rendered between July 1, 2018 and June 30, 2019. For example, the current rate for procedure code 99205 – an office visit for the evaluation of a new patient is \$50 and under the DHCS proposal, the rate would increase to \$107. Pending federal approval, we anticipate payments will be received from DHCS at the end of April and the Alliance will follow with issuing payments to providers for rendered services.
- For more information on qualifying services and eligibility, please visit the DHCS website at www.dhcs.ca.gov.

we are

ALAMEDA COUNTY

Helping People in Our Community Since 1996



ALAMEDA
Alliance
FOR HEALTH

www.alamedaalliance.org

COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

FY 2018-2019 | 3RD QUARTER (Q3) OUTREACH REPORT

ALLIANCE IN THE COMMUNITY

FY 2018-2019 | Q3 OUTREACH REPORT

During the 3rd Quarter (Q3 – January, February, March) of Fiscal Year (FY) 2018-2019, the Alliance initiated and/or was invited to participate in a total of **161** events throughout Alameda County. The Alliance completed **140** out of the **161** events (**87%**). The Alliance reached a total of **5,274** people, and spent a total of **\$2,950*** in donation, fees, and/or sponsorships during Q3. All events are listed in the table starting on **page 8**.

All of the numbers reached at member orientations (NMO) are Alliance Members. Approximately 20% of the numbers reached at community events are Medi-Cal Members, of which, 82% are estimated to be Alliance members based on Managed Care Enrollment Reports. Additionally, the Outreach Team began tracking Alliance members at community events in late February 2018. Since July 2018, **7,995** self-identified Alliance members were reached at community events, and member education events.

Please note: the FY 2018-2019 Q3 event map is not included in this report due to software limitations.

21 events were not completed during Q3:

January:

- **Mujeres Unidas y Activas (2 events)** - Event organizer canceled due to holiday closure.
- **Axis Community Health** - Event organizer canceled due to space availability.
- **Pantry Program** - Event canceled by organizer.
- **East Bay Agency for Children** - Event organizer canceled due to holiday closure.
- **Full-Day Retreat First 5 Alameda County** - Outreach Coordinator scheduling conflict.
- **Vietnamese New Year Celebration** - Unable to attend due to staffing capacity.
- **Food Pantry @ Well Community Outreach Center** - Event organizer canceled due to no food delivery.
- **Health Care Van for Homeless** - Event was canceled by organizer.

February:

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

March:

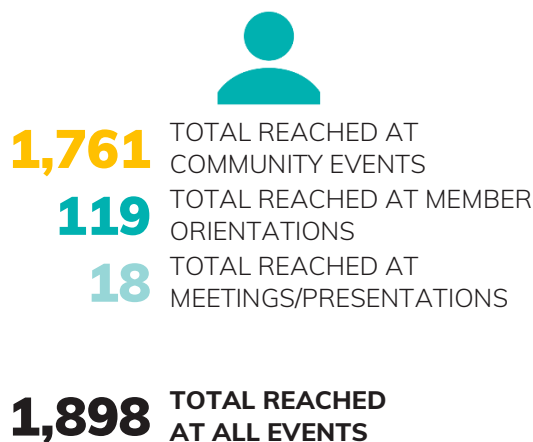
- **Oakland Public Library Community Kiosk** - Unable to attend due to staffing capacity.
- **Fremont Family Resource Center** - Unable to attend due to staffing capacity.
- **International Working Women's Day** - Event canceled due to inclement weather.
- **FUSD - Spanish Immersion Taskforce Meeting** - Outreach coordinator unable to attend due to traffic.
- **Special Needs Family Appreciation Night** - Event cancelled due to the organizer's change in requirements for participation.
- **Glad Tidings** - Event organizer changed date of event.

** Includes refundable deposit.*

ALLIANCE IN THE COMMUNITY

FY 2018-2019 | Q3 OUTREACH REPORT

FY 2017-2018 Q3 TOTALS



FY 2018-2019 Q3 TOTALS



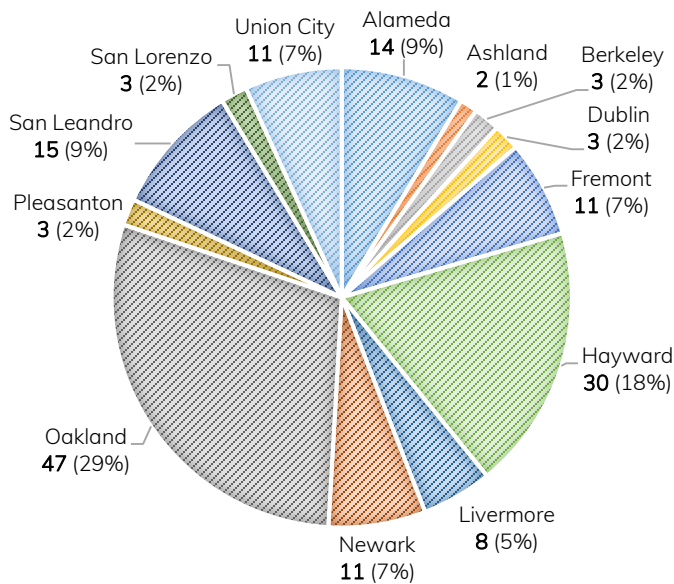
† Includes community events and member education events.

* Includes refundable deposit.

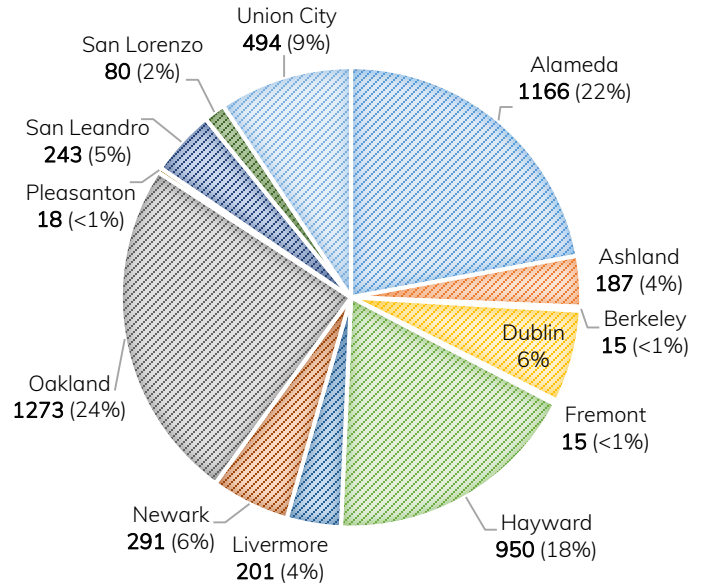
ALLIANCE IN THE COMMUNITY

FY 2018-2019 | Q3 OUTREACH REPORT

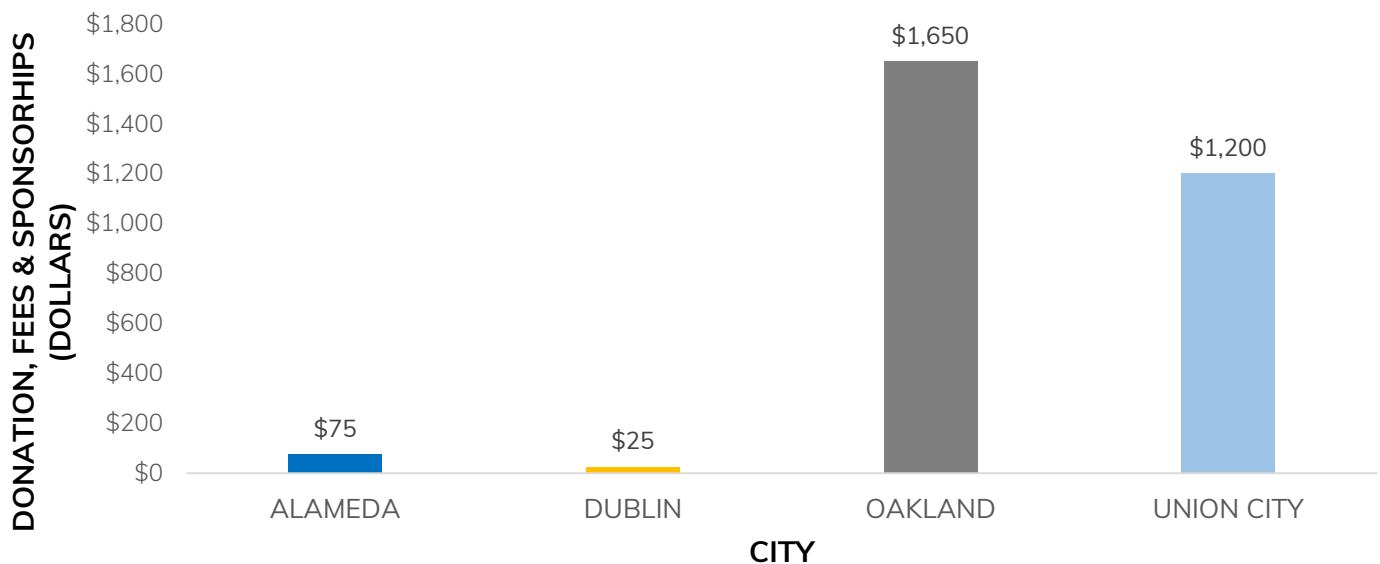
EVENTS BY CITY (%)



APPROXIMATE NUMBERS REACHED BY CITY



DONATIONS, FEES & SPONSORSHIPS BY CITY*



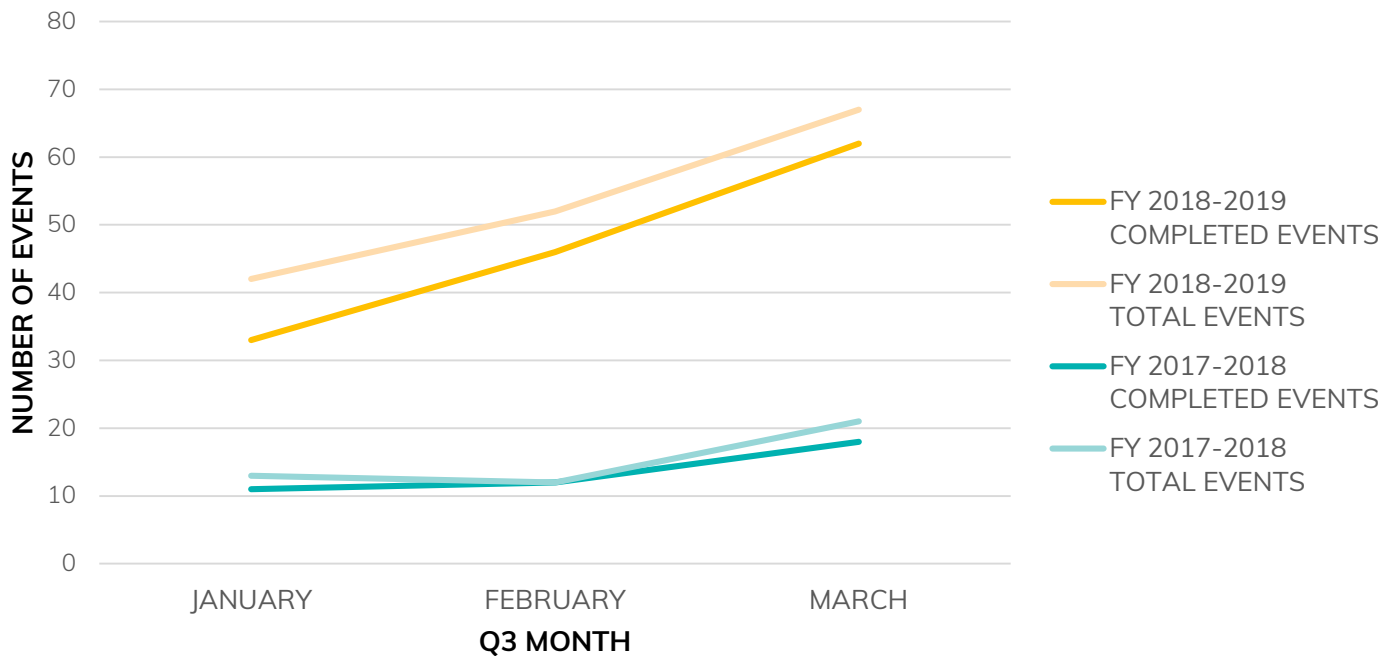
*Includes refundable deposit.

ALLIANCE IN THE COMMUNITY

FY 2018-2019 | Q3 OUTREACH REPORT

EVENTS*

BY Q3



	JANUARY	FEBRUARY	MARCH	TOTAL
FY 2018-2019 – COMPLETED EVENTS	33	46	61	140
FY 2018-2019 – TOTAL EVENTS	42	52	67	161
FY 2017-2018 – COMPLETED EVENTS	11	12	18	41
FY 2017-2018 – TOTAL EVENTS	13	12	21	46

The graph above compares completed events to total events in during the Q3 of FY 2017-2018 and FY 2018-2019.

During Q3 of FY 2018-2019, the Alliance completed a total of **140** out of **161** events (87%), compared to a completion rate of 41 out of 46 (89%) during Q3 of FY 2017-2018.

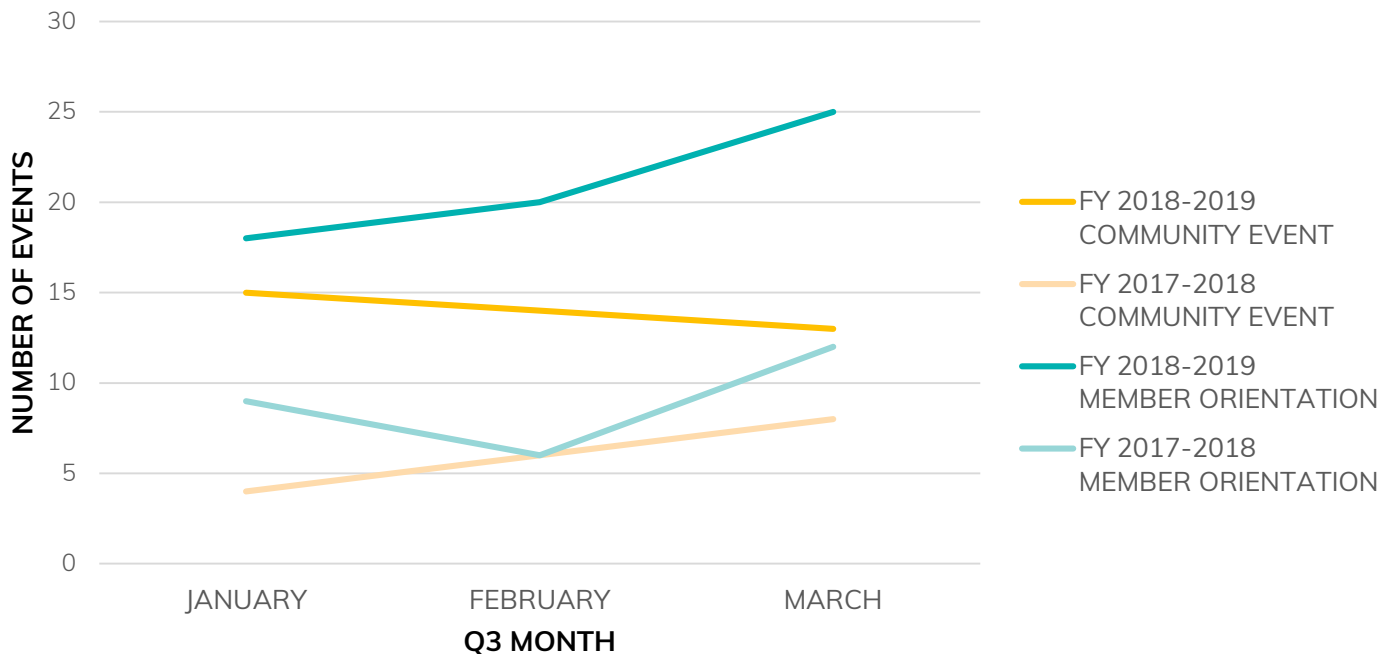
The graph on page 6 compares community events, and member orientations (MOs) in Q3 of FY 2017-2018 and 2018-2019.

**Events include community events, member education events, member orientations, and meetings/presentations.*

ALLIANCE IN THE COMMUNITY

FY 2018-2019 | Q3 OUTREACH REPORT

EVENT TYPE BY Q3



	JANUARY	FEBRUARY	MARCH	TOTAL
FY 2018-2019 – COMMUNITY EVENT	15	14	13	42
FY 2017-2018 – COMMUNITY EVENT	4	6	8	18
FY 2018-2019 – MEMBER ORIENTATION	18	20	25	63
FY 2017-2018 – MEMBER ORIENTATION	9	6	12	27

In **Q3 of FY 2018-2019**, the Alliance scheduled a total of **42 community events**, compared to the scheduled 18 in Q3 of FY 2017-2018.

Prior to 2018, the C&O Department measured two (2) event types: community events, and MOs. In 2018, the C&O Department added two (2) additional categories: member education events, and meeting/ presentations.

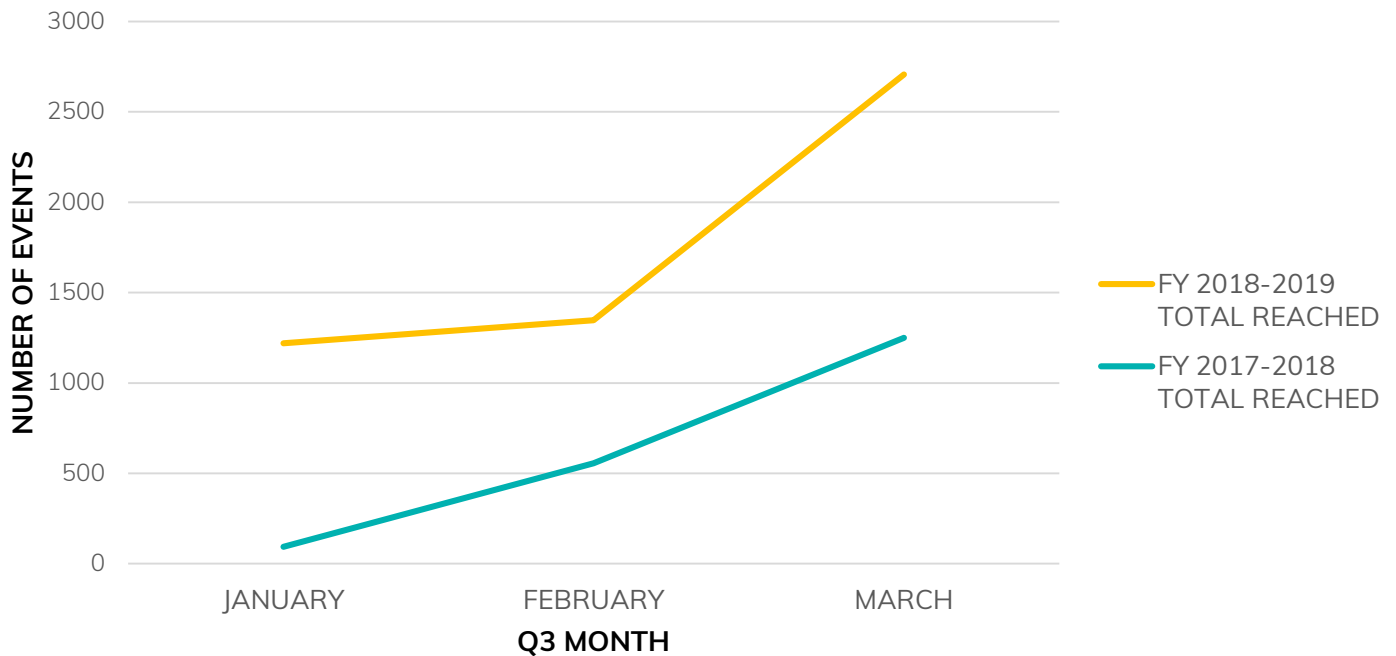
In Q3 of FY 2018-2019, the Alliance increased the number of scheduled community events by **133%**. There was a total of 42 scheduled community events in Q3 of FY 2018-2019, compared to the scheduled 18 in Q3 of FY 2017-2018.

In Q3 of FY 2018-2019, the number of scheduled MOs also increased by **133%**. There was a total of **63** MOs in Q3 of FY 2018-2019, compared to the scheduled 27 in Q3 of FY 2017-2018.

ALLIANCE IN THE COMMUNITY

FY 2018-2019 | Q3 OUTREACH REPORT

TOTAL REACHED BY Q3



	JANUARY	FEBRUARY	MARCH	TOTAL
FY 2018-2019 – TOTAL REACHED	1,219	1,348	2,707	5,274
FY 2017-2018 – TOTAL REACHED	93	555	1,250	1,898

The graph above compares the total reached at community events and MOs in Q3 of FY 2017-2018 and FY 2018-2019.

During Q3 of FY 2018-2019, the Alliance increased the total reach by **178%** from **5,274** at all events compared to 1,898 total reached in Q3 of FY 2017-2018.

Q2 of Fiscal Year 2017-2018, the C&O Department implemented an event tracking tool to systematically improve our tracking method, and to help prevent overstating numbers reached.

ALLIANCE IN THE COMMUNITY

FY 2018-2019 | Q3 OUTREACH REPORT



269	Oakland Public Library Community Kiosk	Fri, Jan 4	Oakland	5 / 1	\$0
270	Fuente Wellness Center	Fri, Jan 4	San Leandro	2	\$0
271	Pantry Program	Sat, Jan 5	Alameda	94 / 35	\$0
272	Food Pantry @ Union City Family Center	Tue, Jan 8	Union City	38 / 21	\$0
273	Mujeres Unidas y Activas	Tue, Jan 8	Oakland	N/A	N/A
274	Newark Wellness Center	Tue, Jan 8	Newark	3	\$0
275	Mobile Pantry @ Kidango Graham Center	Wed, Jan 9	Newark	35 / 11	\$0
276	Roots Community Health Center	Wed, Jan 9	Oakland	11	\$0
277	Mujeres Unidas y Activas	Thu, Jan 10	Union City	N/A	N/A
278	La Clinica - Transit Village	Fri, Jan 10	Oakland	3	\$0
279	Food Pantry @ Well Community Outreach Center	Fri, Jan 11	Livermore	11 / 2	\$0
280	Mobile Market	Fri, Jan 11	San Leandro	32 / 27	\$0
281	Oakland Public Library Community Kiosk	Fri, Jan 11	Oakland	8 / 1	\$0

	COMMUNITY EVENT		MEMBER EDUCATION EVENT		MEMBER ORIENTATION		MEETINGS/PRESENTATIONS
	DID NOT ATTEND	OTF = ONE TIME FEE					

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

*** **Donation, Fee & Sponsorship** = Applicable vendor donation, fee or sponsorship / refundable deposits.

ALLIANCE IN THE COMMUNITY

FY 2018-2019 | Q3 OUTREACH REPORT



EVENT



DATE



CITY



NUMBER
REACHED**



DONATION, FEE &
SPONSORSHIPS***

282	Navigating the Child Support System	Fri, Jan 11	Alameda	50	\$0
283	Es tiempo Para la Salud de la Comunidad - Feria de Bienestar	Sat, Jan 12	Newark	25 / 14	\$0
284	Fresh Food for Families - Hayward Promise Neighborhood	Mon, Jan 14	Hayward	76 / 32	\$0
285	Axis Community Health	Mon, Jan 14	Pleasanton	N/A	N/A
286	Tri - City Health Center	Tue, Jan 15	Fremont	0	\$0
287	Newark Adult School	Wed, Jan 16	Newark	4	\$0
288	Pantry Program	Thu, Jan 17	Alameda	N/A	N/A
289	Eastmont Wellness Center	Thu, Jan 17	Oakland	3	\$0
290	Lifelong Over 60 Health Center	Fri, Jan 18	Berkeley	0	\$0
291	Oakland Public Library Community Kiosk	Fri, Jan 28	Oakland	8 / 2	\$0
292	East Bay Agency for Children	Mon, Jan 21	Fremont	N/A	N/A
293	South Hayward Parish Food Pantry	Tue, Jan 22	Hayward	68 / 37	\$0
294	Food Pantry @ Chabot College	Tue, Jan 22	Hayward	13 / 6	\$0
295	Native American Health Center	Tue, Jan 22	Oakland	1	\$0

COMMUNITY EVENT
 MEMBER EDUCATION EVENT
 MEMBER ORIENTATION
 MEETINGS/PRESENTATIONS
 DID NOT ATTEND
 OTF = ONE TIME FEE

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ALLIANCE IN THE COMMUNITY

FY 2018-2019 | Q3 OUTREACH REPORT



EVENT



DATE



CITY



NUMBER
REACHED**



DONATION, FEE &
SPONSORSHIPS***

296	South Hayward Parish Food Pantry	Wed, Jan 23	Hayward	43 / 21	\$0
297	East Oakland Health Center	Wed, Jan 23	Oakland	4	\$0
298	USDA Monthly Food Pantry	Thu, Jan 24	Union City	21 / 10	\$0
299	Davis Street Family Resource Center	Thu, Jan 24	San Leandro	0	\$0
300	Oakland Public Library Community Kiosk	Fri, Jan 25	Oakland	10 / 3	\$0
301	Full-Day Retreat – First 5 Alameda County	Fri, Jan 25	Alameda	N/A	N/A
302	Hayward Wellness Center	Fri, Jan 25	Hayward	0	\$0
303	Chinatown Lunar New Year Bazaar	Sat, Jan 26	Oakland	345 / 132	\$450 / \$150
304	Vietnamese New Year Celebration	Sat, Jan 26	Oakland	N/A	N/A
305	Food Pantry @ Well Community Outreach Center	Sat, Jan 26	Livermore	N/A	N/A
306	Chinatown Lunar New Year Bazaar	Sun, Jan 27	Oakland	300 / 155	OTF
307	East Bay Agency for Children	Mon, Jan 28	Fremont	0	\$0
308	Community Healthcare Information Outreach	Tue, Jan 29	San Lorenzo	6 / 1	\$0

COMMUNITY EVENT
 MEMBER EDUCATION EVENT
 MEMBER ORIENTATION
 MEETINGS/PRESENTATIONS
 DID NOT ATTEND
 OTF = ONE TIME FEE

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ALLIANCE IN THE COMMUNITY

FY 2018-2019 | Q3 OUTREACH REPORT

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309	Health Care Van for Homeless	Tue, Jan 29	Hayward	N/A	N/A
310	Glad Tidings	Thu, Jan 31	Hayward	0	\$0
311	Oakland Public Library Community Kiosk	Fri, Feb 1	Oakland	5	\$0
312	Fuente Wellness Center	Fri, Feb 1	San Leandro	0	\$0
313	Mobile Market	Fri, Feb 1	San Leandro	27 / 20	\$0
314	Pantry Program	Sat, Feb 2	Alameda	78 / 36	\$0
315	Tri-Valley Special Needs Resource Fair and Transition Fair	Sat, Feb 2	Dublin	N/A	N/A
316	Fremont Family Resource Center	Mon, Feb 4	Fremont	3	\$0
317	Mujeres Unidas y Activas	Tue, Feb 5	Oakland	5	\$0
318	Food Pantry @ Union City Family Center	Tue, Feb 5	Union City	76 / 31	\$0
319	Food Bank Days	Tue, Feb 5	Hayward	145 / 50	\$0
320	West Oakland Health Center	Wed, Feb 6	Oakland	5	\$0
321	Mujeres Unidas y Activas	Thu, Feb 7	Union City	1	\$0
322	La Clinica - Transit Village	Fri, Feb 8	Oakland	1	\$0

COMMUNITY EVENT
 MEMBER EDUCATION EVENT
 MEMBER ORIENTATION
 MEETINGS/PRESENTATIONS
 DID NOT ATTEND
 OTF = ONE TIME FEE

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ALLIANCE IN THE COMMUNITY

FY 2018-2019 | Q3 OUTREACH REPORT



EVENT



DATE



CITY



NUMBER
REACHED**



DONATION, FEE &
SPONSORSHIPS***

323	Oakland Public Library Community Kiosk	Fri, Feb 8	Oakland	5	\$0
324	Food Pantry @ Well Community Outreach Center	Fri, Feb 8	Livermore	6 / 1	\$0
325	Lunar New Year Celebration	Sat, Feb 9	San Leandro	70 / 34	\$0
326	OACC's Lunar New Year Celebration	Sun, Feb 10	Oakland	132 / 45	\$50.00
327	Axis Community Health	Mon, Feb 11	Pleasanton	10	\$0
328	Fresh Food for Families - Hayward Promise Neighborhood	Mon, Feb 11	Hayward	49 / 40	\$0
329	Newark Wellness Center	Tue, Feb 12	Newark	0	\$0
330	East Oakland Health Center	Wed, Feb 13	Oakland	2	\$0
331	Food Pantry @ Chabot College	Wed, Feb 13	Hayward	54 / 25	\$0
332	Mobile Pantry @ Kidango Graham Center	Wed, Feb 13	Newark	25 / 13	\$0
333	2019 Alliance Member Listening Session	Wed, Feb 13	Oakland	50	\$0
334	Pantry Program	Thu, Feb 14	Alameda	52 / 31	\$0
335	Tri - City Health Center	Thu, Feb 14	Fremont	0	\$0

COMMUNITY EVENT
 MEMBER EDUCATION EVENT
 MEMBER ORIENTATION
 MEETINGS/PRESENTATIONS
 DID NOT ATTEND
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ALLIANCE IN THE COMMUNITY

FY 2018-2019 | Q3 OUTREACH REPORT



EVENT



DATE



CITY



NUMBER
REACHED**



DONATION, FEE &
SPONSORSHIPS***

336	Oakland Public Library Community Kiosk	Fri, Feb 15	Oakland	9 / 2	\$0
337	Navigating the Family Court System	Fri, Feb 15	Alameda	N/A	N/A
338	Fathers Corp Meeting	Fri, Feb 15	Alameda	52	\$0
339	Lifelong Over 60 Health Center	Fri, Feb 15	Berkeley	6	\$0
340	East Bay Agency for Children	Mon, Feb 18	Fremont	N/A	N/A
341	Food Bank Days	Tue, Feb 19	Hayward	54 / 28	\$0
342	Glad Tidings	Tue, Feb 19	Hayward	1	\$0
343	Newark Adult School	Wed, Feb 20	Newark	2	\$0
344	Eastmont Wellness Center	Thu, Feb 21	Oakland	10	\$0
345	South Hayward Parish Food Pantry	Fri, Feb 22	Hayward	46 / 32	\$0
346	Davis Street Family Resource Center Basic Needs Information Table	Fri, Feb 22	San Leandro	N/A	N/A
347	Hayward Wellness Center	Fri, Feb 22	Hayward	0	\$0
348	LatinX Education Summit	Fri, Feb 22	Newark	150 / 89	\$0
349	Oakland Public Library Community Kiosk	Fri, Feb 22	Oakland	9 / 4	\$0

COMMUNITY EVENT
 MEMBER EDUCATION EVENT
 MEMBER ORIENTATION
 MEETINGS/PRESENTATIONS
 DID NOT ATTEND
 OTF = ONE TIME FEE

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ALLIANCE IN THE COMMUNITY

FY 2018-2019 | Q3 OUTREACH REPORT



EVENT



DATE



CITY



NUMBER
REACHED**



DONATION, FEE &
SPONSORSHIPS***

350	Food Pantry @ Well Community Outreach Center	Sat, Feb 23	Livermore	61 / 24	\$0
351	FUSD - Spanish Immersion Taskforce Meeting	Mon, Feb 25	Fremont	12	\$0
352	Tiburcio Vasquez Health Center	Mon, Feb 25	Hayward	0	\$0
353	Community Healthcare Information Outreach	Tue, Feb 26	San Lorenzo	N/A	N/A
354	Smile, California Resource Fair Open House	Tue, Feb 26	Oakland	N/A	N/A
355	Food Pantry @ Chabot College	Tue, Feb 26	Hayward	25 / 13	\$0
356	Public Authority IHSS Training	Tue, Feb 26	Oakland	10 / 7	\$0
357	County Appointment Days	Tue, Feb 26	Hayward	2	\$0
358	Native American Health Center	Tue, Feb 26	Oakland	4	\$0
359	Roots Community Health Center	Wed, Feb 27	Oakland	8	\$0
360	South Hayward Parish Food Pantry	Thu, Feb 28	Hayward	32 / 22	\$0
361	USDA Monthly Food Pantry	Thu, Feb 28	Union City	54 / 25	\$0
362	Davis Street Family Resource Center	Thu, Feb 28	San Leandro	0	\$0

COMMUNITY EVENT
 MEMBER EDUCATION EVENT
 MEMBER ORIENTATION
 MEETINGS/PRESENTATIONS
 DID NOT ATTEND
 OTF = ONE TIME FEE

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

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ALLIANCE IN THE COMMUNITY

FY 2018-2019 | Q3 OUTREACH REPORT



EVENT



DATE



CITY



NUMBER
REACHED**



DONATION, FEE &
SPONSORSHIPS***

363	Oakland Public Library Community Kiosk	Fri, Mar 1	Oakland	N/A	N/A
364	Mobile Market	Fri, Mar 1	San Leandro	75 / 30	\$0
365	Fuente Wellness Center	Fri, Mar 1	San Leandro	0	\$0
366	Health Fair	Sat, Mar 2	Oakland	54 / 22	\$0
367	Pantry Program	Sat, Mar 2	Alameda	250 / 100	\$0
368	Fremont Family Resource Center	Mon, Mar 4	Fremont	N/A	N/A
369	Food Bank Days	Tue, Mar 5	Hayward	70 / 33	\$0
370	Food Pantry	Tue, Mar 5	Union City	58 / 31	\$0
371	Mujeres Unidas y Activas	Tue, Mar 5	Oakland	2	\$0
372	Wellness Event - Nutrition and Fitness	Wed, Mar 6	Livermore	62 / 22	\$0
373	West Oakland Health Center	Wed, Mar 6	Oakland	9	\$0
374	Union City Family Center	Thu, Mar 7	Union City	2	\$0
375	Food Pantry	Fri, Mar 8	Livermore	8 / 1	\$0
376	Oakland Public Library Community Kiosk	Fri, Mar 8	Oakland	12 / 7	\$0

COMMUNITY EVENT
 MEMBER EDUCATION EVENT
 MEMBER ORIENTATION
 MEETINGS/PRESENTATIONS
 DID NOT ATTEND
 OTF = ONE TIME FEE

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ALLIANCE IN THE COMMUNITY

FY 2018-2019 | Q3 OUTREACH REPORT



EVENT



DATE



CITY



NUMBER
REACHED**



DONATION, FEE &
SPONSORSHIPS***

377	La Clinica - Transit Village	Fri, Mar 8	Oakland	0	\$0
378	City of Oakland Home Based Parents	Fri, Mar 8	Oakland	15	\$0
379	International Working Women's Day	Sat, Mar 9	Oakland	N/A	N/A
380	Fresh Food for Families - Hayward Promise Neighborhood	Mon, Mar 11	Hayward	100 / 23	\$0
381	Axis Community Health	Mon, Mar 11	Pleasanton	8	\$0
382	Hayward Unified School District	Mon, Mar 11	Hayward	2	\$0
383	East Oakland Health Center	Tue, Mar 12	Oakland	2	\$0
384	Hayward Unified School District	Tue, Mar 12	Hayward	0	\$0
385	Mobile Pantry	Wed, Mar 13	Newark	46 / 25	\$0
386	Food Pantry	Wed, Mar 13	Hayward	50 / 15	\$0
387	Newark Adult School	Wed, Mar 13	Newark	0	\$0
388	Pantry Program	Thu, Mar 14	Alameda	115 / 50	\$0
389	Tri - City Health Center	Thu, Mar 14	Fremont	0	\$0
390	Oakland Public Library Community Kiosk	Fri, Mar 15	Oakland	21 / 9	\$0

COMMUNITY EVENT
 MEMBER EDUCATION EVENT
 MEMBER ORIENTATION
 MEETINGS/PRESENTATIONS

DID NOT ATTEND
 OTF = ONE TIME FEE

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

*** **Donation, Fee & Sponsorship** = Applicable vendor donation, fee or sponsorship / refundable deposits.

ALLIANCE IN THE COMMUNITY

FY 2018-2019 | Q3 OUTREACH REPORT



EVENT



DATE



CITY



NUMBER
REACHED**



DONATION, FEE &
SPONSORSHIPS***

391	Davis Street Family Resource Center Member Orientation Table	Fri, Mar 15	San Leandro	25 / 5	\$0
392	Lifelong Over 60 Health Center	Fri, Mar 15	Berkeley	9	\$0
393	Fathers Corps 2019 Summit	Fri, Mar 15	Alameda	63	\$0
394	Alameda County Fatherhood Summit 2019	Sat, Mar 16	Oakland	103 / 21	\$1,000
395	St. Patrick's Day Celebration	Sat, Mar 16	Dublin	140 / 10	\$25
396	St. Patrick's Day Celebration	Sun, Mar 17	Dublin	201 / 21	OTF
397	Tiburcio Vasquez Health Center	Mon, Mar 18	Hayward	1	\$0
398	FUSD - Spanish Immersion Taskforce Meeting	Mon, Mar 18	Fremont	N/A	N/A
399	Food Bank Days	Tue, Mar 19	Hayward	28 / 6	\$0
400	Newark Wellness Center	Tue, Mar 19	Newark	1	\$0
401	Roots Community Health Center	Wed, Mar 20	Oakland	18	\$0
402	Tri-Valley Haven Food Pantry	Thu, Mar 21	Livermore	32 / 21	\$0
403	Alameda 5th Annual Youth Career & Job Fair	Thu, Mar 21	Alameda	262 / 52	\$0

COMMUNITY EVENT
 MEMBER EDUCATION EVENT
 MEMBER ORIENTATION
 MEETINGS/PRESENTATIONS

DID NOT ATTEND
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ALLIANCE IN THE COMMUNITY

FY 2018-2019 | Q3 OUTREACH REPORT



404	Eastmont Wellness Center	Thu, Mar 21	Oakland	9	\$0
405	Oakland Public Library Community Kiosk	Fri, Mar 22	Oakland	10 / 3	\$0
406	Davis Street Family Resource Center	Fri, Mar 22	San Leandro	3	\$0
407	Hayward Wellness Center	Fri, Mar 22	Hayward	1	\$0
408	50 Anual Feria de Recursos Comunitarios	Sat, Mar 23	Union City	125 / 78	\$1,200
409	Food Pantry	Sat, Mar 23	Livermore	21 / 2	\$0
410	The 2019 Transition Information Faire	Sat, Mar 23	Alameda	100 / 42	\$75
411	Special Needs Family Appreciation Night	Sun, Mar 24	Oakland	N/A	N/A
412	East Bay Agency for Children	Mon, Mar 25	Fremont	0	\$0
413	Community Healthcare Information Outreach	Tue, Mar 26	San Lorenzo	74	\$0
414	Food Pantry	Tue, Mar 26	Hayward	19 / 4	\$0
415	Native American Health Center	Tue, Mar 26	Oakland	1	\$0
416	Understanding and Reflecting on How Personal Bias Affects Your Work With Families	Tue, Mar 26	Alameda	50	\$0

 COMMUNITY EVENT
 MEMBER EDUCATION EVENT
 MEMBER ORIENTATION
 MEETINGS/PRESENTATIONS
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ALLIANCE IN THE COMMUNITY

FY 2018-2019 | Q3 OUTREACH REPORT



EVENT



DATE



CITY



NUMBER
REACHED**



DONATION, FEE &
SPONSORSHIPS***

417	Food Pantry	Wed, Mar 27	Hayward	39 / 35	\$0
418	Asian Health Services	Wed, Mar 27	Oakland	5	\$0
419	USDA Monthly Food Pantry	Thu, Mar 28	Union City	26 / 11	\$0
420	Oakland Public Library Community Kiosk	Fri, Mar 29	Oakland	9 / 5	\$0
421	Davis Street Family Resource Center Basic Needs Information Table	Fri, Mar 29	San Leandro	3	\$0
422	Food Pantry Davis Street	Fri, Mar 29	San Leandro	3	\$0
423	Glad Tidings	Fri, Mar 29	Hayward	N/A	N/A
424	Davis Street Family Resource Center	Fri, Mar 29	San Leandro	3	\$0
425	Alameda Alliance For Health Presentation	Fri, Mar 29	Oakland	50 / 10	\$0
426	DSAL's Free Spring Soccer League Opening Weekend	Sat, Mar 30	Ashland	80 / 54	\$0
427	Family Fun Day	Sat, Mar 30	Hayward	32	\$0
428	Tropics Senior Resource Fair	Sat, Mar 30	Union City	93 / 8	\$0
429	DSAL's Free Spring Soccer League Opening Weekend	Sun, Mar 31	Ashland	107 / 60	\$0

COMMUNITY EVENT
 MEMBER EDUCATION EVENT
 MEMBER ORIENTATION
 MEETINGS/PRESENTATIONS
 DID NOT ATTEND
 OTF = ONE TIME FEE

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Compliance

Gil Riojas

To: Alameda Alliance for Health Board of Governors

From: Gilbert Riojas, Chief Financial Officer

Date: April 12, 2019

Subject: Compliance Report

2019 DHCS Medical Audit

- The Department of Health Care Services has given notice that the 2019 Annual Survey will be conducted beginning Monday, June 11 through Friday, June 21. All documents requested by DHCS that are to be reviewed prior to the on-site survey are due to DHCS no later than Friday, April 26. The Compliance team has directed all affected departments to submit their respective requested documents by no later than Wednesday, April 17 to allow time for quality control review prior to submission to DHCS. According to the DHCS Pre-Audit Information Request, the Department will be focusing on the areas highlighted as deficiencies during the 2018 survey. The Department's other areas of focus will include "Early & Periodic Screening, Diagnostic and Treatment" Services (EPSDT) for children 21 and under, as well as delegation oversight.

2018 DHCS Medical Audit

- The DHCS Audit team reviewing the Plan's corrective action plan responses to the 2018 survey findings has closed the following CAP items:
 - 2.5.1: Complex Case Management Program Monitoring.
 - 2.5.2: PCP Participation in Complex Case Management Program.

Regulatory Updates

- Health Homes Program Application:
 - The Plan submitted its Health Home Program application to the DHCS on March 1, 2019. The DHCS has approved several component sections of the Plan's application, and has also requested additional information in other areas. The Compliance team will continue to provide updates until the entire HHP application has been approved by the DHCS.
- MY2018 Timely Access Report:
 - The Plan submitted its MY2018 annual provider appointment and availability survey report to the DMHC on April 1, 2019. The Plan will be reaching out to the providers found non-compliant in the survey for

appointment wait times to educate them on the standards and also to notify them that they will be resurveyed. The Plan is also starting the MY2019 survey that will continue throughout the year.

- Network Certification Report:
 - The Plan submitted the annual Network Certification report to DHCS on March 18, 2019. This report is a part of the Final Rule requirements with network adequacy time and distance standards. The new requirements include having sufficient, timely access to providers within the members' geographic service area. These providers include core specialty types, pharmacies, ancillary services, primary care, and mental health providers. A review of the Plan's findings by our Provider Relations and Quality teams highlighted ongoing deficiencies with pediatric specialists in the Livermore area of Alameda County. The Plan submitted alternative access standards requests for these specialties to the DHCS, and the request is currently under review.

Legislative Updates

- The Plan is tracking priority bills of interest that have been submitted for Committee Hearings. General themes of focus areas include single payer/universal coverage, cost containment, and opioid use. Below is a summary of new proposed bills this year that are being tracked closely by the Plan and its trading associations:
 - Senate Bill 163: Pervasive Developmental Disorder or Autism:
 - This bill would revise the definition of behavioral health treatment to require the services and treatment programs provided to be based on behavioral, developmental, behavior-based, or other evidence-based models. The bill would remove the exception for health care service plans and health insurance policies in the Medi-Cal program, consistent with the Mental Health Parity & Addiction Equity Act (MHPAEA). In its current iteration, the LHPC has indicated its opposition to this bill.
 - Assembly Bill 1088: Medi-Cal Eligibility:
 - This bill would allow seniors and persons with disabilities who would otherwise be eligible for Medi-Cal benefits, as specified, would be eligible for Medi-Cal without a share of cost if they otherwise met the income eligibility requirements. In its current form, the LHPC supports this bill.



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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: April 12, 2019

Subject: Health Care Services Report

Utilization Management – Inpatient

- While we continue to search for an inpatient UM manager, the team is continuing to restructure their standard work. Ongoing audits and feedback to provide guidance to the staff is continuing. We are also coordinating efforts with delegate partners to align the inpatient review processes.
- Our partnership with Alameda Health Systems (AHS) is focusing on Transition of Care (TOC) and readmission avoidance. AHS has implemented several strategies and we are exploring ways we can assist in their success. TOC is focusing first on transportation out of the hospital. We are analyzing a proposal to decrease ED discharge turn-around time to one hour.

Inpatient Barometer				
Total All Aid Categories				
Actuals (excludes Maternity)				
Metric	December 2018	January 2019	February 2019	Target
ALOS	4.4	4.8	4.4	3.5
Admits/1,000	63.1	68.5	64.0	84.4
Days/1,000	279.2	330.8	282.6	297.8

Utilization Management – Outpatient

- Outpatient Utilization is fully staffed and maintaining consistent processes and will be receiving a retraining with the development of standard work in Q2 2019.
 - Turn-around times (97%) remain above benchmark of $\geq 95\%$.
 - Outpatient denial rates are stable.

- Preparation and training is underway to absorb the radiology imaging approval from Evicore, starting June 1, 2019.

YTD Outpatient Denials

Total OP Denial Rates	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
2018	7.4%	7.0%	5.8%	6.1%	6.5%	7.3%	7.1%	7.2%	9.0%	7.2%	6.5%	6.3%	6.9%
2019	5.8%	6.6%	6.3%										6.2%

YTD Outpatient Denials Excluding Partial Denials

Total OP FULL Denial Rates	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
2018	7.2%	6.7%	5.6%	6.1%	6.2%	6.0%	6.6%	6.7%	7.2%	6.3%	5.9%	5.7%	6.3%
2019	5.1%	5.9%	5.7%										5.6%

Turn Around Time Compliance	
Line of Business	March 2019
Overall	97%
Medi-Cal	97%
IHSS	98%
<i>Benchmark</i>	<i>95%</i>

Pharmacy

- The pharmacy team has added their 4th clinical pharmacist to allow the team to continue increased peer-to-peer conversations with providers and help guide them to formulary appropriate medical choices. Clinical training and discussion between the physicians and pharmacists is being enhanced in order to improve consistent, evidence-based care decisions.
- Outpatient denial rates remain consistent and steady. Asthma medications and diabetes medications are common reasons for denials, as equally efficacious alternatives on our formulary are preferred.
- We are performing an analysis of our physician administered and outpatient infusion related medications and developing best practices to assure high quality and fiscal stewardship. We are exploring key partnerships in the area of outpatient infusion and home infusion.

Number of Prior Authorizations Processed		
Decision	February 2019	March 2019
Approved	565	654
Denied	584	590
Closed	561	611
Total	1,710	1,855

- March 2019 Top 10 Drugs by Number of Denials:

Rank	Drug Name	Common Use	Common Denial Reason
1	DULERA 200 MCG/5 MCG INHALER	Asthma	Criteria for approval not met
2	TRETINOIN 0.025% CREAM	Acne	Criteria for approval not met
3	LIDOCAINE 5% PATCH	Pain	Criteria for approval not met
4	RESTASIS 0.05% EYE EMULSION	Dry Eyes	Criteria for approval not met
5	LYRICA 25 MG CAPSULE	Pain	Criteria for approval not met
6	DULERA 100 MCG/5 MCG INHALER	Asthma	Criteria for approval not met
7	VENTOLIN HFA 90 MCG INHALER	Asthma	Criteria for approval not met
8	FREESTYLE LIBRE 14 DAY SENSOR	Diabetes	Criteria for approval not met
9	MORPHINE SULF ER 15 MG TABLET	Pain	Criteria for approval not met
10	FREESTYLE LIBRE 14 DAY READER	Diabetes	Criteria for approval not met

Case and Disease Management

- Case management has successfully recruited 2 additional Medical Social Workers, 3 nurses, and 1 Health Navigator to their team. The growing internal team is connected to our external case management resources and partners developing an intelligent web of care management for Medi-Cal patients across Alameda County.
 - A partial work from home pilot for nurses began 4/9/19.

- Training: we have written retraining modules for Case Management that includes the writing of standard work. The Case Management staff have received this training, and auditing will start in order to hardwire the standard work.
- External Case Management resources:
 - Health Homes & AC3:
 - We have surpassed our goal of enrollment for AC3. The inclusion of CHCN's Care Neighborhood program into Health Homes/AC3 has expanded this number significantly from 144 in December to 322 in February.
 - Health Homes California Program:
 - Planning continues along on schedule for launch of the official California Health Homes Program in July 2019. Last month, we submitted our completed Health Homes Program application to DHCS. We are evaluating the potential Health Homes sites to ensure that they are able to meet the State program requirements. We are poised to launch the official program with a strong initial enrollment.
- Internal Case Management Volume: Case volume for the AAH employed Case Management team continues to rise slowly. Additional trained staff with RNs and MSWs will greatly increase our ability to case manage more patients.

Case Type	New Cases Opened in February 2019	Total Open Cases As of February 2019
Care Coordination	180	399
Complex	66	119

Grievance & Appeals

- Grievances are any expression of dissatisfaction by a member. Our actual grievance rate (3.55/1000 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. The intense focus on this area by the plan and our vendor has led to significant decreases in the

number of complaints in January and February. While not yet to where we want to be in terms of complaints, progress has been made.

- Appeals had an overturn rate of 35.7% which, although better than the 60% they were at one year ago, is above our goal of 25% overturn rate.
- All cases were resolved within the goal of 95% regulatory compliance timeframes.
- Recruitment of additional G&A nurses is a top priority and strategies are being actively discussed with human resources.

March 2019 Cases	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	211	30 Calendar Days	95% compliance within standard	211	100%	0.82
Expedited Grievance	0	72 Hours	95% compliance within standard	0	NA	NA
Exempt Grievance	607	Next Business Day	95% compliance within standard	601	99.0%	2.35
Standard Appeal	98	30 Calendar Days	95% compliance within standard	98	100%	0.38
Expedited Appeal	2	72 Hours	95% compliance within standard	2	100%	0.01
Total Cases:	918		95% compliance within standard	912	99.3%	3.55

Quality and Health Care Quality Committee (HCQC)

- The Health Care Quality Committee meets next on May 16, 2019. The minutes for the January 17, 2019 meeting are included in this update to the board.
- Stephanie Wakefield and Dr. Sanjay Bhatt, in partnership with AAH leadership, are developing a strategy to focus on improving care quality, particularly in areas of Early and Periodic Screening, Diagnosis and Treatment for our pediatric population. This work will be done in partnership with our large pediatric care providers.

Health Care Quality Committee Minutes



HEALTH CARE QUALITY COMMITTEE
January 17, 2019



Call in number: +1 (510) 340-9365

Committee Member Name and Title	Specialty	Present
Steve O'Brien, Chief Medical Officer		X
Aaron Chapman, MD, Medical Director, Alameda County Behavioral Health Care Services	Psychiatry	X
Wesley Lisker, MD, Kaiser Permanente	Nephrology	X
Laura Miller, MD, Chief Medical Officer, Community Health Center Network	Internal Medicine	X
Ghassan Jamaledine, MD, Chief Medical Officer, Alameda Health Systems	Internal Medicine	
James Florey, MD, Chief Medical Officer, Children First Medical Group	Pediatrician	X

Staff Member Name and Title	Present
Julie Anne Miller, Director of Health Care Services	X
Sanjay Bhatt, Medical Director of Quality	X
Beverly Juan, Medical Director of Utilization Management	X
Jennifer Karmelich, Director of Complaints and Resolutions	X
Linda Ayala, Health Education Manager	
Nicole Sardella, Quality Improvement Project Specialist	X
Martins Umeugoji, Quality Improvement Project Specialist	X
Michelle Schneidermann, Director of Medical Services	X
Scott Coffin, CEO Alameda Alliance	
Helen Lee, Interim Director of Pharmacy	X
Diana Sekhon, Director of Compliance	

Community Members in Attendance	
None	

Agenda Item	Responsible Person	Discussion	Action	Follow-Up by QI Staff
I. Call to Order	S. O'Brien	The meeting was called to order at 6:02 p.m.	Called to order at 6:02 p.m.	None
II. Meeting Minutes	S. O'Brien	The following Meeting Minutes were presented for approval: <ul style="list-style-type: none"> • HCQC 11/15/2018 • Utilization Management 11/30/2018 • Cultural & Linguistic Services 11/14/2018 • Internal Quality Improvement 10/18/2018 & 	Motion to approve all meeting minutes as presented: Dr. Chapman. Second: Dr. Florey. Approved	HCQC minutes will be finalized as presented.

		12/5/2018 <ul style="list-style-type: none"> Pharmacy & Therapeutics 9/11/2018 Joint Operations Meetings <ul style="list-style-type: none"> Beacon 8/16/2018 Hanna 12/18/2018 IEC 10/19/2018 LogistiCare 11/13/2018 & 12/10/2018 	unanimously.  HCQC Meeting Minutes 01.17.2019.	
Agenda Item	Responsible Person	Discussion	Action	Follow-Up by QI Staff
III. Policies & Procedures	S. O'Brien	The following Policies and Procedures were sent to members in the meeting packet for review: <ul style="list-style-type: none"> QI-102 Clinical Practice and Preventative Health Guidelines Vote to Retire HED-005 Prenatal Risk Assessment Updates Vote to Retire QI-104 Potential Quality Issues QI-107 Appointment Access & Availability Standards QI-114 Monitoring of Access & Availability Standards QI-116 Provider Appointment Availability Survey QI-134 Medical Record Review Over Read UM-036 Continuity of Care 	Motion to approve Policies and Procedures as presented: Dr. Miller. Second: Dr. Chapman. Approved unanimously.  HCQC Policies and Procedures for E-Vote	Policies & Procedures will be finalized as presented.
IV. Chief Medical Officer Alameda Alliance Update	S. O'Brien	Chief Medical Officer shared staffing changes which include a new Senior Director of Quality, Stephanie Wakefield, who will begin shortly. The Health Care Services team has gained a lot of experienced members this last year including Julie Anne Miller and Helen Lee, in Health Care Services and Pharmacy, respectively. The Alliance currently has multiple cost containment initiatives, which are always rooted in maintaining or improving quality of care. Two such initiatives include decreasing length of stay and decreasing	None	None

		<p>readmissions. A meeting was held last Monday with Alameda Health System to understand barriers to discharging patients and the team was able to prioritize approaches to these barriers.</p> <p>Director of Health Care Services gave a brief update of the Utilization Management Department. The department is focused on training staff, developing work groups, and standardizing work flows. They are continuing to recruit and maintain strong staff.</p> <p>Director of Pharmacy provided a brief update of the Pharmacy Department. Pharmacy is also building their internal team. The main focus of the department currently is cost containment as pharmacy accounts for 20% of all health care services expenditures. There are currently 10 cost containment initiatives:</p> <ul style="list-style-type: none"> • Contract renegotiation • Continuous Formulary alignment • Switch preferred Hep C Pharmacy • Enhanced rebates • Biosimilar optimization • Channel management for high cost drugs • COB recovery • 340B: improved monitoring & reporting and reimbursement assessment • Site of care differentiation • PBM and Specialty Pharmacy RFPs 		
Agenda Item	Responsible Person	Discussion	Action	Follow-Up by QI Staff
V. Trauma Informed Care	Dr. Florey	Dr. Florey was unable to present at this meeting and the item was tabled for next HCQC.	Table presentation for March HCQC.	Dr. Bhatt will coordinate with Dr. Florey to present at March HCQC.
Agenda Item	Responsible Person	Discussion	Action	Follow-Up by QI Staff
VI. Timely Access	S. Bhatt	Medical Director of Quality explained that timely	None	None

Standards		<p>access standards are primarily driven by NCQA, DMHC, and DHCS. Some timely access standards, however, are determined by the plan, such as in office wait times as discussed at the last HCQC meeting. Another standard determined by the plan is the time it takes a provider office to answer member phone calls. The proposed standard, which is reflected in QI-107, is 10 minutes. Dr. Bhatt opened up the proposal for discussion. Dr. Miller agreed that this was a fair standard and added that many call centers have work flows that will easily meet this standard.</p> <p>Dr. Bhatt explained how the Alliance measures timely access standards. Some changes have been made to the surveys used to measure timely access, which have been highlighted in the documents provided in the meeting packet. Dr. Bhatt explained that the Alliance has worked to ensure that surveys are meeting regulatory standards.</p>		
VII. Health Care Quality Committee Charter	S. Bhatt	<p>Medical Director of Quality highlighted changes to the HCQC charter, which is now much more robust. New elements include an expansion of voting members to include:</p> <ul style="list-style-type: none"> • Alliance Chief Medical Officer (<i>Chair</i>) or designee • Alliance QI Medical Director (<i>Vice-Chair</i>) • Practicing provider representing Internal Medicine • Practicing provider representing Family Practice • Practicing provider representing Pediatrics • Practicing provider representing Behavioral Health • Practicing physician(s) representing common medical specialties • AAH UM Medical Director 	Motion to approve the HCQC Charter with agreed upon amendments: Dr. Florey. Second: Dr. Lisker. Approved unanimously.	Nicole Sardella will finalize changes and send the amended Charter to committee members.

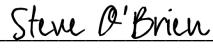
		<ul style="list-style-type: none"> • AAH Case Management Medical Director • AAH Director, Quality <p>Additional changes include:</p> <p>If the chair and vice chair are not present, the chair will select someone to act as chair for that meeting. New voting rules include that members cannot vote by proxy. “Membership Terms of Service” details requirements for HCQC members.</p> <p>Dr. Chapman asked for clarification around the requirement that members work at least part time in a clinical role. Dr. Miller suggested amending the requirement. The committee agreed to change the language to “Has an appropriate clinical background commensurate with the duties of the committee.”</p>		
VIII. Quality Improvement Work Plan Update	S. Bhatt	<p>Medical Director of Quality provided an update on the 2018 QI Work Plan.</p> <ul style="list-style-type: none"> • AQFS rate increase by 2% - QI is working to align QI efforts with Pay for Performance measures. QI has also worked with Analytics on abstraction and overread process. • Potential Quality Issues - as of this month, there is a new internal application to provide reporting and data information. • Quality Initiatives - Several ongoing QI projects including Members on Persistent Medication, Childhood Access to Care, Improving A1c testing for diabetic African American men, improving Tdap compliance rates for pregnant women in their third trimester. • Facility Site Reviews – Facility Site Reviews are required at every site every 	None	None

		three years and the Alliance was without a qualified reviewer but has recently hired someone for this role.		
Agenda Item	Responsible Person	Discussion	Action	Follow-Up by QI Staff
IX. Utilization Management Work Plan Update	J.A. Miller	Director of Health Care Services provided an update on the UM Work Plan. The department is currently evaluating UM program and will then develop the 2019 Work Plan and also make appropriate changes to the 2019 Program Description. The committee can expect to see those at the next HCQC.	None.	None.
Agenda Item	Responsible Person	Discussion	Action	Follow-Up by QI Staff
X. Quality Improvement Initiatives	S. Bhatt	<p>Medical Director of Quality provided an update on current Quality Improvement Initiatives. During Q4 2018, the Alliance partnered with West Oakland Health Center to hold clinic days for A1c testing and Cervical Cancer Screening. The Medical Director highlighted that WOHC fell below the Minimum Performance Level (MPL) for both of these measures during the last HEDIS measurement year, but needed very few additional members to reach the MPL, as is the case with many Alliance clinics. The Alliance presented at three locations on two dates and provided \$25 gift cards to Safeway for members who completed their screening or lab. The Alliance is assessing the impact of these interventions.</p> <p>Dr. Miller and Dr. Florey underscored the efficacy of incentives, including non-monetary incentives such as breakfast or groceries.</p>	None.	None.
XI. IHA Summary Report	S. Bhatt	Medical Director of Quality explained that the Initial Health Assessment is a DHCS mandated tool that has six different elements. When an individual enrolls with the Alliance, their provider is required to	None.	None.

		complete a history, review of organ systems, preventative services, comprehensive physical and mental status exam, diagnoses and plan of care, and a Staying Healthy Assessment (SHA) within the first 120 days of their enrollment. A random audit of 30 charts showed that the first five elements, excluding the SHA, were present in 90.48% of cases. However, only 9.52% included all six components. Those non-compliant providers will be alerted to the deficit and be given a corrective action plan that includes a copy of the SHA and a link to where they can receive the assessment.		
XII. Exempt Grievance Oversight Report	S. Bhatt	<p>Medical Director of Quality explained that a grievance is any expressed dissatisfaction by a member. An Exempt Grievance is a grievance that is resolved by the next business day that is not a disputed service.</p> <p>The QI department completed an audit of exempt grievances to ensure that none of those grievances included a clinical component. A QI Nurse listened to 30 telephone calls and found none had any clinical bearing and so all were correct not to be routed to the Quality Department.</p>	None.	None.
XIII. Pharmacy Update	H. Lee	Pharmacy Director shared a brief update of the Pharmacy Department. The Pharmacy is reviewing the top 50 drugs by cost and the top 100 drugs by Prior Authorization review. Policies and Procedures for the department have been reviewed and updated as appropriate. Drug classes and medication request guidelines are also under review.	None.	None.
XIV. Other Business	J. Karmelich	Quality Assurance Director added an update on NCQA. Quality Assurance will be preparing for accreditation by completing a mock audit soon. The	Send auditing tool to Dr. Miller.	J. Karmelich.

		<p>universe for this mock audit will include the Alliance, CHCN, and CFMG. The Alliance will be working with a consultant to complete accreditation preparation. NCQA will be on site Sept 9-11 2019.</p> <p>Dr. Miller asked if the audit tool would be available to those being audited and J. Karmelich said that she could send that out.</p>		
Agenda Item	Responsible Person	Discussion	Action	Follow-Up by QI Staff
XV. Public Comment	S. O'Brien	There were no public comments.	None	None.
XVI. Meeting Adjournment	S. O'Brien	The meeting was adjourned at 6:49pm.	None	None.

DocuSigned by:


 Dr. O'Brien
 Chief Medical Officer
 Chair

4/8/2019

Date

Minutes prepared by Nicole Sardella



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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: April 12, 2019
Subject: Information Technology Report

Call Center System Availability

- AAH phone systems and call center applications remained 100% available during the month of March. No call center outages occurred during this month. Overall, we are continuing to perform the following activities to optimize the call center ecosystem (applications, backend integration, configuration, and network).
 - Fixing the unbalanced workload with our storage array – Completed.
 - Migrate storage array – Completed.
 - Improving Call Manager system and device pool configuration – Work in progress.
 - Phase 3 – IVR Migration from Avaya to Cisco - Work in progress.
 - Improved alerts and notifications – Work in progress.
 - Session Initiation Protocol (SIP) trunk migration from Vonage to AT&T – Work in progress.
 - Upgrading the call manager environment (2 Ring, Calabrio, and Finesse software) – Not Started.

Encounter Data

- In the month of March, AAH processed 87 encounter files to DHCS.

Enrollment

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

HEALTHsuite

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

TruCare

- The TruCare system continued to operate normally with an uptime of 99.83%. There were 8,548 authorizations processed through the system.

Web Portal

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

Information Security

- All security activity data is based on the current months metrics as a percentage. This is compared to the previous three months average, except as noted.
- Email based metrics currently monitored have increased with a return to a reputation-based blocks for a total of 371.8k.
- Attempted information leaks detected and blocked at the firewall are slightly higher from 44 to 72 for the month.
- Network scans returned a value of 1 which is in line with previous month's data.
- Attempted User Privilege Gain is lower at 129 from a previous six months average of 191.

Information Technology

Supporting Documents

Enrollment

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

Month	Total MC ¹	MC ¹ - Add/ Reinstatements	MC ¹ - Terminated	Total GC ²	GC ² - Add/ Reinstatements	GC ² - Terminated
March	258,697	4,684	7,152	5,893	201	164

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

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

Auto-Assignments	Member Count
Auto-assignments MC	1,430
Auto-assignments Expansion	963
Auto-assignments GC	66
PCP Changes (PCP Change Tool) Total	2,459

TruCare

- See Table 2-1 “Summary of TruCare Authorizations for the month of March 2019”.
- There were 8,548 authorizations processed through the system.
- TruCare Application Uptime – 99.83%.
- 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 March 2019.

Transaction Type	Inbound EDI Auths	Failed PP-Already In TC	Failed PP-MNF	Failed PP-PNF	Failed PP-Procedure Code	Failed PP-Diagnosis Code	Misc	Total EDI failure	New Auths entered	Total Auths loaded in TruCare Production
EDI-CHCN	4,333	166	1	38	22	26	22	275	0	4,058
EDI-Care Core National	1062	0	0	0	0	0	0	0	0	1,062
Manual Entry	0	0	0	0	0	0	0	0	3,248	3,428
Total										8,548

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 February 2019.

Group	Individual User Accounts	Individual User Accounts Accessed	Total Logins	New Users
Provider	2,645	2,340	145,670	235
MCAL	55,108	1,625	3,364	590
IHSS	2,215	68	447	13
AAH Staff	122	40	126	-
Total	60,090	4,073	149,607	838

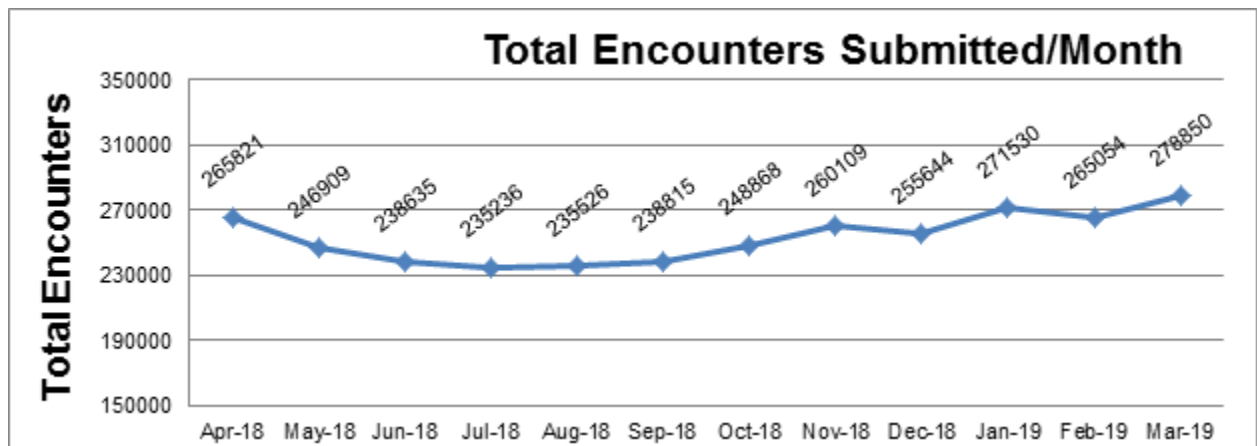
- Table 3-2 Top Pages Viewed for the month of February 2019.

Top 25 Pages Viewed		
Category	Page Name	February-19
Provider	Member Eligibility	655,398
Provider	Claim Status	83,418
Provider	Member Roster	74,746
Provider	Authorization Status	6,348
Member - Eligibility	Member Eligibility	4,836
Member - Claims	Claims - Services	4,089
Member - Help Center	Find a Doctor or Facility	2,305
Member - Help Center	Member ID Card	2,499
Member - Help Center	Select/Change PCP	484
Provider - Provider Directory	Provider Directory PCP/Specialist	510
Member - Pharmacy	My Pharmacy Claims	390
Member - Help Center	Update My Contact Info	200
Member - Pharmacy	Pharmacy - Drugs	167
Member - Help Center	Contact Us	113
Member - Help Center	Authorizations & Referrals	99
Provider	Pharmacy	180
Provider - Provider Directory	Attestation	88
Member – Health/Wellness	Personal Health Record - Intro	78
Member - Pharmacy	Pharmacy	50
Member - Forms/Resources	Authorized Representative Form	88
Member – Health/Wellness	Personal Health Record - NoMoreClipboard	60
Member - Forms/Resources	Reimbursement Form	48
Member – Help Center	File a Grievance or Appeal	60
Provider – Provider Directory	Provider Directory - Facility	46
Member – Health/Wellness	Member Materials	52

Encounter Data from Trading Partners

- AHS:
 - March weekly files (4,952 records) were received on time.
- Beacon:
 - March monthly files (7,942 records) were received on time.
- CHCN:
 - March weekly files (64,510 records) were received on time.

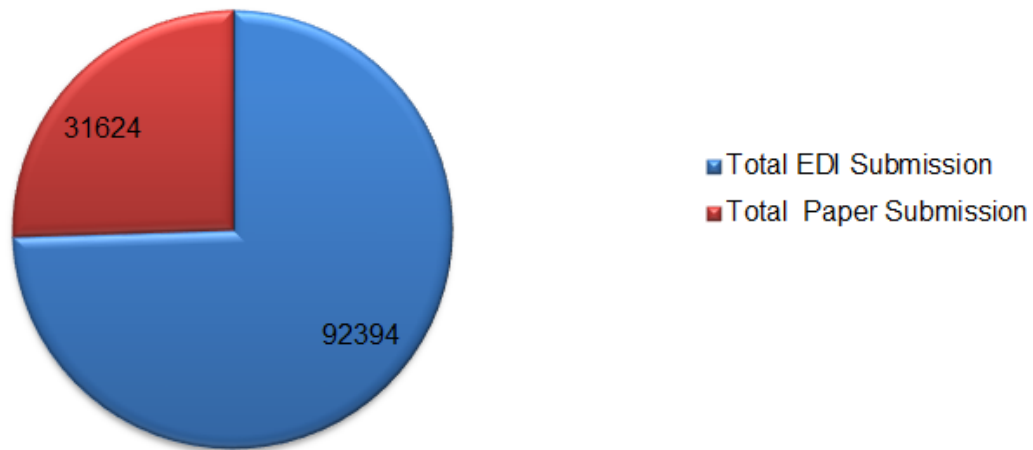
- CHME:
 - March monthly file (3,220 records) was received on time.
- CFMG:
 - March weekly files (10,963 records) were received on time.
- PerformRx:
 - March monthly files (159,458 records) were received on time.
- Kaiser:
 - March monthly files (32,237 records) were received on time.
 - March Kaiser Pharmacy – monthly files (18,635 records) were received on time.
- LogistiCare:
 - March weekly files (11,401 records) were received on time.
- March Vision:
 - March monthly file (1,858 records) was received on time.
- Quest Diagnostics:
 - March weekly files (16,749 records) were received on time.



Paper vs EDI Claims:

Period	Total EDI Submissions	Total Paper Submissions	Total claims
19-Mar	92,394	31,624	124,018

EDI vs Paper Submission, March 2019

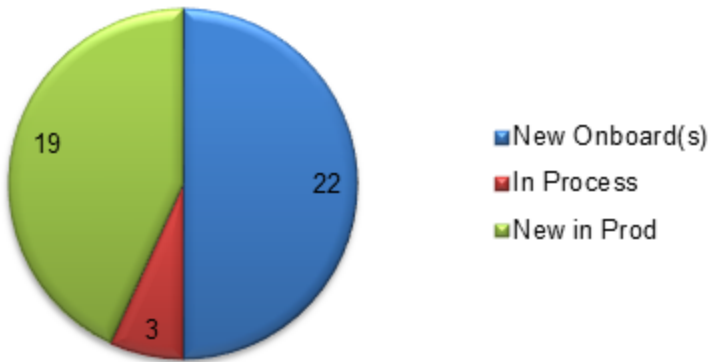


Onboarding EDI Providers - Updates:

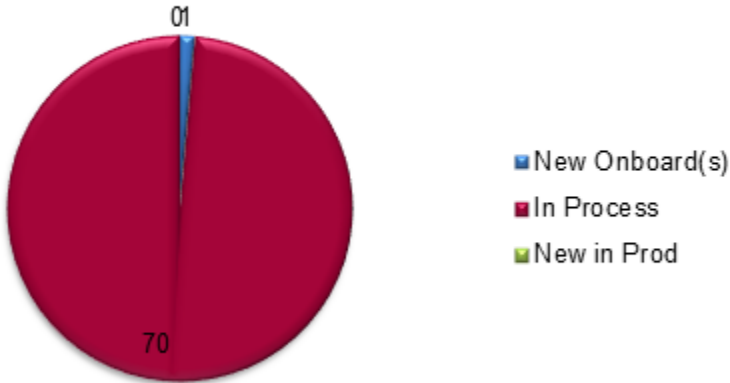
- March 2019 EDI Claims:
 - A total of 580 new EDI submitters have been added since October 2015, with 19 added in March 2019.
 - The total number of EDI submitters is 1312 providers.
- March 2019 EDI Remittances (ERA):
 - A total of 162 new ERA receivers have been added since October 2015, with 0 added in March 2019.
 - The total number of ERA receivers is 201 providers.

	837				835			
	New on boards	In process	New In prod	Total in Prod	New on boards	In process	New In prod	Total in Prod
April - 18	42	2	40	1110	3	52	3	146
May - 18	22	4	18	1128	4	54	2	148
June - 18	20	0	20	1148	4	56	2	150
July - 18	15	0	15	1163	8	60	4	154
Aug - 18	19	0	19	1182	9	60	9	163
Sept - 18	11	1	10	1192	1	61	0	163
Oct - 18	37	0	37	1229	4	64	1	164
Nov - 18	12	1	11	1240	5	69	0	164
Dec - 18	8	1	7	1247	9	69	9	173
Jan - 19	23	0	23	1270	26	69	26	199
Feb - 19	23	0	23	1293	2	69	2	201
Mar - 19	22	3	19	1312	1	70	0	201

837 EDI Submitters - March 2019



835 EDI Receivers - March 2019



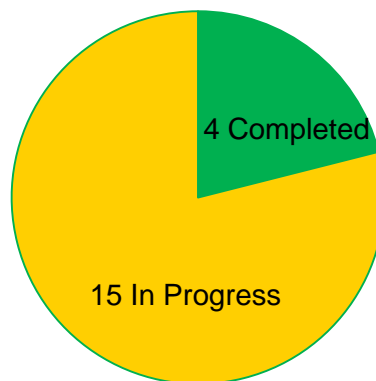
Summary of Lag Times:

- The following is a summary of Lag Times.

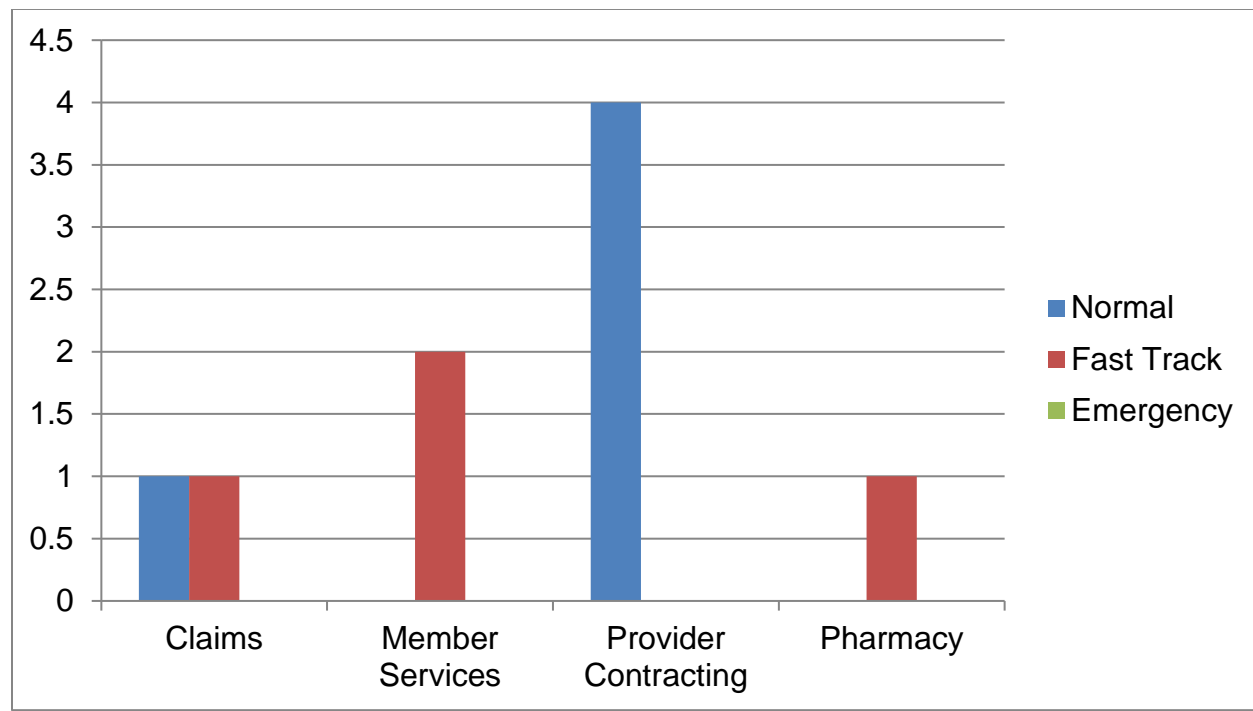
AAH Encounters: Outbound 837 (AAH to DHCS)	Mar-19	Target
Timeliness-% Within Lag Time - Institutional 0-90 days	91%	60%
Timeliness-% Within Lag Time - Institutional 0-180 days	98%	80%
Timeliness-% Within Lag Time - Professional 0-90 days	89%	73%
Timeliness-% Within Lag Time – Professional 0-180 days	97%	80%

Change Management Key Performance Indicator (KPI)

- Change Request Submitted by Type in the month of March:
 - 7 Normal CR.
 - 12 Fast Track CR.
 - 0 Emergency CR.
- 19 CRs Submitted/logged in the month of March 2019 resulting in:

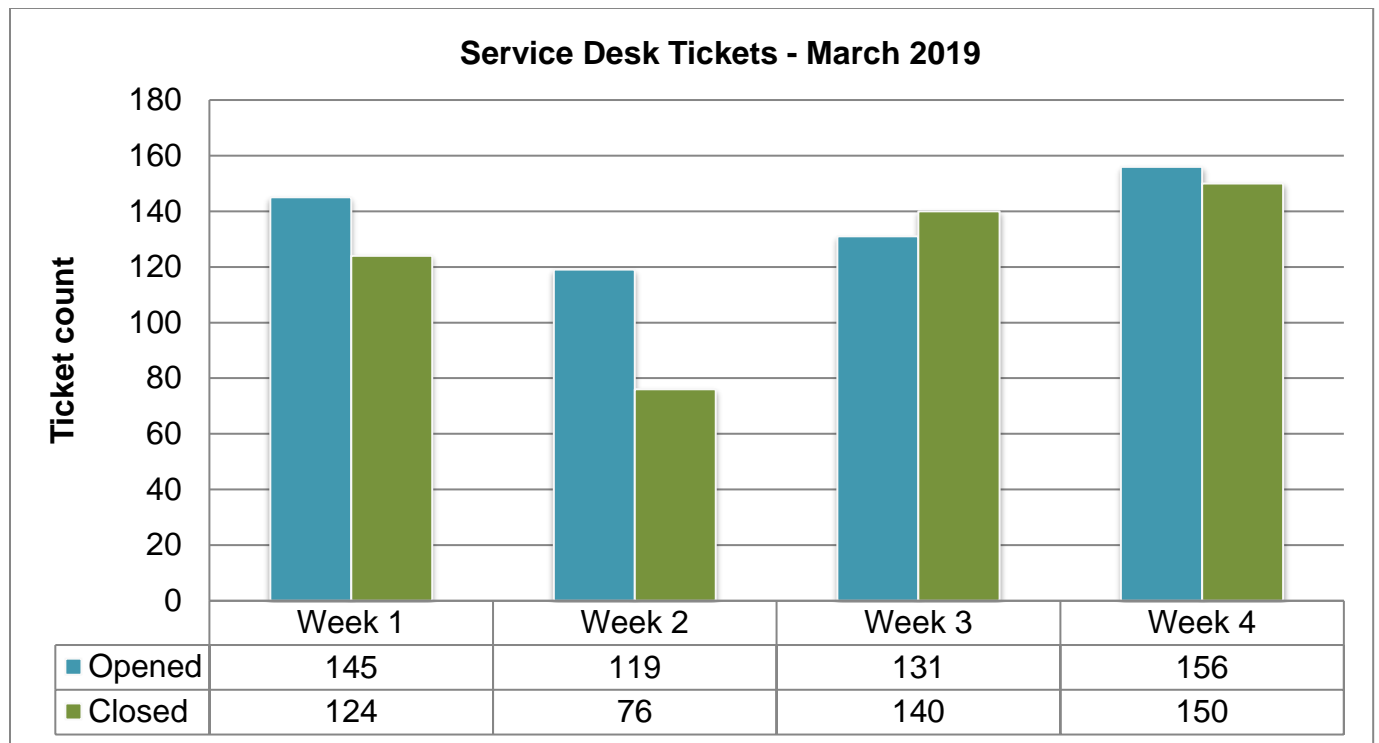


Business Units CRs Submitted



IT Stats: Infrastructure

- AAH phone systems and call center applications remained 100% available during the month of March. No call center outages occurred during this month. Overall, we are continuing to perform the following activities to optimize the call center ecosystem (applications, backend integration, configuration, and network).
 - Phase 3 – IVR Migration from Avaya to Cisco - Work in progress.
 - Improved alerts and notifications – Work in progress.
 - Session Initiation Protocol (SIP) trunk migration from Vonage to AT&T – Work in progress.
 - Upgrading the call manager environment (2 Ring, Calabrio, and Finesse software) – Not Started.



Information Security

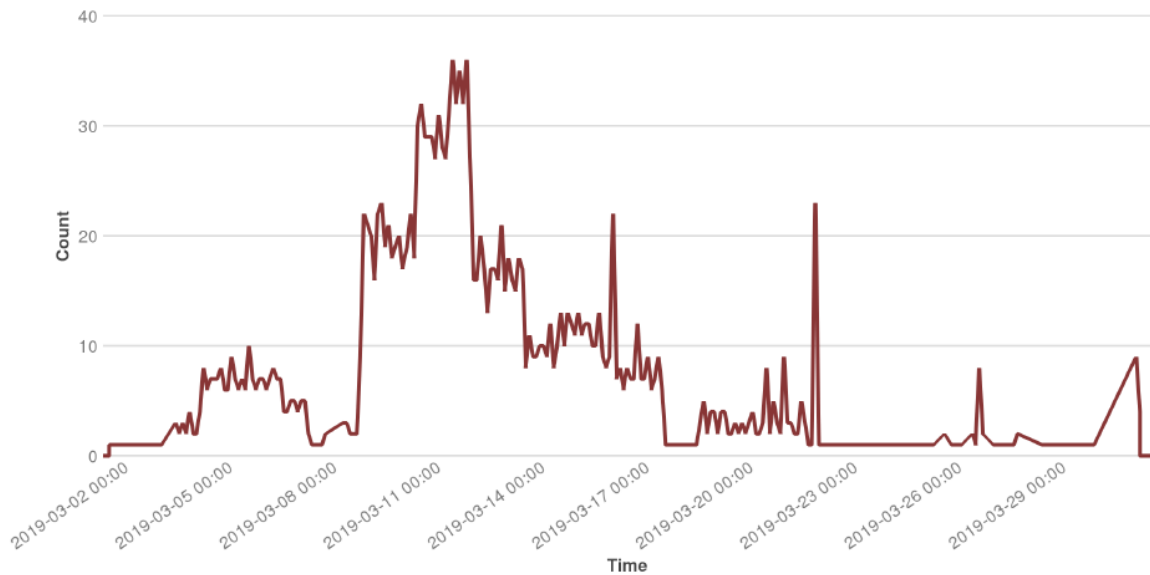
- The following is supporting security data furnishing additional information for the Information Security summary.
- All security activity data is based on the current months metrics as a percentage. This is compared to the previous three months average, except as noted.

Item / Date	18-Sep	18-Oct	18-Nov	18-Dec	19-Jan	19-Feb	19-Mar
Stopped By Reputation	631K	338K*	1058K	511.5K	458.0K	14.2K	371.8K
Invalid Recipients	181	24*	49	26	37	0	41
Spam Detected	10.8 K	27K*	58.8K	30.0K	29.8K	1,269	28.5k
Virus Detected	0	1*	2	0	6	1	0
Advanced Malware	84	3*	1	9	4	0	0
Malicious URLs	560	466*	1,023	284	579	4	248
Content Filter	64K	952*	2,801	7,357	1,917	1	14
Marketing Messages	942	3,063*	7,328	2,973	3,413	179	4,239
Attempted Admin Privilege Gain	108	328*	288	626	626	2,128	1,588
Attempted User Privilege Gain	10	257	260	258	348	78	129
Attempted Information Leak	46	65	63	64	44	47	72
Potential Corp Policy Violation	5	9	13	21	16	30	24
Network Scans Detected	10	4	8	6	5	4	1
Web Application Attack	2	11	10	9	47	42	24
Misc. Attack	1	5	3	4	78	18	5

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

All Intrusion Events

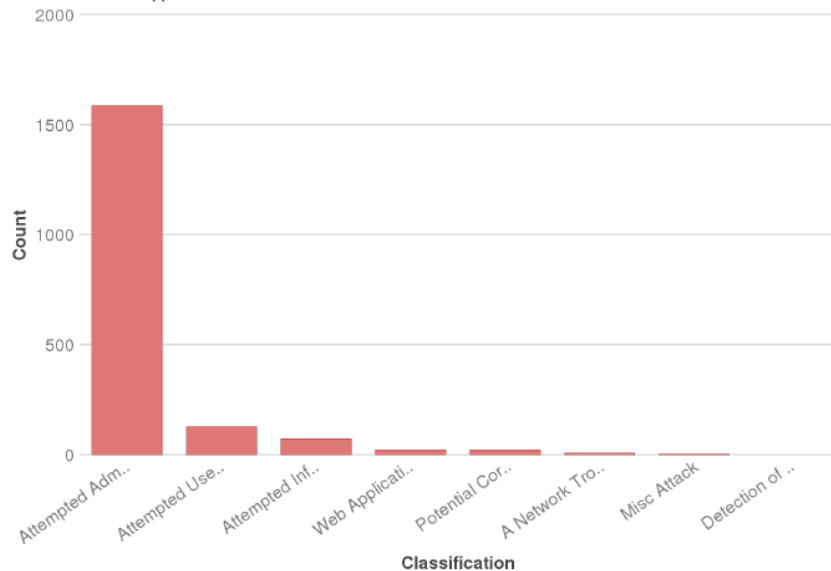
Time Window: 2019-03-01 09:37:00 - 2019-03-31 13:45:00



Dropped Intrusion Events

Time Window: 2019-03-01 09:28:00 - 2019-03-31 13:46:00

Constraints: Inline Result = dropped



Classification	Count
Attempted Administrator Privilege Gain	1,588
Attempted User Privilege Gain	129
Attempted Information Leak	72
Web Application Attack	24
Potential Corporate Policy Violation	24
A Network Trojan was Detected	8
Misc Attack	5
Detection of a Network Scan	1

- The above graph represents the list of intrusion events attempted by various groups:

- Email based metrics currently monitored have increased with a return to a reputation-based blocks for a total of 371.8k.
- Attempted information leaks detected and blocked at the firewall are slightly higher from 44 to 72 for the month.
- Network scans returned a value of 1 which is in line with previous month's data.
- Attempted User Privilege Gain is lower at 129 from a previous six months average of 191.



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

Analytics

Tiffany Cheang

To: Alameda Alliance for Health Board of Governors

From: Tiffany Cheang, Chief Analytics Officer

Date: April 12, 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: January 2017 – December 2018 dates of service.
 - Prior reporting period: January 2016 – December 2017 dates of service.
 - (Note: Data excludes Kaiser Membership data.).
- For the Current reporting period, the top 7.4% of members account for 80.8% of total costs.
- In comparison, the Prior reporting period was slightly lower at 7.2% of members accounting for 79.7% of total costs.
- Characteristics of the top utilizing population remained fairly consistent between the reporting periods:
 - The SPD (~33%) and MCE (~31%) categories of aid continue to account for over 60% of the members.
 - The percent of members with costs \geq \$30K has remained consistent at 1.4%.
 - Of those members with costs \geq \$100K, the percentage of total members has remained consistent at 0.3%.
 - For these members, non-trauma/pregnancy inpatient costs continue to comprise the majority of costs, increasing slightly from 48% to 51%.
- Demographics for member city and gender for members with costs \geq \$30K follow the same distribution as the overall Alliance population.
- However, the age distribution of the top 7.4% is more concentrated in the 45-66 year old category (43%) compared to the overall population (22%).

Analytics

Supporting Documents

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

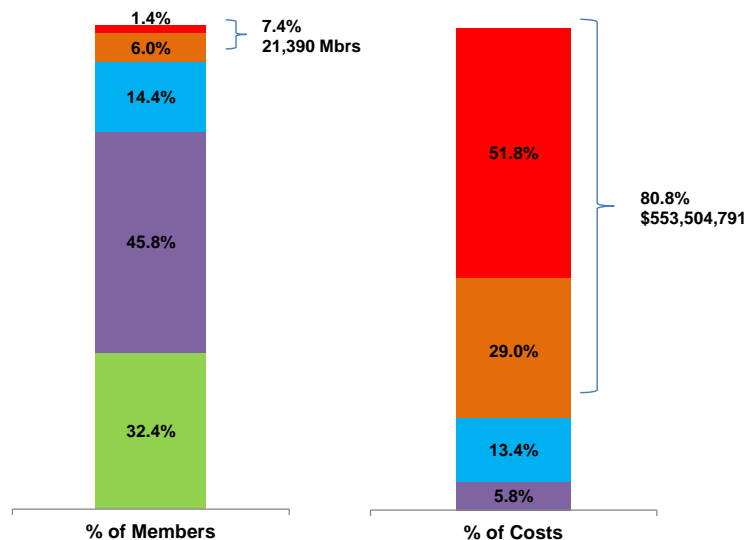
Lines of Business: MCAL, IHSS; Excludes Kaiser Members

Dates of Service: Jan 2018 - Dec 2018

Note: Data incomplete due to claims lag

Run Date: 12/28/18

Member Cost Distribution



Cost Range	Members	% of Members	Costs	% of Costs
\$30K+	4,136	1.4%	\$ 354,866,440	51.8%
\$5K - \$30K	17,254	6.0%	\$ 198,638,351	29.0%
\$1K - \$5K	41,414	14.4%	\$ 91,779,607	13.4%
< \$1K	131,689	45.8%	\$ 39,871,539	5.8%
\$0	93,063	32.4%	\$ -	0.0%
Totals	287,556	100.0%	\$ 685,155,937	100.0%

Top 7.4% of Members = 80.8% of Costs

Cost Range	Members	% of Total Members	Costs	% of Total Costs
\$100K+	977	0.3%	\$ 187,096,004	27.3%
\$75K to \$100K	483	0.2%	\$ 41,769,409	6.1%
\$50K to \$75K	999	0.3%	\$ 61,256,217	8.9%
\$40K to \$50K	670	0.2%	\$ 29,860,396	4.4%
\$30K to \$40K	1,007	0.4%	\$ 34,884,415	5.1%
SubTotal	4,136	1.4%	\$ 354,866,440	51.8%
\$20K to \$30K	2,025	0.7%	\$ 49,527,713	7.2%
\$10K to \$20K	6,052	2.1%	\$ 83,632,477	12.2%
\$5K to \$10K	9,177	3.2%	\$ 65,478,161	9.6%
SubTotal	17,254	6.0%	\$ 198,638,351	29.0%
Total	21,390	7.4%	\$ 553,504,791	80.8%

Enrollment Status	Members	Total Costs
Still Enrolled as of Dec 2018	230,953	\$ 591,488,621
Dis-Enrolled During Year	56,603	\$ 93,667,316
Totals	287,556	\$ 685,155,937

Notes:

- Report includes medical costs (HS & Diamond Claims, Beacon, Logisticare FFS, CHCN FFS Preventive Services, CHME) and pharmacy costs. IBNP factors are not applied.
- CFMG and CHCN encounter data has been priced out.

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

7.4% of Members = 80.8% of Costs

Lines of Business: MCAL, IHSS; Excludes Kaiser Members

Dates of Service: Jan 2018 - Dec 2018

Note: Data incomplete due to claims lag

Run Date: 12/28/18

7.4% of Members = 80.8% of Costs

32.7% of members are SPDs (Dual and Non-Dual combined) and account for 37.3% of costs.

31.5% of members are MCE and account for 30.2% of costs.

9.5% of members disenrolled as of Dec 2018 and account for 14.8% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Members with Costs >=\$30K	Members with Costs \$5K-\$30K	Total Members	% of Members
IHSS	IHSS	101	542	643	3.0%
MCAL	MCAL - ADULT	389	3,063	3,452	16.1%
	MCAL - BCCTP	2	1	3	0.0%
	MCAL - CHILD	132	1,389	1,521	7.1%
	MCAL - MCE	1,255	5,474	6,729	31.5%
	MCAL - SPD	1,602	4,464	6,066	28.4%
	MCAL - SPD-DUAL	47	891	938	4.4%
Not Eligible	Not Eligible	608	1,430	2,038	9.5%
Total		4,136	17,254	21,390	100.0%

Cost Breakout by LOB

LOB	Eligibility Category	Members with Costs >=\$30K	Members with Costs \$5K-\$30K	Total Costs	% of Costs
IHSS	IHSS	\$ 7,494,026	\$ 6,021,486	\$ 13,515,512	2.4%
MCAL	MCAL - ADULT	\$ 28,787,293	\$ 34,331,470	\$ 63,118,763	11.4%
	MCAL - BCCTP	\$ 249,790	\$ 8,699	\$ 258,490	0.0%
	MCAL - CHILD	\$ 6,440,513	\$ 14,762,546	\$ 21,203,059	3.8%
	MCAL - MCE	\$ 105,141,578	\$ 61,920,351	\$ 167,061,929	30.2%
	MCAL - SPD	\$ 138,826,075	\$ 53,777,755	\$ 192,603,830	34.8%
	MCAL - SPD-DUAL	\$ 3,086,134	\$ 10,909,714	\$ 13,995,848	2.5%
Not Eligible	Not Eligible	\$ 64,841,031	\$ 16,906,330	\$ 81,747,361	14.8%
Total		\$ 354,866,440	\$ 198,638,351	\$ 553,504,791	100.0%

% of Total Costs By Service Type

Cost Range	Trauma Costs	Hep C Rx Costs	Pregnancy, Childbirth & Newborn Related Costs	Breakout by Service Type/Location						
				Pharmacy Costs	Inpatient Costs (POS 21)	ER Costs (POS 23)	Outpatient Costs (POS 22)	Office Costs (POS 11)	Dialysis Costs (POS 65)	Other Costs (All Other POS)
\$100K+	8%	1%	1%	12%	60%	2%	11%	5%	3%	2%
\$75K to \$100K	5%	2%	2%	16%	44%	2%	9%	6%	12%	5%
\$50K to \$75K	4%	2%	2%	24%	41%	3%	9%	5%	7%	6%
\$40K to \$50K	4%	4%	4%	19%	47%	4%	8%	7%	2%	8%
\$30K to \$40K	6%	5%	5%	20%	39%	6%	10%	9%	2%	10%
\$20K to \$30K	5%	5%	6%	20%	39%	8%	9%	9%	1%	8%
\$10K to \$20K	2%	0%	13%	18%	36%	8%	13%	12%	3%	7%
\$5K to \$10K	0%	0%	11%	23%	23%	9%	14%	18%	1%	8%
Total	5%	2%	5%	18%	45%	5%	11%	9%	4%	6%

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

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

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

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

Member Breakout by LOB

LOB	Eligibility Category	Total Members	% of Members
IHSS	IHSS	13	1.3%
MCAL	MCAL - ADULT	66	6.8%
	MCAL - BCCTP	1	0.1%
	MCAL - CHILD	4	0.4%
	MCAL - MCE	283	29.0%
	MCAL - SPD	403	41.2%
	MCAL - SPD-DUAL	6	0.6%
Not Eligible	Not Eligible	201	20.6%
Total		977	100.0%

Cost Breakout by LOB

LOB	Eligibility Category	Total Costs	% of Costs
IHSS	IHSS	\$ 2,841,554	1.5%
MCAL	MCAL - ADULT	\$ 12,196,309	6.5%
	MCAL - BCCTP	\$ 151,534	0.1%
	MCAL - CHILD	\$ 512,349	0.3%
	MCAL - MCE	\$ 53,758,435	28.7%
	MCAL - SPD	\$ 74,228,276	39.7%
	MCAL - SPD-DUAL	\$ 994,058	0.5%
Not Eligible	Not Eligible	\$ 42,413,488	22.7%
Total		\$ 187,096,004	100.0%



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: April 12, 2019

Subject: Human Resources Report

Staffing

- As of April 1, 2019 the Alliance had 297 full time employees and 1-part time employee.
- On April 1, 2019 the Alliance had 46 open positions in which 6 signed offer acceptance letters have been received with start dates in the near future resulting in a total of 40 positions open to date. The Alliance is actively recruiting for the remaining 40 positions and several of these positions are in the interviewing or job offer stage.
- Summary of open positions by department:

Department	Open Positions April 1st	Signed Offers Accepted by Department	Remaining Recruitment Positions
Healthcare Services	21	6	15
Operations	10		10
Healthcare Analytics	3		3
Information Technology	7		7
Finance	4		4
Human Resources	1		1
Total	46	6	40

- Our current open positions rate is 14%

Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in March 2019 included:
 - 5 years:
 - Lisa Calvo (Utilization Management)
 - 7 years:
 - Jeffrey McKenzie (IT-Development)
 - 14 years:
 - Crista Tran (IT-Applications)
 - 18 years:
 - Anet Quiambao (Claims)
 - 21 years:
 - Brenda Smith (Claims)
 - 23 years:
 - Donna Ceccanti (Credentialing)