



Board of Governors

Regular Meeting

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

1240 South Loop Road, Alameda, CA 94502

AGENDA

BOARD OF GOVERNORS
Regular Meeting
Friday, July 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 July 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 JUNE 2019 BOARD OF GOVERNORS MEETING MINUTES

6. BOARD MEMBER REPORTS

a) FINANCE COMMITTEE

7. BOARD BUSINESS

- a) REVIEW AND APPROVE MAY 2019 MONTHLY FINANCIAL STATEMENTS**

8. CEO UPDATE

9. STANDING COMMITTEE UPDATES

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

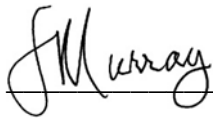
Public Input: If you are interested in addressing the Board, please fill out a form provided at the meeting with your full name and address. These forms are submitted to the Clerk of the Board at the front of the room. The Chair of the Board will call your name to speak when your item is considered.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

ALAMEDA ALLIANCE FOR HEALTH
BOARD OF GOVERNORS
REGULAR MEETING

June 14, 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), Dr. Noha Aboelata, Feda Almaliti, Wilma Chan, Marty Lynch, Dr. Rollington Ferguson, David B. Vliet

Excused: Aarondeep Basrai, Delvecchio Finley, Dr. Michael Marchiano, Dr. Kelly Meade, Nicholas Peraino, Will Scott

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

Board of Governors on Conference Call: none

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.	None	None
2. INTRODUCTIONS			
E. Seevak	Board Members, Alliance Staff, and Guests in the Public Seating Area were introduced.	None	None
3. AGENDA APPROVAL OR MODIFICATIONS			
E. Seevak	The agenda was modified to have the Consent Calendar and Board Business requiring a vote to be the last items on the agenda.	None	None
4. CONSENT CALENDAR			
E. Seevak	The consent calendar contained the May 2019 financial statements and the 2019 Cultural & Linguistic Program Description.	Motion: M. Lynch Second: F. Almaliti Motion passed.	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
6. a. BOARD MEMBER REPORT – COMPLIANCE ADVISORY GROUP			
R. Gebhart	<ul style="list-style-type: none"> The Compliance Advisory Group convened on June 14th. The Alliance has corrected approximately 95% of the open deficiencies, and nine (9) deficiencies were re-opened. The DHCS Medical Survey Audit started on June 10, and ended on June 21. The Alliance Staff have been focused on working with the DHCS Auditors onsite. DHCS Auditors commented on recognized improvements in the compliance since last year DHCS audit. A presentation was given by Gil Riojas on the concepts of delegation oversight at the Compliance Advisory Workgroup. 	<p>Informational update to the Board of Governors.</p> <p>Motion and vote not required.</p>	
6. b. BOARD MEMBER REPORT – FINANCE COMMITTEE			
R. Ferguson	<ul style="list-style-type: none"> Finance Committee was held on Tuesday, June 11, 2019. The April 2019 financial report was presented. Preliminary budget for fiscal year 2019/2020 was presented and discussed. Recommendation to approve the April 2019 financial report and the Preliminary Fiscal Year 2019/2020 budget. 	<p>Informational update to the Board of Governors.</p> <p>Motion and vote not required.</p>	
7.a. BOARD BUSINESS – REVIEW AND APPROVE FINANCIAL STATEMENTS			
G. Riojas	<ul style="list-style-type: none"> April 2019 financials reported a net loss of \$1.7 million dollars for the month, and year-to-date a net loss of \$3.4 million dollars. Enrollment dropped from 259,147 in March to 258,937 in April. Actual revenue was \$76.3 million reported for the month of April. Actual medical expense \$74.5 million reported for the month of April. Actual administrative expenses \$4.4 million reported for the month of April. Interest earned from investment income increased \$1.1M for the month from \$4.4M to \$5.5M for the YTD. Current yield is 2.5%. Claims interest expense year-to-date is approximately \$504,000. 	<p>Motion: M. Lynch Second: R. Ferguson Motion passed.</p>	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<ul style="list-style-type: none"> • Medical Loss Ratio (MLR) at 97.7% for the month of April 2019, and 95.6% year-to-date. Budgeted MLR is 98.9%. • Motion carried to approve the April 2019 financial report as presented to the Board of Governors. 		
7.b. BOARD BUSINESS – PRELIMINARY BUDGET REVIEW FISCAL YEAR 2019/2020			
G. Riojas S. Coffin	<ul style="list-style-type: none"> • Preliminary budget for the fiscal year 2019/2020 was presented (see document titled "Preliminary Budget – Fiscal Year 2019/2020" starting on Page #81 of the Board Packet). • Scott Coffin, CEO, reviewed the budget process page #82. • Gil Riojas, CFO, presented pages #83 through #98 in the Board Packet. • The preliminary budget is presented for approval with the following results by June 30, 2020: <ul style="list-style-type: none"> ◦ Membership forecasted to decline by 3.5%. ◦ Annual revenue is \$930.4 million dollars. ◦ Tangible net equity is 546%, \$173.9 million dollars. ◦ Medical expenses \$882.2 million dollars, or 94.8%. ◦ Administrative expenses \$61 million dollars, or 6.6%. ◦ Net loss of \$9.0 million dollars. • Page #87 breaks out the clinical and administrative expenses. • Pages #88 and #89 visualize the revenue and expense by category of aid and line of business. • Pages #90 and #91 visualize the year-over-year percentage of medical expenses by category of aid and line of business. • Page #92 details the addition of \$9.7 million dollars in operating expenses. • Page #93 details the \$2.5 million dollars in capital expenditures proposed in the budget. • Motion carried to approve the Preliminary Fiscal Year 2019/2020 Budget as presented to the Board of Governors. 	Motion: R. Ferguson Second: F. Almaliti Motion passed.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
7.c. BOARD BUSINESS – QUALITY IMPROVEMENT FEE: INTENT TO SURRENDER QIF PLAN LICENSE			
S. Coffin	<ul style="list-style-type: none"> The Quality Improvement Fee (QIF) was enacted in 2005 and sunsetted in 2009 by the DHCS. The DMHC notified the health plans in May 2019 regarding the treatment of distinct and affiliate health plans. The distinct health plan contains the Medi-Cal line of business, and the affiliate health plan contains the commercial line of business, Group Care. Approximate cost to maintain the affiliate health plan is \$1.5 million dollars per year (licensing, audits, tangible net equity requirements). Recommendation by CEO to surrender the QIF health plan license and dissolve the Alliance's Joint Power Authority (JPA). Motion to authorize the CEO to notify the Department of Managed Health Care and the Department of Health Care Services that the Alliance will surrender the "Quality Improvement Fee Health Plan License". Further, the notification will state that the Alliance will transfer the Group Care commercial product and enrollees into the Alliance's affiliate plan, no later than July 1, 2019. The JPA will be dissolved by 12/31/2019, and likely would require a resolution for final approval by the Alameda County Board of Supervisors. CEO to update Board of Governors as the details related to restructuring is defined by the external general counsel. 	<p>Motion: E. Seevak Second: F. Almaliti Motion passed.</p>	
8.a. STANDING COMMITTEE UPDATES – PEER REVIEW AND CREDENTIALING COMMITTEE			
S. O'Brien	<ul style="list-style-type: none"> The Peer Review and Credentialing Committee (PRCC) was held on June 10, 2019. Total of 40 providers were initially credentialed, and 41 were re-credentialed. Of the 40 initial credentials, 11 PCP, 13 Specialist, 2 Ancillary, and 14 Mid-levels. Of the 41 re-credentials, 12 PCP, 23 Specialist, 1 Ancillary, and 5 Mid-levels. 	<p>Informational update to the Board of Governors.</p> <p>Motion and vote not required.</p>	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
8.b. STANDING COMMITTEE UPDATES - HEALTH CARE QUALITY COMMITTEE			
S. O'Brien	<ul style="list-style-type: none"> • HEDIS <ul style="list-style-type: none"> ◦ Minimum performance levels for HEDIS quality measures increasing from 25% to 50%. ◦ 2019 focus: <ul style="list-style-type: none"> ▪ Enhances bridge building with delegate/health care partners ▪ Identify and resolve barriers to reaching the performance standards as set by the DHCS, greater than 50% for the core HEDIS measures. • Potential Quality Issues (PQIs) <ul style="list-style-type: none"> ◦ 98% compliant with TATs 2% variance due to late medical record request submission. • Delegation Oversight <ul style="list-style-type: none"> ◦ Kaiser and Beacon to present their Program Evaluations, Program Descriptions, and Work Plans at future meetings. • Performance Improvement Plans (PIPs) – aligned with HEDIS and Pay for Performance (P4P) measures. • Access to Care <ul style="list-style-type: none"> ◦ Adopted new standards for telephone calls (returned in 1 business day) and wait times in an office (< 1 hour) waiting state approval. ◦ PAAS, CAHPS, After Hours, Internal, DHCS QMRT (Quality Monitoring Reporting) CAP process underway for directs and delegate. Total 146 for non-compliance and/or no response. ◦ Dr. Ferguson inquired about the status of pain management and opiate case management programs. Dr. O'Brien responded about a multi-year implementation strategy at the Alliance to address pain management, which is part of a larger network management strategy due to the limited pain management providers willing to accept Medi-Cal reimbursements. • Diabetes Prevention Program • DHCS – Annual Audit underway through 6/21/2019. • NCQA Re-accreditation – Onsite audit with NCQA Survey Team is September 10th-11th. Renewed focus on Utilization Management and Population Health by NCQA. 	<p>Informational update to the Board of Governors.</p> <p>Motion and vote not required.</p>	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
9. CEO UPDATE			
S. Coffin	<ul style="list-style-type: none"> The Health Homes pilot is being transitioned to a state-funded model on July 1st, 2019. DHCS approved the Alliance's application on June 6th. Alameda Alliance initiated a self-funded pilot in 2017, investing \$1.5 million dollars in community-based organizations to build the linkages and patient-centered care models. Medi-Cal procurement process begins in 2020. DHCS to issue requests for proposal in 36 of the 58 counties in California. Applies only to commercial plans in two-plan and geographic-managed care, and other selected counties. Implementation of commercial health plan no later than December 31, 2023. Regulatory Audit Updates: <ul style="list-style-type: none"> DHCS medical survey audit completes by June 21, 2019. DHCS Rate Development Template Audit completes in June 2019. Worker's Compensation Insurance Board completes by June 20, 2019. Annual Financial Audit by Moss Adams completes in June 2019. Office of Inspector General (OIG) audit on medical loss ratio is pending a date certain for the onsite audit. Alameda Alliance delivers approximately 300 reports to the regulatory agencies (DMHC, DHCS) each year. 	<p>Informational update to the Board of Governors.</p> <p>Motion and vote not required.</p>	
11. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS			
S. Coffin	None	None	None
12. PUBLIC COMMENTS (NON-AGENDA ITEMS)			
E. Seevak	None	None	None
12. ADJOURNMENT			
E. Seevak	The meeting was adjourned at 1:58 PM.	None	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
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Respectfully Submitted By: Brenda Lee
 Brenda Lee, Executive Assistant to the Chief Operating Officer



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CEO Update

Scott Coffin

To: Alameda Alliance for Health Board of Governors

From: Scott Coffin, Chief Executive Officer

Date: July 12, 2019

Subject: CEO Report

- **Governor Newsom's Executive Order to transition the administration of pharmacy services by January 2021.**
 - DHCS is defining the specific details of this transition of services and has initiated a public stakeholder process. Alliance to start operational readiness in the first quarter of 2020.
- **State Budget & Legislative Policies.**
 - Governor's fiscal budget, trailer bill language, and proposed legislation moving through the Senate and Assembly.
 - Renewal of the 1115(a) and 1915(b) Waivers.
- **DHCS Death Audit.**
 - DHCS is conducting analysis on deceased enrollees in calendar years 2014, 2015, 2016, 2017, 2018. DHCS to collect full payment in January 2020. Eligibility problem remains to be fixed; potential result is future recoupments. Alliance is conducting an assessment in partnership with Alameda County Social Services to identify deceased enrollees for purposes of forecasting the financial impact.
- **Health Home Program officially launched on July 1st, 2019.**
- **Routine & Focused Regulatory Audits.**
 - DHCS Medical Survey Audit completed on June 21st, 2019.
 - Moss Adams financial audit completed the week of June 17th, 2019.
 - DMHC Financial Audit being scheduled in December 2019.
 - Federal Office of Inspector General (OIG) to be scheduled, examining medical loss ratios for two periods: 1/1/14–6/30/15 & 7/1/15–6/30/16.
- **Medi-Cal Managed Care Procurement.**
 - DHCS to issue the request for proposal in calendar year 2020, followed by evaluation and selection of a commercial health plan option in Alameda County. Operations begin in 2023.

2019 Legislative Tracking List

The following is a list of state legislation currently tracked by the Public Affairs and Compliance Departments that has been introduced during the 2019-2020 Legislative Session. This list of bills is of interest to and could have a direct impact on Alameda Alliance for Health and its membership.

Medi-Cal (Medicaid)

- **AB 4 (Bonta – D) Medi-Cal: Eligibility**
 - **Status:** 7/2/19 - In Committee. Set, first hearing. Hearing cancelled at request of author.
 - **Summary:** Federal law prohibits payment to a state for medical assistance furnished to an individual who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States. AB 4 would extend eligibility for full-scope Medi-Cal benefits to individuals of all ages, if otherwise eligible for those benefits, but for their immigration status. This bill would require the department to collaborate with counties and designated public hospitals to maximize federal participation and mitigate financial losses.
- **AB 1004 (McCarty – D) Developmental Screening Services**
 - **Status:** 7/5/19 – From committee: Amend, and do pass and re-refer to Committee on Appropriations with recommendation.
 - **Summary:** Would require that screening services provided as an EPSDT benefit include developmental screening services for individuals zero to 3 years of age. This bill would require the department to ensure a Medi-Cal managed care plan's ability and readiness to perform these developmental screening services, and would require the department to adjust a Medi-Cal managed care plan's capitation rate, as specified. Until July 1, 2023, the bill would require an external quality review organization entity to annually review, survey, and report on managed care plan reporting and compliance.
- **AB 763 (Gray – D) Medi-Cal Specialty Mental Health Services**
 - **Status:** 7/1/19 – Read second time and amended. Re-referred to Committee on Appropriations.
 - **Summary:** Would require, on or before March 31, 2020, the State DHCS to convene a stakeholder workgroup, including representatives from the County Behavioral Health Directors Association of California, to develop standard forms to be used by Medi-Cal managed contractors, including mental health plan contractors and contractor provider networks, for performing the intake of, the assessment of, and the treatment planning for, Medi-Cal beneficiaries who are eligible for specialty mental health services under the Early and Periodic Screening, Diagnosis, and Treatment Program. It would require the standard forms to be completed by January 1, 2021 and that department and workgroup provided regional trainings for mental health plans and their provider networks on or before July 1, 2021.

- **AB 1088 (Wood – D) Medi-Cal: Eligibility**
 - **Status:** 6/12/19 – Referred to Committee on Health. Hearing set for 7/10/19.
 - **Summary:** Would provide that an aged, blind or disabled individual who would otherwise be eligible for Medi-Cal benefits, as specified, would be eligible for Medi-Cal without a share of cost if their income and resources otherwise meet eligibility requirements.

- **AB 166 (Gabriel – D) Medi-Cal: Violence Preventive Services**
 - **Status:** 6/24/19 – Read second time and amended. Re-referred to Committee on Appropriations.
 - **Summary:** This bill would require the department to establish a violence intervention pilot program at a minimum of 8 sites in specified counties, and would require consultation with identified stakeholders, such as professionals in the community violence intervention field. Would require the department to provide violence preventive services that are rendered by a qualified violence intervention professional to a Medi-Cal beneficiary who meet identified criteria, including that the individuals has received medical treatment for a violent injury.

- **AB 318 (Chu – D) Medi-Cal Materials: Readability**
 - **Status:** 7/5/19 –From committee: Do pass and re-refer to Committee on Appropriations.
 - **Summary:** Would require the State DHCS and managed care plans to require field testing of all Medi-Cal beneficiary materials, and informing materials, that are translated into threshold languages and release by the department and managed care plans. This bill would define “field testing” as a review of translations for accuracy, cultural appropriateness and readability.

- **AB 577 (Eggman – D) Medi-Cal: Maternal Mental Health**
 - **Status:** 6/28/19 – Read second time, amended, and re-referred to Committee on Health. Hearing set for 7/10/19.
 - **Summary:** Would extend Medi-Cal eligibility for a pregnant individual who is receiving health care coverage under the Medi-Cal program, or another specified program, and who has been diagnosed with a maternal mental health condition, for a period of one year following the last day of the individual's pregnancy if the individual complies with certain requirements.

- **AB 678 (Flora – R) Medi-Cal: Podiatric Services**
 - **Status:** 7/5/19 – From committee: Amend, and do pass and re-refer to Committee on Appropriations with recommendation.
 - **Summary:** Current law excludes certain optional Medi-Cal benefits, including podiatric services and chiropractic services, from coverage under the Medi-Cal program, except for specified beneficiaries. This bill would restore podiatric services as a covered benefit of the Medi-Cal program as of January 1, 2020, of the effective date of federal approvals as specified.

- **AB 744 (Aguiar-Curry – D) Health Care Coverage: Telehealth**
 - **Status:** 7/3/19 – Vote: Do pass as amended, but first amend, and re-refer to the Committee on Appropriations.
 - **Summary:** Under existing law, face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for teleophthalmology, teledermatology, and teledentistry by store and forward. Existing law requires a Medi-Cal patient receiving teleophthalmology, teledermatology, or teledentistry by store and forward to be notified of the right to receive interactive communication with a distant specialist physician, optometrist, or dentist, and authorizes a patient to request that interactive communication. This bill would delete those interactive communication provisions, and would instead specify that face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for any health care services provided by store and forward. Specifically, it requires the plan to reimburse the provider for diagnosis, consultation of treatment delivered through telehealth services on the same basis and to the same extent and prohibits coverage from being limited to services delivered by select third-party corporate telehealth providers, prohibits plans from excluding coverage for a service solely because it is delivered via telehealth, requires that deductibles, copays, or coinsurance not exceed the associated required payment for those same services when delivered in-person, prohibits a plan from imposing an annual or lifetime dollar or durational limit on telehealth services within certain parameters, requires the director to assess an administrative penalty if a health plan does not comply with this section.

- **AB 781 (Maienschein – D) Medi-Cal: Family Respite Care**
 - **Status:** 7/2/19 – Enrolled and presented to the Governor.
 - **Summary:** Current law provides that pediatric day health care is a covered benefit under the Medi-Cal program and that pediatric day health care is does not include inpatient long-term care or family respite care. This bill would specify that pediatric day health care services may be provided at any time of the day and on any day of the week, so long as the total number of authorized hours is not exceeded. This bill would also authorize pediatric day health care services to be covered for up to 23 hours per calendar day.

- **AB 848 (Gray – D) Medi-Cal: Covered Benefits: Continuous Glucose Monitors**
 - **Status:** 6/24/19 – In committee: Referred to Committee on Appropriations. Suspense file.
 - **Summary:** Would, to the extent that federal financial participation is available and any necessary federal approvals have been obtained, add continuous glucose monitors and related supplies required for use with those monitors to the schedule of benefits under the Medi-Cal program for the treatment of diabetes mellitus when medically necessary, subject to utilization controls. The bill would also authorize the department to require the manufacturer of a continuous glucose monitor to enter into a rebate agreement with the State DHCS.

- **AB 1175 (Wood – D) Medi-Cal: Mental Health Services**
 - **Status:** 7/5/19 – From committee: Do pass and re-refer to Committee on Rules. Re-referred to Committee on Judiciary.
 - **Summary:** This bill would require each county mental health plan and Medi-Cal managed care health plan, commencing January 1, 2021, to track and report specified county-specific information on referrals to other plans and how soon those referred services were rendered. This bill would require the EQRO to report various information concerning county mental health plan and Medi-Cal managed care health plan, such as the average expenditure per individual provided mental health services and provider usage of electronic health record systems.
- **AB 1494 (Aguiar-Curry – D) Medi-Cal: Telehealth: State of Emergency**
 - **Status:** 6/13/19 – Read second time, amended, and re-referred to Committee on Health. Hearing set for 7/10/19.
 - **Summary:** Would require, to the extent that federal financial participation is available, that neither face-to-face contact nor a patient's physical presence on the premises of an enrolled community clinic, is required for services provided by the clinic to a Medi-Cal beneficiary during or immediately following a state of emergency. This bill would require that telehealth services, telephonic services, and other specified services be reimbursable when provided by one of those entities during or immediately following a state of emergency.
- **AB 1642 (Wood – D) Medi-Cal: Managed Care Plans**
 - **Status:** 7/1/19 – Read second time, amended, and re-referred to Committee on Health. Hearing set for 7/10/19.
 - **Summary:** Would require a Medi-Cal managed care plan to provide to the State DHCS additional information in its request for the alternative access standards, including a description of the reasons justifying the alternative access standards, and to report to the department on how the Medi-Cal managed care plan arranged for the delivery of Medi-Cal covered services to Medi-Cal enrollees, such as through the use of Medi-Cal covered transportation
- **AB 1676 (Maienschein – D) Health Care: Mental Health**
 - **Status:** 5/16/19 – In committee: Held under submission.
 - **Summary:** This bill requires health plans to establish a telehealth consultation program by January 1, 2021 that provides providers who treat children or pregnant or postpartum mothers with access to a psychiatrist during normal working hours, provide information about its telehealth program to relevant providers twice annually and in writing, and maintain records and data about the utilization of the telehealth program and availability of psychiatrists for purposes of program changes and improvements.
- **SB 29 (Durazo – D) Medi-Cal: Eligibility**
 - **Status:** 7/2/19 – From committee with author's amendments. Read second time and amended. Re-referred to Committee on Health.

- **Summary:** This bill would, subject to an appropriation by the Legislature, extend eligibility for full-scope Medi-Cal benefits to individuals who are 65 years or older, who are otherwise eligible for those benefits but for their immigration status, and would delete provision delaying implementation until the director makes the determination as specified.
- **SB 66 (Atkins – D) Medi-Cal: Federally Qualified Health Center and Rural Health Clinic Services**
 - **Status:** 7/3/19 – Referred to Committee on Appropriations.
 - **Summary:** This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit.
- **SB 207 (Hurtado – D) Medi-Cal: Asthma Preventive Services**
 - **Status:** 7/2/19 – From committee with author's amendments. Read second time and amended. Re-referred to Committee on Health.
 - **Summary:** This bill would require the State DHCS to approve 2 accrediting bodies with expertise in asthma to review and approve training curricula for asthma preventive services providers, and would require the curricula to be consistent with specified federal and clinically appropriate guidelines. This bill would require the department to implement, interpret, or make specific these provisions without taking regulatory action until regulations are adopted by July 1, 2023 and provide semiannual status reports to the Legislature until regulations have been adopted.
- **SB 361 (Mitchell – D) Medi-Cal: Health Homes Program**
 - **Status:** 7/1/19 – Read second time and amended. Re-referred to Committee on Appropriations.
 - **Summary:** Current law prohibits the implementation of the Health Home Program using additional General Fund moneys to fund the administration and costs of services, unless the department projects that no net increase in ongoing General Fund costs for the Medi-Cal program would result. Existing law requires the nonfederal share for the program to be provided by funds from local governments, private foundations, or any other source permitted under state and federal law. This bill would remove the prohibition on the use of General Fund moneys for the implementation of the program and would limit the above restriction on sources for the nonfederal share only to the first 8 quarters of implementation of each phase of the program.
- **SB 503 (Pan – D) Medi-Cal: managed care plan: subcontracts**
 - **Status:** 6/26/19 – Do pass and re-refer to Committee on Appropriations. Re-referred to Committee on Appropriations.
 - **Summary:** Current law requires the State DHCS to either terminate a contract with or impose one or more sanctions on a prepaid health plan or Medi-Cal

managed care plan if the department makes a finding of noncompliance or for other good cause. “Good cause” is defined to include 3 repeated and uncorrected findings of serious deficiencies, which potentially endanger patient care and are identified in medical audits conducted by the department. This bill would instead authorize “good cause” to be based on findings of serious deficiencies that have the potential to endanger patient care and are identified in the specified medical audits, and would conform the civil penalties to federal law.

- **SB 642 (Stone – R) Pharmacy Benefit Management: Prescription Acquisition and Adjudication Agency.**
 - **Status:** 4/24/19 – Re-referred to Committee on Health.
 - **Summary:** This bill plans from extending or entering into contracts for PBM services beginning July 1, 2021. It requires the Division of Pharmacy Provider Contracting to offer PBM services to health plans, including claims processing, negotiations with pharmaceutical manufacturers for discounts and rebates, and creation of plan formularies, establishes the Pharmaceutical Discount Fund to fund the cost of the Agency, and requires that Medi-Cal managed care plan contracts with the Agency include provisions that grant all rebate funds, or difference between market value of the drug and price negotiated by the Agency, to be deposited to the Pharmaceutical Discount Fund.
- **SB 382 (Nielsen – R) Medi-Cal: Managed Care Health Plan**
 - **Status:** 6/27/19 – Read second time and amended. Re-referred to Committee on Health. Hearing set for 7/9/19.
 - **Summary:** Would require a Medi-Cal managed care health plan to ensure that an enrollee who remains in a general acute care hospital continues to receive medically necessary posacute care services at the general acute care hospital if specified requirements are met, including that managed care plan is unable to locate a postacute care facility within the plan’s network, as a result of a state of emergency.
- **AB 50 (Kalra – D) Medi-Cal: Assisted Living Waiver Program**
 - **Status:** 6/27/19 – Do pass and re-refer to Committee on Appropriations. Re-referred to Committee on Appropriations. Hearing set for 7/8/19.
 - **Summary:** Would require the State DHCS to submit to the federal CMS a request for amendment of the Assisted Living Waiver program with specified amendments. This bill would require the department to increase the number of participants in the program from the currently authorized 5,744 participants to 18,500, to be phased in, as specified. This bill would require the department to increase its provider reimbursement tiers to compensate for mandatory minimum wage increases, as specified.
- **AB 914 (Holden – D) Medi-Cal: Inmates: Eligibility**
 - **Status:** 6/20/19 – Do pass and re-refer to Committee on Appropriations. Re-referred to Committee on Appropriations. Hearing set for 7/8/19.

- **Summary:** Current law requires Medi-Cal benefits of an individual who is an inmate of a public institution to be suspended effective the date the individual becomes an inmate and requires the suspension to end on the date the individual is no longer an inmate or one year from the date they become an inmate, whichever is sooner. This bill would, subject to federal approval, for individuals under 26 years of age, instead require the suspension of Medi-Cal eligibility to end either on the date the individual is no longer an inmate or is no longer otherwise eligible for benefits under the Medi-Cal program, whichever is sooner.

IHSS (Alliance Group Care)

- **AB 598 (Bloom – D) Hearing Aids: Minors**
 - **Status:** 7/1/19 – From committee: Amend, and do pass and re-refer to Committee on Appropriations.
 - **Summary:** Would require a health care service plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2020, to include coverage for hearing aids, as defined, for an enrollee or insured under 18 years of age, as specified. Because a willful violation of these requirements by a health care service plan would be a crime, this bill would impose a state-mandated local program.
- **AB 651 (Grayson – D) Air Ambulance Services**
 - **Status:** 7/1/19 – Read second time, amended, and re-referred to Committee on Health. Hearing set for 7/10/19.
 - **Summary:** Would require a health care service plans to ensure that if an enrollee receives covered services from a no contracting air ambulance provider, the individual shall pay no more than the same cost sharing amount.
- **AB 744 (Aguiar-Curry – D) Health Care Coverage: Telehealth**
 - **Summary:** See details above in Medi-Cal section.
- **AB 767 (Wicks – D) Health Care Coverage: Essential Health Benefits: Infertility**
 - **Status:** 6/24/19 – In Committee: Set, first hearing. Hearing canceled at request of author. Re-scheduled to 7/10/19.
 - **Summary:** This bill would require the Exchange to develop options for the inclusion of in vitro fertilization coverage as part of, or as supplementary to, coverage currently offered through Covered California, in consultation with stakeholders and by considering specified options.
- **AB 993 (Nazarian – D) Health Care Coverage: HIV Specialists**
 - **Status:** 6/25/19 – Read second time. Ordered to third reading.
 - **Summary:** Would require a health care service plan contract or health insurance policy, to permit an HIV specialist, to be an eligible primary care provider, if the provider requests primary care provider status and meet the

plan's or health insurer's eligibility criteria for all specialists seeking primary care provider status.

- **SB 163 (Portantino – D) Healthcare Coverage: Pervasive Developmental Disorder or Autism**
 - **Status:** 6/27/19 – Referred to Committee on Appropriations.
 - **Summary:** 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 MHPAEA.
*Also impacts Medi-Cal line of business.
- **SB 600 (Portantino – D) Health Care Coverage: Fertility Preservation**
 - **Status:** 5/30/19 – Referred to Committee on Health.
 - **Summary:** This bill would clarify that an individual or group health care service plan contract or health insurance policy that covers hospital, medical, or surgical expenses includes coverage for standard fertility preservation services when a medically necessary treatment may cause iatrogenic fertility to an enrollee or insured.
- **SB 746 (Bates – R) Health Care Coverage: Anticancer Medical Devices.**
 - **Status:** 6/26/19 – Placed on Appropriations suspense file.
 - **Summary:** Would require health care service plan contracts and health insurance policies that cover chemotherapy or radiation therapy for the treatment of cancer to also cover anticancer medical devices. The bill would define “anticancer medical device” as a medical device that has been approved for marketing by the federal Food and Drug Administration or is exempt from that approval, is primarily designed to be used outside of a medical facility, and has been prescribed by an authorized provider with determination that device is medically reasonable and necessary for treatment of patient's cancer.

Other

- **AB 174 (Wood – D) Health Care Coverage: Financial Assistance**
 - **Status:** 7/5/19 – From committee: Do pass and re-refer to Committee on Appropriations.
 - **Summary:** SB 78 of the 2019–20 Regular Session would, until January 1, 2023, create an individual market assistance program to provide health care coverage financial assistance to California residents with household incomes at or below 600% of the federal poverty level. This bill would, until January 1, 2023, require the Exchange to develop and prepare one or more reports to be issued at least quarterly and to be made publicly available within 30 days following the end of each quarter for the purpose of informing the California Health and Human Services Agency, the Legislature, and the public about the enrollment process

for the individual market assistance program. The bill would require the reports to contain specified information, including, among other things, the number of applications received for the program, the disposition of those applications, and the total number of grievances and appeals filed by applicants and enrollees. This bill would become operative only if SB 78 is also chaptered and becomes operative.

- **AB 290 (Wood – D) Health Care Service Plans and Health Insurance: Third-Party Payments**

- **Status:** 6/25/19 – From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Committee on Health.
- **Summary:** Would require a health care service plan or an insurer that provides a policy of health insurance to accept payments from specified third-party entities, including an Indian tribe or a local, state or federal government program. This bill would also require a financially interested entity that is making a third-party premium payment to provide that assistance in a specified manner to perform other related duties, including disclosing to the plan or the insurer the name of the enrollee for each plan or policy on whose behalf a third-party premium payment will be made.

- **AB 414 (Bonta –D) Healthcare Coverage: Minimum Essential Coverage**

- **Status:** 5/30 – In Senate. Read first time. To Committee on Rules for assignment.
- **Summary:** This bill would require California residents and their dependents to be covered under minimum essential coverage for each month beginning after 2019. The bill would impose a penalty for the failure to maintain minimum essential coverage.

- **AB 887 (Kalra – D) Office of Health Equity: Surgeon General**

- **Status:** 5/16/19- In committee: Held under submission.
- **Summary:** Current law requires the State Department of Public Health to establish an Office of Health Equity for the purpose of aligning state resources, decision making, and programs to accomplish specified goals, including, among other things, to advise and assist other state departments in their mission to increase access to, and the quality of, culturally and linguistically competent health and mental health care and services and to improve the health status of all populations and places, with a priority on eliminating health and mental health disparities and inequities. This bill would also require the office to advise and assist other state departments in their mission to increase the general well-being of all Californians, and would require the office to work toward eliminating adverse childhood experiences.

- **AB 1031 (Nazarian – D) Youth Substance Use Disorder Treatment and Recovery Program Act 2019**

- **Status:** 6/26/19 – From committee chair, with author’s amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Committee on Appropriations.
 - **Summary:** This bill enact the Youth Substance Use Disorder Treatment and Recovery Program Act of 2019 and require the department, on or before January 1, 2021, to establish community-based nonresidential and residential treatment and recovery programs to intervene and treat the problems of alcohol and drug use among youth under 21 years of age. The bill would additionally require the department, in collaboration with counties and providers of substance use disorder services, to establish through regulation criteria for participation, programmatic requirements, treatment standards, and terms and conditions for funding.
- **AB 1126 (O’Donnell – D) Mental Health Services Oversight and Accountability Commission**
 - **Status:** 5/16/19 – In committee. Held under submission.
 - **Summary:** Would require the Mental Health Services Oversight and Accountability Commission, by January 1, 2021, to establish technical assistance centers and one or more clearinghouses to support counties in addressing mental health issues of statewide concern, with a focus on school mental health and reducing unemployment and criminal justice involvement due to untreated mental health issues.
- **AB 1324 (Levine – D) Foster Children: Immigration Council**
 - **Status:** 6/11/19 – From committee: Do pass and re-refer to Committee on Judiciary.
 - **Summary:** This bill requires the State Department of Social Services, subject to available funding, to contract with non-profit legal service organizations to provide legal services to undocumented immigrants who are dependent children or nonminor dependents of the juvenile court or who are the subject of an order for out-of-home placement through the juvenile court and would specify the required qualifications for those nonprofit legal services organizations.
- **AB 1593 (Reyes) Personal Income Taxes: Earned Income Tax Credit**
 - **Status:** 7/1/19 – In committee: Set, first hearing. Hearing canceled at the request of the author.
 - **Summary:** AB 1593 would extend eligibility for the existing California Earned Income Tax Credit (CalEITC) to some of the most vulnerable working Californians, including all working Californians who files taxes and are income eligible. This bill would remove the exclusion of immigrant filers for CalEITC, allowing those with federally assigned Individual Tax Identification Numbers (ITINs) or SSNs to benefit from the credit.
- **AB 1759 (Salas- D) Health Care Workers: Rural and Underserved Areas**
 - **Status:** 6/12/19 – Referred to Committee on Health.

- **Summary:** This bill would require the Office of Statewide Health Planning and Development, upon an express appropriation for the purpose of increasing the health care workforce in rural and underserved areas, to allocate the appropriated funds to support programs that effect that purpose, including programs to recruit and train students from areas with a large disparity in patient-to-doctor ratios to practice in community health centers in the area from which each student was recruited and to expand and strengthen programs to recruit and prepare students from underrepresented and low-income backgrounds for health careers. The bill would also include a statement of legislative findings and declarations.
- **SB 26 (Caballero – D) Personal Income Taxes: Working Families Child Care Tax Credit**
 - **Status:** 5/16/19 – Held in committee and under submission.
 - **Summary:** Would make the state Child and Dependent Care Expenses Credit refundable, so that low-income and moderate-income working families can benefit from the credit and receive a tax refund for their child care expenses.
- **SB 65 (Pan – D): Health Care Coverage: Financial Assistance**
 - **Status:** 7/3/19 – From committee with author's amendments. Read second time and amended. Re-referred to Committee on Health.
 - **Summary:** This bill would require that Covered California, until January 1, 2023, administer an individual market assistance program to provide health care coverage financial assistance to California residents with household incomes below 600% of the FPL.
- **SB 276 (Pan – D): Immunizations: Medical Exemptions**
 - **Status:** 7/1/19 – Read second time and amended. Re-referred to Committee on Appropriations.
 - **Summary:** Existing law prohibits governing authority of a school or other institution from admitting any pupil who fails to obtain required immunizations within the time limits prescribed by the State Department of Public Health (CDPH). Existing law exempts a pupil whose parents have filed a written statement by a licensed physician to the effect that immunization is not considered safe for that child. This bill would require a parent or guardian, by January 1, 2021, to submit to the department a copy of a medical exemption granted prior to that date for inclusion in a state database in order for the medical exemption to remain valid. The bill would require the department to annually review immunization reports from schools and institutions to identify schools with an overall immunization rate of less than 95%, physicians and surgeons who submitted 5 or more medical exemption forms in a calendar-year, and schools and institutions that do not report immunization rates to the department.
- **SB 321 (Mitchell – D) CalWORKS: Support Services: Childcare**
 - **Status:** 6/6/19 – Referred to committee on Human Services.
 - **Summary:** Would require that specified information necessary to enroll or transfer a family into childcare services be made available by a county welfare

department to a contractor that provides childcare services. The bill would require, beginning no later than November 1, 2020, a county welfare department to provide a monthly report to stage-2 contractors containing specified information. The bill would authorize a county welfare department to provide training on security protocols and confidentiality of individual family data to a contractor who is given access to data pursuant to those provisions.

- **ACR 1 (Bonta – D) Immigration: Public Charges**

- **Status:** 6/11/19-Re-referred to committee on Human Services.
- **Summary:** This measure would condemn regulations proposed by the Department of Homeland Security to prescribe how a determination of inadmissibility for a person who is not a citizen or national is made based on the likelihood that the person will become a public charge. This measure would also urge the federal government to reconsider and roll back the proposed regulations.

EXECUTIVE DASHBOARD

JULY 2019

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

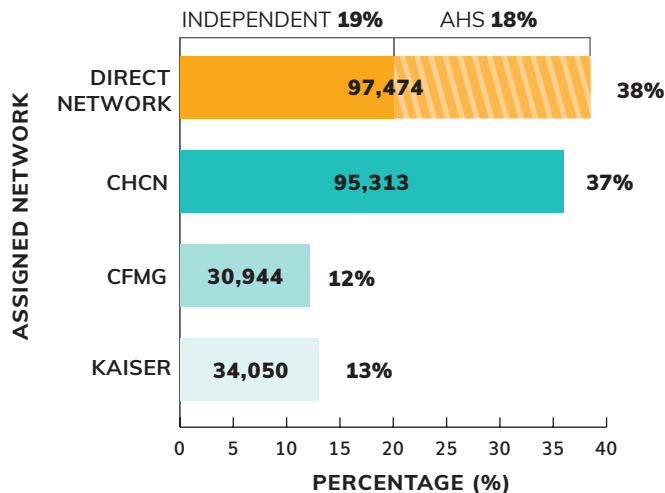
MEMBERSHIP

257,781

TOTAL MEMBERSHIP

IHSS 5,933 | MEDI-CAL 251,848

DISTRIBUTION OF ALL MEMBERSHIP BY ASSIGNED NETWORK

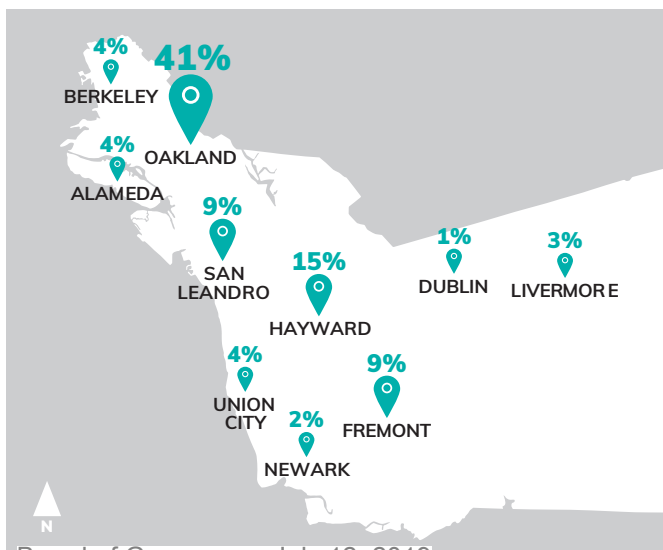


DISTRIBUTION OF MEMBERSHIP BY CITY

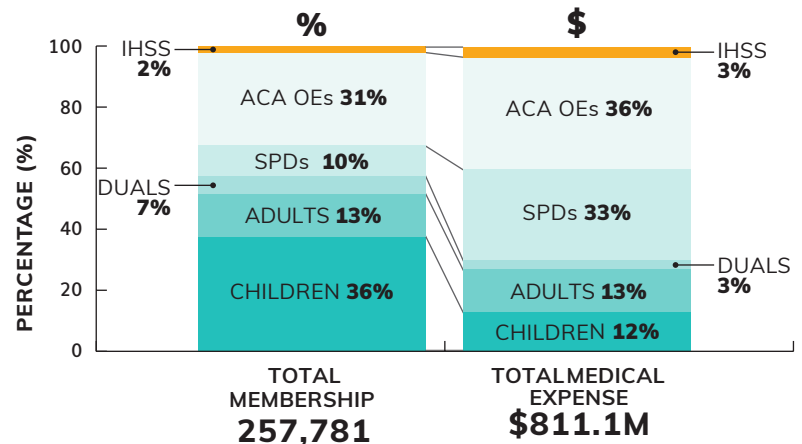
92%

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

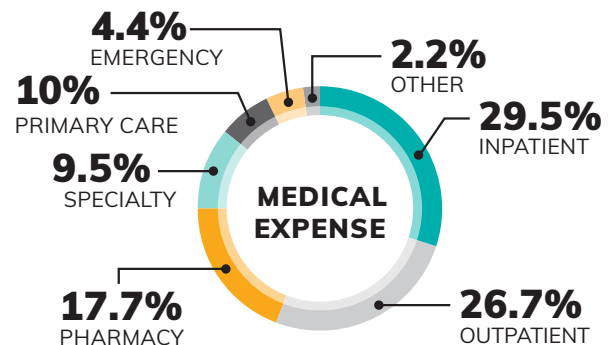


DISTRIBUTION OF MEDICAL EXPENSE BY MEMBERSHIP CATEGORY



REVENUE & EXPENSES

	MAY 2019	FISCAL YTD
REVENUE	\$75.8M	\$842.7M
MEDICAL EXPENSE	(\$77.8M)	(\$811.1M)
ADMIN EXPENSE	(\$4.4M)	(\$46.5M)
OTHER	\$816K	\$6.0M
NET INCOME	(\$5.5M)	(\$8.9M)



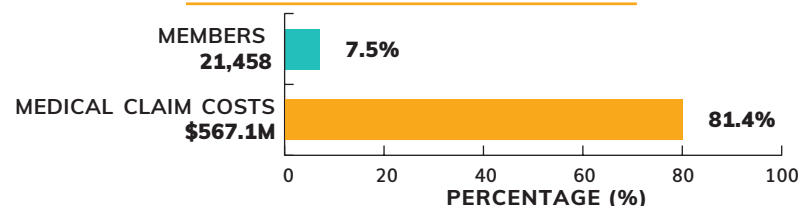
TANGIBLE NET EQUITY*

552%



\$181.2M

HIGH UTILIZER DISTRIBUTION*



*REPORTING 4 MONTH LAG

UTILIZATION*



INPATIENT
BED DAYS



6,757

EMERGENCY
ROOM VISITS



4 DAYS

AVERAGE
LENGTH OF STAY

CASE AND DISEASE MANAGEMENT*

	NEW CASES	OPEN CASES
CARE COORDINATION	269	563
COMPLEX CASE MANAGEMENT	49	71
TOTAL	318	634
	NEW CASES	ENROLLED
HEALTH HOMES	39	199
WHOLE PERSON CARE (AC3)	45	537
TOTAL	84	736

TOTAL CASE MANAGEMENT

402

TOTAL NEW CASES

1,370

TOTAL OPEN CASES & ENROLLED

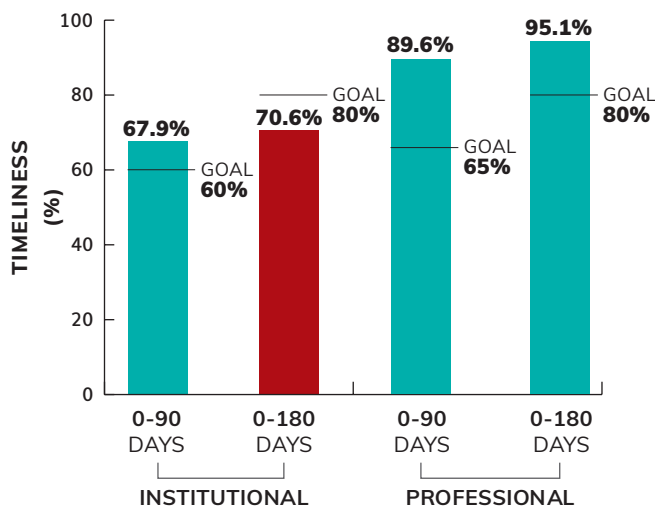
*REPORTING 2 MONTH LAG

*REPORTING 2 MONTH LAG

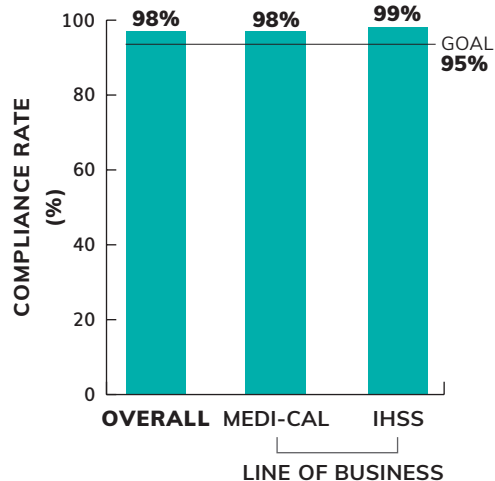
REGULATORY COMPLIANCE

ALL REGULATORY COMPLIANCE MEASURES ARE IN COMPLIANCE.

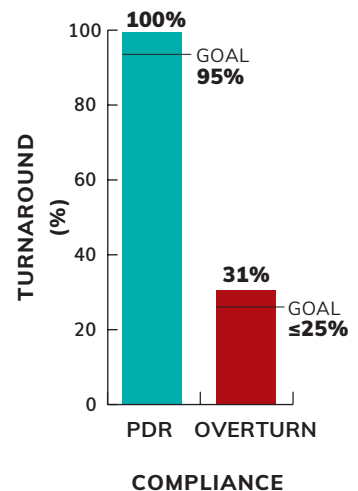
ENCOUNTER DATA



MEDICAL AUTHORIZATIONS



PROVIDER DISPUTES & RESOLUTIONS



CALL CENTER



15,870

CALLS
RECEIVED



82%

ANSWERED IN
30 SECONDS



3%

CALLS
ABANDONED



104,653

PROCESSED
CLAIMS



67.9%

AUTO-
ADJUDICATED



23 DAYS

PROCESSED
PAYMENTS

STAFF & RECRUITING



306

TOTAL
EMPLOYEES



5

HIRED IN THE
LAST 30 DAYS



13%

CURRENT
VACANCY



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

Operations Dashboard

Alameda Alliance for Health Operations Dashboard

- July-2019 -

ID	Section	Subject Area	Category	Performance Metric				ID		
1	1	Financials			May-19 FYTD		%	Annual Budget	1	
2									2	
3			Income & Expenses	Revenue \$	\$842,656,890		93.4%	\$901,768,537	3	
4				Medical Expense \$	\$811,139,516		91.0%	\$891,743,509	4	
5				Inpatient (Hospital)	\$239,284,265		29.5%	\$264,836,870	5	
6				Outpatient/Ancillary	\$216,329,156		26.7%	\$244,543,907	6	
7				Emergency Department	\$35,598,354		4.4%	\$44,758,855	7	
8				Pharmacy	\$143,354,586		17.7%	\$157,683,791	8	
9				Primary Care	\$81,123,737		10.0%	\$67,275,537	9	
10				Specialty Care	\$77,240,452		9.5%	\$92,495,171	10	
11				Other	\$18,208,966		2.2%	\$20,149,379	11	
12				Admin Expense \$	\$46,507,224		86.4%	\$53,843,839	12	
13				Other Income / (Exp.) \$	\$6,041,754		11.2%	\$5,970,413	13	
14				Net Income \$	(\$8,948,094)			(\$37,848,398)	14	
15				Gross Margin %	3.7%			1.1%	15	
16			Liquid Reserves	Medical Loss Ratio (MLR) - Net %	96.3%			98.9%	16	
17				Tangible Net Equity (TNE) %	552.4%			468.0%	17	
18				Tangible Net Equity (TNE) \$	\$181,211,619			\$152,311,317	18	
19			Reinsurance Cases	2018-2019 Cases Submitted	20				19	
20				2018-2019 New Cases Submitted	4				20	
21				2017-2018 Cases Submitted	45				21	
22				2017-2018 New Cases Submitted	0				22	
23			Balance Sheet	Cash Equivalents	\$416,316,717				23	
24				Pass-Through Liabilities	\$251,778,755				24	
25				Uncommitted Cash	\$164,537,962				25	
26				Working Capital	\$170,123,058				26	
27				Current Ratio %	146.8%			100%	27	
28									28	
29	2	Membership			Mar-19	Apr-19	May-19	%	May-19 Budget	29
30										30
31			Medi-Cal Members	Adults	34,525	34,331	34,120	13%	36,830	31
32				Children	93,457	93,615	93,274	36%	97,937	32
33				Seniors & Persons with Disabilities (SPDs)	25,855	25,787	25,793	10%	26,944	33
34				ACA Optional Expansion (ACA OE)	83,189	81,813	81,174	31%	82,811	34
35				Dual-Eligibles	16,229	17,481	17,487	7%	16,884	35
36										36
37				Total Medi-Cal	253,255	253,027	251,848	98%	261,406	37
38			IHSS Members	IHSS	5,892	5,910	5,933	2%	5,903	38
39			Total Membership	Medi-Cal and IHSS	259,147	258,937	257,781	100%	267,309	39
40										40
41			Members Assigned By Delegate	Direct-contracted network	50,169	50,735	49,788	19%		41
42				Alameda Health System (Direct Assigned)	47,985	47,653	47,686	18%		42
43				Children's First Medical Group	31,480	31,252	30,944	12%		43
44				Community Health Center Network	95,566	95,361	95,313	37%		44
45				Kaiser Permanente	33,947	33,936	34,050	13%		45
46										46

Alameda Alliance for Health Operations Dashboard

- July-2019 -

ID	Section	Subject Area	Category	Performance Metric	Apr-19	May-19	Jun-19	%	Performance Goal	ID
47	3	Claims			Apr-19	May-19	Jun-19	%	Performance Goal	47
48										48
49			HEALTHsuite Claims Processing	Number of Claims Received	129,482	121,763	111,286			49
50				Number of Claims Paid	90,892	112,073	81,896			50
51				Number of Claims Denied	25,947	30,412	22,757			51
52				Inventory (Unfinalized Claims)	99,223	79,961	84,464			52
53				Pended Claims (Days)	7,322	5,533	9,968	12%		53
54				0-29 Calendar Days	7,165	5,336	9,762	12%		54
55				30-44 Calendar Days	128	159	156	0%		55
56				45-59 Calendar Days	8	10	12	0%		56
57				60-89 Calendar Days	8	13	17	0%		57
58				90-119 Calendar Days	3	8	11	0%		58
59				120 or more Calendar Days	10	7	10	0%		59
60				Total Claims Paid (dollars)	\$44,721,415	\$52,629,158	\$37,931,594			60
61				Interest Paid (Total Dollar)	\$29,425	\$41,316	\$23,249	0%		61
62				Auto Adjudication Rate (%)	75.1%	72.7%	67.9%		70%	62
63				Average Payment Turnaround (days)	24	23	23		25 days or less	63
64			Claims Auditing	# of Pre-Pay Audited Claims	3,292	2,669	1,940			64
65			Claims Compliance	% of Claims Processed Within 30 Cal Days (DHCS Goal = 90%)	97%	99%	99%		90%	65
66				% of Claims Processed Within 90 Cal Days (DHCS Goal = 99%)	99%	100%	100%		99%	66
67				% of Claims Processed Within 45 Work Days (DMHC Goal = 95%)	98%	100%	100%		95%	67
68										68
69	4	Member Services			Apr-19	May-19	Jun-19	%	Performance Goal	69
70										70
71			Member Call Center	Inbound Call Volume	17,655	17,196	15,870			71
72				Calls Answered in 30 Seconds %	83.0%	87.0%	82.0%		80.0%	72
73				Abandoned Call Rate %	2.0%	2.0%	3.0%		5.0% or less	73
74				Average Wait Time	00:38	00:21	00:31			74
75				Average Call Duration	07:19	07:18	07:37			75
76				Outbound Call Volume	12,527	12,823	11,587			76
77										77
78	5	Provider Services			Apr-19	May-19	Jun-19	%	Performance Goal	78
79										79
80			Provider Call Center	Inbound Call Volume	6,997	6,926	6,077			80
81										81
82	6	Provider Contracting			Apr-19	May-19	Jun-19	%	Performance Goal	82
83										83
84			Provider Network	Primary Care Physician	596	601	602			84
85				Specialist	6,628	6,654	6,712			85
86				Hospital	17	17	17			86
87				Skilled Nursing Facility	56	54	55			87
88				Durable Medical Equipment	Capitated	Capitated	Capitated			88
89				Urgent Care	16	10	9			89
90				Health Centers (FQHCs and Non-FQHCs)	72	58	58			90
91				Transportation	380	380	380			91
92			Provider Credentialing	Number of Providers in Credentialing	1,424	1,455	1,453			92
93				Number of Providers Credentialed	1,424	1,455	1,453			93
94										94

Alameda Alliance for Health Operations Dashboard

- July-2019 -

ID	Section	Subject Area	Category	Performance Metric	Apr-19	May-19	Jun-19	%	Annual Budget	ID
95	7	Human Resources & Recruiting			Apr-19	May-19	Jun-19	%	Annual Budget	95
96										96
97			Employees	Total Employees	290	304	306		319	97
98				Full Time Employees	289	303	304	99%		98
99				Part Time Employees	1	1	2	1%		99
100				New Hires	7	5	5			100
101				Separations	3	3	3			101
102				Open Positions	38	40	40	13%	10% or less	102
103				Signed Offer Letters Received	5	6	8			103
104				Recruiting in Process	33	34	32	9%		104
105										105
106			Non-Employee (Temps / Seasonal)		8	9	7			106
107										107
108	8	Compliance			Apr-19	May-19	Jun-19	%	Performance Goal	108
109										109
110			Provider Disputes & Resolutions	Turnaround Compliance (45 business days)	93%	96%	100%		95%	110
111				% Overturned	34%	25%	31%		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			Apr-19	May-19	Jun-19		Performance Goal	119
120										120
121			Business Availability	HEALTHsuite (Claims and Membership System)	100.00%	100.00%	100.00%		99.99%	121
122				TruCare (Care Management System)	100.00%	100.00%	100.00%		99.99%	122
123				All Other Applications and Systems	100.00%	100.00%	100.00%		99.99%	123
124										124
125			Encounter Data	Inbound Trading Partners 837 (Trading Partner To AAH)						125
126				Timeliness of file submitted by Due Date	100.00%	100.00%	100.00%		100.0%	126
127										127
128				AAH Outbound 837 (AAH To DHCS)						128
129				Timeliness - % Within Lag Time - Institutional 0-90 days	84.3%	92.0%	67.9%		60.0%	129
130				Timeliness - % Within Lag Time - Institutional 0-180 days	87.9%	96.8%	70.6%		80.0%	130
131				Timeliness - % Within Lag Time - Professional 0-90 days	91.9%	91.9%	89.6%		65.0%	131
132				Timeliness - % Within Lag Time - Professional 0-180 days	97.1%	97.1%	95.1%		80.0%	132
133										133

Alameda Alliance for Health Operations Dashboard

- July-2019 -

ID	Section	Subject Area	Category	Performance Metric						ID
134	10	Health Care Services			Apr-19	May-19	Jun-19	Q4	Performance Goal	134
135										135
136			Authorization Turnaround	Overall Authorization Turnaround % Compliant	98%	98%	99%	98%	95%	136
137				Medi-Cal %	98%	98%	99%	98%	95%	137
138				Group Care %	97%	99%	100%	99%	95%	138
139										139
140			Outpatient Authorization Denial Rates	Overall Denial Rate (%)	5.9%	5.5%	5.8%			140
141				Denial Rate Excluding Partial Denials (%)	5.8%	5.4%	5.4%			141
142				Partial Denial Rate (%)	0.1%	0.2%	0.4%			142
143										143
144			Pharmacy Authorizations	Approved Prior Authorizations	698	715	576	37%		144
145				Denied Prior Authorizations	562	577	514	33%		145
146				Closed Prior Authorizations	613	594	472	30%		146
147				Total Prior Authorizations	1,873	1,886	1,562			147
148										148
149					Mar-19	Apr-19	May-19			149
150										150
151			Inpatient Utilization	Days / 1000	296.3	266.2	271.1			151
152				Admits / 1000	69.9	66.4	67.4			152
153				Average Length of Stay	4.2	4.0	4.0			153
154										154
155			Emergency Department (ED) Utilization	# ED Visits / 1000	51.85	44.86	37.04			155
156										156
157			Case Management	<u>New Cases</u>						157
158				Care Coordination	276	258	269			158
159				Complex Case Management	5	11	49			159
160				Health Homes	28	26	39			160
161				Whole Person Care (AC3)	60	53	45			161
162				Total New Cases	369	348	402			162
163										163
164				<u>Open Cases</u>						164
165				Care Coordination	523	532	563			165
166				Complex Case Management	63	40	71			166
167				Total Open Cases	586	572	634			167
168										168
169				<u>Enrolled</u>						169
170				Health Homes	184	203	199			170
171				Whole Person Care (AC3)	428	476	537			171
172				Total Enrolled	612	679	736			172
173										173
174				Total Case Management (Open Cases & Enrolled)	1,198	1,251	1,370			174
175										175



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

Finance

Gil Riojas

To: Alameda Alliance for Health Board of Governors

From: Gil Riojas, Chief Financial Officer

Date: July 12, 2019

Subject: Finance Report

Executive Summary

- For the month ended May 31, 2019, the Alliance had enrollment of 257,781 members, a Net Loss of \$5.5 million, and 552% of required Tangible Net Equity (TNE).

<u>Overall Results: (in Thousands)</u>				
		Month		YTD
Revenue	\$	75,805	\$	842,657
Medical Expense		77,762		811,140
Admin. Expense		4,369		46,507
Other Inc. / (Exp.)		816		6,042
Net Income	\$	(5,509)	\$	(8,948)

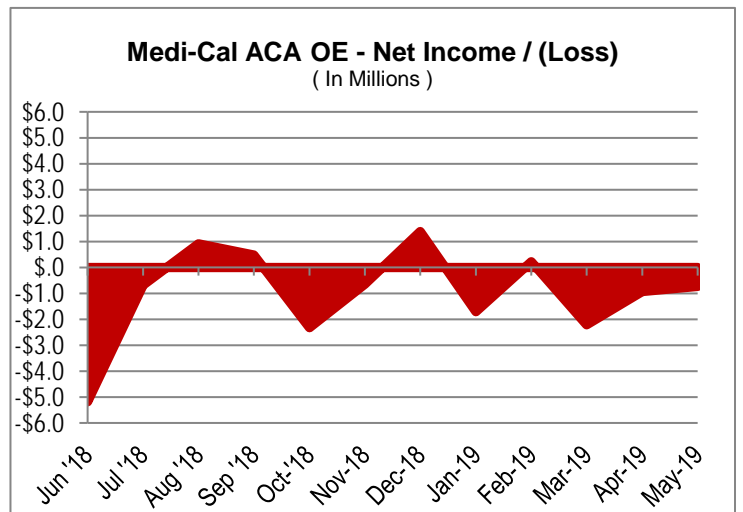
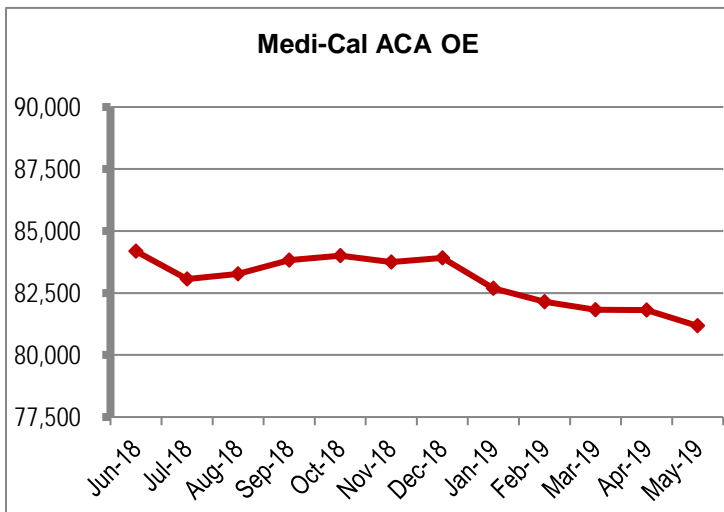
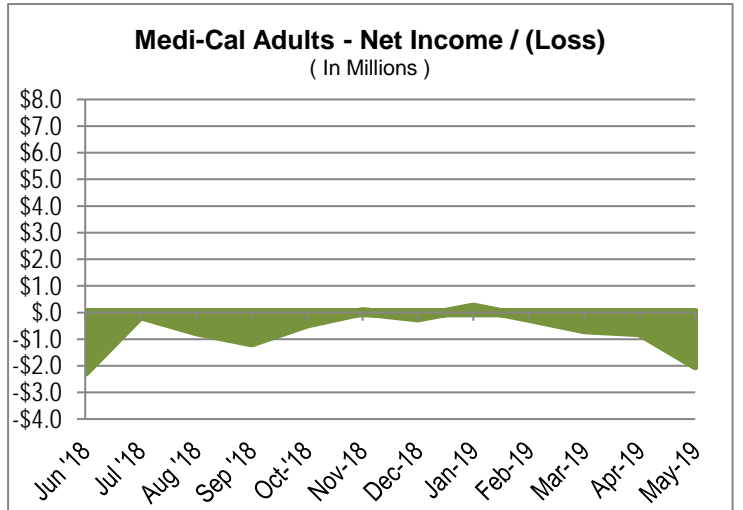
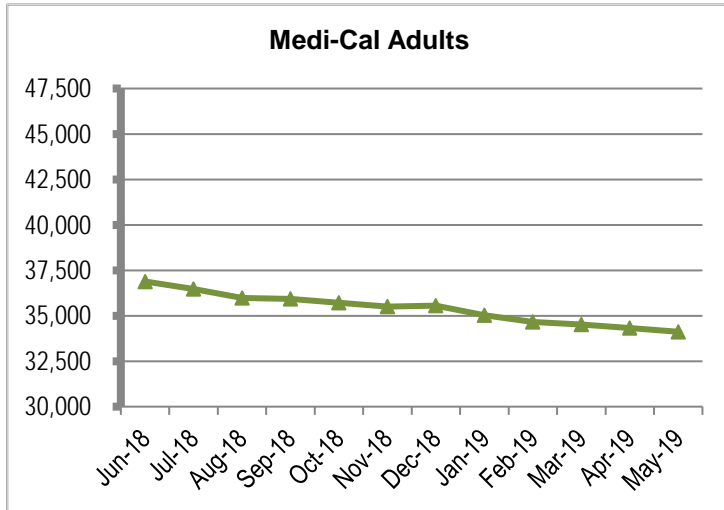
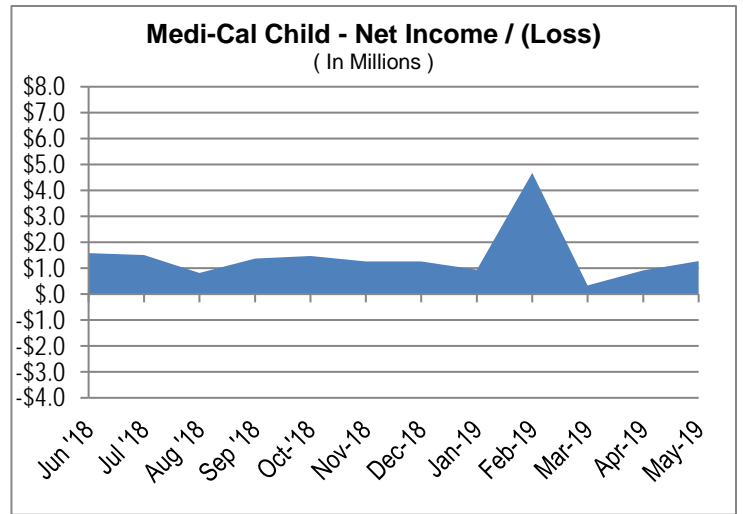
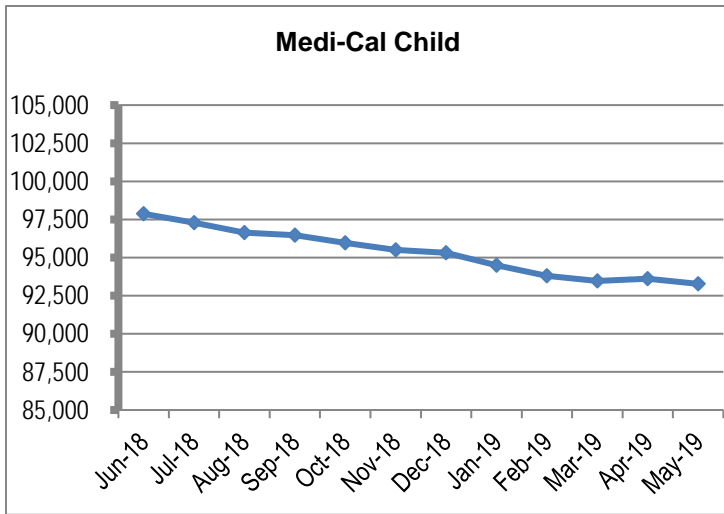
<u>Net Income by Program:</u>				
		Month		YTD
Medi-Cal	\$	(4,934)	\$	(7,917)
Group Care		(575)		(1,031)
	\$	(5,509)	\$	(8,948)

Enrollment

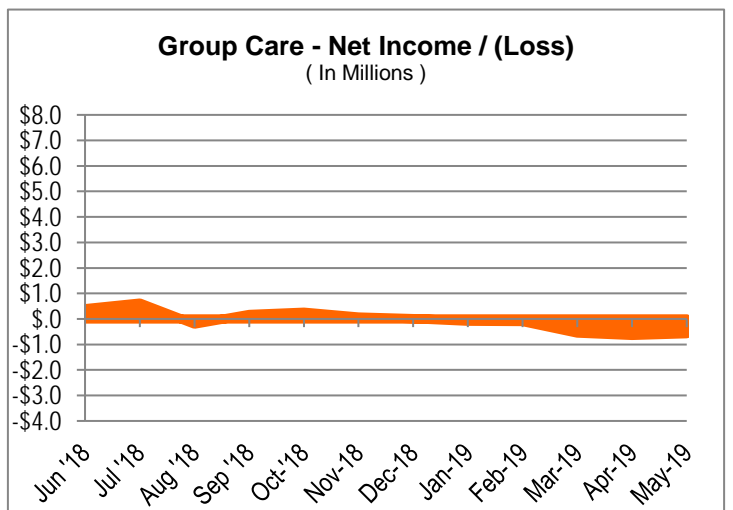
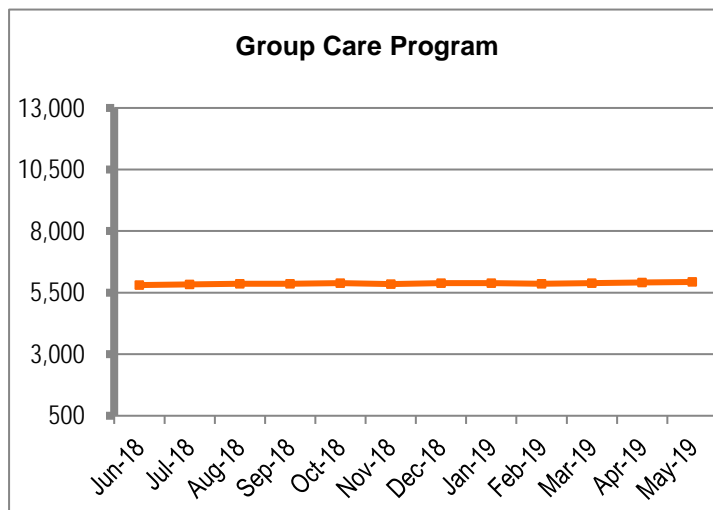
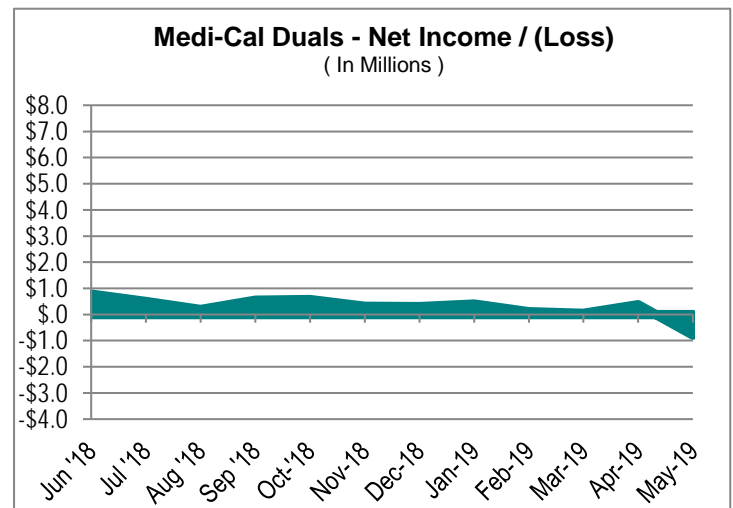
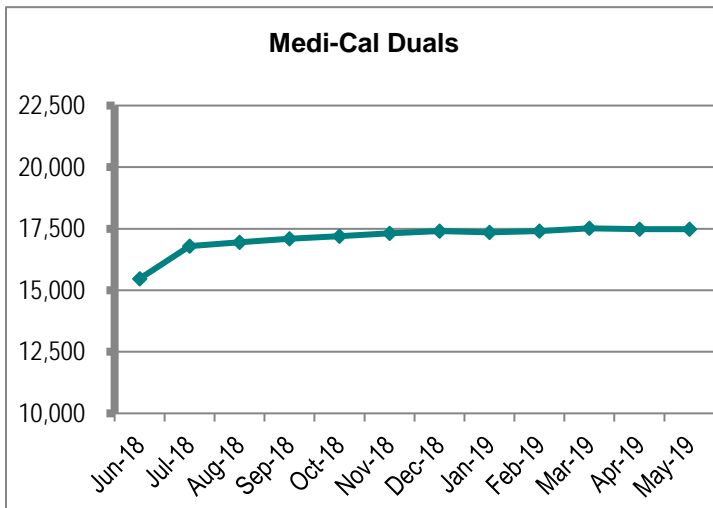
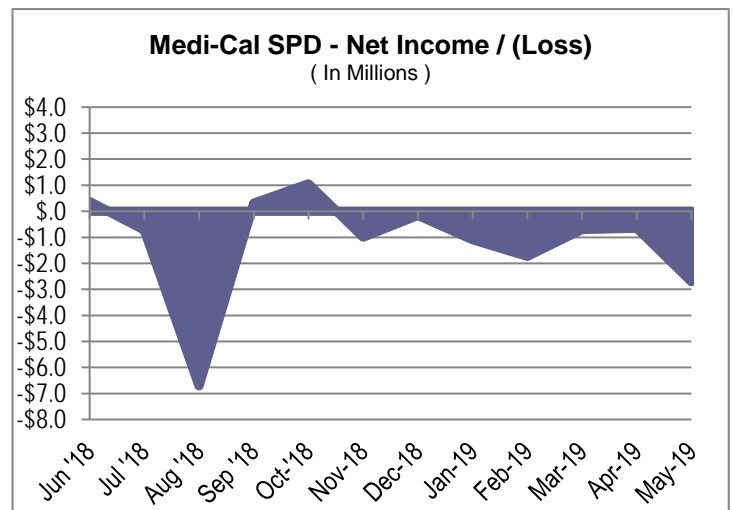
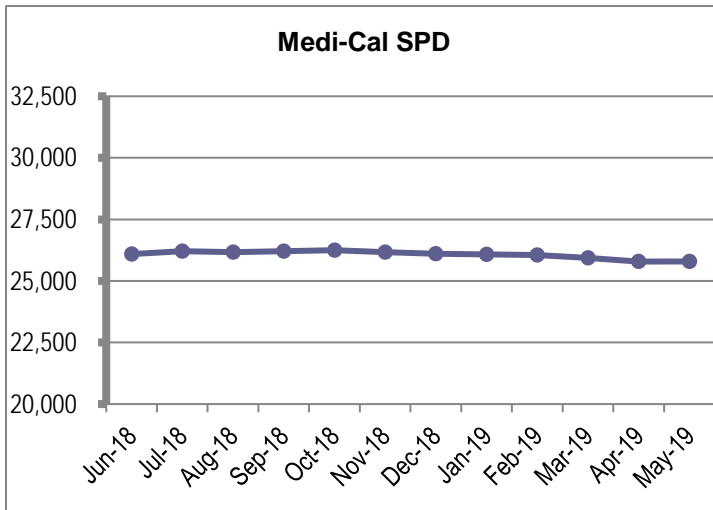
- Total enrollment decreased by 1,156 members since April 2019.
- Total enrollment decreased by 8,516 members since June 2018.

Monthly Membership and YTD Member Months								
Actual vs. Budget								
For the Month and Fiscal Year-to-Date								
Enrollment					Member Months			
May-2019					Year-to-Date			
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
34,120	36,830	(2,710)	-7.4%		Adults	387,816	400,541	(12,725)
93,274	97,937	(4,663)	-4.8%	Child	1,045,796	1,068,899	(23,103)	-2.2%
25,793	26,944	(1,151)	-4.3%	SPD	286,760	291,346	(4,586)	-1.6%
17,487	16,884	603	3.6%	Duals	189,969	185,966	4,003	2.2%
81,174	82,811	(1,637)	-2.0%	ACA OE	911,484	913,495	(2,011)	-0.2%
251,848	261,406	(9,558)	-3.7%	Medi-Cal Total	2,821,825	2,860,247	(38,422)	-1.3%
5,933	5,903	30	0.5%	Group Care	64,649	64,644	5	0.0%
257,781	267,309	(9,528)	-3.6%	Total	2,886,474	2,924,891	(38,417)	-1.3%

Enrollment and Profitability by Program and Category of Aid

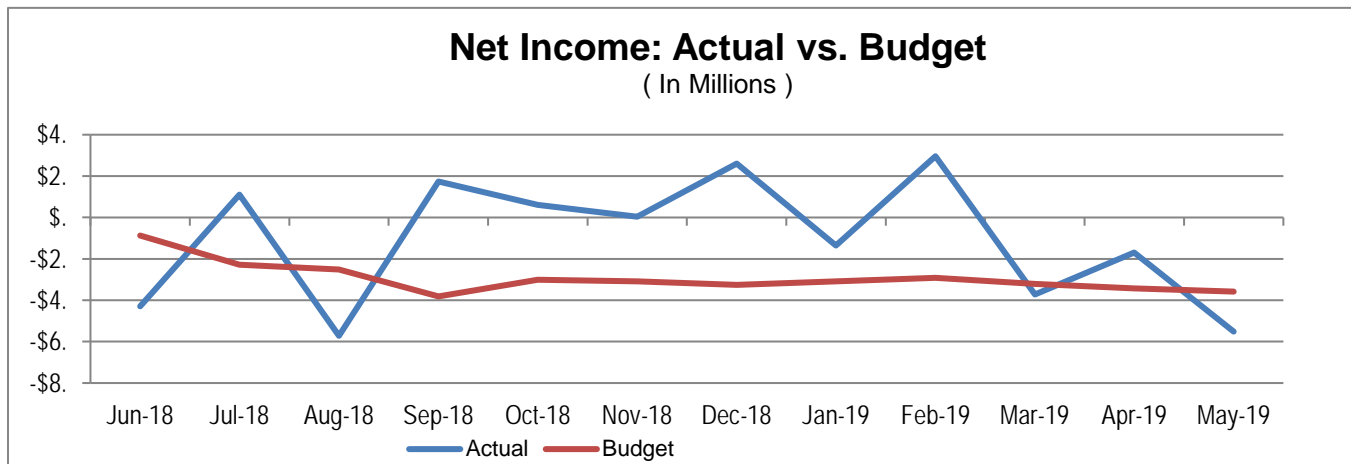


Enrollment and Profitability by Program and Category of Aid



Net Income

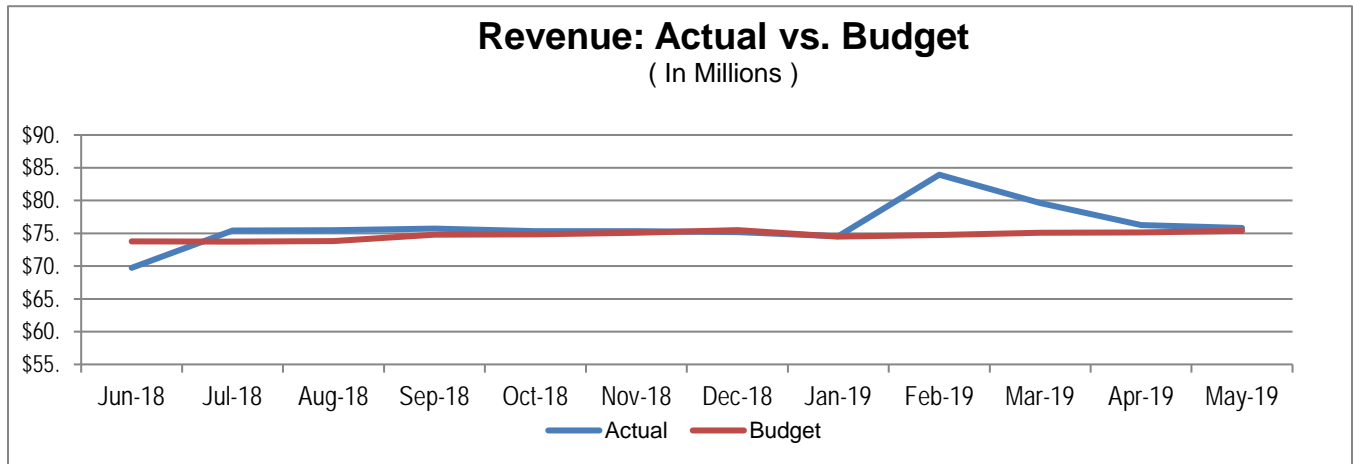
- For the month ended May 31, 2019:
 - Actual Net Loss: \$5.5 million.
 - Budgeted Net Loss: \$3.6 million.
- For the year-to-date (YTD) ended May 31, 2019:
 - Actual YTD Net Loss: \$8.9 million.
 - Budgeted YTD Net Loss: \$34.0 million.



- The unfavorable variance of \$1.9 million in the current month is largely due to:
 - Unfavorable \$2.8 million higher than anticipated Medical Expense.
 - Favorable \$434,000 higher than anticipated Revenue.
 - Favorable \$336,000 higher than anticipated Other Income & Expense.
 - Favorable \$74,000 lower than anticipated Administrative Expense.

Revenue

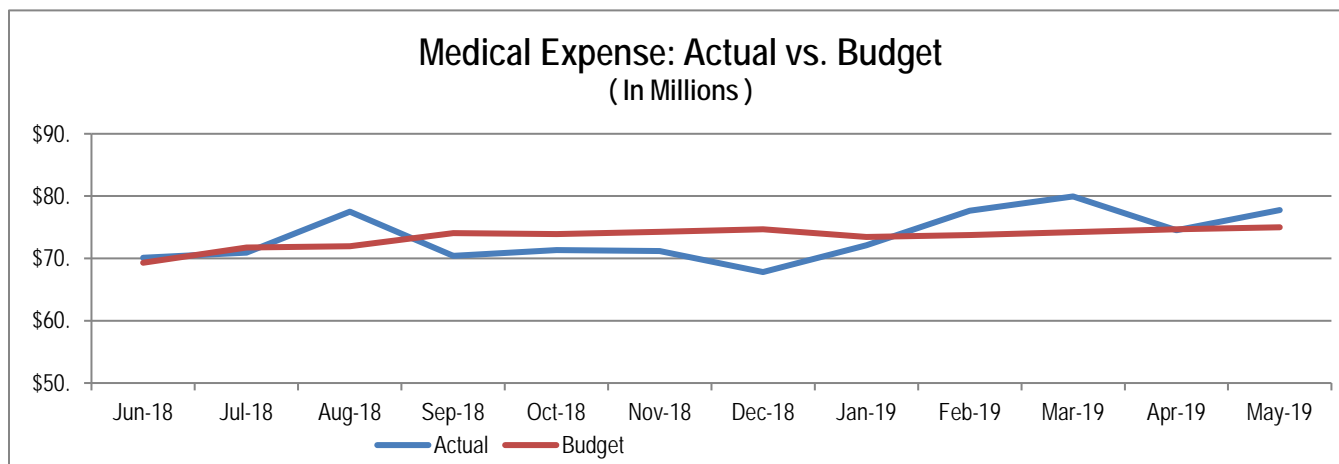
- For the month ended May 31, 2019:
 - Actual Revenue: \$75.8 million.
 - Budgeted Revenue: \$75.4 million.
- For the fiscal year-to-date ended May 31, 2019:
 - Actual YTD Revenue: \$842.7 million.
 - Budgeted YTD Revenue: \$826.0 million.



- For the month ended May 31, 2019, the favorable revenue variance of \$434,000 is mainly due to:
 - Favorable \$1.1 million revenue for amounts funded by Prop 56 to be paid to physicians. This revenue is largely offset by enhanced payments for qualified PCP services. The plan retains risk if payments under Prop 56 exceed DHCS reimbursement.
 - Favorable \$577,000 revenue for amounts to be paid to providers of Ground Emergency Medical Transportation (GEMT). As of May, we have accrued offsetting expenses. Payments to providers will begin in the coming months.
 - Unfavorable \$1.3 million in lower than expected Base Capitation primarily due to lower enrollment than anticipated.

Medical Expense

- For the month ended May 31, 2019:
 - Actual Medical Expense: \$77.8 million.
 - Budgeted Medical Expense: \$75.0 million.
- For the fiscal year-to-date ended May 31, 2019:
 - Actual YTD Medical Expense: \$811.1 million.
 - Budgeted YTD Medical Expense: \$816.4 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 May, updates to Fee-For-Service (FFS) increased the estimate for unpaid Medical Expenses for prior months by \$2.1 million. Year-to-date, the estimate for prior years decreased by \$3.3 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	
	<u>Excluding IBNP Change</u>	<u>Change in IBNP</u>	<u>Reported</u>		\$	%
Capitated Medical Expense	\$184,496,604	\$0	\$184,496,604	\$190,124,307	\$5,627,703	3.0%
Primary Care FFS	34,408,461	(571,095)	33,837,366	20,338,626	(\$14,069,835)	-69.2%
Specialty Care FFS	42,372,808	468,191	42,840,998	43,566,361	\$1,193,553	2.7%
Outpatient FFS	76,911,379	507,048	77,418,427	87,910,249	\$10,998,870	12.5%
Ancillary FFS	36,143,461	(43,506)	36,099,956	27,935,712	(\$8,207,750)	-29.4%
Pharmacy FFS	144,123,687	(769,102)	143,354,586	144,348,232	\$224,545	0.2%
ER Services FFS	36,394,305	(795,950)	35,598,354	40,826,619	\$4,432,314	10.9%
Inpatient Hospital & SNF FFS	241,393,109	(2,108,844)	239,284,265	242,975,940	\$1,582,831	0.7%
Other Benefits & Services	16,112,624	0	16,112,623	17,053,291	\$940,667	5.5%
Net Reinsurance	1,163,004	0	1,163,004	427,294	(\$735,710)	-172.2%
Provider Incentive	933,330	0	933,330	933,331	\$1	0.0%
	\$814,452,771	(\$3,313,258)	\$811,139,513	\$816,439,961	\$1,987,190	0.2%

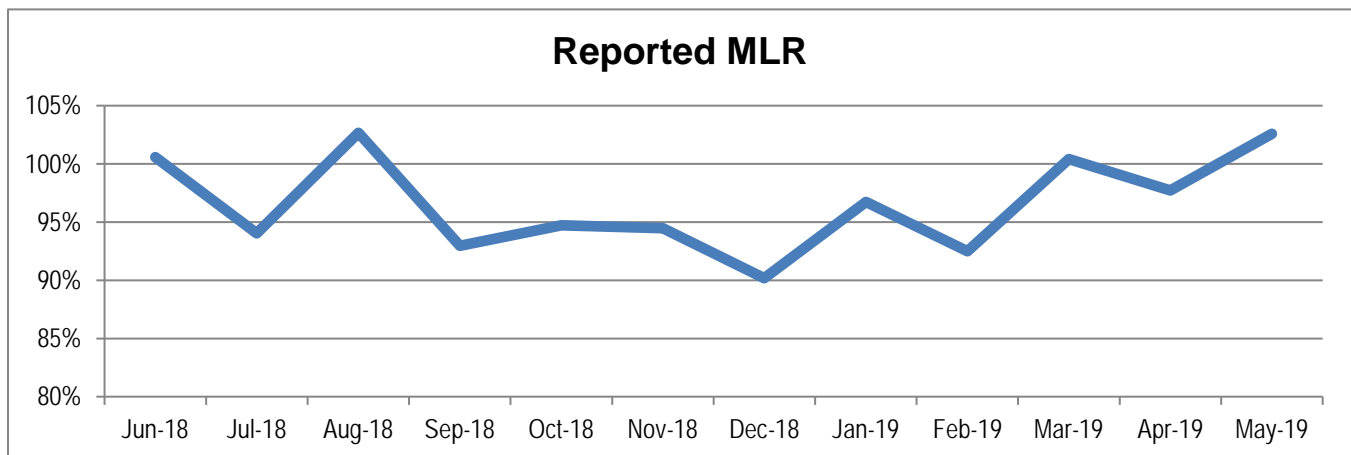
Medical Expense - Actual vs. Budget (Per Member Per Month) Adjusted to Eliminate the Impact of Prior Year IBNP Estimates Favorable/(Unfavorable)						
	Actual			Budget	Variance - Adjusted Actual vs. Budget	
	<u>Excluding IBNP</u>					
	<u>Change</u>	<u>Change in IBNP</u>	<u>Reported</u>		<u>\$</u>	<u>%</u>
Capitated Medical Expense	\$63.92	\$0.00	\$63.92	\$65.00	\$1.08	1.7%
Primary Care FFS	11.92	(0.20)	11.72	6.95	(4.97)	-71.4%
Specialty Care FFS	14.68	0.16	14.84	14.90	0.22	1.4%
Outpatient FFS	26.65	0.18	26.82	30.06	3.41	11.3%
Ancillary FFS	12.52	(0.02)	12.51	9.55	(2.97)	-31.1%
Pharmacy FFS	49.93	(0.27)	49.66	49.35	(0.58)	-1.2%
ER Services FFS	12.61	(0.28)	12.33	13.96	1.35	9.7%
Inpatient Hospital & SNF FFS	83.63	(0.73)	82.90	83.07	(0.56)	-0.7%
Other Benefits & Services	5.58	0.00	5.58	5.83	0.25	4.3%
Net Reinsurance	0.40	0.00	0.40	0.15	(0.26)	-175.8%
Provider Incentive	0.32	0.00	0.32	0.32	(0.00)	-1.3%
	\$282.16	(\$1.15)	\$281.01	\$279.14	(\$3.03)	-1.1%

- Excluding the effect of prior year estimates for IBNP, year-to-date medical expense variance is \$2.0 million favorable to budget. On a PMPM basis, medical expense is unfavorable to budget by 1.1%.
 - 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 February and paid retroactively to July 2018.
 - Ancillary Expense is over budget, due to the implementation of supplemental payments to providers of Ground Emergency Medical Transportation. Code and rate information was received in March and accrued retroactively to July 2018. Non-emergent and Non-medical Transportation is also significantly over budget due to high utilization.
 - Outpatient Expense is under budget for almost all populations, particularly for SPDs. 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.
 - In total, Inpatient Expense is close to budget; however it is significantly under budget for SPDs. SPD cost per day is lower than budget by 10% and days per 1,000 member months have decreased by 1%. This was largely offset by higher than planned expense for the ACA OE, Group Care, Adult and Child populations.
 - Emergency Expense is favorable for all populations, primarily driven by a 10% lower average unit cost per visit.

- Pharmacy Expense is slightly higher than planned, driven by the ACA OE Category of Aid. This was primarily due to increased unit cost for specialty and brand drugs, such as anti-rheumatoid and oncology medications. This was largely offset by lower than planned expense for SPDs and Adults.
- Favorable Capitated Medical Expense mainly results from a retroactive adjustment to prior year supplemental payments to our Globally Sub-capitated Delegate. Behavioral Health Therapy (BHT) supplemental records were submitted by our Globally Sub-capitated Delegate and then subsequently retracted. This corresponds to an equivalent revenue reduction. We have also had fewer current year BHT supplemental 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 102.6% of net revenue for the month and 96.3% for the fiscal year-to-date.



Administrative Expense

- For the month ended May 31, 2019:
 - Actual Administrative Expense: \$4.4 million.
 - Budgeted Administrative Expense: \$4.4 million.
- For the fiscal year-to-date ended May 31, 2019:
 - Actual YTD Administrative Expense: \$46.5 million.
 - Budgeted YTD Administrative Expense: \$49.1 million.

Summary of Administrative Expense (In Dollars) For the Month and Fiscal Year-to-Date Favorable/(Unfavorable)								
Month					Year-to-Date			
Actual	Budget	Variance \$	Variance %		Actual	Budget	Variance \$	Variance %
\$2,291,581	\$2,541,575	\$249,994	9.8%	Employee Expense	\$25,056,494	\$27,093,060	\$2,036,566	7.5%
635,820	549,015	(86,805)	-15.8%	Medical Benefits Admin Expense	5,810,135	5,793,267	(16,868)	-0.3%
380,805	584,947	204,142	34.9%	Purchased & Professional Services	4,998,481	6,926,421	1,927,940	27.8%
1,060,451	767,296	(293,155)	-38.2%	Other Admin Expense	10,642,114	9,245,354	(1,396,760)	-15.1%
\$4,368,657	\$4,442,833	\$74,176	1.7%	Total Administrative Expense	\$46,507,224	\$49,058,102	\$2,550,878	5.2%

- The year-to-date favorable variance is primarily due to:
 - Fewer than anticipated employees – four Full-Time Equivalent (FTE) employees less than budget.
 - Less than planned Computer Support Services.
 - Partially offset by unfavorable estimated MCO tax shortfall.
- Administrative expense represented 5.8% of net revenue for the month and 5.5% of net revenue for the year-to-date.

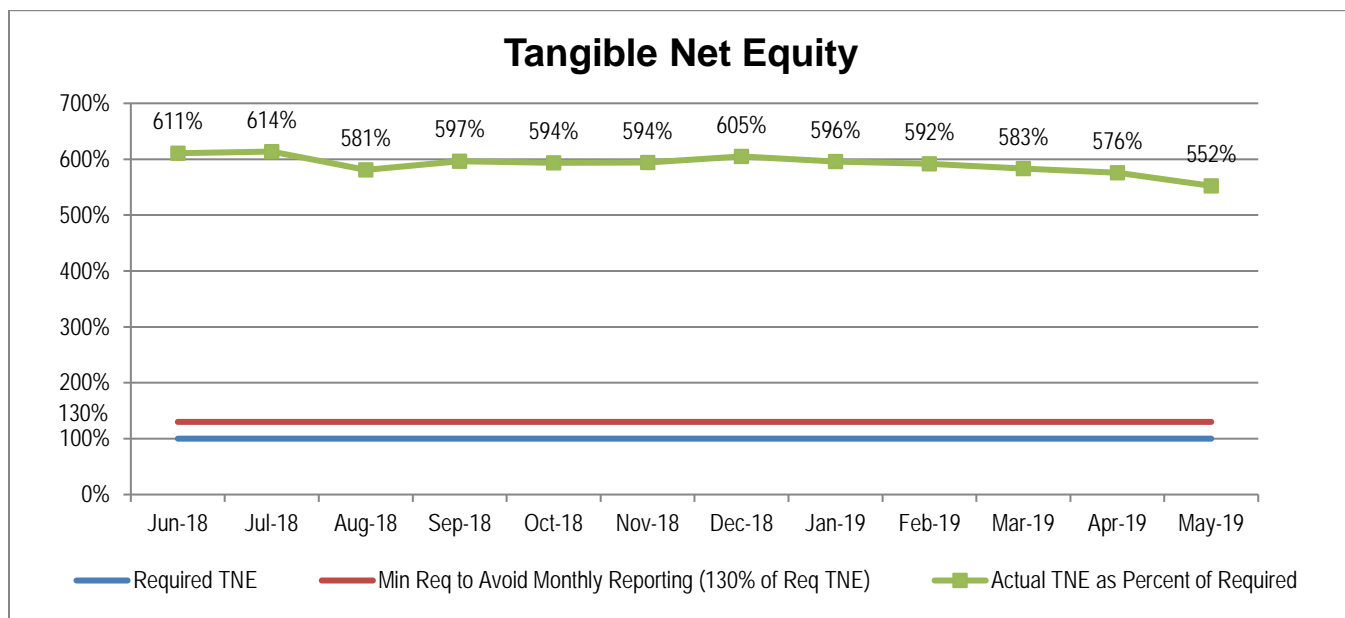
Other Income / (Expense)

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

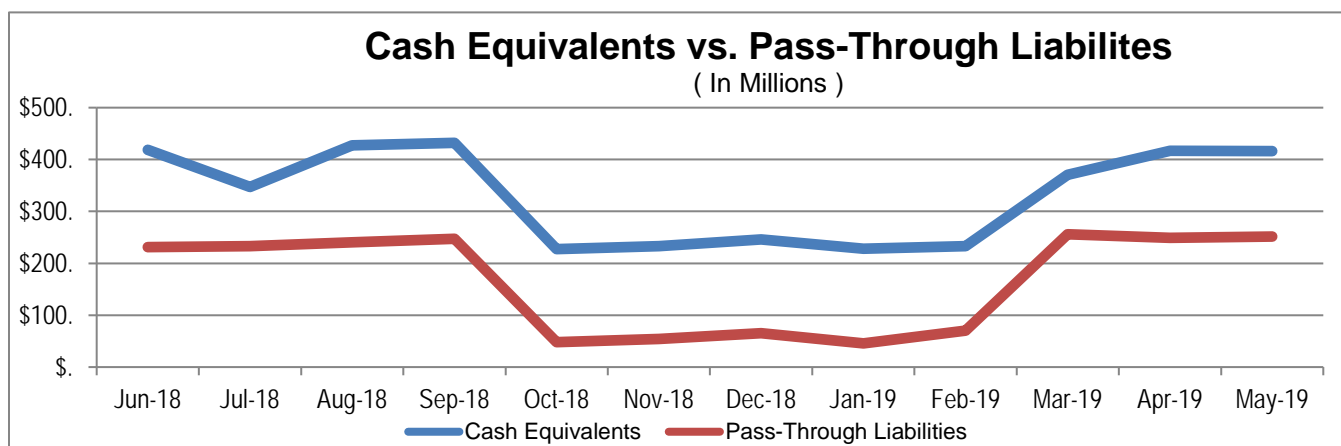
- Fiscal year-to-date interest income from investments is \$6.3 million.
- Fiscal year-to-date claims interest expense, due to delayed payment of certain claims or recalculated interest on previously paid claims is \$545,000.

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 \$32.8 million
 - Actual TNE \$181.2 million
 - Surplus TNE \$148.4 million
 - TNE as % of Required TNE 552%



- Cash and Liabilities reflect pass-through liabilities and an ACA OE MLR accrual. The ACA OE MLR accrual represents estimated 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 \$416.3 million
 - Pass-Through Liabilities \$251.8 million
 - Uncommitted Cash \$164.5 million
 - Working Capital \$170.1 million
 - Current Ratio 1.47 (regulatory minimum is 1.0)



Capital Investment

- Fiscal year-to-date Capital assets acquired: \$779,000.
- 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 May 31, 2019

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
251,848	261,406	(9,558)	(3.7%)	MEMBERSHIP	2,821,825	2,860,247	(38,422)	(1.3%)
5,933	5,903	30	0.5%	1 - Medi-Cal	64,649	64,644	5	0.0%
257,781	267,309	(9,528)	(3.6%)	2 - Group Care	2,886,474	2,924,891	(38,417)	(1.3%)
				3 - Total Member Months				
				REVENUE				
\$75,804,905	\$75,370,837	\$434,068	0.6%	4 - TOTAL REVENUE	\$842,656,890	\$826,012,541	\$16,644,349	2.0%
				MEDICAL EXPENSES				
				Capitated Medical Expenses:				
16,997,503	17,725,930	728,427	4.1%	5 - Capitated Medical Expense	184,496,606	190,124,311	5,627,705	3.0%
				Fee for Service Medical Expenses:				
22,842,916	21,759,583	(1,083,333)	(5.0%)	6 - Inpatient Hospital & SNF FFS Expense	239,284,265	242,975,940	3,691,675	1.5%
2,897,409	1,752,929	(1,144,480)	(65.3%)	7 - Primary Care Physician FFS Expense	33,837,366	20,338,627	(13,498,739)	(66.4%)
4,611,250	3,961,666	(649,584)	(16.4%)	8 - Specialty Care Physician Expense	42,841,000	43,566,361	725,361	1.7%
4,964,720	2,637,402	(2,327,318)	(88.2%)	9 - Ancillary Medical Expense	36,099,955	27,935,710	(8,164,245)	(29.2%)
6,704,024	8,203,250	1,499,226	18.3%	10 - Outpatient Medical Expense	77,418,428	87,910,249	10,491,821	11.9%
3,383,064	3,910,483	527,419	13.5%	11 - Emergency Expense	35,598,353	40,826,618	5,228,265	12.8%
13,195,623	13,270,565	74,942	0.6%	12 - Pharmacy Expense	143,354,586	144,348,231	993,645	0.7%
58,599,007	55,495,878	(3,103,129)	(5.6%)	13 - Total Fee for Service Expense	608,433,953	607,901,736	(532,217)	(0.1%)
1,705,721	1,646,386	(59,335)	(3.6%)	14 - Other Benefits & Services	16,112,623	17,053,291	940,668	5.5%
392,888	60,903	(331,985)	(545.1%)	15 - Reinsurance Expense	1,163,003	427,294	(735,709)	(172.2%)
66,666	66,666	0	0.0%	16 - Risk Pool Distribution	933,330	933,330	0	0.0%
77,761,784	74,995,763	(2,766,021)	(3.7%)	17 - TOTAL MEDICAL EXPENSES	811,139,516	816,439,962	5,300,447	0.6%
(1,956,879)	375,074	(2,331,953)	(621.7%)	18 - GROSS MARGIN	31,517,375	9,572,579	21,944,796	229.2%
				ADMINISTRATIVE EXPENSES				
2,291,581	2,541,575	249,994	9.8%	19 - Personnel Expense	25,056,494	27,093,060	2,036,567	7.5%
635,820	549,015	(86,805)	(15.8%)	20 - Benefits Administration Expense	5,810,135	5,793,267	(16,868)	(0.3%)
380,805	584,947	204,142	34.9%	21 - Purchased & Professional Services	4,998,481	6,926,421	1,927,940	27.8%
1,060,451	767,296	(293,154)	(38.2%)	22 - Other Administrative Expense	10,642,114	9,245,354	(1,396,760)	(15.1%)
4,368,657	4,442,833	74,176	1.7%	23 -Total Administrative Expense	46,507,224	49,058,102	2,550,879	5.2%
(6,325,536)	(4,067,759)	(2,257,777)	(55.5%)	24 - NET OPERATING INCOME / (LOSS)	(14,989,849)	(39,485,524)	24,495,675	62.0%
				OTHER INCOME / EXPENSE				
816,351	480,000	336,351	70.1%	25 - Total Other Income / (Expense)	6,041,755	5,490,415	551,340	10.0%
(\$5,509,185)	(\$3,587,759)	(\$1,921,426)	(53.6%)	26 - NET INCOME / (LOSS)	(\$8,948,094)	(\$33,995,109)	\$25,047,014	73.7%
5.8%	5.9%	0.1%	2.2%	27 - Admin Exp % of Revenue	5.5%	5.9%	0.4%	7.1%

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PL FFS CAP 2019

06/25/19

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

	<u>May</u>	<u>April</u>	<u>Difference</u>	<u>% Difference</u>
CURRENT ASSETS:				
Cash & Equivalents				
Cash	\$34,362,034	\$20,874,376	\$13,487,658	64.61%
Short-Term Investments	381,954,683	395,913,218	(13,958,535)	-3.53%
Interest Receivable	229,739	432,756	(203,017)	-46.91%
Other Receivables - Net	107,993,621	116,936,322	(8,942,701)	-7.65%
Prepaid Expenses	4,404,883	4,853,751	(448,868)	-9.25%
Prepaid Inventoried Items	3,058	3,366	(308)	-9.15%
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	533,665,170	543,730,942	(10,065,772)	-1.85%
OTHER ASSETS:				
Restricted Assets	344,400	344,400	0	0.00%
TOTAL OTHER ASSETS	344,400	344,400	0	0.00%
PROPERTY AND EQUIPMENT:				
Land, Building & Improvements	9,476,212	9,476,212	0	0.00%
Furniture And Equipment	13,443,368	13,340,346	103,022	0.77%
Leasehold Improvement	849,885	849,885	0	0.00%
Internally-Developed Software	16,824,002	16,824,002	0	0.00%
Fixed Assets at Cost	40,593,466	40,490,444	103,022	0.25%
Less: Accumulated Depreciation	(29,849,305)	(29,680,284)	(169,021)	0.57%
NET PROPERTY AND EQUIPMENT	10,744,161	10,810,160	(65,999)	-0.61%
TOTAL ASSETS	\$544,753,731	\$554,885,502	(\$10,131,771)	-1.83%
CURRENT LIABILITIES:				
Accounts Payable	\$10,602,101	\$3,046,357	\$7,555,744	248.03%
Pass-Through Liabilities	251,778,755	249,180,318	2,598,437	1.04%
Claims Payable	7,658,041	12,418,724	(4,760,684)	-38.33%
IBNP Reserves	81,832,489	91,670,911	(9,838,422)	-10.73%
Payroll Liabilities	2,772,594	2,916,187	(143,593)	-4.92%
CalPERS Deferred Inflow	3,024,492	3,024,492	0	0.00%
Risk Sharing	4,731,953	4,665,287	66,666	1.43%
Provider Grants/ New Health Program	1,141,688	1,242,423	(100,735)	-8.11%
TOTAL CURRENT LIABILITIES	363,542,112	368,164,699	(4,622,587)	-1.26%
TOTAL LIABILITIES	363,542,112	368,164,699	(4,622,587)	-1.26%
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)	(8,948,094)	(3,438,910)	(5,509,185)	160.20%
TOTAL NET WORTH	181,211,619	186,720,804	(5,509,185)	-2.95%
TOTAL LIABILITIES AND NET WORTH	\$544,753,731	\$554,885,502	(\$10,131,771)	-1.83%

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BALSHEET 19

06/21/19
REPORT #3

Alameda Alliance for Health
FY19 Income Statement Run-Rate Analysis
May 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	257,781		257,781	267,309	(9,528)	2,886,474		2,886,474	2,924,891	(38,417)
Profit & Loss										
Revenue	\$75,805	\$0	\$75,805	\$75,371	\$434	\$842,657	(\$556)	\$842,101	\$826,013	\$16,089
Medical Expense	77,762	3,904	73,858	74,996	1,138	811,140	(5,995)	817,134	816,440	(694)
Gross Margin	(1,957)	3,904	1,947	375	1,572	31,517	(6,550)	24,967	9,573	15,395
Administrative Expense	4,369	0	4,369	4,443	74	46,507	0	46,507	49,058	2,551
Operating Income / (Loss)	(6,326)	3,904	(2,421)	(4,068)	1,646	(14,990)	(6,550)	(21,540)	(39,486)	17,945
Other Income / (Expense)	816	0	816	480	336	6,042	0	6,042	5,490	551
Net Income / (Loss)	(\$5,509)	\$3,904	(\$1,605)	(\$3,588)	\$1,983	(\$8,948)	(\$6,550)	(\$15,498)	(\$33,995)	\$18,497
PMPM										
Revenue	\$294.07		\$294.07	\$281.96	\$12.11	\$291.93		\$291.74	\$282.41	\$9.33
Medical	\$301.66		\$286.51	\$280.56	(\$5.96)	\$281.01		\$283.09	\$279.14	(\$3.96)
Gross Margin	(\$7.59)		\$7.55	\$1.40	\$6.15	\$10.92		\$8.65	\$3.27	\$5.38
Ratios										
Medical Loss Ratio	102.6%		97.4%	99.5%	2.1%	96.3%		97.0%	98.8%	1.8%
Administrative Expense %	5.8%		5.8%	5.9%	0.1%	5.5%		5.5%	5.9%	0.4%
Net Income / (Loss) %	-7.3%		-2.1%	-4.8%	2.6%	-1.1%		-1.8%	-4.1%	2.3%

Notes:

Adjustments generally limited to \$300K.

**ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT**

FOR THE MONTH AND FISCAL YTD ENDED 5/31/2019

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	\$2,035,333	\$6,059,030	\$12,093,431	\$22,127,410
Total	2,035,333	6,059,030	12,093,431	22,127,410
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	73,632,806	225,004,532	452,247,979	819,292,463
Allowance for Doubtful Accounts	0	0	0	0
Deferred Premium Revenue	0	0	0	0
Premium Receivable	9,204,544	16,561,169	(941,546)	(7,004,560)
Total	82,837,350	241,565,701	451,306,433	812,287,903
Investment & Other Income Cash Flows				
Other Revenue (Grants)	185,701	665,721	1,168,838	1,563,123
Interest Income	808,732	2,347,298	3,688,711	6,260,954
Interest Receivable	203,017	(89,027)	(188,666)	(127,945)
Total	1,197,450	2,923,992	4,668,883	7,696,132
Medical & Hospital Cash Flows				
Total Medical Expenses	(77,761,784)	(232,234,468)	(449,770,801)	(811,139,516)
Other Receivable	(261,843)	(130,061)	(119,972)	3,607,644
Claims Payable	(4,760,684)	(2,924,451)	(4,467,835)	(4,081,151)
IBNP Payable	(9,838,422)	(9,925,549)	(9,323,387)	(14,144,499)
Risk Share Payable	66,666	200,000	399,998	(2,398,380)
Health Program	(100,735)	(152,040)	(615,590)	(854,651)
Other Liabilities	0	0	1	0
Total	(92,656,802)	(245,166,569)	(463,897,586)	(829,010,553)
Administrative Cash Flows				
Total Administrative Expenses	(4,409,973)	(12,766,721)	(26,142,445)	(47,052,529)
Prepaid Expenses	449,176	(605,101)	(539,869)	(1,587,365)
CalPERS Pension Asset	0	0	0	0
CalPERS Deferred Outflow	0	0	0	0
Trade Accounts Payable	7,555,744	9,243,551	7,719,604	8,934,335
Other Accrued Liabilities	0	0	0	0
Payroll Liabilities	(143,593)	114,116	64,299	143,864
Depreciation Expense	169,021	494,569	1,039,282	2,032,438
Total	3,620,375	(3,519,586)	(17,859,129)	(37,529,257)
Interest Paid				
Debt Interest Expense	0	0	0	0
Total Cash Flows from Operating Activities	(2,966,294)	1,862,568	(13,687,968)	(24,428,365)

**ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT**

FOR THE MONTH AND FISCAL YTD ENDED 5/31/2019

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM INVESTING ACTIVITIES				CASH I
Restricted Cash & Other Asset Cash Flows				
Provider Pass-Thru-Liabilities	2,598,437	181,508,819	197,484,184	22,594,605
Restricted Cash	0	(2,685)	3,591	1,950
	<u>2,598,437</u>	<u>181,506,134</u>	<u>197,487,775</u>	<u>22,596,555</u>
Fixed Asset Cash Flows				
Depreciation expense	169,021	494,569	1,039,282	2,032,438
Fixed Asset Acquisitions	(103,022)	(155,555)	(370,647)	(778,555)
Change in A/D	(169,021)	(494,569)	(1,039,282)	(2,032,438)
	<u>(103,022)</u>	<u>(155,555)</u>	<u>(370,647)</u>	<u>(778,555)</u>
Total Cash Flows from Investing Activities	<u>2,495,415</u>	<u>181,350,579</u>	<u>197,117,128</u>	<u>21,818,000</u>
Financing Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Total Cash Flows	<u>(470,879)</u>	<u>183,213,147</u>	<u>183,429,160</u>	<u>(2,610,365)</u>
Rounding	1	0	1	1
Cash @ Beginning of Period	<u>416,787,595</u>	<u>233,103,570</u>	<u>232,887,556</u>	<u>418,927,081</u>
Cash @ End of Period	<u>\$416,316,717</u>	<u>\$416,316,717</u>	<u>\$416,316,717</u>	<u>\$416,316,717</u>
Difference (rounding)	0	0	0	0

**ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT**

FOR THE MONTH AND FISCAL YTD ENDED 5/31/2019

	MONTH	3 MONTHS	6 MONTHS	YTD
NET INCOME RECONCILIATION				
Net Income / (Loss)	(\$5,509,184)	(\$10,924,608)	(\$6,714,287)	(\$8,948,095)
Add back: Depreciation	169,021	494,569	1,039,282	2,032,438
Receivables				
Premiums Receivable	9,204,544	16,561,169	(941,546)	(7,004,560)
First Care Receivable	0	0	0	0
Family Care Receivable	0	0	0	0
Healthy Kids Receivable	0	0	0	0
Interest Receivable	203,017	(89,027)	(188,666)	(127,945)
Other Receivable	(261,843)	(130,061)	(119,972)	3,607,644
FQHC Receivable	0	0	0	0
Allowance for Doubtful Accounts	0	0	0	0
Total	<u>9,145,718</u>	<u>16,342,081</u>	<u>(1,250,184)</u>	<u>(3,524,861)</u>
Prepaid Expenses	449,176	(605,101)	(539,869)	(1,587,365)
Trade Payables	7,555,744	9,243,551	7,719,604	8,934,335
Claims Payable, IBNR & Risk Share				
IBNP	(9,838,422)	(9,925,549)	(9,323,387)	(14,144,499)
Claims Payable	(4,760,684)	(2,924,451)	(4,467,835)	(4,081,151)
Risk Share Payable	66,666	200,000	399,998	(2,398,380)
Other Liabilities	0	0	1	0
Total	<u>(14,532,440)</u>	<u>(12,650,000)</u>	<u>(13,391,223)</u>	<u>(20,624,030)</u>
Unearned Revenue				
Total	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Other Liabilities				
Accrued Expenses	0	0	0	0
Payroll Liabilities	(143,593)	114,116	64,299	143,864
Health Program	(100,735)	(152,040)	(615,590)	(854,651)
Accrued Sub Debt Interest	0	0	0	0
Total Change in Other Liabilities	<u>(244,328)</u>	<u>(37,924)</u>	<u>(551,291)</u>	<u>(710,787)</u>
Cash Flows from Operating Activities	<u>(\$2,966,293)</u>	<u>\$1,862,568</u>	<u>(\$13,687,968)</u>	<u>(\$24,428,365)</u>
Difference (rounding)	1	0	0	0

**ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT**

FOR THE MONTH AND FISCAL YTD ENDED 5/31/2019

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received From:				
Capitation Received from State of CA	\$82,837,350	\$241,565,701	\$451,306,433	\$812,287,903
Commercial Premium Revenue	2,035,333	6,059,030	12,093,431	22,127,410
Other Income	185,701	665,721	1,168,838	1,563,123
Investment Income	1,011,749	2,258,271	3,500,045	6,133,009
Cash Paid To:				
Medical Expenses	(92,656,802)	(245,166,569)	(463,897,586)	(829,010,553)
Vendor & Employee Expenses	3,620,375	(3,519,586)	(17,859,129)	(37,529,257)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	(2,966,294)	1,862,568	(13,687,968)	(24,428,365)
Cash Flows from Financing Activities:				
Purchases of Fixed Assets	(103,022)	(155,555)	(370,647)	(778,555)
Net Cash Provided By (Used In) Financing Activities	(103,022)	(155,555)	(370,647)	(778,555)
Cash Flows from Investing Activities:				
Changes in Investments	0	0	0	0
Restricted Cash	2,598,437	181,506,134	197,487,775	22,596,555
Net Cash Provided By (Used In) Investing Activities	2,598,437	181,506,134	197,487,775	22,596,555
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Net Change in Cash	(470,879)	183,213,147	183,429,160	(2,610,365)
Cash @ Beginning of Period	416,787,595	233,103,570	232,887,556	418,927,081
Subtotal	\$416,316,716	\$416,316,717	\$416,316,716	\$416,316,716
Rounding	1	0	1	1
Cash @ End of Period	\$416,316,717	\$416,316,717	\$416,316,717	\$416,316,717
RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:				
Net Income / (Loss)	(\$5,509,184)	(\$10,924,608)	(\$6,714,287)	(\$8,948,095)
Depreciation	169,021	494,569	1,039,282	2,032,438
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	9,145,718	16,342,081	(1,250,184)	(3,524,861)
Prepaid Expenses	449,176	(605,101)	(539,869)	(1,587,365)
Trade Payables	7,555,744	9,243,551	7,719,604	8,934,335
Claims payable & IBNP	(14,532,440)	(12,650,000)	(13,391,223)	(20,624,030)
Deferred Revenue	0	0	0	0
Accrued Interest	0	0	0	0
Other Liabilities	(244,328)	(37,924)	(551,291)	(710,787)
Subtotal	(2,966,293)	1,862,568	(13,687,968)	(24,428,365)
Rounding	(1)	0	0	0
Cash Flows from Operating Activities	(\$2,966,294)	\$1,862,568	(\$13,687,968)	(\$24,428,365)
Rounding Difference	(1)	0	0	0

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

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

	Child	Adults	Medi-Cal SPD	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Enrollment	93,274	34,120	25,793	81,174	17,487	251,848	5,933	257,781
Gross Revenue	\$10,445,469	\$9,574,003	\$24,203,640	\$26,720,436	\$2,826,024	\$73,769,572	\$2,035,333	\$75,804,905
Contra Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Revenue	\$10,445,469	\$9,574,003	\$24,203,640	\$26,720,436	\$2,826,024	\$73,769,572	\$2,035,333	\$75,804,905
Medical Expense	\$8,907,758	\$11,076,100	\$25,699,994	\$26,149,728	\$3,441,626	\$75,275,206	\$2,486,578	\$77,761,784
Gross Margin	\$1,537,711	(\$1,502,097)	(\$1,496,353)	\$570,708	(\$615,602)	(\$1,505,634)	(\$451,245)	(\$1,956,879)
Administrative Expense	\$309,180	\$605,978	\$1,494,521	\$1,604,582	\$205,961	\$4,220,221	\$148,436	\$4,368,657
Operating Income / (Expense)	\$1,228,531	(\$2,108,076)	(\$2,990,874)	(\$1,033,873)	(\$821,563)	(\$5,725,854)	(\$599,682)	(\$6,325,536)
Other Income / (Expense)	\$48,535	\$115,319	\$288,291	\$306,290	\$33,364	\$791,799	\$24,552	\$816,351
Net Income / (Loss)	\$1,277,066	(\$1,992,756)	(\$2,702,583)	(\$727,584)	(\$788,198)	(\$4,934,055)	(\$575,129)	(\$5,509,185)
Revenue PMPM	\$111.99	\$280.60	\$938.38	\$329.17	\$161.61	\$292.91	\$343.05	\$294.07
Medical Expense PMPM	\$95.50	\$324.62	\$996.39	\$322.14	\$196.81	\$298.89	\$419.11	\$301.66
Gross Margin PMPM	\$16.49	(\$44.02)	(\$58.01)	\$7.03	(\$35.20)	(\$5.98)	(\$76.06)	(\$7.59)
Administrative Expense PMPM	\$3.31	\$17.76	\$57.94	\$19.77	\$11.78	\$16.76	\$25.02	\$16.95
Operating Income / (Expense) PMPM	\$13.17	(\$61.78)	(\$115.96)	(\$12.74)	(\$46.98)	(\$22.74)	(\$101.08)	(\$24.54)
Other Income / (Expense) PMPM	\$0.52	\$3.38	\$11.18	\$3.77	\$1.91	\$3.14	\$4.14	\$3.17
Net Income / (Loss) PMPM	\$13.69	(\$58.40)	(\$104.78)	(\$8.96)	(\$45.07)	(\$19.59)	(\$96.94)	(\$21.37)
Medical Loss Ratio	85.3%	115.7%	106.2%	97.9%	121.8%	102.0%	122.2%	102.6%
Gross Margin Ratio	14.7%	-15.7%	-6.2%	2.1%	-21.8%	-2.0%	-22.2%	-2.6%
Administrative Expense Ratio	3.0%	6.3%	6.2%	6.0%	7.3%	5.7%	7.3%	5.8%
Net Income Ratio	12.2%	-20.8%	-11.2%	-2.7%	-27.9%	-6.7%	-28.3%	-7.3%

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

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

	Child	Adults	Medi-Cal SPD	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Member Months	1,045,796	387,816	286,760	911,484	189,969	2,821,825	64,649	2,886,474
Revenue	\$115,387,838	\$106,717,204	\$265,101,946	\$302,745,954	\$30,576,523	\$820,529,465	\$22,127,425	\$842,656,890
Contra Revenue				\$0		\$0		\$0
Net Revenue	\$115,387,838	\$106,717,204	\$265,101,946	\$302,745,954	\$30,576,523	\$820,529,465	\$22,127,425	\$842,656,890
Medical Expense	\$96,323,850	\$107,385,854	\$264,916,087	\$293,994,935	\$26,697,875	\$789,318,602	\$21,820,914	\$811,139,516
Gross Margin	\$19,063,988	(\$668,650)	\$185,859	\$8,751,019	\$3,878,648	\$31,210,863	\$306,511	\$31,517,375
Administrative Expense	\$3,643,405	\$6,097,171	\$16,480,112	\$17,270,882	\$1,504,206	\$44,995,776	\$1,511,448	\$46,507,224
Operating Income / (Expense)	\$15,420,583	(\$6,765,821)	(\$16,294,252)	(\$8,519,864)	\$2,374,442	(\$13,784,913)	(\$1,204,936)	(\$14,989,849)
Other Income / (Expense)	\$416,064	\$795,249	\$2,204,495	\$2,268,878	\$183,492	\$5,868,178	\$173,576	\$6,041,755
Net Income / (Loss)	\$15,836,647	(\$5,970,572)	(\$14,089,758)	(\$6,250,985)	\$2,557,934	(\$7,916,734)	(\$1,031,360)	(\$8,948,094)
Revenue PMPM	\$110.33	\$275.17	\$924.47	\$332.15	\$160.96	\$290.78	\$342.27	\$291.93
Medical Expense PMPM	\$92.11	\$276.90	\$923.83	\$322.55	\$140.54	\$279.72	\$337.53	\$281.01
Gross Margin PMPM	\$18.23	(\$1.72)	\$0.65	\$9.60	\$20.42	\$11.06	\$4.74	\$10.92
Administrative Expense PMPM	\$3.48	\$15.72	\$57.47	\$18.95	\$7.92	\$15.95	\$23.38	\$16.11
Operating Income / (Expense) PMPM	\$14.75	(\$17.45)	(\$56.82)	(\$9.35)	\$12.50	(\$4.89)	(\$18.64)	(\$5.19)
Other Income / (Expense) PMPM	\$0.40	\$2.05	\$7.69	\$2.49	\$0.97	\$2.08	\$2.68	\$2.09
Net Income / (Loss) PMPM	\$15.14	(\$15.40)	(\$49.13)	(\$6.86)	\$13.47	(\$2.81)	(\$15.95)	(\$3.10)
Medical Loss Ratio	83.5%	100.6%	99.9%	97.1%	87.3%	96.2%	98.6%	96.3%
Gross Margin Ratio	16.5%	-0.6%	0.1%	2.9%	12.7%	3.8%	1.4%	3.7%
Administrative Expense Ratio	3.2%	5.7%	6.2%	5.7%	4.9%	5.5%	6.8%	5.5%
Net Income Ratio	13.7%	-5.6%	-5.3%	-2.1%	8.4%	-1.0%	-4.7%	-1.1%

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

CURRENT MONTH				Account Description	FISCAL YEAR TO DATE			
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)		Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
ADMINISTRATIVE EXPENSE SUMMARY								
\$2,291,581	\$2,541,575	\$249,994	9.8%	Personnel Expenses	\$25,056,494	\$27,093,060	\$2,036,567	7.5%
635,820	549,015	(86,805)	(15.8%)	Benefits Administration Expense	5,810,135	5,793,267	(16,868)	(0.3%)
380,805	584,947	204,142	34.9%	Purchased & Professional Services	4,998,481	6,926,421	1,927,940	27.8%
337,153	316,095	(21,057)	(6.7%)	Occupancy	3,904,598	3,722,384	(182,214)	(4.9%)
260,383	146,037	(114,346)	(78.3%)	Printing Postage & Promotion	1,399,776	1,604,279	204,503	12.7%
448,480	415,363	(33,117)	(8.0%)	Licenses Insurance & Fees	3,990,997	4,344,300	353,303	8.1%
14,435	(110,199)	(124,634)	113.1%	Supplies & Other Expenses	1,346,744	(425,609)	(1,772,353)	416.4%
2,077,076	1,901,258	(175,818)	(9.2%)	Total Other Administrative Expense	21,450,730	21,965,042	514,312	2.3%
\$4,368,657	\$4,442,833	\$74,176	1.7%	Total Administrative Expenses	\$46,507,224	\$49,058,102	\$2,550,879	5.2%

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ADMIN YTD 2019
06/26/19
REPORT #6

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

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
Personnel Expenses								
\$1,514,805	\$1,628,098	\$113,293	7.0%	Salaries & Wages	\$16,528,832	\$17,277,327	\$748,496	4.3%
127,547	160,133	32,585	20.3%	Paid Time Off	1,552,472	1,710,479	158,007	9.2%
950	9,410	8,460	89.9%	Incentives	11,033	82,215	71,182	86.6%
275	250	(25)	(10.0%)	Employee of the Month	2,100	2,750	650	23.6%
0	0	0	0.0%	Severance Pay	27,681	0	(27,681)	0.0%
24,166	25,961	1,795	6.9%	Payroll Taxes	368,234	416,575	48,341	11.6%
27,660	12,838	(14,822)	(115.5%)	Overtime	196,888	176,118	(20,770)	(11.8%)
122,974	136,639	13,664	10.0%	CalPERS ER Match	1,323,524	1,429,949	106,424	7.4%
379,698	496,720	117,021	23.6%	Employee Benefits	4,226,524	4,832,955	606,431	12.5%
84	0	(84)	0.0%	Personal Floating Holiday	76,943	81,277	4,334	5.3%
0	0	0	0.0%	Premium Hour Pay	707	0	(707)	0.0%
6,672	4,615	(2,057)	(44.6%)	Employee Relations	100,862	131,236	30,374	23.1%
1,785	2,114	328	15.5%	Transportation Reimbursement	16,457	21,169	4,712	22.3%
2,947	2,025	(922)	(45.6%)	Travel & Lodging	24,519	44,991	20,472	45.5%
39,226	0	(39,226)	0.0%	Temporary Help Services	191,573	122,940	(68,633)	(55.8%)
38,806	33,365	(5,442)	(16.3%)	Staff Development/Training	245,366	277,673	32,307	11.6%
3,984	29,409	25,425	86.5%	Staff Recruitment/Advertising	162,779	485,406	322,627	66.5%
2,291,581	2,541,575	249,994	9.8%	Total Employee Expenses	25,056,494	27,093,060	2,036,567	7.5%
Benefit Administration Expense								
414,145	320,724	(93,421)	(29.1%)	RX Administration Expense	3,700,671	3,532,917	(167,754)	(4.7%)
221,675	228,291	6,615	2.9%	Behavioral Hlth Administration Fees	2,109,464	2,260,351	150,886	6.7%
635,820	549,015	(86,805)	(15.8%)	Total Employee Expenses	5,810,135	5,793,267	(16,868)	(0.3%)
Purchased & Professional Services								
84,300	89,023	4,723	5.3%	Consulting Services	817,285	992,929	175,645	17.7%
153,881	345,769	191,888	55.5%	Computer Support Services	2,857,418	4,080,013	1,222,596	30.0%
8,750	8,750	0	0.0%	Professional Fees-Accounting	107,986	117,250	9,265	7.9%
71,631	108,756	37,125	34.1%	Other Purchased Services	712,227	1,291,235	579,008	44.8%
5,787	0	(5,787)	0.0%	Maint.& Repair-Office Equipment	72,915	13,400	(59,516)	(444.2%)
1,682	0	(1,682)	0.0%	MIS Software (Non-Capital)	6,583	3,011	(3,572)	(118.6%)
1,468	9,399	7,931	84.4%	Hardware (Non-Capital)	43,523	88,032	44,510	50.6%
6,124	8,000	1,876	23.5%	Provider Relations-Credentiailling	77,667	83,741	6,074	7.3%
47,170	15,250	(31,920)	(209.3%)	Legal Fees	302,866	256,808	(46,057)	(17.9%)
12	0	(12)	0.0%	Interpretive Services	12	0	(12)	0.0%
380,805	584,947	204,142	34.9%	Total Purchased & Professional Services	4,998,481	6,926,421	1,927,940	27.8%
Occupancy								
142,913	146,831	3,917	2.7%	Depreciation	1,614,837	1,656,712	41,875	2.5%
26,107	26,107	0	0.0%	Amortization	417,761	417,760	(1)	0.0%
63,024	63,329	306	0.5%	Building Lease	677,263	683,824	6,561	1.0%
4,198	3,157	(1,041)	(33.0%)	Leased and Rented Office Equipment	35,850	34,730	(1,119)	(3.2%)
12,444	15,791	3,347	21.2%	Utilities	149,462	177,184	27,721	15.6%
79,572	48,958	(30,614)	(62.5%)	Telephone	892,225	638,776	(253,449)	(39.7%)
8,894	11,922	3,028	25.4%	Building Maintenance	117,200	113,398	(3,802)	(3.4%)
337,153	316,095	(21,057)	(6.7%)	Total Occupancy	3,904,598	3,722,384	(182,214)	(4.9%)

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

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
				Printing Postage & Promotion				
\$86,472	\$39,877	(\$46,595)	(116.8%)	Postage	\$418,209	\$537,431	\$119,222	22.2%
0	5,220	5,220	100.0%	Design & Layout	19,338	38,000	18,663	49.1%
80,146	65,139	(15,007)	(23.0%)	Printing Services	666,678	707,566	40,889	5.8%
62,730	9,225	(53,505)	(580.0%)	Mailing Services	94,657	91,100	(3,557)	(3.9%)
3,076	2,865	(211)	(7.4%)	Courier/Delivery Service	33,854	30,632	(3,222)	(10.5%)
9	258	250	96.7%	Pre-Printed Materials and Publications	2,097	6,422	4,324	67.3%
7,087	3,000	(4,087)	(136.2%)	Promotional Products	30,908	24,000	(6,908)	(28.8%)
0	0	0	0.0%	Promotional Services	0	10,000	10,000	100.0%
8,398	15,000	6,602	44.0%	Community Relations	69,906	98,000	28,094	28.7%
12,464	5,452	(7,012)	(128.6%)	Translation - Non-Clinical	64,130	61,128	(3,001)	(4.9%)
260,383	146,037	(114,346)	(78.3%)	Total Printing Postage & Promotion	1,399,776	1,604,279	204,503	12.7%
				Licenses Insurance & Fees				
23,410	24,994	1,585	6.3%	Bank Fees	183,465	243,963	60,499	24.8%
0	5,700	5,700	100.0%	Payroll Fees	0	55,490	55,490	100.0%
95,496	50,194	(45,302)	(90.3%)	Insurance	570,772	546,801	(23,971)	(4.4%)
277,925	282,256	4,331	1.5%	Licenses, Permits and Fees	2,660,460	2,892,829	232,369	8.0%
51,650	52,219	569	1.1%	Subscriptions & Dues	576,300	605,217	28,918	4.8%
448,480	415,363	(33,117)	(8.0%)	Total Licenses Insurance & Postage	3,990,997	4,344,300	353,303	8.1%
				Supplies & Other Expenses				
4,152	9,500	5,348	56.3%	Office and Other Supplies	58,439	97,759	39,320	40.2%
2,176	2,925	749	25.6%	Ergonomic Supplies	18,837	30,750	11,913	38.7%
8,107	10,710	2,603	24.3%	Commissary-Food & Beverage	64,058	112,548	48,490	43.1%
0	(133,334)	(133,334)	100.0%	Miscellaneous Expense	1,200,000	(666,666)	(1,866,666)	280.0%
0	0	0	0.0%	Member Incentive Expense	5,410	0	(5,410)	0.0%
14,435	(110,199)	(124,634)	113.1%	Total Supplies & Other Expense	1,346,744	(425,609)	(1,772,353)	416.4%
\$4,368,657	\$4,442,833	\$74,176	1.7%	TOTAL ADMINISTRATIVE EXPENSE	\$46,507,224	\$49,058,102	\$2,550,879	5.2%

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

		Prior YTD	Current Month	Fiscal YTD	Capital	\$ Variance
		Acquisitions	Acquisitions	Acquisitions	Budget	Fav/(Unf.)
					Detail	
1. Hardware:						
Laptops	IT-FY19-01	4,479		\$ 4,479	\$ 33,000	\$ 28,521
Tablets, Surfaces, Macs	IT-FY19-02	34,822	32,996	\$ 67,818	\$ 55,000	\$ (12,818)
Monitors-(Dual per User)	IT-FY19-03	-	47,781	\$ 47,781	\$ 57,000	\$ 9,219
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	24,958		\$ 24,958	\$ 103,840	\$ 78,882
DLP Hardware	IT-FY19-07	-		\$ -	\$ 45,000	\$ 45,000
Cisco Switch	IT-FY19-08	109,434		\$ 109,434	\$ 162,660	\$ 53,226
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	74,111		\$ 74,111	\$ -	\$ (74,111)
Carryover from FY18	IT-FY19-12	-		\$ -	\$ -	\$ -
Hardware Subtotal		\$ 277,236	\$ 80,777	\$ 358,013	\$ 573,000	\$ 214,987
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	5,869		\$ 5,869	\$ 10,000	\$ 4,131
Red Hawk Full Fire Equipment upgrades (est.)	FA-FY19-10	28,348		\$ 28,347	\$ 80,000	\$ 51,653

	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	54,201		\$ 54,201	\$ 20,000	\$ (34,201)
Carryover from FY18 / unplanned	FA-FY19-16	6,749		\$ 6,749	\$ -	\$ (6,749)
Building Improvement Subtotal		\$ 184,821	\$ -	\$ 184,820	\$ 356,150	\$ 171,330
4. Furniture & Equipment:						
Office Desks, cabinets, box files/ shelves old/broken	FA-FY19-17	20,943	3,578	\$ 24,521	\$ 100,000	\$ 75,479
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	0		\$ -	\$ 5,000	\$ 5,000
Construction (projects, ad hoc, patch/paint)	FA-FY19-20	0		\$ -	\$ 20,000	\$ 20,000
Varidesks/ Ergotrons - Ergo	FA-FY19-21	11,362	18,667	\$ 30,029	\$ 30,000	\$ (29)
Tasks Chairs : Various sizes, special order or for Ergo	FA-FY19-22	24,163		\$ 24,163	\$ 20,000	\$ (4,163)
Electrical work (projects, cubes, ad hoc requests)	FA-FY19-23	0		\$ -	\$ 20,000	\$ 20,000
Carryover from FY18	FA-FY19-24	4,707		\$ 4,707	\$ -	\$ (4,707)
Furniture & Equipment Subtotal		\$ 162,100	\$ 22,245	\$ 184,345	\$ 445,000	\$ 260,655
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	1468		\$ 1,468	\$ 80,000	\$ 78,532
Carryover from FY18	FA-FY19-27	0		\$ -	\$ -	\$ -
Leasehold Improvement Subtotal		\$ 51,374	\$ -	\$ 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		\$ 675,531	\$ 103,022	\$ 778,552	\$ 1,723,350	\$ 944,798
7. Reconciliation to Balance Sheet:						
Fixed Assets @ Cost - 5/31/19				\$ 40,593,464		
Fixed Assets @ Cost - 6/30/18				\$ 39,814,912		
Fixed Assets Acquired YTD				\$ 778,552		
				\$ (0)		

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

TANGIBLE NET EQUITY (TNE)	Jul-18	Aug-18	QTR. END Sep-18	Oct-18	Nov-18	QTR. END Dec-18	Jan-19	Feb-19	QTR. END Mar-19	Apr-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	(\$3,726,747)	(\$1,688,677)
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	(\$1,750,233)	(\$3,438,910)
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	\$188,409,481	\$186,720,804
Subordinated Debt & Interest	\$0	\$0	\$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	\$188,409,481	\$186,720,804
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	(\$3,726,747)	(\$1,688,677)
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	\$32,301,008	\$32,428,918
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	\$41,991,310	\$42,157,594
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	\$156,108,473	\$154,291,886
Actual TNE as a Multiple of Required	6.14	5.81	5.97	5.94	5.94	6.05	5.96	5.92	5.83	5.76

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	\$188,409,481	\$186,720,804
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)	(10,975,953)	(10,810,160)
CD Pledged to DMHC	(346,350)	(346,350)	(347,991)	(347,991)	(347,991)	(691,695)	(341,716)	(341,716)	(344,400)	(344,400)
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	\$177,089,128	\$175,566,244
Liquid TNE as Multiple of Required	5.75	5.43	5.59	5.56	5.57	5.67	5.60	5.57	5.48	5.41

**ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2018**

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

	Actual Jul-17	Actual Aug-17	Actual Sep-17	Actual Oct-17	Actual Nov-17	Actual Dec-17	Actual Jan-18	Actual Feb-18	Actual Mar-18	Actual Apr-18	Actual May-18	Actual Jun-18	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	99,626	100,234	100,027	99,594	98,585	99,347	98,321	98,291	98,112	97,883	97,621	97,869	1,185,510
Adults	40,410	40,438	40,189	39,932	39,229	39,038	38,171	37,979	37,691	37,330	37,109	36,885	464,401
SPD	26,396	26,460	26,471	26,418	26,419	26,359	26,363	26,348	26,221	26,057	26,045	26,089	315,646
MCE	82,857	84,083	84,809	84,908	84,181	84,717	82,667	83,628	83,883	84,333	84,464	84,181	1,008,711
SPD Full Duals	13,832	13,877	14,094	14,262	14,364	14,792	15,143	15,238	15,275	15,248	14,851	15,466	176,442
Medi-Cal Program	263,121	265,092	265,590	265,114	262,778	264,253	260,665	261,484	261,182	260,851	260,090	260,490	3,150,710
Group Care Program	5,747	5,778	5,791	5,777	5,751	5,726	5,743	5,704	5,774	5,811	5,781	5,807	69,190
Total	268,868	270,870	271,381	270,891	268,529	269,979	266,408	267,188	266,956	266,662	265,871	266,297	3,219,900

Month Over Month Enrollment Change:

Medi-Cal Monthly Change													
Child	(188)	608	(207)	(433)	(1,009)	762	(1,026)	(30)	(179)	(229)	(262)	248	(1,945)
Adults	(308)	28	(249)	(257)	(703)	(191)	(867)	(192)	(288)	(361)	(221)	(224)	(3,833)
SPD Full Duals	(109)	64	11	(53)	1	(60)	4	(15)	(127)	(164)	(12)	44	(416)
MCE	673	1,226	726	99	(727)	536	(2,050)	961	255	450	131	(283)	1,997
Duals	275	45	217	168	102	428	351	95	37	(27)	(397)	615	1,909
Medi-Cal Program	343	1,971	498	(476)	(2,336)	1,475	(3,588)	819	(302)	(331)	(761)	400	(2,288)
Group Care Program	41	31	13	(14)	(26)	(25)	17	(39)	70	37	(30)	26	101
Total	384	2,002	511	(490)	(2,362)	1,450	(3,571)	780	(232)	(294)	(791)	426	(2,187)

Enrollment Percentages:

Medi-Cal Program:													
Child % of Medi-Cal	37.9%	37.8%	37.7%	37.6%	37.5%	37.6%	37.7%	37.6%	37.6%	37.5%	37.5%	37.6%	37.6%
Adults % of Medi-Cal	15.4%	15.3%	15.1%	15.1%	14.9%	14.8%	14.6%	14.5%	14.4%	14.3%	14.3%	14.2%	14.7%
SPD Full Duals % of Medi-Cal	10.0%	10.0%	10.0%	10.0%	10.1%	10.0%	10.1%	10.1%	10.0%	10.0%	10.0%	10.0%	10.0%
MCE % of Medi-Cal	31.5%	31.7%	31.9%	32.0%	32.0%	32.1%	31.7%	32.0%	32.1%	32.3%	32.5%	32.3%	32.0%
Duals % of Medi-Cal	5.3%	5.2%	5.3%	5.4%	5.5%	5.6%	5.8%	5.8%	5.8%	5.8%	5.7%	5.9%	5.6%
Medi-Cal Program % of Total	97.9%	97.9%	97.9%	97.9%	97.9%	97.9%	97.8%	97.9%	97.8%	97.8%	97.8%	97.8%	97.9%
Group Care Program % of Total	2.1%	2.1%	2.1%	2.1%	2.1%	2.1%	2.2%	2.1%	2.2%	2.2%	2.2%	2.2%	2.1%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

**ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2018**

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

	Actual Jul-17	Actual Aug-17	Actual Sep-17	Actual Oct-17	Actual Nov-17	Actual Dec-17	Actual Jan-18	Actual Feb-18	Actual Mar-18	Actual Apr-18	Actual May-18	Actual Jun-18	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted													
Directly Contracted (DCP)	54,710	54,642	55,374	54,387	53,850	54,146	53,273	54,046	53,449	53,904	53,066	53,278	648,125
Alameda Health System	48,482	49,035	48,928	49,161	48,394	48,668	47,765	47,805	48,199	48,087	48,580	48,256	581,360
	103,192	103,677	104,302	103,548	102,244	102,814	101,038	101,851	101,648	101,991	101,646	101,534	1,229,485
Delegated:													0
CFMG	35,335	35,544	35,402	35,483	35,165	35,402	34,805	34,563	34,480	34,150	34,225	33,411	417,965
CHCN	95,962	96,897	96,876	97,118	96,601	97,030	96,313	96,400	96,337	95,990	95,580	96,808	1,157,912
Kaiser	34,379	34,752	34,801	34,742	34,519	34,733	34,252	34,374	34,491	34,531	34,420	34,544	414,538
Delegated Subtotal	165,676	167,193	167,079	167,343	166,285	167,165	165,370	165,337	165,308	164,671	164,225	164,763	1,990,415
Total	268,868	270,870	271,381	270,891	268,529	269,979	266,408	267,188	266,956	266,662	265,871	266,297	3,219,900
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	52	485	625	(754)	(1,304)	570	(1,776)	813	(203)	343	(345)	(112)	(1,606)
Delegated:													0
CFMG	82	209	(142)	81	(318)	237	(597)	(242)	(83)	(330)	75	(814)	(1,842)
CHCN	214	935	(21)	242	(517)	429	(717)	87	(63)	(347)	(410)	1,228	1,060
Kaiser	36	373	49	(59)	(223)	214	(481)	122	117	40	(111)	124	201
Delegated Subtotal	332	1,517	(114)	264	(1,058)	880	(1,795)	(33)	(29)	(637)	(446)	538	(581)
Total	384	2,002	511	(490)	(2,362)	1,450	(3,571)	780	(232)	(294)	(791)	426	(2,187)
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	38.4%	38.3%	38.4%	38.2%	38.1%	38.1%	37.9%	38.1%	38.1%	38.2%	38.2%	38.1%	38.2%
Delegated:													
CFMG	13.1%	13.1%	13.0%	13.1%	13.1%	13.1%	13.1%	12.9%	12.9%	12.8%	12.9%	12.5%	13.0%
CHCN	35.7%	35.8%	35.7%	35.9%	36.0%	35.9%	36.2%	36.1%	36.1%	36.0%	35.9%	36.4%	36.0%
Kaiser	12.8%	12.8%	12.8%	12.8%	12.9%	12.9%	12.9%	12.9%	12.9%	12.9%	12.9%	13.0%	12.9%
Delegated Subtotal	61.6%	61.7%	61.6%	61.8%	61.9%	61.9%	62.1%	61.9%	61.9%	61.8%	61.8%	61.9%	61.8%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

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

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
				CAPITATED MEDICAL EXPENSES:				
\$1,695,867	\$1,163,139	(\$532,728)	(45.8%)	PCP-Capitation	\$16,703,967	\$13,078,586	(\$3,625,381)	(27.7%)
2,737,919	2,709,723	(28,196)	(1.0%)	PCP-Capitation - FQHC	30,582,406	28,213,066	(2,369,340)	(8.4%)
271,225	295,158	23,933	8.1%	Specialty-Capitation	3,072,844	3,210,529	137,685	4.3%
2,799,588	3,584,320	784,732	21.9%	Specialty-Capitation FQHC	31,326,606	37,840,868	6,514,262	17.2%
251,412	256,925	5,513	2.1%	Laboratory-Capitation	2,816,409	2,815,642	(767)	0.0%
413,790	347,503	(66,287)	(19.1%)	Transportation (Ambulance)-Cap	3,938,165	3,689,040	(249,125)	(6.8%)
194,677	201,689	7,012	3.5%	Vision Cap	2,186,677	2,208,959	22,282	1.0%
78,882	85,824	6,942	8.1%	CFMG Capitation	893,696	933,491	39,795	4.3%
142,175	271,963	129,788	47.7%	Anc IPA Admin Capitation FQHC	1,589,500	2,719,547	1,130,047	41.6%
7,913,363	8,266,697	353,334	4.3%	Kaiser Capitation	85,822,644	89,558,182	3,735,538	4.2%
498,603	542,989	44,386	8.2%	DME - Cap	5,563,691	5,856,401	292,710	5.0%
16,997,503	17,725,930	728,427	4.1%	5-TOTAL CAPITATED EXPENSES	184,496,606	190,124,311	5,627,705	3.0%
				FEE FOR SERVICE MEDICAL EXPENSES:				
(4,766,122)	0	4,766,122	0.0%	IBNP-Inpatient Services	(5,367,759)	0	5,367,759	0.0%
(142,983)	0	142,983	0.0%	IBNP-Settlement (IP)	(161,028)	0	161,028	0.0%
(476,613)	0	476,613	0.0%	IBNP-Claims Fluctuation (IP)	(536,781)	0	536,781	0.0%
24,050,642	21,759,583	(2,291,059)	(10.5%)	Inpatient Hospitalization-FFS	212,183,564	242,975,940	30,792,376	12.7%
1,430,311	0	(1,430,311)	0.0%	IP OB - Mom & NB	13,572,876	0	(13,572,876)	0.0%
49,338	0	(49,338)	0.0%	IP Behavioral Health	663,087	0	(663,087)	0.0%
0	0	0	0.0%	IP - Per Diem	(3,438)	0	3,438	0.0%
1,588,194	0	(1,588,194)	0.0%	IP - Long Term Care	11,010,316	0	(11,010,316)	0.0%
1,110,148	0	(1,110,148)	0.0%	IP - Facility Rehab FFS	7,923,429	0	(7,923,429)	0.0%
22,842,916	21,759,583	(1,083,333)	(5.0%)	6-Inpatient Hospital & SNF FFS Expense	239,284,265	242,975,940	3,691,675	1.5%
(293,215)	0	293,215	0.0%	IBNP-PCP	(1,093,561)	0	1,093,561	0.0%
(8,798)	0	8,798	0.0%	IBNP-Settlement (PCP)	(32,805)	0	32,805	0.0%
(29,322)	0	29,322	0.0%	IBNP-Claims Fluctuation (PCP)	(109,364)	0	109,364	0.0%
1,354,648	1,081,078	(273,570)	(25.3%)	Primary Care Non-Contracted FF	14,080,256	12,364,868	(1,715,388)	(13.9%)
106,660	51,947	(54,713)	(105.3%)	PCP FQHC FFS	1,285,121	1,146,631	(138,490)	(12.1%)
1,767,436	619,904	(1,147,532)	(185.1%)	Prop 56 Direct Payment Expenses	19,707,719	6,827,128	(12,880,591)	(188.7%)
2,897,409	1,752,929	(1,144,480)	(65.3%)	7-Primary Care Physician FFS Expense	33,837,366	20,338,627	(13,498,739)	(66.4%)
(471,462)	0	471,462	0.0%	IBNP-Specialist	(201,857)	0	201,857	0.0%
2,699,305	0	(2,699,305)	0.0%	Specialty Care-FFS	20,527,364	0	(20,527,364)	0.0%
159,512	0	(159,512)	0.0%	Anesthesiology - FFS	1,634,266	0	(1,634,266)	0.0%
648,645	0	(648,645)	0.0%	Spec Rad Therapy - FFS	6,605,871	0	(6,605,871)	0.0%
137,277	0	(137,277)	0.0%	Obstetrics-FFS	1,277,555	0	(1,277,555)	0.0%
298,807	0	(298,807)	0.0%	Spec IP Surgery - FFS	2,619,304	0	(2,619,304)	0.0%
593,466	0	(593,466)	0.0%	Spec OP Surgery - FFS	5,311,762	0	(5,311,762)	0.0%
475,639	3,879,716	3,404,077	87.7%	Spec IP Physician	3,830,923	42,561,379	38,730,456	91.0%
131,349	81,950	(49,399)	(60.3%)	SCP FQHC FFS	1,262,050	1,004,982	(257,068)	(25.6%)
(14,143)	0	14,143	0.0%	IBNP-Settlement (SCP)	(6,059)	0	6,059	0.0%
(47,146)	0	47,146	0.0%	IBNP-Claims Fluctuation (SCP)	(20,179)	0	20,179	0.0%
4,611,250	3,961,666	(649,584)	(16.4%)	8-Specialty Care Physician Expense	42,841,000	43,566,361	725,361	1.7%
(528,598)	0	528,598	0.0%	IBNP-Ancillary	(389,397)	0	389,397	0.0%
(15,856)	0	15,856	0.0%	IBNP Settlement (ANC)	(11,675)	0	11,675	0.0%
(52,862)	0	52,862	0.0%	IBNP Claims Fluctuation (ANC)	(38,941)	0	38,941	0.0%
325,986	0	(325,986)	0.0%	Acupuncture/Biofeedback	3,375,878	0	(3,375,878)	0.0%
126,850	0	(126,850)	0.0%	Hearing Devices	1,171,771	0	(1,171,771)	0.0%
23,521	0	(23,521)	0.0%	Imaging/MRI/CT Global	254,195	0	(254,195)	0.0%
32,984	0	(32,984)	0.0%	Vision FFS	386,855	0	(386,855)	0.0%
8,795	0	(8,795)	0.0%	Family Planning	76,246	0	(76,246)	0.0%
239,932	0	(239,932)	0.0%	Laboratory-FFS	2,256,863	0	(2,256,863)	0.0%
132,815	0	(132,815)	0.0%	ANC Therapist	1,104,349	0	(1,104,349)	0.0%
311,190	0	(311,190)	0.0%	Transportation (Ambulance)-FFS	3,089,691	0	(3,089,691)	0.0%
1,910,653	0	(1,910,653)	0.0%	Transportation (Other)-FFS	2,507,309	0	(2,507,309)	0.0%
447,440	0	(447,440)	0.0%	Hospice	4,272,444	0	(4,272,444)	0.0%
689,011	0	(689,011)	0.0%	Home Health Services	4,260,254	0	(4,260,254)	0.0%
0	2,637,402	2,637,402	100.0%	Other Medical-FFS	17	27,935,710	27,935,693	100.0%
2,028	0	(2,028)	0.0%	Denials	2,028	0	(2,028)	0.0%
0	0	0	0.0%	Refunds-Medical Payments	15,668	0	(15,668)	0.0%
230,721	0	(230,721)	0.0%	DME & Medical Supplies	2,117,835	0	(2,117,835)	0.0%

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MED FFS CAP 2019

06/26/19
REPORT #8A

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

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
\$576,832	\$0	(\$576,832)	0.0%	GEMT Direct Payment Expense	\$6,393,410	\$0	(\$6,393,410)	0.0%
503,280	0	(503,280)	0.0%	Community Based Adult Services (CBAS)	5,255,155	0	(5,255,155)	0.0%
4,964,720	2,637,402	(2,327,318)	(88.2%)	9-Ancillary Medical Expense	36,099,955	27,935,710	(8,164,245)	(29.2%)
(1,460,872)	0	1,460,872	0.0%	IBNP-Outpatient	(1,962,695)	0	1,962,695	0.0%
(43,826)	0	43,826	0.0%	IBNP Settlement (OP)	(58,883)	0	58,883	0.0%
(146,088)	0	146,088	0.0%	IBNP Claims Fluctuation (OP)	(196,267)	0	196,267	0.0%
1,692,052	8,203,250	6,511,198	79.4%	Out-Patient FFS	16,760,218	87,910,249	71,150,031	80.9%
1,163,866	0	(1,163,866)	0.0%	OP Ambul Surgery - FFS	11,282,716	0	(11,282,716)	0.0%
1,334,582	0	(1,334,582)	0.0%	OP Fac Imaging Services-FFS	11,340,596	0	(11,340,596)	0.0%
2,062,349	0	(2,062,349)	0.0%	Behav Health - FFS	19,083,659	0	(19,083,659)	0.0%
335,584	0	(335,584)	0.0%	OP Facility - Lab FFS	3,274,987	0	(3,274,987)	0.0%
75,907	0	(75,907)	0.0%	OP Facility - Cardio FFS	840,385	0	(840,385)	0.0%
64,457	0	(64,457)	0.0%	OP Facility - PT/OT/ST FFS	617,678	0	(617,678)	0.0%
1,626,012	0	(1,626,012)	0.0%	OP Facility - Dialysis FFS	16,436,034	0	(16,436,034)	0.0%
6,704,024	8,203,250	1,499,226	18.3%	10-Outpatient Medical Expense Medical Expense	77,418,428	87,910,249	10,491,821	11.9%
(297,494)	0	297,494	0.0%	IBNP-Emergency	(2,313,489)	0	2,313,489	0.0%
(8,927)	0	8,927	0.0%	IBNP Settlement (ER)	(69,412)	0	69,412	0.0%
(29,750)	0	29,750	0.0%	IBNP Claims Fluctuation (ER)	(231,353)	0	231,353	0.0%
723,622	0	(723,622)	0.0%	Special ER Physician-FFS	6,623,174	0	(6,623,174)	0.0%
0	0	0	0.0%	ER-Non Emergent-FFS	6,202	0	(6,202)	0.0%
2,995,614	3,910,483	914,869	23.4%	ER-Facility	31,583,231	40,826,618	9,243,387	22.6%
3,383,064	3,910,483	527,419	13.5%	11-Emergency Expense	35,598,353	40,826,618	5,228,265	12.8%
(888,801)	0	888,801	0.0%	IBNP-Pharmacy	(1,188,491)	0	1,188,491	0.0%
(26,663)	0	26,663	0.0%	IBNP Settlement (RX)	(35,656)	0	35,656	0.0%
(88,881)	0	88,881	0.0%	IBNP Claims Fluctuation (RX)	(118,847)	0	118,847	0.0%
4,266,504	2,539,340	(1,727,164)	(68.0%)	RX - Non-PBM FFS	36,889,276	29,715,173	(7,174,103)	(24.1%)
10,345,594	11,143,355	797,761	7.2%	Pharmacy-FFS	112,869,539	119,309,009	6,439,470	5.4%
(412,130)	(412,130)	0	0.0%	Pharmacy-Rebate	(5,061,236)	(4,675,951)	385,285	(8.2%)
13,195,623	13,270,565	74,942	0.6%	12-Pharmacy Expense	143,354,586	144,348,231	993,645	0.7%
58,599,007	55,495,878	(3,103,129)	(5.6%)	13-TOTAL FFS MEDICAL EXPENSES	608,433,953	607,901,736	(532,217)	(0.1%)
0	(79,817)	(79,817)	100.0%	Clinical Vacancy	0	(881,815)	(881,815)	100.0%
67,543	160,361	92,818	57.9%	Quality Analytics	946,256	1,526,007	579,751	38.0%
338,484	351,467	12,983	3.7%	Health Plan Services Department Total	3,068,157	3,855,378	787,221	20.4%
377,988	360,506	(17,482)	(4.8%)	Case & Disease Management Department Total	4,192,028	3,786,964	(405,065)	(10.7%)
241,918	161,131	(80,787)	(50.1%)	Medical Services Department Total	1,525,457	1,648,228	122,771	7.4%
560,263	528,466	(31,797)	(6.0%)	Quality Management Department Total	5,064,101	5,445,965	381,864	7.0%
101,690	133,799	32,108	24.0%	Pharmacy Services Department Total	1,197,022	1,435,606	238,584	16.6%
17,835	30,473	12,638	41.5%	Regulatory Readiness Total	119,602	236,960	117,358	49.5%
1,705,721	1,646,386	(59,335)	(3.6%)	14-Other Benefits & Services	16,112,623	17,053,291	940,668	5.5%
(1)	(345,116)	(345,115)	100.0%	Reinsurance Expense	(3,223,239)	(4,010,214)	(786,975)	19.6%
392,889	406,019	13,131	3.2%	Reinsurance Recoveries	4,386,242	4,437,508	51,266	1.2%
392,888	60,903	(331,985)	(545.1%)	15-Reinsurance Expense	1,163,003	427,294	(735,709)	(172.2%)
66,666	66,666	0	0.0%	Preventive Health Services	933,330	933,330	0	0.0%
66,666	66,666	0	0.0%	Risk Sharing PCP	933,330	933,330	0	0.0%
77,761,784	74,995,763	(2,766,021)	(3.7%)	16-Risk Pool Distribution	811,139,516	816,439,962	5,300,447	0.6%
				17-TOTAL MEDICAL EXPENSES				

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MED FFS CAP 2019

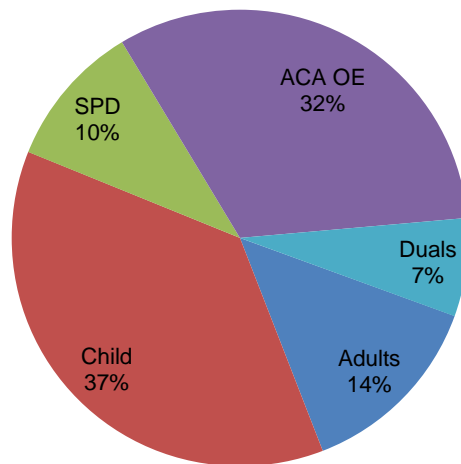
06/26/19
REPORT #8A

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

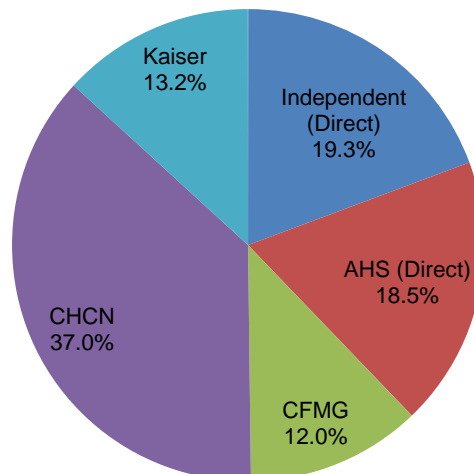
Current Membership by Network By Category of Aid

Category of Aid	May 2019	% of Medi-Cal	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Adults	34,120	14%	8,429	6,758	277	13,012	5,644
Child	93,274	37%	8,983	8,380	28,575	31,450	15,886
SPD	25,793	10%	8,708	3,630	1,247	10,332	1,876
ACA OE	81,174	32%	14,394	26,028	845	31,373	8,534
Duals	17,487	7%	6,635	2,080	-	6,662	2,110
Medi-Cal	251,848		47,149	46,876	30,944	92,829	34,050
Group Care	5,933		2,639	810	-	2,484	-
Total	257,781	100%	49,788	47,686	30,944	95,313	34,050
Medi-Cal %	97.7%		94.7%	98.3%	100.0%	97.4%	100.0%
Group Care %	2.3%		5.3%	1.7%	0.0%	2.6%	0.0%
<i>Network Distribution</i>			19.3%	18.5%	12.0%	37.0%	13.2%
			% Direct: 38%		% Delegated: 62%		

Medi-Cal By Aid Category

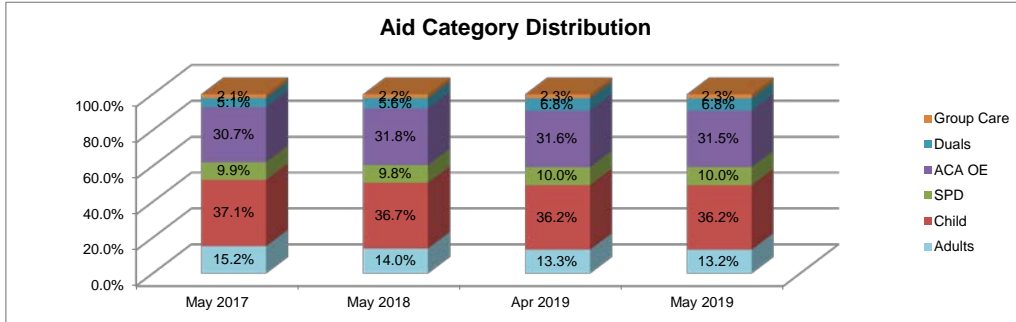


By Network

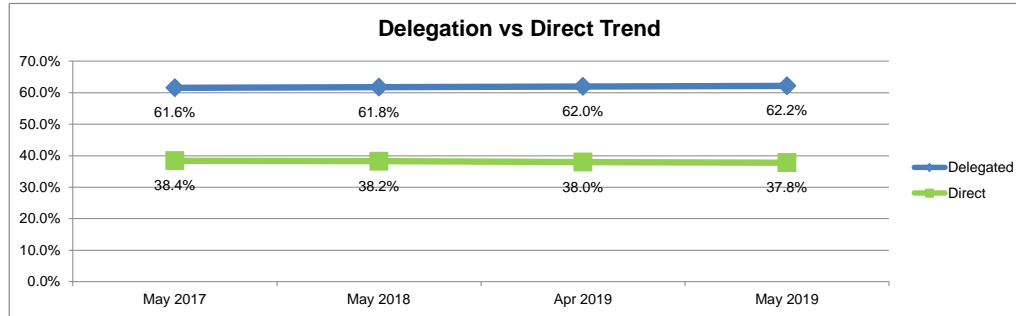


Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

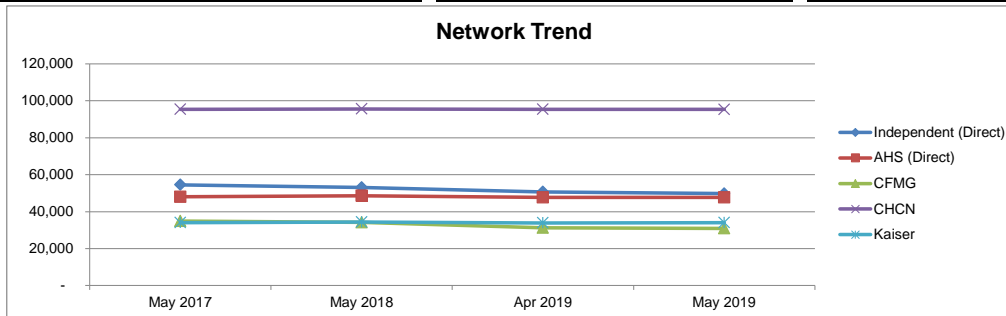
Category of Aid Trend												
	Members				% of Total (ie.Distribution)				% Growth (Loss)			
Category of Aid	May 2017	May 2018	Apr 2019	May 2019	May 2017	May 2018	Apr 2019	May 2019	May 2017 to May 2018	May 2018 to May 2019	Apr 2019 to May 2019	
Adults	40,544	37,109	34,331	34,120	15.2%	14.0%	13.3%	13.2%	-8.5%	-8.1%	-0.6%	
Child	99,026	97,621	93,615	93,274	37.1%	36.7%	36.2%	36.2%	-1.4%	-4.5%	-0.4%	
SPD	26,369	26,045	25,787	25,793	9.9%	9.8%	10.0%	10.0%	-1.2%	-1.0%	0.0%	
ACA OE	81,824	84,464	81,813	81,174	30.7%	31.8%	31.6%	31.5%	3.2%	-3.9%	-0.8%	
Duals	13,486	14,851	17,481	17,487	5.1%	5.6%	6.8%	6.8%	10.1%	17.7%	0.0%	
Medi-Cal Total	261,249	260,090	253,027	251,848	97.9%	97.8%	97.7%	97.7%	-0.4%	-3.2%	-0.5%	
Group Care	5,669	5,781	5,910	5,933	2.1%	2.2%	2.3%	2.3%	2.0%	2.6%	0.4%	
Total	266,918	265,871	258,937	257,781	100.0%	100.0%	100.0%	100.0%	-0.4%	-3.0%	-0.4%	



Delegation vs Direct Trend											
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Members	May 2017	May 2018	Apr 2019	May 2019	May 2017	May 2018	Apr 2019	May 2019	May 2017 to May 2018	May 2018 to May 2019	Apr 2019 to May 2019
Delegated	164,381	164,225	160,549	160,307	61.6%	61.8%	62.0%	62.2%	-0.1%	-2.4%	-0.2%
Direct	102,537	101,646	98,388	97,474	38.4%	38.2%	38.0%	37.8%	-0.9%	-4.1%	-0.9%
Total	266,918	265,871	258,937	257,781	100.0%	100.0%	100.0%	100.0%	-0.4%	-3.0%	-0.4%

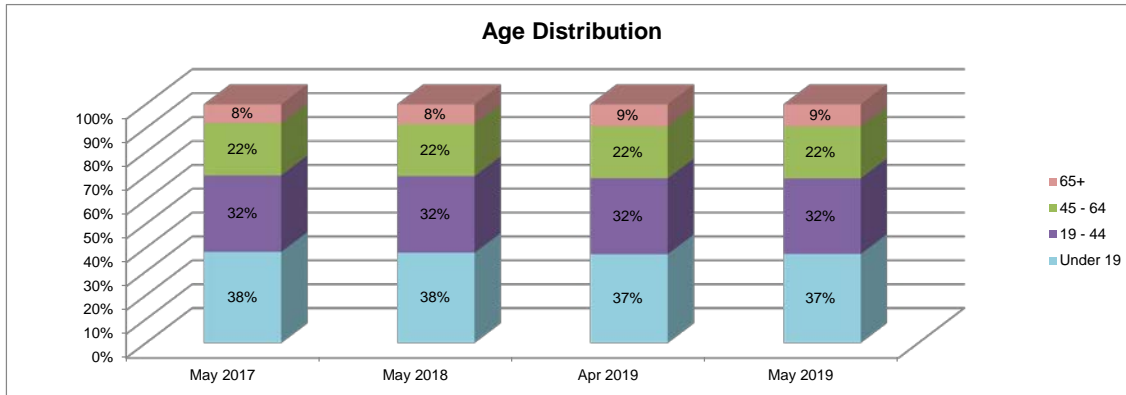


Network Trend												
	Members				% of Total (ie.Distribution)				% Growth (Loss)			
Network	May 2017	May 2018	Apr 2019	May 2019	May 2017	May 2018	Apr 2019	May 2019	May 2017 to May 2018	May 2018 to May 2019	Apr 2019 to May 2019	
Independent (Direct)	54,501	53,066	50,735	49,788	20.4%	20.0%	19.6%	19.3%	-2.6%	-6.2%	-1.9%	
AHS (Direct)	48,036	48,580	47,653	47,686	18.0%	18.3%	18.4%	18.5%	1.1%	-1.8%	0.1%	
CFMG	34,887	34,225	31,252	30,944	13.1%	12.9%	12.1%	12.0%	-1.9%	-9.6%	-1.0%	
CHCN	95,407	95,580	95,361	95,313	35.7%	35.9%	36.8%	37.0%	0.2%	-0.3%	-0.1%	
Kaiser	34,087	34,420	33,936	34,050	12.8%	12.9%	13.1%	13.2%	1.0%	-1.1%	0.3%	
Total	266,918	265,871	258,937	257,781	100.0%	100.0%	100.0%	100.0%	-0.4%	-3.0%	-0.4%	

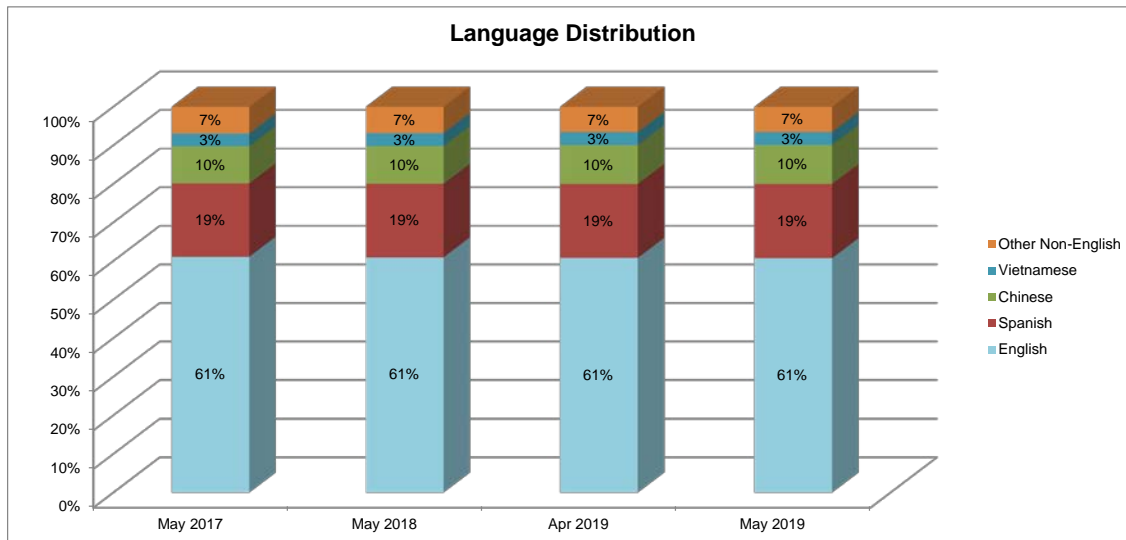


Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Age Category Trend											
Age Category	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	May 2017	May 2018	Apr 2019	May 2019	May 2017	May 2018	Apr 2019	May 2019	May 2017 to May 2018	May 2018 to May 2019	Apr 2019 to May 2019
Under 19	101,996	100,464	96,382	96,009	38%	38%	37%	37%	-2%	-4%	0%
19 - 44	85,431	85,364	82,257	81,727	32%	32%	32%	32%	0%	-4%	-1%
45 - 64	58,352	57,820	56,248	55,866	22%	22%	22%	22%	-1%	-3%	-1%
65+	21,139	22,223	24,050	24,179	8%	8%	9%	9%	5%	9%	1%
Total	266,918	265,871	258,937	257,781	100%	100%	100%	100%	0%	-3%	0%



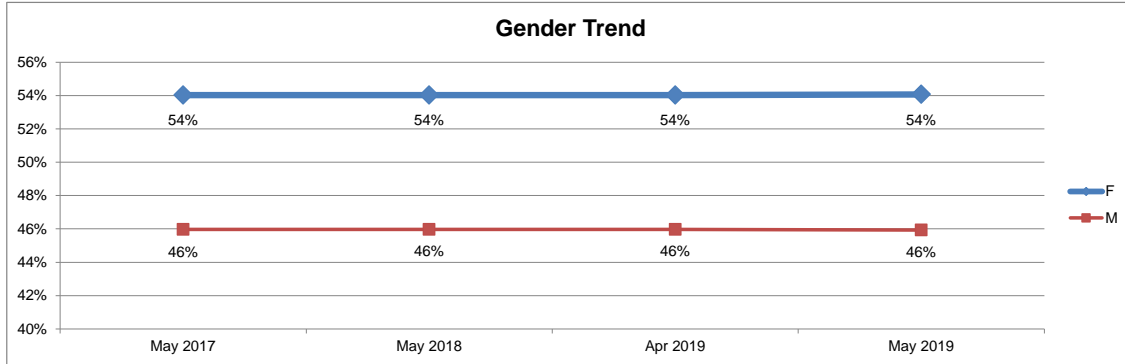
Language Trend											
Language	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	May 2017	May 2018	Apr 2019	May 2019	May 2017	May 2018	Apr 2019	May 2019	May 2017 to May 2018	May 2018 to May 2019	Apr 2019 to May 2019
English	163,142	162,055	157,438	156,554	61%	61%	61%	61%	-1%	-3%	-1%
Spanish	50,714	50,690	49,619	49,566	19%	19%	19%	19%	0%	-2%	0%
Chinese	25,777	26,153	26,131	26,082	10%	10%	10%	10%	1%	0%	0%
Vietnamese	8,700	8,769	8,699	8,689	3%	3%	3%	3%	1%	-1%	0%
Other Non-English	18,585	18,204	17,050	16,890	7%	7%	7%	7%	-2%	-7%	-1%
Total	266,918	265,871	258,937	257,781	100%	100%	100%	100%	0%	-3%	0%



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

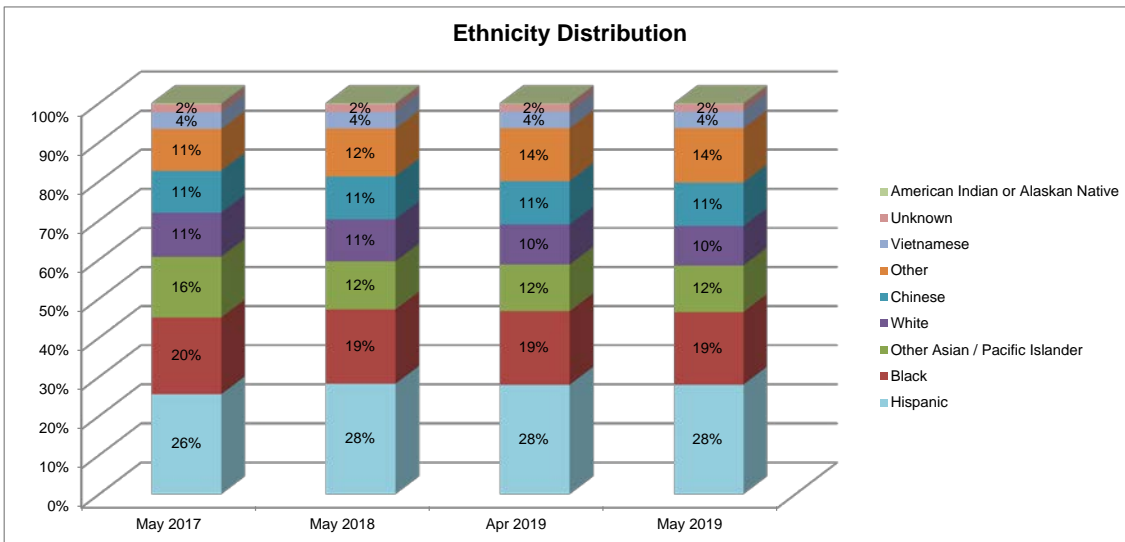
Gender Trend

Gender	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	May 2017	May 2018	Apr 2019	May 2019	May 2017	May 2018	Apr 2019	May 2019	May 2017 to May 2018	May 2018 to May 2019	Apr 2019 to May 2019
F	144,222	143,650	139,906	139,382	54%	54%	54%	54%	0%	-3%	0%
M	122,696	122,221	119,031	118,399	46%	46%	46%	46%	0%	-3%	-1%
Total	266,918	265,871	258,937	257,781	100%	100%	100%	100%	0%	-3%	0%



Ethnicity Trend

Ethnicity	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	May 2017	May 2018	Apr 2019	May 2019	May 2017	May 2018	Apr 2019	May 2019	May 2017 to May 2018	May 2018 to May 2019	Apr 2019 to May 2019
Hispanic	68,086	74,945	72,383	72,131	26%	28%	28%	28%	10%	-4%	0%
Black	52,448	50,573	48,646	47,942	20%	19%	19%	19%	-4%	-5%	-1%
Other Asian / Pacific Islander	41,534	32,686	30,981	30,588	16%	12%	12%	12%	-21%	-6%	-1%
White	30,014	28,680	26,448	26,020	11%	11%	10%	10%	-4%	-9%	-2%
Chinese	28,578	29,049	28,806	28,723	11%	11%	11%	11%	2%	-1%	0%
Other	28,581	32,648	35,013	35,794	11%	12%	14%	14%	14%	10%	2%
Vietnamese	11,319	11,365	11,175	11,159	4%	4%	4%	4%	0%	-2%	0%
Unknown	5,582	5,197	4,816	4,775	2%	2%	2%	2%	-7%	-8%	-1%
American Indian or Alaskan Native	776	728	669	649	0%	0%	0%	0%	-6%	-11%	-3%
Total	266,918	265,871	258,937	257,781	100%	100%	100%	100%	0%	-3%	0%



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

Medi-Cal By City

City	May 2019	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	102,967	41%	11,621	22,984	14,113	44,724	9,525
Hayward	38,530	15%	8,082	7,661	4,639	11,534	6,614
Fremont	22,001	9%	9,041	2,980	539	5,959	3,482
San Leandro	22,476	9%	3,985	3,229	3,311	8,487	3,464
Union City	11,063	4%	4,347	1,471	410	2,860	1,975
Alameda	10,224	4%	2,006	1,463	1,627	3,756	1,372
Berkeley	9,101	4%	1,013	1,554	1,260	3,984	1,290
Livermore	7,137	3%	948	607	1,655	2,722	1,205
Newark	5,901	2%	1,757	1,845	124	1,132	1,043
Castro Valley	5,960	2%	1,219	858	1,007	1,707	1,169
San Lorenzo	5,063	2%	879	803	663	1,710	1,008
Pleasanton	3,653	1%	836	340	417	1,473	587
Dublin	3,851	2%	862	345	509	1,461	674
Emeryville	1,524	1%	242	321	225	516	220
Albany	1,448	1%	120	199	332	526	271
Piedmont	267	0%	40	64	28	73	62
Sunol	65	0%	15	12	5	11	22
Antioch	22	0%	7	3	2	7	3
Other	595	0%	129	137	78	187	64
Total	251,848	100%	47,149	46,876	30,944	92,829	34,050

Group Care By City

City	May 2019	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	2,084	35%	559	377	-	1,148	-
Hayward	654	11%	388	107	-	159	-
Fremont	621	10%	477	48	-	96	-
San Leandro	548	9%	214	81	-	253	-
Union City	349	6%	249	32	-	68	-
Alameda	264	4%	117	26	-	121	-
Berkeley	198	3%	46	23	-	129	-
Livermore	91	2%	35	1	-	55	-
Newark	139	2%	100	21	-	18	-
Castro Valley	190	3%	103	18	-	69	-
San Lorenzo	115	2%	55	17	-	43	-
Pleasanton	48	1%	26	2	-	20	-
Dublin	98	2%	46	4	-	48	-
Emeryville	26	0%	10	2	-	14	-
Albany	12	0%	3	-	-	9	-
Piedmont	12	0%	3	-	-	9	-
Sunol	-	0%	-	-	-	-	-
Antioch	22	0%	7	4	-	11	-
Other	462	8%	201	47	-	214	-
Total	5,933	100%	2,639	810	-	2,484	-

Total By City

City	Dec 2018	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	107,558	41%	12,180	23,361	14,113	45,872	9,525
Hayward	40,258	15%	8,470	7,768	4,639	11,693	6,614
Fremont	23,174	9%	9,518	3,028	539	6,055	3,482
San Leandro	23,456	9%	4,199	3,310	3,311	8,740	3,464
Union City	11,656	4%	4,596	1,503	410	2,928	1,975
Alameda	10,718	4%	2,123	1,489	1,627	3,877	1,372
Berkeley	9,496	4%	1,059	1,577	1,260	4,113	1,290
Livermore	7,429	3%	983	608	1,655	2,777	1,205
Newark	6,301	2%	1,857	1,866	124	1,150	1,043
Castro Valley	6,299	2%	1,322	876	1,007	1,776	1,169
San Lorenzo	5,389	2%	934	820	663	1,753	1,008
Pleasanton	3,789	1%	862	342	417	1,493	587
Dublin	3,946	1%	908	349	509	1,509	674
Emeryville	1,601	1%	252	323	225	530	220
Albany	1,540	1%	123	199	332	535	271
Piedmont	310	0%	43	64	28	82	62
Sunol	59	0%	15	12	5	11	22
Antioch	58	0%	14	7	2	18	3
Other	1,153	0%	330	184	78	401	64
Total	264,190	100%	49,788	47,686	30,944	95,313	34,050



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: July 12, 2019

Subject: Operations Report

Member Services

- 12-month Trend Summary:
 - The Member Services Department received an increased volume of calls, 11%; 15,870 in June 2019 compared to 14,182 in June 2018. The abandonment rate increased by 1% in 2019 as compared to 2% in June 2018.
 - The service level for the department was 3% lower in June 2019 (82%), compared to June 2018 (85%).
 - The top five call reasons (Change of PCP; Eligibility/Member; Kaiser; Benefits; ID Card Request) have remained the same in 2018 and 2019.
 - The overflow call vendor's work force management continues to monitor and adjust their staffing levels to meet peak call times (monthly Department and All Staff meetings; and Member Services staff training continues) in order to meet service level deliverables. Other efforts include adjustments to internal call routing scripts and redesigning the Alliance Main prompts to allow member calls to reach the appropriate queues more efficiently.
- Main Office:
 - The Member Services Department (MSD) blended service level for June was 82%, which met our internal standards. The Department answered 15,352 calls in June and had a blended abandonment rate of 3%. The 3% standard meets the Alliance's standard of 5% or less. Average talk time was seven minutes and eighteen seconds (07:18).
 - A total of 482 member calls were transferred by the Provider Services Contact Center to Member Service Department in the month of June. Changes were made to the Group Care Member ID cards (Member Services phone number added to the front of the ID cards) to ensure our Group Care members are connected to the appropriate call centers. We will

continue to monitor and track calls routed to Member Services from other internal queues and make necessary prompt changes to allow the caller to reach the right department representative with the right skills.

- The Department participates in bi-monthly conference calls with the overflow call center vendor to address concerns, review process workflows, and identify training opportunities, and to ensure continued compliance with service level agreements.
- Staffing:
 - Member Services continues to actively interview candidates for its Member Services Representative I Bilingual- Spanish positions (2) that are currently open. An offer was accepted by a candidate for the Outbound Unit and the new hire is expected to start on July 22, 2019. An offer is pending to backfill an MS Supervisor position that is open due to an internal promotion.
- Training:
 - The Member Services Department is working with Health Care Services on developing training materials for the Health Home Program benefit, which started on July 1, 2019. Continued training efforts on Exempt Grievances have resulted in the Department's positive audit results. The Department recently passed its internal Compliance and Quality Audits of Exempt Grievances for Q4 2018 and Q1 2019. There were no findings per the review.
- 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 June, 3,094 callers elected to participate in the survey and 2,224 callers elected to answer the survey questions completely.
 - Participants were asked to rate their call experience by answering four questions.
 - A response of 1 being the most satisfied and the response of 3 being the least satisfied with their call experience.

- The questions and the results of the survey are as follows:
 - The Member Services Staff understood the reason for my call.
June (2,190 – satisfied, 28 - neutral, 6 – dissatisfied)
 - The Member Services Staff was open to my questions and concerns.
June (2,173 – satisfied, 47 - neutral, 4 – dissatisfied)
 - The Member Services Staff gave me clear information.
June (2,195– satisfied, 28 - neutral, 1 - dissatisfied)
 - Overall, I was happy with the services I received today.
June (2,185 – satisfied, 36 - neutral, 3 - dissatisfied)
- Overall satisfaction for June shows that 98% of the callers that took the survey or 2,185 out of 2,224 were satisfied with the results of their call experience. Our first contact resolution (FCR), per survey question #2 above, was 98%.
- Mystery Shopper Survey:
 - During June, our contracted vendor completed 84 “Mystery Shopper” calls.
 - Mystery Shopper questions targeted 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. Of the 84 survey calls conducted for June, scripts were

followed for the closing of 81 calls. 96% of the calls were closed according to the approved script. 4% of the calls were opened or closed off script. 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:
 - In June 840 Exempt Grievances were processed (2,179 for Q2 2019). Exempt Grievances are reported monthly and quarterly to various committees for tracking and trending (refer to the Grievance and Appeals report for details). Staff training is ongoing on processing and categorizing exempt grievances. 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 111,286 claims in June 2019 compared to 132,019 in June 2018.
 - The Auto Adjudication was 67.9% in June 2019 compared to 80.1% in June 2018. The drop below our 70% standard can be attributed to the BCHO adjustment project where original claims that were auto adjudicated were held from check runs during the latter part of June.
 - Claims Compliance for the 30-day turn-around time was 98.9% in June 2019 compared to 96% in June 2018. The 45-day turn-around time was 99.9% in June 2019 compared to 99.7% in June 2018.
- Staffing:
 - The Claims Processor III position has been filled via an internal promotion that opened up a Claims Processor II position. Under the premise that the position will be filled with an internal candidate, that position will be posted once merit increases are finalized in August.
- Training:
 - Due to the DHCS audit, the Claims Department did not participate in any training activities during June 2019.

- Monthly Analysis:
 - In the month of June, we received a total of 111,286 claims in the HEALTHsuite system.
 - We received 74% of claims via EDI and 26% of claims via paper.
 - During the month of June, 99.9% of our claims were processed within 45 working days.
 - The Auto Adjudication rate was 67.9% for the month of June which is below the standard of 70% or higher. This can be attributed to the BCHO adjustment project where original claims that were auto adjudicated were held from check runs during the latter part of June.

Provider Services

- 12-Month Trend Summary:
 - The Provider Services Department's call volume increased in June 2019 to 6,077 calls compared to 4,599 calls in June 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 the provider's satisfaction as our first priority.
 - The Provider Services department completed 58 visits during the month of June.
 - The Provider Services department answered over 5,384 calls for the month of June and made over 1,496 outbound calls.

Credentialing Department

- Summary:
 - At the Peer Review and Credentialing Committee (PRCC) meeting held on June 25, 2019 there were 20 initial providers approved; 6 primary care providers, 7 specialists, 1 ancillary providers, and 13 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 530 cases in June 2019 compared to 669 cases in June 2018.
 - In June 2019, the PDR department upheld 69% of cases versus 78% in June 2018.
 - The PDR department resolved 99.4% of cases within the compliance standard of 95% within 45 working days in June 2019 compared to 99.7% in June 2018.
- Staffing:
 - Two PDR Analyst positions were filled via internal promotions in June 2019. This opened up the PDR Coordinator position and a Claims Processor III position.
 - The PDR Coordinator position has been filled with an external candidate that will start on July 15th.
- Monthly Analysis:
 - We received 816 PDRs in June 2019 (no stats were kept for June 2018 for comparison purposes).
 - In the month of June, 530 PDRs were resolved. Out of the 530 PDRs, 165 were overturned.
 - The overturn rate for PDRs was 31%, which did not meet our goal of 25% or less.
 - 527 of 530 cases were resolved within 45 working days resulting in a 99.4% compliance rate.
 - There are 822 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 86% in June 2019 and completed 39 out of 54 events (72% completion rate), compared to 21 out of 25 events (84% completion rate) in June 2018.

- The number of events in Q4 2019 also increased by 178% and 142 out of 184 events (77% completion rate) were completed, compared to 51 out of 59 events (86% completion rate) in Q4 2018.
 - The C&O Department decreased the total number of individuals reached by 0.63% in June 2019 to 2,370 (879 (37%) self-identified Alliance members) compared to 2,385 in June 2018.
 - The total individuals reached in Q4 2019 increased by 15% to 5,833 (34% self-identified Alliance members) compared to 5,089 in Q4 2018.
 - The C&O Department increased the number of event participation cities throughout Alameda County to 11 cities/unincorporated areas in June 2019 compared to ten (10) cities/unincorporated areas in June 2018.
 - The number of cities also increased in Q4 2019 by 40% to 14 cities/unincorporated areas, compared to ten (10) cities/unincorporated areas in Q4 2018.
- Monthly Analysis:
 - In June 2019, the C&O Department completed 39 out of 54 events (72% completion rate).
 - In June 2019, the C&O Department reached 2,370 individuals (879 (37%) self-identified Alliance members) during outreach events and activities.
 - In June 2019, the C&O Department completed events in 11 cities/unincorporated throughout Alameda County.
 - Please see attached Addendum B

Operations

Supporting Documents

Member Services

Blended Call Results

Blended Results	June 2019
Incoming Calls (R/V)	15,870
Abandoned Rate (R/V)	3%
Answered Calls (R/V)	15,352
Average Speed to Answer (ASA)	00:31
Calls Answered in 30 Seconds (R/V)	82%

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

Member Walk-Ins June 2019
Change of PCP
Benefits
Eligibility
Total Walk-Ins: 72

Claims Department

May 2019 Final and June 2019 Final

METRICS		
Claims Compliance	May-19	Jun-19
90% of clean claims processed within 30 calendar days	98.8%	98.9%
95% of all claims processed within 45 working days	99.9%	99.9%
Claims Volume (Received)	May-19	Jun-19
Paper claims	33,449	28,515
EDI claims	88,314	82,771
Claim Volume Total	121,763	111,286
Percentage of Claims Volume by Submission Method	May-19	Jun-19
% Paper	27.47%	25.62%
% EDI	72.53%	74.38%
Claims Processed	May-19	Jun-19
HEALTHsuite Paid (original claims)	112,073	81,896
HEALTHsuite Denied (original claims)	30,412	22,757
HEALTHsuite Original Claims Sub-Total	142,485	104,653
HEALTHsuite Adjustments	1,333	24,732
HEALTHsuite Total	143,818	129,385
Claims Expense	May-19	Jun-19
Medical Claims Paid	\$52,629,158	\$37,931,594
Interest Paid	\$41,316	\$23,249
Auto Adjudication	May-19	Jun-19
Claims Auto Adjudicated	103,632	71,089
% Auto Adjudicated	72.7%	67.9%
Average Days from Receipt to Payment	May-19	Jun-19
HEALTHsuite	23	22
Pended Claim Age	May-19	Jun-19
0-30 calendar days		
HEALTHsuite	5,336	9,762
30-60 calendar days		
HEALTHsuite	169	168
Over 60 calendar days		
HEALTHsuite	28	38
Overall Denial Rate	May-19	Jun-19
Claims denied in HEALTHsuite	30,412	22,757
% Denied	21.1%	17.6%

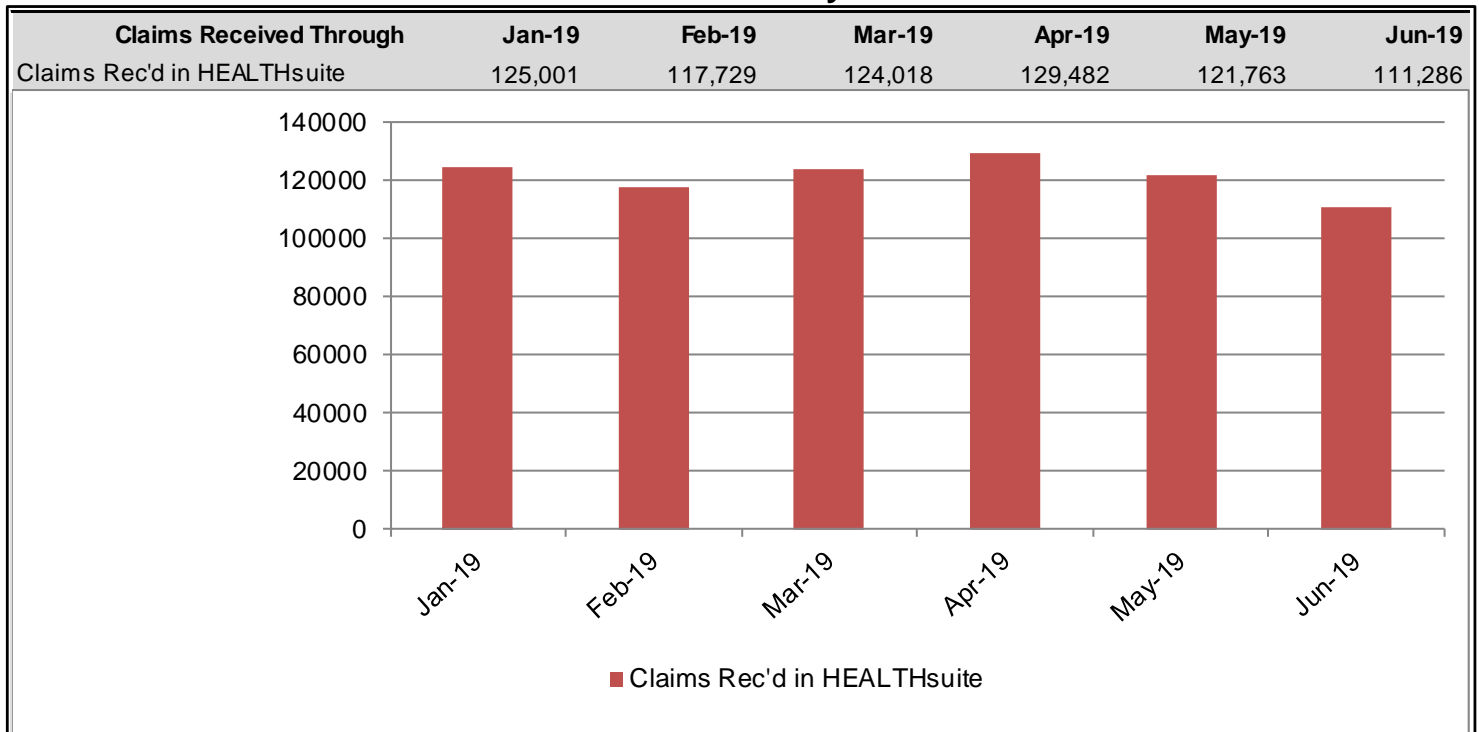
Claims Department

May 2019 Final and June 2019 Final

Jun-19

Top 5 HEALTHsuite Denial Reasons	% of all denials
Responsibility of Provider	28%
Duplicate Claim	11%
Must Submit as a Paper Claim with Copy of Primary Payer EOB	10%
No Benefits Found for This Date of Service	7%
Non-Covered Benefit for This Plan	7%
% Total of all denials	63%

Claims Received By Month



Provider Relations Dashboard June 2019

Alliance Provider Relations Staff	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Incoming Calls (PR)	7386	6262	6811	6997	6926	6077
Abandoned Calls	1718	1146	829	932	863	692
Answered Calls (PR)	5664	5116	5982	6065	6063	5385
Recordings/Voicemails	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Incoming Calls (R/V)	849	644	420	428	410	357
Abandoned Calls (R/V)						
Answered Calls (R/V)	849	644	420	428	410	357
Outbound Calls	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Outbound Calls	1642	1602	1814	1658	1701	1496
N/A						
Outbound Calls	1642	1602	1814	1658	1701	1496
Totals	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Total Incoming, R/V, Outbound Calls	9873	8508	9045	9083	9037	7930
Abandoned Calls	1718	1146	829	932	863	692
Total Answered Incoming, R/V, Outbound Call	8155	7362	8216	8151	8174	7238

Provider Relations Dashboard June 2019

Call Reasons (Medi-Cal and Group Care)

Category	Jan	Feb	Mar	Apr	May	Jun
Authorizations	4.5%	5.1%	4.9%	5.1%	4.5%	4.7%
Benefits	2.3%	2.9%	2.6%	2.9%	3.2%	3.3%
Claims Inquiry	35.4%	37.0%	37.3%	35.6%	35.1%	33.3%
Change of PCP	2.1%	3.4%	3.1%	3.7%	3.5%	4.4%
Complaint/Grievance (includes PDR's)	2.5%	2.5%	2.2%	2.2%	3.0%	2.9%
Contracts	0.4%	0.4%	0.5%	0.3%	0.6%	0.4%
Correspondence Question/Followup	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%
Demographic Change	0.1%	0.1%	0.2%	0.1%	0.1%	0.2%
Eligibility - Call from Provider	30.5%	30.1%	29.7%	30.1%	29.8%	30.5%
Exempt Grievance/ G&A	0.1%	0.0%	0.2%	0.0%	0.1%	0.1%
General Inquiry/Non member	0.1%	0.2%	0.2%	0.1%	0.1%	0.3%
Health Education	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Intrepreter Services Request	1.0%	1.2%	1.7%	1.8%	2.2%	2.0%
Kaiser	0.1%	0.2%	0.2%	0.1%	0.2%	0.3%
Member bill	0.1%	0.1%	0.2%	0.2%	0.3%	0.3%
Mystery Shopper Call	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Provider Portal Assistance	3.3%	3.2%	3.0%	2.9%	2.5%	2.9%
Pharmacy	0.8%	1.2%	1.2%	1.5%	1.3%	1.2%
Provider Network Info	0.1%	0.1%	0.1%	0.2%	0.2%	0.1%
Transferred Call	7.3%	0.5%	0.1%	0.5%	1.1%	1.2%
All Other Calls	9.2%	12.1%	12.6%	12.5%	12.2%	11.8%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Field Visit Activity Details

Alliance Provider Relations Staff	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Claims Issues	1	1	4	4	4	1
Contracting/Credentialing	0	1	1	0	0	0
Drop-ins	0	5	10	10	3	4
JOM's	3	2	2	3	2	1
New Provider Orientation	0	3	5	4	2	2
Quarterly Visits	52	75	44	2	143	50
UM Issues	2	0	1	0	0	0
Total Field Visits	58	87	67	23	154	58

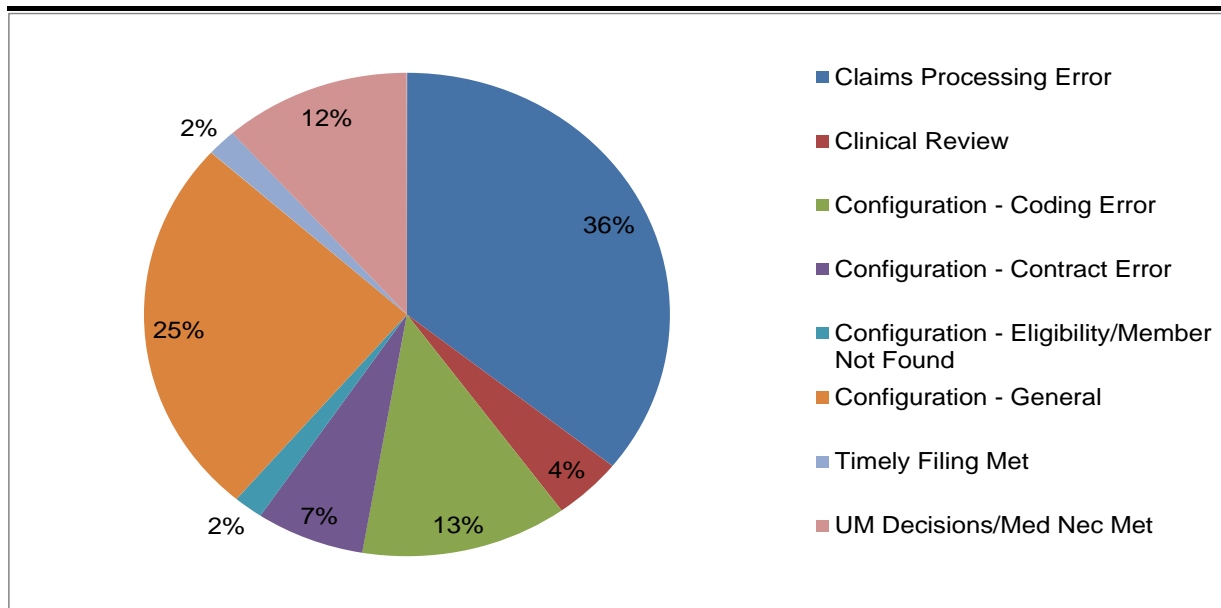
Provider Dispute Resolution

May 2019 Final and June 2019 Final

METRICS		
PDR Compliance	May-19	Jun-19
# of PDRs Resolved	525	530
# Resolved Within 45 Working Days	505	527
% of PDRs Resolved Within 45 Working Days	96%	99%
PDRs Received	May-19	Jun-19
# of PDRs Received	762	816
PDR Volume Total	762	816
PDRs Resolved	May-19	Jun-19
# of PDRs Upheld	395	365
% of PDRs Upheld	75%	69%
# of PDRs Overturned	130	165
% of PDRs Overturned	25%	31%
Total # of PDRs Resolved	525	530
Unresolved PDR Age	May-19	Jun-19
0-45 Working Days	860	822
Over 45 Working Days	374	378
Total # of Unresolved PDRs	1,234	1,200

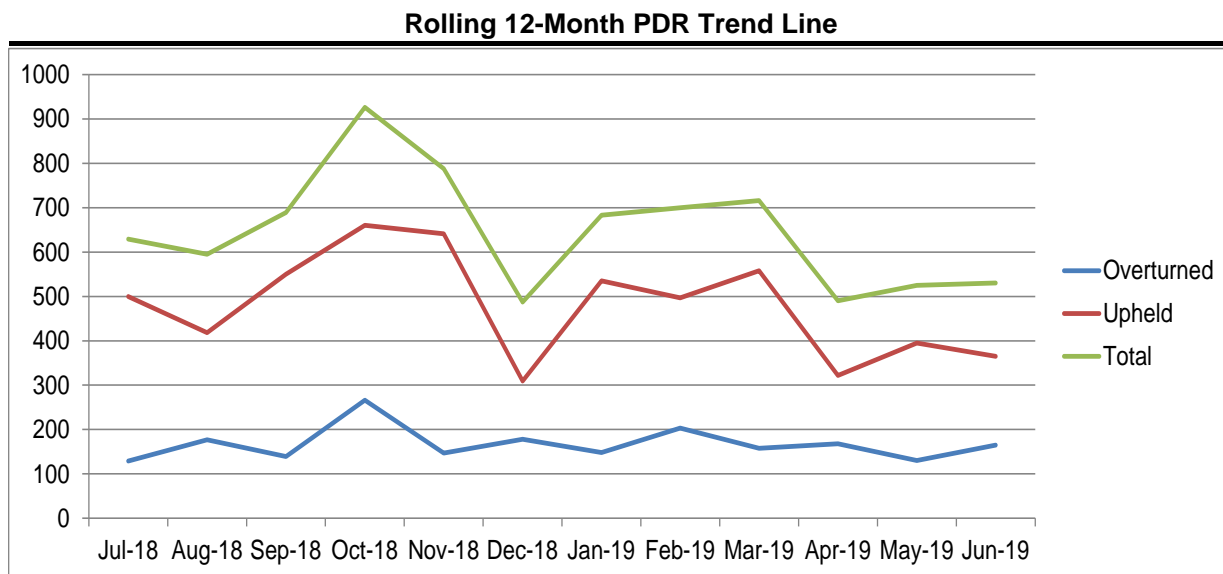
Jun-19

PDR Resolved Case Overturn Reasons



Provider Dispute Resolution

May 2019 Final and June 2019 Final



Project Management Office Portfolio Overview for June 2019

Alliance Portal Redesign Project

- The Portal redesign project will enhance our Alliance.org site, and our member and provider portals. This is a phased project with final go live in 2020.

Contract Database Project

- Cobblestone is a vendor and contract management software tool that will enhance the way we manage physician contracts and contract storage. Project kick off schedule for July 2019.

Preferred Vendor Project

- The purpose of this project is to identify a select list of preferred vendors (SNF, Respite, Health Home, and Infusion) to partner with patient care. This will enable the Alliance to help place our most vulnerable populations and give them the services they need. Target Go-Live date is August 2019.

COBA Project

- The Medicare coordination of benefits project with CMS is going well. We should be ready when the State is ready to send files this fall. We should be able to process 90% of the COBA claims through auto-adjudication according to our testing.

Communications & Outreach Department BOG Report June 1, 2019 through June 30, 2019

Communications Report

- **Alliance Sponsorship Ads:**
 - An Alliance sponsorship ad was published in the Meals on Wheels Taste 2019 Program on June 6, 2019.
 - **Please see attached Addendum A**

The Alliance is honored to join Meals on Wheels of Alameda County in celebrating another year of successful service to our community. Congratulations on your 32 years of nourishing our seniors!



COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

FY 2018-2019 | 4TH QUARTER (Q4) OUTREACH REPORT

ALLIANCE IN THE COMMUNITY

FY 2018-2019 | Q4 OUTREACH REPORT

During the 4th Quarter (Q4 – April, May, June) of Fiscal Year (FY) 2018-2019, the Alliance initiated and/or was invited to participate in a total of **184** events throughout Alameda County. The Alliance completed **142** out of the **184** events (77%). The Alliance reached a total of **5,833** people, and spent a total of **\$2,515** in donation, fees, and/or sponsorships during Q4. All events are listed in the table starting on **page 9**.

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, **10,003** self-identified Alliance members were reached at community events, and member education events.

42 events were not completed during Q4:

April:

1. **Food Pantry - Union City Family Center** – Event was canceled due to no food at site.
2. **Ohana Health Fair** – Event is rescheduled for Saturday, June 6, 2019.
3. **Tennyson High School - College & Career Day** – Event was not assigned due to short notice.
4. **Easter LOVE Reach 2019** – Event was canceled by organizer.
5. **FUSD - Spanish Immersion Taskforce Meeting** – Unable to attend due to staffing capacity.
6. **Food Pantry – USDA** – Event was canceled by organizer.
7. **Oakland Public Library Community Kiosk** – Unable to attend due to staffing capacity.
8. **Davis Street Family Resource Center - Basic Needs Information Table** – Unable to attend due to staffing capacity.
9. **Food Pantry - Well Community Outreach Center** – Unable to attend due to staffing capacity.
10. **Glad Tidings** – Unable to attend due to staffing capacity.

May:

11. **May Day Oakland 2019** – Event was canceled by organizer.
12. **13th Annual Senior Health and Wellness Resource Fair** – Outreach coordinator did not complete the check request for the organizer to receive payment.
13. **8th Annual We Move for Health** – Event was not confirmed by organizer.
14. **Mobile Market - San Leandro Adult School** – Unable to attend due to staffing capacity.
15. **Pantry Program - Alameda Food Bank Warehouse** – Unable to attend due to staffing capacity.
16. **Fremont Family Resource Center** – Unable to attend due to staffing capacity.
17. **Food Pantry - Chabot College** – Unable to attend due to staffing capacity.
18. **Mobile Market - San Leandro Adult School** – Outreach coordinator scheduling error.
19. **Dia de las Madres** – Event was not assigned due to short notice.
20. **Food Pantry - Tri-Valley Haven** – Unable to attend due to staffing capacity.
21. **School and Community Resource Fair** – Unable to attend due to staffing capacity.
22. **Malcom X Jazz Arts Festival** – Unable to attend due to staffing capacity.
23. **Food Pantry - Well Community Outreach Center** – Unable to attend due to staffing capacity.
24. **FUSD - Spanish Immersion Taskforce Meeting** – Unable to attend due to staffing capacity.
25. **Oakland Public Library Community Kiosk** – Unable to attend due to team building event.

ALLIANCE IN THE COMMUNITY

FY 2018-2019 | Q4 OUTREACH REPORT

May (cont.):

- 26. **Community Healthcare Information Outreach** – Unable to attend due to staffing capacity.
- 27. **Warren Publishing Group's 7th Anniversary** – Event organizer did not want to share W9 to receive vendor fee.

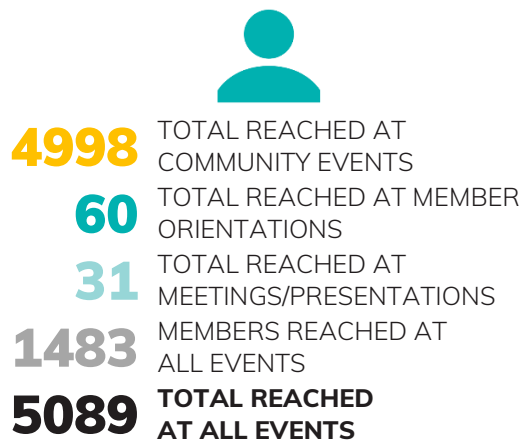
June:

- 28. **Mujeres Unidas y Activas** – Unable to attend due to staffing capacity.
- 29. **Oakland Chinatown First Wednesdays** – Unable to attend due to staffing capacity.
- 30. **Mobile Market - San Leandro Adult School** – Unable to attend due to staffing capacity.
- 31. **FUSD - Spanish Immersion Taskforce Meeting** – Unable to attend due to staffing capacity.
- 32. **East Bay Agency for Children** – Unable to attend due to staffing capacity.
- 33. **Food Bank Days - Hayward Unified School District** – Unable to attend due to staffing capacity.
- 34. **Newark Adult School** – Unable to attend due to staffing capacity.
- 35. **Food Pantry - Tri-Valley Haven** – Unable to attend due to staffing capacity.
- 36. **Oakland Public Library Community Kiosk** – Unable to attend due to staffing capacity.
- 37. **Community Healthcare Information Outreach** – Unable to attend due to staffing capacity.
- 38. **Davis Street Family Resource Center** – Unable to attend due to staffing capacity.
- 39. **South Hayward Parish Food Pantry** – Unable to attend due to staffing capacity.
- 40. **Summer in the Park - Peralta Hacienda** – Unable to attend due to staffing capacity.
- 41. **Summer in the Park – Willie Wilkins** – Unable to attend due to staffing capacity.
- 42. **South Hayward Parish Food Pantry** – Unable to attend due to staffing capacity.

ALLIANCE IN THE COMMUNITY

FY 2018-2019 | Q4 OUTREACH REPORT

FY 2017-2018 Q4 TOTALS



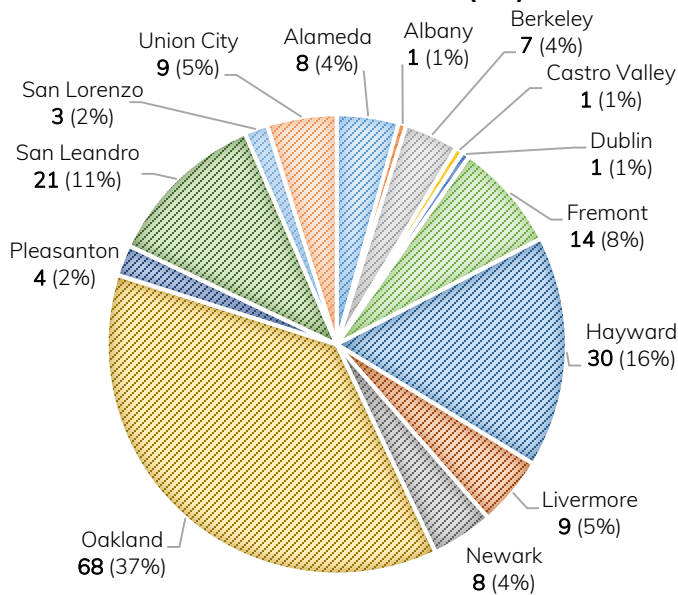
FY 2018-2019 Q4 TOTALS



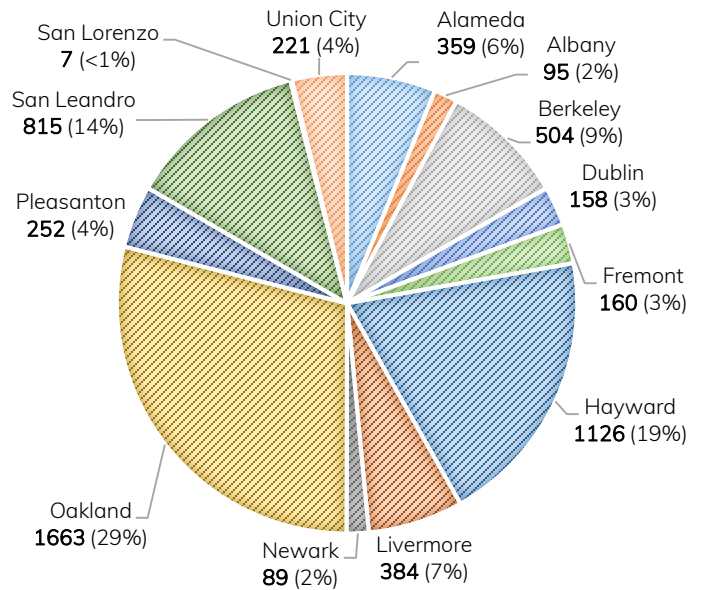
ALLIANCE IN THE COMMUNITY

FY 2018-2019 | Q4 OUTREACH REPORT

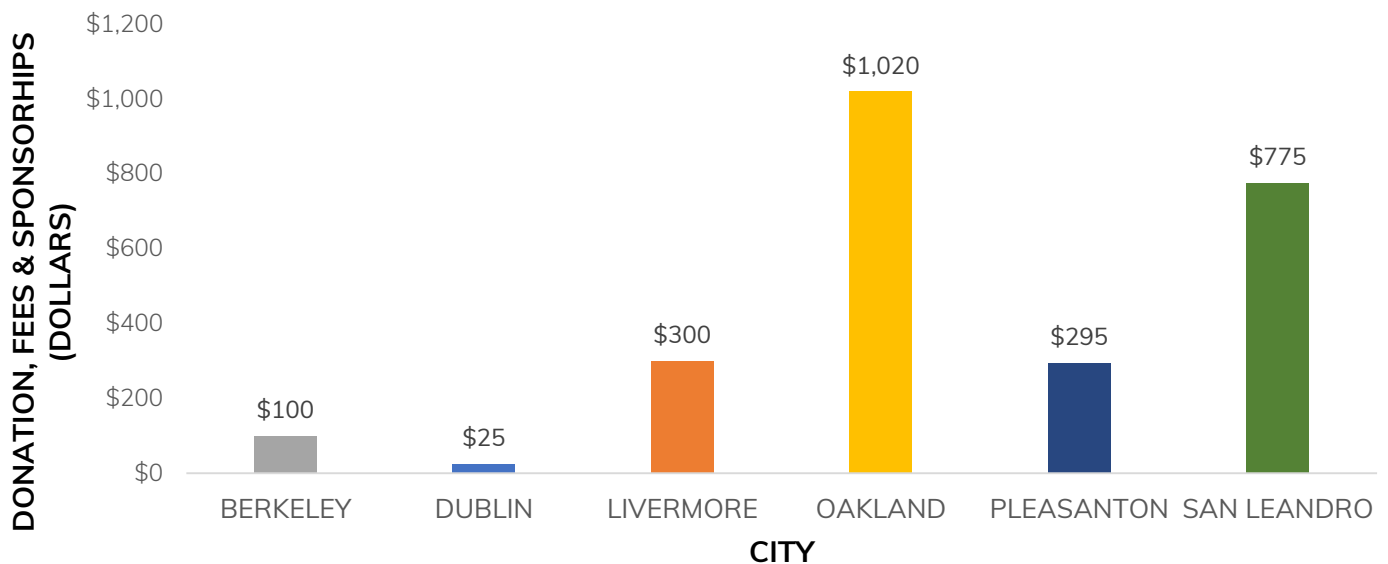
EVENTS BY CITY (%)



APPROXIMATE NUMBERS REACHED BY CITY



DONATIONS, FEES & SPONSORSHIPS BY CITY*

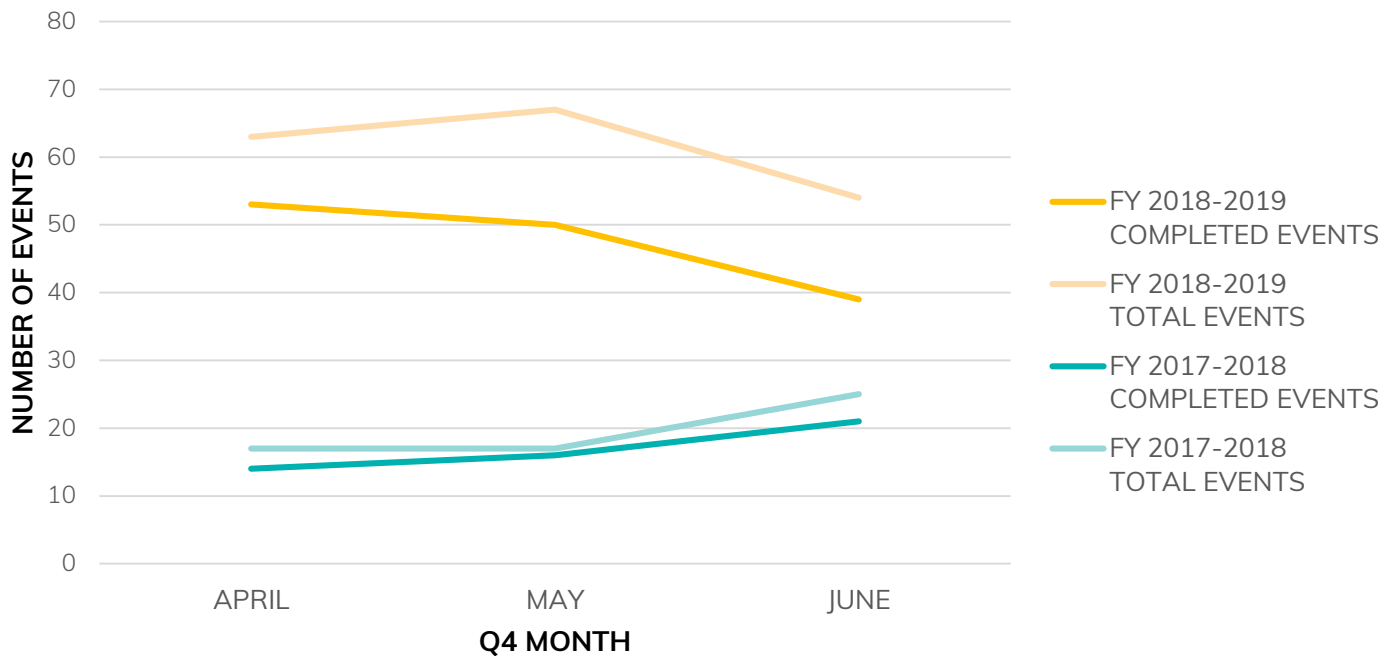


ALLIANCE IN THE COMMUNITY

FY 2018-2019 | Q4 OUTREACH REPORT

EVENTS*

BY Q4



	APRIL	MAY	JUNE	TOTAL
FY 2018-2019 – COMPLETED EVENTS	53	50	39	142
FY 2018-2019 – TOTAL EVENTS	63	67	54	184
FY 2017-2018 – COMPLETED EVENTS	14	16	21	51
FY 2017-2018 – TOTAL EVENTS	17	17	25	59

The graph above compares completed events to total events in during Q4 of FY 2017-2018 and FY 2018-2019.

During Q4 of FY 2018-2019, the Alliance completed a total of **142** out of **184** events (77%), compared to 51 out of 59 (86%) during Q4 of FY 2017-2018.

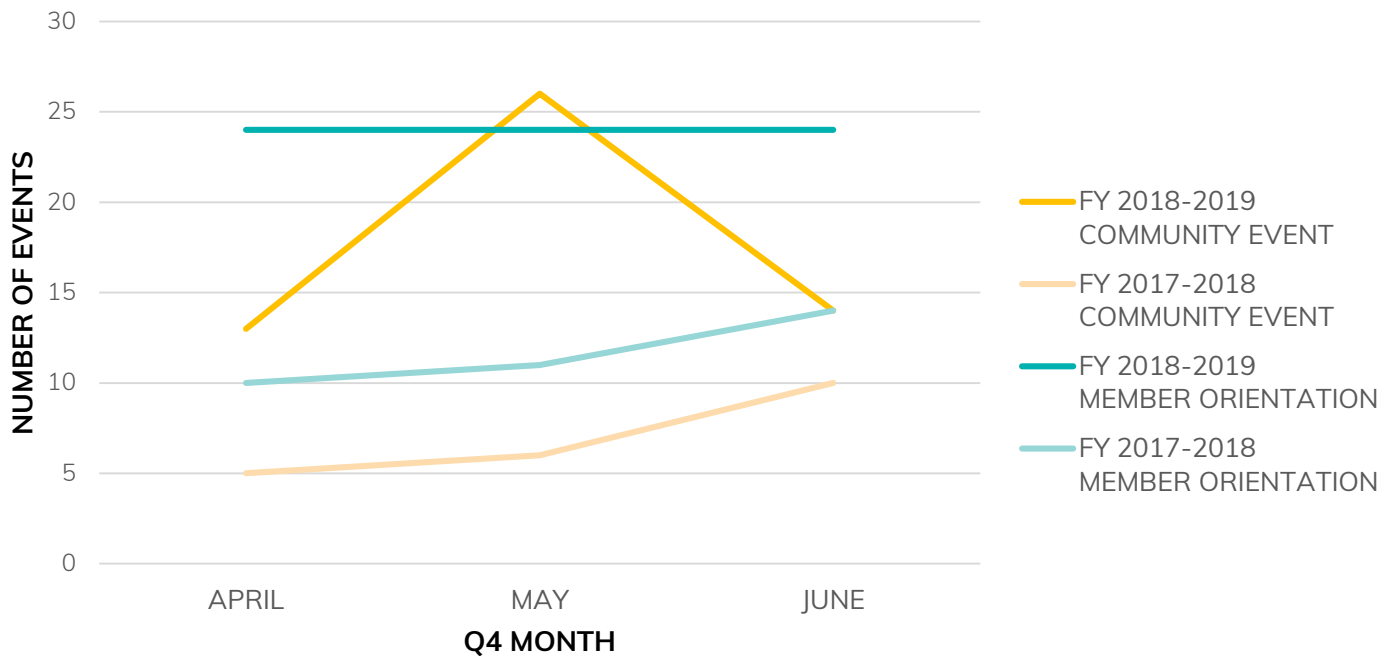
The graph on page 7 compares community events, and member orientations (MOs) in Q4 of FY 2017-2018 and 2018-2019.

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

ALLIANCE IN THE COMMUNITY

FY 2018-2019 | Q4 OUTREACH REPORT

EVENT TYPE BY Q4



	APRIL	MAY	JUNE	TOTAL
FY 2018-2019 – COMMUNITY EVENT	13	26	14	53
FY 2017-2018 – COMMUNITY EVENT	5	6	10	21
FY 2018-2019 – MEMBER ORIENTATION	24	24	24	72
FY 2017-2018 – MEMBER ORIENTATION	10	11	14	35

In Q4 of FY 2018-2019, the Alliance scheduled a total of **53 community events**, compared to the scheduled 21 in Q4 of FY 2017-2018. The Alliance increased the number of scheduled community events by **152%**.

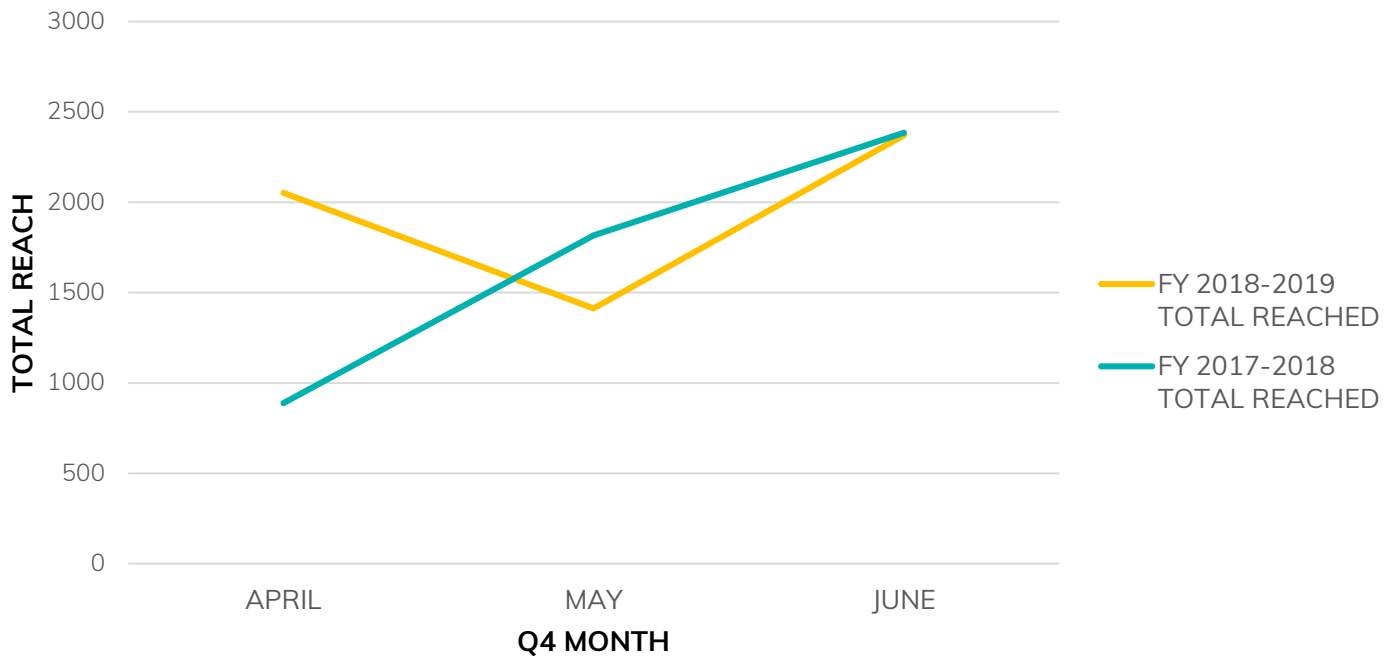
In Q4 of FY 2018-2019, the number of scheduled **MOs** also increased by **106%**. There was a total of **72 MOs** in Q4 of FY 2018-2019, compared to the scheduled 35 in Q4 of FY 2017-2018.

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.

ALLIANCE IN THE COMMUNITY

FY 2018-2019 | Q4 OUTREACH REPORT

TOTAL REACHED BY Q4



	APRIL	MAY	JUNE	TOTAL
FY 2018-2019 – TOTAL REACHED	2051	1412	2370	5833
FY 2017-2018 – TOTAL REACHED	888	1816	2385	5089

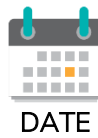
The graph above compares the total reached at **all Alliance outreach events** in Q4 of FY 2017-2018 and FY 2018-2019.

During Q4 of FY 2018-2019, the Alliance increased the total reach by **15%** from **5833** compared to 5089 total reached at all events in Q4 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 | Q4 OUTREACH REPORT



430	Fremont Family Resource Center	Mon, Apr 1	Fremont	6 / 6	\$0
431	Mujeres Unidas y Activas	Tue, Apr 2	Oakland	0	\$0
432	Food Bank - HUSD	Tue, Apr 2	Hayward	41 / 12	\$0
433	Food Pantry - Union City Family Center	Tue, Apr 2	Union City	N/A	N/A
434	West Oakland Health Center	Wed, Apr 3	Oakland	3 / 3	\$0
435	Tobacco Control	Wed, Apr 3	Oakland	63 / 39	\$0
436	Union City Family Center	Thu, Apr 4	Union City	2 / 2	\$0
437	HUSD Tyrrell Elementary School Parents' Meeting and MO Table	Fri, Apr 5	Hayward	12	\$0
438	Fuente Wellness Center	Fri, Apr 5	San Leandro	0	\$0
439	Oakland Public Library Community Kiosk	Fri, Apr 5	Oakland	4 / 2	\$0
440	Ohana Health Fair	Sat, Apr 6	Fremont	N/A	N/A
441	Food Pantry - Alameda Food Bank Warehouse	Sat, Apr 6	Alameda	89 / 16	\$0
442	Spring into Health	Sat, Apr 6	Oakland	43 / 21	\$0
443	Axis Community Health	Mon, Apr 8	Pleasanton	12 / 12	\$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 table, attended a presentation, or MO / Number of self-identified Alliance members.

*** **Donation, Fees & Sponsorships** = Applicable vendor donation, fee or sponsorship / refundable deposit.

ALLIANCE IN THE COMMUNITY

FY 2018-2019 | Q4 OUTREACH REPORT



EVENT



DATE



CITY



NUMBER
REACHED**



DONATION, FEE &
SPONSORSHIPS***

444	Fresh Food for Families - Hayward Promise Neighborhood	Mon, Apr 8	Hayward	19 / 8	\$0
445	East Oakland Health Center	Tue, Apr 9	Oakland	9 / 9	\$0
446	Tiburcio Vasquez Health Center	Wed, Apr 10	Hayward	1 / 1	\$0
447	Asian Health Services	Wed, Apr 10	Oakland	0	\$0
448	Food Pantry - Chabot College	Wed, Apr 10	Hayward	13 / 5	\$0
449	Mobile Pantry - Kidango Graham Center	Wed, Apr 10	Newark	34 / 4	\$0
450	Percy Abrams Jr. Senior Homes	Wed, Apr 10	Oakland	5 / 2	\$0
451	Las Positas Community College Wellness Event for Sexual Assault Awareness	Wed, Apr 10	Livermore	43 / 11	\$0
452	Tri-City Health Center	Thu, Apr 11	Fremont	0	\$0
453	DayBreak Adult Care Centers Spring Conference: From Surviving to Thriving Older adults and Trauma Informed Care	Thu, Apr 11	Alameda	57	\$0
454	Food Pantry - Alameda Food Bank Warehouse	Thu, Apr 11	Alameda	21 / 8	\$0
455	Tennyson High School - College & Career Day	Thu, Apr 11	Hayward	N/A	N/A

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ALLIANCE IN THE COMMUNITY

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456	La Clinica - Transit Village	Fri, Apr 12	Oakland	0	\$0
457	Asian Health Services - Specialty Mental Health Department	Fri, Apr 12	Oakland	12 / 12	\$0
458	Oakland Public Library Community Kiosk	Fri, Apr 12	Oakland	11 / 4	\$0
459	D5 Disaster Preparedness Day	Sat, Apr 13	Oakland	82 / 17	\$100.00
460	Easter LOVE Reach 2019	Sat, Apr 13	Oakland	N/A	\$30.00
461	DeafNation Expo 2019	Sat, Apr 13	Pleasanton	182 / 28	\$295.00
462	2019 Bay Area Diabetes Summit	Sun, Apr 14	Hayward	164 / 34	\$0
463	FUSD - Spanish Immersion Taskforce Meeting	Mon, Apr 15	Fremont	N/A	N/A
464	Chabot College Job Fair & Networking Event	Tue, Apr 16	Hayward	132 / 47	\$0
465	Food Pantry - Davis Street Clinic	Tue, Apr 16	San Leandro	10 / 10	\$0
466	Newark Wellness Center	Tue, Apr 16	Newark	3 / 3	\$0
467	Food Bank - HUSD	Tue, Apr 16	Hayward	22 / 11	\$0
468	Newark Adult School	Wed, Apr 17	Newark	3 / 3	\$0
469	Asian Health Services	Wed, Apr 17	Oakland	0	\$0

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470	Eastmont Wellness Center	Thu, Apr 18	Oakland	8 / 8	\$0
471	Tri-Valley Haven Food Pantry	Thu, Apr 18	Livermore	56 / 32	\$0
472	San Leandro Public Library	Thu, Apr 18	San Leandro	55 / 30	\$0
473	Lifelong Over 60 Health Center	Fri, Apr 19	Berkeley	2 / 2	\$0
474	Oakland Public Library Community Kiosk	Fri, Apr 19	Oakland	6 / 3	\$0
475	Glad Tiding Easter Egg Hunt	Sat, Apr 20	Hayward	285 / 211	\$0
476	2019 Spring Eggstravaganza	Sat, Apr 20	Dublin	158 / 21	\$25.00
477	East Bay Agency for Children	Mon, Apr 22	Fremont	0	\$0
478	Fathers Corp Meeting	Tue, Apr 23	Alameda	54	\$0
479	Native American Health Center	Tue, Apr 23	Oakland	10 / 10	\$0
480	Food Pantry - Chabot College	Tue, Apr 23	Hayward	60 / 25	\$0
481	Roots Community Health Center	Wed, Apr 24	Oakland	19 / 19	\$0
482	Oakland Senior High School - Health Fair	Wed, Apr 24	Oakland	60 / 30	\$0
483	Food Pantry - USDA	Thu, Apr 25	Union City	N/A	N/A

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484	Food Pantry - South Hayward Parish	Fri, Apr 26	Hayward	27 / 17	\$0
485	Hayward Wellness Center	Fri, Apr 26	Hayward	2 / 2	\$0
486	Oakland Public Library Community Kiosk	Fri, Apr 26	Oakland	N/A	N/A
487	Davis Street Family Resource Center - Basic Needs Information Table	Fri, Apr 26	San Leandro	N/A	N/A
488	Family Literacy Day	Fri, Apr 26	Oakland	105 / 15	\$0
489	Food Pantry - Well Community Outreach Center	Sat, Apr 27	Livermore	N/A	N/A
490	2nd Annual REDEFINED: A Day of Healing	Sat, Apr 27	Oakland	39 / 20	\$0
491	Glad Tidings	Tue, Apr 30	Hayward	N/A	N/A
492	San Lorenzo Library - Community Healthcare Information Outreach	Tue, Apr 30	San Lorenzo	7 / 5	\$0
493	Asian Health Services	Wed, May 1	Oakland	3 / 3	\$0
494	Connect, Create, Contribute	Wed, May 1	Oakland	86 / 31	\$0
495	Oakland Chinatown First Wednesdays	Wed, May 1	Oakland	57 / 17	\$0
496	May Day Oakland 2019	Wed, May 1	Oakland	N/A	N/A

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497	Union City Family Center	Thu, May 2	Union City	35 / 8	\$0
498	South Berkeley Senior Center Health Fair	Thu, May 2	Berkeley	12 / 3	\$0
499	13th Annual Senior Health and Wellness Resource Fair	Thu, May 2	Castro Valley	N/A	N/A
500	Good Night's Sleep Conference	Fri, May 3	Oakland	80	\$400
501	8th Annual We Move For Health	Fri, May 3	San Leandro	N/A	N/A
502	Fuente Wellness Center	Fri, May 3	San Leandro	0	\$0
503	Oakland Public Library Community Kiosk	Fri, May 3	Oakland	9 / 3	\$0
504	Mobile Market - San Leandro Adult School	Fri, May 3	San Leandro	N/A	N/A
505	Pantry Program - Alameda Food Bank Warehouse	Sat, May 4	Alameda	N/A	N/A
506	Safe Kids Day 2019	Sat, May 4	Albany	95 / 17	\$0
507	Uhuru Health Festival 2019	Sat, May 4	Oakland	36 / 8	\$0
508	Spring into Health	Sat, May 4	Oakland	30 / 13	\$0
509	Alameda Alliance In The Community	Mon, May 6	Berkeley	15 / 3	\$0

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510	Fremont Family Resource Center	Mon, May 6	Fremont	N/A	N/A
511	Mujeres Unidas y Activas	Tue, May 7	Oakland	15 / 1	\$0
512	Food Pantry - Union City Family Center	Tue, May 7	Union City	32 / 11	\$0
513	East Oakland Health Center	Wed, May 8	Oakland	3 / 3	\$0
514	Food Pantry - Chabot College	Wed, May 8	Hayward	N/A	N/A
515	Mobile Pantry - Kidango Graham Center	Wed, May 8	Newark	42 / 14	\$0
516	Hong Fook	Wed, May 8	Oakland	0	\$0
517	Newark Wellness Center	Thu, May 9	Newark	1 / 1	\$0
518	Pantry Program - Alameda Food Bank Warehouse	Thu, May 9	Alameda	20 / 8	\$0
519	La Clinica - Transit Village	Fri, May 10	Oakland	0	\$0
520	Mobile Market - San Leandro Adult School	Fri, May 10	San Leandro	N/A	N/A
521	Oakland Public Library Community Kiosk	Fri, May 10	Oakland	3 / 2	\$0
522	Food Pantry - Well Community Outreach Center	Fri, May 10	Livermore	18 / 3	\$0
523	Dia de las Madres	Fri, May 10	Oakland	N/A	N/A

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524	Heart 2 Heart Neighborhood Health and Wellness Celebration	Sat, May 11	Berkeley	66 / 43	\$0
525	Axis Community Health	Mon, May 13	Pleasanton	54 / 12	\$0
526	Fresh Food for Families - Hayward Promise Neighborhood	Mon, May 13	Hayward	50 / 10	\$0
527	Tri - City Health Center	Tue, May 14	Fremont	0	\$0
528	Asian Health Services	Wed, May 15	Oakland	3 / 3	\$0
529	Percy Abrams Jr. Senior Homes Wellness Fair	Wed, May 15	Oakland	27 / 6	\$0
530	Newark Adult School	Wed, May 15	Newark	2 / 2	\$0
531	Oakland Senior High	Wed, May 15	Oakland	98	\$0
532	Davis Street Family Resource Center	Thu, May 16	San Leandro	0	\$0
533	Eastmont Wellness Center	Thu, May 16	Oakland	8 / 8	\$0
534	Food Pantry - Tri-Valley Haven	Thu, May 16	Livermore	N/A	N/A
535	Lifelong Over 60 Health Center	Fri, May 17	Berkeley	0	\$0
536	Oakland Public Library Community Kiosk	Fri, May 17	Oakland	1 / 1	\$0

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537	Social Media/Technology Impact on Brain Development	Fri, May 17	Alameda	68	\$0
538	School and Community Resource Fair	Sat, May 18	San Leandro	N/A	N/A
539	Malcom X Jazz Arts Festival	Sat, May 18	Oakland	N/A	N/A
540	Food Pantry - Well Community Outreach Center	Sat, May 18	Livermore	N/A	N/A
541	28th Annual Livermore Downtown Street Fest	Sat, May 18	Livermore	100 / 4	\$300
542	28th Annual Livermore Downtown Street Fest	Sun, May 19	Livermore	167 / 9	OTF
543	East Bay Agency for Children	Mon, May 20	Fremont	0	\$0
544	FUSD - Spanish Immersion Taskforce Meeting	Mon, May 20	Fremont	N/A	N/A
545	West Oakland Health Center	Tue, May 21	Oakland	11 / 11	\$0
546	Tiburcio Vasquez Health Center	Wed, May 22	Hayward	4 / 1	\$0
547	Second 2019 Alliance Member Listening Session - Alameda County Fatherhood Initiative - Café Dad	Wed, May 22	San Leandro	15 / 6	\$0
548	Food Pantry - USDA	Thu, May 23	Union City	50 / 10	\$0

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549	Davis Street Family Resource Center	Fri, May 24	San Leandro	7 / 4	\$0
550	Oakland Public Library Community Kiosk	Fri, May 24	Oakland	N/A	N/A
551	Native American Health Center Clinic	Tue, May 28	Oakland	0	\$0
552	Food Pantry - South Hayward Parish	Tue, May 28	Hayward	17 / 15	\$0
553	Community Healthcare Information Outreach	Tue, May 28	San Lorenzo	N/A	N/A
554	Roots Community Health Center	Wed, May 29	Oakland	15 / 11	\$0
555	Food Pantry - South Hayward Parish	Wed, May 29	Hayward	40 / 20	\$0
556	Glad Tidings	Thu, May 30	Hayward	0	\$0
557	Hayward Wellness Center	Fri, May 31	Hayward	7 / 7	\$0
558	Oakland Public Library Community Kiosk	Fri, May 31	Oakland	10 / 5	\$0
559	Warren Publishing Group's 7th Anniversary	Fri, May 31	Oakland	N/A	N/A
560	San Leandro Cherry Festival 2019	Sat, June 1	San Leandro	452 / 193	\$115.00
561	Youth Uprising - Spring into Health	Sat, June 1	Oakland	45 / 10	\$0
562	Fremont Family Resource Center	Mon, June 3	Fremont	3 / 3	\$0

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563	Mujeres Unidas y Activas	Tue, June 4	Oakland	N/A	N/A
564	Food Bank Days - Hayward Unified School District	Tue, June 4	Hayward	100 / 20	\$0
565	Food Pantry - Union City Family Center	Tue, June 4	Union City	37 / 25	\$0
566	West Oakland Health Center	Wed, June 5	Oakland	16 / 13	\$0
567	Asian Health Services	Wed, June 5	Oakland	0	\$0
568	Oakland Chinatown First Wednesdays	Wed, June 5	Oakland	N/A	N/A
569	Union City Family Center	Thu, June 6	Union City	3 / 2	\$0
570	Fuente Wellness Center	Fri, June 7	San Leandro	0	\$0
571	Oakland Public Library Community Kiosk	Fri, June 7	Oakland	7 / 2	\$0
572	Mobile Market - San Leandro Adult School	Fri, June 7	San Leandro	N/A	N/A
573	2019 Summer Festival	Sat, June 8	Oakland	10	\$30.00
574	Ohana Health Fair	Sat, June 8	Fremont	150 / 25	\$0
575	Ashland Cherryland Fam Fest 2019	Sat, June 8	San Leandro	123 / 61	\$60.00
576	2019 Temescal Street Fair	Sun, June 9	Oakland	169 / 59	\$160.00

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577	Axis Community Health	Mon, June 10	Pleasanton	4 / 4	\$0
578	FUSD - Spanish Immersion Taskforce Meeting	Mon, June 10	Fremont	N/A	N/A
579	Fresh Food for Families - Hayward Promise Neighborhood	Mon, June 10	Hayward	50 / 10	\$0
580	Glad Tidings	Tue, June 11	Hayward	0	\$0
581	East Oakland Health Center	Wed, June 12	Oakland	2 / 2	\$0
582	Asian Health Services	Wed, June 12	Oakland	1 / 1	\$0
583	Tri - City Health Center	Thu, June 13	Fremont	1 / 1	\$0
584	Pantry Program - Alameda Food Bank Warehouse	Thu, June 13	Alameda	50 / 20	\$0
585	La Clinica - Transit Village	Fri, June 14	Oakland	4 / 4	\$0
586	Fatherhood Celebration	Sat, June 15	San Leandro	30 / 12	\$600.00
587	Berkeley Juneteenth Festival	Sun, June 16	Berkeley	404 / 163	\$100.00
588	East Bay Agency for Children	Mon, June 17	Fremont	N/A	N/A
589	Newark Wellness Center	Tue, June 18	Newark	4 / 4	\$0

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590	Davis Street Family Resource Center Basic Needs Information Table	Tue, June 18	San Leandro	1 / 1	\$0
591	Food Bank Days - Hayward Unified School District	Tue, June 18	Hayward	N/A	N/A
592	Newark Adult School	Wed, June 19	Newark	N/A	N/A
593	Hong Fook	Wed, June 19	Oakland	0	\$0
594	Eastmont Wellness Center	Thu, June 20	Oakland	13 / 12	\$0
595	Food Pantry - Tri-Valley Haven	Thu, June 20	Livermore	N/A	N/A
596	Lifelong Over 60 Health Center	Fri, June 21	Berkeley	5 / 5	\$0
597	Oakland Public Library Community Kiosk	Fri, June 21	Oakland	N/A	N/A
598	6 Year Acknowledgement of Fathers Corps Members and Celebration	Fri, June 21	San Leandro	121	\$0
599	Lakefest 2019	Sat, June 22	Oakland	355 / 120	\$300.00
600	Tiburcio Vasquez Health Center	Mon, June 24	Hayward	3 / 3	\$0
601	Native American Health Center Clinic	Tue, June 25	Oakland	2 / 2	\$0
602	Community Healthcare Information Outreach	Tue, June 25	San Lorenzo	N/A	N/A

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603	Roots Community Health Center	Wed, June 26	Oakland	15 / 14	\$0
604	Davis Street Family Resource Center	Thu, June 27	San Leandro	N/A	N/A
605	South Hayward Parish Food Pantry	Thu, June 27	Hayward	N/A	N/A
606	Food Pantry - USDA	Thu, June 27	Union City	62 / 41	\$0
607	Hayward Wellness Center	Fri, June 28	Hayward	2 / 2	\$0
608	Summer In The Park – Hoover Elementary School	Fri, June 28	Oakland	50 / 20	\$0
609	Summer In The Park – Peralta Hacienda	Fri, June 28	Oakland	N/A	N/A
610	Summer In The Park – Willie Wilkins	Fri, June 28	Oakland	N/A	N/A
611	Davis Street Family Resource Center	Fri, June 28	San Leandro	1 / 1	\$0
612	South Hayward Parish Food Pantry	Fri, June 28	Hayward	N/A	N/A
613	Health Education Day	Sat, June 29	Hayward	75 / 24	\$0

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

Compliance

Gil Riojas

To: Alameda Alliance for Health Board of Governors

From: Gilbert Riojas, Chief Financial Officer

Date: July 12, 2019

Subject: Compliance Report

DHCS Updates

- 2019 DHCS Medical Audit:
 - The DHCS onsite audit visit was conducted from June 10th to June 21st. Overall, the Plan found significant progress with documentation submissions and interview responses as compared to last year's DHCS audit. The Plan anticipates fewer findings for this audit compared to past years. Potential areas for improvement include delegation oversight, provider education of requirements, and maintaining continuous monitoring efforts of processes. The Plan will be identifying potential compliance findings observed from the onsite audit to work on tracking through the Plan's Compliance Dashboard in order to improve on processes prior to the audit report being issued to the Plan.

Regulatory Updates

- QIF Plan Regulatory Requirements (DMHC All Plan Letter 19-007):
 - The purpose of this guidance is to inform plans of the upcoming changes to the treatment of QIF Plans and steps the plan will need to take to maintain compliance. DMHC plans to treat QIF Plans as distinct from affiliate plans beginning January 1, 2020. The Plan notified the DMHC and DHCS of its decision to surrender its QIF license before the deadline of 7/1/19. The Plan will be scheduling a call with the DMHC to discuss next steps with the filing process in the upcoming month.
- Non-Contract Ground Emergency Medical Transport (GEMT) Payment Obligations for State FY 18-19 (DHCS All Plan Letter 19-011):
 - The purpose of this guidance is to inform plans of the increased reimbursement fee for non-contracted GEMT services. The guidance outlines the specific codes applicable and the fees associated with this service. The Plan has 90 calendar days from the date DHCS issues capitation payments for GEMT to pay for all qualifying clean claims or accepted encounters. The Plan is working on making adjustments to its claims processed in FY18-19 in order to pay those non-contracted providers the appropriate payment. The Plan will be educating its non-contracted providers who submitted GEMT claims on the updated guidance and rates.

Internal Auditing Activities

- Compliance Dashboard:
 - The Plan continues to track compliance issues and past audit corrective actions through the compliance dashboard that is updated routinely by the Plan and its operational departments. There are a total of 95 findings which includes state audit findings and potential self-identified findings. 89 (94%) of the items have been completed, and 6 (6%) are still in progress. A total of 64 (72%) completed items have been validated to ensure the corrective action stated is in place. The Plan continues to internally audit and validate past findings, and is also currently working on creating a new dashboard for potential 2019 DHCS audit findings to proactively work on prior to the audit report.
- CY2018 Compliance Investigations:
 - The Plan's Compliance Department investigates all compliance issues reported throughout the year by various reporting methods. Issues can be reported by internal departments, delegated partners, providers, members, and the general public. For CY2018, the Plan received 192 reported incidents related to HIPAA Privacy, Fraud, and other general compliance issues. Below is a summary report of the incidents received for each category type. Compared to CY2017, the Plan had a significant increase in volume of incidents for both HIPAA and Fraud.
 - The Plan has identified two trends for HIPAA investigations which include sending and receiving unsecured emails with member information, and damaged mail w/USPS that include claims. The Plan has identified these trends and is working on mitigation steps such as staff education and communication feedback to USPS for each incident. The Plan has identified trends in provider billing outliers and member identification for Fraud investigations this past year. The Plan continues to confirm member's identification for any suspicious activity, and performs medical record reviews of provider billing outliers. Reporting updates for all investigations and trends are provided in the Plan's Compliance Committee on a quarterly basis.

COMPLIANCE INVESTIGATIONS					
Calendar Year (CY)	Fraud, Waste, and Abuse	HIPAA/ Privacy	Other Compliance Issues	Hotline Reporting	Total Cases
2017	16	26	5	1	48
2018	71	116	3	3	193



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

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: July 12, 2019

Subject: Health Care Services Report

Utilization Management – Inpatient

- The inpatient UM team has completed two Kaizen events to improve the workflow and efficiency of the team.
- Carla Healy-London has joined AAH as the inpatient UM manager. She is very experienced in inpatient UM.
- The UM team performed well during the recent DHCS audit. Auditors noted improving processes with Notice of Action (NOA letters) and need for consistency in retrospective authorization reviews.
- Delegation oversight was a general theme of the DHCS audit and UM will continue to increase their role in understanding and overseeing delegated UM activities of our delegated clinical partners.

Inpatient Utilization			
Total All Aid Categories			
Actuals (excludes Maternity)			
Metric	March 2019	April 2019	May 2019
ALOS	4.2	4.0	4.0
Admits/1,000	69.9	66.4	67.4
Days/1,000	296.3	266.2	271.1

Utilization Management – Outpatient

- The Outpatient UM team has shown excellent turn-around time performance this month.
- The team has assumed a larger role in preparing and prospectively auditing the outpatient NOAs. The purpose of this task is to improve efficiency, consistency, and clarity of the NOAs being sent to members. DHCS auditors noted the improved workflow and outcome of this process.
- Preparation and training is underway to absorb the radiology imaging approval from Evicore, starting August 1, 2019.

Outpatient Authorization Denial Rates			
Denial Rate Type	April 2019	May 2019	June 2019
Overall Denial Rate	5.9%	5.6%	5.8%
Denial Rate Excluding Partial Denials	5.8%	5.4%	5.4%
Partial Denial Rate	0.1%	0.2%	0.4%

Turn Around Time Compliance				
Line of Business	April 2019	May 2019	June 2019	Q2 2019
Overall	98%	98%	99%	98%
Medi-Cal	98%	98%	99%	98%
IHSS	97%	99%	100%	99%
<i>Benchmark</i>	<i>95%</i>	<i>95%</i>	<i>95%</i>	<i>95%</i>

Pharmacy

- Pharmacy did well during the DHCS audit. Auditors noted an opportunity to continue our work on simplifying NOAs for members but did not indicate other areas of concern with pharmacy at AAH.
- Pharmacy continues to focus on improving member access to needed medication through work with our PBM and specialty pharmacy partners. Onsite audit of the PBM by Senior Pharmacy Director Helen Lee is leading to continued service improvement by the PBM.
- Cost containment initiatives continue with focus on effective formulary management. For this current fiscal year, we will increase our efforts to focus on physician administered and outpatient administered medications with a goal of improving service and cost effectiveness.
- The pharmacy team is waiting, with anticipation, for the release of more information on the governor's proposed pharmacy carve-in scheduled for January 1, 2021.
- AAH's Opioid initiative began in December 2017 with new prior auth requirements for long acting opioids and some limitations on benzodiazepines. In June of 2018, small additional limitations were made. In September of 2019 will come the first quantity limits for new starts on short and long acting opioid medications. We've discussed these changes with the Member Advisory Committee and with physicians and pharmacists at our P&T Committee. AAH remains "behind" in setting these limitations, when compared to our sister Medi-Cal plans in the Bay Area but these changes will bring us more into the "norm" for sister plans. Additional limitations may be considered once the impact of the September changes are analyzed.
- The pharmacy team has increased the frequency of multidisciplinary clinical case reviews with physicians, which is a learning opportunity for both the physicians and pharmacists and has led to more well-rounded, complete and consistent clinical decision making.
- 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.

Number of Prior Authorizations Processed			
Decision	April 2019	May 2019	June 2019
Approved	698	715	576
Denied	562	577	514
Closed	613	594	472
Total	1,873	1,886	1,562

June 2019 Top 10 Drugs by Number of Denials:

Rank	Drug Name	Common Use	Common Denial Reason
1	RESTASIS 0.05% EYE EMULSION	Dry Eyes	Criteria for approval not met
2	SYMBICORT 160-4.5 MCG INHALER	Asthma or chronic obstructive pulmonary disease (COPD)	Criteria for approval not met
3	LIDOCAINE 5% PATCH	Pain	Criteria for approval not met
4	DULERA 100 MCG/5 MCG INHALER	Asthma	Criteria for approval not met
5	BREO ELLIPTA 200-25 MCG INH	Asthma or chronic obstructive pulmonary disease (COPD)	Criteria for approval not met
6	TRETINOIN 0.025% CREAM	Acne	Criteria for approval not met
7	FREESTYLE LIBRE 14 DAY READER	Diabetes	Criteria for approval not met
8	EUFLEXXA 20 MG/2 ML SYRINGE	knee pain caused by osteoarthritis	Criteria for approval not met
9	SEVELAMER HCL 800 MG TABLET	Control of serum phosphorus in patients who are on dialysis due to severe kidney disease	Criteria for approval not met
10	TACROLIMUS 0.1% OINTMENT	Atopic dermatitis	Criteria for approval not met

Case and Disease Management

- **Internal Case Management:** All CM positions are staffed, except for one RN CM and one social worker. Lily Hunter has joined Amy Stevenson as the 2nd CM Manager. The new team is completing their initial training and the CM team will be participating in a Kaizen event next week to help improve their workflows and standard work. With training complete, we are increasing the number of members newly enrolled in complex case management.
DHCS noted that we need to continue to improve our Health Risk Assessment (HRA) performance for our SPD members.
- **External Case Management:** Led by Dr. Michelle Schneidermann, AAH successfully launched its official Health Homes Program (HHP), which also brought to a close the successful AAH Health Homes Pilot. The lessons learned from the self-funded pilot has empowered the community to launch into the state program with several hundred members. Partnership continues with Alameda County Care Connect (AC3) on coordinating services and maximizing connectivity of our programs to benefit members. A Program Manager for HHP is being hired to lead the program moving forward.

Case Type	New Cases Opened in May 2019	Total Open Cases As of May 2019
Care Coordination	269	563
Complex Case Management	49	71

Quality

- The Health Care Quality Committee meets next on July 18, 2019.
- Facility Site Reviews (FSRs) are required on a regular basis for providers. The state has added additional elements to the FSRs, which are likely to increase the length of the FSR site visits.
- Evaluation of HEDIS results is informing Quality strategy for this fiscal year in areas including our Quality Improvement Plans (QIPs) are targeted at areas of opportunity identified by HEDIS results.
- Multiple surveys are completed throughout the year to assess Access. Access standards come from state/federal regulations and AAH internal Policy & Procedures. More than a dozen providers received correction action plans (CAPs) to address perceived deficits in member access.
- Quality performed well during the recent DHCS audit.
 - Initial Health Assessments (IHAs) were identified as continuing area with opportunity to improve.

Grievance & Appeals

- Grievances are any expression of dissatisfaction by a member. Our actual grievance rate (4.32/1000 members) is higher than our goal ($\leq 1/1000$ members).
 - Elevated grievance rates in our durable medical equipment (DME) vendor resulted in specific action plan by our vendor (CHME). They have demonstrated significant improvement in the first four months of 2019 when compared to 2018. Their rate of grievances is still higher than in 2017 so work continues for improvement in this area. Changes in leadership at CHME have led to improved service, which we hope results in a decrease in grievances.
- Appeals had an overturn rate of 37.8% 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.

June 2019 Cases	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	237	30 Calendar Days	95% compliance within standard	237	100%	0.74
Expedited Grievance	2	72 Hours	95% compliance within standard	2	100%	0.01
Exempt Grievance	848	Next Business Day	95% compliance within standard	847	99.9%	3.29
Standard Appeal	73	30 Calendar Days	95% compliance within standard	73	100%	0.28
Expedited Appeal	1	72 Hours	95% compliance within standard	1	100%	0.004
Total Cases:	1,161		95% compliance within standard	1,160	99.9%	4.32

Quality Assurance

- The Quality Assurance department is new to AAH and provided enormous help for HCS team in preparing for the recently completed DHCS audit. QA Director Jennifer Karmelich led the HCS Directors and Managers in working closely with the Compliance team. These efforts resulted in a much smoother DHCS audit preparation and readiness and, ultimately, less issues identified in the preliminary DHCS report out.



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

Information Technology

Sasikumar Karaiyan

To: Alameda Alliance for Health Board of Governors

From: Sasi Karaiyan, Executive Director of Information Technology

Date: July 12, 2019

Subject: Information Technology Report

Call Center System Availability

- AAH phone systems and call center applications remained 100% available during the month of June. No call center outages occurred during this month. Overall, we are continuing to perform the following activities to optimize the call center eco-system (applications, backend integration, configuration, and network).
 - Phase 3 – IVR Migration from Avaya to Cisco – 100% completed.
 - AEVS (Automated Eligibility Verification System) IVR is now migrated and operational on Cisco.
 - Improved alerts and notifications – 30% Work in progress.
 - Session Initiation Protocol (SIP) trunk migration from Vonage to AT&T – 30% Work in progress. AT&T is scheduled to complete the migration in the month of October.

Encounter Data

- In the month of May, AAH submitted 77 encounter files to DHCS with a total of 394,970 encounters.

Enrollment

- The 834 file from DHCS for the month of June was received and processed on time.

HEALTHsuite

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

TruCare

- The TruCare system continued to operate normally with an uptime of 99.99%. There were 7,758 authorizations (total authorizations loaded in TruCare production) processed through the system.
- There were 10,584 manually updated authorizations in TruCare.

Web Portal

- The web portal usage for the month of June 2019 among our group providers and members remains consistent with prior months.
- The Alliance is rebuilding the provider and member portal. The rebuild shall enable the providers to submit authorization and provider disputes. The Alliance is planning to go live with this rebuild in the 2nd quarter of 2020.

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 299.9K.
- Attempted information leaks detected and blocked at the firewall are higher from 36 to 67 for the month.
- Network scans returned a value of 5 which is in line with previous month's data.
- Attempted User Privilege Gain is lower at 20 from a previous six months average of 60.

Process Improvement

The Alliance is implementing Information Technology Infrastructure Library (ITIL) standards that focuses on aligning technology services with the needs of our business. These ITIL processes allows the Alliance - Information Technology department to establish a baseline from which it can plan, implement, and measure. Below are the following ITIL processes and best practices that we are in the process of implementing across the enterprise:

- IT Asset Management (ITAM) Process; gives us an ability to control, govern, and contribute to the purchase, deployment, maintenance, utilization, and disposal of IT hardware and software assets.

- The framework, Policy, and Procedure has been completed and approved by the compliance committee.
- Discovery of all IT assets (Hardware/Software) – 40% which resulted in:
 - Verification of all existing hardware assets, i.e., Servers, Desktops/Laptops, etc.
 - Verification of software assets.
 - Manually capturing new assets and recording Date Received, PO Number, Vendor, Asset Tag Number, etc.
- We are planning to implement the framework and policy on a new ticket system by the 2nd quarter of 2019/2020.
- Enterprise Incident Management Process; the purpose for this process is to get the operation of a service/incidents back to 'normal' as quickly as possible in order to minimize any adverse effects on the supported business processes. These actions include:
 - Share 911 incidents.
 - Security breaches.
 - Failures or degradation of services reported by users of those services; by the technical staff; or automatically from monitoring tools.

This process shall be implemented and operational before the end of July 2019.

Information Technology

Supporting Documents

Enrollment

- See Table 1-1 “Summary of Medical and Group Care member enrollment in the month of June 2019”.
 - Summary of Primary Care Physician (PCP) Auto-assignment in the month of June 2019.
 - See Table 1-2 “Summary of Primary Care Physician (PCP) Auto-assignment in the month of June 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 June.

Month	Total MC ¹	MC ¹ - Add/ Reinstatements	MC ¹ - Terminated	Total GC ²	GC ² - Add/ Reinstatements	GC ² - Terminated
June	252,081	5,654	5,959	6,318	188	160

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

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

Auto-Assignments	Member Count
Auto-assignments MC	1,484
Auto-assignments Expansion	967
Auto-assignments GC	58
PCP Changes (PCP Change Tool) Total	3,456

TruCare

- See Table 2-1 “Summary of TruCare Authorizations for the month of June 2019”.
- There were 7,758 authorizations (total authorizations loaded in TruCare production) processed through the system.
- TruCare Application Uptime – 99.99%.
- The following table 2-1 is a supporting document from the TruCare summary section.

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

Transaction Type	Inbound EDI Auths	Failed PP-Already In TC	Failed PP-MNF	Failed PP-PNF	Failed PP-Procedure Code	Failed PP-Diagnosis Code	Misc	Total EDI failure	New Auths entered	Total Auths loaded in TruCare Production
EDI-CHCN	3,843	181	1	37	10	3	14	246	0	3,597
EDI-Care Core Radiology	1,071	0	0	0	0	0	0	0	0	1,071
Manual Entry	0	0	0	0	0	0	0	0	3,090	3,090
Total										7,758

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 May 2019.

Group	Individual User Accounts	Individual User Accounts Accessed	Total Logins	New Users
Provider	2,731	2,346	172,442	207
MCAL	56,845	1,695	3,459	558
IHSS	2,278	67	150	19
AAH Staff	121	43	489	1
Total	61,975	4,151	176,540	785

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

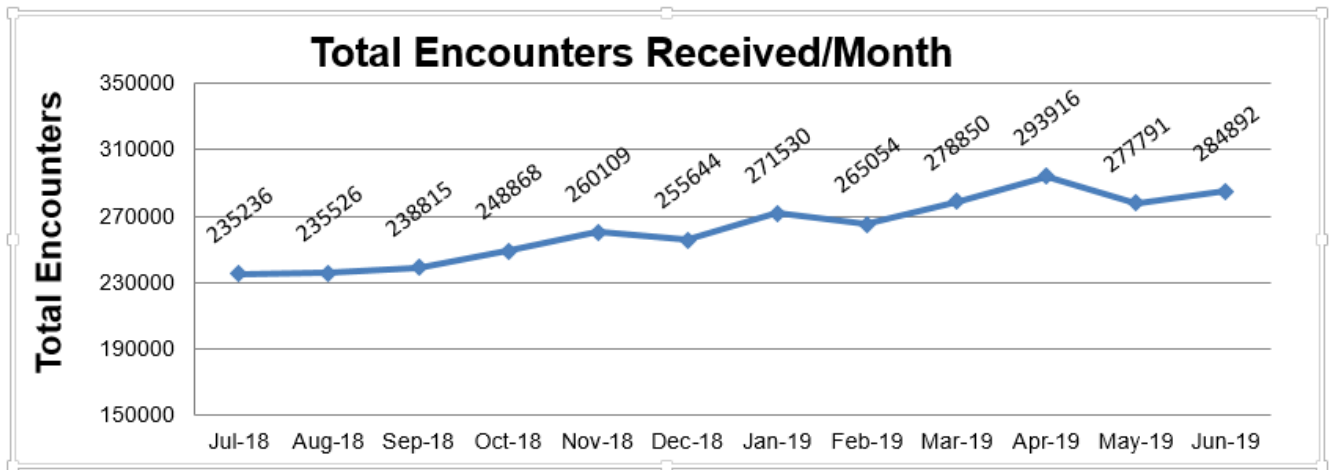
Top 25 Pages Viewed		
Category	Page Name	May-19
Provider	Member Eligibility	777,903
Provider	Claim Status	109,396
Provider	Member Roster	83,511
Provider	Authorization Status	6,795
Member - Eligibility	Member Eligibility	4,906
Member - Claims	Claims - Services	3,046

Member - Help Center	Find a Doctor or Facility	2,614
Member - Help Center	Member ID Card	2,001
Member - Help Center	Select/Change PCP	616
Provider - Provider Directory	Provider Directory PCP/Specialist	630
Member - Pharmacy	My Pharmacy Claims	407
Member - Help Center	Update My Contact Info	210
Member - Pharmacy	Pharmacy	74
Member - Help Center	Contact Us	107
Member - Help Center	Authorizations & Referrals	102
Provider	Pharmacy	182
Provider - Provider Directory	Attestation	104
Member – Health/Wellness	Personal Health Record - Intro	82
Member - Pharmacy	Pharmacy - Drugs	159
Member - Forms/Resources	Authorized Representative Form	93
Member – Health/Wellness	Personal Health Record - NoMoreClipboard	68
Member - Forms/Resources	Reimbursement Form	40
Member – Help Center	File a Grievance or Appeal	56
Member – Help Center	Helpful Contact Info	46
Member – Health/Wellness	Member Materials	54

Encounter Data from Trading Partners

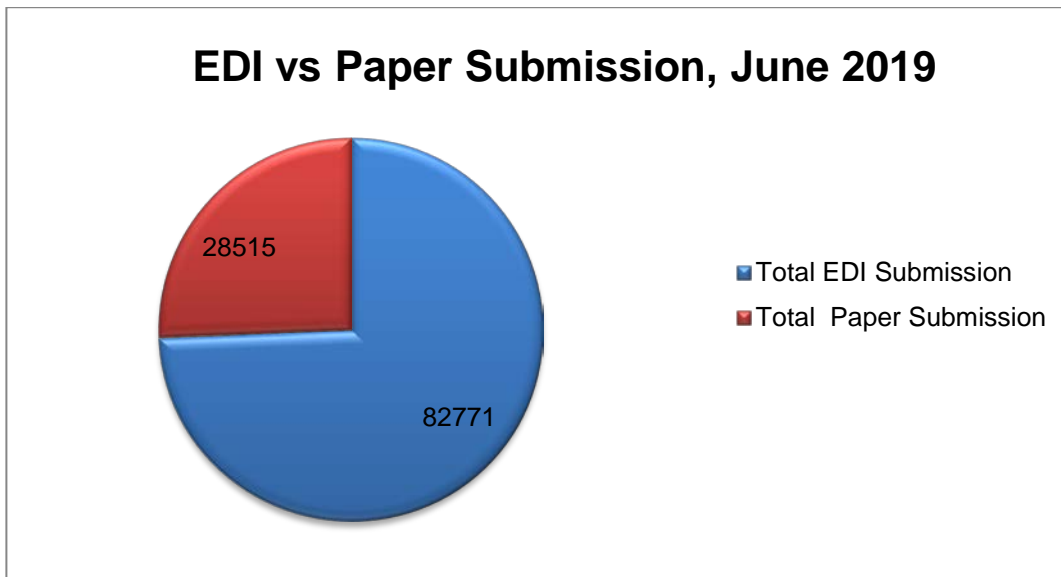
- AHS:
 - June weekly files (4,857 records) were received on time.
- Beacon:
 - June monthly files (21,619 records) were received on time.
- CHCN:
 - June weekly files (70,192 records) were received on time.
- CHME:
 - June monthly file (4,258 records) was received on time.
- CFMG:
 - June weekly files (7,475 records) were received on time.
- PerformRx:
 - June monthly files (174,578 records) were received on time.
- Kaiser:
 - June monthly files (37,506 records) were received on time.
 - June Kaiser Pharmacy – monthly files (20,231 records) were received on time.

- LogistiCare:
 - June weekly files (13,945 records) were received on time.
- March Vision:
 - June monthly file (2,369 records) was received on time.
- Quest Diagnostics:
 - June weekly files (11,385 records) were received on time.



Paper vs EDI Claims:

Period	Total EDI Submissions	Total Paper Submissions	Total claims
19-June	82,771	28,515	111,286

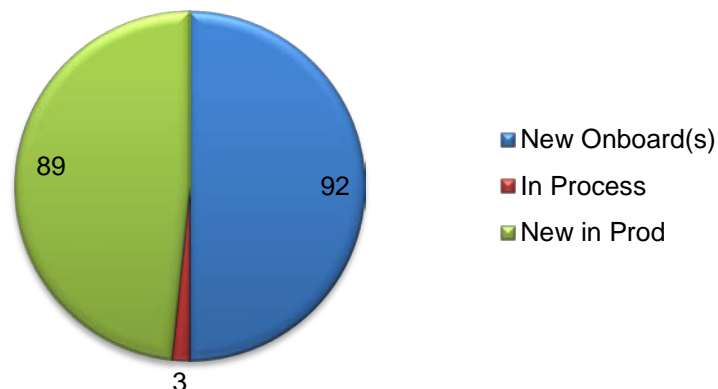


Onboarding EDI Providers - Updates:

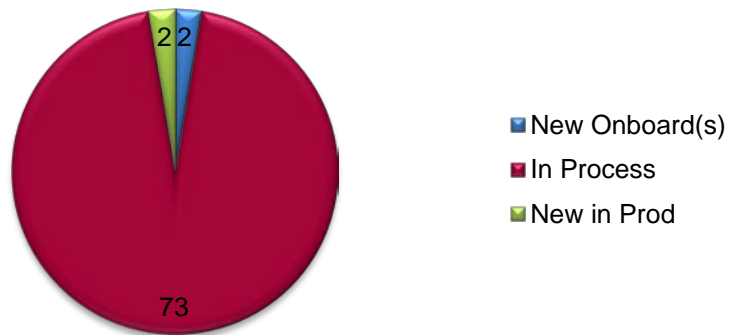
- June 2019 EDI Claims:
 - A total of 710 new EDI submitters have been added since October 2015, with 89 added in June 2019.
 - The total number of EDI submitters is 1142 providers.
- June 2019 EDI Remittances (ERA):
 - A total of 168 new ERA receivers have been added since October 2015, with 2 added in June 2019.
 - The total number of ERA receivers is 207 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
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
Apr - 19	33	0	33	1345	2	71	1	202
May - 19	13	5	8	1353	5	73	3	205
June - 19	92	3	89	1442	2	73	2	207

837 EDI Submitters - June 2019



835 EDI Receivers - June 2019



Summary of Lag Times:

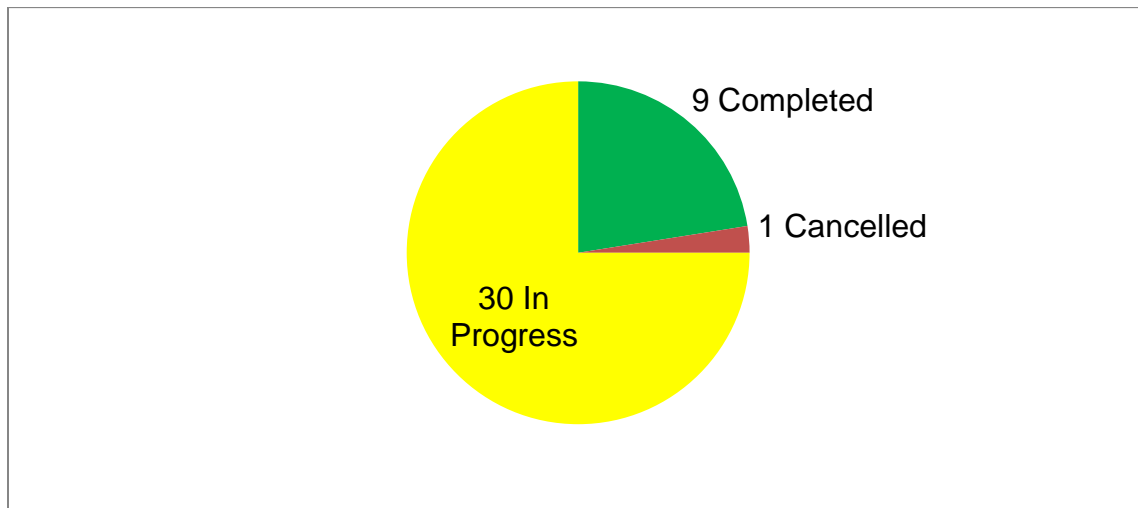
- The following is a summary of Lag Times.

AAH Encounters: Outbound 837 (AAH to DHCS)	June-19	Target
Timeliness-% Within Lag Time - Institutional 0-90 days	70.99%	60%
Timeliness-% Within Lag Time - Institutional 0-180 days	73.85%	80%
Timeliness-% Within Lag Time - Professional 0-90 days	89.59%	73%
Timeliness-% Within Lag Time – Professional 0-180 days	95.12%	80%

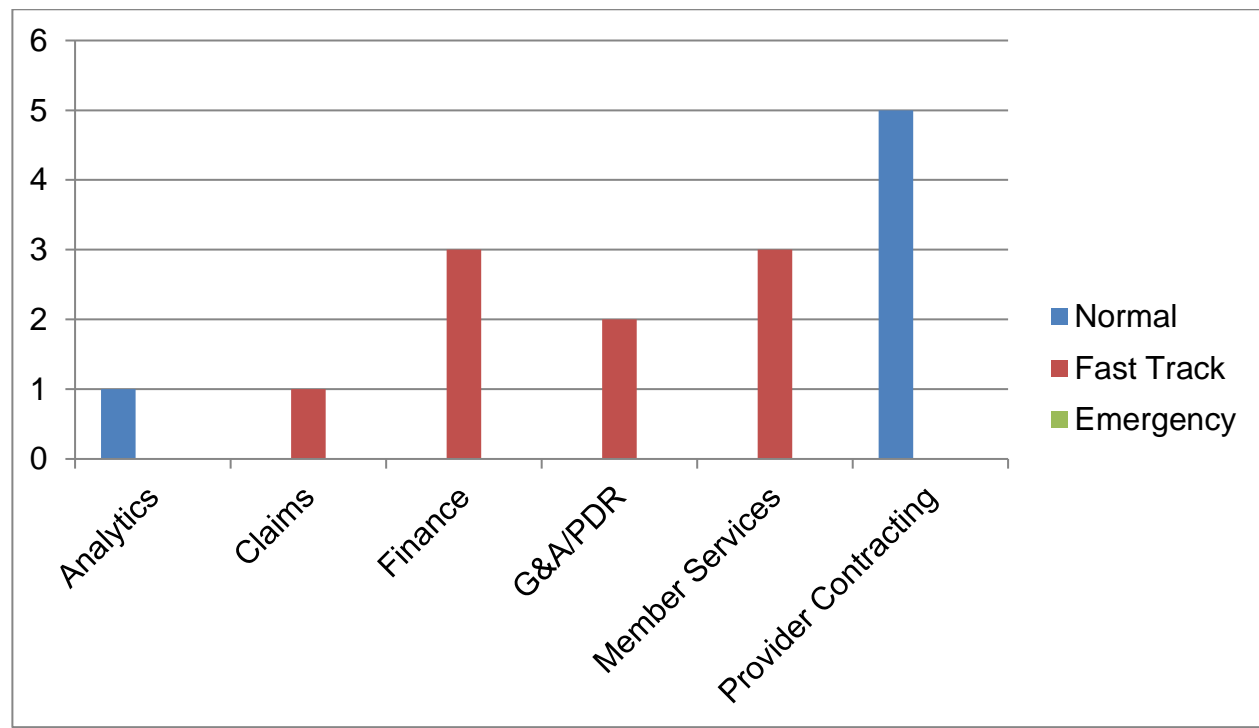
Change Management Key Performance Indicator (KPI)

- Change Request Submitted by Type in the month of June 2019.
 - 11 Normal CR.
 - 27 Fast Track CR.
 - 2 Emergency CR.

- 40 CRs Submitted/logged in the month of June 2019 resulting in:



Business Units CRs Submitted

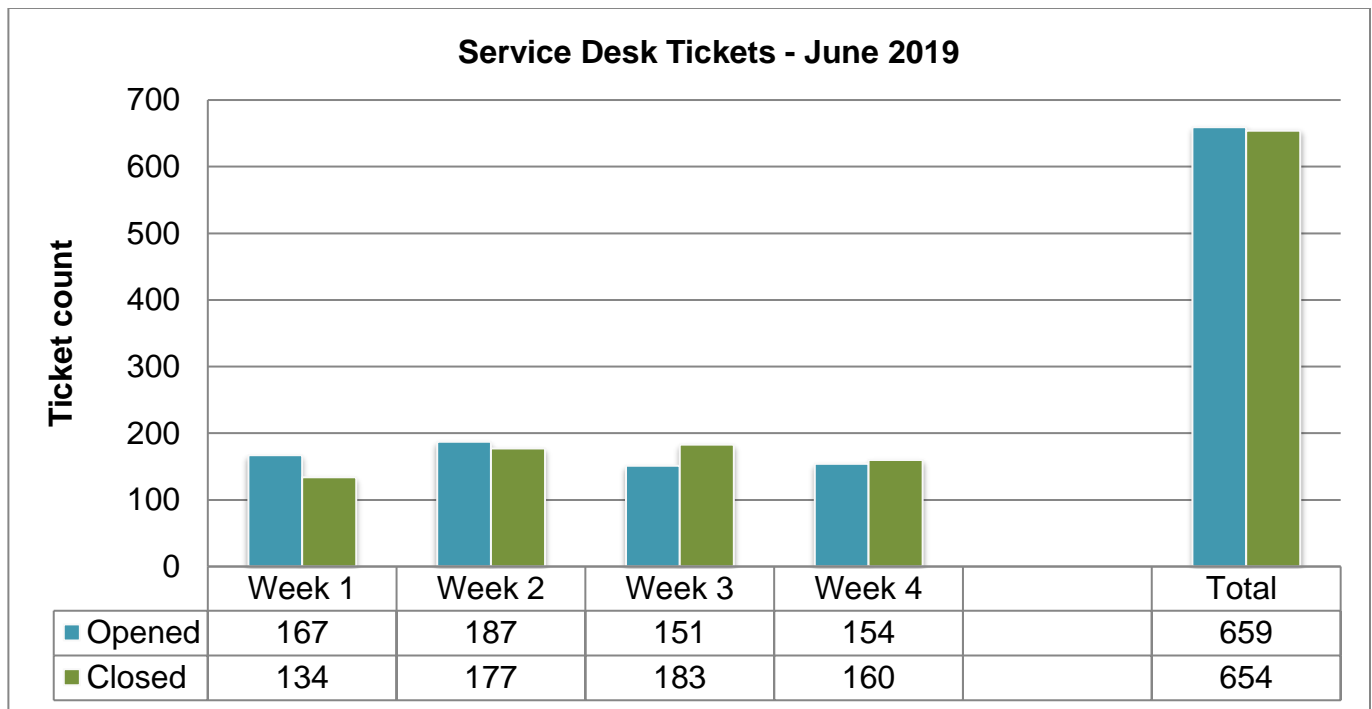


KPI - Overall

- Overall summary:
 - 971 Changes, Submitted.
 - 887 Changes, Completed, and Closed.
 - 84 Active Changes.
 - 118 Changes Cancelled/Rejected.
 - 41 Active Releases.
 - 1 Active Emergency/Exception Releases.
 - 2 Active Infrastructure Releases.

IT Stats: Infrastructure

- AAH phone systems and call center applications remained 100% available during the month of June. No call center outages occurred during this month. Overall, we are continuing to perform the following activities to optimize the call center eco-system (applications, backend integration, configuration, and network).
 - Phase 3 – IVR Migration from Avaya to Cisco – 100% completed.
 - AEVS IVR is now migrated and operational on Cisco.
 - Improved alerts and notifications – 80% Work in progress.
 - Session Initiation Protocol (SIP) trunk migration from Vonage to AT&T – Work in progress.



- 659 Service Desk tickets were opened for the month, which is 15.3% lower than the previous month.
- 654 Service Desk tickets were closed, which is 15.7% lower than the previous month.

Information Security

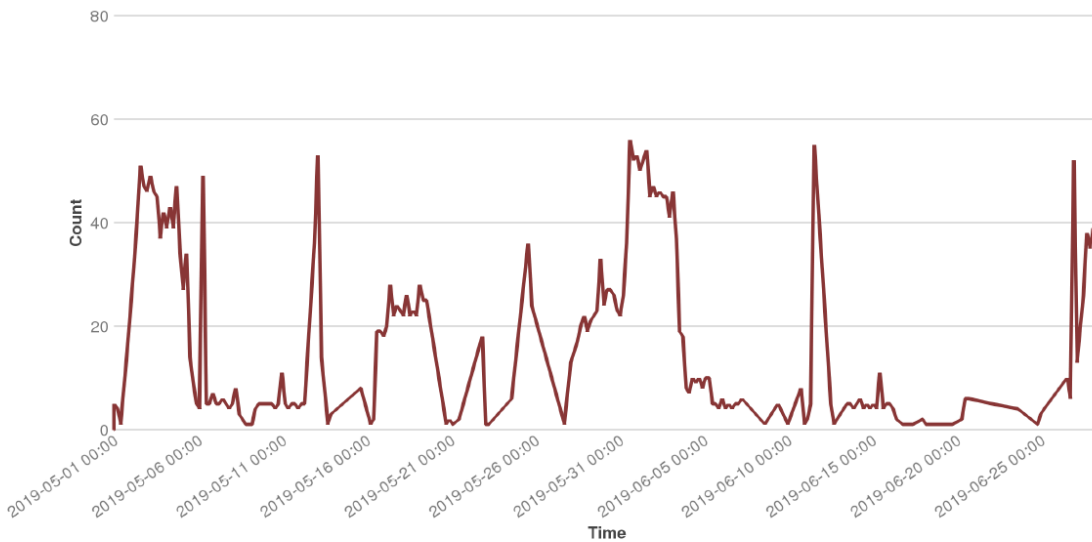
- The following is supporting security data providing additional information for the Information Security summary.
- All security activity data is based on the current months metrics as a percentage. This is compared to the previous three months average, except as noted.

Item / Date	18-Dec	18-Jan	19-Feb	18-Mar	19-Apr	19-May	19-Jun
Stopped By Reputation	511.5K	458.0K	14.2K	371.8K	344.7K	339.1K	299.9K
Invalid Recipients	26	37	0	41	33	31	299
Spam Detected	30.0K	29.8K	1,269	28.5k	26.2k	24.0k	23.2K
Virus Detected	0	6	1	0	2	0	2
Advanced Malware	9	4	0	0	2	5	1
Malicious URLs	284	579	4	248	263	174	86
Content Filter	7,357	1,917	1	14	23	13	6
Marketing Messages	2,973	3,413	179	4,239	4,347	4,475	3,909
Attempted Admin Privilege Gain	626	626	2,128	1,588	843	1,786	3,029
Attempted User Privilege Gain	258	348	78	129	84	3	20
Attempted Information Leak	64	44	47	72	54	36	67
Potential Corp Policy Violation	16	8	30	24	34	26	47
Network Scans Detected	5	7	4	1	0	2	5
Web Application Attack	47	80	42	24	22	46	83
Misc. Attack	78	32	18	5	7	1	30

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

All Intrusion Events

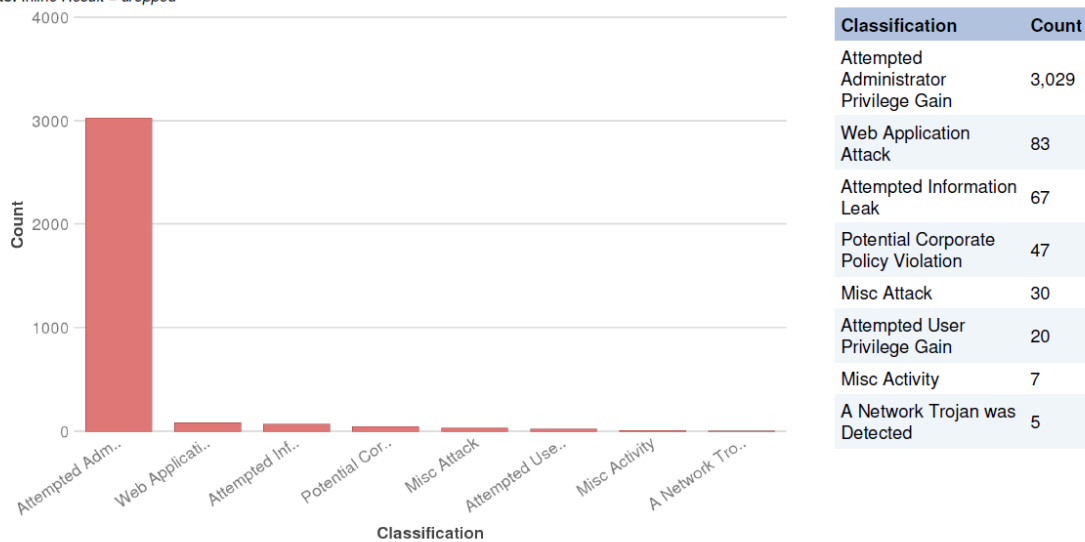
Time Window: 2019-05-01 00:00:00 - 2019-06-28 11:33:00



Dropped Intrusion Events

Time Window: 2019-05-01 00:00:00 - 2019-06-28 11:33:00

Constraints: Inline Result = dropped



- 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 299.9K.

- Attempted information leaks detected and blocked at the firewall are higher from 36 to 67 for the month.
- Network scans returned a value of 5 which is in line with previous month's data.
- Attempted User Privilege Gain is lower at 20 from a previous six months average of 60.



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: July 12, 2019

Subject: Performance & Analytics Report

Member Cost Analysis

- The Member Cost Analysis below is based on the following 12 month rolling periods:
 - Current reporting period: April 2018 – March 2019 dates of service
 - Prior reporting period: April 2017 – March 2018 dates of service
 - (Note: Data excludes Kaiser membership data.)
- For the Current reporting period, the top 7.5% of members account for 81.4% of total costs.
- In comparison, the Prior reporting period was slightly lower at 7.2% of members accounting for 79.9% of total costs.
- Characteristics of the top utilizing population remained fairly consistent between the reporting periods:
 - The SPD (non duals) and ACA OE categories of aid slightly decreased to account for 59.3% of the members, with SPDs accounting for 28.5% and ACA OE's at 30.8%.
 - The percent of members with costs \geq \$30K has increased slightly from 1.4% to 1.5%.
 - Of those members with costs \geq \$100K, the percentage of total members has stayed the same at 0.3%.
 - For these members, non-trauma/pregnancy inpatient costs continue to comprise the majority of costs, increasing slightly from 48% to 52%.
- 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 7.5% 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

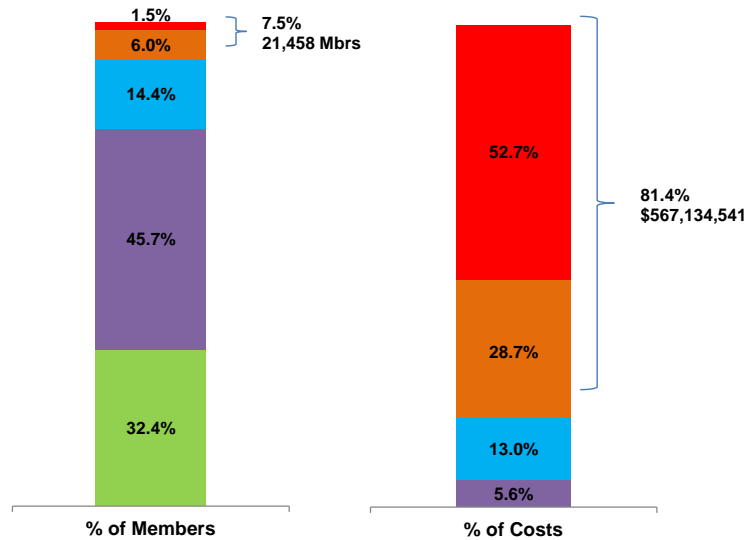
Lines of Business: MCAL, IHSS; Excludes Kaiser Members

Dates of Service: Apr 2018 - Mar 2019

Note: Data incomplete due to claims lag

Run Date: 12/28/18

Member Cost Distribution



Cost Range	Members	% of Members	Costs	% of Costs
\$30K+	4,228	1.5%	\$ 367,350,437	52.7%
\$5K - \$30K	17,230	6.0%	\$ 199,784,104	28.7%
\$1K - \$5K	40,921	14.4%	\$ 90,609,776	13.0%
< \$1K	130,218	45.7%	\$ 39,028,628	5.6%
\$0	92,335	32.4%	\$ -	0.0%
Totals	284,932	100.0%	\$ 696,772,945	100.0%

Top 7.5% of Members = 81.4% of Costs

Cost Range	Members	% of Total Members	Costs	% of Total Costs
\$100K+	984	0.3%	\$ 193,582,999	27.8%
\$75K to \$100K	523	0.2%	\$ 45,340,178	6.5%
\$50K to \$75K	1,016	0.4%	\$ 62,278,657	8.9%
\$40K to \$50K	707	0.2%	\$ 31,515,227	4.5%
\$30K to \$40K	998	0.4%	\$ 34,633,377	5.0%
SubTotal	4,228	1.5%	\$ 367,350,437	52.7%
\$20K to \$30K	2,052	0.7%	\$ 50,412,691	7.2%
\$10K to \$20K	6,105	2.1%	\$ 84,332,367	12.1%
\$5K to \$10K	9,073	3.2%	\$ 65,039,045	9.3%
SubTotal	17,230	6.0%	\$ 199,784,104	28.7%
Total	21,458	7.5%	\$ 567,134,541	81.4%

Enrollment Status	Members	Total Costs
Still Enrolled as of Mar 2019	226,730	\$ 603,291,679
Dis-Enrolled During Year	58,202	\$ 93,481,266
Totals	284,932	\$ 696,772,945

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

7.5% of Members = 81.4% of Costs

Lines of Business: MCAL, IHSS; Excludes Kaiser Members

Dates of Service: Apr 2018 - Mar 2019

Note: Data incomplete due to claims lag

Run Date: 12/28/18

7.5% of Members = 81.4% of Costs

28.5% of members are SPDs and account for 34.8% of costs.

30.8% of members are ACA OE and account for 29.5% of costs.

9.9% of members disenrolled as of Mar 2019 and account for 14.4% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Members with Costs >=\$30K	Members with Costs \$5K-\$30K	Total Members	% of Members
IHSS	IHSS	106	558	664	3.1%
MCAL	MCAL - ADULT	421	2,938	3,359	15.7%
	MCAL - BCCTP	3	2	5	0.0%
	MCAL - CHILD	154	1,367	1,521	7.1%
	MCAL - ACA OE	1,246	5,357	6,603	30.8%
	MCAL - SPD	1,644	4,466	6,110	28.5%
	MCAL - DUALS	64	1,011	1,075	5.0%
Not Eligible	Not Eligible	590	1,531	2,121	9.9%
Total		4,228	17,230	21,458	100.0%

Cost Breakout by LOB

LOB	Eligibility Category	Members with Costs >=\$30K	Members with Costs \$5K-\$30K	Total Costs	% of Costs
IHSS	IHSS	\$ 9,373,389	\$ 6,145,613	\$ 15,519,001	2.7%
MCAL	MCAL - ADULT	\$ 32,166,878	\$ 33,564,669	\$ 65,731,547	11.6%
	MCAL - BCCTP	\$ 402,895	\$ 19,198	\$ 422,092	0.1%
	MCAL - CHILD	\$ 7,794,503	\$ 15,008,123	\$ 22,802,625	4.0%
	MCAL - ACA OE	\$ 106,402,263	\$ 60,796,978	\$ 167,199,241	29.5%
	MCAL - SPD	\$ 143,215,844	\$ 53,937,051	\$ 197,152,896	34.8%
	MCAL - DUALS	\$ 4,726,157	\$ 12,144,454	\$ 16,870,610	3.0%
Not Eligible	Not Eligible	\$ 63,268,509	\$ 18,168,018	\$ 81,436,528	14.4%
Total		\$ 367,350,437	\$ 199,784,104	\$ 567,134,541	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+	7%	1%	1%	12%	60%	1%	11%	6%	3%	2%
\$75K to \$100K	5%	2%	3%	16%	45%	3%	8%	6%	12%	5%
\$50K to \$75K	4%	1%	2%	23%	41%	3%	9%	5%	7%	7%
\$40K to \$50K	5%	3%	4%	17%	47%	4%	9%	7%	3%	9%
\$30K to \$40K	6%	5%	5%	20%	39%	6%	9%	9%	2%	10%
\$20K to \$30K	4%	6%	6%	21%	40%	8%	10%	9%	1%	8%
\$10K to \$20K	2%	0%	13%	18%	36%	7%	13%	12%	3%	7%
\$5K to \$10K	0%	0%	11%	23%	23%	9%	13%	18%	0%	8%
Total	5%	2%	5%	17%	45%	4%	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

38.1% of members are SPDs and account for 38.1% of costs.

30.1% of members are ACA OE and account for 28.7% of costs.

20.4% of members disenrolled as of Mar 2019 and account for 21.8% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Total Members	% of Members
IHSS	IHSS	20	2.0%
MCAL	MCAL - ADULT	72	7.3%
	MCAL - BCCTP	1	0.1%
	MCAL - CHILD	4	0.4%
	MCAL - ACA OE	296	30.1%
	MCAL - SPD	375	38.1%
	MCAL - DUALS	15	1.5%
Not Eligible	Not Eligible	201	20.4%
Total		984	100.0%

Cost Breakout by LOB

LOB	Eligibility Category	Total Costs	% of Costs
IHSS	IHSS	\$ 4,931,223	2.5%
MCAL	MCAL - ADULT	\$ 14,019,513	7.2%
	MCAL - BCCTP	\$ 225,619	0.1%
	MCAL - CHILD	\$ 728,708	0.4%
	MCAL - ACA OE	\$ 55,519,058	28.7%
	MCAL - SPD	\$ 73,758,237	38.1%
	MCAL - DUALS	\$ 2,216,242	1.1%
Not Eligible	Not Eligible	\$ 42,184,399	21.8%
Total		\$ 193,582,999	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: July 12, 2019

Subject: Human Resources Report

Staffing

- As of July 1, 2019 the Alliance had 304 full time employees and 2-part time employees.
- On July 1, 2019 the Alliance had 40 open positions in which 8 signed offer acceptance letters have been received with start dates in the near future resulting in a total of 32 positions open to date. The Alliance is actively recruiting for the remaining 32 positions and several of these positions are in the interviewing or job offer stage.
- Summary of open positions by department:

Department	Open Positions July 1st	Signed Offers Accepted by Department	Remaining Recruitment Positions
Healthcare Services	17	3	14
Operations	12	3	9
Healthcare Analytics	2		2
Information Technology	4	2	2
Finance	4		4
Human Resources	1		1
Total	40	8	32

- Our current recruitment rate is 13%.

Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in June 2019 included:
 - 6 years:
 - Alisa Thomas (Member Services)
 - 7 years:
 - Marcie Sperling-Bullock (Claims)
 - Elisea Toscano-Cochrane (Member Services)
 - 11 years:
 - Annie Wong (Healthcare Analytics)
 - 12 years:
 - Cindy Brazil (Quality Improvement)
 - 22 years:
 - Monina Malonzo Rayo (Claims)
 - Linda Delin (Claims)
 - 23 years:
 - Angie Vaziri (Claims)