Board of Governors

Regular Meeting

Friday, September 13, 2019
9:00 a.m. – 3:00 p.m.

1240 South Loop Road, Alameda, CA 94502

AGENDA

BOARD OF GOVERNORS
Regular Meeting
Friday, September 13, 2019
9:00 a.m. – 3:00 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 September 13, 2019 at 9:00 a.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. **HEALTH POLICY ENVIRONMENT AHEAD**

6. **STRATEGIC INITIATIVES IN FY2019/2020**

7. **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 JULY 2019 BOARD OF GOVERNORS MEETING MINUTES**

   b) **REVIEW AND APPROVE 2019 QUALITY IMPROVEMENT PROGRAM DESCRIPTION**

8. **BOARD MEMBER REPORTS**

   a) **FINANCE COMMITTEE**

9. BOARD BUSINESS

a) REVIEW AND APPROVE JUNE 2019 MONTHLY FINANCIAL STATEMENTS

b) REVIEW AND APPROVE JULY 2019 MONTHLY FINANCIAL STATEMENTS

c) REVIEW AND APPROVE FISCAL YEAR 2020 FINAL BUDGET

10. BOARD OF GOVERNORS TRAINING

11. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS

12. PUBLIC COMMENTS (NON-AGENDA ITEMS)

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.

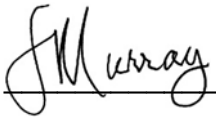
Public Input: If you are interested in addressing the Board, please fill out a form provided at the meeting with your full name and address. These forms are submitted to the Clerk of the Board at the front of the room. The Chair of the Board will call your name to speak when your item is considered. 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 September 9, 2019 by 9:00 p.m. as well as on the Alameda Alliance for Health's web page at www.alamaedaalliance.org.



_____Clerk of the Board – Jeanette Murray

ALAMEDA ALLIANCE FOR HEALTH
BOARD OF GOVERNORS
REGULAR MEETING

July 12, 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, Aarondeep Basrai, Dr. Michael Marchiano, Dr. Kelly Meade,
Excused: Will Scott, Dr. Rollington Ferguson, Delvecchio Finley, Nicholas Peraino
Alliance Staff Present: Scott Coffin, Dr. Steve O'Brien, Gil Riojas, Matt Woodruff, Tiffany Cheang, Jeanette Murray
Board of Governors on Conference Call: Marty Lynch, David B. Vliet

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 12:09 PM.	None	None
2. ROLL CALL			
E. Seevak	Board Members, Alliance Staff, and Guests in the Public Seating Area were introduced.	None	None
3. AGENDA APPROVAL OR MODIFICATIONS			
E. Seevak	Motion to remove the June minutes from the consent calendar to make two corrections.	Motion: Dr. Seevak Seconded: Dr. Marchiano No opposed or abstained.	None
4. INTRODUCTIONS			
E. Seevak	Introductions of attendees were made during Roll Call.	None	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
5. CONSENT CALENDAR			
E. Seevak	The consent calendar contained the June 2019 Minutes not the review of the 2019 Financial Statements. Two corrections were made on the minutes. • 1) Section 4. Stated: "Review 2019 Financial Statements" to be changed to: "June 2019 Board of Governors Meeting Minutes". • 2) Section 6.a., Compliance Advisory Group Report, delete the last bullet "A presentation was given by Gil Riojas". Motion to accept the June 2019 Minutes with the two corrections.	Motion: Dr. Marchiano Second: F. Almaliti Motion passed. No opposed / Dr. Meade obtained	None
6. a. BOARD MEMBER REPORT – FINANCE COMMITTEE			
Dr. Marchiano	• The Finance Committee Meeting was held on Tuesday, July 09, 2019. • Below are 3 concerns that Dr. Marchiano listed. **Enrollment down vs. the Alliance Turnaround Plan:** • Member difference: Turn Around Plan is based on 265 thousand enrollees but the current total is 258 thousand. • Will Operational efficiency offset what we do not receive in enrollees? **Death Audit:** • Scott will talk about the Death Audit during his CEO Report. **Ancillary Expense:** • Ground emergency medical transport. • Non-emergency and non-medical expense declining.	Informational update to the Board of Governors. Motion and vote not required.	To bring back analyses to next meeting on transportation expense.

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
7.a. BOARD BUSINESS – REVIEW AND APPROVE FINANCIAL STATEMENTS			
G. Riojas	**<u>May 2019 Financial Statement Summary</u>** **Net Income:** • For the month ending May 31, 2019, the Alliance ended with a Net Loss of $5.5 million (versus budgeted Net Loss of $3.6 million). • For the year-to-date, the Alliance recorded a Net Loss of $8.9 million (versus budgeted Net Loss of $34.0 million). • Factors resulting in the unfavorable variance are related to higher than anticipated Medical Expense. **Enrollment:** • Our enrollment decreased by 1,156 members since the month of April. • Current enrollment is at 257,781. • We continue to see reductions in the Adult, Child, and Optional Expansion categories of aid. • Other categories remain flat. Question: Enrollment has dropped, is it the same in other counties? • We are in line with statewide trends. Question: What percent of our expenses are fixed? Since we are losing members, we should be spending less. • Administrative expenses are $76.0 to $86.0 million, $800 to $900 million is Medical Expense. • Our largest area is Medical Expenses. Question: Enrollment is going down is our Medical Expenses also going down? • Gil hopes to have this analysis by September. **Revenue:** • Our Revenue reported is for the month ending May 31, 2019.	Gil to share enrollment analysis with Board	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• Actual Revenue at $75.8 million vs. budgeted amount of $75.4 million. • Year-to-date, our revenue is approximately $16 million higher than budgeted, primarily due to Prop 56 and Ground Emergency Medical Transportation (GEMT) revenue. **Medical Expense:** • Actual Medical Expenses were $77.8 million vs. budgeted amount of $75.0 million. • Year-to-date, we are still below budget for Medical Expenses by approximately $5.3 million. • The largest variances are related to Prop 56 and GEMT payments to Primary Care, these contribute to our income. Question: Are Prop 56 and GEMT payments a straight pass thru or is the plan compensated? • It is a risk based approach and not a straight pass thru. **Medical Loss Ratio:** • We reported an MLR of 102.6% for the month and 96.3% YTD. • We budgeted 98.9% for YTD. **Administrative Expense:** • Actual Administrative Expenses were on budget at $4.4 million. • YTD we reported $46.5 million vs. budgeted $49.1 million. • As mentioned over the last fiscal year, delayed hiring, and less than planned Computer Support Services make up the bulk of the savings. • Our Administrative Expense represents 5.8% of our Revenue for the month, and 5.5% YTD as compared to budget of 6%. Question: There are a number of vacancies if these vacancies were filled, would the Alliance be over in administrative expenses? • Yes		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Other Income / (Expense): • As of May 31, 2019, our YTD interest income from investments is $6.3 million. • Year-to-date claims interest expense is $545,000. **Tangible Net Equity (TNE):** • TNE was reported at 552% of the required amount, with a surplus of $148.4 million. **Cash Position and Assets:** • We reported $416.3 million in cash, $164.5 million is uncommitted. • Our current ratio is above the minimum required at 1.47 compared to 1.0. Motion carried to approve the May 2019 financial report as presented to the Board of Governors.	Motion: Dr. Aboelata Second: F. Almaliti Motion passed. No opposed or abstained.	
8.a. CEO UPDATE			
S. Coffin	**Operations Dashboard:** • The Operations Dashboard contains two areas that are highlighted in red status, and include the vacancy rate and provider disputes and resolutions. . **Human Resources** • Vacancy rate is at 13% open positions remain unfilled. • The breakdown of departments are located in the Human Resource packet • Delayed hiring, East Bay competitive job market, and finding the right candidates to fill the positions are the reasons for our vacancy rate. • Our internal target vacancy rate is 10% or less.		Claims: Report on auto and not auto adjudicate.

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Provider Disputes and Resolutions • 530 disputes and 153 overturned. • 31% overturn rate, approx. 6% over the internal target of 25%. • Claims and configuration are analyzing why these claims were not paid correctly. Question: Are these Auto-adjudication or not, so that we can know if it is an IT issue? • There is more than just configuration. There are several different reasons that this could happen and we would not know until after analyzing the data. **Governor Newsom's Executive Order:** • Governor Newsom's executive order was issued on January 7th. • The order transitions the administration of pharmacy services by January 2021 from Managed Care to Fee-For-Service. • DHCS defining specific details of transition of services and initated a public stakeholder process approximatly by July 24th. • Alliance to start operational readiness in the first quarter of 2020. • The State believes it can get better pharmacy discounts. • The revenue impact to the Alliance could be an 18% reduction or more, equating to $150 million per year. **State Budget and Legislative Policies:** • Governor's fiscal budget at present is in Sacramento at the capital traversing through the legislative process. • Alliance is tracking about 50 bills between the Senate and Assembly that relate to Health Care matters, including one that covers the Health Home Program. • 1115(a) and 1915(b) Waivers, we do not have the replacement language yet. • 1115(a) funded the Whole Person Care and has strong influence on local public hospitals and the county health system. • 1915(b) Waiver is a mental health bill and is anticipated to move forward for 5 years.	Informational update to the Board Governors. Motion and vote not required.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• The Department of Finance's trailer bill, is currently working its way through the House. • The Trailer bill is used to define some of the details, including Managed Care sanctions, which are tied to financial penalties. • The language in the trailer bill allows DHCS to exercise sanctions more swiftly than they have been permitted to do in the past. • Policy changes to Medi-Cal eligibility, covered benefits, access to care standards, specialty mental health and homeless programs are all wrapped up in this bill. **DHCS Death Audit**: • Last year the Bureau of State Auditor's released a report in October 2018. • This report identified more than 450,000 individuals statewide with questionable eligibility. • These discrepancies were divided into two groups. 1) People who do not meet eligibility requirements. 2) Decreased individuals that remain on Medi-Cal. • 16,600 members identified in Alameda County (deceased or did not meet criteria). • Alameda County paid Managed Care $103 million. • Health Care Services (DHCS) is analizing deceased enrollees for the period 2014 through 2018. • DHCS will send their analysis reports to the plans and an invoice in January 2020. • We are doing an internal analysis and will develop a future process to retain reserves for this issue. • The Alliance Analytics and Alameda County Social Services Analytics are analyzing the data for future financial forecasting. • There will be potential future recoupments until the eligibility problem is fixed.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Question: Have we engaged legal counsel? • Once we finish our analysis we will be engaging with legal counsel. Question: Why did DHCS decide to go back to this time? • Not sure, but it was the time the Affordable Care Act (ACA) started. Question: Can the providers provide the Alliance with death certificates to dis-enroll members? • It is the County that unrolls/enrolls members and the Alliance or providers cannot be involved in this process. **Health Home Program officially launched on July 1, 2019:** • DHCS approved on 6/10/2019 the Alliance was approved to participate. • Rates were received from DHCS on June 30th, one day prior to start of program. • We are in the process of finalizing the contracts with our providers and community based care management entities. • Program will start a little slower but since we had a pilot program that we started back in 2017, we are ahead in the enrollment process. • At present, the clinical is good versus contractual part of the program. **Routine & Focused Regulatory Audits:** • DMHC Medical Survey Audit completed on June 21st, 2019. • Moss Adams financial audit completes the week of June 17th, 2019. • The Department of Managed Health Care (DMHC) Financial audit, has been scheduled for December. They will be onsite 12/9 – 12/13. • Federal Office of Inspector General (OIG) will be conducting an audit on our Medical Loss Ratio. This will cover a total of 30 months (January 2014 through June 2016). • The OIG Audit date has not been announce yet to the Alliance. **Med-Cal Managed Care Procurement:** • DHCS will put out a proposal in 2020 in Alameda County for a commercial health plan.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• Alameda Alliance is a public health plan so we do not participate in this procurement process. • The new health plan will start in 2023.		
9.a. STANDING COMMITTEE UPDATES – MEMBERS ADVISORY COMMITTEE			
S. Coffin	The Members Advisory committee meets quarterly. The last meeting was held on June 27, 2019. Discussion was around Health Care Topics: • Opioids drug program. • Grievances and Appeals. • Health Education Update. • Communications and Outreach.	Informational update to the Board of Governors. Motion and vote not required.	
9.b. STANDING COMMITTEE UPDATES – PEER REVIEW AND CREDENTIALING COMMITTEE			
S. O'Brien	• The Peer Review and Credentialing Committee (PRCC) was held on June, 2019. • Total of 20 providers were initially credentialed, and 42 were re-credentialed. • Of the 20 initial credentials, 6 PCP, 7 Specialist, 1 Ancillary, and 6 Mid-levels. • Of the 42 re-credentials, 11 PCP, 15 Specialist, 3 Ancillary, and 13 Mid-levels.	Informational update to the Board of Governors. Motion and vote not required.	
9.c. STANDING COMMITTEE UPDATES – PHARMACY AND THERAPEUTICS COMMITTEE			
S. O'Brien	June 25, 2019 highlights: • Reviewed DHCS Audit Update.	Informational update to the Board of Governors.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• Reviewed Budget Plan for FY 2020-2021. • Dr. Lee reported on PerformRx Delegation Audit. • Pharmacy cost containment-Physician Administered Drugs. • Opioid Program next step Quantity Limit and Day Supply update on new starts. • Reviewed top drugs by cost and prior authorization. • Reviewed P&Ps. • Reviewed change of formulary status & ADA 2019 guidelines prescriber update. • Reviewed new drug class. • Reviewed Medication Request Guidelines.	Motion and vote not required.	
10. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS			
E. Seevak	• Member cost analysis - Utilizer per thousand (Gil). • Highlights from transportation expense analyses. • Access to care presentation in October on high and low utilizers. • Delegation of Authority at October or other meeting (Gil). • Recess in August. • Board Retreat in September.	Future Board	Yes
11. PUBLIC COMMENTS (NON-AGENDA ITEMS)			
E. Seevak	None	None	None
12. CLOSED SESSION			
E. Seevak	None	None	None
12. ADJOURNMENT			
E. Seevak	The meeting was adjourned at 1:58 PM.	None	None

Respectfully Submitted By: Jeanette Murray
Executive Assistant to the Chief Executive Officer and Clerk of the Board

ALAMEDA Alliance FOR HEALTH

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

Quality Improvement Program
Program Description

2019

2019 Quality Improvement Program Description
Signature Page

Date: July 18, 2019

DocuSigned by:
Sanjay Bhatt
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Sanjay Bhatt, M.D.
Medical Director, Quality Improvement
Vice Chair, Health Care Quality Committee

Date: July 18, 2019

DocuSigned by:
Steve O'Brien
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Steve O'Brien, M.D.
Chief Medical Officer, Medical Management
Chair, Health Care Quality Committee

Date: July 18, 2019

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Scott Coffin
Chief Executive Officer

Date: July 18, 2019

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Evan Seevak, M.D.
Board Chair

ALAMEDA Alliance FOR HEALTH

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TABLE OF CONTENTS

OVERVIEW

Alameda Alliance for Health's (Alliance) Quality Improvement (QI) Program strives to ensure that members have access to quality health care services. The QI Program Description details the scope, goals, and objectives of the program; how the program is organized to meet program objectives; functional areas and their responsibilities; reporting relationships for QI staff; the methodology used within the program; the structure and roles of committees supporting QI; staffing, resources, and data sources; and how improvement activities are conducted within the Alliance.

The Alliance is licensed by the State of California for Medi-Cal and Group Care lines of business. The Alliance QI Program is applicable to all lines of business and is designed to assess, measure, and improve the quality of care that members receive. The participation of all Alliance departments and staff is essential to achieving QI goals.

The Alliance complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex. The Alliance does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

I. QI PROGRAM GOALS AND SCOPE

The purpose of the Alliance QI Program is to objectively monitor and evaluate the quality, appropriateness, and outcome of care and services delivered to members of the Alliance. The overall goal of the QI Program is to ensure that members have access to quality health care services that are safe, effective, and meet their needs. The QI program is structured to continuously pursue opportunities for improvement and problem resolution. The QI program is organized to meet overall program objectives as described below and as directed each year by the QI and UM Work Plan. Improvement priorities are selected based on volume, opportunities for improvement, risk, and evidence of disparities.

The QI program is designed to ensure that:

- High quality, safe, and appropriate care that meets professionally recognized standards of practice is delivered to all enrollees.
- The plan promotes objective and systematic measurement, monitoring, and evaluation of services and implements QI activities based upon the findings.
- The plan incorporates medical and behavioral health QI aspects.
- Performance improvement activities are developed, implemented, evaluated and reassessed.
- Physicians and other appropriate licensed professionals, including behavioral health, are an integral part of the QI program.
- Appropriate care consistent with professionally recognized standards of practice is not withheld or delayed for any reason, such as potential financial gain or incentive to plan providers.
- A culture of quality exists to ensure continual HEDIS improvement and accreditation readiness.

The scope of the QI program is comprehensive and encompasses the following:

- Access and availability to clinical services and care management
- Cultural and linguistic services
- Patient safety
- Member and provider experience
- Continuity and coordination of care
- Utilization trends, including over-and under-utilization
- Clinical practice guideline development, adoption, distribution and monitoring
- Acute, chronic, and preventive care services for children and adults
- Member and provider education
- Perinatal, primary, specialty, emergency, inpatient, and ancillary care
- Case review of potential quality issues
- Credentialing and re-credentialing activities
- Delegation oversight and monitoring
- Special needs populations including Seniors and Persons with Disabilities and persons with chronic conditions

II. ORGANIZATIONAL STRUCTURE and SUPPORT COMMITTEES RESPONSIBILITY

Overview

The Alliance Board of Governors (BOG) appoints and oversees the Health Care Quality Committee (HCQC), Pharmacy & Therapeutics (P&T) Committee, Peer Review/Credentialing Committee (PRCC), Member Advisory Committee, and Compliance Committee which in turn, provide the authority, direction, guidance, and resources to enable Alliance staff to carry out the QI Program.

The organizational chart in ***Appendix A*** displays the reporting relationships for key staff responsible for QI activities at the Alliance. ***Appendix B*** displays the committee reporting relationship and organizational bodies.

A Board of Governors

The Alliance BOG is appointed by the Alameda County Board of Supervisors and consists of up to 15 members who represent member, provider, and community partner stakeholders. The BOG is the final decision-making authority for the Alliance QI program. Its duties include:

- Reviewing annually, updating and approving the QI program description, defining the scope, objectives, activities, and structure of the program.
- Reviewing annual QI report and evaluation of QI studies, activities, and data on utilization and quality of services.
- Assessing QI program's effectiveness and direct modification of operations as indicated.
- Defining the roles and responsibilities of HCQC.
- Designating a physician member of senior management with the authority and

responsibility for the overall operation of the quality management program, who serves on HCQC.
- Appointing and approving the roles of the Chief Medical Officer (CMO) and other management staff in the QI program.
- Receiving a report from the CMO on the agenda and actions of HCQC.

B. **Health Care Quality Committee (HCQC)**

The HCQC is a standing committee of the BOG and meets a minimum of four times per year, and as often as needed, to follow-up on findings and required actions. The HCQC is responsible for the implementation, oversight, and monitoring of the QI Program and Utilization Management (UM) Program. As it relates to the QI Program, the HCQC recommends policy decisions, analyzes and evaluates the QI work plan activities, and assesses the overall effectiveness of the QI program. The HCQC reviews results and outcomes for all QI activities to ensure performance meets standards and makes recommendations to resolve barriers to quality improvement activities. Any quality issues related to the health plan that are identified through the CAHPS survey and health plan service reports are also discussed and addressed at HCQC meetings. The HCQC oversees and reviews all QI delegation summaries reports and evaluates delegate quality program descriptions and work plan activities. The HCQC presents to the Board the annual QI program description, work plan and prior year evaluation. Signed and dated minutes that summarize committee activities and decisions are maintained. The QI Program, Work Plan, annual Evaluation and minutes from the HCQC are submitted to the California Department of Health Care Services (DHCS).

Responsibilities include:

- Approve, select, design, and schedule studies and improvement activities.
- Review results of performance measures, improvement activities and other studies.
- Review CAHPS and other survey results and related improvement initiatives.
- Provide on-going reporting to the BOG.
- Meet at least quarterly and maintaining approved minutes of all committee meetings.
- Approve definitions of outliers and developing corrective action plans.
- Approve Medical Necessity Criteria and Clinical Practice Guidelines and review compliance monitoring.
- Review member grievance and appeals data.
- Oversee the Plan's process for monitoring delegated providers.
- Oversee the Plan's UM Program.
- Review advances in health care technology, and recommend incorporation of new technology into delivery of services as appropriate.
- Provide guidance to staff on quality improvement activities.
- Monitor progress in meeting QI goals.
- Evaluate annually the effectiveness of the QI program.
- Oversee the Plan's complex case management and disease management programs.
- Review and approve annual QI and UM Program Descriptions, Work Plans, and

Evaluations.

The HCQC is chaired by the CMO and vice-chaired by the QI Medical Director. The members are representative of the contracted provider network including, those who provide health care services to Seniors and Persons with Disabilities (SPD) and chronic conditions. The HCQC Members are appointed for two year terms. The voting membership consists of:

- Alliance CMO (Chair)
- Medical Director of Quality (Vice-Chair)
- Chief Executive Officer (ex officio)
- Medical Director or designee from each delegated medical group (i.e., Community Health Center Network, Children First Medical Group, Kaiser)
- Physician representative of Alameda County Medical Center
- Physician representative of Alameda County Ambulatory Clinics
- Alliance contracted physicians (3 positions)
- Representative of County Public Health Department
- A Behavioral Health practitioner
- Alliance Medical Directors
- Alliance Senior QI Director

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

C. **Pharmacy and Therapeutics Committee (P&T)**

The P&T Committee assists the HCQC in oversight and assurance of ensuring the promotion of clinically appropriate, safe, and cost-effective drug therapy by managing and approving the Alliance's drug formulary, monitoring drug utilization and developing provider education programs on drug appropriateness. P&T Committee meeting minutes and pharmacy updates are shared at the HCQC meetings.

The voting membership consists of:

- Alliance Chief Medical Officer (Co-Chair) or Designee
- Alliance Pharmacist (Co-Chair/Secretary)
- Practicing physician(s) representing Family Practice and/or Internal Medicine
- Practicing physician(s) representing Pediatrics
- Practicing physician representing a medical specialty in support of agenda
- Practicing community pharmacist(s) contracted with AAH (not to exceed 3)

D. **Peer Review and Credentialing Committee (PRC)**

The PRC is a standing committee of the BOG that meets a minimum of ten times per year.

Responsibilities include:

- Recommending provider credentialing and re-credentialing actions.
- Performing provider-specific clinical quality peer review.
- Reviewing and approving PRCC Program Description.
- Monitoring delegated entity credentialing and re-credentialing.

The voting membership consists of:

- Alliance Chief Medical Officer (Chair) or Designee
- Medical Director/physician designee from Children First Medical Group
- Medical Director/physician designee from Community Health Center Network
- Physician representative for Alameda County Medical Center
- One specialist physician contracted with the Alliance
- Two physicians from the South County area contracted with the Alliance
- Physician representative from the Alliance BOG

E **Internal Quality Improvement Committee (IQIC)**

The IQIC assists the HCQC in oversight and assurance of the quality of clinical care, patient safety, and customer service provided throughout the AAH organization. Its primary roles are to maintain and improve clinical operational quality, review organization-wide performance against the Alliance quality targets, and report results to the HCQC. All members shall complete a confidentiality and conflict-of-interest form, as required. A quorum, defined as a simple majority of voting members, must be present in order to conduct a meeting. The IQIC shall meet quarterly, at least four times per year. If urgent matters (as determined by the Alliance CMO) arise between meetings, additional meetings will be scheduled. Meetings may be conducted via conference call or webinar. All relevant matters discussed in between meetings will be presented formally at the next meeting. An agenda and supplementary materials, including minutes of the previous meeting, shall be prepared and submitted to the IQIC members prior to the meeting to ensure proper review of the material. IQIC members may request additions, deletions, and modifications to the standard agenda. Minutes of the IQIC proceedings shall be prepared and maintained in the permanent records of the Alliance. Minutes, relevant documents, and reports will be forwarded to HCQC for review.

Responsibilities include:

- Develop, approve and monitor a dashboard of key performance and QI indicators compared to organizational goals and industry benchmarks.
- Oversee and evaluate the effectiveness of AAH's Performance Improvement and Quality Plans.
- Review reports from other sub-committees and, if acceptable, forward for review at the next scheduled HCQC.
- Reviewing plan and delegate corrective plans with regard to negative variances and serious errors.
- Oversee compliance with NCQA accreditation standards.

- Make recommendations to the HCQC on all matters related to:
    - Quality of Care, Patient Safety, and Member/Provider Experience
    - Performance Measurement
    - Preventive services including:
        - Seniors and Persons with Disability (SPD)
        - Members with chronic conditions
        - Medi-Cal Expansion (MCE) members.

The Committee shall be comprised of the following members:

- Alliance Chief Medical Officer(CMO)
- Alliance Medical Director(s)
- Director of Quality
- Clinical Quality Manager
- Access to Care Manager
- Ad Hoc members from Provider Relations, Member Services, Business Analytics and Health Education

F. **Utilization Management Committee (UMC)**

The UMC is a forum for facilitating clinical oversight and direction. Its responsibilities are to:

- Maintain the annual review and approval of the UM Program, UM Policies/Procedures, UM Criteria and other pertinent UM documents such as the UM Delegation Oversight Plan, UM Notice of Action Templates, and Case/Care Management Program and Policies/Procedures.
- Participate in the utilization management/continuing care programs aligned with the Program's quality agenda.
- Assist in monitoring for potential areas of over and under-utilization and recommend appropriate actions when indicated.
- Review and analysis of utilization data for the identification of trends.
- Recommend actions to the Quality Oversight Committee when opportunities for improvement are identified from review of utilization data including, but not limited to Ambulatory Visits, Emergency Visits, Hospital Utilization Rates, Hospital Admission Rates, Average Length of Stay Rates, and Discharge Rates.

Review information about New Medical Technologies from the Pharmacy & Therapeutics Committee including new applications of existing technologies for potential addition as a new medical benefit for Members.

G. **Access and Availability Subcommittee (AASC)**

The AASC reviews the Alliance's access and availability data to evaluate whether the Alliance is meeting regulatory standards and provides corrective actions and recommendations for improvement to departments when needed. The committee identifies opportunities for improvement and provides recommendations to maintain compliance with access and availability regulatory requirements. Membership is comprised of Alliance staff within departments that are involved with access and availability.

The following are the monitoring activities the subcommittee reviews to ensure compliance with access and availability and network adequacy requirements including:

- Provider capacity levels
- Geographic accessibility
- Appointment availability
- High volume and high impact specialists
- Grievances and appeals related to access
- Potential quality issues related to access
- Triage and screening services related to access
- Member and provider satisfaction survey
- After hours care

H. **Joint Operations Committee/Delegation**

The contractual agreements between the Alliance and delegated groups specify:

- The responsibilities of both parties.
- The functions or activities that are delegated.
- The frequency of reporting on those functions and responsibilities to the Alliance and how performance is evaluated.
- Corrective action plan expectations, if applicable.

The Alliance may delegate QI, Credentialing, UM, Case Management, Disease Management and Claims activities to provider groups that meet delegation requirements. Prior to delegation, the Alliance conducts delegation pre-assessments to determine compliance with regulatory and accrediting requirements.

As part of delegation responsibilities, delegated providers must:

- Develop, enact, and monitor quality plans that meet contractual requirements and Alliance standards.
- Provide encounter information and access to medical records pertaining to Alliance members as required for HEDIS and regulatory agencies.
- Provide a representative to the Joint Operations Committee.
- Submit at least semi-annual reports or more frequently if required on delegated functions.
- Cooperate with state/federal regulatory audits as well as annual oversight audits.
- Complete any corrective action judged necessary by the Alliance.

The Alliance collaborates with delegates to formulate and coordinate QI activities and includes these activities in the QI work plan and program evaluation. Delegated activities are a shared function. Delegate program descriptions, work plans, reports, policies and procedures, evaluations and audit results are reviewed by the Compliance and Joint Operations Committee and findings are summarized at HCQC meetings, as appropriate.

The Alliance currently delegates the following functions:

18 AAH Delegation Audit Schedule											
Delegate Name		Service Type	Product Line		QI	UM	Credentialing / Re-Credentialing	Rights and Responsibilities	Claims	Case Mgmt.	BHT
			MCAL	GC							
1	KAISER	Fully Delegate	X		11/06/18	11/06/18	NCQA	11/06/18	11/06/18	11/06/18	11/06/18
2	BEACON HEALTH STRATEGIES LLC	Mental Health, Partially Delegated	X	X	8/16/18	8/16/18	NCQA	N/A	8/16/18	8/16/18	11/06/18
3	COMMUNITY HEALTH CENTER NETWORK (CHCN)	Partially Delegated	X	X	N/A	10/09/18	N/A	N/A	10/09/18	10/09/18	N/A
4	CHILDREN'S FIRST MEDICAL GROUP (CFMG)	Partially Delegated	X		N/A	9/10/18	7/01/17	N/A	9/10/18	N/A	N/A
5	PERFORMRX	Pharmacy	X	X	N/A	1/01/18	1/01/18	N/A	1/01/18	N/A	N/A
6	MARCH VISION CARE GROUP, INC.*	Vision	X		N/A	N/A	7/01/17	N/A	11/01/18	N/A	N/A
7	CALIFORNIA HOME MEDICAL EQUIPMENT (CHME)	DME	X	X	N/A	8/30/18	N/A	N/A	N/A	N/A	N/A
8	EVICORE*	Specialty Radiology	X	X	N/A	11/01/18	N/A	N/A	N/A	N/A	N/A
9	PHYSICAL THERAPY PROVIDER NETWORK (PTPN)	Physical Therapy	X	X	N/A	N/A	4/01/17	N/A	N/A	N/A	N/A
10	LUCILLE PACKARD	Medical Group	X	X	N/A	N/A	9/01/17	N/A	N/A	N/A	N/A
11	UCSF	Medical Group	X	X	N/A	N/A	10/01/17	N/A	N/A	N/A	N/A

III. QUALITY IMPROVEMENT PROGRAM RESOURCES

Responsibilities for QI program activities are an integral part of all Alliance departments. Each department is responsible for setting and monitoring quality goals and activities.

The Alliance QI Department is part of the Health Care Services Department, and responsible for implementing QI activities and monitoring the QI program. The QI Department directs the accreditation process, manages the HEDIS and CAHPS data collection and improvement process, conducts facility site reviews (FSRs), and oversees the quality activities in other departments and those performed by delegated groups.

Resource allocation for the QI Department is determined by recommendations from the HCQC, CMO, and CEO. The Alliance recruits and hires trained staff, and provides resources to support activities required to meet the goals and objectives of the QI program.

The Alliance's commitment to the QI program extends throughout the organization and focuses on QI activities linked to service, access, continuity and coordination of care, and member and provider experience. The Director of Quality with direction from the Medical Director of Quality and CMO, coordinate the QI program.

A **Chief Medical Officer**

The Alliance Chief Medical Officer (CMO) is a board-certified physician who holds a current unrestricted license to practice medicine in California. The CMO is responsible for, and oversees the QI program. The CMO provides leadership to the QI program through oversight of QI study design, development, and implementation, and chairs the HCQC, PRCC, and P&T committees. The CMO makes periodic reports of committee activities, QI study and activity results, and the annual program evaluation to the BOG.

B **Medical Director of Quality Improvement**

The Medical Director is part of the medical team and is responsible for strategic direction of the Quality and Program Improvement programs. The Medical Director also forms a dyad partner with the Sr. Director of Quality and will serve as an internal expert, consultant, and resource in QI. They are responsible for clinical appropriateness, quality of care, pay for performance, access and availability, provider experience, member experience and cost-effective utilization of services delivered to Alliance members. Responsibilities include participating in the grievance and external medical review procedure process, resolving medically related and potential quality related grievances, and issuing authorizations, appeals, decisions, and denials. The QI Medical Director is a board-certified physician who holds a current unrestricted license to practice medicine in California. The QI Medical Director holds a Medical Doctorate, Master of Medical Management, and Master of Science in Biomedical Investigations, over 10 years of clinical experience, and 8 years of QI experience.

C **Sr. Director of Quality Improvement**

The Sr. Director of Quality is responsible for the strategic direction of the Quality Improvement Program. The Sr. Director of Quality holds a Master's degree in Public Administration in Health Care, with 20 years of QI experience. The Sr. Director of Quality is a Registered Nurse who holds an active license to practice in California. This position has direct responsibility for the development, implementation, and evaluation of HEDIS and CAHPS. This position is responsible for all performance improvement activities, including improving access and availability of network services; developing and managing quality programs as identified by DHCS, DMHC, and NCQA (PIPs, Improvement Programs i.e. EAS measures, QI Standards) as well as managing, tracking, analyzing, and reporting member experience/satisfaction as requested. The Sr. Director is also responsible for the oversight of FSR and potential quality issues (PQIs) and will direct performance improvement, FSR, access and availability. The Sr. Director is also the senior nurse to the organization to augment clinical oversight. This position assists with setting the priorities of the Health Education program and ensures Health Education and Cultural and Linguistic Services are incorporated in to the Quality program

Clinical Quality Manager

The Clinical Quality Manager is responsible for the day-to-day management of the QI department, including but not limited to the HEDIS measures submissions, Physician Profiling (practice profiling)

activities, Performance Improvement Projects, Potential Quality of Care reviews and quality improvement initiatives. The Clinical Manager also acts as liaison between the Alliance's physician leadership and community practitioners/providers of care across all specialties and delegates. The Manager is also responsible for creating report cards and assessing gaps in care. They work collaboratively throughout the organization to lead and establish appropriate performance management/quality improvement systems. The Clinical Quality Manager reports to the Sr. Director of Quality.

D. **Access to Care Manager**

The Access to Care Manager is intended to work collaboratively throughout the organization to lead and establish appropriate access to care systems. The Access to Care Manager ensures the access program is in compliance with timely access standards as regulated by the Department of Managed Health Care (DMHC), the Department of Health Care Services (DHCS) and the National Committee for Quality Assurance (NCQA). The Access to Care Manager ensures planning and oversight of access to care surveys, ensures appropriate follow up when compliance monitoring indentifies defeciencies, and daily operations related to Facility Site Reviews (FSRs). The Access to Care Manager reports to the Sr. Director of Quality.

E. **Quality Improvement Clinical Staff (5)**

1 / 5 positions are currently unfilled. The QI clinical staff is comprised of licensed registered nurses and have clinical oversight from the Medical Director of Quality and Sr. Director of Quality. The QI Supervisor oversees day-to-day activities of the clinical staff within the QI department with direct supervision of Quality Review Nurses. Quality Review Nurses are responsible for investigating Potential Quality Issues initiated from member grievances or front line health care staff, assisting with HEDIS medical record needs and as needed FSRs. QI Nurse Specialists report to the Clinical Quality Manager. The Senior QI Nurse Specialist is a Facility Site Review (FSR) Master Trainer. The FSR Master Trainer is a state required position responsible for ensuring timely facility site review of contracted physicians or physician groups. The QI Nurse Specialist is responsible for provider site review audits, qualitative and quantitative content of the medical records, compliance with quality of care standards, and oversight monitoring of delegated provider organizations. This position reports to the QI Supervisor.

F. **Quality Improvement Project Specialist (5)**

1 / 5 positions are currently unfilled. QI Project Specialists (QIPS) are responsible for providing support for quality assessment and performance improvement activities including quality monitoring, accreditation, access and availability monitoring, evaluation and facilitation of performance improvement projects. They report directly to either the Clinical Quality Manager or Access to Care Manager. The QIPS acts as a liaison between the Alliance and the survey vendors, assist with accreditation needs, collaborate on HEDIS interventions, and perform regular assessments of access surveys, provider surveys, CAHPS and grievances. The QIPS ensures accuracy of DHCS performance improvement projects, internal subcommittees and

HCQC and subcommittee meeting facilitation. The QIPS have experience in managed care as well as other highly regulated organizations.

G. **Facility Site Review/Coordinator**

This position is currently unfilled. The Facility Site Review Coordinator reports to the Access to Care Manager and is responsible for performing facility site review audits and quality improvement activities in conjunction with the QI Nurse Specialists. The position assists with access and availability requirements, provider trainings, HEDIS data collection, disease specific outreach, and preparation for accreditation and compliance surveys by external agencies such as DHCS, CMS and NCQA.

H. **Quality Program Coordinator**

Under the general direction of the Clinical Quality Manager, this position is responsible for helping to plan, organize, and implement Alliance quality programs. Responsibilities include: coordinate quality projects, conduct reminder calls/mailings to targeted members or providers in quality initiatives or programs, represent the Alliance at community meetings/events, create/run periodic departmental reports, maintain departmental worksheets/limited data sets, etc.

I. **Director Quality Assurance**

The Director, Quality Assurance is responsible for the operational management of the Alliance Quality Assurance Program under the direction of the Chief Medical Officer. The Director is responsible for Health Care Services internal monitoring activities as well as clinical components of delegation oversight auditing and performance monitoring. The Director is responsible for ensuring Health Care Service's overall regulatory compliance with Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC) contractual responsibilities for Health Care Service Departments. The role is also responsible for overseeing ongoing audit readiness activities for DHCS, DMHC and NCQA. The Director is also responsible to coordinate processes, activities, and regulatory compliance involving grievances and appeals for all lines of business. The position identifies, analyzes, and coordinates resolution of grievances and appeals.

J. **Utilization Management Staff**

The UM/Medical Services and QI Departments are part of the Alliance Health Care Services Department. These two departments work collaboratively to ensure that quality health care is delivered to members. QI ensures that HCQC is able to identify improvement opportunities regarding: concurrent reviews, tracking key utilization data, and the annual evaluation of UM activities.

K. **Pharmacy Staff**

The Pharmacy Department and QI Department work collaboratively on various QI projects.

The Pharmacy Department supports patient safety initiatives including working with the Pharmacy Benefit Manager (PerformRx) to inform members, providers and network pharmacies of medication safety alerts. Responsibilities also include review and update of the formulary through P&T, oversight of the Pharmacy Benefit Manager, and collaboration with HCQC.

L. **Case and Disease Management Staff**

The Case and Disease Management department oversees case management for high-risk members including those identified through the disease management program. Responsibilities include conducting outreach and care coordination activities for members in the programs to ensure the improvement of member outcomes and overall member satisfaction. The staff will also assist the QI department in QI activities through conducting member outreach calls and mailings.

M. **Network Management/Provider Relations**

The Network Management/Provider Relations Department is the primary point of contact for network providers. They assist the QI Department on various QI activities with network providers as appropriate as well as disseminating QI information to practitioners. The Department is responsible for assessing provider satisfaction with Alliance processes and monitoring availability and accessibility standards at physician offices, including after-hours coverage. Provider Services staff also assists the QI Department with practitioners who do not comply with requests from QI including scheduling HEDIS abstraction visits.

N. **Credentialing Staff**

The Credentialing staff support the credentialing and re-credentialing processes for practitioners and network providers. The Credentialing staff conducts ongoing monitoring and evaluation of network practitioners to ensure the safety and quality of services to members. The QI Department provides the Credentialing Department with Facility Site Review and Medical Record audit scores. The Credentialing staff is responsible for coordinating the PRCC meetings.

O. **Member Services Staff**

The Member Services staff fields all member inquiries regarding eligibility, benefits, claims, programs, and access to care. The staff conducts welcome calls to members to educate new members about the health plan benefits. Member Services staff also works with the QI Department on member complaints and appeals in accordance with established policies and procedures. To assist in improving HEDIS scores, the Member Services Department may conduct reminder calls to members to get HEDIS services completed.

P. **Health Education**

The Health Education Department consists of three full time staff and is inclusive within the QI

Department. The staff supports QI in the development and implementation of member and provider educational interventions and community collaborations to address health care quality and access to care. The Health Education Department also manages and monitors the Cultural and Linguistic programs for the Alliance. The Health Education and Cultural and Linguistic Programs are outlined in a separate document.

Q **Healthcare Analytics Staff**

The Healthcare Analytics Department consists of seventeen staff members. This includes: one Chief Analytics Officer, two Directors, one Manager, nine analysts, two Quality Specialists, one Business Administrator, and one Executive Assistant. They perform data analyses involving clinical, financial, provider and member data. The Health Care Analysts are available to the QI department allotting at least 25% of their time to direct QI analysis. They collect and summarize QI data, and work in conjunction with the Information Technology (IT) Department and the QI department to produce analytics and reporting for various QI activities projects including HEDIS. Additionally, some quality analytics and reporting are produced by outside vendors under contract with the Alliance.

R **Utilization Management**

The Alliance's Utilization Management (UM) activities are outlined in the UM Program Description which includes a persons with complex health conditions. The UM Program Description defines how UM decisions are made in a fair and consistent manner. There is also a Case Management (CM) and Complex Case Management Program Description. These programs address serving members with complex health needs, such as, seniors and people with physical or developmental disabilities (SPDs) and/or multiple chronic conditions. There is one staff person dedicated to working with "linked and carved out services" such as East Bay Regional Center, California Children Services (children with complex health care needs), and the Alameda County Behavioral Health Care Department. The UM Program Description is approved by the UMC and HCQC. For additional information, refer to the UM and CM/Complex CM Program Descriptions.

IV. METHODS AND PROCESSES FOR QUALITY IMPROVEMENT

The QI program employs a systematic method for identifying opportunities for improvement and evaluating the results of interventions. All program activities are documented in writing and all quality studies are performed on any product line for which it seems relevant. The Alliance QI Program follows the recommended performance improvement framework used by the Department of Health Care Services (DHCS). In 2017, DHCS adopted a framework based on a modification of the Institute for Health Care Improvement (IHI) Quality Improvement (QI) Model of Improvement. Key concepts for DHCS performance improvement projects (PIP) utilize the following framework:

- PIP Initiation
- SMART Aim Data Collection
- Intervention Determination

- Plan-Do-Study-Act
- PIP Conclusion

A. Identification of Important Aspects of Care

The Alliance uses several methods to identify aspects of care that are the focus of QI activities. Some studies are initiated based on performance measured as part of contractual requirements (e.g., HEDIS). Other studies are initiated based on analyses of the demographic and epidemiologic characteristics of Alliance members and others are identified through surveys and dialogue with our member and provider communities (e.g., CAHPS, provider satisfaction and Group Needs Assessment). Particular attention is paid to those areas in which members are high risk, high volume, high cost, or problem prone.

B. Data Collection and Data Sources

The Alliance uses internal resources and capabilities to design sound studies of clinical and service quality that produce meaningful and actionable information.

Much of the data relevant to QI activities are maintained in a confidential and secure data warehouse named ODS (Operational Data Store). Data integrity is validated annually through the HEDIS reporting audit process, and through adherence to the Alameda Alliance data analysis plan.

Data sources to support the QI program include, but are not limited to the following:

- Data Warehouse (HAL): Houses legacy data from previous system (Diamond).
- ODS (Operational Data Store): This is the main database and the primary source for all data including member, eligibility, encounter, provider, pharmacy data, lab data, vision, encounters, etc. and claims. This database is used for abstracting data required for quality reporting.
- Business Objects: A data mining tool used by staff to create accurate member level reporting.
- HealthSuite: a platform for integrating data from Providers, Members, Medical Records, Encounters, and claims.
- CareAnalyzer (DST): provide care managers access to risk-stratified data that can be effectively applied to target high-risk members for early intervention and improve the overall coordination of care.
- TruCare: in house medical record data storage software.
- HEDIS: Preventive, chronic care, and access measures run through NCQA-certified HEDIS software vendor (Verscend).
- CAHPS 5.0 and CAHPS 3.0: Member experience survey.
- California Immunization Registry (CAIR): Immunization registry information.
- Laboratory supplemental data sources from: Quest, Foundation, Sorian, and NextGen

and Novius.
- Credentialing is in Cactus, a credentialing database.
- Provider satisfaction and coordination of care surveys
- Pre-service, concurrent, post-service and utilization review data (TruCare).
- Member and provider grievance and appeal data.
- Potential Quality of Care Issue tracking/trending data.
- Internally developed databases (e.g., asthma and diabetes).
- Provider Appointment Availability Survey (PAAS), as well as after hour access and emergency instructions.
- Other clinical or administrative data.

C. Evaluation

Health care analysts collect and summarize quality data. Quality performance staff analyzes the data to determine variances from established criteria, performance goals, and for clinical issues. Data is analyzed to determine priorities or achievement of a desired outcome. Data is also analyzed to identify disparities based on ethnicity and language. Particular subsets of our membership may also be examined when they are deemed to be particularly vulnerable or at risk.

HEDIS related analyses include investigating trends in provider and member profiling, data preparation (developing business rules for file creation, actual file creation for HEDIS vendors, mapping proprietary data to vendor and NCQA specifications, data quality review and data clean-up). These activities involve both data sets maintained by the Alliance and supplemental files submitted by various trading partners, such as delegated provider organizations and various external health registries and programs (e.g., Kaiser Permanente, Quest Diagnostics and the California Immunization Registry).

Aggregated reports are forwarded to the HCQC. Status and final reports are submitted to regulatory agencies as contractually required. Evaluation is documented in committee minutes and attachments.

D. ACTIONS TAKEN AS RESULT OF QUALITY IMPROMEVEMENT ACTIVITIES

Action plans are developed and implemented when opportunities for improvement are identified. Each performance improvement plan specifies who or what is expected to change, the person responsible for implementing the change, the appropriate action, and when the action is to take place. Actions will be prioritized according to possible impact on the member or provider in terms of urgency and severity. Actions taken are documented in reports, minutes, attachments to minutes, and other similar documents.

An evaluation of the effectiveness of each QI activity is performed. A re-evaluation will take place after an appropriate interval between implementation of an intervention and remeasurement. The evaluation of effectiveness is described quantitatively, in most cases, compared to previous measurement, with an analysis of statistical significance when indicated.

Based on the HEDIS data presented, areas of focus for 2019 include the following:

Clinical Quality Measure Category	
1	Childhood Immunization Status – Combo 3
2*	Children and Adolescents' Access to Primary Care Physicians
3	Children/Adolescents' Weight Assessment and Counseling - Nutrition
4	Asthma Medication Ratio (Total Rate)
5	Cervical Cancer Screening
6	Comprehensive Diabetes Care (18-75 y/o) – HbA1c Testing
7*	Controlling High Blood Pressure
8	Annual Monitoring for Patients on Persistent Medications (>18 y/o) - ACE or ARB
9	Annual Monitoring for Patients on Persistent Medications (>18 y/o) -Diuretics

Other Non-HEDIS related measures of focus will include EPSDT / Pediatric services and also:

Other Measure Category	
10R*	Opioids Intervention Education
11*	Initial Health Assessment (DHCS measure)
12	ED Visits per 1000 Member
13	Pharmacy Utilization - % of Generic Usage

See Appendix C (bottom) for ongoing PIP activities that will continue into 2019.

E. TYPES OF QI MEASURES AND ACTIVITIES

A Healthcare Effectiveness Data Information Set (HEDIS)

The External Accountability Set (EAS) Performance Measures, a subset of HEDIS (Health Effectiveness Data Information Set) are calculated, audited, and reported annually as required by DHCS. Additional measures from HEDIS are also reviewed. A root cause analysis may be performed and improvement activities initiated for measures not meeting benchmarks.

B Consumer Assessment of Health Plan Survey (CAHPS)

The Alliance evaluates member experience periodically. The Consumer Assessment of Health

Plan Survey (CAHPS) is conducted by vendors. The Alliance assists in the administration of these surveys, receives and analyzes the results, and follows up with prioritized improvement initiatives. Survey results are distributed to the HCQC and made available to members and providers upon request. The CAHPS survey is conducted annually for the entire Medi-Cal population and the results from the CAHPS are reported in the annual QI evaluation and used to identify opportunities to improve health care and service for our members.

C. **State of California Measures**

DHCS has developed several non-HEDIS measures that the Alliance evaluates. These measures, specified in the Alliance contract with DHCS, involve reporting rates for an Under/Over-Utilization Monitoring Measure Set.

D. **State Quality Improvement Activities**

DHCS requires Medi-Cal Managed Care plans to conduct at least two QI projects each year. Forms provided by DHCS are used for QI project milestones.

Annually, the Alliance submits its QI Program Description, an evaluation of the prior year's QI Work Plan and a QI Work Plan for the next year. The QI Work Plan will be updated throughout the year as QI activities are designed and implemented.

The Alliance complies with the requirements described in MMCD All Plan Letters.

E. **Monitoring Satisfaction**

The QI program measures member and provider satisfaction using several sources of satisfaction, including the results of the CAHPS survey, the Group Needs Assessment (GNA), the annual DMHC Timely Access survey, plan member and provider satisfaction surveys, complaint and grievance data, disenrollment and retention data, and other data as available. These data sets are presented to the HCQC and BOG at quarterly and annual intervals. The plan may administer topic specific satisfaction surveys depending on findings of other QI studies and activities.

F. **Health Education Activities**

The Health Education Program at the Alliance operates as part of the Health Care Services Department. The primary goal of Health Education is to improve members' health and well-being through the lifespan through promotion of appropriate use of health care services, prevention, healthy lifestyles and disease self-care and management. The primary goal of Health Education is to provide the means and opportunities for Alameda Alliance members to maintain and support their health.

Health education programs include individual, provider, and community-focused health education activities which cluster around several topic areas. The Alliance also collaborates on a number of community projects to develop and distribute important health education messages for at risk populations.

G. **Cultural and Linguistic Activities**

The Alliance Cultural and Linguistic Program operates under the Health Care Services Department. It reflects the Alliance's adherence and commitment to the U.S. Department of Health & Human Services "National Standards for Culturally and Linguistically Appropriate Services". The program conducts activities designed to ensure that all members have access to quality health care services that are culturally and linguistically appropriate. These activities encompass efforts within the organization, as well as with Alliance members, providers, and our community partners.

Objectives include:

- Comply with state and federal guidelines related to assessment of enrollees in order to offer our members culturally and linguistically appropriate services.
- Identify, inform and assist Limited English Proficiency members in accessing quality interpretation services and written informing materials in threshold languages.
- Ensure that all staff, providers and subcontractors are compliant with the cultural and linguistic program through cultural competency training.
- Integrate community input into the development and implementation of Alliance cultural and linguistic accessibility standards and procedures.
- Monitor and continuously improve Alliance activities aimed at achieving cultural competence and reducing health care disparities.

The objectives for cultural and linguistic activities are addressed in the Health Education and Cultural and Linguistic work plans which are updated annually.

H. Disease Surveillance

The Alliance has executed a Memoranda of Understanding with DMHC and maintains procedures to ensure accurate, timely, and complete reporting of any disease or condition to public health authorities as required by State law. The Provider Manual describes requirements and lists Public Health Department contact phone and fax numbers.

I. Patient Safety and Quality of Care

The Alliance QI process incorporates several mechanisms to review incidents that pose potential risk or safety concerns for members. The following activities are performed to demonstrate the Alliance's commitment to improve quality of care and safety of its members:

- Reviewing complaints and grievances, and determining quality of care impact.
- Monitoring iatrogenic events such as, hospital-acquired infections reported on claims and reviewing encounter submissions.
- Reviewing concurrent inpatient admissions to evaluate and monitor the medical necessity and appropriateness of ongoing care and services. Safety issues may be identified during this review.
- Investigating reported and/or identified potential quality of care issues.
- Auditing Alliance internal processes/systems and delegated providers.
- Credentialing and re-credentialing review of malpractice, license suspension registries,

loss of hospital privileges.
- Performing site review of provider offices for compliance with safety, infection control, emergency, and access standards.
- Monitoring operational compliance with local regulatory practices.
- Monitoring medication usage (e.g., monitoring number of rescue medications used by asthmatics).
- Encouraging/reminding providers to use ePocrates to receive information on drug information, side effects and interactions.
- Partnering with the pharmacy benefit management company to notify members and providers of medication recalls and warnings.
- Reviewing hospital readmission reports.
- Improving continuity and coordination of care between practitioners.
- Providing educational outreach to members (e.g., member newsletter, telephonic outreach) on patient safety topics including questions asked prior to surgery and questions asked about drug-drug interaction.

Quality issues are referred to the QI Department to evaluate the issue, develop an intervention and involve the CMO when necessary.

J. **Access and Availability**

The Alliance implements mechanisms to maintain an adequate network of primary care providers (PCP) and high volume and high impact specialty care providers. Alliance policy defines the types of practitioners who may serve as PCPs. Policies and procedures establish standards for the number and geographic distribution of PCPs and high volume specialists. The Alliance monitors and assesses the cultural, ethnic, racial, and linguistic needs and preferences of members, and adjusts availability of network providers, if necessary.

The following services are also monitored for access and availability:

- Children's preventive periodic health assessments/ EPSDT
- Adult initial health assessments
- Standing referrals to HIV/AIDS specialists
- Sexually transmitted disease services
- Minor's consent services
- Pregnant women services
- Chronic pain management specialists.

The QI program collaborates with the Provider Relations Department to monitor access and availability of care including member wait times and access to practitioners for routine, urgent, emergent, and preventive, specialty, and after-hours care. Access to medical care is ensured by monitoring compliance with timely access standards for practitioner office appointments, telephone practices, appointment availability. The HCQC also oversees

appropriate access standards for appointment wait times. Alliance appointment access standards are no longer than DMHC and DHCS established standards. The Provider Manual and periodic fax blasts inform practitioners of these standards.

The HCQC reviews the following data and makes recommendations for intervention and quality activities when network availability and access improvement is indicated:

- Member complaints about access
- CAHPS results for wait times and telephone practices
- HEDIS measures for well child and adolescent primary care visits
- Immunizations
- Emergency room utilization
- Facility site review findings
- The review of specialty care authorization denials and appeals
- Additional studies and surveys may be designed to measure and monitor access.

K Behavioral Health Quality

The Alliance maintains procedures for monitoring the coordination and quality of behavioral healthcare provided to all members including, but not limited to, all medically necessary services across the health care network. The Alliance involves a senior behavioral healthcare physician in quarterly HCQC meetings to monitor, support, and improve behavioral healthcare aspects of QI.

Behavioral Health Services are delegated to Beacon Health Strategies, an NCQA Accredited MBHO, except for Specialty Behavioral Health for Medi-Cal members, excluded from the Alliance contract with DHCS. The Specialty Behavioral Health Services are coordinated under a Memorandum of Understanding between the Alliance and Alameda County Behavioral Health Services (ACBHCS). While behavioral health is delegated, some primary care physicians may choose to treat mild mental health conditions rather than referring to Beacon.

The Alliance includes the involvement of a designated behavioral health physician in program oversight and implementation as discussed in Beacon's QI Program Description. The Alliance annually reviews Beacon's QI Program Description, Work Plan, and Annual Evaluation. The Alliance reviews Beacon behavioral health quality, utilization and member satisfaction quarterly reports in a Joint Operations Meeting (JOM) to ensure members obtain necessary and appropriate behavioral health services.

L Coordination, Continuity of Care and Transitions

Member care transitions present the greatest opportunity to improve quality of care and decrease safety risks by ensuring coordination and continuity of health care as members transfer between different locations or different levels of care within the same location.
The Alliance Health Plan Health Care Services Department focuses on interventions that support planned and unplanned transitions and promote chronic disease self-management. Primary goals of the department are to reduce unplanned transitions, prevent avoidable

transitions and maintain members in the least restrictive setting possible.

Comprehensive case management services are available to each member. It is the PCP's responsibility to act as the primary case manager to all assigned members. Members have access to these services regardless of race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status, or disability. All services are provided in a culturally and linguistically appropriate manner.

Members who may need or are receiving services from out-of-network providers are identified. Procedures ensure these members receive medically necessary coordinated services and joint case management, if indicated. Written policies and procedures direct the coordination of care for the following:

- Services for Children with Special Health Care Needs (CSHCN).
- California Children's Service (CCS) eligible children are identified and referred to the local CCS program.
- Overall coordination and case management for members who obtain Child Health and Disability Prevention Program (CHDP) services through local school districts or sites.
- Early Start eligible children are identified and referred to the local program.
- Members with developmental difficulties are referred to the Regional Center of the East Bay for evaluation and access to developmental services.

All new Medi-Cal members are expected to receive an Initial Health Assessment (IHA) within 120 days of their enrollment with the plan. The IHA includes an age-appropriate health education and behavioral assessment (IHEBA). Members are informed of the importance of scheduling and receiving an IHA from their PCP. The Provider Manual informs the PCP about the IHA, the HRA, and recommended forms. All new Medi-Cal members also receive a Health Information Form\Member Information Tool (HIF\MET) in the New Member Packet upon enrollment. The Alliance ensures coordination of care with primary care for all members who return the form with a condition that requires follow up within 90 days.

The Alliance coordinates with PCPs to encourage members to schedule their IHA appointment. The medical record audit of the site review process is used to monitor whether baseline assessments and evaluations are sufficient to identify CCS eligible conditions, and if medically necessary follow-up services and referrals are documented in the member's medical record.

M **Complex Case Management Program**

All Alliance members are potentially eligible for participation in the complex case management program. The purpose of the complex case management program is to provide the case management process and structure to a member who has complex health issues and medical conditions. The components of the Alliance complex case management program encompass: member identification and selection; member assessment; care plan development, implementation and management; evaluation of the member care plan; and

closure of the case. Program structure is designed to promote quality case management, client satisfaction and cost efficiency through the use of collaborative communication, evidence-based clinical guidelines and protocols, patient-centered care plans, and targeted goals and outcomes.

The objectives of the complex case management program are concrete measures that assess effectiveness and progress toward the overall program goal of making high quality health care services accessible and affordable to Alliance membership. The Chief Medical Officer, Director of Health Care Services, and Manager of Case and Disease Management develop and monitor the objectives. The HCQC reviews and assesses program performance against objectives during the annual program evaluation, and if appropriate, provides recommendations for improvement activities or changes to objectives. The objectives of the program include:

- Preventing and reducing hospital and facility readmissions as measured by admission and readmission rates.
- Preventing and reducing emergency room visits as measured by emergency room visit rates.
- Achieving and maintaining member's high levels of satisfaction with case management services as measured by member satisfaction rates.
- Improving functional health status of complex case management members as measured by member self-reports of health condition.

The complex case management program is a supportive and dynamic resource that the Alliance uses to achieve these objectives as well as respond to the needs and standards of consumers, the healthcare provider community, regulatory and accrediting organizations.

The Alliance annually measures the effectiveness of its complex case management program based on the following measures (detailed information can be found in the Comprehensive Case Management Program Description):

1. Satisfaction with case management services - members are mailed a survey after case closure and are asked to rate experiences and various aspects of the program's service.
2. All-cause admission rates - the Alliance measures admission rates for all causes within six months of being enrolled in complex case management.
3. Emergency room visit rate - the Alliance measures emergency room visit rates among members enrolled in complex case management.
4. Health status rate - the Alliance measures the percentage of members who received complex case management services and responded that their health status improved as a result of complex case management services.
5. Use of appropriate health care services - The Alliance measures enrolled members' office visit activity, to ensure members seek ongoing clinical care within the Alliance network.

The Chief Medical Officer and the Director of Health Care Services collaboratively conduct an annual evaluation of the Alliance complex case management program. This includes an analysis of performance measures, an evaluation of member satisfaction, a review of policies and program description, analysis of population characteristics and an evaluation of the resources to meet the needs of the population. The results of the annual program evaluation are reported to the HCQC for review and feedback. The HCQC makes recommendations for improvement and interventions to improve program performance, as appropriate. The Director of Clinical Services is responsible for implementing the interventions under the oversight of the Chief Medical Officer.

N. Disease Management Program

All Alliance members are eligible for participation in the disease management program. The purpose of the disease management program is to provide disease management services to children who have chronic asthma or adults with diabetes and promote healthy outcomes. This is accomplished through the provision of interventions based on member acuity level. The intervention activities range from case management to those members at high risk to making educational materials available to those members who may have gaps in care. The components of the Alliance disease management program encompass: member identification and risk stratification; provision of case management services; chronic condition monitoring; identification of gaps in care; and education and reminders. Program structure is designed to promote quality condition management, client satisfaction and cost efficiency through the use of collaborative communications, evidence-based clinical guidelines and protocols, patient - centered care plans, and targeted goals and outcomes.

The objectives of the disease management program are concrete measures that assess effectiveness and progress toward the overall program goals of meeting the health care needs of members and actively supporting members and practitioners to manage chronic asthma and diabetes. The Chief Medical Officer and the Director Clinical Services develop and monitor the objectives. The HCQC reviews and assesses program performance against objectives during the annual program evaluation, and if appropriate, provides recommendations for improvement activities or changes to objectives. The objectives of the disease management program include:

- Preventing and reducing hospital and facility readmissions as measured by admission and readmission rates.
- Preventing and reducing emergency room visits as measured by emergency room visit rates.
- Achieving and maintaining member's high levels of satisfaction with disease management services as measured by member satisfaction rates.
- Reducing gaps in care as measured by HEDIS clinical effectiveness measures specific to the management of asthma and diabetes.

F. SENIORS AND PERSONS WITH DISABILITY (SPD)

The Alliance categories all new SPD members as high risk. High risk members are contacted for a HRA within 45 calendar days and low risk members are contacted within 105 calendar days from their date of enrollment. Existing SPD members receive an annual HRA on their anniversary date. The objectives of a HRA are to assess the health status, estimate health risk, and address members' needs relating to medical, specialty, pharmacy, and community resources. Alliance staff uses the responses to the HRAs, along with any relevant clinical information, to generate care plans with interventions to decrease health risks and improve care management.

DHCS has established performance measures to evaluate the quality of care delivered to the SPD population using HEDIS measures and a hospital readmissions measure.

G. PROVIDER COMMUNICATION

The Alliance contracts with its providers to foster open communication and cooperation with QI activities. Contract language specifically addresses:

- Provider cooperation with QI activities.
- Plan access to provider medical records to the extent permitted by state and federal law.
- Provider maintenance of medical record confidentiality.
- Open provider-patient communication about treatment alternatives for medically necessary and appropriate care.

Provider involvement in the QI program occurs through membership in standing and ad-hoc committees, and attendance at BOG and HCQC meetings. Providers and members may request copies of the QI program description, work plan, and annual evaluation. Provider participation is essential to the success of QI studies including HEDIS and those that focus on improving aspects of member care. Additionally, provider feedback on surveys and questionnaires is encouraged as a means of continuously improving the QI program.

Providers have an opportunity to review the findings of the QI program through a variety of mechanisms. The HCQC reports findings from QI activities to the BOG, at least quarterly. Findings include aggregate results, comparisons to benchmarks, deviation from threshold, drill-down results for provider group or type, race/ethnicity and language, and other demographic or clinical factors. Findings are distributed directly to the provider when data is provider-specific. Findings are included in an annual evaluation of the QI Program and made available to providers and members upon request. The Provider Bulletin contains a calendar of future BOG and standing committee dates and times.

H. EVALUATION OF QUALITY IMPROVEMENT PROGRAM

The HCQC reviews a written evaluation of the overall effectiveness of the QI program on an

annual basis. The evaluation includes, at a minimum:

- Changes in staffing, reorganization, structure, or scope of the program during the year.
- Allocation of resources to support the program.
- Comparison of results with goals and targets.
- Tracking and trending of key indicators.
- Description of completed and ongoing QI activities.
- Analysis of the overall effectiveness of the program, including assessment of barriers or opportunities.
- Recommendations for goals, targets, activities, or priorities in subsequent QI Work Plan.

The review and revision of the program may be conducted more frequently as deemed appropriate by the HCQC, CMO, CEO, or BOG. The HCQC's recommendations for revision are incorporated into the QI Program Description, as appropriate, which is reviewed by the BOG and submitted to DHCS on an annual basis.

I. ANNUAL QI WORK PLAN (Separate Document)

A QI Work Plan is received and approved annually by the HCQC. The work plan describes the QI goals and objectives, planned projects, and activities for the year, including continued follow-up on previously identified quality issues, and a mechanism for adding new activities to the plan as needed. The work plan delineates the responsible party and the time frame in which planned activities will be implemented.

The work plan is included as a separate document and addresses the following:

- Quality of clinical care
- Quality of service
- Safety of clinical care
- Members' experience
- Yearly planned activities and objectives
- Time frame within which each activity is to be achieved
- The staff member responsible for each activity
- Monitoring previously identified issues
- Evaluation of the QI program

Progress on completion of activities in the QI work plan is reported to the HCQC quarterly. A summary of this progress will be reported by the CMO to the BOG.

J. QI DOCUMENTS

In addition to this program description, the annual evaluation and work plan, the other additional documents important in communicating QI policies and procedures include:

- "Provider Manual" provides an overview of operational aspects of the relationship

between the Alliance, providers, and members. Information about the Alliance's QI Program is included in the provider manual. It is distributed to all contracted provider sites.

- "Provider Bulletin" is a newsletter distributed to all contracted provider sites on topics of relevance to the provider community, and can include QI policies, procedures and activities.
- "Alliance Alert" is the member newsletter that also serves as a vehicle to inform members of QI policies and activities.

These documents, or summaries of the documents, are available upon request to providers, members, and community partners. In addition, the QI program information is available on the Alliance website.

K. CONFIDENTIALITY AND CONFLICT OF INTEREST

All employees, contracted providers, delegated medical groups and sub-contractors of the Alliance maintain the confidentiality of personally identifiable health information, medical records, peer review, internal and external, and internal electronic transmissions and quality improvement records. They will ensure that these records and information are not improperly disclosed, lost, altered, tampered with, destroyed, or misused in any manner. All information used in QI activities is maintained as confidential in compliance with applicable federal and state laws and regulations.

Access to member or provider-specific peer review and other QI information is restricted to individuals and/or committees responsible for these activities. Outside parties asking for information about QI activities must submit a written request to the CMO. Release of all information will be in accordance with state and federal laws.

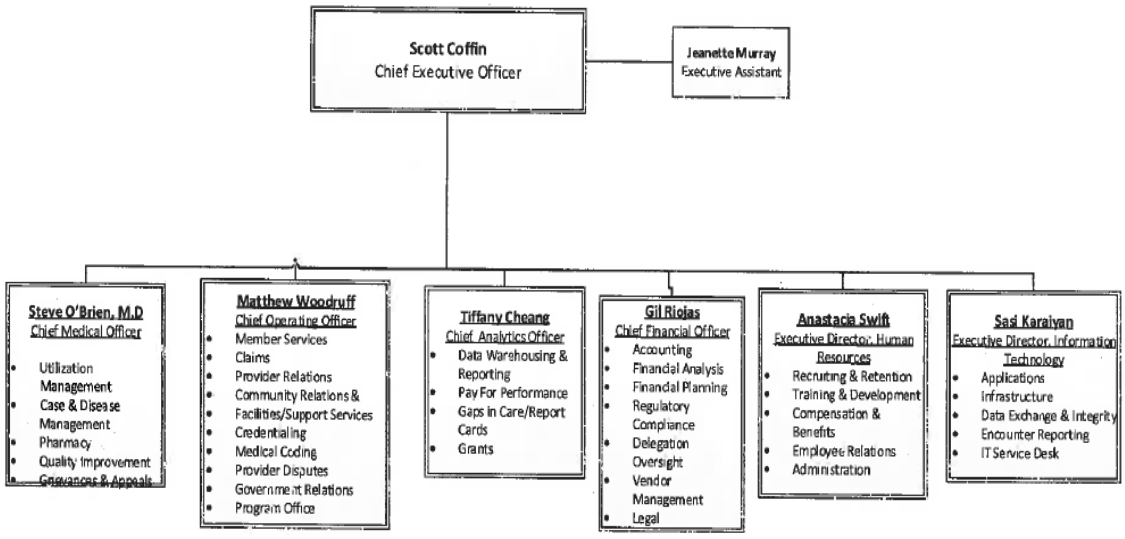
All providers participating in the HCQC or any of its subcommittees, or other QI program activities involving review of member or provider records, will be required to sign and annually renew confidentiality and conflict of interest agreements. Guests or additional Alliance staff attending HCQC meetings will sign a confidentiality agreement.

Committee members may not participate in the review of any case in which they have a direct professional, financial, or personal interest. It is each committee member's obligation to declare actual or potential conflicts of interest.

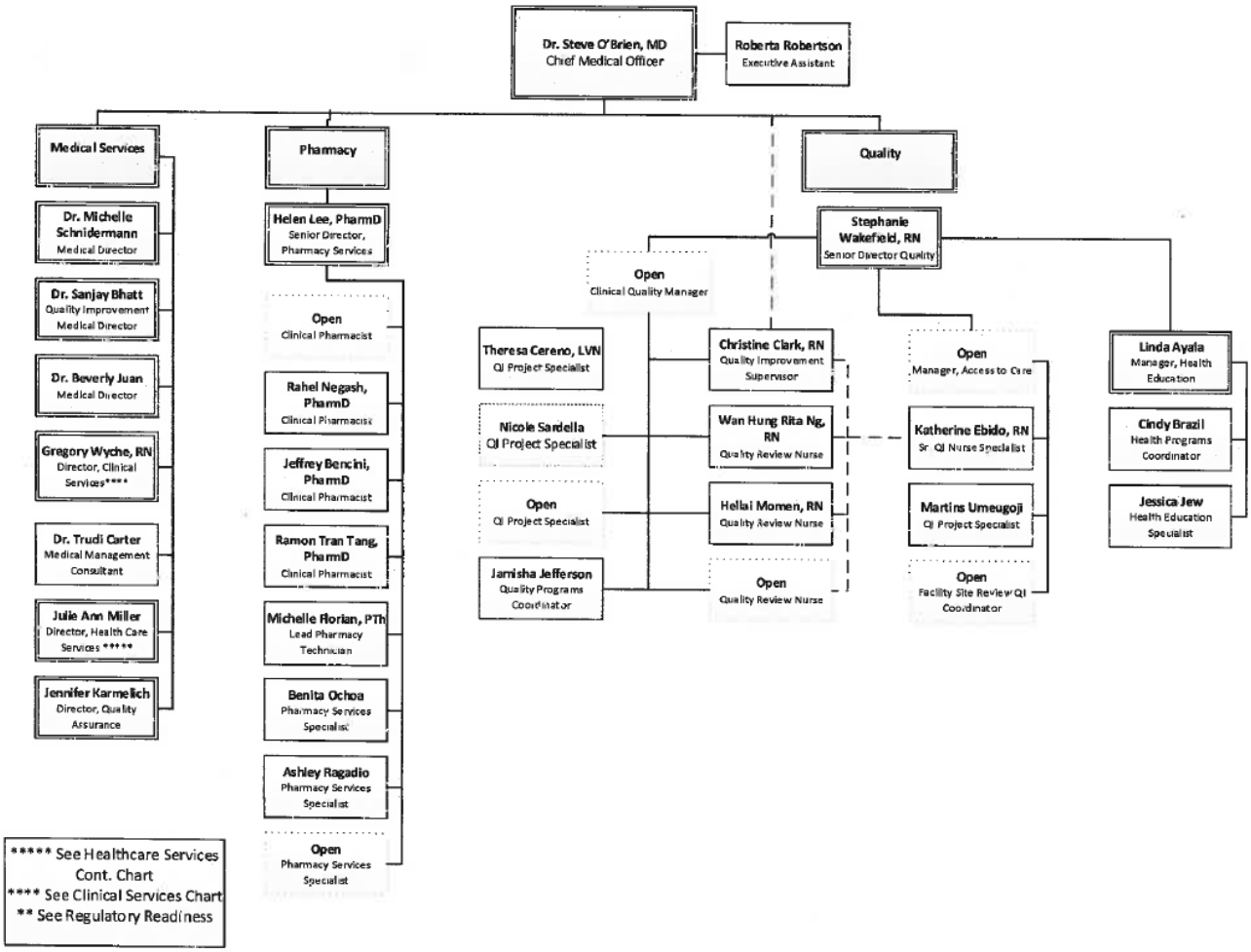
All QI meeting materials and minutes are marked with the statement "Confidential". Copies of QI meeting documents and other QI data are maintained separately and secured to ensure strict confidentiality.

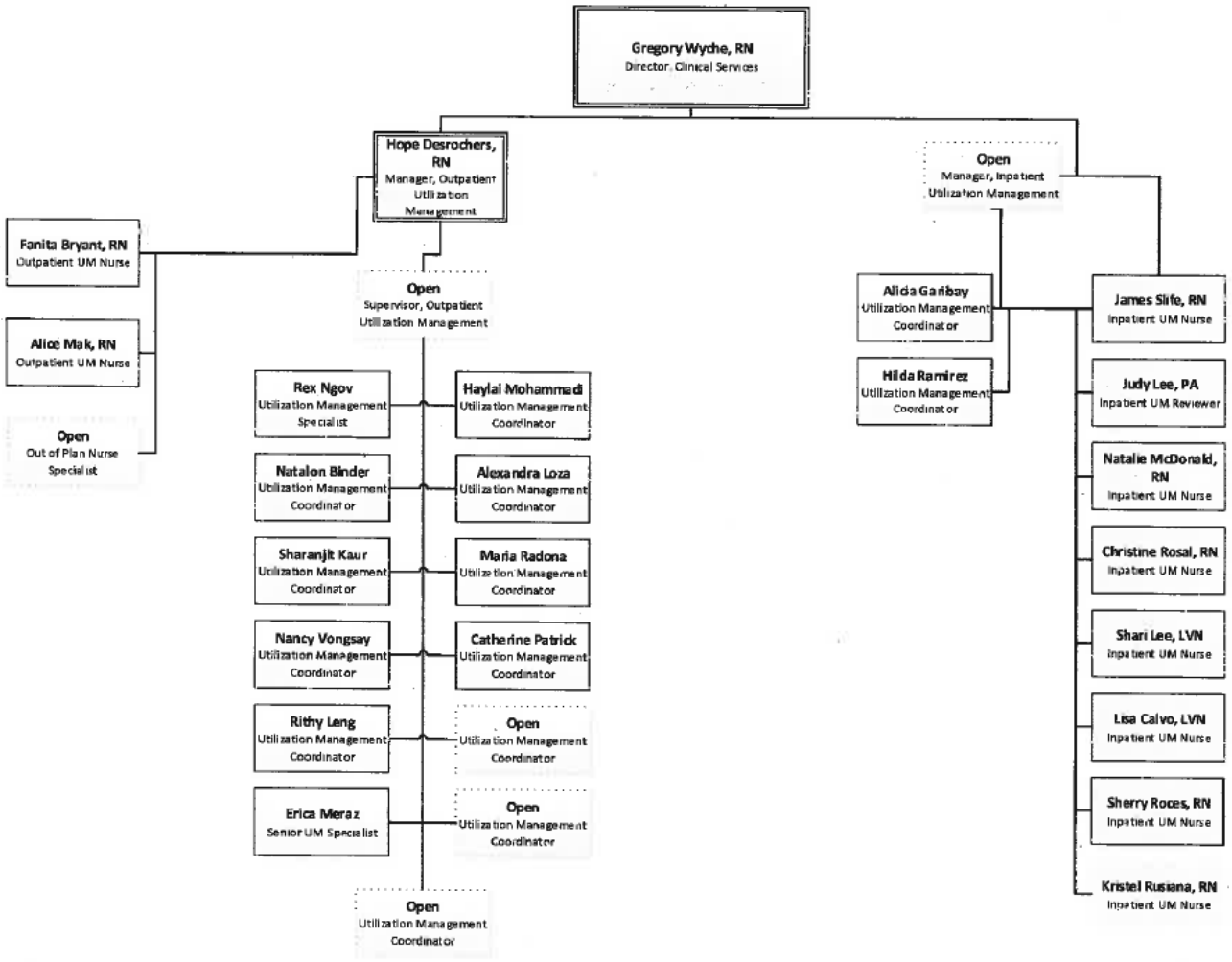
Organizational charts are as follows: Appendix A

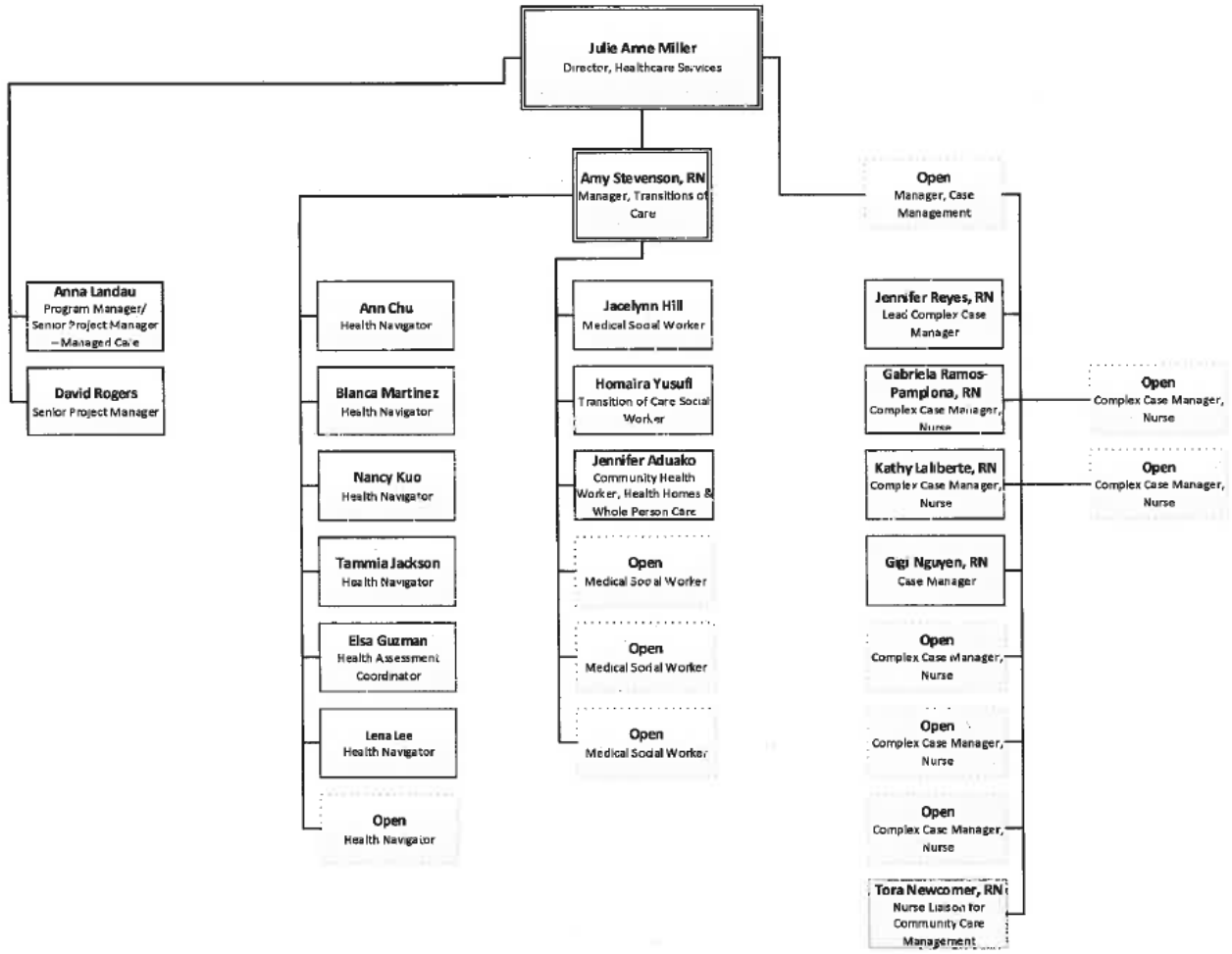
- **Senior Management –**



- **Health Care Services –**







APPENDIX B:
ALAMEDA ALLIANCE COMMITTEES

COMMITTEE	ROLE	REPRESENTATION	MEETING FREQUENCY
Health Care Quality Committee (HCQC) *Reports* to *Alliance Board* of *Governors*	• Oversight of QM Program • Oversight of UM Program (including Complex Case Management and Disease Management programs) • Oversight of delegate management • Oversight of regulatory and accreditation compliance • Oversight of review and adoption of clinical practice guidelines and medical necessity criteria • Review and approval of QI and UM policies and procedures, program descriptions, work plans, and evaluations	• Chief Medical Officer (Chair) • Chief Executive Officer • QI Medical Director • UM Medical Director • CM Medical Director • QI Director • Medical Director or physician designee from CFMG • Medical Director or physician designee from Kaiser • Medical Director or physician designee from CHCN • Physician from Alameda County Medical Center • Representative from	Quarterly, additionally as needed

Peer Review Credentialing Committee (PRC) *Reports* to *Alliance Board* of *Governors*	• Oversight of credentialing process and decisions • Management of credentialing performance and analytics • Oversight of delegated entity credentialing	• Chief Medical Officer (Chair) • QI Medical Director (Vice Chair) • Medical Director or physician designee from Children First Medical Group • Medical Director or physician designee from CHCN • Medical Director or physician designee from Alameda County Medical Center • Alliance participating physician (2 positions)	Monthly, up to ten times each year.
Pharmacy & Therapeutics Committee (P&T) *Reports* to *Alliance Board* of *Governors*	• Development and revision of pharmaceutical policies and processes (including formulary review/updates) • Review, revision and approval of pharmacy review criteria	• Chief Medical Officer (Co-Chair) • Director Pharmacy Services (Co-Chair) • Physician representing Family Practice or Internal Medicine • Physician representing Pediatrics • Physician	Quarterly

Appendix C:

QUALITY IMPROVEMENT PROJECTS

1. HEDIS Measure CDC: Improve the rate of HbA1c Testing in African American Men.

Each Performance Improvement Project (PIP) cycle, DHCS requires one PIP to be centered on addressing a health disparity. 2016 Census data estimates that approximately 11% of Alameda County population identifies as African American whereas Alameda Alliance data revealed that 22% of our diabetic members are African American, which represents a greater disease burden. For reporting year 2017 (2016 calendar year), Alameda Alliance HbA1c testing rate for African American men of 73.12% was below the total plan rate of 85.89%, Additional communication with provider partners across the network revealed that Alameda Health System was making HbA1c Poor Control (>9.0%) a focus for 2018. Through this partnership, a goal was developed to increase the rate of HbA1c testing among African American men from 73.12% to 79%. The intervention focused on providing point-of-care testing at Highland Outpatient, one of the largest providers of care in the AAH network. During 2018, Alameda Alliance met with Highland clinical staff six times to develop, plan and implement the intervention. Highland began using point-of-care testing in a pilot phase in December 2018. This project will run through June 30, 2019.

2. HEDIS Measure CAP: Increase the Alameda Alliance overall rate of Children and Adolescent Access to Primary Care

Physicians for ages 12-19 (CAP4). Using MY 2017 data, Alameda Alliance CAP4 rate was 85.47%, which fell under the Minimum Performance Level (MPL) of 85.73%. Additional analysis showed that Tri-City clinics, which include Liberty, Mowry 1 and Mowry 2, had a CAP4 rate of 81.12%, significantly lower than the Alameda Alliance overall rate and well below the MPL. Conversations with Tri-City clinical staff and a thorough literature revealed monetary incentives to be an effective intervention with this age group. Alameda Alliance met with providers and support staff from Tri-City seven times in 2018 to discuss intervention strategies, plan and implementation. Tri-City staff committed to calling all members who were non-compliant with this measure three times and then send them a follow up text if they were not reached by phone. Alameda Alliance committed to sending these members a mailed letter and providing a $25 gift card to all members who completed a compliant visit during the pilot. Tri-City began outreach phone calls in December 2018. The goal is to increase the rate of primary care visits for 12-19 year olds assigned to Tri-City clinics from 81.12% to 86%. This project will run through June 30, 2019, at which time data collection and analysis will be finalized in order to determine if the intervention should be abandoned or adopted for a larger group of members.

3. HEDIS Measure MPM: Managing members on persistent medications.

Screening rates for members on persistent medications were below the minimum performance level three years in a row. The rates of screening for members on the following medications: angiotensin converting enzyme (ACE) inhibiters or angiotensin receptor blockers (ARB) and diuretics (DIU) were ACE/ARB= 83.12% in RY 2015, 84.27% in RY 2016 and 86.06% in RY 2017 and DIU= 81.67% in RY 2015, 83.22% in RY

2016 and 85.14% in RY 2017. Due to consistently falling below the Minimum Performance Level for this measure, DHCS requested that Alameda Alliance participate in a pilot to rapidly improve the rates for this measure using a SWOT methodology: Strengths, Weaknesses, Opportunities and Threats. Alameda Alliance completed a data analysis of delegate performance and reached out to clinics with low performance. Leadership at Tiburcio Vasquez clinics in the Community Health Center Network (CHCN) expressed an interested in partnering on improving this measure. Tiburcio Vasquez clinics had 556 eligible members and a compliance rate of 85.9% for ACE/ARB and 88.9% for diuretics. The interventions developed included texting members to alert them that they were due for a lab and needed to see their provider as well as a 'soft stop' put on members' pharmacy refills to encourage pharmacists to counsel members to get their labs. Alameda Alliance allocated $25 to pharmacies for each member that successfully completed their lab within the measurement period, which is scheduled to run through June 30, 2019. Text messaging was completed through Tiburcio Vasquez using their text messaging application and began in December 2018. Text messaging in December prioritized members who had not seen their provider in over a year and had multiple gaps in care in addition to missing their MPM lab. This intervention will continue and the soft stop will be put in place in 2019 at which time data analysis of results can be completed to determine the efficacy of the interventions.

4. HEDIS Measure None: Increasing rates of Tdap vaccines in pregnant women in the third trimester

In 2018, over 300 cases of pertussis were identified in Alameda County, five of which were infants younger than 4 months old. Immunizing pregnant women with the Tdap vaccine between 27-36 weeks gestation is the most effective practice to protect infants from pertussis. The Alliance and the Immunization Division of Alameda County's Public Health Department (ACPHD) have partnered to implement a Quality Improvement Project to improve rates of prenatal Tdap vaccination. The Alliance completed a baseline data analysis of claims submitted for deliveries between 5/1/2017 to 4/30/2018 and claims data for any Tdap received within 10 months prior to delivery. As a result, 19 PCP's were identified with 30 deliveries or more and Tdap vaccination rates of 80% or lower. Among these providers thus far, Ob/Gyn leadership at Lifelong Medical Care and Alameda Health Systems have expressed interest with improving their rates. ACPHD will be presenting best Tdap practices to these sites at upcoming staff meetings between March and June 2019. Next steps include: continued provider outreach and Tdap training by ACPHD, and a repeat data analysis In October 2019 and January 2020 by the Alliance.

5. Improving Initial Health Assessment (IHA) Rates

The past 1 year of IHA rates is outlined below.

Q3, 2017	**Q4, 2017**	**Q1, 2018**	**Q2, 2018**
Denominator: 15489 Numerator: 4110 Rate: 27% Goal Met: N Gap to goal: 7% points	Denominator: 13358 Numerator: 3228 Rate: 24% Goal Met: N Gap to goal: 6% points	Denominator:13841 Numerator: 3186 Rate: 23% Goal Met: N Gap to goal: 7% points	Denominator: 14477 Numerator: 2925 Rate: 20% Goal Met: N Gap to goal: 10% points

On average, an IHA is completed for 24% of new members (7/1/17 – 6/30/18); the table below identifies IHA completion rates by network.

Network	New Enrollees	With IHA Completed	IHA Compliant Rate
AHS	17,033	2,819	**17%**
ALLIANCE Excl. AHS	9,821	2,830	**29%**
CFMG	8,182	1,944	**24%**
CHCN	16,208	4,641	**29%**
KAISER	5,921	1,215	**21%**
ALL NETWORK	**57,165**	**13,449**	**24%**

In an effort to improve IHA compliance rates, the Alliance is working to:

- Ensure member education – through mailings and member orientation
- Improve provider education – through faxes, the PR team, provider handbook, and P4P program
- Improve data sharing – by sharing gaps in care lists with our delegates and providers
- Incentivize IHA completion rates – by including IHA completion rates as an incentivized program
- Update claims codes – to ensure proper capture of IHA completion
- Monitor records to ensure compliance with all components of the IHA

Given the 6 month claims lag, data will be reviewed and analyzed in Q3 – Q4 of 2019. This intervention will continue and through 2019 at which time data analysis of results can be completed to determine the efficacy of the interventions.

6. Substance Abuse Disorder –

Alongside the pharmacy team, the QI team is in the process of implementation of a 3-prong approach to addressing members with Substance Abuse Disorder along the continuum of care. The 3 Prong approach focuses on:

1. Prevention – includes Provider Education, Community Outreach, Pharmacy Safeguards
   a. Provider Education has / will continue to have a focus on an Introduction Letter specifically addressing Best Practices, encouraging X-Waivers, assisting providers to understand their local network, and upcoming pharmacy UM Limits. Additionally, education will focus on regular provider outlier report that identifies changes in prescribing habits and outliers to under and over-prescribing. Additionally, evidence based use of opioids will be promoted through the planned 2019 Pay-For-Performance Program. This program was finalized in 2018.
   b. Community Outreach with local partnerships (including Emergency Departments, Hospital Leadership, Medical Organizations, Department of Public Health, and County Leadership
   c. Pharmacy Safeguards which includes removing the prior authorization (PA) for most non-opioid pain medications (see below table), removing commonly over-used / abused drugs

from the formulary, implementing a pharmacist review of all long-acting opioid PAs to ensure that treatment diagnosis are consistent with CDC guidelines (and does not include chronic lower back pain, migraines, neuropathic pain, osteoarthritis). Pharmacists also ensure the co-prescription of naloxone. Finally, formulary limits were implemented in a step-wise approach; this will continue into 2019.

Below is a table that exhibits AAH step-wise approach to ensure the safe and effective use of opioids.

Substance Abuse Program	2017	Dec, 2017	June, 2018	Dec, 2018	June, 2019
"New Start" SAO Limit	None	None	None	14 days	14 days
SAO QL per month	#180	#180/30d	#180/30d	**#90/30d**	**#60/30d**
PA for all LAOs	No	**Yes**	Yes	Yes	Yes
LAO increase limit	No	**Yes**	Yes	Yes	Yes
Cover Alprazolam	Yes	**No**	No	No	No
Cover Carisoprodol	Yes	**No**	No	No	No
Lorazepam Limits	No	**3/day**	3/day	3/day	3/day
Clonazepam Limits	No	**3/day**	3/day	3/day	3/day
Oxazepam Limits	No	No	**1/day**	1/day	1/day

Key achievements of goals include (see above table):

- Removal of PA for most NSAIDs and neuropathic agents (see below table)
- SAO (Short acting opioids) have a 14 day limit on their initial start.
- SAO have / will continue to have step-wise quantity restriction limits.
- All long acting opioids (LAO) require a prior authorization (PA).
- Concurrent prescription of benzodiazepines and opioids require a PA and the prescription of naloxone.
- LAO require the concurrent prescription of naloxone.
- Monitoring of Member Grievances

Class	Drug	Limit	Notes
NSAIDs	Ibuprofen		No restrictions.
	Naproxen		
	Nabumetone		
	Diclofenac		
	Indomethacin		
	Sulindac		
	Meloxicam		
	Etodolac		
	Celecoxib (Celebrex)	QL	Limited to 60 capsules per 30 days
	Diclofenac Gel (Voltaren)	QL	Limited to 200g (two boxes) per 30 days
	Diclofenac soln. (Pennsaid)	PA	Reserved for trial and failure of Voltaren Gel.
Neuropathic Agents	Gabapentin		
	Amitriptyline, Nortriptyline		
	Venlafaxine IR / XR		
	Duloxetine (Cymbalta)		
	Milnacipran (Savella)	NF	
	Pregabalin (Lyrica)	PA	Reserved for treatment failure of gabapentin at dose larger than 1800mg/day for at 2 months and two other neuropathic pain medications
Other	Lidocaine (Lidoderm) 5% patches	PA	Reserved for treatment failure of gabapentin at dose larger than 1800mg/day for at 2 months and two other neuropathic pain medications

2. Intervention and Treatment – Includes Member Education, Access to MAT and Adjunctive Therapies
3. Recovery Support – Includes Integrated Care and Complex / Care Management – Limited given limited Case Management Staff; see 2018 UM/CM Evaluation

This intervention will continue and through 2019 at which time data analysis of results can be completed to determine the efficacy of the interventions.

ALAMEDA Alliance FOR HEALTH

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

CEO Update

Scott Coffin

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

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

Date: **September 13, 2019**

Subject: **CEO Report**

- **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 for second health plan commence in 2023.

- **Long-Term Care**
  - DHCS announced September 3rd that long-term care benefits will be added in January 2021.
  - New benefits include transplants, skilled nursing facilities, subacute facilities, pediatric subacute facilities, and intermediate care facilities.

- **NCQA Re-Accreditation**
  - Onsite audit completed September 10-11, 2019 for Medi-Cal and GroupCare lines of business.
  - Audit review period is July 1, 2017 through June 31, 2019.

- **DHCS "Date of Death" Audit**
  - Recoupment period is revised to April 2011 through December 2018 (7 years, 7 months); DHCS originally reported as January 2014 through December 2018 (5 years). DHCS to release analysis in December 2019, payment required in January 2020.
  - Preliminary estimate of $1.5 million included in FY2019/2020 final budget.

- **CalAIM**
  - 1115 and 1915 waiver renewals update.

- **Pharmacy Transition**
  - DHCS released procurement for bidding and anticipates a selection for statewide pharmacy benefit administration by November 2019.

2019 Legislative Tracking List

The following is a list of state legislation currently tracked by the Compliance Department that has been introduced during the 2019-2020 Legislative Session and still active in the House for review. 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/Arambula – D) Medi-Cal: Eligibility**
  - **Status:** 7/02/19 – In committee: Second Hearing canceled at the 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:** 9/6/19 – In Assembly. Concurrence in Senate amendments pending. May be considered on or after September 8 pursuant to Assembly Rule 77.
  - **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 manage 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:** 8/30/19 – In committee: Held under submission.
  - **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:** 9/5/19 – In Assembly. Concurrence in Senate amendments pending. May be considered on or after September 7 pursuant to Assembly Rule 77.
  - **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:** 9/6/19 – Read third time and amended. Ordered to second reading.
  - **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 a 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:** 9/5/19 – In Assembly. Concurrence in Senate amendments pending. May be considered on or after September 7 pursuant to Assembly Rule 77.
  - **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:** 9/3/19 – In Assembly. Concurrence in Senate amendments pending. May be considered on or after September 5 pursuant to Assembly Rule 77.
  - **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:** 9/5/19 – Enrolled and presented to the Governor at 3 p.m.
  - **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:** 9/6/19 – Read third time and amended. Ordered to second reading.
  - **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:** 7/9/19 – Approved by 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:** 9/5/19 – In Assembly. Concurrence in Senate amendments pending. May be considered on or after September 7 pursuant to Assembly Rule 77.
  - **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:** 9/6/2019 – From committee: That the Senate amendments be concurred in.
  - **Summary:** This bill would require each county mental health plan and Medi-Cal managed care health plan, commending 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:** 9/6/19 – In Assembly. Concurrence in Senate amendments pending. May be considered on or after September 8 pursuant to Assembly Rule 77.
  - **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:** 9/6/19 – From committee: That the Senate amendments be concurred in.
  - **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:** 9/4/2019 – Read second time. Ordered to third reading.
  - **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:** 9/3/2019 – Read second time. Ordered to third reading.
  - **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:** 8/15/19 - From committee with author's amendments. Read second time and amended. Re-referred to Committee on APPR.
  - **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:** 7/01/19 – Read second time and amended. Re-referred to Committe on APPR.
  - **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:** 9/4/19 – Read second time. Ordered to third reading.
  - **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:** 9/4/19 – Read second time. Ordered to third reading.
  - **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:** 8/30/19 – In committee: Held under submission.
  - **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:** 9/6/19 – In Assembly. Concurrence in Senate amendments pending. May be considered on or after September 8 pursuant to Assembly Rule 77.
  - **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:** 9/6/19 – Read third time and amended. Ordered to second reading.
  - **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:** 9/9/2019 – Action From Second Reading: Read second time. To Third Reading.
  - **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**
  - **Status:** 9/9/19 – Action From Second Reading: Read second time. To Third Reading.
  - **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. This bill contains other related provisions and other existing laws.

- **AB 767 (Wicks – D) Health Care Coverage: Essential Health Benefits: Infertility**
  - **Status:** 7/8/19 – In committee: Set, second hearing. Hearing canceled at the request of author.
  - **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:** 9/5/19 – 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:** 9/5/19 – Read third time and amended. Ordered to third reading.
  - **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:** 9/5/19 – Read third time and amended. Ordered to third reading.
  - **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:** 8/30/19 – Held in committee and under submission
  - **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 medially reasonable and necessary for treatment of patient’s cancer.

Other

- **AB 174 (Wood – D) Health Care Coverage: Financial Assistance**
  - **Status:** 9/6/2019 – From committee: That the Senate amendments be concurred in.
  - **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:** 9/5/19 – Read second time and amended. Ordered to third reading.
  - **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:** 8/13/2019 Read second time. Ordered to third reading.
  - **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:** 8/30/19 – In Committee: held for submission.
  - **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:** 8/14/19 – first hearing canceled at the request of author.
  - **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:** 9/6/19 – Enrolled and presented to the Governor at 1 p.m.
  - **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
SEPTEMBER 2019

ALAMEDA Alliance FOR HEALTH

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

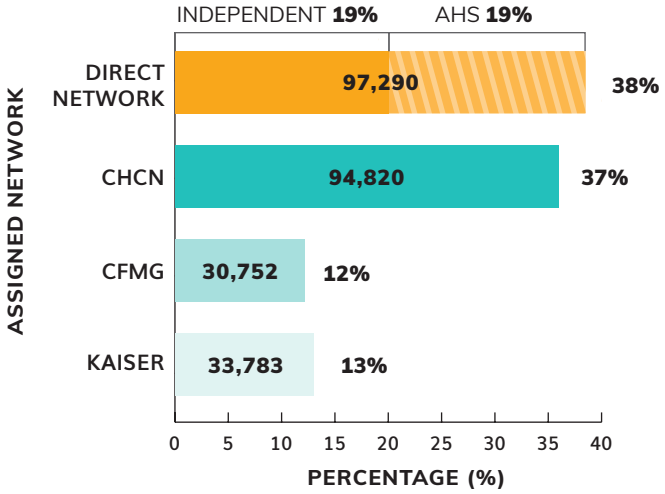
MEMBERSHIP

256,645

TOTAL MEMBERSHIP

IHSS 5,976 | MEDI-CAL 250,669

DISTRIBUTION OF ALL MEMBERSHIP BY ASSIGNED NETWORK

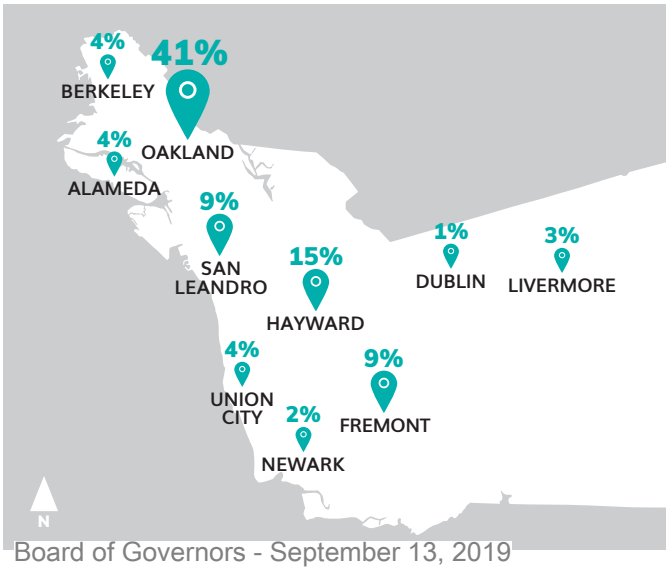


DISTRIBUTION OF MEMBERSHIP BY CITY

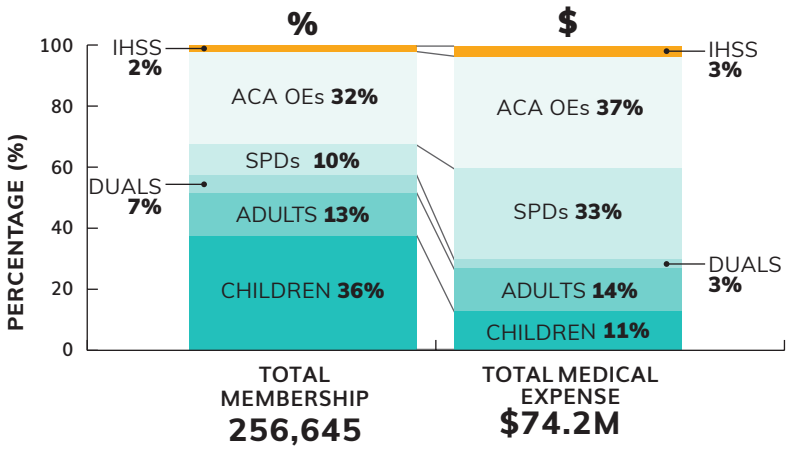
92%

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

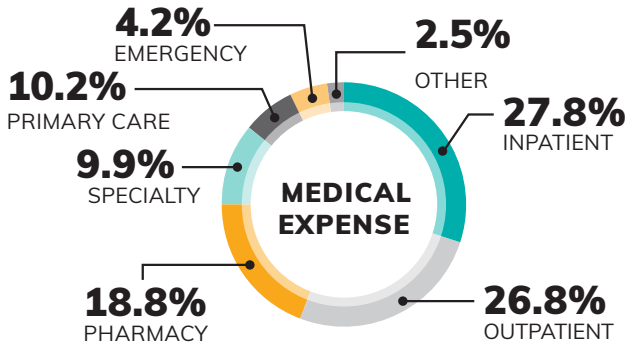


DISTRIBUTION OF MEDICAL EXPENSE BY MEMBERSHIP CATEGORY



REVENUE & EXPENSES

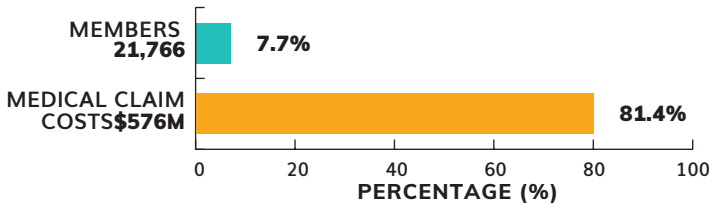
	JULY 2019	FISCAL YTD
REVENUE	$80.3M	$80.3M
MEDICAL EXPENSE	($74.2M)	($74.2M)
ADMIN EXPENSE	($4.2M)	($4.2M)
OTHER	$392K	$392K
NET INCOME	**$2.3M**	**$2.3M**



TANGIBLE NET EQUITY*

563% **$183M**

HIGH UTILIZER DISTRIBUTION*



*REPORTING 4 MONTH LAG

UTILIZATION*

4,718
INPATIENT BED DAYS

7,358
EMERGENCY ROOM VISITS

4.3 DAYS
AVERAGE LENGTH OF STAY

*REPORTING 2 MONTH LAG

CASE AND DISEASE MANAGEMENT*

	NEW CASES	OPEN CASES
CARE COORDINATION	330	673
COMPLEX CASE MANAGEMENT	63	156
TOTAL	393	829

	NEW CASES	ENROLLED
HEALTH HOMES	49	580
WHOLE PERSON CARE (AC3)	19	198
TOTAL	68	778

TOTAL CASE MANAGEMENT

461
TOTAL NEW CASES

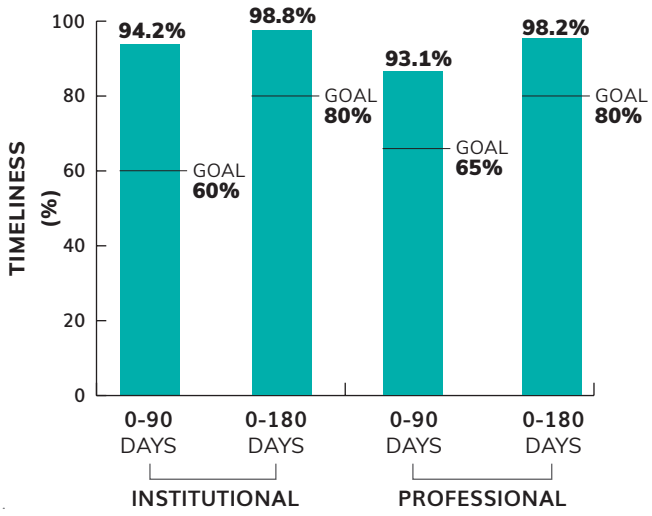
1,607
TOTAL OPEN CASES & ENROLLED

*REPORTING 2 MONTH LAG

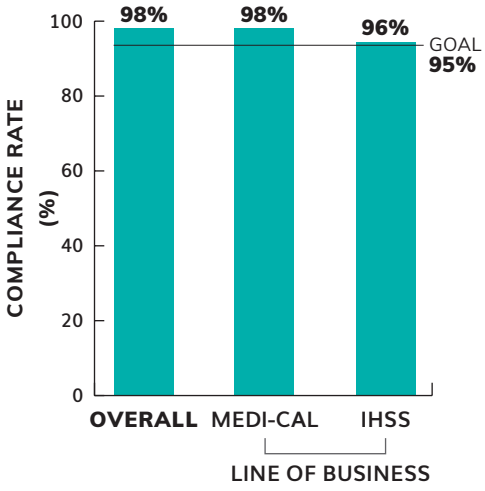
REGULATORY COMPLIANCE

ALL REGULATORY COMPLIANCE MEASURES ARE IN COMPLIANCE WITH THE EXCEPTION OF PROVIDER DISPUTES & RESOLUTIONS AND OVERTURNS FALLING SLIGHTLY OUTSIDE OF THE GOAL.

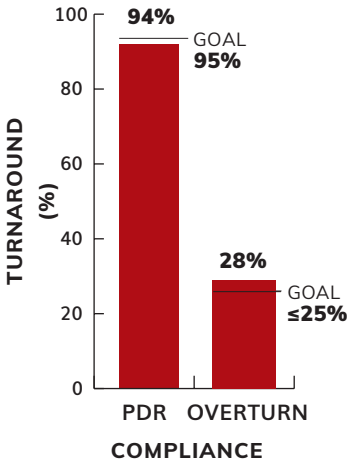
ENCOUNTER DATA



MEDICAL AUTHORIZATIONS



PROVIDER DISPUTES & RESOLUTIONS



CALL CENTER

17,790
CALLS RECEIVED

78%
ANSWERED IN 30 SECONDS

4%
CALLS ABANDONED

CLAIMS

110,939
PROCESSED CLAIMS

74.5%
AUTO-ADJUDICATED

24 DAYS
PROCESSED PAYMENTS

STAFF & RECRUITING

304
TOTAL EMPLOYEES

3
HIRED IN THE LAST 30 DAYS

12%
CURRENT VACANCY

ALAMEDA Alliance FOR HEALTH

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

Operations Dashboard

Alameda Alliance for Health
Operations Dashboard
- September-2019 -

ID	Section	Subject Area	Category	Performance Metric					ID
1	1	Financials			Jul-19 FYTD		%	Annual Budget*	1
2									2
3			Income & Expenses	Revenue $	$80,310,035		8.6%	$930,391,214	3
4				Medical Expense $	$74,216,462		8.4%	$882,211,101	4
5				*Inpatient (Hospital)*	$20,655,322		*27.8%*	$246,725,078	5
6				*Outpatient/Ancillary*	$19,860,368		*26.8%*	$241,841,390	6
7				*Emergency Department*	$3,087,944		*4.2%*	$38,784,823	7
8				*Pharmacy*	$13,926,002		*18.8%*	$156,171,534	8
9				*Primary Care*	$7,539,434		*10.2%*	$89,813,639	9
10				*Specialty Care*	$7,322,383		*9.9%*	$83,953,992	10
11				*Other*	$1,825,009		*2.5%*	$24,920,645	11
12				Admin Expense $	$4,214,934		6.9%	$61,091,907	12
13				Other Income / (Exp.) $	$392,265		0.6%	$3,950,000	13
14				Net Income $	$2,270,904			($8,961,794)	14
15				Gross Margin %	7.6%			5.2%	15
16			Liquid Reserves	Medical Loss Ratio (MLR) - Net %	92.4%			94.8%	16
17				Tangible Net Equity (TNE) %	562.5%			545.8%	17
18				Tangible Net Equity (TNE) $	$183,018,159			$173,867,664	18
19			Reinsurance Cases	2019-2020 Cases Submitted	0				19
20				2019-2020 New Cases Submitted	0				20
21				2018-2019 Cases Submitted	23				21
22				2018-2019 New Cases Submitted	0				22
23			Balance Sheet	Cash Equivalents	$228,585,719				23
24				Pass-Through Liabilities	$50,569,301				24
25				Uncommitted Cash	$178,016,418				25
26				Working Capital	$172,046,178				26
27				Current Ratio %	206.7%			100%	27
28					*Finance: Annual Budget numbers are preliminary and are not considered final*				28
29	2	Membership			May-19	Jun-19	Jul-19	%	Jul-19 Budget	29
30										30
31			Medi-Cal Members	Adults	34,120	34,175	33,670	13%	34,035	31
32				Children	93,274	93,436	92,397	36%	93,041	32
33				Seniors & Persons with Disabilities (SPDs)	25,793	25,882	25,804	10%	25,708	33
34				ACA Optional Expansion (ACA OE)	81,174	81,372	81,171	32%	80,930	34
35				Dual-Eligibles	17,487	17,557	17,627	7%	17,458	35
36										36
37				Total Medi-Cal	251,848	252,422	250,669	98%	251,172	37
38			IHSS Members	IHSS	5,933	5,963	5,976	2%	5,933	38
39			Total Membership	Medi-Cal and IHSS	257,781	258,385	256,645	100%	257,105	39
40										40
41			Members Assigned By Delegate	Direct-contracted network	49,788	50,374	49,531	19%		41
42				Alameda Health System (Direct Assigned)	47,686	47,715	47,759	19%		42
43				Children's First Medical Group	30,944	30,891	30,752	12%		43
44				Community Health Center Network	95,313	95,329	94,820	37%		44
45				Kaiser Permanente	34,050	34,076	33,783	13%		45
46										46

Alameda Alliance for Health
Operations Dashboard
- September-2019 -

ID	Section	Subject Area	Category	Performance Metric						ID
47	3	Claims			Jun-19	Jul-19	Aug-19	%	Performance Goal	47
48										48
49			HEALTHsuite Claims Processing	Number of Claims Received	111,288	116,092	123,889			49
50				Number of Claims Paid	81,896	96,944	90,022			50
51				Number of Claims Denied	22,757	29,012	20,917			51
52				Inventory (Unfinalized Claims)	84,464	75,631	84,831			52
53				Pended Claims (Days)	9,968	9,014	10,343	12%		53
54				*0-29 Calendar Days*	9,762	8,840	10,270	12%		54
55				*30-44 Calendar Days*	156	91	47	0%		55
56				*45-59 Calendar Days*	12	54	5	0%		56
57				*60-89 Calendar Days*	17	9	5	0%		57
58				*90-119 Calendar Days*	11	4	4	0%		58
59				*120 or more Calendar Days*	10	16	12	0%		59
60				Total Claims Paid (dollars)	37,931,594	49,491,891	37,426,721			60
61				Interest Paid (Total Dollar)	23,249	34,090	21,885	0%		61
62				Auto Adjudication Rate (%)	67.9%	71.5%	74.5%		70%	62
63				Average Payment Turnaround (days)	23	22	24		25 days or less	63
64			Claims Auditing	# of Pre-Pay Audited Claims	1,940	2,099	2,204			64
65			Claims Compliance	% of Claims Processed Within 30 Cal Days (DHCS Goal = 90%)	99%	99%	94%		90%	65
66				% of Claims Processed Within 90 Cal Days (DHCS Goal = 99%)	100%	100%	100%		99%	66
67				% of Claims Processed Within 45 Work Days (DMHC Goal = 95%)	100%	100%	99%		95%	67
68										68
69	4	Member Services			Jun-19	Jul-19	Aug-19	%	Performance Goal	69
70										70
71			Member Call Center	Inbound Call Volume	15,870	17,441	17,790			71
72				Calls Answered in 30 Seconds %	82.0%	80.0%	78.0%		80.0%	72
73				Abandoned Call Rate %	3.0%	3.0%	4.0%		5.0% or less	73
74				Average Wait Time	00:31	00:48	00:57			74
75				Average Call Duration	07:37	07:24	07:22			75
76				Outbound Call Volume	11,587	14,080	11,634			76
77										77
78	5	Provider Services			Jun-19	Jul-19	Aug-19	%	Performance Goal	78
79										79
80			Provider Call Center	Inbound Call Volume	6,077	7,307	7,175			80
81										81
82	6	Provider Contracting			Jun-19	Jul-19	Aug-19	%	Performance Goal	82
83										83
84			Provider Network	Primary Care Physician	602	593	589			84
85				Specialist	6,712	6,909	7,028			85
86				Hospital	17	17	17			86
87				Skilled Nursing Facility	55	54	53			87
88				Durable Medical Equipment	Capitated	Capitated	Capitated			88
89				Urgent Care	9	9	9			89
90				Health Centers (FQHCs and Non-FQHCs)	58	58	58			90
91				Transportation	380	380	380			91
92			Provider Credentialing	Number of Providers in Credentialing	1,453	1,449	1,454			92
93				Number of Providers Credentialed	1,453	1,449	1,454			93
94										94

Alameda Alliance for Health
Operations Dashboard
- September-2019 -

ID	Section	Subject Area	Category	Performance Metric						ID
95	7	Human Resources & Recruiting			Jun-19	Jul-19	Aug-19	%	Annual Budget	95
96										96
97			Employees	Total Employees	306	310	304		319	97
98				Full Time Employees	304	308	302	99%		98
99				Part Time Employees	2	2	2	1%		99
100				New Hires	5	7	3			100
101				Separations	3	3	9			101
102				Open Positions	40	39	38	12%	10% or less	102
103				Signed Offer Letters Received	8	8	8			103
104				Recruiting in Process	32	31	30	9%		104
105										105
106			Non-Employee (Temps / Seasonal)		7	8	9			106
107										107
108	8	Compliance			Jun-19	Jul-19	Aug-19	%	Performance Goal	108
109										109
110			Provider Disputes & Resolutions	Turnaround Compliance (45 business days)	100%	94%	94%		95%	110
111				% Overturned	31%	23%	28%		25% or less	111
112										112
113			Member Grievances	Overall Standard Grievance Compliance Rate % (30 calendar days)	100%	100%	98%		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%	98%		95%	116
117				Overall Expedited Appeal Compliance Rate (3 calendar days)	100%	100%	100%		95%	117
118										118
119	9	Encounter Data & Technology			Jun-19	Jul-19	Aug-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	67.9%	93.7%	94.2%		60.0%	129
130				Timeliness - % Within Lag Time - Institutional 0-180 days	70.6%	98.7%	98.8%		80.0%	130
131				Timeliness - % Within Lag Time - Professional 0-90 days	89.6%	75.7%	93.1%		65.0%	131
132				Timeliness - % Within Lag Time - Professional 0-180 days	95.1%	82.1%	98.2%		80.0%	132
133										133

Alameda Alliance for Health
Operations Dashboard
- September-2019 -

ID	Section	Subject Area	Category	Performance Metric						ID
134	10	Health Care Services			Jun-19	Jul-19	Aug-19		Performance Goal	134
135										135
136			Authorization Turnaround	Overall Authorization Turnaround % Compliant	99%	99%	98%		95%	136
137				Medi-Cal %	99%	99%	98%		95%	137
138				Group Care %	100%	99%	96%		95%	138
139										139
140			Outpatient Authorization Denial Rates	Overall Denial Rate (%)	5.8%	5.3%	5.1%			140
141				Denial Rate Excluding Partial Denials (%)	5.3%	4.9%	4.4%			141
142				Partial Denial Rate (%)	0.4%	0.4%	0.7%			142
143										143
144			Pharmacy Authorizations	Approved Prior Authorizations	576	662	717	40%		144
145				Denied Prior Authorizations	514	567	554	31%		145
146				Closed Prior Authorizations	472	507	536	30%		146
147				Total Prior Authorizations	1,562	1,736	1,807			147
148										148
149					May-19	Jun-19	Jul-19			149
150										150
151			Inpatient Utilization	Days / 1000	283.7	247.7	253.4			151
152				Admits / 1000	67.6	58.7	58.4			152
153				Average Length of Stay	4.2	4.2	4.3			153
154										154
155			Emergency Department (ED) Utilization	# ED Visits / 1000	46.70	43.73	39.61			155
156										156
157			Case Management	New Cases						157
158				Care Coordination	272	257	330			158
159				Complex Case Management	46	97	63			159
160				Health Homes	34	12	49			160
161				Whole Person Care (AC3)	54	27	19			161
162				Total New Cases	406	393	461			162
163										163
164				Open Cases						164
165				Care Coordination	565	566	673			165
166				Complex Case Management	69	150	156			166
167				Total Open Cases	634	716	829			167
168										168
169				Enrolled						169
170				Health Homes	177	184	580			170
171				Whole Person Care (AC3)	553	563	198			171
172				Total Enrolled	730	747	778			172
173										173
174				Total Case Management (Open Cases & Enrolled)	1,364	1,463	1,607			174
175										175

ALAMEDA Alliance FOR HEALTH

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

Finance

Gil Riojas

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

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

Date: **September 13, 2019**

Subject: **Finance Report**

Executive Summary

- For the month ended July 31, 2019, the Alliance had enrollment of 256,645 members, a Net Income of $2.3 million, and 563% of required Tangible Net Equity (TNE).

Overall Results: (in Thousands)

	Month	YTD
Revenue	$ 80,310	$ 80,310
Medical Expense	74,216	74,216
Admin. Expense	4,215	4,215
Other Inc. / (Exp.)	392	392
Net Income	$ 2,271	$ 2,271

Net Income by Program:

	Month	YTD
Medi-Cal	$ 2,470	$ 2,470
Group Care	(200)	(200)
	$ 2,271	$ 2,271

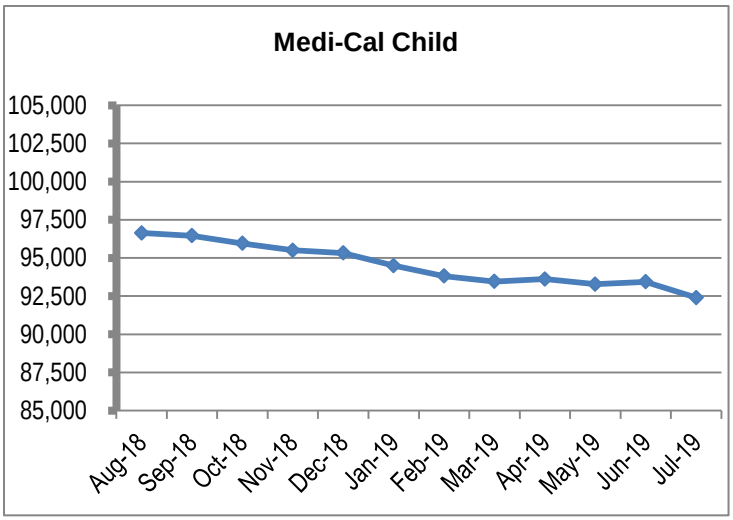
Enrollment

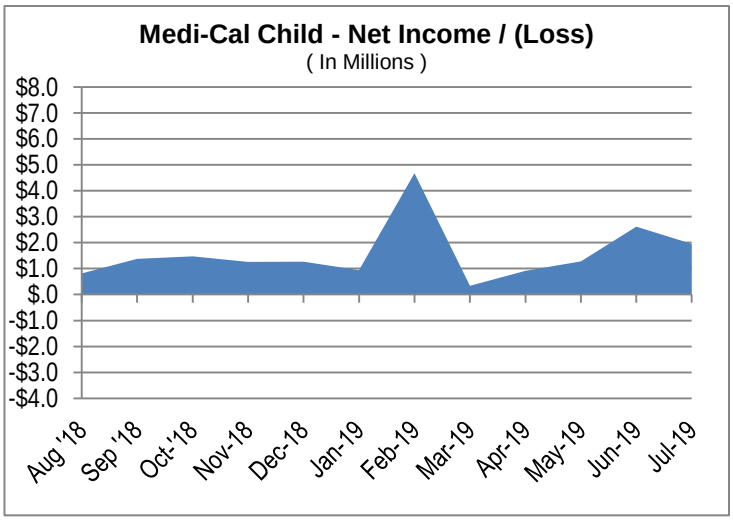
- Total enrollment decreased by 1,740 members since June 2019.

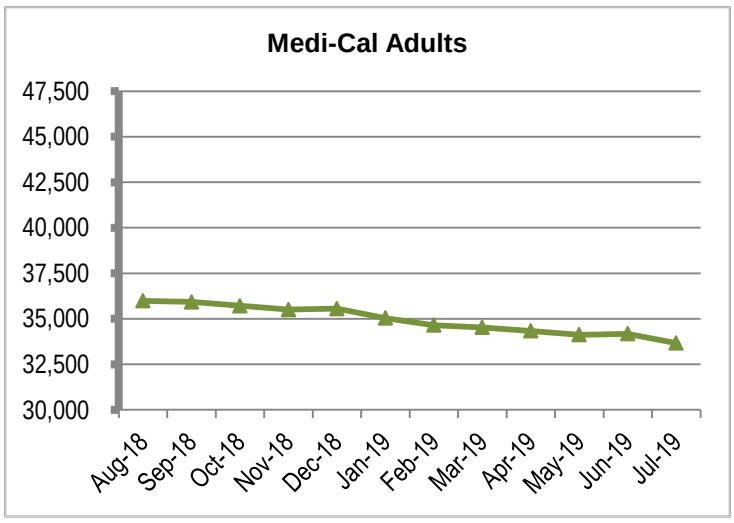
Monthly Membership and YTD Member Months
Actual vs. Preliminary Budget
For the Month and Fiscal Year-to-Date

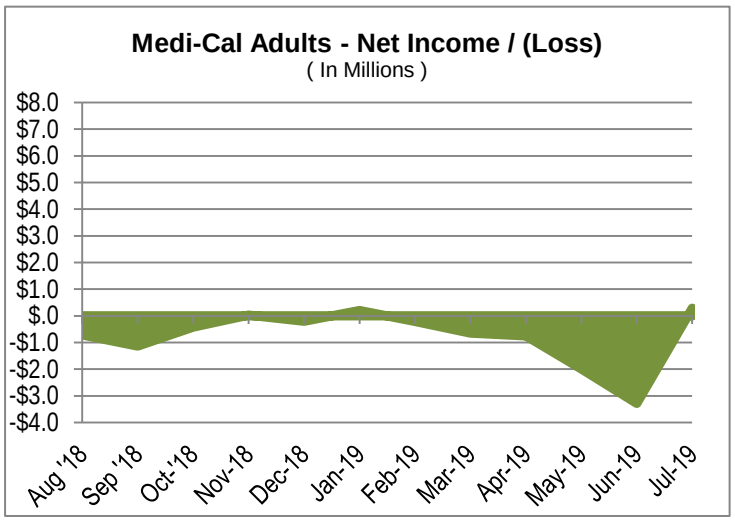
Enrollment					Member Months			
July-2019					Year-to-Date			
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
				Medi-Cal:				
33,670	34,035	(365)	-1.1%	Adults	33,670	34,035	(365)	-1.1%
92,397	93,041	(644)	-0.7%	Child	92,397	93,041	(644)	-0.7%
25,804	25,708	96	0.4%	SPD	25,804	25,708	96	0.4%
17,627	17,458	169	1.0%	Duals	17,627	17,458	169	1.0%
81,171	80,930	241	0.3%	ACA OE	81,171	80,930	241	0.3%
250,669	251,172	(503)	-0.2%	Medi-Cal Total	250,669	251,172	(503)	-0.2%
5,976	5,933	43	0.7%	Group Care	5,976	5,933	43	0.7%
256,645	257,105	(460)	-0.2%	Total	256,645	257,105	(460)	-0.2%

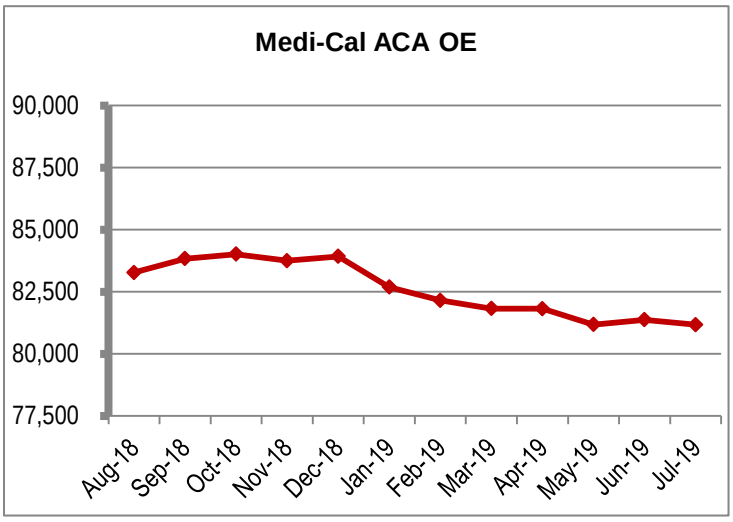
Enrollment and Profitability by Program and Category of Aid

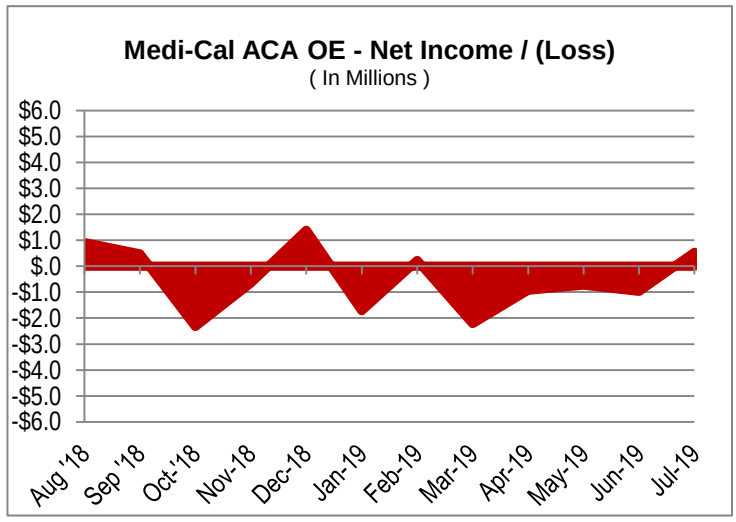




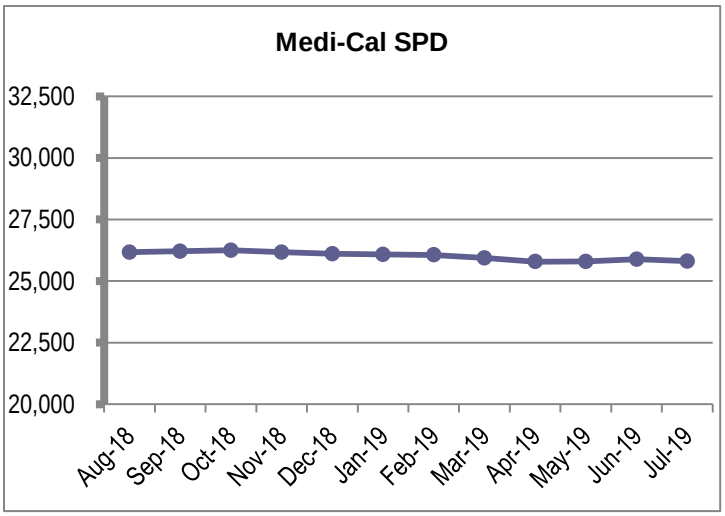


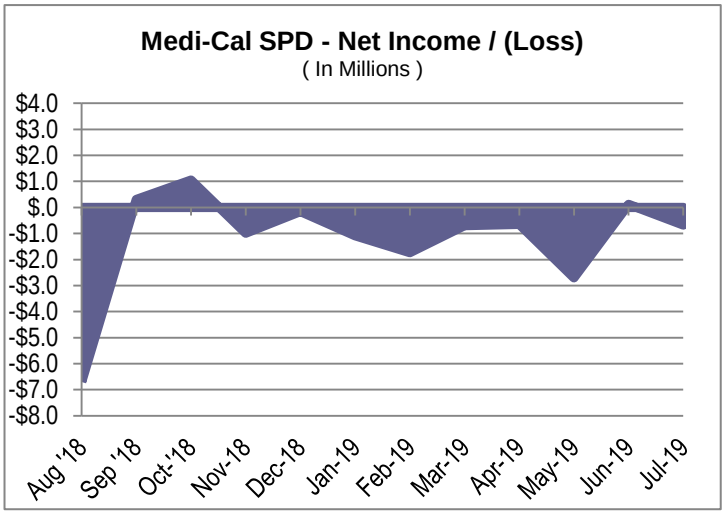


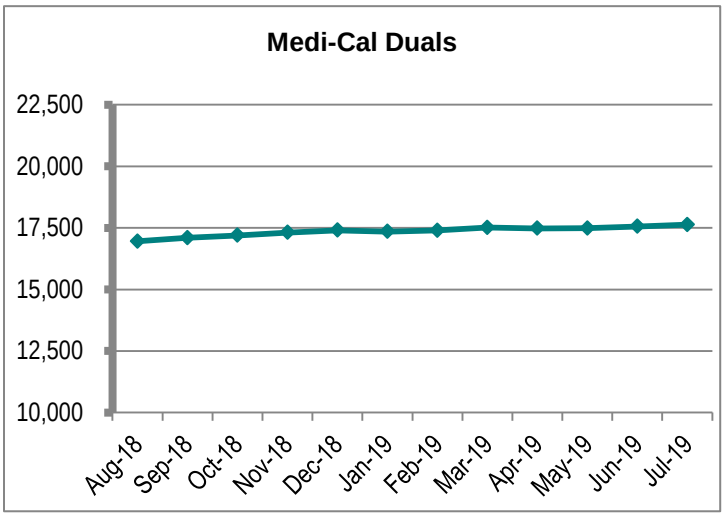


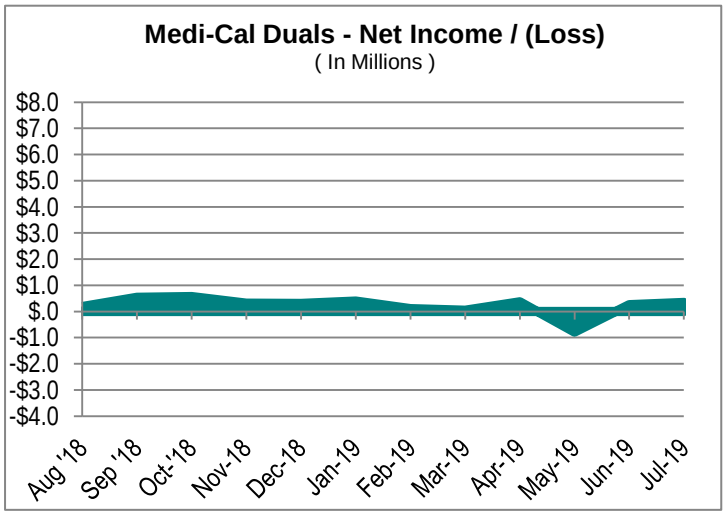


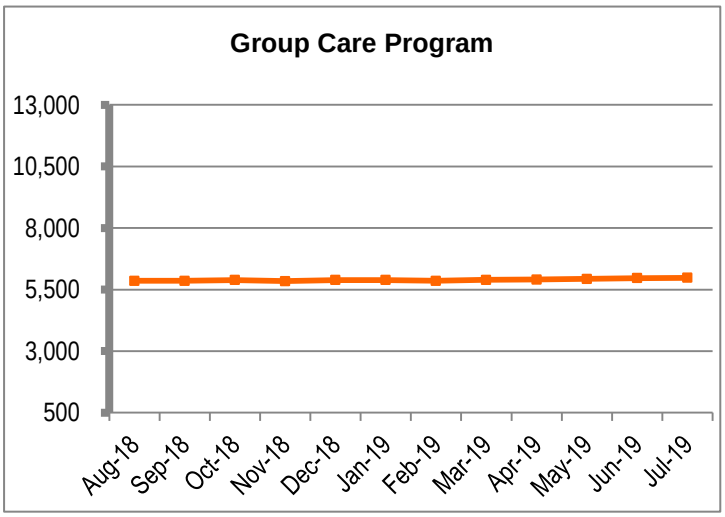
Enrollment and Profitability by Program and Category of Aid

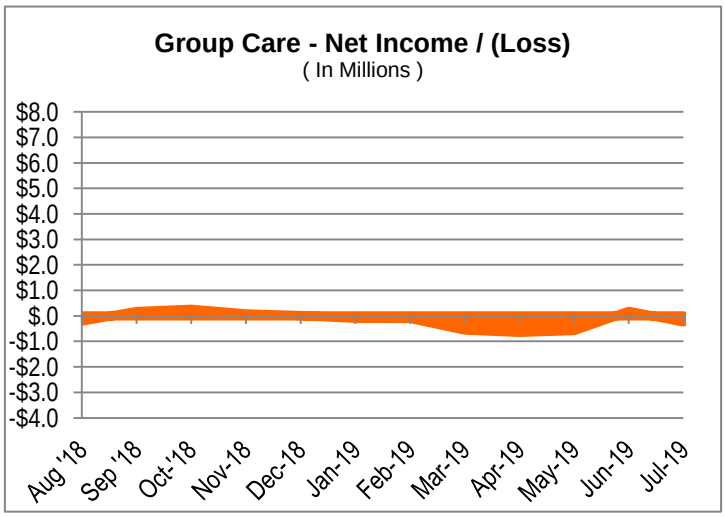






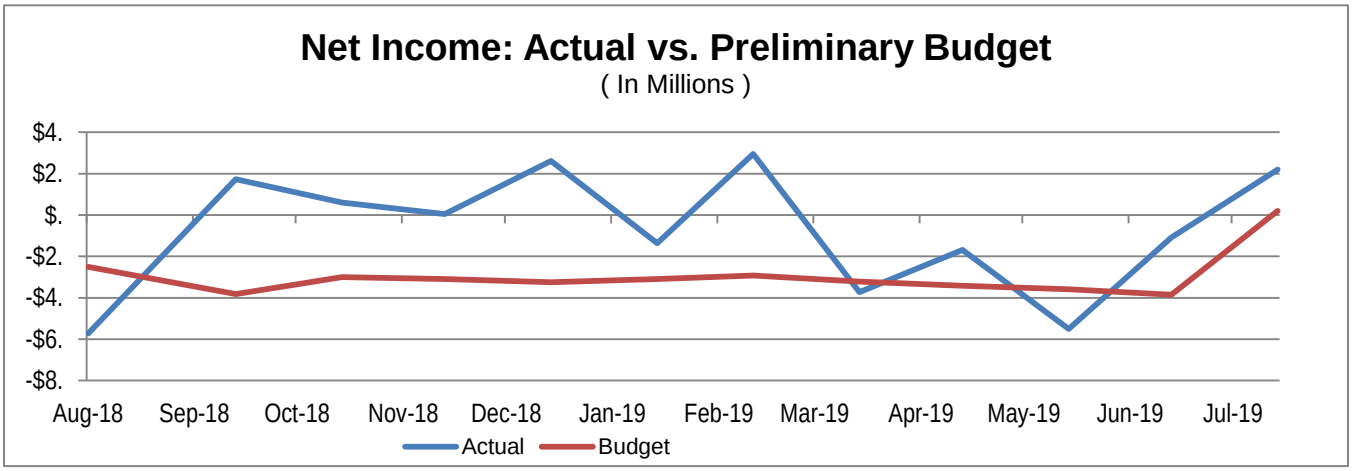






Net Income

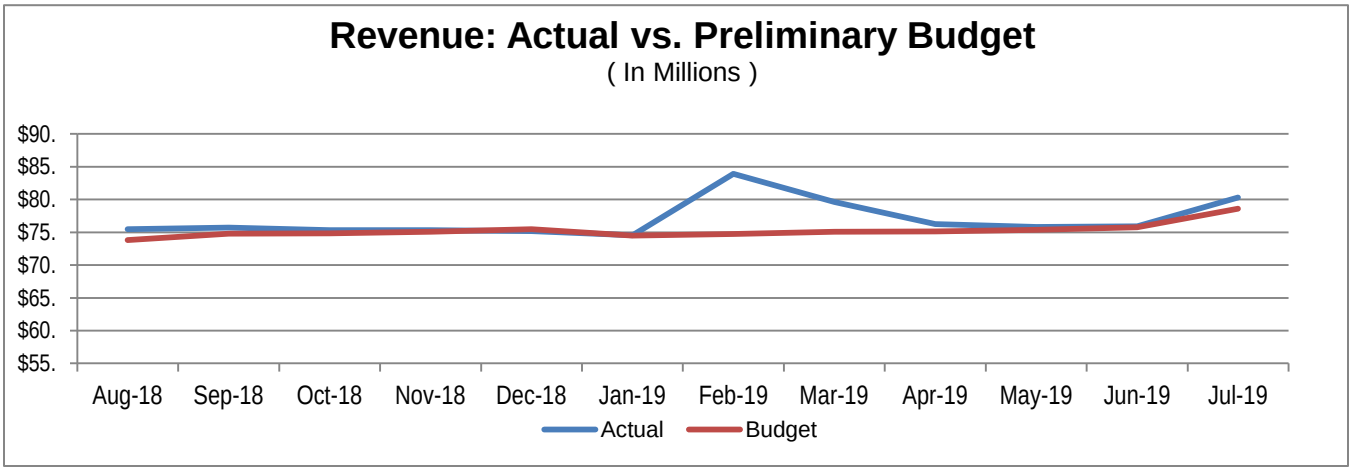
- For the month and year-to-date ended July 31, 2019:
  - Actual Net Income: $2.3 million.
  - Preliminary Budgeted Net Income: $195,000.



- The favorable variance of $2.1 million in the current month is largely due to:
  - Favorable $1.7 million higher than anticipated Revenue.
  - Unfavorable $546,000 higher than anticipated Medical Expense.
  - Favorable $851,000 lower than anticipated Administrative Expense.
  - Favorable $63,000 higher than anticipated Other Income.

Revenue

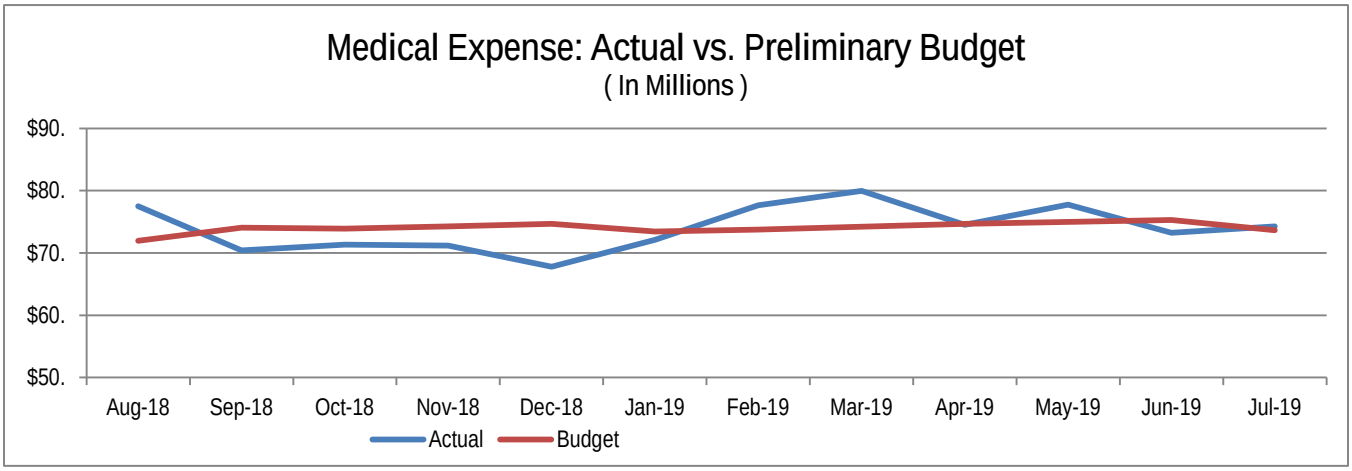
- For the month and year-to-date ended July 31, 2019:
  - Actual Revenue: $80.3 million.
  - Preliminary Budgeted Revenue: $78.6 million.



- For the month ended July 31, 2019, the favorable revenue variance of $1.7 million is mainly due to:
    - Favorable $1.2 million in higher than expected Supplemental Maternity revenue primarily due to additional prior period Maternity Supplemental payments.
    - Favorable $816,000 in higher than expected Base Capitation revenue primarily due to higher paid enrollment than anticipated.
    - Favorable $194,000 in higher than expected Hepatitis C Supplemental payments due to higher utilization than anticipated.
    - Unfavorable $237,000 in lower than expected Behavioral Health Therapy Supplemental payments than expected due to timing.
    - Unfavorable $261,000 in lower than expected Health Homes and Alameda Care Connect revenue due to timing. There is a corresponding reduction in Medical Expense.

Medical Expense

- For the month and fiscal year-to-date ended July 31, 2019:
    - Actual Medical Expense: $74.2 million.
    - Preliminary Budgeted Medical Expense: $73.7 million.



- Reported financial results include Medical expense, which contains estimates for Incurred-But-Not-Paid (IBNP) claims. Calculation of monthly IBNP is based on historical trends and claims payment. The Alliance's IBNP reserves are reviewed on a quarterly basis by the company's external actuaries at Optumas.

- For July, updates to Fee-For-Service (FFS) increased the estimate for unpaid Medical Expenses for prior months by $1.4 million (per table below).

Medical Expense - Actual vs. Preliminary Budget (In Dollars)

Adjusted to Eliminate the Impact of Prior Period IBNP Estimates

	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Excluding IBNP Change	Change in IBNP	Reported		$	%
Capitated Medical Expense	$16,914,494	$0	$16,914,494	$17,863,509	$949,015	5.3%
Primary Care FFS	2,959,458	148,006	3,107,464	2,997,515	$38,057	1.3%
Specialty Care FFS	3,863,704	391,676	4,255,379	3,745,100	($118,604)	-3.2%
Outpatient FFS	7,157,048	(459,155)	6,697,893	7,138,540	($18,508)	-0.3%
Ancillary FFS	3,214,082	532,882	3,746,965	3,069,218	($144,864)	-4.7%
Pharmacy FFS	12,906,011	1,019,992	13,926,004	12,896,817	($9,194)	-0.1%
ER Services FFS	3,058,703	29,242	3,087,944	3,291,817	$233,114	7.1%
Inpatient Hospital & SNF FFS	20,927,026	(271,702)	20,655,324	20,814,936	($112,090)	-0.5%
Other Benefits & Services	1,350,845	0	1,350,844	1,709,255	$358,410	21.0%
Net Reinsurance	389,462	0	389,462	59,502	($329,960)	-554.5%
Provider Incentive	84,705	0	84,705	84,703	($2)	0.0%
	$72,825,538	$1,390,940	$74,216,478	$73,670,913	$845,376	1.1%

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

Adjusted to Eliminate the Impact of Prior Year IBNP Estimates

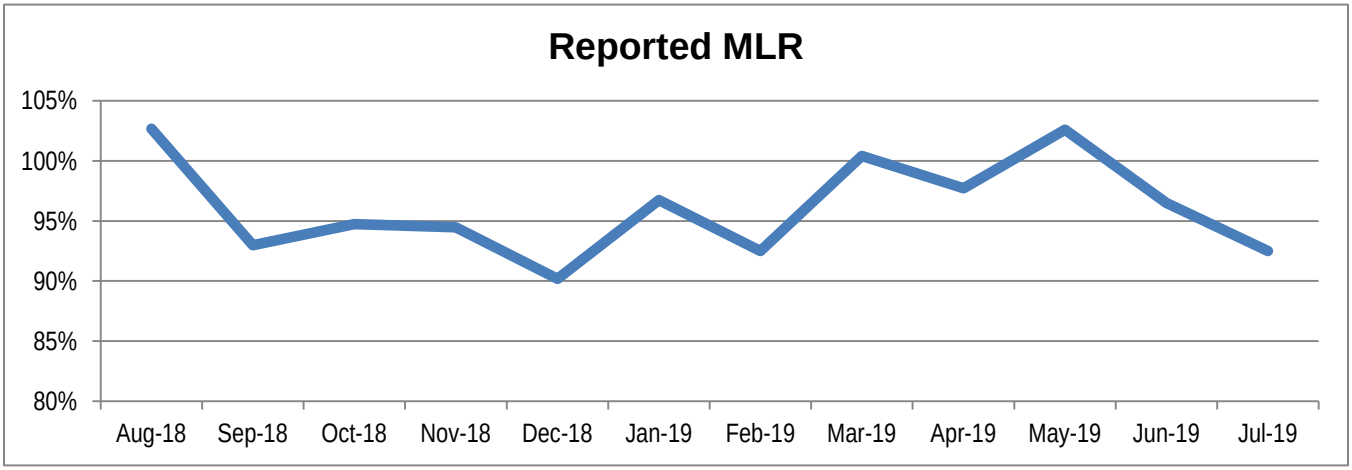
	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Excluding IBNP Change	Change in IBNP	Reported		$	%
Capitated Medical Expense	$65.91	$0.00	$65.91	$69.48	$3.57	5.1%
Primary Care FFS	11.53	0.58	12.11	11.66	0.13	1.1%
Specialty Care FFS	15.05	1.53	16.58	14.57	(0.49)	-3.4%
Outpatient FFS	27.89	(1.79)	26.10	27.77	(0.12)	-0.4%
Ancillary FFS	12.52	2.08	14.60	11.94	(0.59)	-4.9%
Pharmacy FFS	50.29	3.97	54.26	50.16	(0.13)	-0.3%
ER Services FFS	11.92	0.11	12.03	12.80	0.89	6.9%
Inpatient Hospital & SNF FFS	81.54	(1.06)	80.48	80.96	(0.58)	-0.7%
Other Benefits & Services	5.26	0.00	5.26	6.65	1.38	20.8%
Net Reinsurance	1.52	0.00	1.52	0.23	(1.29)	-555.6%
Provider Incentive	0.33	0.00	0.33	0.33	(0.00)	-0.2%
	$283.76	$5.42	$289.18	$286.54	$2.78	1.0%

- Excluding the effect of prior year estimates for IBNP, year-to-date medical expense variance is $845,000 favorable to preliminary budget. On a PMPM basis, medical expense is favorable to preliminary budget by 1.0%.
    - Capitated Expense is favorable to preliminary budget due to delay of anticipated delegated contract increases.

- Favorable Other Benefits & Services Expense reflects a CB-CME payment lag for Health Homes and Alameda Care Connect. There is a corresponding reduction in Revenue.
- Specialty Care and Ancillary Expenses are over preliminary budget, driven by the ACA OE category of aid.
- Inpatient Expense is slightly over preliminary budget, primarily due to the ACA OE and SPD COAs partially offset by the Child COA.
- Unfavorable Net Reinsurance Expense reflects that there were no prior-year recoveries received in the month.

Medical Loss Ratio (MLR)

- The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 92.4% of net revenue for the month and fiscal year-to-date.



Administrative Expense

- For the month and fiscal year-to-date ended July 31, 2019:
  - Actual Administrative Expense: $4.2 million.
  - Preliminary Budgeted Administrative Expense: $5.1 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 %
$2,224,430	$2,388,910	$164,480	6.9%	Employee Expense	$2,224,430	$2,388,910	$164,480	6.9%
583,078	648,190	65,112	10.0%	Medical Benefits Admin Expense	583,078	648,190	65,112	10.0%
539,538	815,141	275,603	33.8%	Purchased & Professional Services	539,538	815,141	275,603	33.8%
867,888	1,213,583	345,695	28.5%	Other Admin Expense	867,888	1,213,583	345,695	28.5%
$4,214,934	$5,065,824	$850,890	16.8%	Total Administrative Expense	$4,214,934	$5,065,824	$850,890	16.8%

- The year-to-date favorable variance is primarily due to:
    - Delay in new project / initiative start dates.
    - Delay in printing / postage activities.
- Administrative expense represented 5.2% of net revenue for the month and year-to-date.

Other Income / (Expense)

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

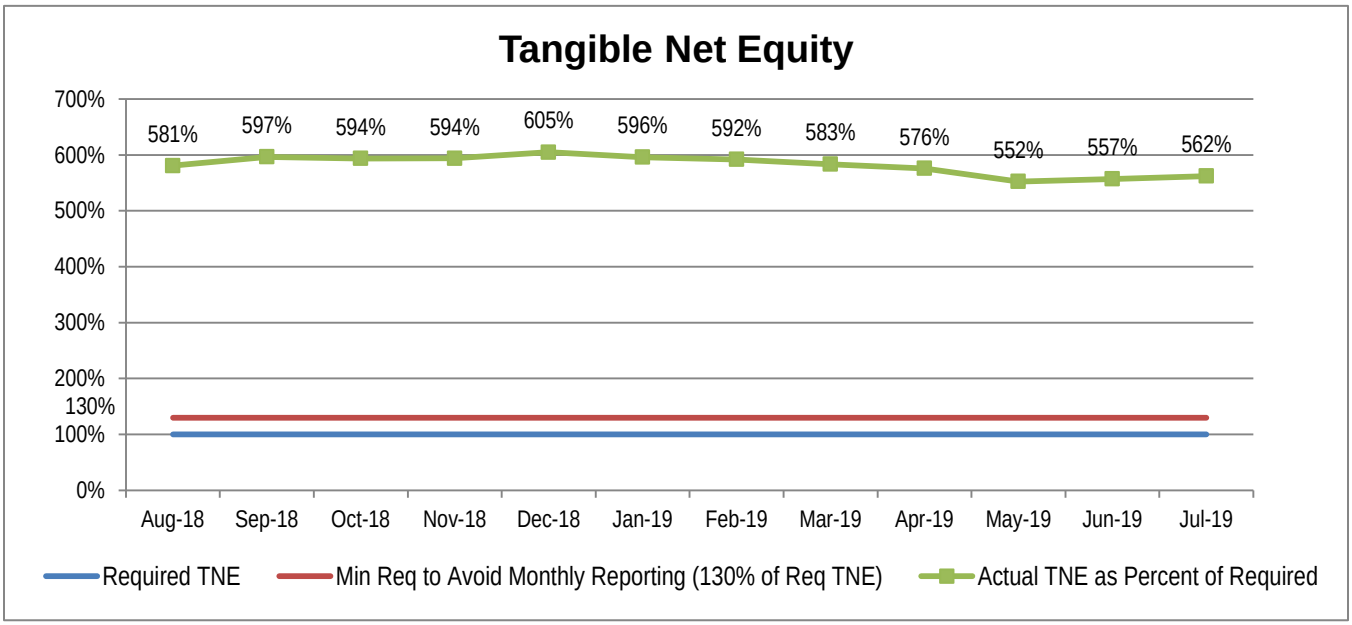
- Fiscal year-to-date interest income from investments is $608,000.

- Fiscal year-to-date claims interest expense, due to delayed payment of certain claims or recalculated interest on previously paid claims is $34,000.

Tangible Net Equity (TNE)

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

    - Required TNE $32.5 million
    - Actual TNE $183.0 million
    - Surplus TNE $150.5 million
    - TNE as % of Required TNE 563%

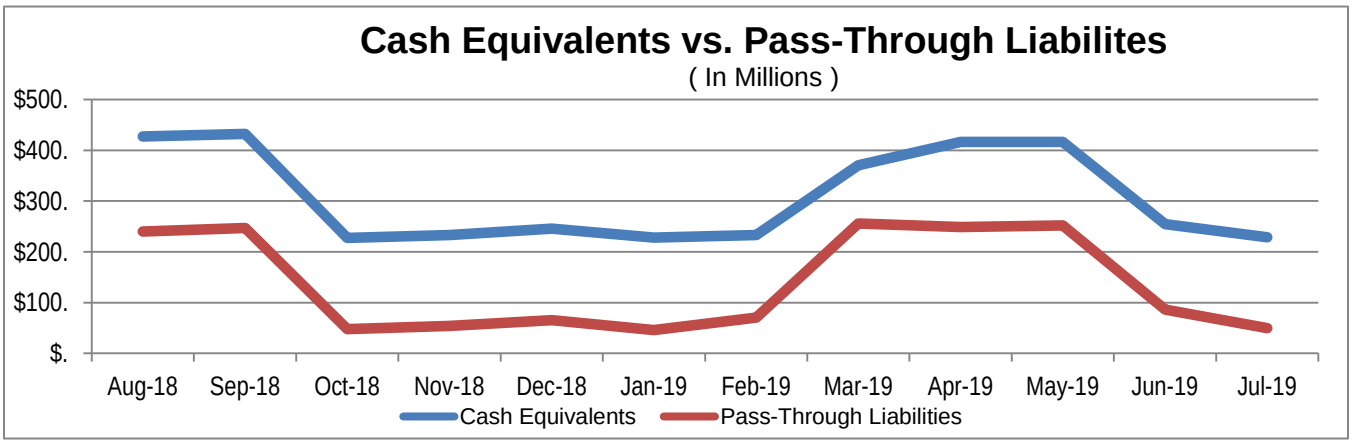


- Cash and Liabilities reflect pass-through liabilities and an ACA OE MLR accrual. The ACA OE MLR accrual represents estimated funds that must be paid back to the Department of Health Care Services (DHCS) / Centers for Medicare &

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 $228.6 million
  - Pass-Through Liabilities $50.6 million
  - Uncommitted Cash $178.0 million
  - Working Capital $172.0 million
  - Current Ratio 2.07 (regulatory minimum is 1.0)



Capital Investment

- Fiscal year-to-date Capital assets acquired: $56,000.

- Preliminary annual capital budget: $2.5 million.

- A summary of year-to-date capital asset acquisitions is included in this monthly financial statement package.

Caveats to Financial Statements

- We continue to caveat these financial statements that, due to challenges of projecting Medical expense and liabilities based on incomplete claims experience, financial results are subject to revision.

- The full set of financial statements and reports are included in the Board of Governors Report. This is a high-level summary of key components of those statements, which are unaudited.

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 July 31, 2019

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				MEMBERSHIP				
250,669	251,172	(503)	(0.2%)	1 - Medi-Cal	250,669	3,358,300	(3,107,631)	(92.5%)
5,976	5,933	43	0.7%	2 - Group Care	5,976	76,485	(70,509)	(92.2%)
256,645	**257,105**	**(460)**	**(0.2%)**	**3 - Total Member Months**	**256,645**	**3,434,785**	**(3,178,140)**	**(92.5%)**
				REVENUE				
$80,310,035	**$78,602,375**	**$1,707,660**	**2.2%**	**4 - TOTAL REVENUE**	**$80,310,035**	**$78,602,375**	**$1,707,660**	**2.2%**
				MEDICAL EXPENSES				
				Capitated Medical Expenses:				
16,914,493	17,863,487	948,995	5.3%	5 - Capitated Medical Expense	16,914,493	17,863,487	948,995	5.3%
				Fee for Service Medical Expenses:				
20,655,319	20,814,935	159,616	0.8%	6 - Inpatient Hospital & SNF FFS Expense	20,655,319	20,814,935	159,616	0.8%
3,107,463	2,997,520	(109,943)	(3.7%)	7 - Primary Care Physician FFS Expense	3,107,463	2,997,520	(109,943)	(3.7%)
4,255,376	3,745,095	(510,280)	(13.6%)	8 - Specialty Care Physician Expense	4,255,376	3,745,095	(510,280)	(13.6%)
3,746,960	3,069,222	(677,738)	(22.1%)	9 - Ancillary Medical Expense	3,746,960	3,069,222	(677,738)	(22.1%)
6,697,892	7,138,536	440,644	6.2%	10 - Outpatient Medical Expense	6,697,892	7,138,536	440,644	6.2%
3,087,944	3,291,817	203,873	6.2%	11 - Emergency Expense	3,087,944	3,291,817	203,873	6.2%
13,926,003	12,896,821	(1,029,182)	(8.0%)	12 - Pharmacy Expense	13,926,003	12,896,821	(1,029,182)	(8.0%)
55,476,957	53,953,947	(1,523,010)	(2.8%)	13 - Total Fee for Service Expense	55,476,957	53,953,947	(1,523,010)	(2.8%)
1,350,845	1,709,255	358,410	21.0%	14 - Other Benefits & Services	1,350,845	1,709,255	358,410	21.0%
389,462	59,508	(329,953)	(554.5%)	15 - Reinsurance Expense	389,462	59,508	(329,953)	(554.5%)
84,705	84,705	0	0.0%	16 - Risk Pool Distribution	84,705	84,705	0	0.0%
74,216,462	**73,670,903**	**(545,558)**	**(0.7%)**	**17 - TOTAL MEDICAL EXPENSES**	**74,216,462**	**73,670,903**	**(545,558)**	**(0.7%)**
6,093,574	**4,931,472**	**1,162,102**	**23.6%**	**18 - GROSS MARGIN**	**6,093,574**	**4,931,472**	**1,162,102**	**23.6%**
				ADMINISTRATIVE EXPENSES				
2,224,430	2,388,910	164,480	6.9%	19 - Personnel Expense	2,224,430	2,388,910	164,480	6.9%
583,078	648,190	65,112	10.0%	20 - Benefits Administration Expense	583,078	648,190	65,112	10.0%
539,538	815,141	275,603	33.8%	21 - Purchased & Professional Services	539,538	815,141	275,603	33.8%
867,889	1,213,584	345,695	28.5%	22 - Other Administrative Expense	867,889	1,213,584	345,695	28.5%
4,214,934	**5,065,824**	**850,890**	**16.8%**	**23 -Total Administrative Expense**	**4,214,934**	**5,065,824**	**850,890**	**16.8%**
1,878,640	**(134,353)**	**2,012,992**	**1,498.3%**	**24 - NET OPERATING INCOME / (LOSS)**	**1,878,640**	**(134,353)**	**2,012,992**	**1,498.3%**
				OTHER INCOME / EXPENSE				
392,264	**329,167**	**63,097**	**19.2%**	**25 - Total Other Income / (Expense)**	**392,264**	**329,167**	**63,097**	**19.2%**
$2,270,904	**$194,814**	**$2,076,090**	**1,065.7%**	**26 - NET INCOME / (LOSS)**	**$2,270,904**	**$194,814**	**$2,076,090**	**1,065.7%**
5.2%	6.4%	1.2%	18.6%	27 - Admin Exp % of Revenue	5.2%	6.4%	1.2%	18.6%

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

	July	June	Difference	% Difference
CURRENT ASSETS:				
Cash & Equivalents				
Cash	$16,315,224	$31,940,900	($15,625,676)	-48.92%
Short-Term Investments	212,270,495	222,901,394	(10,630,899)	-4.77%
Interest Receivable	69,437	123,805	(54,369)	-43.91%
Other Receivables - Net	95,207,408	106,455,684	(11,248,276)	-10.57%
Prepaid Expenses	4,821,814	4,237,809	584,005	13.78%
Prepaid Inventoried Items	4,290	2,765	1,525	55.15%
CalPERS Net Pension Asset	107,720	107,720	0	0.00%
Deferred CalPERS Outflow	4,500,150	4,500,150	0	0.00%
TOTAL CURRENT ASSETS	**333,296,538**	**370,270,228**	**(36,973,689)**	**-9.99%**
OTHER ASSETS:				
Restricted Assets	346,927	346,927	0	0.00%
TOTAL OTHER ASSETS	**346,927**	**346,927**	**0**	**0.00%**
PROPERTY AND EQUIPMENT:				
Land, Building & Improvements	9,529,465	9,497,383	32,082	0.34%
Furniture And Equipment	13,570,475	13,546,895	23,580	0.17%
Leasehold Improvement	894,650	894,650	0	0.00%
Internally-Developed Software	16,824,002	16,824,002	0	0.00%
Fixed Assets at Cost	40,818,591	40,762,929	55,662	0.14%
Less: Accumulated Depreciation	(30,193,538)	(30,019,721)	(173,817)	0.58%
NET PROPERTY AND EQUIPMENT	**10,625,053**	**10,743,208**	**(118,155)**	**-1.10%**
TOTAL ASSETS	**$344,268,519**	**$381,360,363**	**($37,091,844)**	**-9.73%**
CURRENT LIABILITIES:				
Accounts Payable	$8,508,258	$7,600,529	$907,730	11.94%
Pass-Through Liabilities	50,569,301	86,247,816	(35,678,514)	-41.37%
Claims Payable	7,636,850	9,300,308	(1,663,458)	-17.89%
IBNP Reserves	83,310,583	86,162,726	(2,852,143)	-3.31%
Payroll Liabilities	2,771,544	2,873,072	(101,528)	-3.53%
CalPERS Deferred Inflow	2,529,197	2,529,197	0	0.00%
Risk Sharing	4,883,325	4,798,619	84,705	1.77%
Provider Grants/ New Health Program	1,041,303	1,100,843	(59,540)	-5.41%
TOTAL CURRENT LIABILITIES	**161,250,360**	**200,613,108**	**(39,362,748)**	**-19.62%**
TOTAL LIABILITIES	**161,250,360**	**200,613,108**	**(39,362,748)**	**-19.62%**
NET WORTH:				
Contributed Capital	840,233	840,233	0	0.00%
Restricted & Unrestricted Funds	179,907,022	189,319,480	(9,412,459)	-4.97%
Year-to Date Net Income / (Loss)	2,270,904	(9,412,459)	11,683,362	-124.13%
TOTAL NET WORTH	**183,018,159**	**180,747,255**	**2,270,904**	**1.26%**
TOTAL LIABILITIES AND NET WORTH	**$344,268,519**	**$381,360,363**	**($37,091,844)**	**-9.73%**

Alameda Alliance for Health
FY19 Income Statement Run-Rate Analysis
July 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	**256,645**		**256,645**	**268,868**	**(12,223)**	**256,645**		**256,645**	**268,868**	**(12,223)**
Profit & Loss										
Revenue	$80,310	$0	**$80,310**	**$72,908**	**$7,402**	$80,310	$0	**$80,310**	**$72,908**	**$7,402**
Medical Expense	74,216	1,391	**72,826**	**67,122**	**(5,703)**	74,216	1,391	**72,826**	**67,122**	**(5,703)**
Gross Margin	**6,094**	**1,391**	**7,485**	**5,785**	**1,699**	**6,094**	**1,391**	**7,485**	**5,785**	**1,699**
Administrative Expense	4,215	0	**4,215**	**4,149**	**(66)**	4,215	0	**4,215**	**4,149**	**(66)**
Operating Income / (Loss)	**1,879**	**1,391**	**3,270**	**1,636**	**1,633**	**1,879**	**1,391**	**3,270**	**1,636**	**1,633**
Other Income / (Expense)	392	0	**392**	**137**	**256**	392	0	**392**	**137**	**256**
Net Income / (Loss)	**$2,271**	**$1,391**	**$3,662**	**$1,773**	**$1,889**	**$2,271**	**$1,391**	**$3,662**	**$1,773**	**$1,889**
PMPM										
Revenue	$312.92		**$312.92**	**$271.17**	**$41.76**	$312.92		**$312.92**	**$271.17**	**$41.76**
Medical	$289.18		**$283.76**	**$249.65**	**($34.11)**	$289.18		**$283.76**	**$249.65**	**($34.11)**
Gross Margin	$23.74		**$29.16**	**$21.52**	**$7.65**	$23.74		**$29.16**	**$21.52**	**$7.65**
Ratios										
Medical Loss Ratio	92.4%		**90.7%**	**92.1%**	**1.4%**	92.4%		**90.7%**	**92.1%**	**1.4%**
Administrative Expense %	5.2%		**5.2%**	**5.7%**	**0.4%**	5.2%		**5.2%**	**5.7%**	**0.4%**
Net Income / (Loss) %	2.8%		**4.6%**	**2.4%**	**2.1%**	2.8%		**4.6%**	**2.4%**	**2.1%**

Notes:

Adjustments generally limited to $300K.

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 7/31/2019

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	$2,030,665	$6,112,176	$12,138,385	$2,030,665
Total	2,030,665	6,112,176	12,138,385	2,030,665
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	78,279,235	225,560,035	458,865,424	78,279,235
Allowance for Doubtful Accounts	0	0	0	0
Deferred Premium Revenue	0	0	0	0
Premium Receivable	8,031,578	19,991,531	7,918,438	8,031,578
Total	86,310,813	245,551,566	466,783,862	86,310,813
Investment & Other Income Cash Flows				
Other Revenue (Grants)	(165,256)	758,027	1,387,810	(165,256)
Interest Income	591,745	2,318,822	4,154,118	591,745
Interest Receivable	54,369	363,320	71,275	54,369
Total	480,858	3,440,169	5,613,203	480,858
Medical & Hospital Cash Flows				
Total Medical Expenses	(74,216,462)	(224,991,203)	(457,096,983)	(74,216,462)
Other Receivable	3,216,698	1,737,383	1,446,702	3,216,698
Claims Payable	(1,172,846)	(4,291,263)	(3,615,483)	(1,172,846)
IBNP Payable	(2,852,143)	(8,360,328)	(9,803,572)	(2,852,143)
Risk Share Payable	84,705	218,037	418,036	84,705
Health Program	(59,540)	(201,120)	(342,465)	(59,540)
Other Liabilities	1	0	1	1
Total	(74,999,587)	(235,888,494)	(468,993,764)	(74,999,587)
Administrative Cash Flows				
Total Administrative Expenses	(4,249,024)	(13,460,503)	(25,607,663)	(4,249,024)
Prepaid Expenses	(585,530)	31,013	(763,848)	(585,530)
CalPERS Pension Asset	0	(737,816)	(737,816)	0
CalPERS Deferred Outflow	0	847,098	847,098	0
Trade Accounts Payable	417,118	4,971,290	5,989,207	417,118
Other Accrued Liabilities	0	0	0	0
Payroll Liabilities	(101,528)	(639,937)	(384,479)	(101,528)
Depreciation Expense	173,817	513,254	999,991	173,817
Total	(4,345,147)	(8,475,601)	(19,657,510)	(4,345,147)
Interest Paid				
Debt Interest Expense	0	0	0	0
Total Cash Flows from Operating Activities	**9,477,602**	**10,739,816**	**(4,115,824)**	**9,477,602**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 7/31/2019

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM INVESTING ACTIVITIES				**CASH F**
Restricted Cash & Other Asset Cash Flows				
Provider Pass-Thru-Liabilities	(35,678,514)	(198,611,017)	4,896,414	(35,678,514)
Restricted Cash	0	(2,527)	(5,212)	0
	(35,678,514)	(198,613,544)	4,891,202	(35,678,514)
Fixed Asset Cash Flows				
Depreciation expense	173,817	513,254	999,991	173,817
Fixed Asset Acquisitions	(55,662)	(328,147)	(447,428)	(55,662)
Change in A/D	(173,817)	(513,254)	(999,991)	(173,817)
	(55,662)	(328,147)	(447,428)	(55,662)
Total Cash Flows from Investing Activities	**(35,734,176)**	**(198,941,691)**	**4,443,774**	**(35,734,176)**
Financing Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Total Cash Flows	**(26,256,574)**	**(188,201,875)**	**327,950**	**(26,256,574)**
Rounding	(1)	0	3	(1)
Cash @ Beginning of Period	254,842,294	416,787,594	228,257,766	254,842,294
Cash @ End of Period	**$228,585,719**	**$228,585,719**	**$228,585,719**	**$228,585,719**
Difference (rounding)	0	0	0	0

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 7/31/2019

	MONTH	3 MONTHS	6 MONTHS	YTD
NET INCOME RECONCILIATION				
Net Income / (Loss)	$2,270,903	($3,702,645)	($6,158,908)	$2,270,903
Add back: Depreciation	173,817	513,254	999,991	173,817
Receivables				
Premiums Receivable	8,031,578	19,991,531	7,918,438	8,031,578
First Care Receivable	0	0	0	0
Family Care Receivable	0	0	0	0
Healthy Kids Receivable	0	0	0	0
Interest Receivable	54,369	363,320	71,275	54,369
Other Receivable	3,216,698	1,737,383	1,446,702	3,216,698
FQHC Receivable	0	0	0	0
Allowance for Doubtful Accounts	0	0	0	0
Total	11,302,645	22,092,234	9,436,415	11,302,645
Prepaid Expenses	(585,530)	140,295	(654,566)	(585,530)
Trade Payables	417,118	4,971,290	5,989,207	417,118
Claims Payable, IBNR & Risk Share				
IBNP	(2,852,143)	(8,360,328)	(9,803,572)	(2,852,143)
Claims Payable	(1,172,846)	(4,291,263)	(3,615,483)	(1,172,846)
Risk Share Payable	84,705	218,037	418,036	84,705
Other Liabilities	1	0	1	1
Total	(3,940,283)	(12,433,554)	(13,001,018)	(3,940,283)
Unearned Revenue				
Total	0	0	0	0
Other Liabilities				
Accrued Expenses	0	0	0	0
Payroll Liabilities	(101,528)	(639,937)	(384,479)	(101,528)
Health Program	(59,540)	(201,120)	(342,465)	(59,540)
Accrued Sub Debt Interest	0	0	0	0
Total Change in Other Liabilities	(161,068)	(841,057)	(726,944)	(161,068)
Cash Flows from Operating Activities	**$9,477,602**	**$10,739,817**	**($4,115,823)**	**$9,477,602**
Difference (rounding)	0	1	1	0

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 7/31/2019

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received From:				
Capitation Received from State of CA	$86,310,813	$245,551,566	$466,783,862	$86,310,813
Commercial Premium Revenue	2,030,665	6,112,176	12,138,385	2,030,665
Other Income	(165,256)	758,027	1,387,810	(165,256)
Investment Income	646,114	2,682,142	4,225,393	646,114
Cash Paid To:				
Medical Expenses	(74,999,587)	(235,888,494)	(468,993,764)	(74,999,587)
Vendor & Employee Expenses	(4,345,147)	(8,475,601)	(19,657,510)	(4,345,147)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	9,477,602	10,739,816	(4,115,824)	9,477,602
Cash Flows from Financing Activities:				
Purchases of Fixed Assets	(55,662)	(328,147)	(447,428)	(55,662)
Net Cash Provided By (Used In) Financing Activities	(55,662)	(328,147)	(447,428)	(55,662)
Cash Flows from Investing Activities:				
Changes in Investments	0	0	0	0
Restricted Cash	(35,678,514)	(198,613,544)	4,891,202	(35,678,514)
Net Cash Provided By (Used In) Investing Activities	(35,678,514)	(198,613,544)	4,891,202	(35,678,514)
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Net Change in Cash	**(26,256,574)**	**(188,201,875)**	**327,950**	**(26,256,574)**
Cash @ Beginning of Period	254,842,294	416,787,594	228,257,766	254,842,294
Subtotal	$228,585,720	$228,585,719	$228,585,716	$228,585,720
Rounding	(1)	0	3	(1)
Cash @ End of Period	**$228,585,719**	**$228,585,719**	**$228,585,719**	**$228,585,719**
RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:				
Net Income / (Loss)	$2,270,903	($3,702,645)	($6,158,908)	$2,270,903
Depreciation	173,817	513,254	999,991	173,817
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	11,302,645	22,092,234	9,436,415	11,302,645
Prepaid Expenses	(585,530)	140,295	(654,566)	(585,530)
Trade Payables	417,118	4,971,290	5,989,207	417,118
Claims payable & IBNP	(3,940,283)	(12,433,554)	(13,001,018)	(3,940,283)
Deferred Revenue	0	0	0	0
Accrued Interest	0	0	0	0
Other Liabilities	(161,068)	(841,057)	(726,944)	(161,068)
Subtotal	9,477,602	10,739,817	(4,115,823)	9,477,602
Rounding	0	(1)	(1)	0
Cash Flows from Operating Activities	**$9,477,602**	**$10,739,816**	**($4,115,824)**	**$9,477,602**
Rounding Difference	0	(1)	(1)	0

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE CURRENT MONTH - JULY 2019

	Child	Adults	Medi-Cal SPD	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Enrollment	92,397	33,670	25,804	81,171	17,627	250,669	5,976	256,645
Gross Revenue	$10,234,475	$10,991,257	$24,971,271	$29,178,593	$2,903,774	$78,279,370	$2,030,665	$80,310,035
Contra Revenue	$0	$0	$0	$0	$0	$0	$0	$0
Net Revenue	$10,234,475	$10,991,257	$24,971,271	$29,178,593	$2,903,774	$78,279,370	$2,030,665	$80,310,035
Medical Expense	$8,056,058	$10,027,663	$24,397,122	$27,194,254	$2,430,084	$72,105,182	$2,111,280	$74,216,462
Gross Margin	$2,178,417	$963,594	$574,149	$1,984,339	$473,690	$6,174,189	($80,615)	$6,093,574
Administrative Expense	$294,835	$616,433	$1,460,955	$1,563,695	$147,555	$4,083,473	$131,461	$4,214,934
Operating Income / (Expense)	$1,883,583	$347,161	($886,806)	$420,643	$326,136	$2,090,716	($212,076)	$1,878,640
Other Income / (Expense)	$22,684	$58,080	$145,468	$140,359	$13,154	$379,744	$12,520	$392,264
Net Income / (Loss)	$1,906,267	$405,240	($741,339)	$561,002	$339,289	$2,470,459	($199,556)	$2,270,904
Revenue PMPM	$110.77	$326.44	$967.73	$359.47	$164.73	$312.28	$339.80	$312.92
Medical Expense PMPM	$87.19	$297.82	$945.48	$335.02	$137.86	$287.65	$353.29	$289.18
Gross Margin PMPM	$23.58	$28.62	$22.25	$24.45	$26.87	$24.63	($13.49)	$23.74
Administrative Expense PMPM	$3.19	$18.31	$56.62	$19.26	$8.37	$16.29	$22.00	$16.42
Operating Income / (Expense) PMPM	$20.39	$10.31	($34.37)	$5.18	$18.50	$8.34	($35.49)	$7.32
Other Income / (Expense) PMPM	$0.25	$1.72	$5.64	$1.73	$0.75	$1.51	$2.10	$1.53
Net Income / (Loss) PMPM	$20.63	$12.04	($28.73)	$6.91	$19.25	$9.86	($33.39)	$8.85
Medical Loss Ratio	78.7%	91.2%	97.7%	93.2%	83.7%	92.1%	104.0%	92.4%
Gross Margin Ratio	21.3%	8.8%	2.3%	6.8%	16.3%	7.9%	-4.0%	7.6%
Administrative Expense Ratio	2.9%	5.6%	5.9%	5.4%	5.1%	5.2%	6.5%	5.2%
Net Income Ratio	18.6%	3.7%	-3.0%	1.9%	11.7%	3.2%	-9.8%	2.8%

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

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

	Child	Adults	Medi-Cal SPD	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Member Months	92,397	33,670	25,804	81,171	17,627	250,669	5,976	256,645
Revenue	$10,234,475	$10,991,257	$24,971,271	$29,178,593	$2,903,774	$78,279,370	$2,030,665	$80,310,035
Contra Revenue				$0		$0		$0
Net Revenue	$10,234,475	$10,991,257	$24,971,271	$29,178,593	$2,903,774	$78,279,370	$2,030,665	$80,310,035
Medical Expense	$8,056,058	$10,027,663	$24,397,122	$27,194,254	$2,430,084	$72,105,182	$2,111,280	$74,216,462
Gross Margin	$2,178,417	$963,594	$574,149	$1,984,339	$473,690	$6,174,189	($80,615)	$6,093,574
Administrative Expense	$294,835	$616,433	$1,460,955	$1,563,695	$147,555	$4,083,473	$131,461	$4,214,934
Operating Income / (Expense)	$1,883,583	$347,161	($886,806)	$420,643	$326,136	$2,090,716	($212,076)	$1,878,640
Other Income / (Expense)	$22,684	$58,080	$145,468	$140,359	$13,154	$379,744	$12,520	$392,264
Net Income / (Loss)	$1,906,267	$405,240	($741,339)	$561,002	$339,289	$2,470,459	($199,556)	$2,270,904
Revenue PMPM	$110.77	$326.44	$967.73	$359.47	$164.73	$312.28	$339.80	$312.92
Medical Expense PMPM	$87.19	$297.82	$945.48	$335.02	$137.86	$287.65	$353.29	$289.18
Gross Margin PMPM	$23.58	$28.62	$22.25	$24.45	$26.87	$24.63	($13.49)	$23.74
Administrative Expense PMPM	$3.19	$18.31	$56.62	$19.26	$8.37	$16.29	$22.00	$16.42
Operating Income / (Expense) PMPM	$20.39	$10.31	($34.37)	$5.18	$18.50	$8.34	($35.49)	$7.32
Other Income / (Expense) PMPM	$0.25	$1.72	$5.64	$1.73	$0.75	$1.51	$2.10	$1.53
Net Income / (Loss) PMPM	$20.63	$12.04	($28.73)	$6.91	$19.25	$9.86	($33.39)	$8.85
Medical Loss Ratio	78.7%	91.2%	97.7%	93.2%	83.7%	92.1%	104.0%	92.4%
Gross Margin Ratio	21.3%	8.8%	2.3%	6.8%	16.3%	7.9%	-4.0%	7.6%
Administrative Expense Ratio	2.9%	5.6%	5.9%	5.4%	5.1%	5.2%	6.5%	5.2%
Net Income Ratio	18.6%	3.7%	-3.0%	1.9%	11.7%	3.2%	-9.8%	2.8%

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

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				ADMINISTRATIVE EXPENSE SUMMARY				
$2,224,430	$2,388,910	$164,480	6.9%	Personnel Expenses	$2,224,430	$2,388,910	$164,480	6.9%
583,078	648,190	65,112	10.0%	Benefits Administration Expense	583,078	648,190	65,112	10.0%
539,538	815,141	275,603	33.8%	Purchased & Professional Services	539,538	815,141	275,603	33.8%
350,253	363,948	13,695	3.8%	Occupancy	350,253	363,948	13,695	3.8%
61,754	255,214	193,460	75.8%	Printing Postage & Promotion	61,754	255,214	193,460	75.8%
433,885	574,252	140,367	24.4%	Licenses Insurance & Fees	433,885	574,252	140,367	24.4%
21,997	20,170	(1,827)	(9.1%)	Supplies & Other Expenses	21,997	20,170	(1,827)	(9.1%)
1,990,505	2,676,915	686,410	25.6%	Total Other Administrative Expense	1,990,505	2,676,915	686,410	25.6%
$4,214,934	**$5,065,824**	**$850,890**	**16.8%**	**Total Administrative Expenses**	**$4,214,934**	**$5,065,824**	**$850,890**	**16.8%**

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

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				Personnel Expenses				
$1,489,926	$1,470,061	($19,865)	(1.4%)	Salaries & Wages	$1,489,926	$1,470,061	($19,865)	(1.4%)
111,582	144,268	32,686	22.7%	Paid Time Off	111,582	144,268	32,686	22.7%
96	7,223	7,126	98.7%	Incentives	96	7,223	7,126	98.7%
0	250	250	100.0%	Employee of the Month	0	250	250	100.0%
24,298	74,328	50,029	67.3%	Payroll Taxes	24,298	74,328	50,029	67.3%
8,097	9,510	1,413	14.9%	Overtime	8,097	9,510	1,413	14.9%
116,230	123,351	7,121	5.8%	CalPERS ER Match	116,230	123,351	7,121	5.8%
393,460	387,483	(5,977)	(1.5%)	Employee Benefits	393,460	387,483	(5,977)	(1.5%)
111	0	(111)	0.0%	Personal Floating Holiday	111	0	(111)	0.0%
8,853	16,727	7,874	47.1%	Employee Relations	8,853	16,727	7,874	47.1%
772	1,508	736	48.8%	Transportation Reimbursement	772	1,508	736	48.8%
2,282	30,340	28,058	92.5%	Travel & Lodging	2,282	30,340	28,058	92.5%
19,628	52,480	32,852	62.6%	Temporary Help Services	19,628	52,480	32,852	62.6%
42,499	54,554	12,055	22.1%	Staff Development/Training	42,499	54,554	12,055	22.1%
6,593	16,827	10,234	60.8%	Staff Recruitment/Advertising	6,593	16,827	10,234	60.8%
2,224,430	**2,388,910**	**164,480**	**6.9%**	**Total Employee Expenses**	**2,224,430**	**2,388,910**	**164,480**	**6.9%**
				Benefit Administration Expense				
362,252	429,759	67,506	15.7%	RX Administration Expense	362,252	429,759	67,506	15.7%
220,826	218,432	(2,394)	(1.1%)	Behavioral Hlth Administration Fees	220,826	218,432	(2,394)	(1.1%)
583,078	**648,190**	**65,112**	**10.0%**	**Total Employee Expenses**	**583,078**	**648,190**	**65,112**	**10.0%**
				Purchased & Professional Services				
107,748	378,646	270,898	71.5%	Consulting Services	107,748	378,646	270,898	71.5%
356,738	265,669	(91,069)	(34.3%)	Computer Support Services	356,738	265,669	(91,069)	(34.3%)
8,750	9,200	450	4.9%	Professional Fees-Accounting	8,750	9,200	450	4.9%
20,427	75,383	54,956	72.9%	Other Purchased Services	20,427	75,383	54,956	72.9%
14,471	6,369	(8,102)	(127.2%)	Maint.& Repair-Office Equipment	14,471	6,369	(8,102)	(127.2%)
31	0	(31)	0.0%	MIS Software (Non-Capital)	31	0	(31)	0.0%
10,211	3,000	(7,211)	(240.4%)	Hardware (Non-Capital)	10,211	3,000	(7,211)	(240.4%)
7,061	7,373	312	4.2%	Provider Relations-Credentailing	7,061	7,373	312	4.2%
14,100	69,500	55,400	79.7%	Legal Fees	14,100	69,500	55,400	79.7%
539,538	**815,141**	**275,603**	**33.8%**	**Total Purchased & Professional Services**	**539,538**	**815,141**	**275,603**	**33.8%**
				Occupancy				
147,710	136,715	(10,994)	(8.0%)	Depreciation	147,710	136,715	(10,994)	(8.0%)
26,107	47,871	21,764	45.5%	Amortization	26,107	47,871	21,764	45.5%
63,024	63,024	0	0.0%	Building Lease	63,024	63,024	0	0.0%
3,169	3,157	(12)	(0.4%)	Leased and Rented Office Equipment	3,169	3,157	(12)	(0.4%)
15,334	16,664	1,330	8.0%	Utilities	15,334	16,664	1,330	8.0%
83,204	79,532	(3,671)	(4.6%)	Telephone	83,204	79,532	(3,671)	(4.6%)
11,705	16,984	5,279	31.1%	Building Maintenance	11,705	16,984	5,279	31.1%
350,253	**363,948**	**13,695**	**3.8%**	**Total Occupancy**	**350,253**	**363,948**	**13,695**	**3.8%**

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ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED July 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				
$21,816	$60,356	$38,540	63.9%	Postage	$21,816	$60,356	$38,540	63.9%
1,955	3,300	1,345	40.8%	Design & Layout	1,955	3,300	1,345	40.8%
26,079	87,750	61,671	70.3%	Printing Services	26,079	87,750	61,671	70.3%
2,950	4,500	1,550	34.4%	Mailing Services	2,950	4,500	1,550	34.4%
2,643	3,425	782	22.8%	Courier/Delivery Service	2,643	3,425	782	22.8%
8	667	658	98.8%	Pre-Printed Materials and Publications	8	667	658	98.8%
0	20,000	20,000	100.0%	Promotional Products	0	20,000	20,000	100.0%
0	100	100	100.0%	Promotional Services	0	100	100	100.0%
4,596	71,117	66,521	93.5%	Community Relations	4,596	71,117	66,521	93.5%
1,708	4,000	2,292	57.3%	Translation - Non-Clinical	1,708	4,000	2,292	57.3%
61,754	**255,214**	**193,460**	**75.8%**	**Total Printing Postage & Promotion**	**61,754**	**255,214**	**193,460**	**75.8%**
				Licenses Insurance & Fees				
19,932	20,700	768	3.7%	Bank Fees	19,932	20,700	768	3.7%
59,538	52,280	(7,258)	(13.9%)	Insurance	59,538	52,280	(7,258)	(13.9%)
284,881	343,667	58,786	17.1%	Licenses, Permits and Fees	284,881	343,667	58,786	17.1%
69,534	157,605	88,071	55.9%	Subscriptions & Dues	69,534	157,605	88,071	55.9%
433,885	**574,252**	**140,367**	**24.4%**	**Total Licenses Insurance & Postage**	**433,885**	**574,252**	**140,367**	**24.4%**
				Supplies & Other Expenses				
11,402	7,650	(3,752)	(49.0%)	Office and Other Supplies	11,402	7,650	(3,752)	(49.0%)
2,106	3,375	1,269	37.6%	Ergonomic Supplies	2,106	3,375	1,269	37.6%
7,990	8,445	455	5.4%	Commissary-Food & Beverage	7,990	8,445	455	5.4%
500	700	200	28.6%	Member Incentive Expense	500	700	200	28.6%
21,997	**20,170**	**(1,827)**	**(9.1%)**	**Total Supplies & Other Expense**	**21,997**	**20,170**	**(1,827)**	**(9.1%)**
$4,214,934	**$5,065,824**	**$850,890**	**16.8%**	**TOTAL ADMINISTRATIVE EXPENSE**	**$4,214,934**	**$5,065,824**	**$850,890**	**16.8%**

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

		Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	$ Variance Fav/(Unf.)
1. Hardware:							
	Laptops	IT-FY20-01		$ 3,198	**$ 3,198**	$ 60,000	$ 56,802
	Tablets, Surfaces, Macs	IT-FY20-02			$ -	$ 30,000	$ 30,000
	Monitors-(Dual per User)	IT-FY20-03			$ -	$ 33,971	$ 33,971
	Cisco IP Phone	IT-FY20-04			$ -	$ 20,000	$ 20,000
	Conference Phones	IT-FY20-05			$ -	$ 10,000	$ 10,000
	Cage Equipment (Racks, Bins, Tools)	IT-FY20-06			$ -	$ 10,000	$ 10,000
	Data Center Equipment (Cables, Interface cards, KVM)	IT-FY20-07			$ -	$ 10,000	$ 10,000
	Headsets (Wired and Wireless)	IT-FY20-08			$ -	$ 20,000	$ 20,000
	Docking Stations	IT-FY20-09			$ -	$ 20,000	$ 20,000
	Desk Tops	IT-FY20-10			$ -	$ 112,000	$ 112,000
	Cisco UCS Blade Servers	IT-FY20-11			$ -	$ 150,000	$ 150,000
	Veeam Backup (Additional Shelf)	IT-FY20-12			$ -	$ 50,000	$ 50,000
	Pure Storage Upgrade (Additional Shelf)	IT-FY20-13			$ -	$ 90,000	$ 90,000
	DLP Hardware (Security - Data Loss Prevention)	IT-FY20-14			$ -	$ 160,000	$ 160,000
	Cisco Networking Equipment Upgrades (DR)	IT-FY20-15			$ -	$ 50,000	$ 50,000
	Cisco Wireless Access Points	IT-FY20-16			$ -	$ 20,000	$ 20,000
	Network Cabling (Moves, Construction Projects)	IT-FY20-17			$ -	$ 150,000	$ 150,000
	Conference Room Upgrades (Projectors / Flat Screen)	IT-FY20-18			$ -	$ 30,000	$ 30,000
	Keyboards, Mouse, Speakers	IT-FY20-19			$ -	$ 50,000	$ 50,000
	Unplanned Hardware	IT-FY20-20			$ -	$ -	$ -
	Carryover from FY19	IT-FY20-21		$ 20,382	**$ 20,382**	$ -	$ (20,382)
Hardware Subtotal			**$ -**	**$ 23,580**	**$ 23,580**	**$ 1,075,971**	**$ 1,052,391**
2. Software:							
	Service Now (New Ticketing System)	AC-FY20-01			$ -	$ -	$ -
	IBM (HealthSuite) Backup Solution	AC-FY20-02			$ -	$ 130,000	$ 130,000
	Veeam Backup Licenses (for new backup shelf)	AC-FY20-03			$ -	$ -	$ -
	Computer Imaging Software	AC-FY20-04			$ -	$ 3,000	$ 3,000
	Window VDI	AC-FY20-05			$ -	$ 10,000	$ 10,000
	Windows Server OS (2nd payment)	AC-FY20-06			$ -	$ 80,000	$ 80,000
	Calabrio (Version Upgrade)	AC-FY20-07			$ -	$ -	$ -
	Cisco Alien Vault (Security - Anti-Virus)	AC-FY20-08			$ -	$ 40,000	$ 40,000
	File Access Monitoring (Security)	AC-FY20-09			$ -	$ 20,000	$ 20,000
	Application Monitoring Software	AC-FY20-10			$ -	$ -	$ -
	Microsoft Office 365	AC-FY20-11			$ -	$ -	$ -
	VMWare NSX Data Center (Extending Network)	AC-FY20-12			$ -	$ 100,000	$ 100,000
	VMWare vRealize (Monitoring)	AC-FY20-13			$ -	$ 50,000	$ 50,000
	VMWare Licensisng (for new blades)	AC-FY20-14			$ -	$ -	$ -
	Carryover from FY19 / unplanned	AC-FY20-15			$ -	$ -	$ -
Software Subtotal			**$ -**	**$ -**	**$ -**	**$ 433,000**	**$ 433,000**
3. Building Improvement:							
	1240 HVAC - Air Balance Trane 50 Ton & 400K Furnace unit, 42 VAV boxes, 6 AC package units, and 2 AC split systems	FA-FY20-01			$ -	$ 30,000	$ 30,000
	ACME Security Readers, Cameras, Doors, HD Boxes, if needed or repairs	FA-FY20-02			$ -	$ 20,000	$ 20,000
	Appliances over 1K for 1240, 1320 all suites, if needed to be replaced	FA-FY20-03			$ -	$ 5,000	$ 5,000
	Red Hawk Full Fire Equipment upgrades (carryover from FY19)	FA-FY20-04			$ -	$ 45,000	$ 45,000
	Electrical work for projects, cube re-orgs/requirements, repairs (interior/exterior)	FA-FY20-05			$ -	$ 20,000	$ 20,000

		Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	$ Variance Fav/(Unf.)
	Construction (projects ad hoc, patch/paint)	FA-FY20-06			$ -	$ 20,000	$ 20,000
	Seismic Improvements (as per Seismic Evaluation reports)	FA-FY20-07			$ -	$ 150,000	$ 150,000
	ACME Security Readers, Cameras, Doors, HD Boxes, if needed or repairs	FA-FY20-08			$ -	$ -	$ -
	ACME Badge printer, supplies, sofwares/extra security (est.)	FA-FY20-09			$ -	$ 80,000	$ 80,000
	Red Hawk Full Fire Equipment upgrades (est.)	FA-FY20-10			$ -		$ -
	Appliances over 1K for 1240, 1320 all suites, if needed to be replaced	FA-FY20-11			$ -		$ -
	Upgrade the Symmetry system	FA-FY20-12			$ -		$ -
	1240 Lighting: sensors, energy efficient bulbs (est.)	FA-FY20-13			$ -		$ -
	1240 (3) Water heater replacements (est.)	FA-FY20-14			$ -		$ -
	Unplanned Building Improvements	FA-FY20-15			$ -		$ -
	Carryover from FY19	FA-FY20-16		$ 32,082	$ 32,082		$ (32,082)
Building Improvement Subtotal			$ -	$ 32,082	$ 32,082	$ 370,000	$ 337,918
4. Furniture & Equipment:							
	Office Desks, cabinets, box files/ shelves old/broken	FA-FY20-17			$ -	$ 100,000	$ 100,000
	Reconfigure Cubicles and Workstations (MS area)	FA-FY20-18			$ -	$ 250,000	$ 250,000
	Facilities/Warehouse Shelvings, for re-organization	FA-FY20-19			$ -	$ 35,000	$ 35,000
	Mailroom shelvings, re-organization	FA-FY20-20			$ -	$ 5,000	$ 5,000
	Varidesks/ Ergotrons - Ergo	FA-FY20-21			$ -	$ 30,000	$ 30,000
	Tasks Chairs : Various sizes, special order or for Ergo	FA-FY20-22			$ -	$ 20,000	$ 20,000
	Electrical work (projects, cubes, ad hoc requests)	FA-FY20-23			$ -	$ -	$ -
	Carryover from FY19 / unplanned	FA-FY20-24			$ -	$ -	$ -
Furniture & Equipment Subtotal			$ -	$ -	$ -	$ 440,000	$ 440,000
5. Leasehold Improvement:							
	1320, Suite 100 Carpet Replacement & Paint (est.)	FA-FY20-25			$ -	$ 80,000	$ 80,000
	1320, Suite 100 Construction, Kitchenette renovation	FA-FY20-26			$ -	$ 45,000	$ 45,000
	1320, Suite 100 Patch/paint, Kitchenette renovation	FA-FY20-27			$ -	$ 5,000	$ 5,000
	Carryover from FY19 / unplanned	FA-FY20-28			$ -	$ 40,000	$ 40,000
Leasehold Improvement Subtotal			$ -	$ -	$ -	$ 170,000	$ 170,000
6. Contingency:							
	Contingency	FA-FY20-29			$ -	$ -	$ -
	Emergency Kits Reorder	FA-FY20-30			$ -	$ -	$ -
	Shelving for Cage (vendor: Uline)	FA-FY20-31			$ -	$ -	$ -
Contingency Subtotal			$ -	$ -	$ -	$ -	$ -
GRAND TOTAL			$ -	$ 55,662	$ 55,662	$ 2,488,971	$ 2,433,309

7. Reconciliation to Balance Sheet:

Fixed Assets @ Cost - 7/31/19	$ 40,818,591	
Fixed Assets @ Cost - 6/30/19	$ 40,762,929	
Fixed Assets Acquired YTD	$ 55,662	
	$ 55,662	Link from Purchase Log
	$ 0	
	$ (0)	

ALAMEDA ALLIANCE FOR HEALTH
TANGIBLE NET EQUITY (TNE) AND LIQUID TNE ANALYSIS
SUMMARY - FISCAL YEAR 2020

TANGIBLE NET EQUITY (TNE)

	Jul-19
Current Month Net Income / (Loss)	$2,270,904
YTD Net Income / (Loss)	$2,270,904
Actual TNE	
Net Assets	$183,018,159
Subordinated Debt & Interest	$0
Total Actual TNE	**$183,018,159**
Increase/(Decrease) in Actual TNE	$2,270,904
Required TNE[(1)]	**$32,534,362**
Min. Req'd to Avoid Monthly Reporting (130% of Required TNE)	$42,294,671
TNE Excess / (Deficiency)	$150,483,797
Actual TNE as a Multiple of Required	**5.63**

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	$183,018,159
Fixed Assets at Net Book Value	(10,625,053)
CD Pledged to DMHC	(346,927)
Liquid TNE (Liquid Reserves)	**$172,046,179**
Liquid TNE as Multiple of Required	**5.29**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2020

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

	Actual Jul-19	Actual Aug-19	Actual Sep-19	Actual Oct-19	Actual Nov-19	Actual Dec-19	Actual Jan-20	Actual Feb-20	Actual Mar-20	Actual Apr-20	Actual May-20	Actual Jun-20	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	92,397												92,397
Adults	33,670												33,670
SPD	25,804												25,804
ACA OE	81,171												81,171
Duals	17,627												17,627
Medi-Cal Program	250,669												250,669
Group Care Program	5,976												5,976
Total	**256,645**												**256,645**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	(1,039)												(1,039)
Adults	(505)												(505)
SPD	(78)												(78)
ACA OE	(201)												(201)
Duals	70												70
Medi-Cal Program	(1,753)												(1,753)
Group Care Program	13												13
Total	**(1,740)**												**(1,740)**
Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	36.9%												36.9%
Adults % of Medi-Cal	13.4%												13.4%
SPD % of Medi-Cal	10.3%												10.3%
ACA OE % of Medi-Cal	32.4%												32.4%
Duals % of Medi-Cal	7.0%												7.0%
Medi-Cal Program % of Total	97.7%												97.7%
Group Care Program % of Total	2.3%												2.3%
Total	**100.0%**												**100.0%**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2020

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

	Actual Jul-19	Actual Aug-19	Actual Sep-19	Actual Oct-19	Actual Nov-19	Actual Dec-19	Actual Jan-20	Actual Feb-20	Actual Mar-20	Actual Apr-20	Actual May-20	Actual Jun-20	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted													
Directly Contracted (DCP)	49,531												49,531
Alameda Health System	47,759												47,759
	97,290												97,290
Delegated:													
CFMG	30,752												30,752
CHCN	94,820												94,820
Kaiser	33,783												33,783
Delegated Subtotal	159,355												159,355
Total	**256,645**												**256,645**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	(799)												(799)
Delegated:													
CFMG	(139)												(139)
CHCN	(509)												(509)
Kaiser	(293)												(293)
Delegated Subtotal	(941)												(941)
Total	**(1,740)**												**(1,740)**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	37.9%												37.9%
Delegated:													
CFMG	12.0%												12.0%
CHCN	36.9%												36.9%
Kaiser	13.2%												13.2%
Delegated Subtotal	62.1%												62.1%
Total	**100.0%**												**100.0%**

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

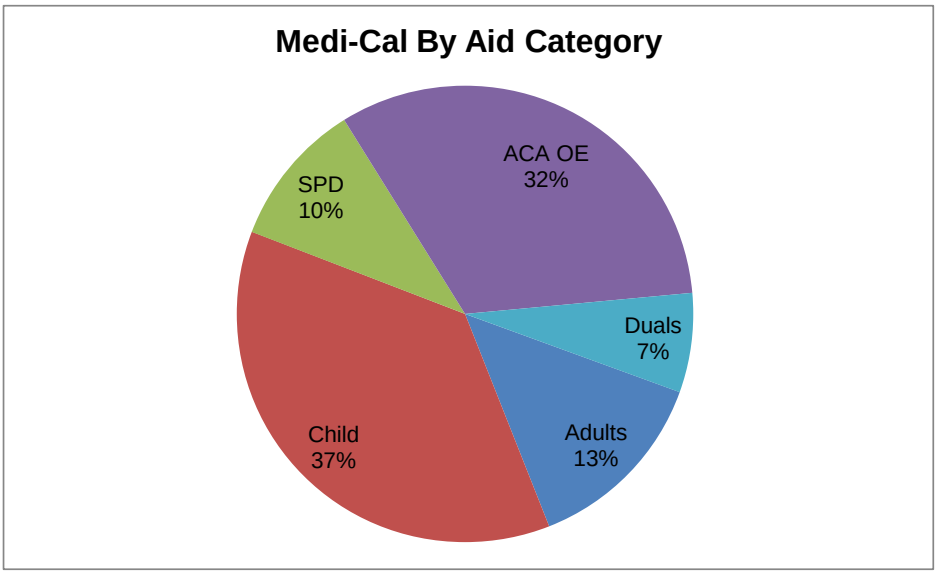
CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				CAPITATED MEDICAL EXPENSES:				
$1,697,571	$1,714,580	$17,009	1.0%	PCP-Capitation	$1,697,571	$1,714,580	$17,009	1.0%
2,734,400	2,884,459	150,059	5.2%	PCP-Capitation - FQHC	2,734,400	2,884,459	150,059	5.2%
268,227	264,511	(3,716)	(1.4%)	Specialty-Capitation	268,227	264,511	(3,716)	(1.4%)
2,798,780	3,019,608	220,827	7.3%	Specialty-Capitation FQHC	2,798,780	3,019,608	220,827	7.3%
262,442	263,385	943	0.4%	Laboratory-Capitation	262,442	263,385	943	0.4%
643,473	488,500	(154,973)	(31.7%)	Transportation (Ambulance)-Cap	643,473	488,500	(154,973)	(31.7%)
193,587	193,000	(587)	(0.3%)	Vision Cap	193,587	193,000	(587)	(0.3%)
77,984	79,353	1,369	1.7%	CFMG Capitation	77,984	79,353	1,369	1.7%
142,064	151,386	9,323	6.2%	Anc IPA Admin Capitation FQHC	142,064	151,386	9,323	6.2%
7,466,455	8,309,680	843,225	10.1%	Kaiser Capitation	7,466,455	8,309,680	843,225	10.1%
85,626	0	(85,626)	0.0%	BHT Supplemental Expense	85,626	0	(85,626)	0.0%
44,509	0	(44,509)	0.0%	Hep-C Supplemental Expense	44,509	0	(44,509)	0.0%
499,376	495,025	(4,351)	(0.9%)	DME - Cap	499,376	495,025	(4,351)	(0.9%)
16,914,493	**17,863,487**	**948,995**	**5.3%**	**5-TOTAL CAPITATED EXPENSES**	**16,914,493**	**17,863,487**	**948,995**	**5.3%**
				FEE FOR SERVICE MEDICAL EXPENSES:				
(1,709,282)	0	1,709,282	0.0%	IBNP-Inpatient Services	(1,709,282)	0	1,709,282	0.0%
(51,279)	0	51,279	0.0%	IBNP-Settlement (IP)	(51,279)	0	51,279	0.0%
(136,743)	0	136,743	0.0%	IBNP-Claims Fluctuation (IP)	(136,743)	0	136,743	0.0%
18,869,189	20,814,935	1,945,747	9.3%	Inpatient Hospitalization-FFS	18,869,189	20,814,935	1,945,747	9.3%
1,243,754	0	(1,243,754)	0.0%	IP OB - Mom & NB	1,243,754	0	(1,243,754)	0.0%
61,471	0	(61,471)	0.0%	IP Behavioral Health	61,471	0	(61,471)	0.0%
1,612,013	0	(1,612,013)	0.0%	IP - Long Term Care	1,612,013	0	(1,612,013)	0.0%
766,197	0	(766,197)	0.0%	IP - Facility Rehab FFS	766,197	0	(766,197)	0.0%
20,655,319	**20,814,935**	**159,616**	**0.8%**	**6-Inpatient Hospital & SNF FFS Expense**	**20,655,319**	**20,814,935**	**159,616**	**0.8%**
(80,723)	0	80,723	0.0%	IBNP-PCP	(80,723)	0	80,723	0.0%
(2,420)	0	2,420	0.0%	IBNP-Settlement (PCP)	(2,420)	0	2,420	0.0%
(6,457)	0	6,457	0.0%	IBNP-Claims Fluctuation (PCP)	(6,457)	0	6,457	0.0%
1,363,527	1,163,133	(200,395)	(17.2%)	Primary Care Non-Contracted FF	1,363,527	1,163,133	(200,395)	(17.2%)
91,834	111,224	19,390	17.4%	PCP FQHC FFS	91,834	111,224	19,390	17.4%
1,741,702	1,723,164	(18,538)	(1.1%)	Prop 56 Direct Payment Expenses	1,741,702	1,723,164	(18,538)	(1.1%)
3,107,463	**2,997,520**	**(109,943)**	**(3.7%)**	**7-Primary Care Physician FFS Expense**	**3,107,463**	**2,997,520**	**(109,943)**	**(3.7%)**
(132,665)	0	132,665	0.0%	IBNP-Specialist	(132,665)	0	132,665	0.0%
2,315,355	0	(2,315,355)	0.0%	Specialty Care-FFS	2,315,355	0	(2,315,355)	0.0%
157,056	0	(157,056)	0.0%	Anesthesiology - FFS	157,056	0	(157,056)	0.0%
590,966	0	(590,966)	0.0%	Spec Rad Therapy - FFS	590,966	0	(590,966)	0.0%
133,413	0	(133,413)	0.0%	Obstetrics-FFS	133,413	0	(133,413)	0.0%
255,626	0	(255,626)	0.0%	Spec IP Surgery - FFS	255,626	0	(255,626)	0.0%
440,478	0	(440,478)	0.0%	Spec OP Surgery - FFS	440,478	0	(440,478)	0.0%
393,104	3,631,906	3,238,802	89.2%	Spec IP Physician	393,104	3,631,906	3,238,802	89.2%
116,637	113,189	(3,447)	(3.0%)	SCP FQHC FFS	116,637	113,189	(3,447)	(3.0%)
(3,980)	0	3,980	0.0%	IBNP-Settlement (SCP)	(3,980)	0	3,980	0.0%
(10,614)	0	10,614	0.0%	IBNP-Claims Fluctuation (SCP)	(10,614)	0	10,614	0.0%
4,255,376	**3,745,095**	**(510,280)**	**(13.6%)**	**8-Specialty Care Physician Expense**	**4,255,376**	**3,745,095**	**(510,280)**	**(13.6%)**
113,533	0	(113,533)	0.0%	IBNP-Ancillary	113,533	0	(113,533)	0.0%
3,407	0	(3,407)	0.0%	IBNP Settlement (ANC)	3,407	0	(3,407)	0.0%
9,083	0	(9,083)	0.0%	IBNP Claims Fluctuation (ANC)	9,083	0	(9,083)	0.0%
312,565	0	(312,565)	0.0%	Acupuncture/Biofeedback	312,565	0	(312,565)	0.0%
155,246	0	(155,246)	0.0%	Hearing Devices	155,246	0	(155,246)	0.0%
14,649	0	(14,649)	0.0%	Imaging/MRI/CT Global	14,649	0	(14,649)	0.0%
39,741	0	(39,741)	0.0%	Vision FFS	39,741	0	(39,741)	0.0%
14,481	0	(14,481)	0.0%	Family Planning	14,481	0	(14,481)	0.0%
225,069	0	(225,069)	0.0%	Laboratory-FFS	225,069	0	(225,069)	0.0%
108,821	0	(108,821)	0.0%	ANC Therapist	108,821	0	(108,821)	0.0%
397,613	0	(397,613)	0.0%	Transportation (Ambulance)-FFS	397,613	0	(397,613)	0.0%
87,004	0	(87,004)	0.0%	Transportation (Other)-FFS	87,004	0	(87,004)	0.0%
359,453	0	(359,453)	0.0%	Hospice	359,453	0	(359,453)	0.0%
508,659	0	(508,659)	0.0%	Home Health Services	508,659	0	(508,659)	0.0%
0	2,503,586	2,503,586	100.0%	Other Medical-FFS	0	2,503,586	2,503,586	100.0%
156	0	(156)	0.0%	Denials	156	0	(156)	0.0%
316,773	0	(316,773)	0.0%	DME & Medical Supplies	316,773	0	(316,773)	0.0%

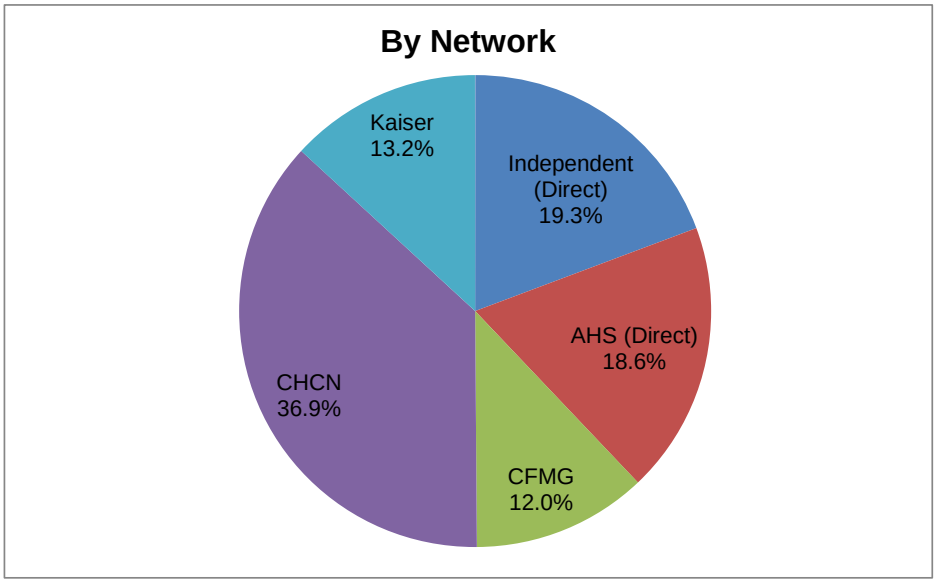
ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED July 31, 2019

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
$574,034	$565,636	($8,398)	(1.5%)	GEMT Direct Payment Expense	$574,034	$565,636	($8,398)	(1.5%)
506,672	0	(506,672)	0.0%	Community Based Adult Services (CBAS)	506,672	0	(506,672)	0.0%
3,746,960	**3,069,222**	**(677,738)**	**(22.1%)**	**9-Ancillary Medical Expense**	**3,746,960**	**3,069,222**	**(677,738)**	**(22.1%)**
(613,125)	0	613,125	0.0%	IBNP-Outpatient	(613,125)	0	613,125	0.0%
(18,394)	0	18,394	0.0%	IBNP Settlement (OP)	(18,394)	0	18,394	0.0%
(49,051)	0	49,051	0.0%	IBNP Claims Fluctuation (OP)	(49,051)	0	49,051	0.0%
1,118,480	7,138,536	6,020,057	84.3%	Out-Patient FFS	1,118,480	7,138,536	6,020,057	84.3%
929,338	0	(929,338)	0.0%	OP Ambul Surgery - FFS	929,338	0	(929,338)	0.0%
1,255,043	0	(1,255,043)	0.0%	OP Fac Imaging Services-FFS	1,255,043	0	(1,255,043)	0.0%
2,135,411	0	(2,135,411)	0.0%	Behav Health - FFS	2,135,411	0	(2,135,411)	0.0%
231,782	0	(231,782)	0.0%	OP Facility - Lab FFS	231,782	0	(231,782)	0.0%
72,224	0	(72,224)	0.0%	OP Facility - Cardio FFS	72,224	0	(72,224)	0.0%
52,569	0	(52,569)	0.0%	OP Facility - PT/OT/ST FFS	52,569	0	(52,569)	0.0%
1,583,616	0	(1,583,616)	0.0%	OP Facility - Dialysis FFS	1,583,616	0	(1,583,616)	0.0%
6,697,892	**7,138,536**	**440,644**	**6.2%**	**10-Outpatient Medical Expense Medical Expense**	**6,697,892**	**7,138,536**	**440,644**	**6.2%**
(370,172)	0	370,172	0.0%	IBNP-Emergency	(370,172)	0	370,172	0.0%
(11,105)	0	11,105	0.0%	IBNP Settlement (ER)	(11,105)	0	11,105	0.0%
(29,614)	0	29,614	0.0%	IBNP Claims Fluctuation (ER)	(29,614)	0	29,614	0.0%
716,408	0	(716,408)	0.0%	Special ER Physician-FFS	716,408	0	(716,408)	0.0%
2,782,427	3,291,817	509,390	15.5%	ER-Facility	2,782,427	3,291,817	509,390	15.5%
3,087,944	**3,291,817**	**203,873**	**6.2%**	**11-Emergency Expense**	**3,087,944**	**3,291,817**	**203,873**	**6.2%**
222,936	0	(222,936)	0.0%	IBNP-Pharmacy	222,936	0	(222,936)	0.0%
6,687	0	(6,687)	0.0%	IBNP Settlement (RX)	6,687	0	(6,687)	0.0%
17,835	0	(17,835)	0.0%	IBNP Claims Fluctuation (RX)	17,835	0	(17,835)	0.0%
4,224,137	2,990,236	(1,233,901)	(41.3%)	RX - Non-PBM FFFS	4,224,137	2,990,236	(1,233,901)	(41.3%)
9,861,035	10,313,212	452,177	4.4%	Pharmacy-FFS	9,861,035	10,313,212	452,177	4.4%
(406,628)	(406,628)	0	0.0%	Pharmacy-Rebate	(406,628)	(406,628)	0	0.0%
13,926,003	**12,896,821**	**(1,029,182)**	**(8.0%)**	**12-Pharmacy Expense**	**13,926,003**	**12,896,821**	**(1,029,182)**	**(8.0%)**
55,476,957	**53,953,947**	**(1,523,010)**	**(2.8%)**	**13-TOTAL FFS MEDICAL EXPENSES**	**55,476,957**	**53,953,947**	**(1,523,010)**	**(2.8%)**
0	(272,221)	(272,221)	100.0%	Clinical Vacancy	0	(272,221)	(272,221)	100.0%
76,982	96,790	19,808	20.5%	Quality Analytics	76,982	96,790	19,808	20.5%
325,791	450,465	124,674	27.7%	Health Plan Services Department Total	325,791	450,465	124,674	27.7%
234,741	655,028	420,287	64.2%	Case & Disease Management Department Total	234,741	655,028	420,287	64.2%
132,295	176,750	44,455	25.2%	Medical Services Department Total	132,295	176,750	44,455	25.2%
432,778	458,390	25,612	5.6%	Quality Management Department Total	432,778	458,390	25,612	5.6%
103,294	103,866	573	0.6%	Pharmacy Services Department Total	103,294	103,866	573	0.6%
44,964	40,187	(4,777)	(11.9%)	Regulatory Readiness Total	44,964	40,187	(4,777)	(11.9%)
1,350,845	**1,709,255**	**358,410**	**21.0%**	**14-Other Benefits & Services**	**1,350,845**	**1,709,255**	**358,410**	**21.0%**
				Reinsurance Expense				
0	(337,214)	(337,214)	100.0%	Reinsurance Recoveries	0	(337,214)	(337,214)	100.0%
389,462	396,723	7,261	1.8%	Stop-Loss Expense	389,462	396,723	7,261	1.8%
389,462	**59,508**	**(329,953)**	**(554.5%)**	**15-Reinsurance Expense**	**389,462**	**59,508**	**(329,953)**	**(554.5%)**
				Preventive Health Services				
84,705	84,705	0	0.0%	Risk Sharing PCP	84,705	84,705	0	0.0%
84,705	**84,705**	**0**	**0.0%**	**16-Risk Pool Distribution**	**84,705**	**84,705**	**0**	**0.0%**
74,216,462	**73,670,903**	**(545,558)**	**(0.7%)**	**17-TOTAL MEDICAL EXPENSES**	**74,216,462**	**73,670,903**	**(545,558)**	**(0.7%)**

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Current Membership by Network By Category of Aid							
Category of Aid	**Jul 2019**	**% of Medi-Cal**	**Independent (Direct)**	**AHS (Direct)**	**CFMG**	**CHCN**	**Kaiser**
Adults	33,670	13%	8,215	6,820	290	12,878	5,467
Child	92,397	37%	8,761	8,396	28,377	31,269	15,594
SPD	25,804	10%	8,743	3,678	1,220	10,308	1,855
ACA OE	81,171	32%	14,364	26,016	865	31,199	8,727
Duals	17,627	7%	6,783	2,041	-	6,663	2,140
Medi-Cal	250,669		46,866	46,951	30,752	92,317	33,783
Group Care	5,976		2,665	808	-	2,503	-
Total	**256,645**	**100%**	**49,531**	**47,759**	**30,752**	**94,820**	**33,783**
Medi-Cal %	97.7%		94.6%	98.3%	100.0%	97.4%	100.0%
Group Care %	2.3%		5.4%	1.7%	0.0%	2.6%	0.0%
	Network Distribution		*19.3%*	*18.6%*	*12.0%*	*36.9%*	*13.2%*
			% Direct:	**38%**		**% Delegated:**	**62%**

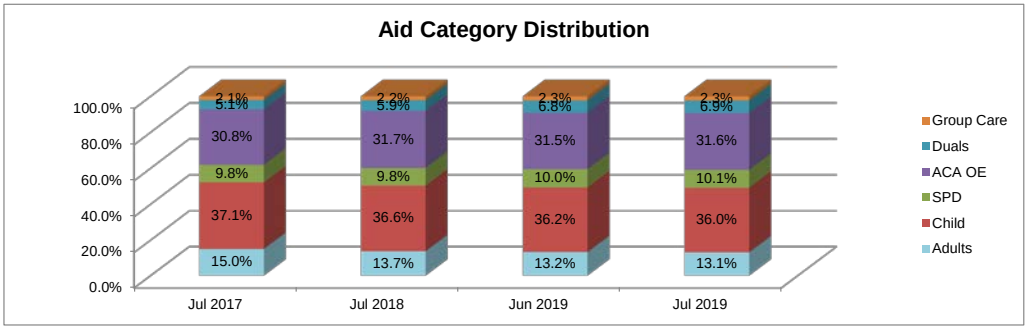




Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

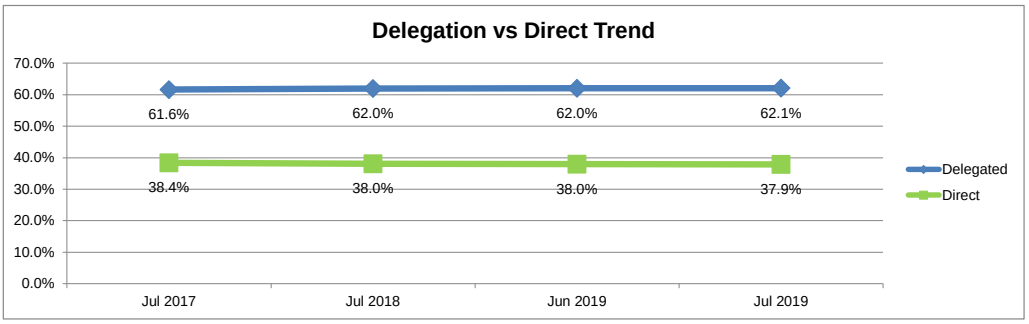
Category of Aid Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Category of Aid	Jul 2017	Jul 2018	Jun 2019	Jul 2019	Jul 2017	Jul 2018	Jun 2019	Jul 2019	Jul 2017 to Jul 2018	Jul 2018 to Jul 2019	Jun 2019 to Jul 2019
Adults	40,410	36,468	34,175	33,670	15.0%	13.7%	13.2%	13.1%	-9.8%	-7.7%	-1.5%
Child	99,626	97,284	93,436	92,397	37.1%	36.6%	36.2%	36.0%	-2.4%	-5.0%	-1.1%
SPD	26,396	26,111	25,882	25,804	9.8%	9.8%	10.0%	10.1%	-1.1%	-1.2%	-0.3%
ACA OE	82,857	84,301	81,372	81,171	30.8%	31.7%	31.5%	31.6%	1.7%	-3.7%	-0.2%
Duals	13,832	15,654	17,557	17,627	5.1%	5.9%	6.8%	6.9%	13.2%	12.6%	0.4%
Medi-Cal Total	263,121	259,818	252,422	250,669	97.9%	97.8%	97.7%	97.7%	-1.3%	-3.5%	-0.7%
Group Care	5,747	5,839	5,963	5,976	2.1%	2.2%	2.3%	2.3%	1.6%	2.3%	0.2%
Total	**268,868**	**265,657**	**258,385**	**256,645**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**-1.2%**	**-3.4%**	**-0.7%**



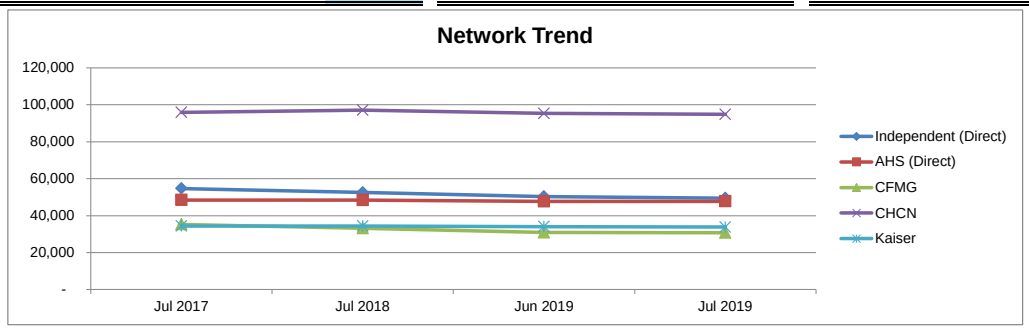
Delegation vs Direct Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Members	Jul 2017	Jul 2018	Jun 2019	Jul 2019	Jul 2017	Jul 2018	Jun 2019	Jul 2019	Jul 2017 to Jul 2018	Jul 2018 to Jul 2019	Jun 2019 to Jul 2019
Delegated	165,676	164,577	160,296	159,355	61.6%	62.0%	62.0%	62.1%	-0.7%	-3.2%	-0.6%
Direct	103,192	101,080	98,089	97,290	38.4%	38.0%	38.0%	37.9%	-2.0%	-3.7%	-0.8%
Total	**268,868**	**265,657**	**258,385**	**256,645**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**-1.2%**	**-3.4%**	**-0.7%**



Network Trend

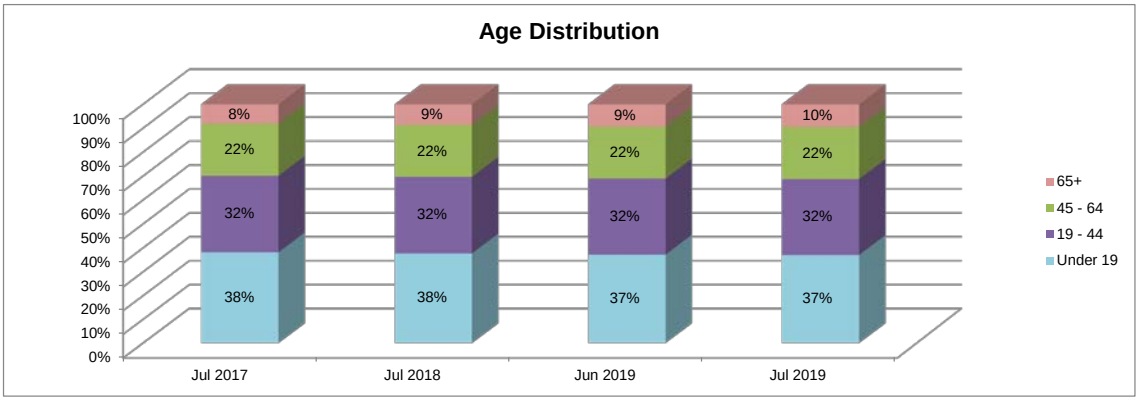
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Network	Jul 2017	Jul 2018	Jun 2019	Jul 2019	Jul 2017	Jul 2018	Jun 2019	Jul 2019	Jul 2017 to Jul 2018	Jul 2018 to Jul 2019	Jun 2019 to Jul 2019
Independent (Direct)	54,710	52,622	50,374	49,531	20.3%	19.8%	19.5%	19.3%	-3.8%	-5.9%	-1.7%
AHS (Direct)	48,482	48,458	47,715	47,759	18.0%	18.2%	18.5%	18.6%	0.0%	-1.4%	0.1%
CFMG	35,335	33,132	30,891	30,752	13.1%	12.5%	12.0%	12.0%	-6.2%	-7.2%	-0.4%
CHCN	95,962	97,049	95,329	94,820	35.7%	36.5%	36.9%	36.9%	1.1%	-2.3%	-0.5%
Kaiser	34,379	34,396	34,076	33,783	12.8%	12.9%	13.2%	13.2%	0.0%	-1.8%	-0.9%
Total	**268,868**	**265,657**	**258,385**	**256,645**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**-1.2%**	**-3.4%**	**-0.7%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

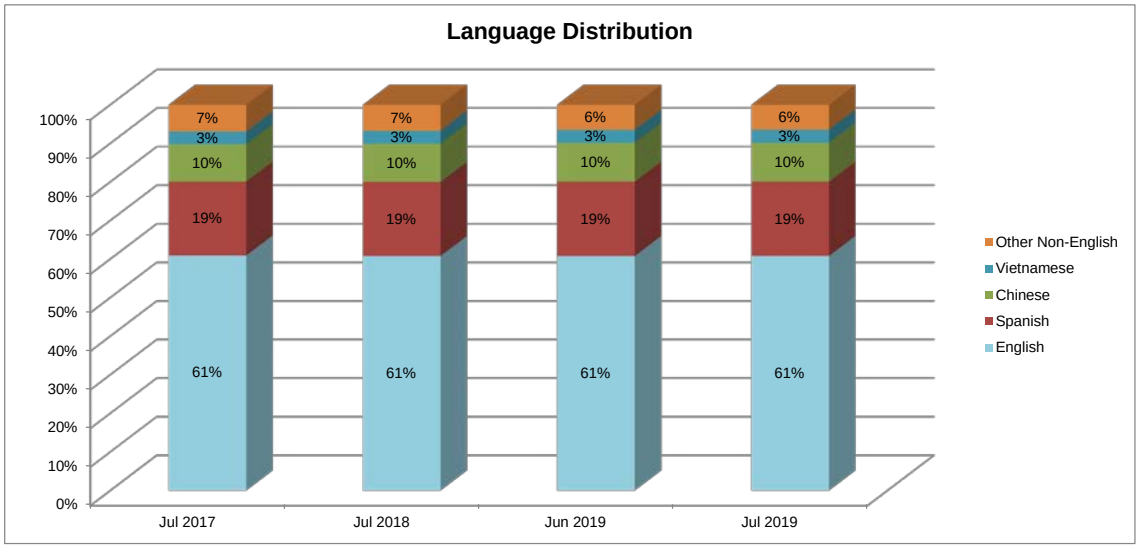
Age Category Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Age Category	Jul 2017	Jul 2018	Jun 2019	Jul 2019	Jul 2017	Jul 2018	Jun 2019	Jul 2019	Jul 2017 to Jul 2018	Jul 2018 to Jul 2019	Jun 2019 to Jul 2019
Under 19	102,565	100,154	96,137	95,067	38%	38%	37%	37%	-2%	-5%	-1%
19 - 44	85,983	84,947	81,952	81,411	32%	32%	32%	32%	-1%	-4%	-1%
45 - 64	58,735	57,519	55,929	55,782	22%	22%	22%	22%	-2%	-3%	0%
65+	21,585	23,037	24,367	24,385	8%	9%	9%	10%	7%	6%	0%
Total	**268,868**	**265,657**	**258,385**	**256,645**	**100%**	**100%**	**100%**	**100%**	**-1%**	**-3%**	**-1%**



Language Trend

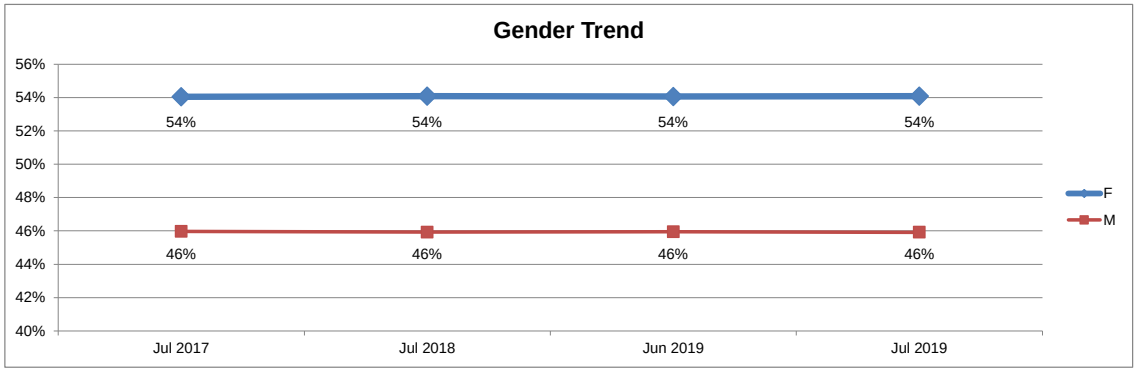
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Language	Jul 2017	Jul 2018	Jun 2019	Jul 2019	Jul 2017	Jul 2018	Jun 2019	Jul 2019	Jul 2017 to Jul 2018	Jul 2018 to Jul 2019	Jun 2019 to Jul 2019
English	163,802	161,425	157,008	156,015	61%	61%	61%	61%	-1%	-3%	-1%
Spanish	51,435	51,048	49,830	49,412	19%	19%	19%	19%	-1%	-3%	-1%
Chinese	26,162	26,439	26,104	25,986	10%	10%	10%	10%	1%	-2%	0%
Vietnamese	8,740	8,768	8,649	8,642	3%	3%	3%	3%	0%	-1%	0%
Other Non-English	18,729	17,977	16,794	16,590	7%	7%	6%	6%	-4%	-8%	-1%
Total	**268,868**	**265,657**	**258,385**	**256,645**	**100%**	**100%**	**100%**	**100%**	**-1%**	**-3%**	**-1%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

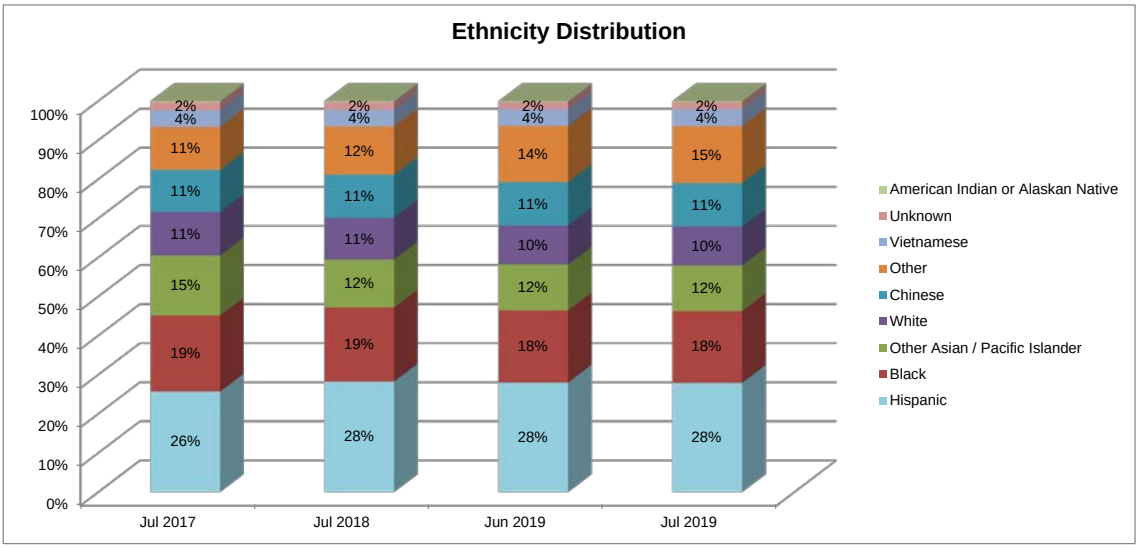
Gender Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Gender	Jul 2017	Jul 2018	Jun 2019	Jul 2019	Jul 2017	Jul 2018	Jun 2019	Jul 2019	Jul 2017 to Jul 2018	Jul 2018 to Jul 2019	Jun 2019 to Jul 2019
F	145,288	143,657	139,674	138,795	54%	54%	54%	54%	-1%	-3%	-1%
M	123,580	122,000	118,711	117,850	46%	46%	46%	46%	-1%	-3%	-1%
Total	**268,868**	**265,657**	**258,385**	**256,645**	**100%**	**100%**	**100%**	**100%**	**-1%**	**-3%**	**-1%**



Ethnicity Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Ethnicity	Jul 2017	Jul 2018	Jun 2019	Jul 2019	Jul 2017	Jul 2018	Jun 2019	Jul 2019	Jul 2017 to Jul 2018	Jul 2018 to Jul 2019	Jun 2019 to Jul 2019
Hispanic	69,100	75,026	72,350	71,630	26%	28%	28%	28%	9%	-5%	-1%
Black	52,254	50,293	47,663	47,138	19%	19%	18%	18%	-4%	-6%	-1%
Other Asian / Pacific Islander	41,254	32,590	30,289	29,964	15%	12%	12%	12%	-21%	-8%	-1%
White	29,998	28,383	25,790	25,392	11%	11%	10%	10%	-5%	-11%	-2%
Chinese	28,895	29,216	28,733	28,595	11%	11%	11%	11%	1%	-2%	0%
Other	29,645	32,977	37,132	37,514	11%	12%	14%	15%	11%	14%	1%
Vietnamese	11,434	11,366	11,197	11,231	4%	4%	4%	4%	-1%	-1%	0%
Unknown	5,531	5,100	4,591	4,539	2%	2%	2%	2%	-8%	-11%	-1%
American Indian or Alaskan Native	757	706	640	642	0%	0%	0%	0%	-7%	-9%	0%
Total	**268,868**	**265,657**	**258,385**	**256,645**	**100%**	**100%**	**100%**	**100%**	**-1%**	**-3%**	**-1%**



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

Medi-Cal By City

City	Jul 2019	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	102,519	41%	11,589	22,966	13,875	44,612	9,477
Hayward	38,377	15%	8,045	7,694	4,620	11,468	6,550
Fremont	21,912	9%	8,981	3,015	575	5,910	3,431
San Leandro	22,312	9%	3,932	3,233	3,305	8,401	3,441
Union City	10,922	4%	4,245	1,480	404	2,829	1,964
Alameda	10,094	4%	1,998	1,458	1,605	3,706	1,327
Berkeley	9,026	4%	1,029	1,532	1,257	3,922	1,286
Livermore	7,130	3%	964	607	1,648	2,705	1,206
Newark	5,818	2%	1,692	1,820	154	1,106	1,046
Castro Valley	5,935	2%	1,188	877	989	1,720	1,161
San Lorenzo	5,028	2%	872	803	653	1,718	982
Pleasanton	3,671	1%	852	363	426	1,446	584
Dublin	3,887	2%	880	356	525	1,442	684
Emeryville	1,531	1%	245	315	232	515	224
Albany	1,442	1%	135	194	337	513	263
Piedmont	274	0%	40	65	31	76	62
Sunol	62	0%	13	13	5	11	20
Antioch	29	0%	9	-	10	5	5
Other	700	0%	157	160	101	212	70
Total	**250,669**	**100%**	**46,866**	**46,951**	**30,752**	**92,317**	**33,783**

Group Care By City

City	Jul 2019	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	2,108	35%	579	377	-	1,152	-
Hayward	662	11%	388	105	-	169	-
Fremont	630	11%	483	45	-	102	-
San Leandro	547	9%	210	82	-	255	-
Union City	347	6%	247	29	-	71	-
Alameda	266	4%	114	24	-	128	-
Berkeley	193	3%	45	22	-	126	-
Livermore	86	1%	35	2	-	49	-
Newark	137	2%	98	22	-	17	-
Castro Valley	187	3%	99	17	-	71	-
San Lorenzo	112	2%	57	15	-	40	-
Pleasanton	50	1%	26	4	-	20	-
Dublin	98	2%	45	6	-	47	-
Emeryville	25	0%	10	2	-	13	-
Albany	13	0%	5	-	-	8	-
Piedmont	12	0%	3	-	-	9	-
Sunol	-	0%	-	-	-	-	-
Antioch	24	0%	11	4	-	9	-
Other	479	8%	210	52	-	217	-
Total	**5,976**	**100%**	**2,665**	**808**	**-**	**2,503**	**-**

Total By City

City	Dec 2018	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	104,627	41%	12,168	23,343	13,875	45,764	9,477
Hayward	39,039	15%	8,433	7,799	4,620	11,637	6,550
Fremont	22,542	9%	9,464	3,060	575	6,012	3,431
San Leandro	22,859	9%	4,142	3,315	3,305	8,656	3,441
Union City	11,269	4%	4,492	1,509	404	2,900	1,964
Alameda	10,360	4%	2,112	1,482	1,605	3,834	1,327
Berkeley	9,219	4%	1,074	1,554	1,257	4,048	1,286
Livermore	7,216	3%	999	609	1,648	2,754	1,206
Newark	5,955	2%	1,790	1,842	154	1,123	1,046
Castro Valley	6,122	2%	1,287	894	989	1,791	1,161
San Lorenzo	5,140	2%	929	818	653	1,758	982
Pleasanton	3,721	1%	878	367	426	1,466	584
Dublin	3,985	1%	925	362	525	1,489	684
Emeryville	1,556	1%	255	317	232	528	224
Albany	1,455	1%	140	194	337	521	263
Piedmont	286	0%	43	65	31	85	62
Sunol	62	0%	13	13	5	11	20
Antioch	53	0%	20	4	10	14	5
Other	1,179	0%	367	212	101	429	70
Total	**256,645**	**100%**	**49,531**	**47,759**	**30,752**	**94,820**	**33,783**

FINAL BUDGET

FISCAL YEAR 2019/2020

ALAMEDA Alliance FOR HEALTH

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

September 13, 2019

Budget Process

- Preliminary budget presented to the Board of Governors on June 14th.
- Final rates received from DHCS for the Medi-Cal line of business are risk adjusted by the Mercer (State Actuary) in July.
- Recalibrated the operational and capital expenses based on changes in assumptions, and adjusted revenue following the actuarial risk adjustment.
- Final budget presented to Board of Governors on September 13th.

Budget Assumptions FY2020

FY2020 Budget compared to FY2019 Pre-audit

Health Care Services – Costs & Utilization:

- Underlying utilization trend is 1.3%, unit cost trend is 0.9%.

Revenue:

- 97% of revenue for Medi-Cal, 3% for Group Care.

Staffing:

- Headcount is 346 full-time employees by June 30, 2020.
- Addition of 34 staff, comprised of 18 new positions and 16 backfills. The new positions are primarily in Health Care Services (6), Human Resources (3), Information Technology (2), Analytics (2), Finance (2), Compliance (1), Legal (1),Executive (1). 9 assumed vacancies due to turnover and open positions at year end.
- Maintain vacancy under 10% through increased recruiting.

Enrollment:

- Alliance's market share is almost 82%, and year-end enrollment decreases 3.9%.
- Preliminary budget includes membership 3% lower than DHCS projections.
- AC3 / Health Homes enrollment is over 1,300 by year-end.
- Transition of self-funded Health Home pilot into the state-funded model in July.

Budget Assumptions FY2020 (cont'd)

FY2020 Budget compared to FY2019 Pre-audit

Medical Expense:

- Medical loss ratio is 94.0%, an improvement of 2.2%.
- Highest 5% (14,223) of members account for 75% ($523M) of our Medical Expenses

Reimbursement Rates (DHCS to the Alliance):

- Medi-Cal rates preliminarily increase by 7.9%, per member/per month basis.
- This equates to an additional $60M in revenue.

Hospital & Provider Rates (Alliance to the Providers):

- Hospital contract rates increase by $11.5 million in the year.
- Professional capitation rates increase by $8.5 million in the year.

Cost Containment & Operational Savings Initiatives:

- Inpatient and Pharmacy claims recoveries yield $1.5 million in savings.
- Decreased average length of hospital stays yields $3.0 million in savings.

Summary of Proposed Budget to the Board of Governors:

FY2020 Budget compared to FY2019 Pre-audit

- Membership is 248,000 in Medi-Cal & Group Care, approximately 10,000 members lower (primarily Medi-Cal).
- Revenue is $935.5 million, $16.4 million higher.
- Medical expenses $879.1M, $4.9 million lower. This is comprised of the impacts of lower membership, medical initiatives and reduced Hep C pricing. These reductions are partially offset by increased rates for provider contracts.
- $4.5 million in medical expense savings included in the net results.
- Administrative expenses 6.5% of revenue, $9.3 million higher. Led by labor ($4.1M) and purchased and professional services ($3.9M).
- Tangible net equity is 565% of required by state regulators, increasing by 7.9%. TNE projected at $180.4 million, $300 thousand lower.
- Net loss is approximately $300K. Medi-Cal is $300K net income and Group Care is ($600K) net loss.

Highlights of Changes from Preliminary Budget:

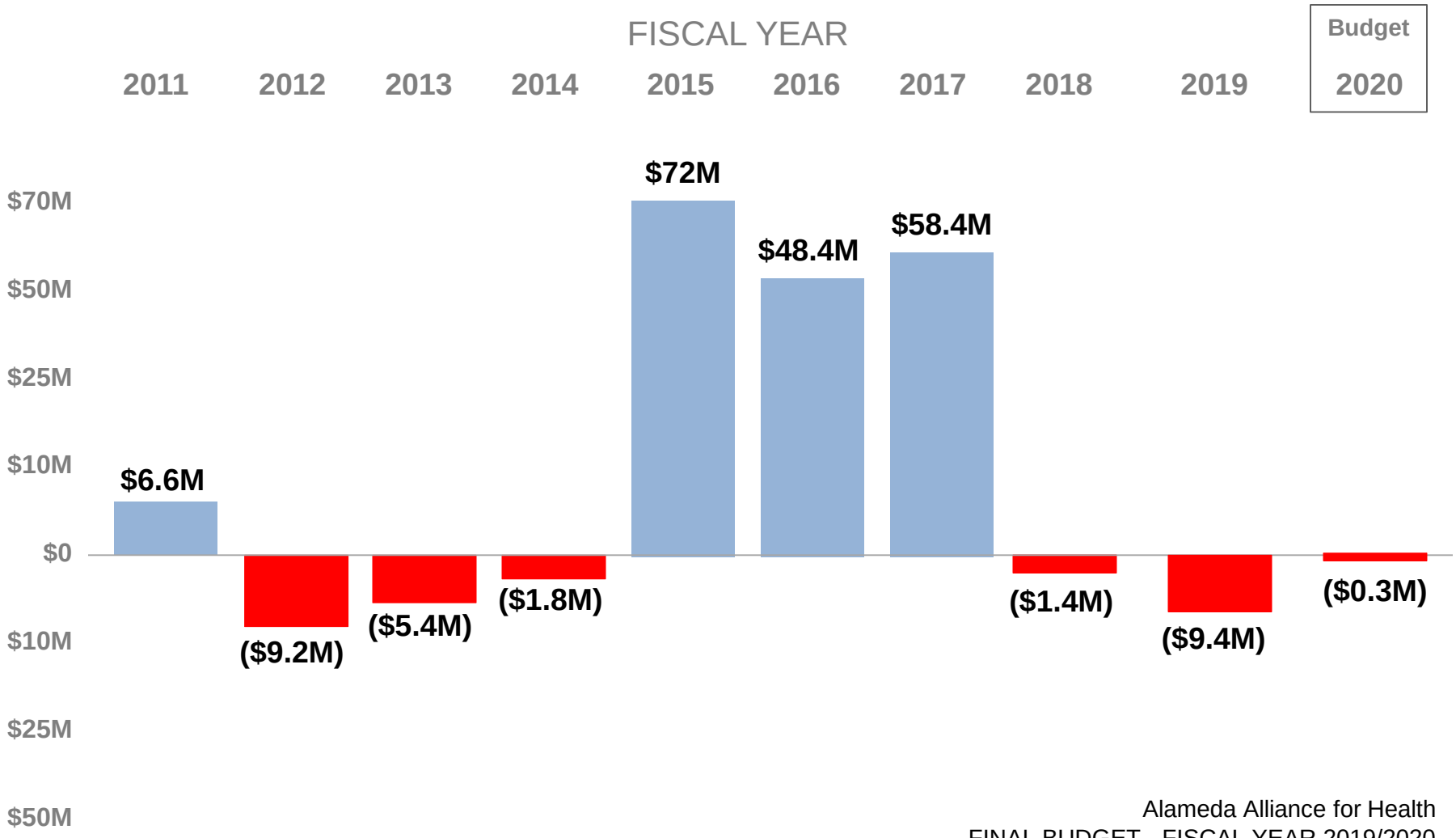
- Final Budget has a net loss of $0.3 million, which is favorable by $8.6 million to the Preliminary Budget. Comprised of:
    - Revenue is $5.0 million higher reflecting inclusion for ACA OE 25% Rate Range and generally favorable Medi-Cal rates, offset by accruals of $2.4 million for FY 2019 DHCS Prop 56 recoupment and $1.5 million for DHCS recoupment for deceased members.
    - Medical expenses $2.6 million lower, reflecting delayed or favorable delegated provider contract increases, partially offset by an increase in non-emergent and non-medical transportation expense.
    - Departmental expenses are $1.0 million lower than Preliminary Budget. Largest component is reduced Pharmacy Administrative Fees, partially offset by higher purchased and professional services.
- July represents Actual results. Favorable results led to a $2.2M Net Income for July.
- Year-end membership is 1,000 lower, reflecting lower than anticipated July enrollment

Final Budget FY2020 comparison to FY19 Pre-audit

FY2020 Budget compared to FY2019 Pre-audit

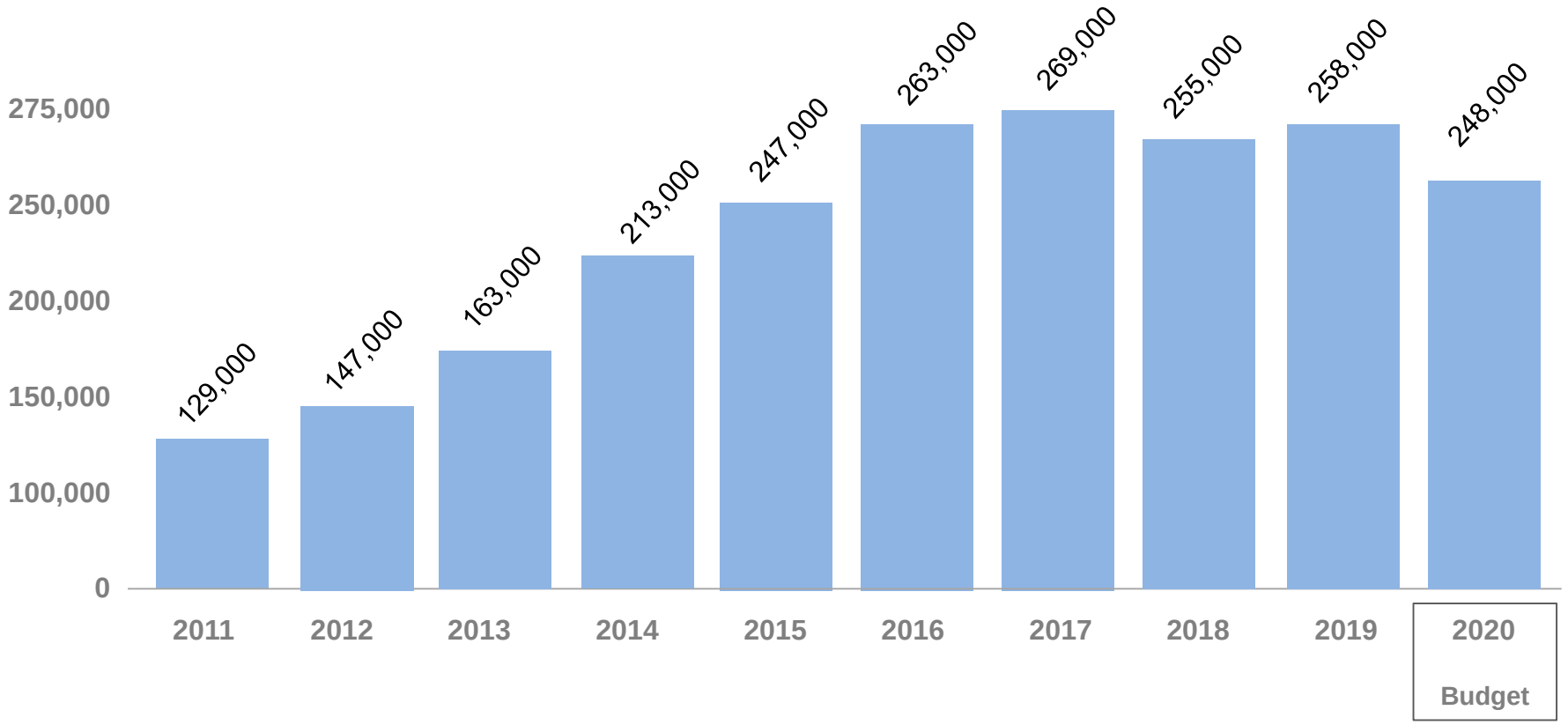
$ in Thousands	FY20 Final Budget	FY19 Pre-audit	Variance Fav / (Unfav) $	Variance Fav / (Unfav) %
Enrollment at Year-End	***248,372***	***258,385***	***(10,013)***	***(3.9%)***
Member Months	***3,029,885***	***3,144,859***	***(114,974)***	***(3.7%)***
Revenues	$935,483	$919,095	$16,388	1.8%
Medical Expense	879,174	884,152	4,979	0.6%
Gross Margin	**56,310**	**34,942**	**21,367**	**61.2%**
Administrative Expense	60,618	51,285	(9,333)	(18.2%)
Operating Margin	**(4,309)**	**(16,343)**	**12,034**	**73.6%**
Other Income / (Expense)	4,013	6,931	(2,917)	(42.1%)
Net Income / (Loss)	**($295)**	**($9,412)**	**$9,117**	**96.9%**
Administrative Expense % of Revenue	**6.5%**	**5.6%**	**-0.9%**	
Medical Loss Ratio	**94.0%**	**96.2%**	**2.2%**	
TNE at Year-End	**$180,450**	**$180,747**	**($297)**	
TNE Percent of Required at Year-End	**564.9%**	**556.9%**	**7.9%**	

Operating Performance: 2011 to 2020 - Net Profit (Loss)



Alameda Alliance for Health
FINAL BUDGET - FISCAL YEAR 2019/2020
September 13, 2019

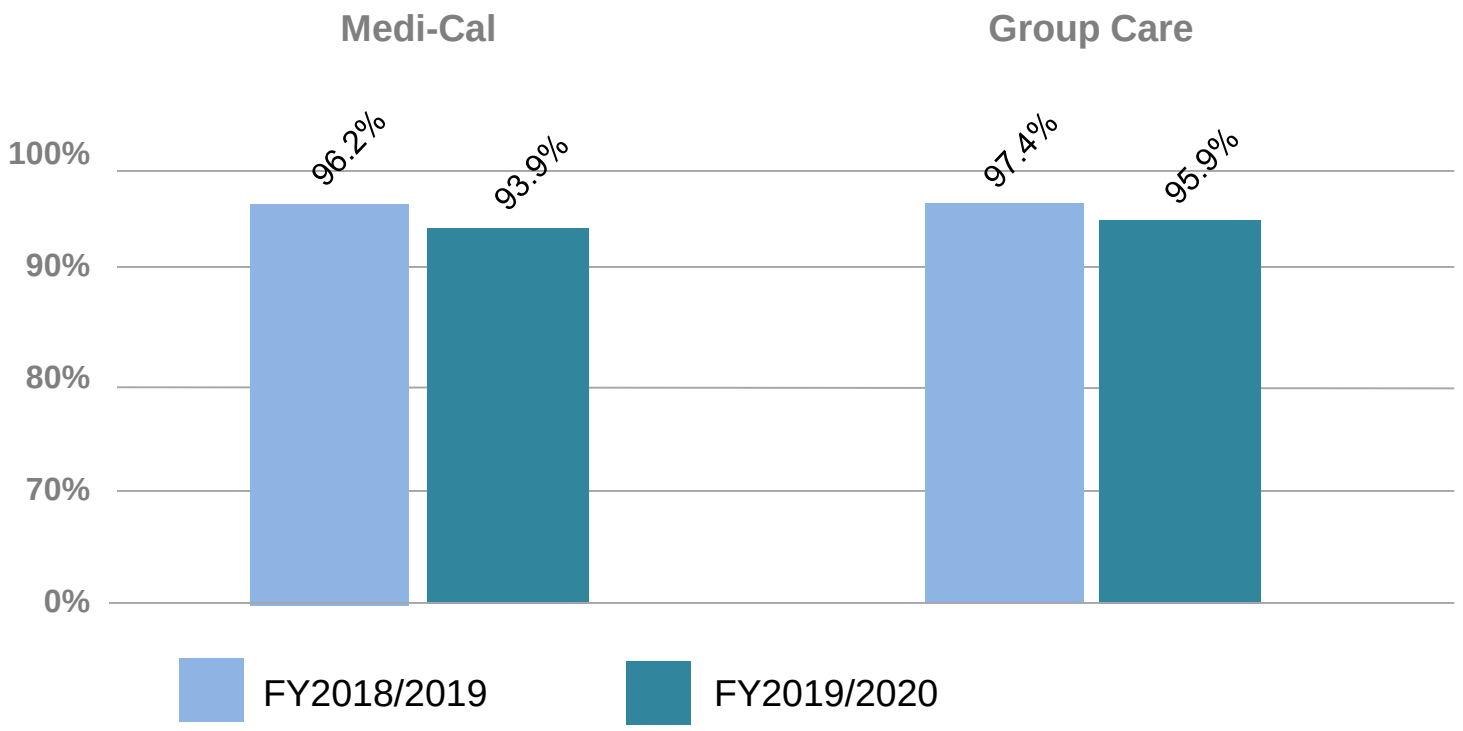
Enrollment Year End: 2011 - 2020



Alameda Alliance for Health
FINAL BUDGET - FISCAL YEAR 2019/2020
September 13, 2019

Medical Loss Ratio by Line of Business

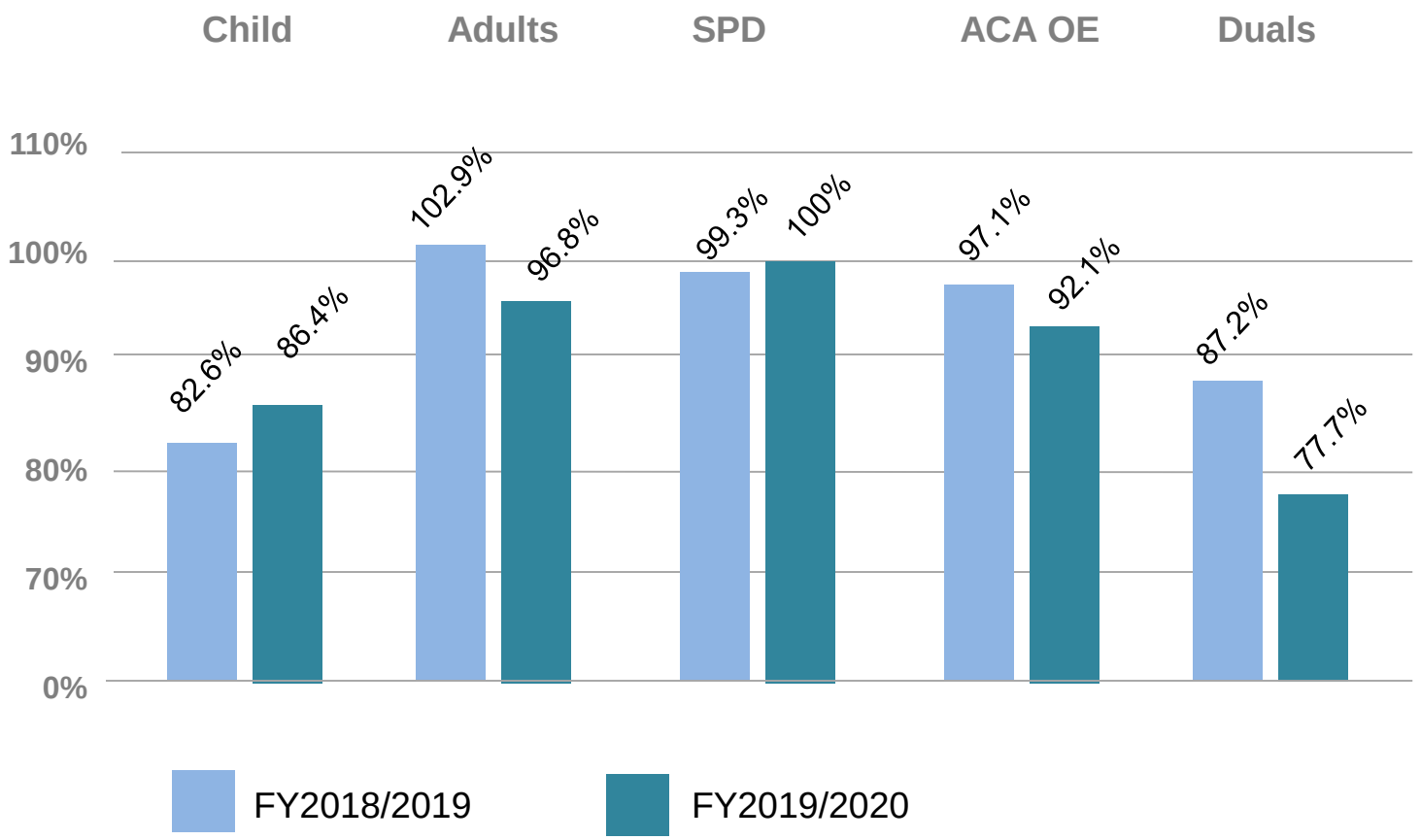
FY2020 Budget compared to FY2019 Pre-audit



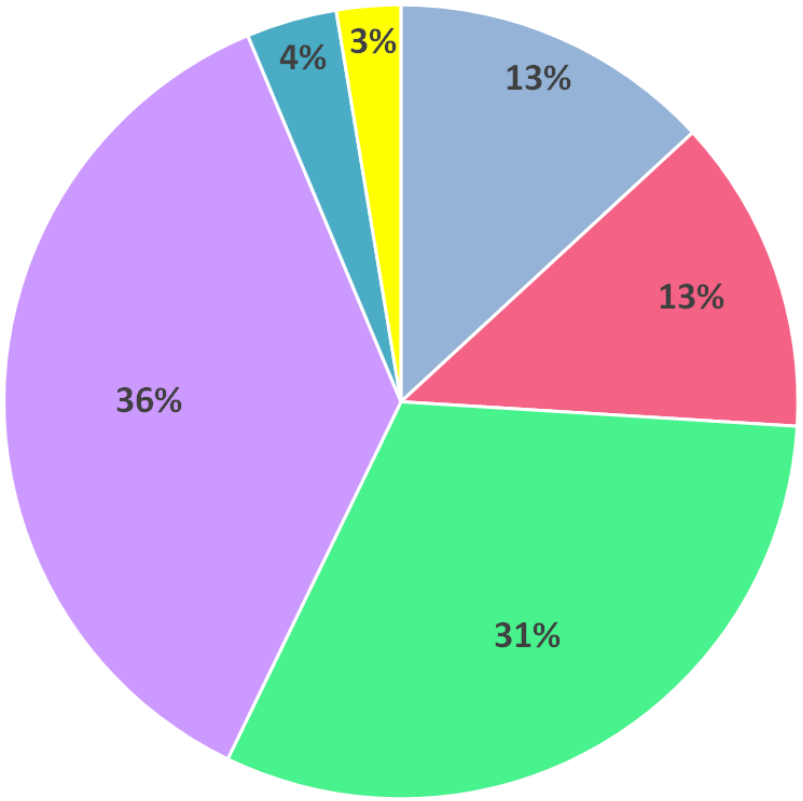
Alameda Alliance for Health
FINAL BUDGET - FISCAL YEAR 2019/2020
September 13, 2019

Medical Loss Ratio by Medi-Cal Aid Category

FY2020 Budget compared to FY2019 Pre-audit



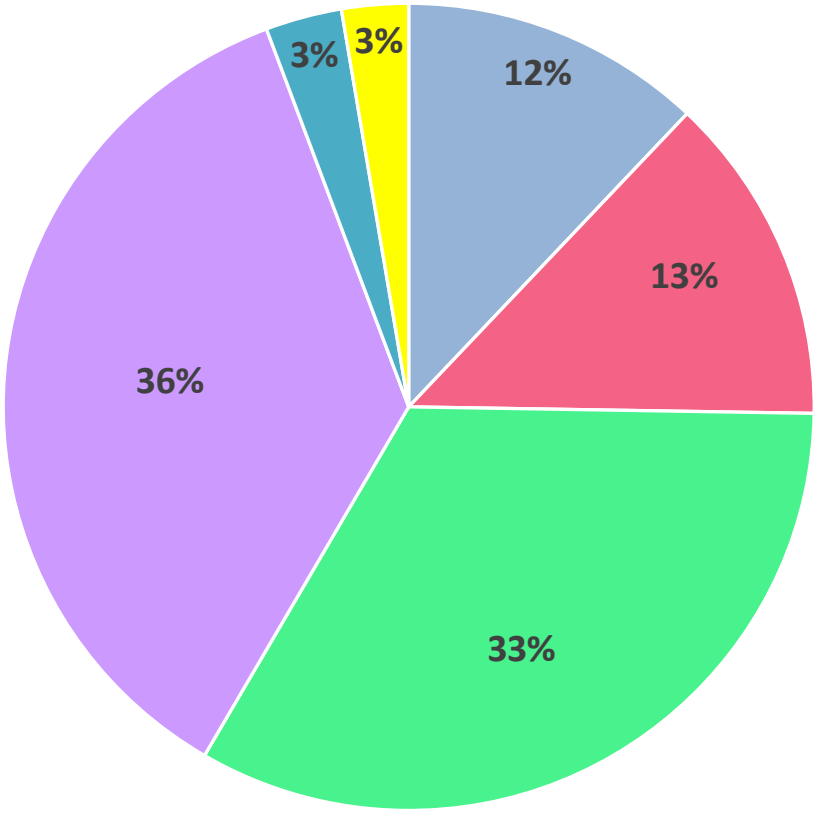
FY2020 Revenue by Aid Category & Group Care



MEDI-CAL

Child	13%
Adults	13%
SPD	31%
ACA OE	36%
Duals	4%
Group Care	3%

FY2020 Medical Expense by Aid Category & Group Care



MEDI-CAL

Child	12%
Adults	13%
SPD	33%
ACA OE	36%
Duals	3%
Group Care	3%

Alameda Alliance for Health
FINAL BUDGET - FISCAL YEAR 2019/2020
September 13, 2019

FY2020 Administrative Expenses

Addition of $9.3 million in operating expenses:

• Employee expense increases	$4.1 million
• Purchased and professional services	$3.9 million
• Technology infrastructure & licensing	$1.6 million
• Member benefits administration	$0.5 million
• Supplies, postage and other expenses	($0.8) million
Total	**$9.3 million**

Strategic Initiatives FY2019-2020

- Cost Containment & Operational Efficiency Projects
- Provider Portal (www.AlamedaAlliance.org)
- Operational Readiness:
  - Long-Term Supports & Services (January 2021)
  - Pharmacy Transition (January 2021)
- Enterprise Data Warehouse & Governance
- Quality Improvement, HEDIS, and NCQA
- Expansion of case management through community-based programs (AC3 & Health Homes)
- Mental Health Assessment
- Leadership Development & Employee Retention
- Pilot Kickoffs:
  - Pediatric Care Coordination (EPSDT)
  - Member Texting
  - ALL IN - Food is Medicine

FY2020 Capital Expenses

Approximately $2.5 million in capitalized purchases for technology and facilities enhancements ($600,000 more than FY2019).

- **Information Technology: $1.5 million**
  - **Hardware: $1.1 million**
    - Voice Infrastructure, Laptops, Desktops, Monitors: $500,000
    - Network Cabling: $200,000
    - Application Servers: $200,000
    - Data Loss Prevention Hardware: $200,000
  - **Software: $400,000**
    - Software Licensing and Upgrades: $300,000
    - Data Center Upgrades: $100,000
- **Facilities: $1.0 million**
  - Building Upgrades & Construction: $200,000
  - Building Repairs: $400,000
  - Workspace Resources: Cubicles, Workstations, Furniture: $400,000

Clinical & Administrative Expenses by Line of Business

$ In Thousands

	Administrative Departments			Clinical Departments		
	Medi-Cal	Group Care	Total	Medi-Cal	Group Care	Total
Employee Related Expense	$30,339	$844	$31,183	$13,445	$371	$13,816
Member Benefits Administration	$6,602	$183	$6,786	$3,838	$107	$3,945
Purchased & Professional Services	$9,579	$264	$9,844	$4,216	$121	$4,336
Other	$12,400	$407	$12,807	$623	$17	$640
Total	**$58,921**	**$1,698**	**$60,618**	**$22,122**	**$616**	**$22,738**

*Staffing: Administrative & Clinical FTEs**

Administrative FTEs	FY19 YE Actual	Hire in FY20	FY20 YE Budget
Administrative Vacancy	0.0	(9.0)	(9.0)
Operations	3.0	0.0	3.0
Executive	2.0	1.0	3.0
Finance	19.0	3.0	22.0
Healthcare Analytics	11.0	2.0	13.0
Claims	34.0	3.0	37.0
Information Technology	5.0	(1.0)	4.0
IT Infrastructure	11.0	2.0	13.0
IT Applications	12.0	1.0	13.0
IT Development	26.0	3.0	29.0
Member Services	42.8	0.0	42.8
Provider Relations	14.0	3.0	17.0
Network Data Validation	7.0	1.0	8.0
Credentialing	2.0	0.0	2.0
Clinical Admin	1.0	0.0	1.0
Human Resources	4.0	3.0	7.0
Legal	4.0	1.0	5.0
Facilities	7.0	1.0	8.0
Community Relations	5.0	3.0	8.0
Regulatory Compliance	7.0	3.0	10.0
Delegation Oversight / G&A	9.0	1.0	10.0
Total Administrative FTEs	**225.8**	**21.0**	**246.8**

Clinical FTEs	FY19 YE Actual	Hire in FY20	FY20 YE Budget
Clinical Vacancy	0.0	(5.0)	(5.0)
Quality Analytics	3.0	3.0	6.0
Utilization Management	31.9	3.0	34.9
Disease Mgmt. / Care Mgmt.	23.0	4.0	27.0
Medical Services	4.0	1.3	5.3
Quality Management	14.5	4.0	18.5
Accreditation	0.0	0.0	0.0
Pharmacy Services	9.0	2.0	11.0
Regulatory Readiness	1.0	1.0	2.0
Total Clinical FTEs	**86.4**	**13.3**	**99.6**

Total FTEs	**312.1**	**34.3**	**346.4**

**FTE = Full-Time Equivalent Personnel working approximately 2,080 hours per year.*

ALAMEDA Alliance FOR HEALTH

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: **September 13, 2019**

Subject: **Operations Report**

Member Services

- 12-month Trend Summary:
    - The Member Services Department received a 12% increase in call volume totaling 17,790 in August 2019 compared to 15,821 in August 2018. The abandonment rate for August 2019 was the same as August 2018, which was 4%.
    - The service level for the department was 5% higher in August 2019 (78%), compared to August 2018 (73%).
        - The top five call reasons (Change of PCP; Eligibility/Member; Kaiser; Benefits; ID Card Request) have remained the same in 2018 and 2019.
    - Average talk time was seven minutes and fifteen seconds (07:15).
    - The Member Services Department quality assurance average was ninety-five percent (95%) for August 2019 (note, this is a new reporting statistic, there is no year over year trend reported yet).

Claims

- 12-Month Trend Summary:
    - The Claims Department received 123,889 claims in August 2019 compared to 123,552 in August 2018.
    - The auto adjudication was 74.5% in August 2019 compared to 73.9% in August 2018.
    - Claims compliance for the 30-day turn-around time was 94.1% in August 2019 compared to 99.2% in August 2018. The 45-day turn-around time was 99.1% in August 2019 compared to 99.9% in August 2018.

- Monthly Analysis:

    - In the month of August, we received a total of 123,889 claims in the HEALTHsuite system.
    - We received 73% of claims via EDI and 27% of claims via paper.
    - During the month of August, 99.1% of our claims were processed within 45 working days.
    - The auto adjudication rate was 74.5% for the month of August.

Provider Services

- 12-Month Trend Summary:

    - The Provider Services Department's call volume increased in August 2019 to 7,175 calls compared to 5,341 calls in August 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 is our first priority.
    - The Provider Services department completed 91 visits during the month of August.
    - The Provider Services department answered over 7,175 calls for the month of August and made over 1,747 outbound calls.

Credentialing Department

- 12-Month Trend Summary:

    - At the Peer Review and Credentialing (PRCC) meeting held on August 20, 2019, there were 23 initial providers approved; 4 primary care providers, 4 specialists, 4 ancillary providers, and 11 midlevel providers. Additionally, 38 providers were re-credentialed at this meeting; 18 primary care providers, 12 specialists, 0 ancillary providers, and 8 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 631 cases in August 2019 compared to 594 cases in August 2018.
    - In August 2019, the PDR department upheld 72% of cases versus 70% in August 2018.
    - The PDR department resolved 94% of cases within the compliance standard of 95% within 45 working days in August 2019 compared to 96% in August 2018.

- Staffing:
    - Training is underway for the two recently promoted PDR Analysts.

- Monthly Analysis:
    - We received 950 PDRs in August 2019 (no stats were kept for August 2018 for comparison purposes).
    - In the month of August, 631 PDRs were resolved. Out of the 631 PDRs, 176 were overturned.
    - The overturn rate for PDRs was 28%, which did not meet our goal of 25% or less.
    - 593 of 631 cases were resolved within 45 working days resulting in a 94% compliance rate.
    - There are 1,326 PDRs that are less than 45 working days old that are currently pending resolution.
    - The Washington Township PDRs were withdrawn in August and the cases were closed. This resulted in the number of unresolved PDRs over 45 working days dropping from 406 in July to 34 in August.

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Community Relations and Outreach

- 12-Month Trend Summary:

    - The Communications & Outreach (C&O) Department increased the number of events by 12% in August 2019 and completed 37 out of 57 events (65% completion rate), compared to 33 out of 37 events (89% completion rate) in August 2018.
    - The C&O Department increased the number of event participation cities throughout Alameda County by 22% to 11 cities/unincorporated areas in August 2019 compared to nine 9 cities/unincorporated areas in August 2018.

- Monthly Analysis:

    - In August 2019, the C&O Department completed 37 out of 57 events (65% completion rate).
    - In August 2019, the C&O Department reached 1,726 individuals (817 or 47% self-identified as Alliance members) during outreach events and activities.
    - In August 2019, the C&O Department completed events in 11 cities/unincorporated areas throughout Alameda County.
    - Please see attached Addendum C.

Operations

Supporting Documents

Member Services

Blended Call Results

Blended Results	July 2019
Incoming Calls (R/V)	17,790
Abandoned Rate (R/V)	4%
Answered Calls (R/V)	17,120
Average Speed to Answer (ASA)	00:57
Calls Answered in 30 Seconds (R/V)	78%
Average Talk Time	07:22

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

Member Walk- Ins July 2019
Change in PCP
ID Card Request
Eligibility
Total Walk-Ins: 52

Claims Department

July 2019 Final and August 2019 Final

METRICS		
Claims Compliance	**Jul-19**	**Aug-19**
90% of clean claims processed within 30 calendar days	98.9%	94.1%
95% of all claims processed within 45 working days	99.9%	99.1%
Claims Volume (Received)	**Jul-19**	**Aug-19**
Paper claims	30,364	33,271
EDI claims	85,728	90,618
Claim Volume Total	**116,092**	**123,889**
Percentage of Claims Volume by Submission Method	**Jul-19**	**Aug-19**
% Paper	26.16%	26.86%
% EDI	73.84%	73.14%
Claims Processed	**Jul-19**	**Aug-19**
HEALTHsuite Paid (original claims)	96,944	90,022
HEALTHsuite Denied (original claims)	29,012	20,917
HEALTHsuite Original Claims Sub-Total	**125,956**	**110,939**
HEALTHsuite Adjustments	21,229	44,798
HEALTHsuite Total	**147,185**	**155,737**
Claims Expense	**Jul-19**	**Aug-19**
Medical Claims Paid	$49,491,891	$37,426,721
Interest Paid	$34,090	$21,885
Auto Adjudication	**Jul-19**	**Aug-19**
Claims Auto Adjudicated	90,016	82,699
% Auto Adjudicated	71.5%	74.5%
Average Days from Receipt to Payment	**Jul-19**	**Aug-19**
HEALTHsuite	23	24
Pended Claim Age	**Jul-19**	**Aug-19**
0-29 calendar days		
HEALTHsuite	8,840	10,567
30-59 calendar days		
HEALTHsuite	145	52
Over 60 calendar days		
HEALTHsuite	29	21
Overall Denial Rate	**Jul-19**	**Aug-19**
Claims denied in HEALTHsuite	29,012	20,917
% Denied	19.7%	13.4%

Claims Department

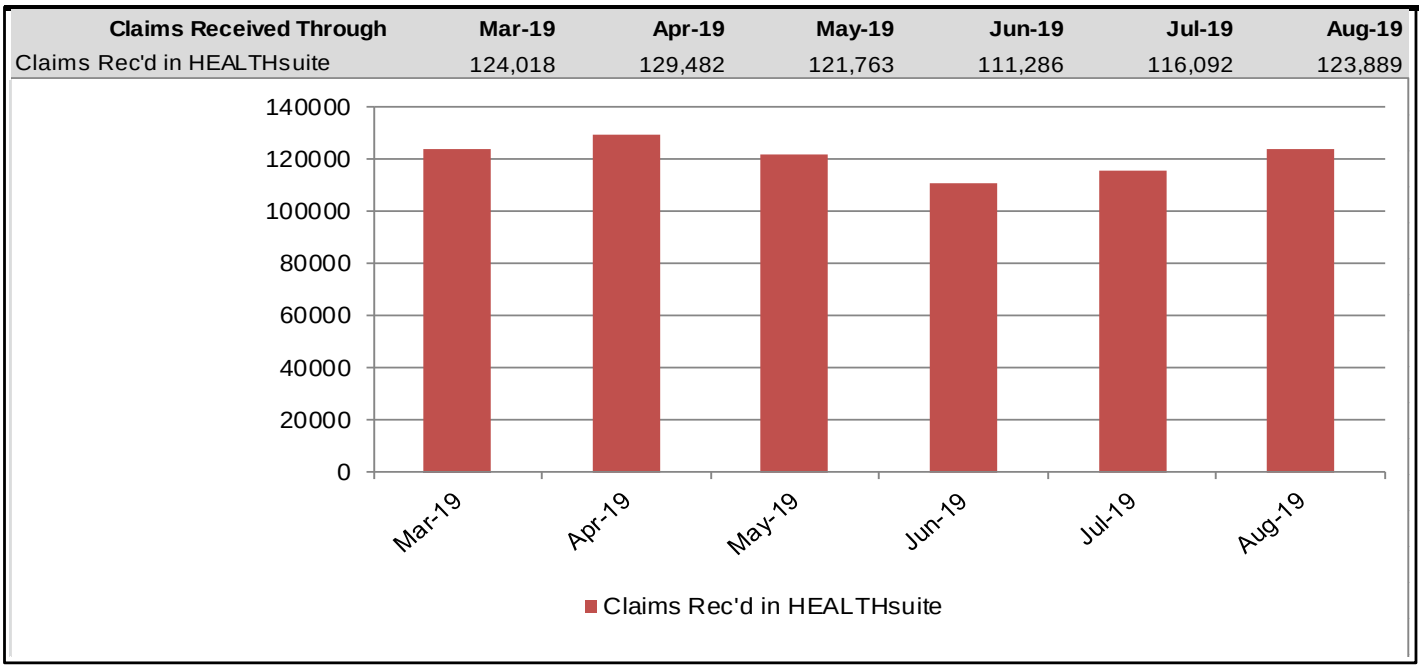
July 2019 Final and August 2019 Final

August 2019

Top 5 HEALTHsuite Denial Reasons	% of all denials
Responsibility of Provider	27%
Must Submit as a Paper Claim with Copy of Primary Payer EOB	12%
Duplicate Claim	10%
Non-Covered Benefit for This Plan	9%
No Benefits Found For Dates of Service	8%
% Total of all denials	**66%**

Claims Received By Month

Claims Received Through	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Claims Rec'd in HEALTHsuite	124,018	129,482	121,763	111,286	116,092	123,889



Provider Relations Dashboard August 2019

Alliance Provider Relations Staff	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Incoming Calls (PR)	7386	6262	6811	6997	6926	6077	7307	7175
Abandoned Calls	1718	1146	829	932	863	692	953	1022
Answered Calls (PR)	5664	5116	5982	6065	6063	5385	6354	6153
Recordings/Voicemails	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**
Incoming Calls (R/V)	849	644	420	428	410	357	443	513
Abandoned Calls (R/V)								
Answered Calls (R/V)	849	644	420	428	410	357	443	513
Outbound Calls	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**
Outbound Calls	1642	1602	1814	1658	1701	1496	1913	1747
N/A								
Outbound Calls	1642	1602	1814	1658	1701	1496	1913	1747
Totals	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**
Total Incoming, R/V, Outbound Calls	9873	8508	9045	9083	9037	7930	9663	9435
Abandoned Calls	1718	1146	829	932	863	692	953	1022
Total Answered Incoming, R/V, Outbound Call	8155	7362	8216	8151	8174	7238	8710	8413

Provider Relations Dashboard August 2019

Call Reasons (Medi-Cal and Group Care)

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Authorizations	4.5%	5.1%	4.9%	5.1%	4.5%	4.7%	4.7%	4.9%
Benefits	2.3%	2.9%	2.6%	2.9%	3.2%	3.3%	3.3%	3.9%
Claims Inquiry	35.4%	37.0%	37.3%	35.6%	35.1%	33.3%	34.1%	36.5%
Change of PCP	2.1%	3.4%	3.1%	3.7%	3.5%	4.4%	5.3%	5.2%
Complaint/Grievance (includes PDR's)	2.5%	2.5%	2.2%	2.2%	3.0%	2.9%	2.8%	2.4%
Contracts	0.4%	0.4%	0.5%	0.3%	0.6%	0.4%	0.5%	0.7%
Correspondence Question/Followup	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%
Demographic Change	0.1%	0.1%	0.2%	0.1%	0.1%	0.2%	0.1%	0.2%
Eligibility - Call from Provider	30.5%	30.1%	29.7%	30.1%	29.8%	30.5%	26.9%	24.5%
Exempt Grievance/ G&A	0.1%	0.0%	0.2%	0.0%	0.1%	0.1%	0.0%	0.0%
General Inquiry/Non member	0.1%	0.2%	0.2%	0.1%	0.1%	0.3%	0.3%	0.2%
Health Education	0.0%	0.0%	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%	2.1%	2.4%
Kaiser	0.1%	0.2%	0.2%	0.1%	0.2%	0.3%	0.2%	0.2%
Member bill	0.1%	0.1%	0.2%	0.2%	0.3%	0.3%	0.4%	0.4%
Mystery Shopper Call	0.0%	0.0%	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%	2.2%	3.3%
Pharmacy	0.8%	1.2%	1.2%	1.5%	1.3%	1.2%	1.4%	1.5%
Provider Network Info	0.1%	0.1%	0.1%	0.2%	0.2%	0.1%	0.2%	0.3%
Transferred Call	7.3%	0.5%	0.1%	0.5%	1.1%	1.2%	0.6%	1.9%
All Other Calls	9.2%	12.1%	12.6%	12.5%	12.2%	11.8%	14.7%	11.4%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Field Visit Activity Details

Alliance Provider Relations Staff	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Claims Issues	1	1	4	4	4	1	0	5
Contracting/Credentialing	0	1	1	0	0	0	0	0
Drop-ins	0	5	10	10	3	4	4	7
JOM's	3	2	2	3	2	1	3	1
New Provider Orientation	0	3	5	4	2	2	22	14
Quarterly Visits	52	75	44	2	143	50	118	63
UM Issues	2	0	1	0	0	0	0	1
Total Field Visits	58	87	67	23	154	58	147	91

ALLIANCE NETWORK SUMMARY, CURRENTLY CREDENTIALED PRACTITIONERS

Practitioners		AHP 410	PCP 370	SPEC 655	PCP/SPEC 19
AAH/AHS/CHCN Breakdown		AAH 429	AHS 196	CHCN 431	COMBINATION OF GROUPS 398
Facilities	**227**				

VENDOR SUMMARY

Credentialing Verification Organization, Gemini Diversified Services

	Number	Average Calendar Days in Process	Goal - Business Days	Goal - 98% Accuracy	Compliant
Initial Files in Process	35	28	25	Y	N
Recred Files in Process	30	40	25	Y	N
Expirables updated Insurance, License, DEA, Board Certifications					Y
Files currently in process	65				

CAQH Applications Processed in August 2019

Standard Providers and Allied Health	**Invoice not received**

August 2019 Peer Review and Credentialing Committee Approvals

Initial Credentialing	**Number**
PCP	4
SPEC	4
ANCILLARY	4
MIDLEVEL/AHP	11
Recredentialing	
PCP	18
SPEC	12
ANCILLARY	0
MIDLEVEL/AHP	8
TOTAL	**61**

August 2019 Facility Approvals

Initial Credentialing	0
Recredentialing	0
Facility Files in Process	40

August 2019 Employee Metrics

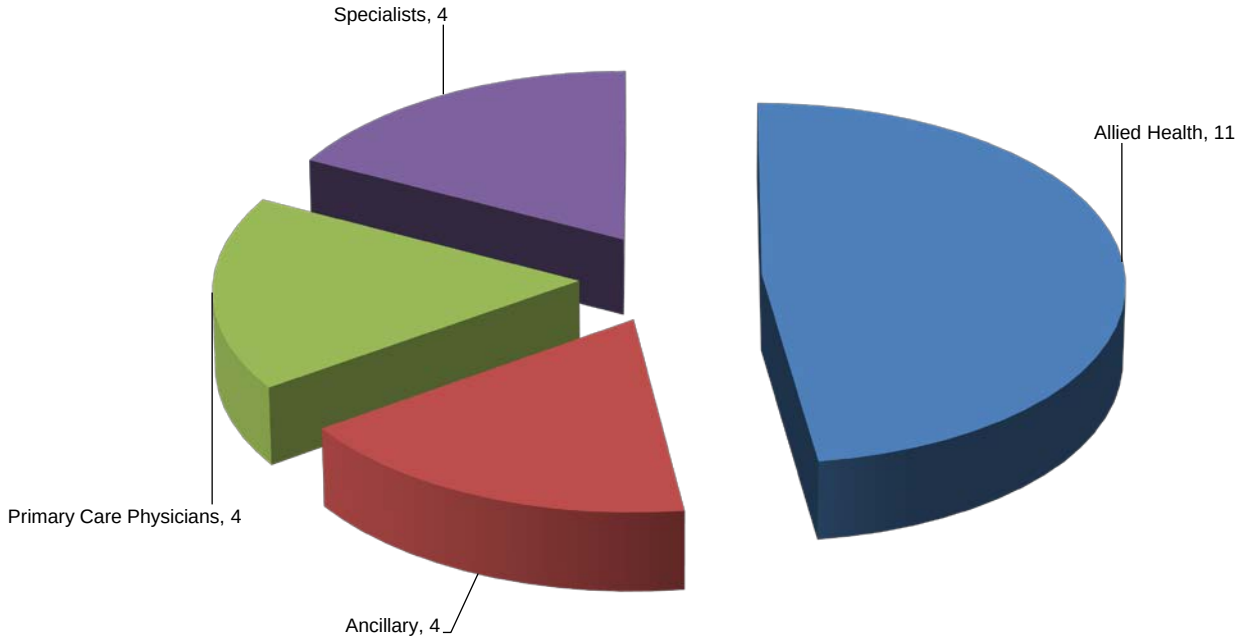
File Processing	Timely processing within 3 days of receipt	Y
Credentialing Accuracy	<3% error rate	Y
DHCS, DMHC, CMS, NCQA Compliant	98%	Y
MBC Monitoring	Timely processing within 3 days of receipt	Y

Initial/Recred				
LAST NAME	FIRST NAME	PCP/Spec/Mid/Ancillary	INITIAL/RECRED	CRED DATE
Aldine	Aliaa	Ancillary	Initial	8/20/2019
Araj	Ramsey	Specialist	Initial	8/20/2019
Bedford	Ronald	Allied Health	Initial	8/20/2019
Chan	Debbie	Allied Health	Initial	8/20/2019
Chin	Angela	Allied Health	Initial	8/20/2019
DiRocco	Anne	Ancillary	Initial	8/20/2019
Duterte	Jason	Allied Health	Initial	8/20/2019
Elbert	Marian	Allied Health	Initial	8/20/2019
Ko	Derek	Ancillary	Initial	8/20/2019
Larson	David	Specialist	Initial	8/20/2019
Lennett	Jacqueline	Ancillary	Initial	8/20/2019
Longmuir	Nicola	Primary Care Physician	Initial	8/20/2019
Lopez	Brenda	Allied Health	Initial	8/20/2019
Lumanlan	Charlene	Allied Health	Initial	8/20/2019
Madfes	Jesahel	Allied Health	Initial	8/20/2019
Oommen	Lauren	Specialist	Initial	8/20/2019
Sheth	Bansari	Primary Care Physician	Initial	8/20/2019
Shigeura	Angelina	Primary Care Physician	Initial	8/20/2019
Thapa	Priyanka	Allied Health	Initial	8/20/2019
White	Chrislyn	Specialist	Initial	8/20/2019
Wilson	Vanessa	Primary Care Physician	Initial	8/20/2019
Wolfe-Roubatis	Emily	Allied Health	Initial	8/20/2019
Woo	Sandi	Allied Health	Initial	8/20/2019
Akkinapalli	Neelima	Allied Health	Recred	8/20/2019
Bhatnagar	Madhur	Specialist	Recred	8/20/2019
Bissonnette	Cris	Allied Health	Recred	8/20/2019
Bohman	Corey	Allied Health	Recred	8/20/2019
Cheng	Ernest	Specialist	Recred	8/20/2019
Coale	Megan	Allied Health	Recred	8/20/2019
Edelen	John	Specialist	Recred	8/20/2019

Initial/Recred				
Fong	Stewart	Primary Care Physician	Recred	8/20/2019
Franko	Orrin	Specialist	Recred	8/20/2019
Fuller	Eric	Specialist	Recred	8/20/2019
Gandhe	Renu	Specialist	Recred	8/20/2019
Ganey	John	Specialist	Recred	8/20/2019
Garg	Anuja	Primary Care Physician	Recred	8/20/2019
Ghosh	Dipankar	Primary Care Physician	Recred	8/20/2019
Green	Trinh	Primary Care Physician	Recred	8/20/2019
Gupta	Neha	Primary Care Physician	Recred	8/20/2019
Gutierrez	Juan	Primary Care Physician	Recred	8/20/2019
Ing	Dennis	Primary Care Physician	Recred	8/20/2019
Jiang	Lei	Allied Health	Recred	8/20/2019
Kankipati	Shoba	Specialist	Recred	8/20/2019
Kay	Rachel	Allied Health	Recred	8/20/2019
Khan	Junaid	Specialist	Recred	8/20/2019
Malhotra	Akshiv	Specialist	Recred	8/20/2019
Martin	Dianne	Primary Care Physician and Sp	Recred	8/20/2019
Mehandru	Leena	Specialist	Recred	8/20/2019
Minevich	Gregory	Specialist	Recred	8/20/2019
Munjal	Gunjan	Primary Care Physician	Recred	8/20/2019
Navarro	Maria Paz	Allied Health	Recred	8/20/2019
Nguyen	Danielle	Primary Care Physician	Recred	8/20/2019
Omotoso	Omoniyi	Primary Care Physician	Recred	8/20/2019
Rhoades	Chelsea	Primary Care Physician	Recred	8/20/2019
Shak	Emma	Primary Care Physician	Recred	8/20/2019
Sharpe	Cynthia	Allied Health	Recred	8/20/2019
Singer	Samuel	Primary Care Physician	Recred	8/20/2019
Tse	Chung-Hing	Primary Care Physician	Recred	8/20/2019
Watson	Henry	Primary Care Physician	Recred	8/20/2019
Wise	Laura	Primary Care Physician	Recred	8/20/2019
Zafer	Sadaf	Primary Care Physician	Recred	8/20/2019

AUGUST PEER REVIEW AND CREDENTIALING
INITIAL APPROVALS BY SPECIALTY

Allied Health	11
Ancillary	4
Primary Care Physician	4
Specialist	4
	23



Provider Dispute Resolution

July 2019 Final and August 2019 Final

METRICS

PDR Compliance	Jul-19	Aug-19
# of PDRs Resolved	598	631
# Resolved Within 45 Working Days	560	593
% of PDRs Resolved Within 45 Working Days	94%	94%

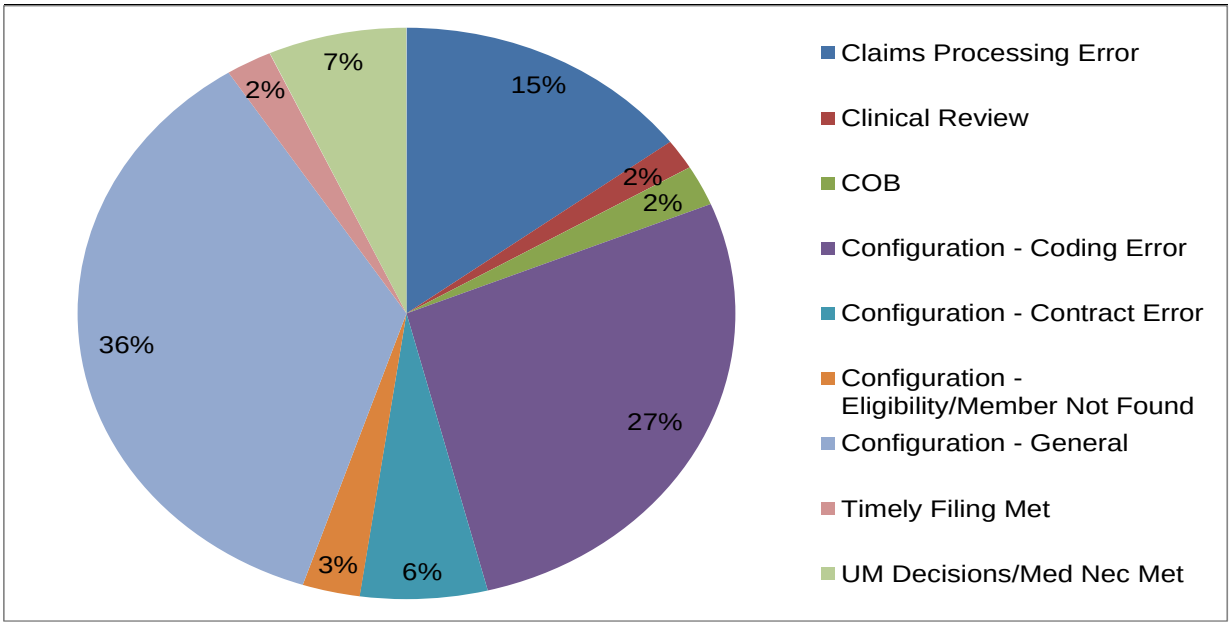
PDRs Received	Jul-19	Aug-19
# of PDRs Received	813	950
PDR Volume Total	**813**	**950**

PDRs Resolved	Jul-19	Aug-19
# of PDRs Upheld	460	455
% of PDRs Upheld	77%	72%
# of PDRs Overturned	138	176
% of PDRs Overturned	23%	28%
Total # of PDRs Resolved	**598**	**631**

Unresolved PDR Age	Jul-19	Aug-19
0-45 Working Days	1,140	1,326
Over 45 Working Days	406	34
Total # of Unresolved PDRs	**1,546**	**1,360**

Aug-19

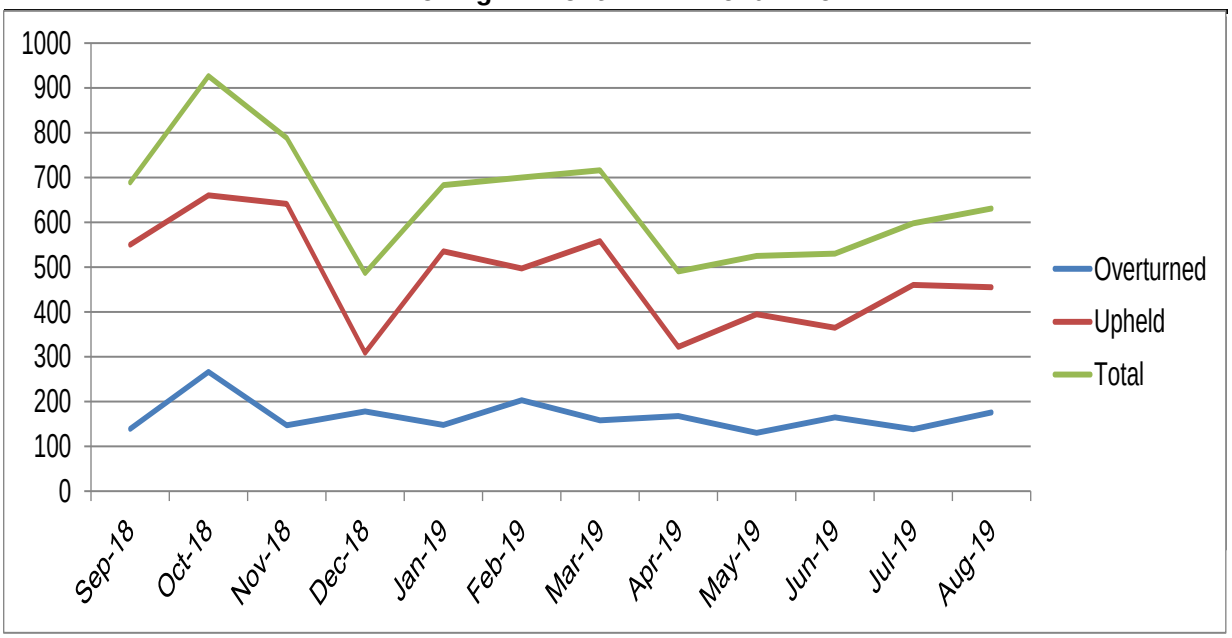
PDR Resolved Case Overturn Reasons



Provider Dispute Resolution

July 2019 Final and August 2019 Final

Rolling 12-Month PDR Trend Line



Project Management Office Portfolio Overview for August 2019

Alliance Portal Redesign Project

- The Portal redesign project will enhance our Alliance.org site, and our member and provider portals.
- New Phase 1 Go-Live 12/9/2019.
    - Schedule will be pushed out 7 weeks to allow additional time to complete Authorization data development
    - Phase 1 includes a Redesigned Provider Portal on the 4.2.7a data spec, Provider Directory, Attachment of the Care Plan, Authorization Submission, and online forms
- Functional and UAT testing in progress

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 kickoff meeting targeted week of Sept 16.
- Intake Project form in progress.

Preferred Vendor Project

- The purpose of this project is to identify a select list of preferred vendors (SNF, Respite, Health Home, and Infusion) to collaborate with for direct patient care. This will enable the Alliance to help place our most vulnerable populations and give them the services they need.
    - SNF contract signed 9/5.
    - Oncology contract (Letter of Agreement) signed 9/3.
    - Respite contract pending.
    - Health Home internal meetings not started.
    - Infusion / J-Codded Drugs workgroup meetings in progress.

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
August 1, 2019 through August 31, 2019

Communications Report

- **Alliance Sponsorship Ads:**

  - The Spring/Summer 2019 edition of the Alliance Member Connect Newsletter publication was shared with more than 150,000 member households and provider offices, in English, Spanish, Chinese and Vietnamese, beginning in July 2019.
  - An Alliance sponsorship ad was published in the Family Bridges Inc., 51st Annual Fundraising Gala Program on July 20, 2019.
  - **Please see attached Addendum A and B.**

ALAMEDA
Alliance
FOR HEALTH

we are

ALAMEDA COUNTY

The Alliance is honored to partner with **Family Bridges Inc.** in service to our community. Congratulations on your ***51 years*** *of success!*




Helping People in Our Community Since 1996

MEMBER CONNECT

Spring/Summer 2019

ALAMEDA Alliance FOR HEALTH

we are ALAMEDA COUNTY

Helping People in Our Community Since 1996



PROVIDER SPOTLIGHT: A WORLDWIDE JOURNEY OF COMMITMENT AND COMPASSION – DR. JACOB EAPEN'S STORY

Many people may travel around the world with their family and friends to go on a fun vacation, see Mother Teresa, visit the Statue of Liberty, or to move to a new country. Our Alliance provider partner, Dr. Jacob Eapen, M.D., MPH, has traveled around the world, from sea to sea, to live in other countries and help people live healthier. He has even met Mother Teresa and received an award from her for his work. He has also seen the Statue of Liberty while receiving the Ellis Island Medal of Honor for his work. Dr. Eapen likes partnering with the Alliance to take care

(Continued on page 2)

PROVIDER SPOTLIGHT: DR. JACOB EAPEN, M.D., MPH

(Continued from page 1)

of our members because he gets to continue his lifelong commitment and compassion of giving back to the community and serving others.

Born and raised in India, Dr. Eapen's personal mission to bring health to all has taken him to places he could only dream of as a young boy. He has spent over half of his life giving back to others in our local community and around the world. He has journeyed to many countries to serve the poor, the needy, the weak and the sick. Dr. Eapen has dedicated his career to pediatric care and services for the underprivileged.

In pursuit of his passion to helping others live healthy, Dr. Eapen received his medical degree and pediatric training in India. After arriving to the United States, he received his master's degree in public health at UC Berkeley, where he previously served on the advisory board. He also completed his residency at Lucile Salter Packard Children's Hospital at Stanford.

Dr. Eapen has lived in Fremont since the 1980s and has served on many boards and committees in Alameda County. Dr. Eapen previously served on the Board of Directors at Kidango – a private nonprofit agency providing child development programs in Alameda, Santa Clara, and San Francisco Counties. Dr. Eapen has been on the Washington Hospital Board for the last 15 years. According to Health Grades and US News and Review, Washington Hospital is ranked among the top 100 best hospitals in the country and California. Dr. Eapen is the current Medical Director at Newark Wellness Center, where he has been a pediatrician for 25 years. Newark Wellness Center is a part of Alameda Health System (AHS). AHS is one of the largest public health systems in California. It acts as a safety net for the residents of Alameda County. He is also an advisor to the Every Child Count Commission in Alameda County. Dr. Eapen received the first physician recognition award by the Medical Board of California and was profiled

In the same year, Dr. Eapen received the Mother Teresa Award – Humanitarian of the Year by the Friends of the South Asian American Communities (FOSAAC).

as one of the 40 most distinguished Stanford Medical School Alumni of the last 60 years.

While working in the Philippines, Dr. Eapen was the Health Adviser to the United Nations High Commissioner for Refugees (UNHCR). There he was responsible for overseeing the health of 60,000 Indo-Chinese refugees.

In 1994, Dr. Eapen helped set up the first school-based clinic at James Logan High School in Union City when he was the Medical Director of Tiburcio Vasquez Health Center. The school-based clinic currently provides health education, services, and resources to high school students.

In 2007, Dr. Eapen was a recipient of the Ellis Island Medal of Honor. This medal celebrates the immigrant experience and seeks to honor Americans for their positive and lasting imprint on our society. In the same year, Dr. Eapen received the Mother Teresa Award – Humanitarian of the Year by the Friends of the South Asian American Communities (FOSAAC).

Dr. Eapen believes that "preventive medicine [is] the best way to tackle health issues. That good medical practice comes in many different forms, but good doctors share one (1) trait: they are present in their clinics, engaged with their patients, and dedicated to their area of specialization." This is why the Alliance is proud to partner with Dr. Eapen and Newark Wellness Center.

Dr. Eapen is accepting new patients!

Alliance members can choose Dr. Eapen and Newark Wellness Center as their doctor and clinic by calling:

Alliance Member Services Department
Monday - Friday, 8 am - 5 pm
Phone Number: **1.510.747.4567**
Toll-Free: **1.877.932.2738**
People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

Newark Wellness
6066 Civic Terrace Ave.
Newark, CA 94560
Clinic Hours: Monday - Friday, 8:30 am – 5 pm
Phone Number: **1.510.505.1600**

WELL-CARE VISITS: WELL WORTH YOUR TIME

Taking charge of your health is key to a long life. Completing your **Initial Health Assessment (IHA)** and regular **Staying Healthy Assessment (SHA)** with your doctor can help you reach your health goals. At an IHA or SHA well-care visit, you can address a health concern before it becomes a problem. You will also get screenings and vaccines to prevent disease. Your doctor might ask you to fill out the SHA form. This short survey helps your doctor know what wellness topics are of most concern.

To make the most of your visit, try these tips:

Before your visit:

- Schedule your well-care visit ahead of time.
- Request an interpreter to assist you in your preferred language, if needed.
- Inform your doctor of extra help you might need due to a disability.

Bring these with you:

- All drugs, vitamins, herbs and over-the-counter medications you use.
- A list of your questions and concerns.
- Records from other doctors, if needed.

At your visit:

- Share with your doctor your health needs.
- Repeat your doctor's advice. Make sure you understand it.
- Take notes.

WELL-CHILD VISITS

Children grow up quickly. That's why they need to see the doctor regularly. It's also a good chance for you to ask questions.

Schedule in advance. Give yourself plenty of time to make an appointment that fits your schedule. It's also a good idea to prepare ahead of time. Find out if your child needs shots at this visit. Write down any questions you want to ask the doctor. You may want to learn about food choices, safety or your child's growth. Also, don't forget to take your child's Alliance member ID card.

FOR YOUR HEALTH: Did you know that the Alliance offers parenting classes and tips at no cost? For more information, please visit **www.alamedaalliance.org/live-healthy/health-issues/parenting**.

WOMEN: PROTECT YOURSELF FROM CERVICAL CANCER

If you were told you could prevent cancer, would you do it? Of course. Here's the good news: **You Can!** Women can take steps to help prevent cervical cancer.

A Pap test (or Pap smear), which is part of your well-woman exam, is key. The test looks for precancers. These are cells on the cervix that could turn into cervical cancer if they aren't treated.

Another test, sometimes done at the same time, is the HPV test. HPV stands for human papillomavirus. This test looks for HPV, which is the virus that causes changes in the cells that can lead to cervical cancer.

Catching HPV and any cervical changes early can help prevent cervical cancer. Don't skip your checkups.

Get the HPV Vaccine

Almost 79 million people in the U.S. have HPV. HPV stands for human papillomavirus. It is the most common sexually transmitted virus in the U.S. Most people who have HPV are in their teens or early 20s. Many HPV infections go away. Sometimes HPV can cause genital warts or cancer. There is a way to prevent HPV. If young people get the HPV vaccine before they become sexually active, they can protect themselves from the virus. The vaccine is made up of **two (2) or three (3)** shots. It is very effective, but a person must get all the shots to be fully protected. Talk to your doctor about getting your child started on the vaccine today.

KNOW YOUR **INHALERS**

Asthma medications can help you control your symptoms and breathe easier.

Here are some important tips on how to use these drugs.

1. RESCUE medication is for quick relief. It should be used only during an asthma "attack" when you need to open up your lungs. Rescue medications include albuterol (brand names Ventolin® and ProAir®).

2. CONTROLLER medications (such as Dulera®, QVAR®, Symbicort®, Flovent®, or Breo®) need to be taken regularly, even if you are not feeling any asthma symptoms.

3. A spacer should be used with your inhalers. The spacer helps spray the medication into your lungs. Check with your doctor or pharmacist.

4. Don't be scared of steroids! These drugs can actually be your best friends. They are NOT the same types of "steroids" that bodybuilders use.

5. If you use your rescue inhaler more than twice each week, you may need to have your medications changed. See your doctor!

Want to learn more about your asthma medications? Talk to your doctor or pharmacist.

WHY CHOOSE GENERICS?

Brands might matter to fans of fashion, but when it comes to medicine, generic drugs are every bit as good as the brand-name versions.

The Food and Drug Administration (FDA) requires that generic drugs have the same quality, strength and purity as brand-name drugs. But generic manufacturers don't have to make the costly investment to develop a new drug.

Brand-name drugs are usually given patent protection for 20 years. Once the patent expires, other companies can introduce generics with FDA approval.

Ask your doctor if there are generic options for medicines you take. Ask them to write your prescriptions, as needed.

To learn more on this topic and view a list of all generic equivalents, please visit the FDA's website at **www.fda.gov/drugs/questions-answers/generic-drugs-questions-answers**.

TEENS NEED **WHOOPING COUGH** AND OTHER VACCINES FOR SCHOOL

The state requires all kids going into grades 7 to 12 to show proof of a whooping cough (Tdap) and chicken pox vaccines for the upcoming school year. Students who do not meet this law will not be allowed to attend school until they provide proof that they have had the shots.

Visit your child's doctor to get vaccines and an exam if needed. Kids that do not have health insurance can get the shot at local public health clinics in Alameda County. To find a current listing of these clinics, please call toll-free at **1.888.604.4636** or visit **www.acphd.org**.

DEALING WITH DIABETES

Do you have diabetes? Diabetes can cause other serious health concerns like heart or kidney disease. You need to be tested for these kinds of concerns at least once a year. The sooner you know about them, the easier they are to treat.

Ask your doctor how often you need these tests:

- **HbA1c test** to measure your blood-sugar control over the past few months.
- **Blood-fat test** to check your cholesterol levels and your risk for heart disease.
- **Kidney-function test** to make sure your kidneys are working right.
- **Dilated eye exam** to check for damage to your eyes.
- **Dental exam and cleaning** to protect your teeth and gums.

Your doctor should take your blood pressure and check your feet for sores at every visit. They should also teach you about the ways you need to manage your diabetes at home. Self-care includes your diet, hygiene, and dental care, plus any medications or tests you take at home.

FOR YOUR HEALTH: Did you know that the Alliance offers diabetes self-care classes, support groups and tips at no cost? Fill out the **Alliance Wellness Program & Materials Request Form** on page **12**.

IS IT AN EMERGENCY?

An emergency room is for just that – emergencies. If you have a health concern that is not a real emergency, you can get it treated by going to your doctor or an urgent care clinic.

These concerns are an emergency:

- Trouble breathing, shortness of breath
- Chest or upper stomach pain or pressure
- Fainting, feeling dizzy, weakness
- Changes in vision
- Muddled thoughts or changes in mental status
- Any sudden or severe pain
- Bleeding that won't stop
- Severe or constant vomiting or diarrhea
- Coughing or vomiting blood
- Thoughts of hurting yourself
- Trouble speaking

Call your doctor's office or clinic for advice on when to go to the emergency room. Doctors expect to get phone calls at night or on weekends. They set up their practices to receive your calls at times when they are not open. Your doctor can help you decide if you really need to go to the emergency room, or can give you advice about what to do at home that can get you or your child through the night or weekend.

ALLIANCE NOTES

IMPORTANT PHONE NUMBERS

Emergency	**911**
Poison Control	**1.800.876.4766**
Alameda County Social Services Medi-Cal Center	**1.800.698.1118 or 1.510.777.2300**
Medi-Cal Plan Enrollment/Changes	**1.800.430.4263**
Alameda Alliance for Health	
Main Number	**1.510.747.4500**
Member Services Monday – Friday, 8 am – 5 pm	**1.510.747.4567** **CRS/TTY: 711**
Dental Care Services	
Medi-Cal Members: Denti-Cal	**1.800.322.6384**
Vision Care Services	
Medi-Cal Members: March Vision Care	**1.844.336.2724**
Group Care Members: EyeMed	**1.866.723.0514**
Behavioral Health Care Services	**1.855.856.0577**
Nurse Advice Line	
Medi-Cal Members	**1.888.433.1876**
Group Care Members	**1.855.383.7873**, Pin **#690**

ADDRESS AND PHONE NUMBER CHANGES

If you move or get a new phone number, please call the Alliance Member Services Department at **1.510.747.4567**.

PROGRAM & MATERIALS AT NO COST

Would you like to get more resources or learn more about classes and programs? Just fill out the **Alliance Wellness Program & Materials Request Form** on page **12**, check the programs or materials that you want, and send it to us. To learn more, please call the Alliance Member Services Department at **1.510.747.4567** or visit **www.alamedaalliance.org/live-healthy**. Programs and materials are no cost to you as our Alliance member.

LANGUAGE SERVICES AT NO COST

We offer our Alliance members interpreters for health care visits and health plan documents in your language or other formats such as Braille, audio, or large print. For help with your language needs, please call the Alliance Member Services Department at **1.510.747.4567**.

WANT TO KNOW MORE ABOUT YOUR HEALTH PLAN AND HOW TO GET THE MOST OUT OF YOUR BENEFITS?

Join us for our no cost, new member class to learn more about your benefits.

When you come to the class, you can receive food and a grocery gift card as a thank-you!*

After the class, you'll be able to better understand:

- Your benefits
- How to choose or change your doctor
- Your member rights and responsibilities

Our team is based here in Alameda County and speaks English, Spanish, Chinese, and Vietnamese. We can also provide interpreter services if your language is not spoken by our team.

To sign up for an upcoming class or if you have questions, please call:

Alliance Member Services Department
Monday – Friday, 8 am – 5 pm
Phone Number: **1.510.747.4567**
Toll-Free: **1.877.932.2738**
People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**
www.alamedaalliance.org

*Limits may apply

QUALITY IMPROVEMENT PROGRAM

The Alliance has a program to improve care for members. It is the Quality Improvement (QI) program. We look to see if you are getting regular exams, screenings, and tests that you need. We also see if you are happy with the care you get from our providers and the services we provide to you. Each year, we set goals to improve the care our members receive. The goals address care and service. We look yearly to see if we met our goals. To learn more about our QI program goals, progress, and results, please visit **www.alamedaalliance.org/members**. If you would like a paper copy of the QI program, please call the Alliance Member Services Department at **1.510.747.4567**.

The Alliance complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Alliance does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

If you need help reading this document or would like a different format, please call the Alliance Member Services Department at **1.510.747.4567**.

Si necesita ayuda para leer este documento, llame al Departamento de Servicios al Miembro de Alliance al **1.510.747.4567**.

假如您看不懂本文件，需要協助或其他語文版本，請致電 Alliance 計畫成員服務處，電話 **1.510.747.4567**。

Nếu quý vị cần giúp đỡ đọc tài liệu này, xin gọi Ban Dịch Vụ Hội Viên Alliance tại số **1.510.747.4567**.

ALAMEDA
Alliance
FOR HEALTH

MEMBER REQUEST FORM – ALLIANCE WELLNESS PROGRAMS & MATERIALS

Alameda Alliance for Health (Alliance) provides health education at no cost. We want you to take charge of your health by having the best information possible. Please check off the topics that you want us to send you. You can also request the handouts in other formats. Many handouts can be found at **www.alamedaalliance.org.**

BOOKS

- ☐ Cookbook (*choose one*):
  - ☐ Diabetes ☐ Healthy Eating
- ☐ What to do When Your Child Gets Sick

CLASSES & PROGRAM REFERRALS

- ☐ Asthma
- ☐ Alcohol and Other Substance Use
- ☐ Breastfeeding Support
- ☐ CPR/First Aid
- ☐ Diabetes
- ☐ Healthy Weight
- ☐ Heart Health
- ☐ Parenting
- ☐ Pregnancy and Childbirth
- ☐ Quit Smoking
  (*please have Smoker's Helpline call me*)
- ☐ Senior Centers/Programs

MEDICAL ID BRACELETS OR NECKLACE

- ☐ Asthma
  - ☐ Adult ☐ Child
- ☐ Diabetes
  - ☐ Adult ☐ Child

WRITTEN MATERIALS

- ☐ Advanced Directive
  (*medical power of attorney*)
- ☐ Alcohol and Other Substance Use
- ☐ Asthma:
  - ☐ Adult ☐ Child
- ☐ Back Care
- ☐ Birth Control and Family Planning
- ☐ Breastfeeding
- ☐ Car Seat Safety
- ☐ Diabetes
- ☐ Domestic Violence
- ☐ Exercise
- ☐ Healthy Eating
- ☐ Heart Health
- ☐ Parenting
- ☐ Pregnancy and Childbirth
- ☐ Quit Smoking
- ☐ Safety:
  - ☐ Adult ☐ Baby ☐ Child ☐ Senior
- ☐ Sexual Health
- ☐ Stress and Depression

Name (self): _____
Child's Name (if applies): _____
Age of Child: _____
Address: _____
Daytime Phone: _____
Materials are for: ☐ Adult ☐ Child ☐ Senior

Alliance ID Number: _____
Child's ID Number: _____
City: _____ Zip: _____
Language Preferred: _____
Email Address: _____

To order, please send this form to:

Alliance Health Programs • 1240 South Loop Road, Alameda, CA 94502
Phone Number: **1.510.747.4577** • Toll-Free: **1.877.813.5151**
People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

MEMBER CONNECT

Primavera/verano 2019

ALAMEDA Alliance FOR HEALTH

somos

EL CONDADO DE ALAMEDA

Ayudamos a las personas de nuestra comunidad desde 1996

PROVEEDOR DESTACADO: UN VIAJE MUNDIAL DE COMPROMISO Y SENSIBILIDAD: LA HISTORIA DEL DR. JACOB EAPEN

Es posible que muchas personas viajen por el mundo con su familia y amigos para tomar unas divertidas vacaciones, ver a la Madre Teresa, visitar la Estatua de la Libertad o mudarse a un nuevo país. Nuestro socio proveedor de Alliance, el Dr. Jacob Eapen, doctor en Medicina (Medical Doctor, M.D.), máster en Salud Pública (Master of Public Health, MPH), ha viajado por el mundo, por todos los mares, para vivir en otros países y ayudar a las personas a vivir una vida más sana. Incluso conoció a la Madre Teresa y recibió un premio que ella le dio por su trabajo. También vio la Estatua de la Libertad mientras recibía la Medalla de Honor de Ellis Island por su trabajo.

(Continúa en la página 2)

www.alamedaalliance.org

1240 South Loop Road
Alameda, California 94502

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

ALAMEDA Alliance FOR HEALTH

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PROVEEDOR DESTACADO: DR. JACOB EAPEN, M.D., MPH

(continúa de la página 1)

Al Dr. Eapen le gusta asociarse con Alliance para cuidar de nuestros miembros debido a que puede continuar con el compromiso y la sensibilidad que ha demostrado toda su vida a fin de devolver algo a la comunidad y trabajar para los demás.

El Dr. Eapen nació y creció en la India y su misión personal de brindar salud a todas las personas lo ha llevado a lugares con los que soñaba cuando era niño. Ha pasado más de la mitad de su vida retribuyendo a los demás en nuestra comunidad local y en todo el mundo. Ha viajado a muchos países para trabajar para la gente pobre, necesitada, débil y enferma. El Dr. Eapen ha dedicado su carrera profesional a la atención pediátrica y a los servicios para los menos privilegiados.

En seguimiento de su pasión por ayudar a los demás a vivir de manera saludable, el Dr. Eapen recibió su título médico y su capacitación pediátrica en la India. Luego de llegar a los Estados Unidos, recibió su título de maestría en Salud Pública en la Universidad de California, Berkeley (UC Berkeley), donde anteriormente trabajó en la junta asesora. También terminó su residencia en el Lucile Salter Packard Children's Hospital Stanford.

El Dr. Eapen ha vivido en Fremont desde la década de 1980 y ha trabajado en varias juntas y comités en el Condado de Alameda. Anteriormente, el Dr. Eapen trabajó en la Junta Directiva de Kidango, una institución privada sin fines de lucro que ofrece programas de desarrollo infantil en los condados de Alameda, Santa Clara y San Francisco. El Dr. Eapen ha estado en la Junta del Washington Hospital durante los últimos 15 años. De acuerdo con Health Grades y con US News and Review, el Washington Hospital está clasificado como uno de los 100 mejores hospitales del país y de California. El Dr. Eapen es el actual director médico del Centro de Bienestar de Newark (Newark Wellness), donde ha sido pediatra desde hace 25 años. Newark Wellness es parte de Alameda Health System (AHS). AHS es uno de los sistemas de salud pública más grandes de California. Actúa como una red de seguridad para los residentes del Condado de Alameda. También es asesor de la Comisión Todos los Niños Cuentan (Every Child Counts) del Condado de Alameda. El Dr. Eapen recibió el primer premio de reconocimiento médico de la Junta Médica de California y se le destacó como

El mismo año, el Dr. Eapen recibió el Premio Madre Teresa al Humanitario del Año por parte de la organización Amigos de las Comunidades Estadounidenses y del Sur de Asia (Friends of the South Asian American Communities, FOSAAC).

uno de los 40 exalumnos más distinguidos de la Escuela de Medicina de Stanford de los últimos 60 años.

Mientras trabajaba en las Filipinas, el Dr. Eapen fue asesor médico del Alto Comisionado de las Naciones Unidas para los Refugiados (United Nations High Commissioner for Refugees, UNHCR). Ahí fue responsable de vigilar la salud de 60,000 refugiados indochinos.

En 1994, el Dr. Eapen ayudó a establecer la primera clínica con sede escolar en la Preparatoria James Logan de Union City, cuando era el director médico del Centro de Salud Tiburcio Vásquez (Tiburcio Vasquez Health Center). La clínica con sede escolar actualmente ofrece educación, servicios y recursos para la salud a los alumnos de preparatoria.

En 2007, el Dr. Eapen recibió la Medalla de Honor de Ellis Island. Esta medalla celebra la experiencia de los inmigrantes y busca honrar a los estadounidenses por dejar una marca positiva y duradera en nuestra sociedad. El mismo año, el Dr. Eapen recibió el Premio Madre Teresa al Humanitario del Año por parte de la organización Amigos de las Comunidades Estadounidenses y del Sur de Asia (Friends of the South Asian American Communities, FOSAAC, FOSAAC).

El Dr. Eapen cree que "la medicina preventiva [es] la mejor forma de abordar los problemas de salud. Esa buena práctica médica se manifiesta de muchas formas diferentes, pero los buenos médicos comparten una (1) característica: están presentes en sus clínicas, se comprometen con sus pacientes y se dedican a su área de especialidad." Ésta es la razón por la que Alliance se enorgullece de asociarse con el Dr. Eapen y con el Newark Wellness.

¡El Dr. Eapen está aceptando pacientes nuevos!

Los miembros de Alliance pueden elegir al Dr. Eapen y al Centro de Bienestar de Newark como su médico y su clínica llamando al:

Departamento de Servicios al Miembro de Alliance
De lunes a viernes, de 8 am a 5 pm
Número de teléfono: **1.510.747.4567**
Llamada gratuita**: 1.877.932.2738**
Personas con impedimento auditivo o del habla (CRS/TTY): **711/1.800.735.2929**

Centro de Bienestar de Newark (Newark Wellness)
6066 Civic Terrace Ave.
Newark, CA 94560
Horario de la clínica: de lunes a viernes, de 8:30 am a 5 pm
Número de teléfono: **1.510.505.1600**

CONSULTAS DE BIENESTAR QUE BIEN VALEN SU TIEMPO

Tomar el control de su salud es vital para tener una larga vida. Llenar la **Evaluación de salud inicial (Initial Health Assessment, IHA)** y la **Evaluación para mantenerse saludable (Staying Health Assessment, SHA)** con su médico pueden ayudarle a lograr sus metas de salud. En una consulta de bienestar para la IHA o la SHA, puede tratar una inquietud de salud antes de que se vuelva un problema. También recibirá pruebas de detección y vacunas para prevenir enfermedades. Es posible que su médico le pida que llene el formulario de la SHA. Esta breve encuesta le ayuda a su médico a saber qué temas de salud son los de mayor inquietud.

Para sacar el mayor provecho de su consulta, siga estos consejos:

Antes de su consulta:

- Programe su consulta de bienestar con anticipación.
- Solicite un intérprete que le ayude en su idioma de preferencia, si es necesario.
- Informe a su médico sobre la ayuda adicional que es posible que necesite debido a una discapacidad.

Traiga lo siguiente:

- todos los medicamentos, las vitaminas, las hierbas y los medicamentos de venta libre que use
- una lista de sus preguntas e inquietudes
- los registros de otros médicos, si es necesario

Durante su consulta:

- Comparta con su médico sus necesidades de salud.
- Repita las recomendaciones del médico. Asegúrese de entenderlas.
- Tome nota.

CONSULTAS DE SALUD PARA NIÑOS

Los niños crecen rápidamente. Por eso necesitan ver al médico con regularidad. También es una buena oportunidad para que usted haga preguntas.

Programe la cita con anticipación. Dese tiempo suficiente para hacer una cita que se ajuste a su horario. También es una buena idea prepararse con anticipación. Descubra si su hijo requiere vacunas en esta consulta. Y escriba cualquier pregunta que desee hacerle al médico.
Es conveniente obtener información acerca de las opciones de alimentos, de la seguridad o del crecimiento de su hijo. Tampoco olvide llevar la tarjeta de identificación de miembro de Alliance de su hijo.

PARA SU SALUD: ¿Sabía que Alliance ofrece clases y consejos para padres sin costo? Para obtener más información, visite **www.alamedaalliance.org/live-healthy/health-issues/parenting**.

MUJERES: PROTÉJANSE DEL CÁNCER CERVICAL

Si le dijéramos que es posible prevenir el cáncer, ¿tomaría las medidas para hacerlo? Claro que sí. Aquí viene la buena noticia: **¡Sí puede hacerlo!** Las mujeres pueden tomar medidas para ayudar a prevenir el cáncer cervical.

Un Papanicolaou, que es parte de su examen de salud de las mujeres, es fundamental. La prueba busca células precancerígenas, que son células que se encuentran en el cuello uterino y que podrían convertirse en cáncer cervical si no se tratan.

Otra prueba que en ocasiones se realiza al mismo tiempo es la prueba del VPH. VPH significa virus del papiloma humano. Esta prueba busca el VPH, que es el virus que provoca cambios en las células que pueden originar el cáncer cervical.

Detectar el VPH y cualquier cambio cervical en etapas tempranas puede ayudar a prevenir el cáncer cervical. No falte a sus consultas de rutina.

Reciba la vacuna contra el VPH

Aproximadamente 79 millones de personas en los Estados Unidos tienen el VPH. VPH significa virus del papiloma humano. Es el virus que se transmite por vía sexual con mayor frecuencia en los Estados Unidos. La mayoría de las personas que tienen el VPH están en la adolescencia o tienen poco más de 20 años. Muchas de las infecciones por VPH desaparecen. En ocasiones, el VPH puede provocar verrugas genitales o cáncer. Hay una forma de prevenir el VPH. Si la gente joven recibe la vacuna contra el VPH antes de que comiencen su vida sexual, pueden protegerse contra el virus. La vacuna está conformada por **dos (2) o tres (3)** inyecciones. Es muy eficaz, pero la persona debe recibir todas las inyecciones para estar totalmente protegida. Hable con su médico para que su hijo comience a recibir la vacuna hoy mismo.

CONOZCA SUS **INHALADORES**

Los medicamentos contra el asma pueden ayudarle a controlar sus síntomas y a respirar mejor.

Éstos son algunos consejos importantes acerca de cómo usar estos medicamentos.

1. El medicamento de RESCATE brinda un alivio rápido. Sólo debe usarse durante un "ataque" de asma, cuando necesite abrir sus pulmones. Los medicamentos de rescate incluyen albuterol (nombres comerciales: Ventolin® y ProAir®).

2. Los medicamentos de CONTROL (como Dulera®, QVAR®, Symbicort®, Flovent® o Breo®) deben tomarse con regularidad aunque no presente ningún síntoma de asma.

3. Debe usar un espaciador con sus inhaladores. El espaciador ayuda a rociar el medicamento en sus pulmones. Consulte a su médico o a su farmacéutico.

4. ¡No tenga miedo de tomar esteroides! Estos medicamentos pueden ser en realidad sus mejores amigos. NO son el mismo tipo de "esteroides" que usan los fisiculturistas.

5. Si usted usa su inhalador de rescate más de dos veces a la semana, es posible que necesite que le cambien el medicamento. ¡Consulte a su médico!

¿Desea obtener más información acerca de sus medicamentos para el asma? Hable con su médico o farmacéutico.

¿POR QUÉ ESCOGER GENÉRICOS?

Es posible que a los fanáticos de la moda les importen las marcas, pero cuando se trata de los medicamentos, los genéricos son tan buenos como las versiones de marca.

La Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) requiere que los medicamentos genéricos tengan la misma calidad, concentración y pureza que los medicamentos de marca. Pero los fabricantes de genéricos no tienen que realizar la costosa inversión de desarrollar un medicamento nuevo.

Los medicamentos de marca normalmente cuentan con la protección de una patente durante 20 años. Una vez que vence la patente, otras empresas pueden producir genéricos con la aprobación de la FDA.

Pregunte a su médico si hay opciones genéricas para los medicamentos que toma. Pídales que le hagan sus recetas médicas, según sea necesario.

Para obtener más información sobre este tema y ver una lista de todos los genéricos equivalentes, visite el sitio web de la FDA en **www.fda.gov/drugs/questions-answers/generic-drugs-questions-answers**.

LOS ADOLESCENTES NECESITAN LA VACUNA CONTRA LA **TOS FERINA** Y OTRAS VACUNAS PARA LA ESCUELA

El estado exige que todos los niños de los grados 7.º a 12.º presenten el comprobante de que recibieron las vacunas de la tos ferina (tétanos, difteria y tos ferina [Tetanus, Diphtheria and Pertussis, Tdap]) y de la varicela para el siguiente ciclo escolar. Los alumnos que no cumplan con esta ley no tendrán permitido asistir a la escuela hasta que comprueben que recibieron las inyecciones.

Consulte al médico de su hijo para recibir las vacunas y una prueba, de ser necesario. Los niños que no cuenten con seguro médico pueden recibir la inyección en las clínicas de salud pública locales del Condado de Alameda. Para encontrar una lista actualizada de estas clínicas, llame sin costo al **1.888.604.4636** o visite **www.acphd.org**.

ENFRENTAR LA DIABETES

¿Tiene diabetes? La diabetes puede provocar otros problemas graves de salud, como enfermedades cardiacas o de los riñones. Usted debe recibir pruebas para detectar este tipo de problemas al menos una vez al año. Mientras más pronto sepa de ellos, más fácil será tratarlos.

Pregunte a su médico con qué frecuencia necesita hacerse estas pruebas:

- **prueba HbA1c** para medir el control del nivel del azúcar en la sangre en los últimos meses
- **prueba de grasa en la sangre** para revisar sus niveles de colesterol y su riesgo de desarrollar enfermedades cardiacas
- **prueba de la función renal** para asegurarse de que sus riñones trabajen correctamente
- **examen de dilatación ocular** para revisar que sus ojos no tengan daños
- **examen dental y limpieza** para proteger sus dientes y encías

Su médico debe tomarle la presión arterial y revisar en cada consulta que sus pies no tengan úlceras. También debe enseñarle las formas de controlar su diabetes en casa. El autocuidado incluye la dieta, la higiene y la atención dental, además de los medicamentos o las pruebas que se haga en casa.

PARA SU SALUD: ¿Sabía que Alliance ofrece clases, grupos de apoyo y consejos de autocuidado para la diabetes sin costo? Llene el **Formulario de Solicitud de los Programas y Materiales de Bienestar de Alliance** en la página **12**.

¿ES UNA EMERGENCIA?

Una sala de emergencia es justamente para eso, para emergencias. Si tiene un problema de salud que en realidad no es una emergencia, puede tratarlo si va con su médico o acude a una clínica de cuidado de urgencia.

A continuación se mencionan los problemas que representan una emergencia:

- dificultad para respirar, falta de aire
- dolor o presión en el pecho o en la parte superior del estómago
- desmayarse, sentirse mareado o débil
- cambios en la visión
- sentirse confundido o cambios en el estado mental
- cualquier dolor repentino o fuerte
- sangrado que no se detiene
- vómito o diarrea graves o constantes
- toser o vomitar sangre
- pensamientos de lastimarse a sí mismo
- dificultad para hablar

Llame al consultorio de su médico o a la clínica para pedir consejos sobre cuándo ir a la sala de emergencia. Los médicos esperan recibir llamadas de noche o los fines de semana. Organizan su consultorio para recibir llamadas cuando no está abierto. Su médico puede ayudarle a decidir si realmente necesita ir a la sala de emergencia, o puede darle consejos acerca de qué hacer en casa para que usted o su hijo puedan sobrellevar la noche o el fin de semana.

NOTAS DE ALLIANCE

NÚMEROS DE TELÉFONO IMPORTANTES

Emergencias	**911**
Control de intoxicaciones	**1.800.876.4766**
Centro Medi-Cal de Servicios Sociales del Condado de Alameda	**1.800.698.1118 o 1.510.777.2300**
Cambios e inscripciones en el plan de Medi-Cal	**1.800.430.4263**
Alameda Alliance for Health	
Número principal	**1.510.747.4500**
Servicios al Miembro De lunes a viernes, de 8 am a 5 pm	**1.510.747.4567** **CRS/TTY: 711**
Servicios de atención dental	
Miembros de Medi-Cal: Denti-Cal	**1.800.322.6384**
Servicios de atención de la vista	
Miembros de Medi-Cal: March Vision Care	**1.844.336.2724**
Miembros de Group Care: EyeMed	**1.866.723.0514**
Servicios de atención de la salud conductual	**1.855.856.0577**
Línea de consulta de enfermería	
Miembros de Medi-Cal	**1.888.433.1876**
Miembros de Group Care	**1.855.383.7873**, número de clave **690**

CAMBIOS DE DIRECCIÓN Y DE NÚMERO DE TELÉFONO

Si se muda o cambia de número de teléfono, llame al Departamento de Servicios al Miembro de Alliance al **1.510.747.4567**.

PROGRAMA Y MATERIALES SIN COSTO

¿Desea recibir más recursos u obtener más información acerca de las clases y los programas? Sólo llene el **Formulario de Solicitud de los Programas y Materiales de Bienestar de Alliance** en la página **12**, revise los programas y materiales que desea, y envíenoslo. Para obtener más información, llame al Departamento de Servicios al Miembro de Alliance al **1.510.747.4567** o visite **www.alamedaalliance.org/live-healthy**. Los programas y materiales no tienen costo para usted, ya que es miembro de Alliance.

SERVICIOS DE IDIOMAS SIN COSTO

Ofrecemos a nuestros miembros de Alliance intérpretes gratuitos para las consultas de atención médica y los documentos del plan de salud en su idioma o en otros formatos, por ejemplo, en braille, en audio o en letra grande. Para obtener ayuda gratuita con sus necesidades de idiomas, llame al Departamento de Servicios al Miembro de Alliance al **1.510.747.4567**.

¿QUIERE OBTENER MÁS INFORMACIÓN ACERCA DE SU PLAN DE SALUD Y DE CÓMO APROVECHAR AL MÁXIMO SUS BENEFICIOS?

Acompáñenos en nuestra clase sin costo para miembros nuevos a fin de obtener más información acerca de sus beneficios.

¡Cuando venga a la clase, podrá recibir comida y una tarjeta de regalo para abarrotes como agradecimiento!*

Después de la clase, usted podrá entender mejor:

- sus beneficios
- saber cómo elegir o cambiar de médico
- sus derechos y responsabilidades como miembro

Nuestro equipo se ubica aquí, en el Condado de Alameda, y habla inglés, español, chino y vietnamita. También podemos proporcionar servicios de interpretación si nuestro equipo no habla su idioma.

Para inscribirse en una de las próximas clases o si tiene preguntas, llame al:

Departamento de Servicios al Miembro de Alliance
De lunes a viernes, de 8 am a 5 pm
Número de teléfono: **1.510.747.4567**
Llamada gratuita: **1.877.932.2738**
Personas con impedimento auditivo o del habla (CRS/TTY): **711/1.800.735.2929**
www.alamedaalliance.org

*Es posible que se apliquen límites

PROGRAMA DE MEJORAMIENTO DE LA CALIDAD

Alliance tiene un programa para mejorar la atención para los miembros. Es el programa de Mejoramiento de la Calidad (Quality Improvement, QI). Queremos ver si usted se está haciendo los exámenes y las pruebas de detección que necesita realizarse regularmente. También vemos si está satisfecho con la atención que le brindan nuestros proveedores y con los servicios que le proporcionamos. Cada año nos fijamos metas para mejorar la atención que reciben nuestros miembros. Estas metas abordan la atención y el servicio. Cada año vemos si logramos nuestras metas. Para obtener más información sobre las metas, el progreso y los resultados de nuestro programa de QI, visite **www.alamedaalliance.org/members**.Si desea obtener una copia del programa de QI en papel, llame al Departamento de Servicios al Miembro de Alliance al **1.510.747.4567**.

Alliance cumple con las leyes federales de derechos civiles y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Alliance no excluye a personas ni las trata de manera diferente debido a su raza, color, nacionalidad, edad, discapacidad o sexo.

If you need help reading this document or would like a different format, please call the Alliance Member Services Department at **1.510.747.4567**.

Si necesita ayuda para leer este documento, llame al Departamento de Servicios al Miembro de Alliance al **1.510.747.4567**.

假如您看不懂本文件，需要協助或其他語文版本，請致電 Alliance 計畫成員服務處，電話 **1.510.747.4567**。

Nếu quý vị cần giúp đỡ đọc tài liệu này, xin gọi Ban Dịch Vụ Hội Viên Alliance tại số **1.510.747.4567**.

ALAMEDA
Alliance
FOR HEALTH

FORMULARIO DE SOLICITUD DE LOS MIEMBROS: PROGRAMAS Y MATERIALES DE BIENESTAR DE ALLIANCE

Alameda Alliance for Health (Alliance) ofrece educación gratuita sobre la salud. Queremos que usted se haga cargo de su salud con la mejor información posible. Marque los temas sobre los que desea que le enviemos información.También puede solicitar los folletos en otros formatos. Muchos folletos pueden encontrarse en **www.alamedaalliance.org.**

LIBROS

- ☐ Libro de cocina: *(elija uno)*
  - ☐ Diabetes ☐ Alimentación sana
- ☐ What to do When Your Child Gets Sick (Qué hacer cuando su hijo se enferma)

REMISIONES A LAS CLASES Y PROGRAMAS

- ☐ Asma
- ☐ Abuso del alcohol y otras sustancias
- ☐ Apoyo para la lactancia
- ☐ RCP/primeros auxilios
- ☐ Diabetes
- ☐ Peso saludable
- ☐ Salud del corazón
- ☐ Paternidad
- ☐ Embarazo y parto
- ☐ Dejar de fumar (*recibir una llamada de la línea de ayuda para fumadores*)
- ☐ Centros y programas para personas de la tercera edad

BRAZALETES O COLLAR DE IDENTIFICACIÓN MÉDICA

- ☐ Asma:
  - ☐ Adultos ☐ Niños
- ☐ Diabetes:
  - ☐ Adultos ☐ Niños

MATERIALES ESCRITOS

- ☐ Instrucción anticipada *(poder notarial para la atención médica)*
- ☐ Abuso del alcohol y otras sustancias
- ☐ Asma:
  - ☐ Adultos ☐ Niños
- ☐ Cuidado de la espalda
- ☐ Control de la natalidad y planificación familiar
- ☐ Lactancia
- ☐ Seguridad en los asientos de los automóviles
- ☐ Diabetes
- ☐ Violencia doméstica
- ☐ Ejercicio
- ☐ Alimentación sana
- ☐ Salud del corazón
- ☐ Paternidad
- ☐ Embarazo y parto
- ☐ Dejar de fumar
- ☐ Seguridad:
  - ☐ Adultos ☐ Bebés ☐ Niños
  - ☐ Personas de edad avanzada
- ☐ Salud sexual
- ☐ Estrés y depresión

Nombre (personal):_____ Número de identificación de Alliance:_____

Nombre del hijo (si corresponde):_____ Número de identificación del hijo:_____

Edad del hijo:_____ Ciudad:_____ Código postal:_____

Dirección:_____ Idioma de preferencia:_____

Número telefónico durante el día:_____ Dirección de correo electrónico:_____

Los materiales son para: ☐ Adultos ☐ Niños ☐ Personas de edad avanzada

Para hacer un pedido, envíe este formulario a:

Alliance Health Programs • 1240 South Loop Road, Alameda, CA 94502

Número de teléfono: **1.510.747.4577** • Llamada gratuita: **1.877.813.5151**

Personas con impedimento auditivo o del habla (CRS/TTY): **711/1.800.735.2929**

MEMBER CONNECT

2019 年春季 / 夏季

ALAMEDA Alliance FOR HEALTH

我們是

ALAMEDA 縣

自 *1996* 年起幫助我們的社區居民

服務提供者要聞：承諾與愛心的世界之旅——JACOB EAPEN 醫師的故事

許多人可能與家人和朋友一起環遊世界，為享受愉快假期、看特蕾莎修女、參觀自由女神像或搬到新國家。我們的 Alliance 服務提供者合作夥伴 Jacob Eapen 醫師（醫學博士 [(Doctor of Medicine, M.D.]、公共衛生碩士 [Master of Public Health, MPH]）的足跡遍佈世界各地，他多次漂洋過海，去過許多國家，幫助當地人民更健康地生活。他甚至曾與特蕾莎修女會面，並因其從事的工作獲得了她的頒獎。他因從事的工作而獲得 Ellis Island 榮譽獎章，前

（接第 2 頁）

www.alamedaalliance.org

1240 South Loop Road
Alameda, California 94502

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

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服務提供者要聞：JACOB EAPEN, M.D., MPH

（接第 1 頁）

往領獎時也參觀了自由女神像。Eapen 醫師喜歡與 Alliance 合作，一同照護我們的計畫成員，因為他將繼續履行其回饋社區和服務他人的終身承諾和愛心。

Eapen 醫師在印度出生和長大，他以「為每個人帶來健康」為終身使命。也正因為這一使命，讓他踏上了小時候只有在夢裡才能到達的地方。其大半生都致力於回饋當地社區和世界各地的人民。他去過許多國家，為窮人、苦難的人、弱者和病人服務。Eapen 醫師將自己的職業生涯奉獻給為弱勢群體提供兒科護理和服務。

Eapen 醫師在熱衷於幫助他人健康生活，他在印度獲得了醫學學位並且接受了兒科培訓。來到美國後，他獲得了 UC Berkeley 的公共衛生碩士學位，此前他曾在該校諮詢委員會中任職。他還在 Lucile Salter Packard Children´s Hospital at Stanford。完成了住院醫師實習。

Eapen 醫師自 20 世紀 80 年代以來一直住在 Fremont，曾在 Alameda 縣的許多董事會和委員會任職。Eapen 醫師此前曾是 Kidango 的董事會成員；Kidango 是一家私營非營利機構，在 Alameda、Santa Clara 和 San Francisco 縣提供兒童發展計畫。過去 15 年來，Eapen 醫師一直在 Washington Hospital 董事會任職。據 Health Grades 和 US News and Review 所載，Washington Hospital 名列國家和加州 100 家最佳醫院之列。Eapen 醫師是 Newark 保健中心的現任醫療主任，25 年來一直是該中心的兒科醫師。Newark 保健中心是 Alameda 健康系統 (Alameda Health System, AHS) 的一部分。AHS 是加州最大的公共健康系統之一。其是 Alameda 縣居民的安全網。他還是 Alameda 縣每個孩子都很重要 (Every Child Count) 委員會的顧問。Eapen 醫師曾獲得加州醫學委員會頒授的一等醫師表彰獎，並被評

同年，Eapen 醫師獲得南亞裔美籍社區之友 (Friends of the South Asian American Communities, FOSAAC) 頒授的特蕾莎修女獎——年度人道主義者。

為過去 60 年來 Stanford 醫學院 40 位最傑出校友之一。

在菲律賓工作期間，Eapen 醫師是聯合國難民事務高級專員署 (United Nations High Commissioner for Refugees, UNHCR) 的健康顧問。期間他負責監督 60,000 名印度支那難民的健康狀況。

1994 年，Eapen 醫師幫助在 Union City 的 James Logan High School 建立了第一所校內診所，當時他是 Tiburcio Vasquez Health Center 的醫療主任。該校內診所當前為高中生提供健康教育、服務和資源。

2007 年，Eapen 醫師獲得了 Ellis Island 榮譽獎章。此獎章旨在紀念移民先驅，表彰美國人民對美國社會所做出的傑出且持久的貢獻。同年，Eapen 醫師獲得南亞裔美籍社區之友 (FOSAAC) 頒授的特蕾莎修女獎——年度人道主義者。

Eapen 醫師認為，「預防醫學 [是] 解決健康問題的最佳方式。好的行醫方式各不相同，但優秀的醫師有一 (1) 個共同點：他們親自在診所看診、與患者往來並專注於自身的專業領域。」這就是為何 Alliance 對能夠與 Eapen 醫師和 Newark 保健中心合作感到自豪。

Eapen 醫師目前接受新患者！

Alliance 計畫成員可透過致電以下部門選擇 Eapen 醫師和 Newark 保健中心作為他們的醫師和診所：

Alliance 計畫成員服務處
服務時間為週一至週五，早上 8 點至下午 5 點
電話號碼：**1.510.747.4567**
免費電話：**1.877.932.2738**
聽力與語言殘障的人士 (CRS/TTY) 請撥打：
711/1-800-735-2929

Newark Wellness
6066 Civic Terrace Ave.
Newark, CA 94560
診所辦公時間：週一至週五上午 8 點 30 分至下午 5 點
電話號碼：**1.510.505.1600**

保健就診：讓時間物有所值

管理健康是長壽的關鍵。前往醫師處完成**初步健康評估 (Initial Health Assessment, IHA)** 和定期**保持健康評估 (Staying Healthy Assessment, SHA)** 可幫助您實現健康目標。IHA 或 SHA 保健就診期間，您可在健康顧慮成為問題之前解決該等顧慮。您也將接受篩檢和接種疫苗，以預防疾病。您的醫師可能要求您填寫 SHA 表格。這份簡短調查可幫助醫師瞭解您最關切的保健話題。

為充分利用您的就診，請嘗試以下建議事項：

就診之前：

- 提前預約保健就診。
- 根據需要申請傳譯員，以您的首選語言接受協助。
- 告知醫師您因殘障可能需要的額外幫助。

請隨身攜帶以下物品：

- 您正在服用的所有的藥物、維生素、草藥和非處方藥物。
- 列有您的疑問和顧慮的清單。
- 其他醫師的記錄（如有需要）。

就診期間：

- 與醫師分享您的健康需要。
- 重複醫師的建議。確保您理解內容。
- 做筆記。

健康兒童就診

兒童成長速度很快。這就是他們需要定期看醫師的原因。這也是您提問的好機會。

提前預約。給自己足夠的時間，根據您的日程安排進行約診。提前準備也是個好主意。瞭解您的孩子在此次就診期間是否需要接種疫苗。寫下您想問醫師的任何問題。您可能想瞭解食物選擇、安全或您孩子的成長。此外，請勿忘記攜帶您孩子的 Alliance 會員識別卡。

為了您的健康：您是否知道 Alliance 免費提供子女教養課程和建議？如需更多資訊，請造訪 **www.alamedaalliance.org/live-healthy/health-issues/parenting**。

女性：
保護自己免患宮頸癌

如果您已知悉自己可以預防癌症，您會照做嗎？當然。好消息：**您可以的！**女性可採取一些措施來預防宮頸癌。

作為健康女性體檢的一部分，子宮頸抹片檢查（巴氏抹片化驗檢查）是關鍵部分。此檢查可查出癌前病變。這些是未接受治療就可能轉變為宮頸癌的宮頸細胞。

另外，有時還需同時進行另一項檢查：人類乳頭瘤病毒 (Human Papilomavirus, HPV) 檢查。HPV 代表人類乳頭瘤病毒。此檢查可查出 HPV，該病毒會導致細胞病變，進而引發宮頸癌。

盡早發現 HPV 和任何宮頸病變可幫助預防宮頸癌。切勿錯過您的體檢。

接種 HPV 疫苗

在美國，將近 7,900 萬人感染了 HPV。HPV 代表人類乳頭瘤病毒。這是美國最常見的性傳播病毒。大部分人在十幾歲或二十歲出頭時感染 HPV。許多 HPV 感染會自行消失。HPV 有時會導致生殖器疣或癌症。有一種方式可預防 HPV。如果年輕人在頻繁發生性行為之前接種 HPV 疫苗，即可保護自己免於感染此病毒。此疫苗分**兩 (2) 或三 (3) 次**注射。此疫苗非常有效，但每個人都必須完整接受所有注射，以完全免疫該病毒。請與醫師討論讓您的孩子立即開始接種此疫苗。

瞭解您的吸入器

哮喘藥物可幫助您控制症狀和更輕鬆地呼吸。

以下是有關如何使用這些藥物的一些重要提示。

1. 急救藥物是用於快速緩解症狀。其應僅根據需要在哮喘「發作」期間使用，以打開肺部。急救藥物包括沙丁胺醇（品牌藥物 Ventolin® 和 ProAir®）。

2. 控制類藥物（例如 Dulera®、QVAR®、Symbicort®、Flovent® 或 Breo®）需要定期服用，即使您未感覺到任何哮喘症狀。

3. 間隔器應與吸入器一同使用。間隔器有助於將藥物噴入肺部。請諮詢醫師或藥劑師。

4. 不要害怕類固醇藥物！這些藥物實際上可能是您最好的朋友。它們與健美運動員使用的「類固醇藥物」不同。

5. 如果您每週使用急救吸入器超過兩次，您可能需要更換藥物。請去看醫師！

想瞭解更多關於哮喘藥物的資訊？請與您的醫師或藥劑師討論。

為什麼選擇普通非專利藥物？

品牌可能對於時尚愛好者來說很重要，但在醫學上，普通非專利藥物與品牌藥物一樣好。

美國食品與藥物管理局 (Food and Drug Administration, FDA) 要求，普通非專利藥物的品質、強度和純度須與品牌藥物一致。但是，普通非專利藥物製造商無需為開發新藥進行巨額投資。

品牌藥物通常享有 20 年的專利保護。一旦專利到期，其他公司可在獲得 FDA 批准的情況下引入普通非專利藥物。

請詢問醫師您服用的藥物是否有普通非專利藥物選項。根據需要請他們寫下藥方。

如欲瞭解有關此主題的更多資訊，及查看所有同等普通非專利藥物清單，請造訪 FDA 的網站：**www.fda.gov/drugs/questions-answers/generic-drugs-questions-answers**。

青少年需要**百日咳**和其他疫苗上學

州政府要求所有即將上 7 至 12 年級的兒童為即將到來的學年提供接種百日咳 (Tetanus, Diphtheria and Pertussis, Tdap) 疫苗和水痘疫苗的證明。未遵守此法律的學生將不會被允許上學，直至他們提供已接種疫苗的證明。

就診孩子的醫師，以接種疫苗和接受檢查（如有需要）。無健康保險的兒童可在 Alameda 縣的當地公共衛生診所接種疫苗。如需查找該等診所的最新清單，請致電免費電話 **1.888.604.4636** 或造訪 **www.acphd.org**。

管理
糖尿病

您患有糖尿病嗎？糖尿病可能引起其他嚴重健康問題，如心臟病或腎病。您需要至少每年接受一次針對該等問題的檢查。越早瞭解該等問題，越容易進行治療。

詢問醫師您需要多長時間接受一次該等檢查：

- **糖化血紅蛋白 (HbA1c) 檢測**，評估您過去幾個月的血糖控制情況。
- **血脂測試**，檢查膽固醇水平和患心臟病的風險。
- **腎功能測試**，確保您的腎臟正常運作。
- **散瞳檢查**，檢查眼睛受損情況。
- **牙科檢查和潔牙**，保護您的牙齒和牙齦。

每次就診，醫師都應測量您的血壓並檢查雙腳是否有瘡。他們還應該教您如何在家中管理糖尿病。自我護理包括飲食、衛生和牙科護理，以及您在家中服用的任何藥物或進行的測試。

為了您的健康：您是否知道 Alliance 免費提供糖尿病自我護理課程、支援團隊和建議？請填寫第 **12** 頁的 **Alliance 安康保健計畫與資料索取表格**。

是緊急狀況嗎？

急診室正是為此而設——緊急狀況。如果您的健康問題並非真正的緊急狀況，您可以到您的醫師處或急症治療服務診所就診。

以下問題屬於緊急狀況：

- 呼吸困難、呼吸急促
- 胸部或上腹部疼痛，或有壓迫感
- 昏厥、感到頭暈、虛弱無力
- 視力變化
- 思緒混亂或精神狀態出現變化
- 突發性疼痛或劇痛
- 血流不止
- 嚴重或持續的嘔吐或腹瀉
- 咳血或吐血
- 自我傷害的想法
- 說話困難

致電醫師診室或診所，諮詢該何時去急診室。醫師在晚上或週末均會接聽電話。他們的診所會設定好在診所未營業時能接聽您的電話。醫師可幫助確定您是否真的需要前往急診室，或者可為您提供有關在家採取哪些措施的建議，這些建議可讓您或您的孩子度過整個晚上或週末。

ALLIANCE 備註

重要電話號碼

急診	911
毒物控制	**1.800.876.4766**
Alameda 縣社會服務 Medi-Cal 中心	**1.800.698.1118 或** **1.510.777.2300**
Medi-Cal 計畫入保 / 變更	**1.800.430.4263**
Alameda Alliance for Health	
主機號碼	**1.510.747.4500**
計畫成員服務處 服務時間為週一至週五，早上8點至下午5點	**1.510.747.4567** **(CRS)/TTY：711**
牙科護理服務	
Medi-Cal計畫成員：Denti-Cal	**1.800.322.6384**
眼科護理服務	
Medi-Cal計畫成員：March Vision Care	**1.844.336.2724**
團體護理計畫成員：EyeMed	**1.866.723.0514**
行為健康治療服務	**1.855.856.0577**
護士諮詢專線	
Medi-Cal計畫成員	**1.888.433.1876**
團體護理計畫成員	**1.855.383.7873**, 程序號 **690**

地址和電話號碼變更

如果您搬家或使用新的電話號碼， 請致電 Alliance 計畫成員服務處， 電話：**1.510.747.4567**。

免費計畫和資料

您想獲得更多資源或瞭解有關課程和計畫的更多資訊嗎？僅需填寫第**12**頁的**Alliance安康保健計畫與資料索取表格**，勾選您想要的計畫或資料，並將表格發送給我們。如欲瞭解更多資訊，請致電Alliance計畫成員服務處**1.510.747.4567**，或造訪 **www.alamedaalliance.org/live-healthy**. 作為Alliance計畫成員，您可免費獲得計畫和資料。

免費語言服務

我們為Alliance計畫成員安排保健護理就診的免費傳譯員，提供您的語言版本或其他格式的（如盲文版、音頻版或大號字體印刷版）健康保險計畫文件。如需獲得免費的語言幫助，請致電Alliance計畫成員服務處**1.510.747.4567**。

想要瞭解更多有關您的健康保險計畫資訊和如何獲得最佳福利嗎？

加入我們並參與免費的新計畫成員課程，瞭解更多的福利。

當您參與課程時，我們會提供食物和一張雜貨店禮品卡給您，以示感謝！*

課後，您將能夠更好地瞭解：

- 您的福利
- 瞭解如何選擇或更換您的醫師
- 您的計畫成員權利與責任

我們的團隊立足於 Alameda 縣，並能講英語、西班牙語、中文和越南語。如果我們的團隊未使用您的語言，我們還可以提供口譯服務。

如果您想報名參加最近的課程或有任何疑問，請致電：

Alliance 計畫成員服務處
服務時間為週一至週五，早上 8 點至下午 5 點
電話號碼：**1.510.747.4567**
免費電話：**1.877.932.2738**
聽力與語言殘障的人士 (CRS/TTY) 專線：**711/1.800.735.2929**
www.alamedaalliance.org

* 可能會有限制

服務品質改進計畫

Alliance有一改進計畫成員護理的計畫。這是一項品質改進 (Quality Improvement, QI) 計畫。我們想瞭解您有否獲得所需的定期檢查、篩檢和測試。我們也要瞭解您是否滿意從我們的服務提供者處獲得的護理和我們給您提供的服務。每一年，我們都會設定目標，以改進我們計畫成員所獲得的護理。這些目標均針對護理和服務。我們每年檢視我們是否達到我們的目標。如欲瞭解更多關於QI計畫目標、進展和結果的資訊，請造訪 **www.alamedaalliance.org/members**。如果您想要一份QI計畫的紙質副本，請致電Alliance計畫成員服務處：**1.510.747.4567**。

Alliance 遵循適用的聯邦民權法，不會因種族、膚色、原國籍、年齡、殘障情況或性別而歧視他人。Alliance 不會因種族、膚色、原國籍、年齡、殘障情況或性別而排斥或區別對待他人。

If you need help reading this document or would like a different format, please call the Alliance Member Services Department at **1.510.747.4567**.

Si necesita ayuda para leer este documento, llame al Departamento de Servicios al Miembro de Alliance al **1.510.747.4567**.

假如您看不懂本文件，需要協助或其他語文版本，請致電 Alliance 計畫成員服務處，電話 1.510.747.4567。

Nếu quý vị cần giúp đỡ đọc tài liệu này, xin gọi Ban Dịch Vụ Hội Viên Alliance tại số **1.510.747.4567**.

ALAMEDA
Alliance
FOR HEALTH

計畫成員申請表——ALLIANCE安康保健計畫與資料

Alameda Alliance for Health (Alliance) 免費提供健康教育。我們希望您充分瞭解情況，以便在保持健康方面掌握主動權。請勾選您希望我們向您寄送的主題。您也可申請獲得其他格式的手冊。可造訪 **www.alamedaalliance.org** 查看各種手冊。

圖書

- ☐ 烹飪書：(選擇一個)
  - ☐ Diabetes(糖尿病)
  - ☐ Healthy Eating(健康飲食)
- ☐ 孩子生病時該怎麼辦

課程與計畫推介

- ☐ 哮喘
- ☐ 酒精與其他毒品濫用
- ☐ 母乳哺育支援服務
- ☐ 肺復甦術培訓/急救
- ☐ 糖尿病
- ☐ 健康體重
- ☐ 心臟健康
- ☐ 子女教養
- ☐ 懷孕與分娩
- ☐ 戒煙
  (請讓吸煙者熱線打電話給我)
- ☐ 老年人中心/計畫

醫療識別手環或項鍊

- ☐ 哮喘：
  - ☐ 成人 ☐ 兒童
- ☐ 糖尿病
  - ☐ 成人 ☐ 兒童

書面資料

- ☐ 預先立囑
  (醫療授權書)
- ☐ 酒精與其他毒品濫用
- ☐ 哮喘：
  - ☐ 成人 ☐ 兒童
- ☐ 腰背護理
- ☐ 避孕與家庭生育計畫
- ☐ 母乳哺育
- ☐ 兒童汽車安全座椅
- ☐ 糖尿病
- ☐ 家庭暴力
- ☐ 健身鍛煉
- ☐ 健康飲食
- ☐ 心臟健康
- ☐ 子女教養
- ☐ 懷孕與分娩
- ☐ 戒煙
- ☐ 安全：
  - ☐ 成人 ☐ 嬰兒 ☐ 兒童 ☐ 長者
- ☐ 性衛生知識
- ☐ 壓力和抑鬱

姓名(您本人)：_____
兒童姓名(若適用則請填寫)：_____
兒童年齡：_____
地址：_____
日間電話號碼：_____
為何人索取資料： ☐ 成人 ☐ 兒童 ☐ 老年人

Alliance計畫成員識別號碼：_____
兒童的識別號碼：_____
城市：_____ 郵遞區號：_____
首選語言：_____
電郵地址：_____

若要訂購，請將此表格寄回至：

Alliance健康保險計畫 • 1240 South Loop Road, Alameda, CA 94502
電話號碼：**1.510.747.4577** • 免費電話：**1.877.813.5151**
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ALAMEDA Alliance FOR HEALTH

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QUẬN ALAMEDA

Giúp Mọi Người tại Cộng Đồng của Chúng Ta Từ Năm 1996

ĐIỂM NỔI BẬT CỦA NHÀ CUNG CẤP: HÀNH TRÌNH TOÀN CẦU VỀ SỰ CAM KẾT VÀ LÒNG TRẮC ẨN – CÂU CHUYỆN CỦA BÁC SĨ JACOB EAPEN

Nhiều người có thể đi du lịch vòng quanh thế giới với gia đình và bạn bè của họ để nghỉ dưỡng vui vẻ, gặp Mẹ Teresa, thăm Tượng Nữ Thần Tự Do, hoặc để chuyển đến một đất nước mới. Nhà cung cấp đối tác với Alliance, Bác sĩ Jacob Eapen, Bác Sĩ Y Khoa (Medical Doctor, MD), Thạc Sĩ Y Tế Công Cộng (Master of Public Health, MPH), đã đi du lịch khắp thế giới, từ bờ biển này đến bờ biển khác, để sống ở các nước khác và giúp mọi người sống khỏe mạnh hơn. Ông thậm chí còn

(Tiếp theo ở trang 2)

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ĐIỂM NỔI BẬT CỦA NHÀ CUNG CẤP: BÁC SĨ JACOB EAPEN, M.D., MPH

(Tiếp theo trang 1)

gặp Mẹ Teresa và nhận được giải thưởng từ bà cho công việc của mình. Ông cũng đã nhìn thấy Tượng Nữ Thần Tự Do trong khi nhận được Huy Chương Danh Dự Đảo Ellis cho công việc của mình. Bác sĩ Eapen thích hợp tác với Alliance để chăm sóc cho các hội viên của chúng tôi vì ông phải tiếp tục sự cam kết và lòng trắc ẩn suốt đời của mình là giúp đỡ cộng đồng và phục vụ người khác.

Sinh ra và lớn lên ở Ấn Độ, sứ mệnh cá nhân của Bác sĩ Eapen là mang lại sức khỏe cho mọi người, sứ mệnh này đã đưa ông đến những nơi ông chỉ có thể ước mơ khi còn nhỏ. Ông đã dành hơn một nửa cuộc đời của mình để giúp đỡ người khác trong cộng đồng địa phương của chúng ta và trên toàn thế giới. Ông đã đi đến nhiều quốc gia để phục vụ người nghèo, người túng thiếu, người yếu đuối và người bệnh. Bác sĩ Eapen đã dành sự nghiệp của mình để chăm sóc và phục vụ trẻ em nghèo.

Trong việc theo đuổi niềm đam mê của mình là giúp đỡ người khác sống khỏe mạnh, Bác sĩ Eapen đã nhận được bằng y khoa và đào tạo nhi khoa ở Ấn Độ. Sau khi đến Hoa Kỳ, ông đã nhận bằng thạc sĩ về y tế công cộng tại UC Berkeley, nơi ông từng phục vụ trong ban cố vấn. Ông cũng đã hoàn thành việc thực tập tại Lucile Salter Packard Children's Hospital Stanford.

Bác sĩ Eapen đã sống ở Fremont từ những năm 1980 và đã phục vụ trong nhiều hội đồng và ủy ban tại Quận Alameda. Bác sĩ Eapen đã từng phục vụ trong Ban Giám Đốc tại Kidango – một cơ quan phi lợi nhuận tư nhân cung cấp các chương trình phát triển trẻ em ở các Quận Alameda, Santa Clara và San Francisco. Bác sĩ Eapen đã phục vụ trong Hội Đồng của Bệnh viện Washington (Washington Hospital) trong 15 năm qua. Theo Health Grades, và US News and Review, Bệnh viện Washington được xếp hạng trong số 100 bệnh viện tốt nhất trên cả nước và California. Bác sĩ Eapen là giám đốc y khoa hiện nay tại Trung Tâm Y Tế Newark (Newark Wellness), nơi ông đã làm bác sĩ nhi khoa được 25 năm. Newark Wellness là một phần của Hệ Thống Y Tế Alameda (Alameda Health System, AHS). AHS là một trong những hệ thống y tế công cộng lớn nhất ở California. Nó hoạt động như một mạng lưới an toàn cho các cư dân của Quận Alameda. Ông cũng là cố vấn cho Ủy Ban Mọi Trẻ Em Đều Quan Trọng (Every Child Count) tại Quận Alameda. Bác sĩ Eapen đã nhận được giải thưởng công nhận bác sĩ đầu tiên của Hội Đồng Y Tế

Trong cùng năm, Bác sĩ Eapen đã nhận được Giải Thưởng Mẹ Teresa – Người Theo Chủ Nghĩa Nhân Đạo của Năm bởi Những Người Bạn của Cộng Đồng Người Mỹ Gốc Nam Á (Friends of the South Asian American Communities, FOSAAC).

California và đã được mô tả như một trong 40 Cựu Sinh Viên Trường Y Stanford nổi bật nhất trong 60 năm qua.

Trong khi làm việc ở Philippin, Bác sĩ Eapen là Cố Vấn Sức Khỏe của Cao Ủy Liên Hiệp Quốc dành cho Người Tị Nạn (United Nations High Commissioner for Refugees, UNHCR). Ở đó, ông chịu trách nhiệm giám sát sức khỏe của 60,000 người tị nạn Đông Dương.

Trong năm 1994, Bác sĩ Eapen đã giúp thành lập phòng khám đầu tiên trong trường học tại Trường Trung Học James Logan ở thành phố Union City khi ông là giám đốc y khoa của Trung Tâm Y Tế Tiburcio Vasquez (Tiburcio Vasquez Health Center). Phòng khám trong trường học hiện đang cung cấp việc giáo dục sức khỏe, dịch vụ, và các nguồn hỗ trợ cho học sinh trung học.

Trong năm 2007, Bác sĩ Eapen đã nhận Huy Chương Danh Dự Đảo Ellis. Huy chương này tôn vinh những trải nghiệm nhập cư và tìm cách tôn vinh những người Mỹ có các dấu ấn tích cực và lâu dài trong xã hội của chúng ta. Trong cùng năm, Bác sĩ Eapen đã nhận được Giải Thưởng Mẹ Teresa – Người Theo Chủ Nghĩa Nhân Đạo của Năm bởi Những Người Bạn của Cộng Đồng Người Mỹ Gốc Nam Á (Friends of the South Asian American Communities, FOSAAC).

Bác sĩ Eapen tin rằng "y học phòng ngừa [là] cách tốt nhất để giải quyết các vấn đề sức khỏe. Hành nghề y tốt có nhiều hình thức khác nhau, nhưng các bác sĩ tốt có chung một (1) đặc điểm: họ có mặt tại phòng khám của họ, quan tâm tới bệnh nhân của họ, và cống hiến cho lĩnh vực chuyên môn của họ." Đây là lý do tại sao Alliance tự hào được cộng tác với Bác sĩ Eapen và Newark Wellness.

Bác sĩ Eapen đang nhận bệnh nhân mới!

Hội viên Alliance có thể chọn Bác sĩ Eapen và Trung Tâm Y Tế Newark làm bác sĩ và phòng khám của họ bằng cách gọi:

Ban Dịch Vụ Hội Viên Alliance
Thứ Hai – Thứ Sáu, 8 giờ sáng - 5 giờ chiều
Số Điện Thoại: **1.510.747.4567**
Số Miễn Phí: **1.877.932.2738**
Người bị khiếm thính và khiếm ngôn (CRS/TTY): **711/1.800.735.2929**

Trung Tâm Y Tế Newark (Newark Wellness)
6066 Civic Terrace Ave.
Newark, CA 94560
Giờ Khám: Thứ Hai – Thứ Sáu,
8 giờ 30 sáng – 5 giờ chiều
Số Điện Thoại: **1.510.505.1600**

KHÁM SỨC KHỎE: XỨNG ĐÁNG VỚI THỜI GIAN CỦA QUÝ VỊ

Quan tâm tới sức khỏe của quý vị là chìa khóa để sống lâu. Hoàn tất **Việc Đánh Giá Sức Khỏe Ban Đầu (Initial Health Assessment, IHA)** và **Việc Đánh Giá Duy Trì Sức Khỏe (Staying Healthy Assessment, SHA)** thường xuyên của quý vị với bác sĩ có thể giúp quý vị đạt được các mục tiêu sức khỏe của mình. Tại buổi khám sức khỏe IHA hoặc SHA, quý vị có thể nêu lên quan ngại về sức khỏe trước khi nó có vấn đề. Quý vị cũng sẽ được khám sàng lọc và chủng ngừa để ngăn ngừa bệnh. Bác sĩ của quý vị có thể yêu cầu quý vị điền đơn SHA. Bản khảo sát ngắn này giúp bác sĩ của quý vị biết chủ đề sức khỏe nào đáng lo ngại nhất.

Để tận dụng tối đa buổi khám sức khỏe của quý vị, hãy thử các lời khuyên này:

Trước buổi khám sức khỏe của quý vị:

- Lấy hẹn khám sức khỏe trước.
- Yêu cầu một thông dịch viên để hỗ trợ quý vị bằng ngôn ngữ quý vị muốn dùng, nếu cần.
- Cho bác sĩ của quý vị biết về sự trợ giúp thêm mà quý vị có thể cần do tình trạng khuyết tật.

Mang theo những thứ sau đây:

- Tất cả các loại thuốc, vitamin, thảo dược, và thuốc mua tự do mà quý vị dùng.
- Một danh sách những câu hỏi và quan ngại của quý vị.
- Hồ sơ từ các bác sĩ khác, nếu cần.

Tại buổi khám bệnh của quý vị:

- Cho bác sĩ biết nhu cầu sức khỏe của quý vị.
- Lặp lại lời khuyên của bác sĩ. Chắc chắn là quý vị hiểu rõ.
- Hãy ghi chép.

KHÁM SỨC KHỎE CHO TRẺ EM

Trẻ em lớn nhanh. Đó là lý do tại sao trẻ cần được đến khám với bác sĩ thường xuyên. Điều này cũng là một cơ hội tốt để quý vị đặt câu hỏi.

Lấy hẹn trước. Quý vị nên dành nhiều thời gian để lấy hẹn phù hợp với thời khóa biểu của mình. Chuẩn bị trước cũng là một việc nên làm. Hỏi xem con của quý vị có cần được chích ngừa tại buổi thăm khám này hay không. Viết ra bất kỳ câu hỏi nào quý vị muốn hỏi bác sĩ. Quý vị có thể muốn tìm hiểu về sự lựa chọn thực phẩm, sự an toàn hoặc tăng trưởng của con quý vị. Ngoài ra, đừng quên mang thẻ ID hội viên Alliance của con quý vị.

ĐỐI VỚI SỨC KHỎE CỦA QUÝ VỊ: Quý vị có biết rằng Alliance cung cấp miễn phí các lớp học và lời khuyên nuôi dạy con cái? Để biết thêm thông tin, vui lòng truy cập: **www.alamedaalliance.org/live-healthy/health-issues/parenting**.

PHỤ NỮ: BẢO VỆ MÌNH KHỎI UNG THƯ CỔ TỬ CUNG

Nếu quý vị được cho biết rằng quý vị có thể ngăn ngừa bệnh ung thư, quý vị có làm điều đó không? Dĩ nhiên. Đây là tin tốt: **Quý vị có thể!** Phụ nữ có thể thực hiện các bước để giúp ngăn ngừa ung thư cổ tử cung.

Xét nghiệm dò tìm ung thư cổ tử cung (xét nghiệm tế bào cổ tử cung), một phần của việc khám sức khỏe phụ nữ, là xét nghiệm quan trọng. Xét nghiệm này tìm kiếm các tế bào tiền ung thư. Đây là những tế bào trên cổ tử cung có thể chuyển thành ung thư cổ tử cung nếu chúng không được điều trị.

Một xét nghiệm khác, đôi khi được thực hiện cùng một lúc, là xét nghiệm HPV. HPV là viết tắt của human papillomavirus (vi-rút gây u nhú ở người). Xét nghiệm này tìm kiếm HPV, đó là vi-rút gây ra những thay đổi trong các tế bào có thể dẫn đến ung thư cổ tử cung.

Phát hiện HPV và bất kỳ thay đổi nào ở cổ tử cung sớm có thể giúp ngăn ngừa ung thư cổ tử cung. Đừng bỏ qua các lần kiểm tra sức khỏe của quý vị.

Nhận Chủng Ngừa HPV

Gần 79 triệu người ở Hoa Kỳ nhiễm HPV. HPV là viết tắt của human papillomavirus. Đây là vi-rút lây qua đường tình dục phổ biến nhất ở Hoa Kỳ. Hầu hết những người bị HPV ở tuổi thanh thiếu niên hoặc đầu độ tuổi 20. Nhiều trường hợp nhiễm HPV tự khỏi. Thỉnh thoảng HPV có thể gây ra bệnh sùi mào gà sinh dục hoặc ung thư. Có một cách để ngăn ngừa HPV. Nếu những người trẻ tuổi được chủng ngừa HPV trước khi họ hoạt động tình dục, họ có thể tự bảo vệ mình khỏi vi-rút này. Vắc-xin được tạo thành từ **hai (2) hoặc ba (3)** mũi chích ngừa. Nó rất hiệu quả, nhưng một người phải được chích tất cả các mũi để được bảo vệ hoàn toàn. Hãy nói chuyện với bác sĩ của quý vị về việc con quý vị bắt đầu được chủng ngừa vào hôm nay.

HIỂU VỀ ỐNG HÍT CỦA QUÝ VỊ

Thuốc trị suyễn có thể giúp quý vị kiểm soát các triệu chứng và thở dễ dàng hơn.

Dưới đây là một số lời khuyên quan trọng về cách sử dụng các loại thuốc này.

1. Thuốc GIẢI CỨU có tác dụng nhanh. Nó chỉ nên được sử dụng trong "cơn" suyễn khi quý vị cần mở phổi của mình. Thuốc giải cứu bao gồm albuterol (tên biệt dược là Ventolin® và ProAir®).

2. Thuốc KIỂM SOÁT (như Dulera®, QVAR®, Symbicort®, Flovent®, hoặc Breo®) cần phải được dùng thường xuyên, ngay cả khi quý vị không có bất kỳ triệu chứng suyễn nào.

3. Nên sử dụng ống đệm kèm theo ống hít. Ống đệm giúp phun thuốc vào phổi của quý vị. Hãy kiểm tra với bác sĩ hoặc dược sĩ của quý vị.

4. Đừng sợ steroid! Những loại thuốc này thực sự có thể tốt nhất cho quý vị. Chúng KHÔNG cùng loại "steroids" mà những người tập thể hình sử dụng.

5. Nếu quý vị sử dụng ống hít giải cứu nhiều hơn hai lần mỗi tuần, quý vị có thể cần phải được đổi thuốc. Hãy đến khám với bác sĩ của quý vị!

Muốn tìm hiểu thêm về thuốc trị suyễn của quý vị? Hãy nói chuyện với bác sĩ hoặc dược sĩ của quý vị.

TẠI SAO CHỌN THUỐC GỐC?

Thuốc biệt dược có thể quan trọng với người theo trào lưu, nhưng khi nói đến thuốc, thuốc gốc cũng tốt như các phiên bản biệt dược.

Cục Quản Lý Thực Phẩm và Dược Phẩm (Food and Drug Administration, FDA) yêu cầu các loại thuốc gốc có cùng chất lượng, liều lượng và độ nguyên chất như thuốc biệt dược. Nhưng các nhà sản xuất thuốc gốc không phải đầu tư tốn kém để cho ra một loại thuốc mới.

Thuốc biệt dược thường được bảo vệ bằng sáng chế trong 20 năm. Sau khi bằng sáng chế hết hạn, các công ty khác có thể giới thiệu thuốc gốc với sự chấp thuận của FDA.

Hãy hỏi bác sĩ của quý vị nếu có các lựa chọn thuốc gốc cho thuốc mà quý vị dùng. Hãy yêu cầu bác sĩ viết toa thuốc khi cần.

Để tìm hiểu thêm về chủ đề này và xem danh sách tất cả các thuốc gốc tương đương, vui lòng truy cập trang mạng của FDA tại **www.fda.gov/drugs/questions-answers/generic-drugs-questions-answers**.

THANH THIẾU NIÊN CẦN CHỦNG NGỪA **HO GÀ** VÀ CÁC LOẠI KHÁC ĐỂ ĐI HỌC

Tiểu bang yêu cầu tất cả trẻ em vào lớp 7 đến lớp 12 đưa ra bằng chứng chủng ngừa ho gà (Tetanus, Diphtheria and Pertussis, Tdap) và trái rạ cho năm học sắp tới. Những học sinh không đáp ứng luật này sẽ không được phép đi học cho đến khi họ cung cấp bằng chứng rằng họ đã được chích ngừa.

Đến khám với bác sĩ của trẻ để được chủng ngừa và được khám nếu cần thiết. Trẻ em không có bảo hiểm y tế có thể được chích ngừa tại các phòng khám y tế công cộng địa phương ở Quận Alameda. Để tìm danh sách hiện tại của các phòng khám này, vui lòng gọi số miễn phí tại **1.888.604.4636** hoặc truy cập **www.acphd.org**.

ĐỐI PHÓ VỚI BỆNH TIỂU ĐƯỜNG

Quý vị có bị bệnh tiểu đường không? Bệnh tiểu đường có thể gây ra các lo ngại về sức khỏe nghiêm trọng khác như bệnh tim hoặc thận. Quý vị cần phải được kiểm tra về các lo ngại này ít nhất một lần mỗi năm. Quý vị càng biết sớm về các vấn đề này, chúng càng dễ được điều trị hơn.

Hãy hỏi bác sĩ của quý vị mức độ thường xuyên quý vị cần các xét nghiệm này:

- **Xét nghiệm HbA1c** để đo việc kiểm soát đường huyết của quý vị trong vài tháng qua.
- **Xét nghiệm mỡ trong máu** để kiểm tra mức cholesterol của quý vị và nguy cơ mắc bệnh tim.
- **Xét nghiệm chức năng thận** để đảm bảo thận của quý vị đang hoạt động tốt.
- **Kiểm tra mắt bằng cách làm giãn đồng tử** để kiểm tra tổn hại cho đôi mắt của quý vị.
- **Khám và làm sạch răng** để bảo vệ răng và nướu của quý vị.

Bác sĩ của quý vị nên đo huyết áp và kiểm tra bàn chân của quý vị để xem có lở loét hay không tại mỗi buổi thăm khám. Bác sĩ cũng nên chỉ cho quý vị biết về những cách quý vị cần làm để kiểm soát bệnh tiểu đường tại nhà. Tự chăm sóc bao gồm chế độ ăn uống, vệ sinh và chăm sóc răng miệng, cộng với bất kỳ loại thuốc hoặc kiểm tra nào mà quý vị thực hiện tại nhà.

ĐỐI VỚI SỨC KHỎE CỦA QUÝ VỊ: Quý vị có biết rằng Alliance cung cấp miễn phí các lớp học, nhóm hỗ trợ và lời khuyên tự chăm sóc bệnh tiểu đường? Điền **Đơn Yêu Cầu Chương Trình & Tài Liệu Về Chăm Sóc Sức Khỏe Của Alliance** tại trang **12**.

ĐÂY CÓ PHẢI LÀ TRƯỜNG HỢP CẤP CỨU KHÔNG?

Phòng cấp cứu chỉ dành cho những trường hợp cấp cứu. Nếu quý vị có lo ngại về sức khoẻ mà không thực sự phải cấp cứu, quý vị có thể được điều trị bằng cách đến phòng khám của bác sĩ hoặc phòng chăm sóc khẩn cấp.

Những lo ngại sau đây là cấp cứu:

- Khó thở, thở hụt hơi
- Đau hoặc áp lực tại ngực hoặc phần trên dạ dày
- Ngất xỉu, cảm thấy chóng mặt, yếu ớt
- Thay đổi thị giác
- Suy nghĩ rối mù hoặc thay đổi tình trạng tâm thần
- Cơn đau bất ngờ hoặc dữ dội
- Chảy máu không cầm được
- Nôn mửa hoặc tiêu chảy nghiêm trọng hoặc liên tục
- Ho hoặc nôn mửa ra máu
- Có ý nghĩ làm hại bản thân
- Nói năng khó khăn

Gọi cho văn phòng hoặc phòng khám của bác sĩ quý vị để được tư vấn khi nào cần đi cấp cứu. Bác sĩ biết có thể nhận được những cuộc gọi điện thoại ban đêm hoặc cuối tuần. Họ sắp xếp việc khám bệnh để đôi khi tiếp nhận các cuộc gọi của quý vị khi không trong giờ làm việc. Bác sĩ của quý vị có thể giúp quý vị quyết định liệu quý vị có thực sự cần phải đi đến phòng cấp cứu, hoặc có thể cho quý vị lời khuyên về những việc cần làm ở nhà mà có thể giúp quý vị hoặc con quý vị đỡ hơn qua đêm hoặc cuối tuần.

GHI CHÚ CỦA ALLIANCE

NHỮNG SỐ ĐIỆN THOẠI QUAN TRỌNG

Cấp Cứu	**911**
Kiểm Soát Chất Độc	**1.800.876.4766**
Trung Tâm Medi-Cal Dịch Vụ Xã Hội Quận Alameda	**1.800.698.1118 hoặc 1.510.777.2300**
Ghi Danh/Thay Đổi Chương Trình Medi-Cal	**1.800.430.4263**
Alameda Alliance for Health	
Số Điện Thoại Chính	**1.510.747.4500**
Ban Dịch Vụ Hội Viên Thứ Hai – Thứ Sáu, 8 giờ sáng – 5 giờ chiều	**1.510.747.4567** **CRS/TTY: 711**
Dịch Vụ Chăm Sóc Nha Khoa	
Hội Viên Medi-Cal: Denti-Cal	**1.800.322.6384**
Dịch Vụ Chăm Sóc Nhãn Khoa	
Hội Viên Medi-Cal: March Vision Care	**1.844.336.2724**
Hội Viên Group Care: EyeMed	**1.866.723.0514**
Dịch Vụ Chăm Sóc Sức Khỏe Hành Vi	**1.855.856.0577**
Đường Dây Y Tá Tư Vấn	
Hội Viên Medi-Cal	**1.888.433.1876**
Hội Viên Group Care	**1.855.383.7873**, số chương trình **690**

THAY ĐỔI VỀ ĐỊA CHỈ VÀ SỐ ĐIỆN THOẠI

Nếu quý vị chuyển chỗ ở hoặc có số điện thoại mới, vui lòng gọi Ban Dịch Vụ Hội Viên Alliance tại số **1.510.747.4567**.

CHƯƠNG TRÌNH VÀ TÀI LIỆU MIỄN PHÍ

Quý vị có muốn nhận thêm các nguồn hỗ trợ hoặc tìm hiểu thêm về các lớp học và chương trình không? Chỉ cần điền vào **Đơn Yêu Cầu Chương Trình & Tài Liệu Về Sức Khỏe Của Alliance** tại trang **12**, đánh dấu vào các chương trình hoặc tài liệu mà quý vị muốn, và gửi cho chúng tôi. Để tìm hiểu thêm, vui lòng gọi cho Ban Dịch Vụ Hội Viên Alliance tại số **1.510.747.4567** hoặc truy cập **www.alamedaalliance.org/live-healthy**. Chương trình và tài liệu miễn phí cho quý vị vì quý vị là hội viên Alliance của chúng tôi.

DỊCH VỤ NGÔN NGỮ MIỄN PHÍ

Chúng tôi cung cấp thông dịch viên cho hội viên Alliance của chúng tôi tại các buổi thăm khám chăm sóc sức khỏe và tài liệu chương trình bảo hiểm sức khỏe bằng ngôn ngữ của quý vị hoặc các định dạng khác như chữ nổi Braille, băng đĩa, hoặc bản in khổ chữ lớn. Để được trợ giúp về nhu cầu ngôn ngữ, vui lòng gọi cho Ban Dịch Vụ Hội Viên Alliance tại số **1.510.747.4567**.

MUỐN BIẾT THÊM VỀ CHƯƠNG TRÌNH BẢO HIỂM SỨC KHỎE CỦA QUÝ VỊ VÀ CÁCH TẬN DỤNG TỐI ĐA QUYỀN LỢI CỦA QUÝ VỊ KHÔNG?

Tham gia cùng chúng tôi vào lớp học miễn phí dành cho hội viên mới để tìm hiểu thêm về quyền lợi của quý vị.

Khi quý vị đến lớp, quý vị có thể nhận được thức ăn và thẻ quà tặng đi chợ như một lời cảm ơn! *

Sau khi học xong, quý vị sẽ có thể hiểu rõ hơn về:

- Các quyền lợi của quý vị
- Cách chọn hay đổi bác sĩ của quý vị
- Quyền hạn và trách nhiệm hội viên của quý vị

Đội ngũ chúng tôi làm việc ở đây tại Quận Alameda và nói được tiếng Anh, tiếng Tây Ban Nha, tiếng Hoa và tiếng Việt. Chúng tôi cũng có thể cung cấp các dịch vụ thông dịch, nếu đội ngũ chúng tôi không nói được ngôn ngữ của quý vị.

Để ghi danh cho lớp học sắp tới hay nếu quý vị có thắc mắc, vui lòng gọi cho:

Ban Dịch Vụ Hội Viên Alliance
Thứ Hai – Thứ Sáu, 8 giờ sáng – 5 giờ chiều
Số Điện Thoại: **1.510.747.4567**
Số Điện Thoại Miễn Phí: **1.877.932.2738**
Người khiếm thính và khiếm ngôn (CRS/TTY): **711/1.800.735.2929**
www.alamedaalliance.org

*Có thể áp dụng các giới hạn

CHƯƠNG TRÌNH CẢI THIỆN CHẤT LƯỢNG

Alliance có một chương trình để cải thiện dịch vụ chăm sóc cho hội viên. Đó là chương trình Cải Thiện Chất Lượng (Quality Improvement, QI). Chúng tôi theo dõi xem quý vị có nhận được những buổi khám định kỳ, khám sàng lọc, và xét nghiệm mà quý vị cần hay không. Chúng tôi cũng để ý xem quý vị có hài lòng với dịch vụ chăm sóc mà quý vị nhận được từ các nhà cung cấp của chúng tôi và các dịch vụ mà chúng tôi cung cấp cho quý vị hay không. Mỗi năm, chúng tôi đặt ra những mục tiêu để cải thiện dịch vụ chăm sóc mà hội viên của chúng tôi tiếp nhận. Những mục tiêu này tập trung vào việc chăm sóc và dịch vụ. Chúng tôi theo dõi hàng năm để xem chúng tôi có đạt được những mục tiêu của mình hay không. Để tìm hiểu thêm về mục tiêu, tiến triển và kết quả chương trình QI của chúng tôi, vui lòng truy cập **www.alamedaalliance.org/members**. Nếu quý vị muốn có bản sao giấy của chương trình QI, vui lòng gọi cho ban Dịch Vụ Hội Viên Alliance tại số **1.510.747.4567**.

Alliance tuân thủ các luật dân quyền được áp dụng của liên bang và không kỳ thị dựa trên chủng tộc, màu da, nguyên quán, tuổi tác, tình trạng khuyết tật hay giới tính. Alliance không loại trừ hoặc đối xử khác biệt với mọi người vì lý do chủng tộc, màu da, nguyên quán, tuổi tác, tình trạng khuyết tật hay giới tính.

If you need help reading this document or would like a different format, please call the Alliance Member Services Department at **1.510.747.4567**.

Si necesita ayuda para leer este documento, llame al Departamento de Servicios al Miembro de Alliance al **1.510.747.4567**.

假如您看不懂本文件，需要協助或其他語文版本，請致電 Alliance 計畫成員服務處，電話 1.510.747.4567。

Nếu quý vị cần giúp đỡ đọc tài liệu này, xin gọi ban Dịch Vụ Hội Viên Alliance tại số **1.510.747.4567**.

ALAMEDA
Alliance
FOR HEALTH

ĐƠN YÊU CẦU CỦA HỘI VIÊN – CHƯƠNG TRÌNH & TÀI LIỆU VỀ SỨC KHỎE CỦA ALLIANCE

Alameda Alliance for Health (Alliance) cung cấp việc giáo dục y tế miễn phí. Chúng tôi muốn quý vị chịu trách nhiệm về sức khỏe của mình bằng cách trang bị những thông tin tốt nhất có thể. Vui lòng đánh dấu vào những đề mục mà quý vị muốn chúng tôi gửi cho quý vị. Quý vị cũng có thể yêu cầu tờ thông tin bằng các định dạng khác. Nhiều tờ thông tin có thể được lấy tại **www.alamedaalliance.org.**

SÁCH

- ☐ Sách nấu ăn: *(chọn một)*
  - ☐ Bệnh Tiểu Đường
  - ☐ Ăn Uống Lành Mạnh
- ☐ Điều Cần Làm Khi Con Quý Vị Bị Bệnh

GIỚI THIỆU ĐẾN CÁC LỚP HỌC & CHƯƠNG TRÌNH

- ☐ Bệnh Suyễn
- ☐ Việc Sử Dụng Bia Rượu và Chất Kích Thích Khác
- ☐ Hỗ Trợ Nuôi Con Bằng Sữa Mẹ
- ☐ Hồi Sức Tim Phổi/Sơ Cứu
- ☐ Bệnh Tiểu Đường
- ☐ Trọng Lượng Lành Mạnh
- ☐ Sức Khỏe Tim
- ☐ Nuôi Dạy Con Cái
- ☐ Mang Thai và Sinh Con
- ☐ Bỏ Hút Thuốc (*hãy yêu cầu Đường Dây Hỗ Trợ Bỏ Hút Thuốc gọi cho tôi*)
- ☐ Trung Tâm/Chương Trình cho Người Cao Niên

VÒNG ĐEO TAY HAY DÂY CHUYỀN NHẬN DẠNG Y TẾ

- ☐ Bệnh Suyễn
  - ☐ Người lớn ☐ Trẻ Em
- ☐ Bệnh tiểu đường
  - ☐ Người lớn ☐ Trẻ Em

TÀI LIỆU BẰNG VĂN BẢN

- ☐ Bản Chỉ Thị Trước *(ủy quyền về y tế)*
- ☐ Việc Sử Dụng Bia Rượu và Chất Kích Thích Khác
- ☐ Bệnh Suyễn:
  - ☐ Người lớn ☐ Trẻ Em
- ☐ Chăm sóc Lưng
- ☐ Ngừa Thai và Kế Hoạch Hóa Gia Đình
- ☐ Nuôi Con Bằng Sữa Mẹ
- ☐ Sự An Toàn Về Ghế Ngồi Trên Xe
- ☐ Bệnh Tiểu Đường
- ☐ Bạo Hành Gia Đình
- ☐ Tập Thể Dục
- ☐ Ăn Uống Lành Mạnh
- ☐ Sức Khỏe Tim
- ☐ Cách Nuôi Dạy Con Cái và Sự Kỷ Luật
- ☐ Mang Thai và Sinh Con
- ☐ Bỏ Hút Thuốc
- ☐ Sự An Toàn:
  - ☐ Người Lớn ☐ Trẻ Sơ Sinh
  - ☐ Trẻ Em ☐ Người Cao Niên
- ☐ Sức Khoẻ Tình Dục
- ☐ Căng Thẳng và Trầm Cảm

Tên (quý vị): _____ Số ID Alliance: _____

Tên của Trẻ (nếu có): _____ Số ID của Trẻ: _____

Tuổi của Trẻ: _____ Thành Phố: _____ Mã Bưu Điện: _____

Địa chỉ: _____ Ngôn Ngữ Muốn Dùng: _____

Số Điện Thoại Ban Ngày: _____ Địa Chỉ Email: _____

Tài liệu dành cho: ☐ Người Lớn ☐ Trẻ Em ☐ Người Cao Niên

Để yêu cầu, vui lòng gửi đơn này đến:

Alliance Health Programs • 1240 South Loop Road, Alameda, CA 94502

Số Điện Thoại: **1.510.747.4577** • Số Điện Thoại Miễn Phí: **1.877.813.5151**

Người khiếm thính và khiếm ngôn (CRS/TTY): **711/1.800.735.2929**

COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY OUTREACH REPORT

FY 2019-2020 | AUGUST

During the month of August of Fiscal Year (FY) 2019-2020, the Alliance initiated and/or was invited to participate in a total of **57** events throughout Alameda County. The Alliance completed **37** out of the **57** events (**65%**). The Alliance reached a total of **1,726** people, and spent a total of **$900** in donations, fees, and/or sponsorships* during the month of August. All events are listed in the table starting on **page 4**.

All of the numbers reached at member orientations (MO) are Alliance Members. Approximately 20% of the numbers reached at community events are Medi-Cal Members, of which, 82% are estimated to be Alliance members based on Managed Care Enrollment Reports. Additionally, the Outreach Team began tracking Alliance members at community events in late February 2018. Since July 2018, **11,590** self-identified Alliance members were reached at community, and member education events.

A total of **20** events were not completed. Among the **20** events that were not completed, eight (**8**) were canceled by the event organizer or rescheduled, and **12** were not scheduled or assigned to Outreach Coordinators. Please see table below:

Event Number	Event Type	Name of Event	Event Date	Reason Code
55	MEE	Summer in the Park – Willie Wilkins	Fri, Aug 2	2
56	MEE	Summer in the Park – Peralta Hacienda	Fri, Aug 2	2
57	MEE	Summer in the Park – Hoover Elementary School	Fri, Aug 2	2
60	MEE	Well Community Outreach Center - Annual Outreach Day	Sat, Aug 3	2
62	MEE	Summer in the Park – Willie Wilkins	Sat, Aug 3	2
64	MO	Mujeres Unidas y Activas	Tue, Aug 6	2
65	MEE	Food Bank Days – Hayward Unified School District	Tue, Aug 6	1
66	MEE	Food Pantry – Union City	Tue, Aug 6	1
74	CE	Oakland Public Library Community Kiosk	Fri, Aug 9	1
84	MO	LifeLong Over 60 Health Center	Fri, Aug 16	2
86	CE	Oakland Public Library Community Kiosk	Fri, Aug 16	1
90	MEE	Food Bank Days – Hayward Unified School District	Tue, Aug 20	1
92	MO	Glad Tidings	Wed, Aug 21	2
95	CE	South Hayward Parish Food Panty	Fri, Aug 23	2
96	CE	Oakland Public Library Community Kiosk	Fri, Aug 23	1
99	CE	Chocolate and Chalk Art Festival	Sat, Aug 24	2
103	CE	San Lorenzo Library Community Healthcare Information Outreach	Tue, Aug 27	2
107	MO	Hayward Wellness Center	Fri, Aug 30	1
109	CE	Oakland Public Library Community Kiosk	Fri, Aug 30	1
110	MEE	Family Fun Day	Sat, Aug 31	2

Reason Code Key: 1 = Event Canceled or Rescheduled 2 = Event Not Scheduled or Assigned

** Includes refundable deposit.*

ALLIANCE IN THE COMMUNITY OUTREACH REPORT

FY 2019-2020 | AUGUST

AUGUST 2018 TOTALS

18 COMMUNITY EVENTS
15 MEMBER ORIENTATIONS
37 TOTAL INITIATED/ INVITED EVENTS
33 **TOTAL COMPLETED EVENTS**

9 CITIES

BERKELEY
FREMONT
HAYWARD
NEWARK
OAKLAND
PLEASANTON
SAN LEANDRO
SAN LORENZO
UNION CITY

5367 TOTAL REACHED AT COMMUNITY EVENTS
42 TOTAL REACHED AT MEMBER ORIENTATIONS
1531 MEMBERS REACHED AT ALL EVENTS
5409 **TOTAL REACHED AT ALL EVENTS**

$6,975
TOTAL SPENT IN DONATION, FEES & SPONSORSHIPS*

AUGUST 2019 TOTALS

18 COMMUNITY EVENTS
13 MEMBER EDUCATION EVENTS
25 MEMBER ORIENTATIONS
1 MEETINGS/ PRESENTATIONS
57 TOTAL INITIATED/ INVITED EVENTS
37 **TOTAL COMPLETED EVENTS**

11 CITIES

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

1075 TOTAL REACHED AT COMMUNITY EVENTS
472 TOTAL REACHED AT MEMBER EDUCATION EVENTS
154 TOTAL REACHED AT MEMBER ORIENTATIO NS
25 TOTAL REACHED AT MEETINGS/PRESENTATIONS
817 MEMBERS REACHED AT ALL EVENTS
1726 **TOTAL REACHED AT ALL EVENTS**

$900
TOTAL SPENT IN DONATION, FEES & SPONSORSHIPS*

** Includes refundable deposit.*

ALLIANCE IN THE COMMUNITY OUTREACH REPORT

FY 2019-2020 | AUGUST

	EVENT	DATE	CITY	NUMBER REACHED**	DONATION,FEES & SPONSORSHIPS***
54	Food Pantry - Union City Family Center	Thu, Aug 1	Union City	1/1	N/A
55	Summer In The Park - Willie Wilkins	Fri, Aug 2	Oakland	N/A	N/A
56	Summer In The Park - Peralta Hacienda	Fri, Aug 2	Oakland	N/A	N/A
57	Summer In The Park - Hoover Elementary School	Fri, Aug 2	Oakland	N/A	N/A
58	Fuente Wellness Center	Fri, Aug 2	San Leandro	1 / 1	N/A
59	Oakland Public Library Community Kiosk	Fri, Aug 2	Oakland	5 / 1	$0.00
60	Well Community Outreach Center - Annual Outreach Day	Sat, Aug 3	Livermore	N/A	N/A
61	Roots: Back to School Health & Resource Fair	Sat, Aug 3	Oakland	315 / 200	$0.00
62	Summer In The Park - Willie Wilkins	Sat, Aug 3	Oakland	N/A	N/A
63	Fremont Family Resource Center	Mon, Aug 5	Fremont	0	$0.00
64	Mujeres Unidas y Activas	Tue, Aug 6	Oakland	N/A	N/A
65	Food Bank Days - Hayward Unified School District	Tue, Aug 6	Hayward	N/A	N/A
66	Food Pantry - Union City Family Center	Tue, Aug 6	Union City	N/A	N/A

COMMUNITY EVENT MEMBER EDUCATION EVENT MEMBER ORIENTATION MEETINGS/PRESENTATIONS

DID NOT ATTEND **OTF** = ONE TIME FEE

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ALLIANCE IN THE COMMUNITY OUTREACH REPORT

FY 2019-2020 | AUGUST

	EVENT	DATE	CITY	NUMBER REACHED**	DONATION, FEES & SPONSORSHIPS***
67	National Night Out	Tue, Aug 6	Oakland	77 / 64	$0.00
68	East Oakland Health Center	Wed, Aug 7	Oakland	5 / 5	$0.00
69	First Wednesdays Asian Health Services	Wed, Aug 7	Oakland	50 / 10	$0.00
70	Pantry Program - Alameda Food Bank	Thu, Aug 8	Alameda	30 / 10	$0.00
71	Tri-City Health Center	Thu, Aug 8	Fremont	2 / 2	$0.00
72	Produce Stand Summer Party	Thu, Aug 8	Oakland	21 / **0**	$0.00
73	La Clinica - Transit Village	Fri, Aug 9	Oakland	7 / 7	$0.00
74	Oakland Public Library Community Kiosk	Fri, Aug 9	Oakland	N/A	N/A
75	Allen Temple Baptist Church - 42nd Annual Health Fair	Sat, Aug 10	Oakland	130 / 111	$0.00
76	20th Annual Laurel Street Fair	Sat, Aug 10	Oakland	250 / 45	$150.00
77	Axis Community Health	Mon, Aug 12	Pleasanton	3 / 2	$0.00
78	Fresh Food for Families - Hayward Promise Neighborhood	Mon, Aug 12	Hayward	50 / 10	$0.00
79	West Oakland Health Center	Tue, Aug 13	Oakland	20 / 20	$0.00
80	Asian Health Services	Wed, Aug 14	Oakland	1 / 1	$0.00

COMMUNITY EVENT MEMBER EDUCATION EVENT MEMBER ORIENTATION MEETINGS/PRESENTATIONS

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ALLIANCE IN THE COMMUNITY OUTREACH REPORT

FY 2019-2020 | AUGUST

	EVENT	DATE	CITY	NUMBER REACHED**	DONATION, FEES & SPONSORSHIPS***
81	Newark Adult School	Wed, Aug 14	Newark	4 / 2	$0.00
82	Eastmont Wellness Center	Thu, Aug 15	Oakland	13 / 12	$0.00
83	Food Pantry - Tri-Valley Haven	Thu, Aug 15	Livermore	11 / 3	$0.00
84	Lifelong Over 60 Health Center	Fri, Aug 16	Berkeley	N/A	N/A
85	Davis Street Family Resource Center	Fri, Aug 16	San Leandro	1 / 1	$0.00
86	Oakland Public Library Community Kiosk	Fri, Aug 16	Oakland	N/A	N/A
87	East Bay Agency for Children	Mon, Aug 19	Fremont	5 / 4	$0.00
88	Newark Wellness Center	Tue, Aug 20	Newark	5 / 2	$0.00
89	Breastfeeding & Bubbles	Tue, Aug 20	Oakland	59 / 51	$0.00
90	Food Bank Days - Hayward Unified School District	Tue, Aug 20	Hayward	N/A	N/A
91	Asian Health Services	Wed, Aug 21	Oakland	2 / 2	$0.00
92	Glad Tidings	Wed, Aug 21	Hayward	N/A	N/A
93	Roots Community Health Center	Wed, Aug 21	Oakland	12 / 12	$0.00
94	South Hayward Parish Food Pantry	Thu, Aug 22	Hayward	68 / 23	$0.00

COMMUNITY EVENT MEMBER EDUCATION EVENT MEMBER ORIENTATION MEETINGS/PRESENTATIONS

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ALLIANCE IN THE COMMUNITY OUTREACH REPORT

FY 2019-2020 | AUGUST

	EVENT	DATE	CITY	NUMBER REACHED**	DONATION, FEES & SPONSORSHIPS***
95	South Hayward Parish Food Pantry	Fri, Aug 23	Hayward	N/A	N/A
96	Oakland Public Library Community Kiosk	Fri, Aug 23	Oakland	N/A	N/A
97	Oakland Chinatown StreetFest	Sat, Aug 24	Oakland	255 / 105	$550 / $200
98	Your Health is Your Wealth	Sat, Aug 24	Oakland	76 / 23	$0.00
99	Chocolate & Chalk Art Festival	Sat, Aug 24	Berkeley	N/A	N/A
100	Oakland Chinatown StreetFest	Sun, Aug 25	Oakland	200 / 50	OTF
101	Hayward Wellness Center	Mon, Aug 26	Hayward	4 / 3	$0.00
102	Native American Health Center Clinic	Tue, Aug 27	Oakland	10 / 10	$0.00
103	Community Healthcare Information Outreach	Tue, Aug 27	San Lorenzo	N/A	$0.00
104	Hong Fook	Wed, Aug 28	Oakland	0 / 0	$0.00
105	3rd Alliance Member Listening Session - Tri-City Health Center	Wed, Aug 28	Newark	25 / 17	$0.00
106	Tiburcio Vasquez Health Center	Thu, Aug 29	Hayward	1 / 1	$0.00
107	Hayward Wellness Center	Fri, Aug 30	Hayward	N/A	N/A
108	Davis Street Family Resource Center	Fri, Aug 30	San Leandro	7 / 7	$0.00

COMMUNITY EVENT MEMBER EDUCATION EVENT MEMBER ORIENTATION MEETINGS/PRESENTATIONS

DID NOT ATTEND **OTF** = ONE TIME FEE

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ALLIANCE IN THE COMMUNITY OUTREACH REPORT

FY 2019-2020 | AUGUST

	EVENT	DATE	CITY	NUMBER REACHED**	DONATION, FEES & SPONSORSHIPS***
109	Oakland Public Library Community Kiosk	Fri, Aug 30	Oakland	N/A	N/A
110	Family Fun Day	Sat, Aug 31	Hayward	N/A	N/A

COMMUNITY EVENT MEMBER EDUCATION EVENT MEMBER ORIENTATION MEETINGS/PRESENTATIONS

DID NOT ATTEND **OTF** = ONE TIME FEE

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ALAMEDA Alliance FOR HEALTH

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Compliance

Gil Riojas

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

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

Date: **September 13, 2019**

Subject: **Compliance Report**

DHCS Updates

- 2019 DHCS Medical Audit:
    - DHCS has scheduled the audit in person exit conference to be on 9/18/19. The draft audit report will be shared by DHCS prior to the exit conference. The Plan will have 15 days to submit any additional information prior to the report being final. Once the audit report is finalized, the Plan will have to develop and submit corrective actions to address the cited findings.

- DHCS Network Certification:
    - The Plan received a corrective action plan (CAP) on 7/09/19 in response to the DHCS's review of the Plan's annual network certification assessment for compliance with time and distance access standards. DHCS had a conference call with the Plan on 7/17/19 to review the CAP comments and next steps for the Plan to address the comments. Overall, DHCS comments were related to missing documentation, some pediatric specialty types not meeting 100% compliance with standards, and alternative access standard requests comments. The Plan submitted CAP responses and supporting documentation to address DHCS's comments and is awaiting for an update on the assessment.

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 1/01/20. The Plan notified the DMHC and DHCS of its decision to surrender its QIF license before the deadline of 7/1/19. The Plan had a pre-filing call with the DMHC on 7/24/19 and submitted the requested filing information on 9/03/19. The Plan is actively working on steps to address the required filing exhibits with the DMHC for updating materials that include the Joint Powers Authority license information. This includes the Plan's contract with Alameda County, applicable provider contracts, vendor contracts, and member materials.

- Pharmacy Drug Carve Out in 2021:
    - Governor Gavin Newsom issued Executive Order N-01-19 on 1/07/19 for the purpose of achieving cost-savings for drug purchases. One of the primary component of the Executive Order requires that all Medi-Cal pharmacy services be transitioned from managed care to fee-for-service (FFS) by 1/01/21. On 7/22/19, DHCS released its draft Request for Proposal (RFP) for a pharmacy benefit manager to provide administrative services for managing the FFS pharmacy benefit. Following a brief stakeholder comment period, DHCS released the final version of the RFP on 8/22/19. DHCS is planning the transition steps that will occur with Plans such as timely member notification and transition of care.

- Long Term Care and Transplant Services Carved In 2021:
    - DHCS notified the Plans on 9/03/19 that effective 1/01/21, they will be carving in Long Term Care (LTC) including but not limited to skilled nursing facilities, sub-acute facilities, pediatric sub-acute facilities, and intermediate care facilities and coverage of transplants to all Medi-Cal managed care health plans. They also included the Multipurpose Senior Services Program (MSSP) benefit from the Coordinated Care Initiative in seven counties and the memo mentioned transplants will also be included to carve in. The Plans will have to create a provider network in order to provide these benefits prior to 2021. The Plans are waiting for specific guidance from DHCS on the benefit changes in order to have a smooth implementation.

Legislative Bill Updates

- The Legislature reconvened after summer recess on 8/12/19. The last day for each house to pass bills is this Friday 9/13/19. The Governor has until 10/13/19 to sign or veto the bills passed by the Legislature. Below are some key bills being tracked under review that will impact the Plan's benefits and operations.

- AB 678 (Flora – R) Medi-Cal: Podiatric Services:
    - Status: 9/5/19 – Enrolled and presented to the Governor at 3 p.m.
    - 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 781 (Maienschein – D) Medi-Cal: Family Respite Care:
    - Status: 7/9/19 – Approved by 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: 9/5/19 – In Assembly. Concurrence in Senate amendments pending. May be considered on or after September 7 pursuant to Assembly Rule 77.
  - 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.

Internal Auditing Activities

- 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 123 findings which includes state audit findings and potential self-identified findings. 87 (71%) of the items have been completed, and 36 (29%) are still in progress. A total of 58 (67%) completed items have been validated to ensure the corrective action stated is in place. The increase in the number of new items are due to the new dashboard for self-identified issues observed from the 2019 DHCS medical audit in June. The Plan will be updating this dashboard once the audit report is issued with the findings to track the corrective action plans to completion. The Plan also added a new dashboard for tracking progress with the DHCS network certification open corrective action plan.

ALAMEDA Alliance FOR HEALTH

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Health Care Services

Steve O'Brien, MD

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

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

Date: **September 13, 2019**

Subject: **Health Care Services Report**

Utilization Management – Outpatient

- AAH staff, led by UM Medical Director Beverley Juan and Outpatient UM Manager Hope Desrochers, took over advanced imaging (e.g. MRI, CT, nuclear imaging, PET CTs) from Evicore. The volume has been as expected and we have maintained compliant turn-around times with the additional volume. It is too early to assess if this change will lead to changes in approval, denial or appeal rates but we are assessing for these potential changes.
- In addition to LOS work, the medical expenses work group has set a list of initial targets and projects focusing on enhanced clinical partnerships
    - SNF and respite partnerships for improved outcomes and improved acute care throughput
    - Outpatient infusion partnership(s) to improve patient access, quality and affordability
    - Oncology network expansion and assessment (quality, geography, service, affordability). In order to improve access and quality, we are exploring options to enhance UM review through development of clinical pathways, care bundles and expert UM approval review
    - High need members are being identified through utilization assessments. Members with (1) end-stage renal disease on dialysis and with (2) sickle cell disease will be a focus of further investigation to maximize care coordination and improve outcomes
- Dr. Juan has led a revision of AAH's Transgender Services Policy & Procedure in close consultation with the WPATH criteria. We have shared these criteria and work on UM decisions with our delegate CHCN.

Outpatient Authorization Denial Rates			
Denial Rate Type	**June 2019**	**July 2019**	**August 2019**
Overall Denial Rate	5.8%	5.3%	5.1%
Denial Rate Excluding Partial Denials	5.3%	4.9%	4.4%
Partial Denial Rate	0.4%	0.4%	0.7%

Turn Around Time Compliance			
Line of Business	**June 2019**	**July 2019**	**August 2019**
Overall	99%	99%	98%
Medi-Cal	99%	99%	98%
IHSS	100%	99%	96%
Benchmark	*95%*	*95%*	*95%*

Utilization Management – Inpatient

- The inpatient team continues steady work with concurrent reviews with an overall denial rate that is remaining steady in the 8-9% range for more than 6 months.
- Strong collaborative work is underway with delegate CHCN to assess differences in inpatient denial rates between AAH and CHCN.
- With the goal of improving consistency and quality of care for members hospitalized at St Rose hospital, we are close to transitioning care of AAH members to primarily under management of St Rose's contracted hospitalist group with specialty consultation as needed
- LOS reduction, with an initial focus on assisting with Transitions of Care, will be a key component of our Medical Expenses work, which will be boosted with the addition of AJ Dixon as Clinical Initiatives Director

Inpatient Utilization Total All Aid Categories **Actuals (excludes Maternity)**			
Metric	**May 2019**	**June 2019**	**July 2019**
ALOS	4.2	4.2	4.3
Admits/1,000	67.6	58.7	58.4
Days/1,000	283.7	247.7	253.4

Pharmacy

- Pharmacy remains compliant with turn-around times and continues outreach to providers and is maintaining Notice of Action compliance.
- AAH is closely watching DHCS's planned implementation of Governor Newsom's Executive Order on pharmacy. The DHCS implementation would send drug purchasing and drug authorizations, denials & appeals back to the state level. In addition to significant impact on patient care and care coordination, the change will likely impact care providers who have used local 340B revenue for clinical services. AAH is watching closely, working with DHCS and planning internally to help assist in the transition as it unfolds with the goal of minimizing impact on members. In the DHCS model, AAH is likely to maintain its current role in authorization, denial & appeals of physician administered drugs (PADS) and outpatient infusion drugs. Together, PADS and outpatient infusion constitute approximately 25% of AAH's current pharmacy expenditure.
- The AAH Opioid initiative will result in a long planned, progressive quantity limitation for new narcotic prescriptions within the next month. We will watch for impact on members and providers and be ready to provide technical assistance to providers needing pain strategies.
- Cost containment initiatives continue with focus on effective formulary management. Senior Pharmacy Director Helen Lee is also leading initiatives on outpatient infusion and oncology strategies.
- 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	**June 2019**	**July 2019**	**August 2019**
Approved	576	662	717
Denied	514	567	554
Closed	472	507	536
Total	1,562	1,736	1,807

August 2019 Top 10 Drugs by Number of Denials:

Rank	Drug Name	Common Use	Common Denial Reason
1	LIDOCAINE 5% PATCH	Pain	Criteria for approval not met
2	JANUVIA 100 MG TABLET	Diabetes	Criteria for approval not met
3	DULERA 200 MCG/5 MCG INHALER	Asthma	Criteria for approval not met
4	JARDIANCE 10MG TABLET	Diabetes	Criteria for approval not met
5	DEXILANT DR 60 MG CAPSULE	Gastroesophageal reflux disease (GERD)	Criteria for approval not met
6	BREO ELLIPTA 200-25 MCG INH	Asthma or chronic obstructive pulmonary disease (COPD)	Criteria for approval not met
7	HUMALOG 100 UNITS/ML KWIKPEN	Diabetes	Criteria for approval not met
8	TRETINOIN 0.05% CREAM	Acne	Criteria for approval not met
9	RESTASIS 0.05% EYE EMULSION	Dry Eyes	Criteria for approval not met
10	AMITIZA 24 MCG CAPSULES	Opioid-induced constipation	Criteria for approval not met

Case and Disease Management

- The Case Management management team was completed with Eva Repert joined Lily Hunter as CM manager and Amy Stevenson as Health Home Program Manager Amy Stevenson. The frontline team is also close to fully staffed. As the frontline team continues to complete training, our new care coordination and complex case management cases have increased.
- Case Management leaders are starting to explore use of ADT feed information to populate admission, discharge and ED visit tracking for internal and delegate partners. The goal is to eliminate the need of our acute care partners to fax facesheets and to access real time ADT data to help guide and improve case management and utilization management impact and outcomes.
- TruCare, the software platform for AAH UM and CM, is beginning a significant upgrade scheduled to be completed in January 2020.
- AAH has begun early discussions with partners (ACBH/HCSA, AHS and CHCN) on how best to support Alameda County's eventual behavioral health integration
- Health Homes: Amy Stevenson, long time CM manager, accepted the role of HH Program Manager, joining Dr. Schneidermann in leading AAH's Health Home program.
    - **Chronic Conditions Roll-out July 2019:**
        - Current network: CHCN – 20 sites, AHS – 3 sites, Roots, CA. Cardiovasc, Family Bridges, East Bay Innovations.
        - Potential expansion with pediatric provider with asthma focus.
    - **SMI Roll-out Jan 2020:**
        - In discussion with housing and mental health CM providers to expand network.
        - Working on MOU with ACBH.
    - **Enrollment:**
        - July 580 members.

Case Type	New Cases Opened in July 2019	Total Open Cases As of July 2019
Care Coordination	330	673
Complex Case Management	63	156

Quality

- AAH Quality team is working with Analytics and has identified targets for HEDIS clinical improvement projects. Clinical partners are being identified based on HEDIS improvement needs and ability to effectively partner for change.
- AAH has developed a Pediatric Strategy, which includes quality improvement initiatives, clinical care initiatives and enhanced

collaboration with pediatric providers with a goal of improving access to and efficacy of the EPSDT benefit in Alameda County. A pilot will launch soon and will include a focus on pediatric asthma.

- The Quality Team is watching closely on rapidly changing ground rules related to member texting campaigns. We are assessing strategies and targets for potential texting pilot while gathering "lessons learned" from IEHP's pending launch of the state's first Medi-Cal allowed texting program.
- As part of our efforts to improve overall care and outcomes for members and to improve collaboration in the community, AAH is partnering with county and community initiatives including Food as Medicine and Asthma Start (pediatric asthma case management).
- 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. Dozens of providers received correction action plans (CAPs) to address perceived deficits in member access. Results of these CAPs are reviewed by the credentialing committee during the normal credentialing for providers.

Grievance & Appeals

- Radiology appeals have been over half of all appeals in the last several years. Now that we have brought this function in house to AAH, we are watching the rate and number of grievances and appeals related to imaging. It is too early to report out on those numbers but we will over the next couple of months, when the data is stable.
- Grievances are any expression of dissatisfaction by a member. Our actual grievance rate (5.66/1000 members) is higher than our goal (≤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 and even greater improvement in the last few months while under new leadership. Due to the significant improvement in the performance of CHME, we have taken DME vendor off of our current year RFP list.
- Appeals had an overturn rate of 32.3% 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.

August 2019 Cases	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	261	30 Calendar Days	95% compliance within standard	257	98.5%	1.02
Expedited Grievance	1	72 Hours	95% compliance within standard	1	100%	0.004
Exempt Grievance	1,087	Next Business Day	95% compliance within standard	1,082	99.5%	4.25
Standard Appeal	94	30 Calendar Days	95% compliance within standard	92	97.9%	0.37
Expedited Appeal	5	72 Hours	95% compliance within standard	5	100%	0.02
Total Cases:	1,448		95% compliance within standard	1,437	99.2%	5.66

Quality Assurance

- The Quality Assurance department works closely with Compliance and Health Care Services on regulatory compliance. QA helped HCS make significant improvements in our DHCS performance. This week, we are undergoing our NCQA onsite survey and will provide a brief, preliminary update to the board on Friday at the board meeting.

ALAMEDA Alliance FOR HEALTH

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Information Technology

Sasikumar Karaiyan

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

From: **Sasi Karaiyan, Executive Director of Information Technology**

Date: **September 13, 2019**

Subject: **Information Technology Report**

Call Center System Availability

- AAH phone systems and call center applications remained 100% available during the month of August. 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.
    - Implemented the Alliance Eligibility Verification System (AVES) IVR.
    - Improved alerts and notifications – 100% completed.
    - Session Initiation Protocol (SIP) trunk migration from Vonage to AT&T – Work in progress.

Encounter Data

- In the month of July, AAH submitted 60 encounter files to DHCS with a total of 340,327 encounters.

Enrollment

- The 834 file from DHCS for the month of August 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 7,808 authorization (total authorizations loaded in TruCare production) processed through the system.

- There were 12,332 manually updated authorizations in TruCare.

Web Portal

- The web portal usage for the month of August 2019 among our group providers and members remains consistent with prior months.

- The Alliance is rebuilding the provider, member, and public portal. The rebuild shall enable the Alliance to submit authorization/provider disputes and receive appeals and grievances through the consumer portal. The Alliance is planning to go live with this rebuild in the 2th quarter of 2020.

    - Provider Portal rebuild and go-live is December 6th, 2019.

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 decreased with a return to a reputation-based blocks for a total of 10.7k.

- Attempted information leaks detected and blocked at the firewall are lower from 67 to 46 for the month.

- Network scans returned a value of 6 which is in line with previous month's data.

- Attempted User Privilege Gain is higher at 116 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) is 100% complete and operationalized. Monthly reports of total assets are generated and reviewed on 2nd week of each month.

- 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 September 2019.

Information Technology

Supporting Documents

Enrollment

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

Month	Total MC[1]	MC[1] - Add/ Reinstatements	MC[1] - Terminated	Total GC[2]	GC[2] - Add/ Reinstatements	GC[2]- Terminated
August	255,406	4,903	7,183	6,021	186	143

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

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

Auto-Assignments	Member Count
Auto-assignments MC	1,473
Auto-assignments Expansion	1,016
Auto-assignments GC	68
PCP Changes (PCP Change Tool) Total	3,738

TruCare

- See Table 2-1 “Summary of TruCare Authorizations for the month of August 2019”.
- There were 7,808 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 August 2019

Transaction Type	Inbound EDI Auths	Failed PP-Already In TC	Failed PP-MNF	Failed PP-PNF	Failed PP-Procedure Code	Failed PP-Diagnosis Code	Misc	Total EDI failure	New Auths entered	Total Auths loaded in TruCare Production
EDI-CHCN	4,116	134	2	42	6	4	7	195	0	3921
EDI-Evicore	98	0	0	0	0	0	0	0	0	98
Manual Entry	0	0	0	0	0	0	0	0	3,789	3,789
Total										**7,808**

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 July 2019.

Group	Individual User Accounts	Individual User Accounts Accessed	Total Logins	New Users
Provider	2,918	2,378	164,891	215
MCAL	57,993	1,694	3,386	631
IHSS	2,316	71	130	24
AAH Staff	125	44	487	6
Total	**63,352**	**4,187**	**168,894**	**876**

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

Top 25 Pages Viewed		
Category	**Page Name**	**May-19**
Provider	Member Eligibility	733,526
Provider	Claim Status	88,794
Provider	Member Roster	86,260
Provider	Authorization Status	6,524
Member - Eligibility	Member Eligibility	5,065
Member - Claims	Claims - Services	3,336
Member - Help Center	Find a Doctor or Facility	2,627

Member - Help Center	Member ID Card	2,099
Member - Help Center	Select/Change PCP	535
Provider - Provider Directory	Provider Directory PCP/Specialist	503
Member - Pharmacy	My Pharmacy Claims	430
Member - Help Center	Update My Contact Info	216
Member - Pharmacy	Pharmacy	76
Member - Help Center	Contact Us	132
Member - Help Center	Authorizations & Referrals	109
Provider	Pharmacy	201
Provider - Provider Directory	Attestation	161
Member – Health/Wellness	Personal Health Record - Intro	82
Member - Pharmacy	Pharmacy - Drugs	198
Member - Forms/Resources	Authorized Representative Form	111
Member – Health/Wellness	Personal Health Record - intro	97
Member - Forms/Resources	Reimbursement Form	40
Member – Help Center	File a Grievance or Appeal	85
Member – Help Center	Helpful Contact Info	44
Member – Health/Wellness	Member Materials	59
Member - Pharmacy	Find a Drug	58
Member – Health/Wellness	Personal Health Record-NoMoreClipboard	51

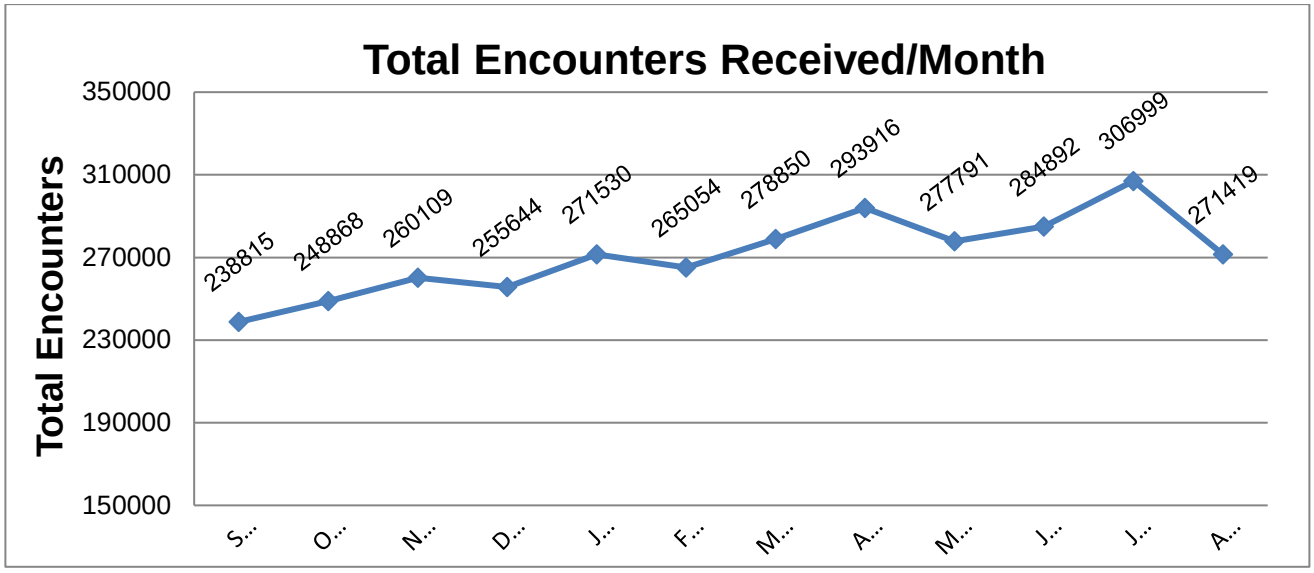
Encounter Data from Trading Partners

- AHS:
  - August daily files (4,741 records) were received on time.
- Beacon:
  - August monthly files (36 records) were received on time
- CHCN:
  - August weekly files (67,396 records) were received on time.
  - August AC3-HHP files (2,837 records) received past due date.
- CHME:
  - August monthly file (4,807 records) were received on time.
- CFMG:
  - August weekly files (6,281 records) were received on time.
- PerformRx:
  - August monthly files (167,719 records) were received on time.
- Kaiser:
  - August monthly files (40,478 records) were received on time.
  - August monthly Kaiser Pharmacy files (20,667 records) were received on time.

- LogistiCare:
  - August weekly files (7,109 records) were received on time.
- March Vision:
  - August monthly file (3,598 records) was received on time.
- Quest Diagnostics:
  - August weekly files (13,084 records) were received on time.

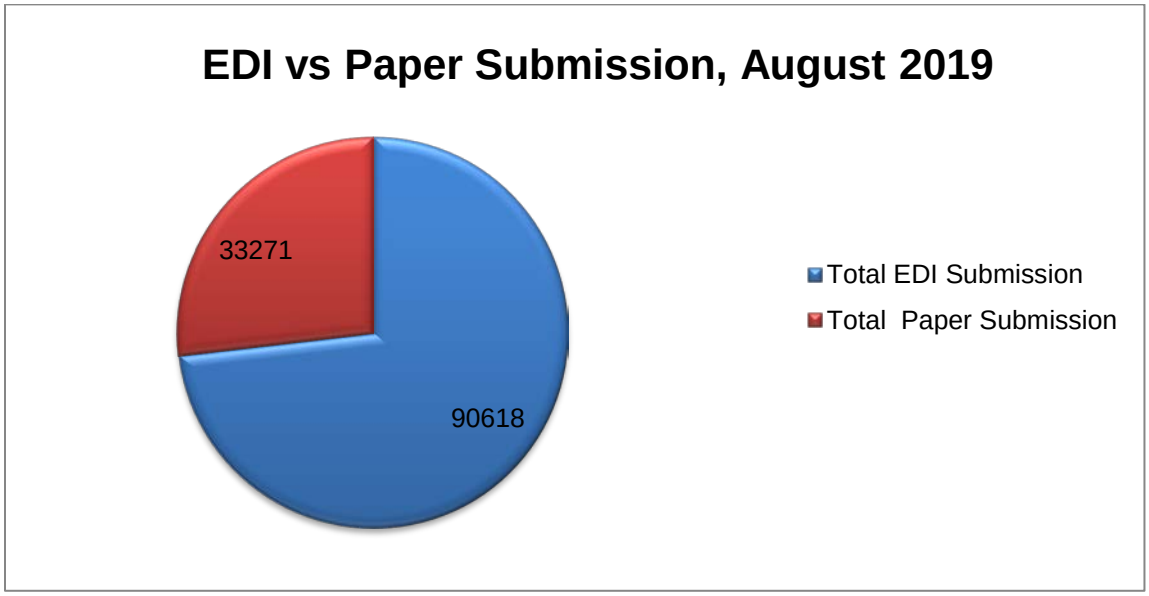
Trading Partner Encounter Submission History:

Trading Partners	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Health Suite	101523	107873	110091	113623	125001	117729	124018	129482	121763	111286	116092	123889
Kaiser	35671	30916	40896	33145	34209	34110	33237	36876	47654	37506	27013	40478
LogistiCare	7571	14380	10891	10598	15026	15917	11401	14416	12392	13945	9831	7109
March Vision	3046	2117	3424	2909	2442	2195	1858	2651	2252	2369	2641	3598
AHS	2085	2435	2074	3088	3497	3835	4952	5595	4835	4857	4886	4741
Beacon	7556	6320	10599	8435	9255	7891	7942	11797	3065	21619	9926	36
CHCN	55601	57668	56306	57864	57578	53219	64510	66233	58976	70192	66286	67396
CHME	3352	3767	3005	2990	3595	3272	3220	4396	3659	4258	4639	4807
Claimsnet	6477	8731	10342	9462	7096	7543	10963	8965	8674	7475	7239	6281
Quest	15933	14661	12481	13530	13831	19343	16749	13505	14521	11385	13969	13084
Total	238815	248868	260109	255644	271530	265054	278850	293916	277791	284892	262522	271419



HEALTHsuite Paper vs EDI breakdown:

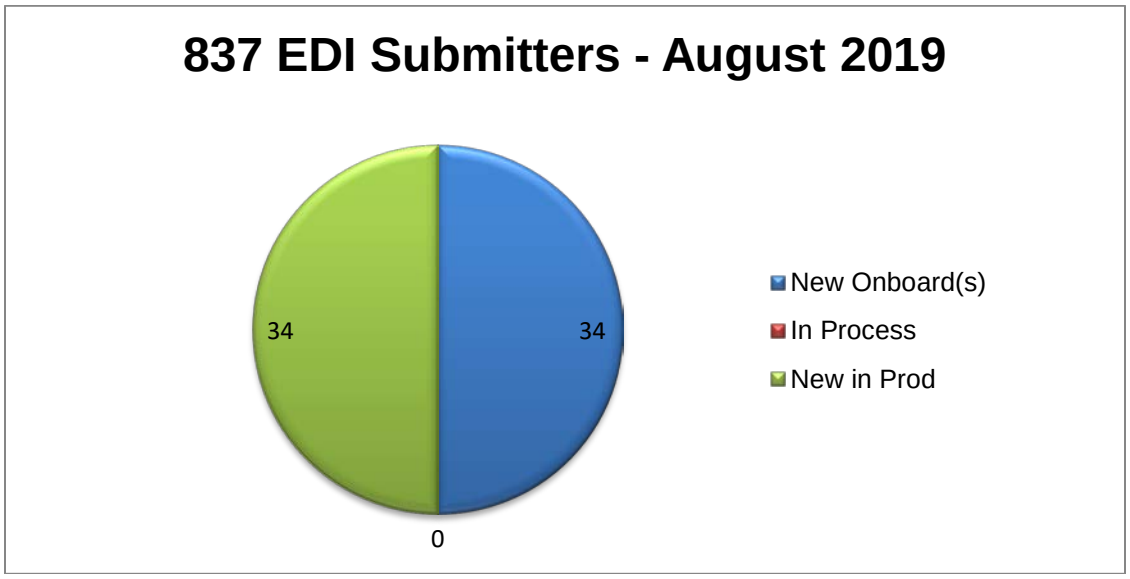
Period	Total EDI Submission	Total Paper Submission	Total claims
19-Aug	90618	33271	123889

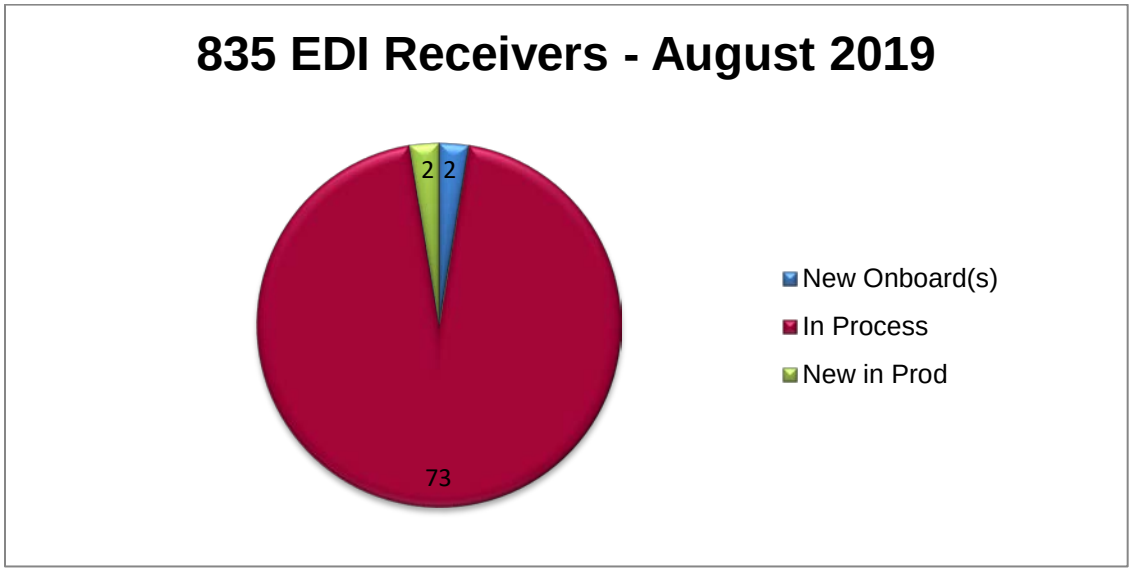


Onboarding EDI Providers - Updates:

- August 2019 EDI Claims:
  - A total of 765 new EDI submitters have been added since October 2015, with 34 added in August 2019.
  - The total number of EDI submitters is 1497 providers.
- August 2019 EDI Remittances (ERA):
  - A total of 173 new ERA receivers have been added since October 2015, with 2 added in August 2019.
  - The total number of ERA receivers is 212 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
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
Jul-19	21	0	21	1463	3	73	3	210
Aug-19	34	0	34	1497	2	73	2	212



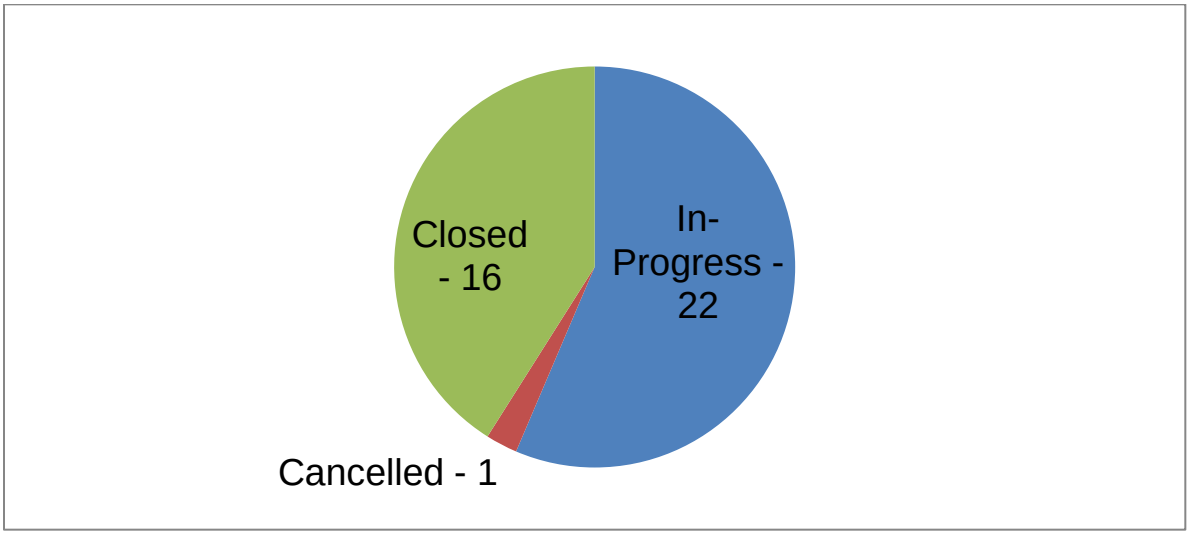


Encounter Lag Time

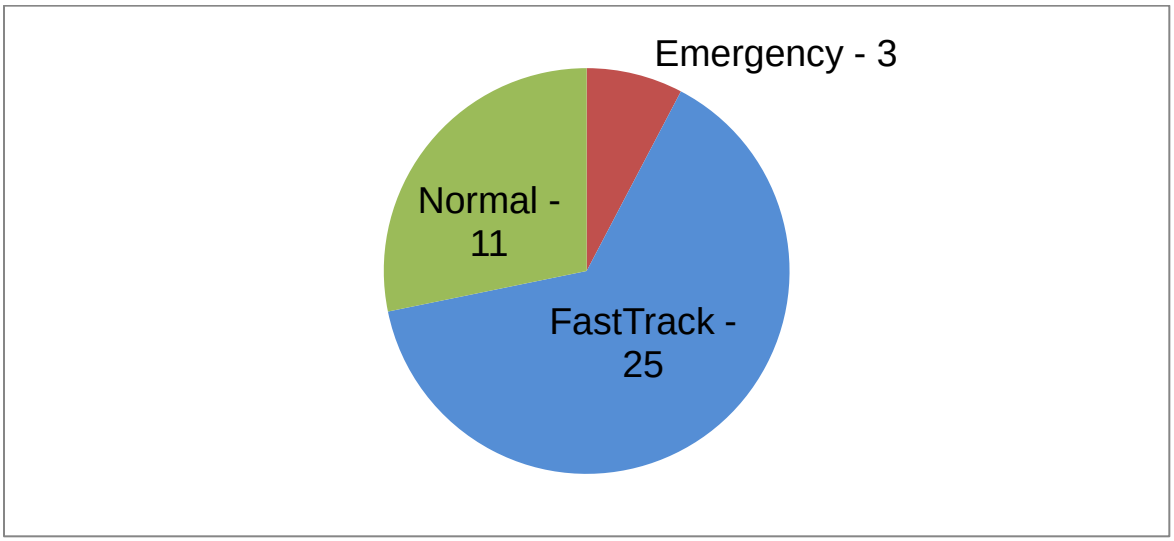
AAH Encounters: Outbound 837 (AAH to DHCS)	Aug-19	Target
Timeliness-% Within Lag Time - Institutional 0-90 days	94%	60%
Timeliness-% Within Lag Time - Institutional 0-180 days	99%	80%
Timeliness-% Within Lag Time - Professional 0-90 days	93%	73%
Timeliness-% Within Lag Time – Professional 0-180 days	98%	80%

Change Management Key Performance Indicator (KPI)

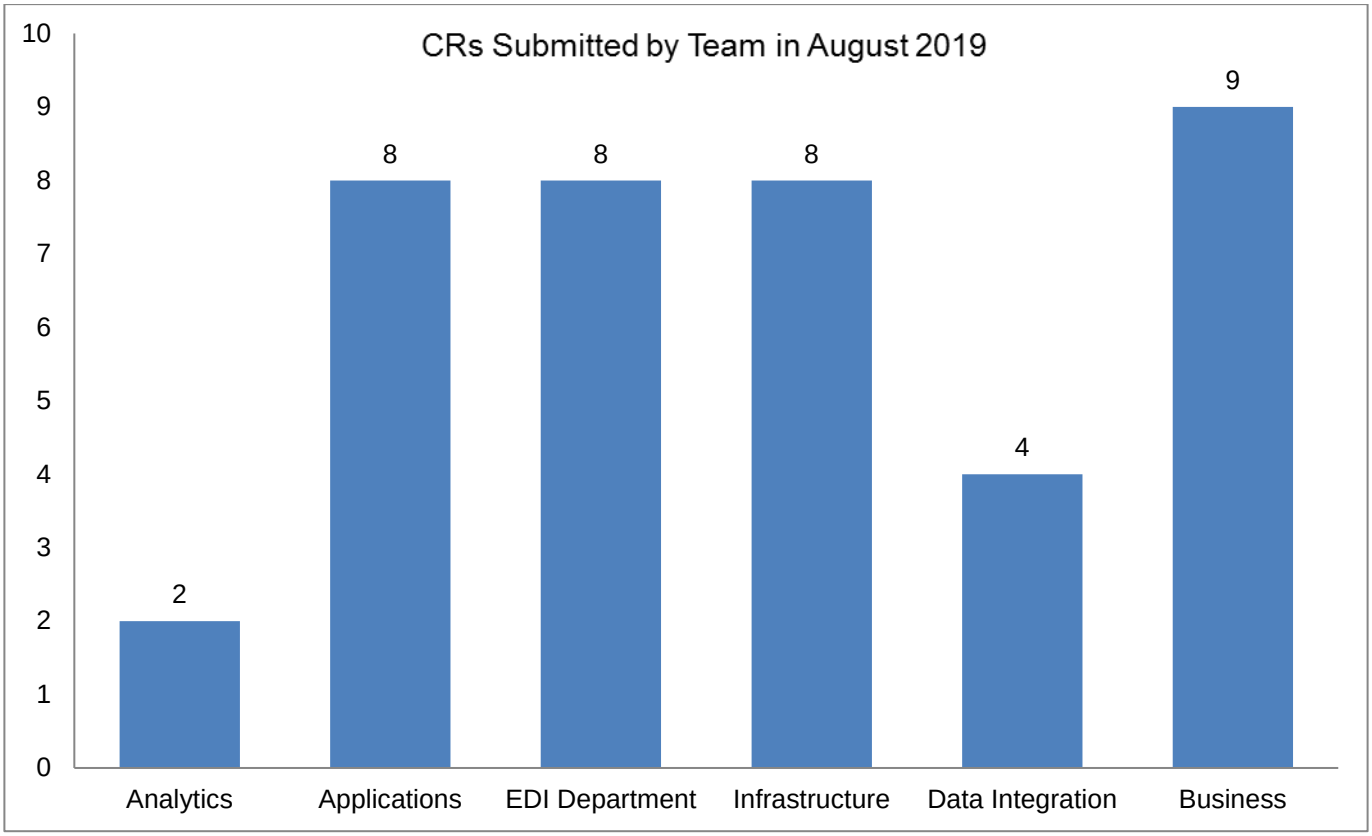
- Change Request Submitted by Type in the month of August 2019.
- KPI – Overall Summary
    - 1045 Changes, Submitted.
    - 974 Changes, Completed, and Closed.
    - 71 Active Changes.
    - 118 Changes Cancelled/Rejected.
- 39 CRs Submitted/logged in the month of August 2019 resulting in:



- Total change request by type submitted in the month of August 2019



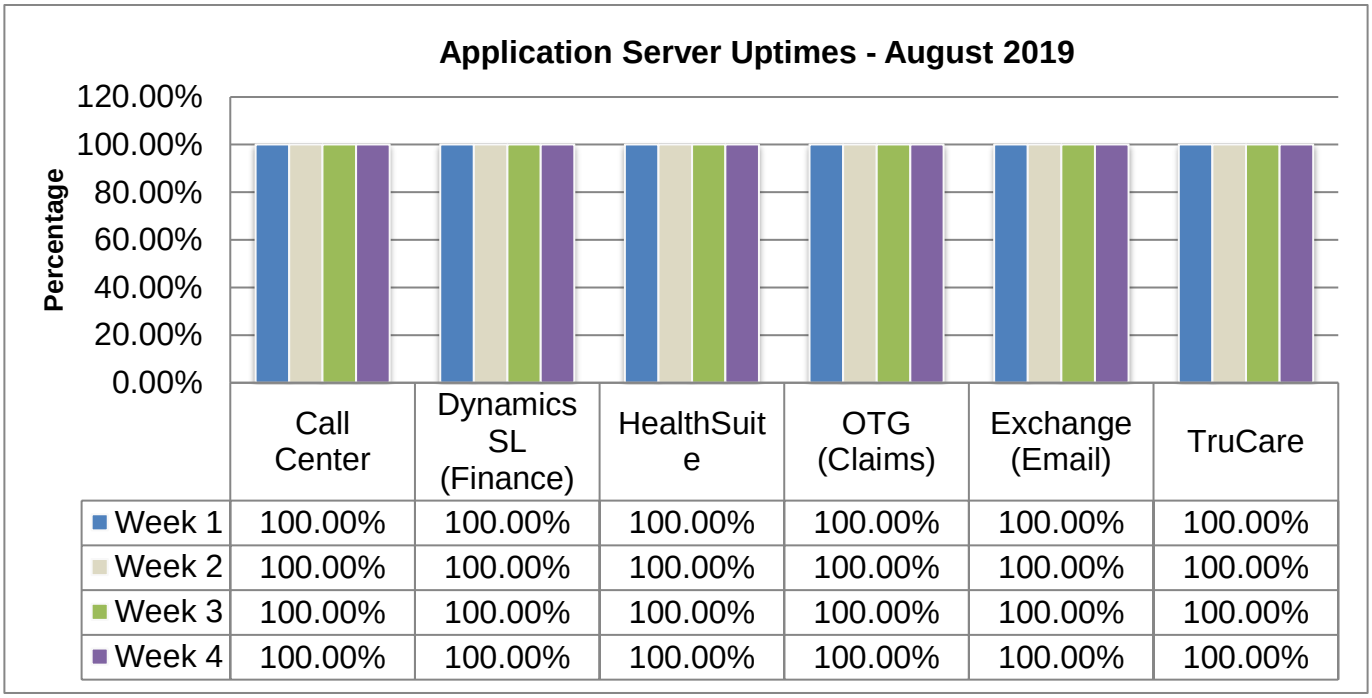
- Total change request by type submitted in the month of August



- Emergency Request Lag Report for August 2019

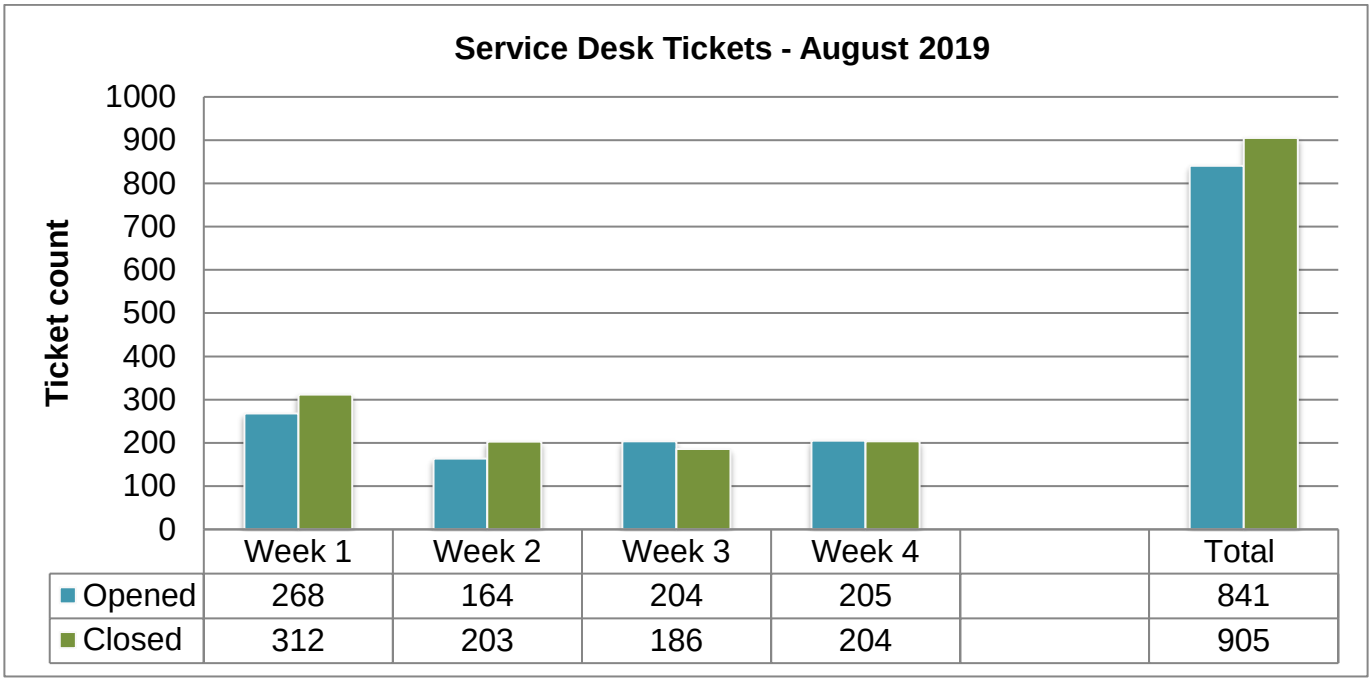
Ticket	Department	Description	Category	Resolved
CR-00948	Infrastructure	Emergency Reboot for AAH-SQLProd	Hardware	1 day
CR-00955	EDI Department	AC3 / HH Outbound File Eligibility Validation Logic needs to change	Process	1 day
CR-00965	Business	Change Prior Authorization Effective Date for Hospice By The Bay	Application	2 days

IT Stats: Infrastructure



	Call Center	Dynamics SL (Finance)	HealthSuite	OTG (Claims)	Exchange (Email)	TruCare
Week 1	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Week 2	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Week 3	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Week 4	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

- All mission critical applications are monitored and managed thoroughly.
- There were no outages experienced in the month of August.

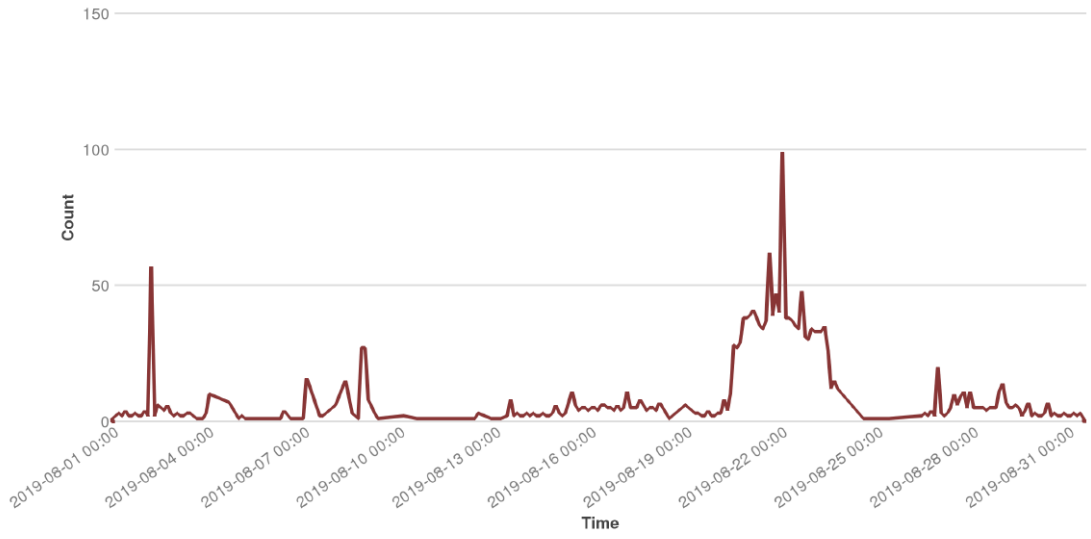


	Week 1	Week 2	Week 3	Week 4		Total
Opened	268	164	204	205		841
Closed	312	203	186	204		905

- 841 Service Desk tickets were opened in the month, which is 27.7% higher than the previous month and 905 Service Desk tickets were closed, which is 38.4% higher than the previous month.

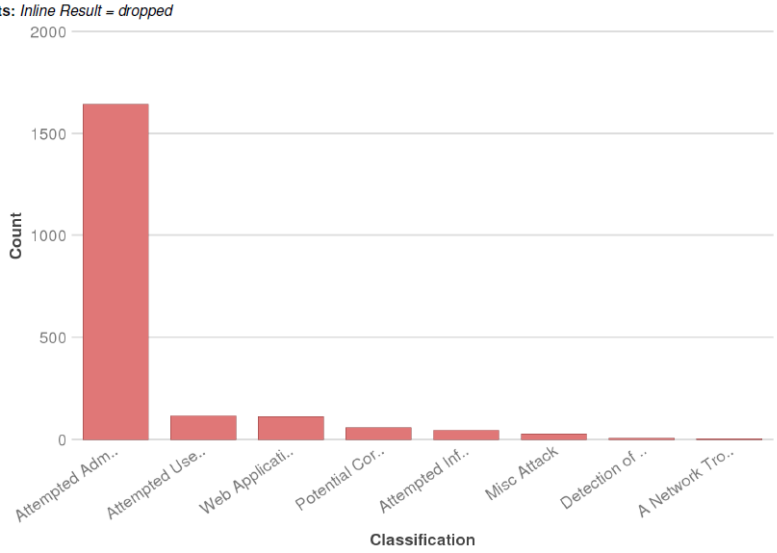
All Intrusion Events

Time Window: *2019-08-01 00:00:00 - 2019-08-31 11:33:00*

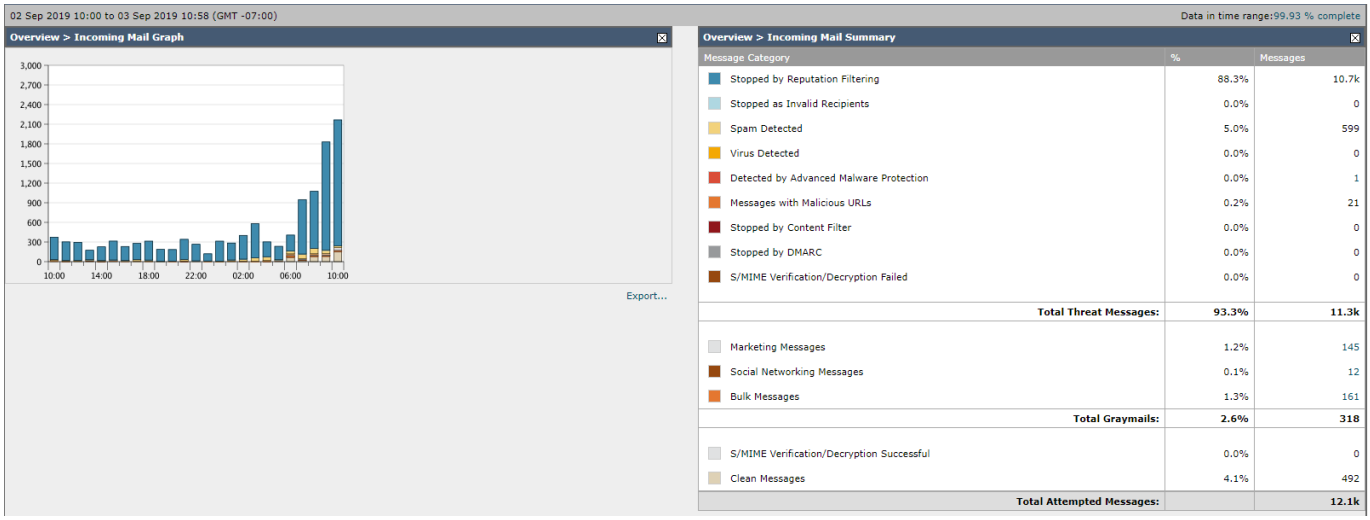


Dropped Intrusion Events

Time Window: *2019-08-01 00:00:00 - 2019-08-31 11:33:00*
Constraints: *Inline Result = dropped*



Classification	Count
Attempted Administrator Privilege Gain	1,643
Attempted User Privilege Gain	116
Web Application Attack	111
Potential Corporate Policy Violation	59
Attempted Information Leak	46
Misc Attack	29
Detection of a Network Scan	6
A Network Trojan was Detected	4



Item / Date	18-Jan	19-Feb	18-Mar	19-Apr	19-May	19-Jun	19-Aug
Stopped By Reputation	458.0K	14.2K	371.8K	344.7K	339.1K	299.9K	10.7k
Invalid Recipients	37	0	41	33	31	299	0
Spam Detected	29.8K	1,269	28.5k	26.2k	24.0k	23.2K	599
Virus Detected	6	1	0	2	0	2	0
Advanced Malware	4	0	0	2	5	1	1
Malicious URLs	579	4	248	263	174	86	21
Content Filter	1,917	1	14	23	13	6	0
Marketing Messages	3,413	179	4,239	4,347	4,475	3,909	145
Attempted Admin Privilege Gain	626	2,128	1,588	843	1,786	3,029	1,643
Attempted User Privilege Gain	348	78	129	84	3	20	116
Attempted Information Leak	44	47	72	54	36	67	46
Potential Corp Policy Violation	8	30	24	34	26	47	59
Network Scans Detected	7	4	1	0	2	5	6
Web Application Attack	80	42	24	22	46	83	111
Misc. Attack	32	18	5	7	1	30	29

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

- 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 decreased with a return to a reputation-based blocks for a total of 10.7k.

- Attempted information leaks detected and blocked at the firewall are lower from 67 to 46 for the month.

- Network scans returned a value of 6 which is in line with previous month’s data.

- Attempted User Privilege Gain is higher at 116 from a previous six months average of 60.

ALAMEDA Alliance FOR HEALTH

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: **September 13, 2019**

Subject: **Performance & Analytics Report**

Membership Demographics

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

Member Cost Analysis

- The Member Cost Analysis below is based on the following 12 month rolling periods:
  - Current reporting period: June 2018 – May 2019 dates of service.
  - Prior reporting period: July 2017 – June 2018 dates of service.
  - (Note: Data excludes Kaiser membership data).

- For the Current reporting period, the top 7.7% of members account for 81.4% of total costs.

- In comparison, the Prior reporting period was slightly lower at 7.3% of members accounting for 80.1% 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 59.2% of the members, with SPDs accounting for 28.6% and ACA OE's at 30.6%.
  - The percent of members with costs >= $30K has increased slightly from 1.4% to 1.5%.
  - Of those members with costs >= $100K, the percentage of total members has slightly increased at 0.4%.
    - For these members, non-trauma/pregnancy inpatient costs continue to comprise the majority of costs, increasing slightly from 50% to 52%.

- Demographics for member city and gender for members with costs >= $30K follow the same distribution as the overall Alliance population.

- However, the age distribution of the top 7.7% is more concentrated in the 45-66 year old category (42%) compared to the overall population (22%).

Analytics

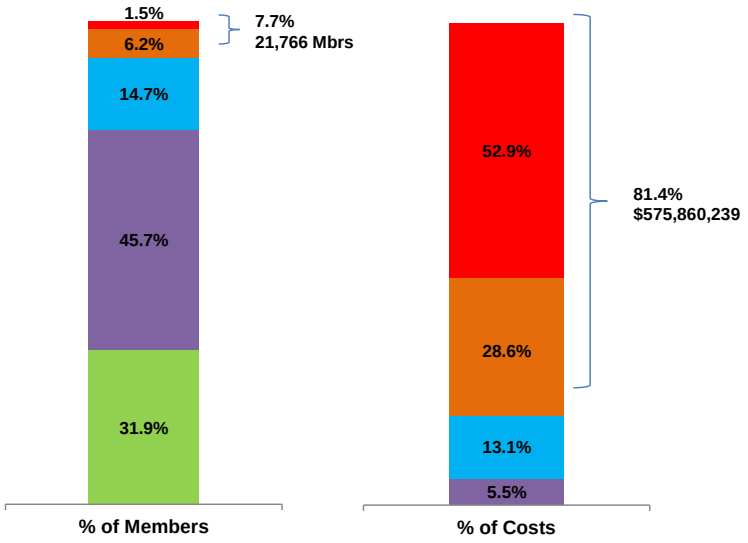
Supporting Documents

Alameda Alliance for Health - Analytics Supporting Documentation: Member - Cost Analysis
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Jun 2018 - May 2018

Note: Data incomplete due to claims lag

Run Date: 8/31/19

Member Cost Distribution



Cost Range	Members	% of Members	Costs	% of Costs
$30K+	4,324	1.5%	$ 373,853,831	52.9%
$5K - $30K	17,442	6.2%	$ 202,006,408	28.6%
$1K - $5K	41,701	14.7%	$ 92,494,439	13.1%
< $1K	129,305	45.7%	$ 38,884,514	5.5%
$0	90,175	31.9%	$ -	0.0%
Totals	**282,947**	**100.0%**	**$ 707,239,193**	**100.0%**

Top 7.7% of Members = 81.4% of Costs

Cost Range	Members	% of Total Members	Costs	% of Total Costs
$100K+	998	0.4%	$ 196,865,669	27.8%
$75K to $100K	539	0.2%	$ 46,532,013	6.6%
$50K to $75K	1,018	0.4%	$ 62,334,203	8.8%
$40K to $50K	683	0.2%	$ 30,514,638	4.3%
$30K to $40K	1,086	0.4%	$ 37,607,309	5.3%
SubTotal	***4,324***	***1.5%***	***$ 373,853,831***	***52.9%***
$20K to $30K	2,082	0.7%	$ 50,969,331	7.2%
$10K to $20K	6,172	2.2%	$ 85,258,752	12.1%
$5K to $10K	9,188	3.2%	$ 65,778,324	9.3%
SubTotal	***17,442***	***6.2%***	***$ 202,006,408***	***28.6%***
Total	**21,766**	***7.7%***	**$ 575,860,239**	***81.4%***

Enrollment Status	Members	Total Costs
Still Enrolled as of May 2018	224,738	$ 613,034,311
Dis-Enrolled During Year	58,209	$ 94,204,881
Totals	**282,947**	**$ 707,239,193**

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
7.7% of Members = 81.4% of Costs
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Jun 2018 - May 2018
Note: Data incomplete due to claims lag
Run Date: 8/31/19

7.7% of Members = 81.4% of Costs
28.6% of members are SPDs and account for 35.3% of costs.
30.6% of members are ACA OE and account for 29.1% of costs.
9.9% of members disenrolled as of May 2018 and account for 14.2% of costs.

Highest Cost Members; Cost Per Member >= $100K
40.2% of members are SPDs and account for 40.2% of costs.
28.6% of members are ACA OE and account for 27.2% of costs.
19.4% of members disenrolled as of May 2018 and account for 20.8% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Members	% of Members
IHSS	IHSS	103	590	693	3.2%
MCAL	MCAL - ADULT	440	2,927	3,367	15.5%
	MCAL - BCCTP	3	1	4	0.0%
	MCAL - CHILD	160	1,404	1,564	7.2%
	MCAL - ACA OE	1,278	5,379	6,657	30.6%
	MCAL - SPD	1,664	4,570	6,234	28.6%
	MCAL - DUALS	76	1,025	1,101	5.1%
Not Eligible	Not Eligible	600	1,546	2,146	9.9%
Total		**4,324**	**17,442**	**21,766**	**100.0%**

Member Breakout by LOB

LOB	Eligibility Category	Total Members	% of Members
IHSS	IHSS	17	1.7%
MCAL	MCAL - ADULT	82	8.2%
	MCAL - BCCTP	1	0.1%
	MCAL - CHILD	4	0.4%
	MCAL - ACA OE	285	28.6%
	MCAL - SPD	401	40.2%
	MCAL - DUALS	14	1.4%
Not Eligible	Not Eligible	194	19.4%
Total		**998**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Costs	% of Costs
IHSS	IHSS	$ 8,173,015	$ 6,585,923	$ 14,758,938	2.6%
MCAL	MCAL - ADULT	$ 34,328,519	$ 33,369,563	$ 67,698,082	11.8%
	MCAL - BCCTP	$ 267,635	$ 9,124	$ 276,759	0.0%
	MCAL - CHILD	$ 7,838,841	$ 15,286,601	$ 23,125,442	4.0%
	MCAL - ACA OE	$ 106,560,141	$ 60,821,306	$ 167,381,446	29.1%
	MCAL - SPD	$ 147,858,423	$ 55,399,497	$ 203,257,920	35.3%
	MCAL - DUALS	$ 5,386,436	$ 12,326,438	$ 17,712,874	3.1%
Not Eligible	Not Eligible	$ 63,440,822	$ 18,207,957	$ 81,648,779	14.2%
Total		**$ 373,853,831**	**$ 202,006,408**	**$ 575,860,239**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Total Costs	% of Costs
IHSS	IHSS	$ 3,983,804	2.0%
MCAL	MCAL - ADULT	$ 16,084,107	8.2%
	MCAL - BCCTP	$ 140,770	0.1%
	MCAL - CHILD	$ 848,914	0.4%
	MCAL - ACA OE	$ 53,562,890	27.2%
	MCAL - SPD	$ 79,093,629	40.2%
	MCAL - DUALS	$ 2,136,769	1.1%
Not Eligible	Not Eligible	$ 41,014,787	20.8%
Total		**$ 196,865,669**	**100.0%**

% of Total Costs By Service Type

Breakout by Service Type/Location

Cost Range	Trauma Costs	Hep C Rx Costs	Pregnancy, Childbirth & Newborn Related Costs	Pharmacy Costs	Inpatient Costs (POS 21)	ER Costs (POS 23)	Outpatient Costs (POS 22)	Office Costs (POS 11)	Dialysis Costs (POS 65)	Other Costs (All Other POS)
$100K+	7%	0%	2%	11%	61%	1%	11%	6%	2%	2%
$75K to $100K	4%	1%	3%	19%	45%	3%	9%	4%	7%	6%
$50K to $75K	4%	1%	2%	21%	40%	3%	9%	6%	10%	7%
$40K to $50K	4%	3%	5%	17%	45%	4%	6%	8%	4%	10%
$30K to $40K	4%	4%	5%	18%	41%	6%	8%	8%	1%	13%
$20K to $30K	4%	7%	6%	20%	39%	7%	9%	9%	2%	9%
$10K to $20K	1%	0%	13%	19%	36%	7%	13%	12%	3%	7%
$5K to $10K	0%	0%	11%	23%	23%	9%	13%	18%	1%	9%
Total	**4%**	**1%**	**5%**	**17%**	**45%**	**4%**	**11%**	**9%**	**3%**	**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

Human Resources

Anastacia Swift

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

From: **Anastacia Swift, Executive Director, Human Resources**

Date: **September 13, 2019**

Subject: **Human Resources Report**

Staffing

- As of September 1, 2019 the Alliance had 302 full time employees and 2-part time employees.
- On September 1, 2019 the Alliance had 30 open positions in which 8 signed offer acceptance letters have been received with start dates in the near future resulting in a total of 38 positions open to date. The Alliance is actively recruiting for the remaining 38 positions and several of these positions are in the interviewing or job offer stage.
- Summary of open positions by department:

Department	Open Positions September 1st	Signed Offers Accepted by Department	Remaining Recruitment Positions
Healthcare Services	17	6	11
Operations	11	2	9
Healthcare Analytics	3		3
Information Technology	2		2
Finance	3		3
Human Resources	2		2
Total	38	8	30

- Our current recruitment rate is 12%.

Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in August 2019 included:
    - 5 years:
        - Christina Ly (Member Services)
    - 7 years:
        - Tina Tan (Finance)
        - Hyacinth Joya (Claims)
    - 8 years:
        - Helen Ha (Claims)
    - 12 years:
        - Vanessa Swann (Member Services)
        - Ann Marie Pittman (Member Services)