ALAMEDA
Alliance
FOR HEALTH

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

Board of Governors
Regular Meeting

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

1240 South Loop Road, Alameda, CA 94502

ALAMEDA Alliance FOR HEALTH
Health care you can count on.
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AGENDA

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

1240 South Loop Road
Alameda, CA 94502

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

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1. **CALL TO ORDER**
   A regular meeting of the Alameda Alliance for Health Board of Governors will be called to order on October 11, 2019 at 12:00 p.m. at 1240 South Loop Road, Alameda, California, by Dr. Evan Seevak, Presiding Officer.

2. **ROLL CALL**

3. **AGENDA APPROVAL OR MODIFICATIONS**

4. **INTRODUCTIONS**

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

   a) **REVIEW AND APPROVE SEPTEMBER 2019 BOARD OF GOVERNORS MEETING MINUTES**

6. **BOARD MEMBER REPORTS**

   a) **COMPLIANCE ADVISORY GROUP**

   b) **FINANCE COMMITTEE**

7. **CEO UPDATE**

8. **BOARD BUSINESS**

    a) **REVIEW AND APPROVE MOSS ADAMS FISCAL YEAR 2019 AUDIT**

    b) **REVIEW AND APPROVE AUGUST 2019 MONTHLY FINANCIAL STATEMENTS**

    c) **ACCESS TO CARE UPDATE**

9. **STANDING COMMITTEE UPDATES**

    a) **PHARMACY AND THERAPEUTICS COMMITTEE**

    b) **PEER REVIEW AND CREDENTIALING COMMITTEE**

    c) **HEALTH CARE QUALITY COMMITTEE**

    d) **CONSUMER ADVISORY COMMITTEE**

10. **STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS**

11. **PUBLIC COMMENTS (NON-AGENDA ITEMS)**

12. **ADJOURNMENT**

NOTICE TO THE PUBLIC

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

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

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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.
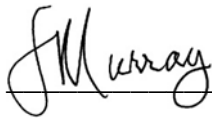
Public Input: If you are interested in addressing the Board, please fill out a form provided at the meeting with your full name and address. These forms are submitted to the Clerk of the Board at the front of the room. The Chair of the Board will call your name to speak when your item is considered. 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 October 8, 2019 by 12:00 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 AND RETREAT

September 13, 2019
9:00 am – 3:00 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, Marty Lynch, David B. Vliet, Dr. Rollington Ferguson, Delvecchio Finley, Nicholas Peraino
Excused: Will Scott
Alliance Staff Present: Scott Coffin, Dr. Steve O'Brien, Gil Riojas, Matt Woodruff, Tiffany Cheang, Anastacia Swift, Sasi Karaiyan, Jeanette Murray
Board of Governors on Conference Call: None
Guest Speakers: Bobbie Wunsch and Dr. Brad Gilbert, Pacific Health Consulting Group

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
1. CALL TO ORDER			
Dr. Seevak	The regular board meeting was called to order by Dr. Seevak at 9:03 AM.	None	None
2. ROLL CALL			
Dr. Seevak	Board Members, Alliance Staff, and Guests in the Public Seating Area were introduced.	None	None
3. AGENDA APPROVAL OR MODIFICATIONS			
Dr. Seevak	None	None	None
4. INTRODUCTIONS			
Dr. Seevak	Introductions of attendees were made during Roll Call.	None	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
5. HEALTH POLICY ENVIRONMENT AHEAD			
Dr. Brad Gilbert	Health Policy Environment ahead: Federal Landscape: 1) Multiple lawsuits challenging the Affordable Care Act: • Most recent significant one by 18 states – arguing that because Congress took away the penalty tied to the individual mandate the entire ACA is invalid. • If upheld this would end the ACA resulting in 20 million more uninsured including all Medi-Cal Expansion Members for Alameda Alliance. 2) Approval of short term and limited benefit health insurance plans – impacts Covered California. 3) Reduced funding to encourage enrollment in Exchange or Medicaid/Medi-Cal. 4) The President and the Senate want the ACA gone. If the ACA or Exchange is gone there will be about 80,000 members without insurance. Time needs to be spent on ways to discuss what are the opportunities and options for these individuals. State Landscape: 1) Enrollment trends for Medi-Cal: • Declining overall. • Minimum wage is up. • Overall improved economy. • "Gig" economy – not necessarily insured but income above 138% of Federal Poverty Level. • Area of potential growth- undocumented adults 19-25. 2) Governor Newsom Agenda: • Universal coverage – slow but sure – starting with undocumented adults 19-25. • Coverage mandate penalty for CA-encourages enrollment. • Increased subsidies for Covered California enrollees. • Focus on children – new Pediatric Preventative Services		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	quality measures and accountability. • Childhood trauma and developmental screening. 3) Executive Order carving out retail medications from Health Plans back to the state. 4) Proposition 56 payments through health plans to providers: • Rates are up. • New "Value Based Payments". • Trauma and Developmental Screening. • Behavioral Health Integration. • Significant dollars – Plan at risk financially. 5) Department of Health Care Services: • Up oversight of access to care. • Up requirements for quality measures and minimum performance levels. • Up encounter data monitoring. • Tougher annual audits. • Federal Mega Reg impacting level of compliance. • Sanctions. 6) Rate Development: • Calendar year – implications for FY 20/21. • "Regional" rates – good or bad? • Encounter data based rates. 7) Department of Managed Health Care: • Access to care monitoring. • HMO Help Center. • Oversight of IPAs / Medical Groups. 8) Future of the Safety Net: • Emphasis on access quality and impact on rates. • Executive Order – impact on 340b funding. • Waivers 2021 – much less funding directly through waivers and potentially directed payments- funding for WPC and potentially current EPP through Plans in rates.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Behavioral Health Integration: 1) Coordination / Integration with Alameda County Behavioral Health: • Sharing of data on mutual members-complicated with Mental Health and Substance Use treatment. • Delineated liaison staff to county at Health Plan. • Expand programs to deliver primary care at county BH clinic(s). • Closer coordination with inpatient admissions/discharges – particularly for Plan responsible Members. 2) Integration of Behavioral Health and Physical Health in network: • FQHCs and County Hospital. • Other Primary Care clinics. • BH Staffing in primary care plus Multi-disciplinary teams. • PHQ-9, GAD-7, Social Determinants of Health assessments as part of intake and periodically. 3) Vendor versus In House Management: • Network Flexibility- Plan drives network and performs credentialing. • Better linkages to county. • Better ability to staff primary care sites with BH staff. • Contracting rates and process critical. • BH structure, leadership and staff needed at Plan. • UM/CM/Claims staffing. • Better able to integrate at provider and Plan. Long Term Services and Support: • Current benefit only month of admission and month of discharge – then dis-enrolled. • New benefit 2021 is full responsibility. • $6000 – $7000/month per member. • Relationship with LTC facilities. • Contracting / Network. • SNFs – Medi-Cal currently. • Sub-acute facilities – expensive. • Intermediate Care Facilities- complex populations.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	- Rates Paid. - Utilization Management. - Transitions of care. - Long Term stays in facilities. - IEHP estimate is 15-20% do not need to be in facility – but complicated to transition. - Need very organized community resources, including housing. Other Benefit Additions: 1) Transplants: - High risk and high cost services – need strong UM and CM management. 2) Community Based Adult Services – Questions regarding changes. 3) Multipurpose Senior Services Program – will stay carved out from Plans. 4) In Lieu of Services – "trading" less intense service that is not a Medi-Cal benefit for a higher cost service (housing versus SNF). Medicare / Medi-Cal Dual Eligible: 1) Cal MediConnect Program authorized through 2023: 7 counties now. - Unclear if DHCS wants to expand. - Three-way contract (CMS/DHCS/Health Plan) difficult. - Financially most plans losing money due to guaranteed savings off the top to CMS and rate processes. - Enrollment difficult – one by one. 2) Dual Eligibles Special Needs Plan (D-SNP): - Had positive results for public plans. - Enrollment difficult – one by one. - Less requirements than Cal MediConnect but still major staffing and operational impact on Plan.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP

	3) Compliance:
	    • Significantly more rules and restrictions than Medi-Cal.
	    • Continuous oversight by CMS.
	    • Program audit infrequent but very difficult.
	
	Strategic Readiness for Medi–Cal Procurement:
	
	1) RFP out 2020 for implementation of new (or not) commercial plan 2023.
	2) Blue Shield/Promise, Anthem/Blue Cross, Centene/Health Net, Molina will be active, less clear about United or Aetna or a public Plan?
	3) Strategic Positioning:
	    • Maintain or grow percentage of enrollment.
	    • Maintain or improve positive relationship with providers both financially and service critical as commercial plans will attempt to "buy" providers.
	    • Service areas include contracting, provider services, claims, Proposition 56 payments, Pay for Performance.
	    • Particularly focus on counties and FQHCs but private providers as well.
	    • Consider investing in safety net.
	    • Consider Social Determinants of Health investing = housing, food, etc.
	
	Growth Strategy:
	
	1) Undocumented children and adults age 19-25:
	    • Strong partnerships with community entities that know/serve this population.
	    • Strong message in community that enrollment is safe and needed.
	2) Capturing "not yet enrolled" in Medi-Cal:
	    • Consider an Enrollment Assistance Unit.
	    • Small staff focused on "not yet enrolled".
	    • Assists with enrollment.
	    • Provides positive messaging and support in community.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	3) Focus on Medi-Cal eligible but not enrolled: • Undocumented as above. • Medi-Cal Expansion eligible but not enrolled. • Employers with part-time workers, low wage. • Students. Conclusion / Summary: 1) Will need to do more with less resources: • Contracting strategies. • Efficiency – consider LEAN efforts. • Review vendors vs. in-house economics for direct delivery of BH. 2) Integration of physical and behavioral health: • Collaboration with county mental health. • Primary Care / Behavioral Health true integration. • Integration at Plan (CM). 3) Managing transitions of care is critical to financial status: • Community to hospital. • Hospital to SNF or home. • Development of community-based care options – home health on steroids, palliative care, and hospice care. • Enhance Care Management capabilities – community and clinic based (Health Homes), integrated with BH. 4) Compliance is critical – but should not drive strategy or operations. Comments from Board Members: There are people who are not enrolled in Medi-Cal but could be; the Country relationship can help us with this and to grow. The county relationship is a key relationship. Dr. Brad Gilbert comments: • Prop 56 has a lot of money available. Rates and preventive services have been increased. • Quality payments are also more dollars for physicians and clinics.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• Consider Grants to spur change in the health care System. The plan should help support providers with the process of the applications. • The state has no money risk with this but the plan does.	Informational update to the Board Governors. Motion and vote not required.	

6. STRATEGIC INITIATIVES IN FY2019/2020 AND BEYOND

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP

S. Coffin	Strategic Initiatives FY 2019-2020 and Beyond:
	
	1) Highest Priorities:
	  • Membership Growth of 82% to 90% in 3 years.
	    • Well over 300,000 people still available for Medi-Cal in Alameda County and we need to grow. We need to explore ways to grow in area as social media.
	  • Quality & Compliance.
	  • Organizational Change & Readiness by 2021, 2022.
	  • Strategic positing for Medi-Cal procurement.
	2) Cost Containment & Operational Efficiency Projects.
	3) Provider Portal.
	4) Operations Readiness:
	  • Long-Term Care (January 2021).
	  • Pharmacy Transition (January 2021).
	5) Enterprise Data Warehouse & Governance.
	6) Quality Improvement, HEDIS, NCQA.
	7) Expansion of case management through community-based programs (AC3 & Health Homes).
	8) Mental Health Assessment.
	9) Leadership Development & Employee Retention.
	10) Pilot Kickoffs:
	  • Pediatric Carte Coordination (EPSDT).
	  • Member Texting.
	  • ALL IN – Food is Medicine.
		Informational update to the Board Governors.
		
		Motion and vote not required.	

7. CONSENT CALENDAR

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
Dr. Seevak	Review and Approve the July 2019 Board of Governors Meeting Minutes. Review and Approve 2019 Quality Improvement Program Description.	Motion: Dr. Marchiano Second: M. Lynch Motion passed. No opposed or abstained.	None

8. BOARD MEMBER REPORT – FINANCE COMMITTEE

Dr. Ferguson	Dr. Ferguson reported that the Finance Committee Meeting was held on Tuesday, September 10, 2019.	Informational update to the Board Governors. Motion and vote not required.	

9. BOARD BUSINESS – FINANCE –

a) REVIEW AND APPROVE JUNE 2019 MONTHLY FINANCIAL STATEMENTS

G. Riojas	Review and approve June 2019 monthly financial statements. Net Income: • For the month ending a June 30, 2019, the Alliance ended with a Net Loss of $1.1 million (versus budgeted Net Loss of $3.9 million). • For the year-to-date, the Alliance recorded a Net Loss of $10.0 million (versus budgeted Net Loss of $37.8 million). • Factors resulting in the favorable variance are related to low than anticipated Medical Expense and Administrative Expense. Enrollment: • Enrollment increased by 604 members since the month of May, 2019. • Enrollment is at 258,385.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Revenue: • Revenue reported is for the month ending June 30, 2019. • Revenue at $75.9 million vs. budgeted amount of $75.8 million. Medical Expense: • Medical Expenses were $73.3 million vs. budgeted amount of $75.3 million. Administrative Expense: • Administrative Expenses were $4.6 million. • YTD the Alliance reported $51.1 million vs. budgeted $53.8 million. Other income / (Expense): • As of June 30, 2019, our YTD interest income from investments is $7.1 million. • Year-to-date claims interest expense is $568,000. Tangible Net Equity (TNE): • TNE was reported at 555% of the required amount, with a surplus of $147.7 million. Cash Position and Assets: • The Alliance reported $254.8 million in cash, $168.9 million is uncommitted. • Current ratio is above the minimum required at 1.85 compared to 1.0. Motion carried to approve the June 2019 financial report as presented to the Board of Governors.	Motion: Dr. Ferguson Second: Dr. Marchiano Motion passed. No opposed or abstained.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	b) REVIEW AND APPROVE JULY 2019 MONTHLY FINANCIAL STATEMENTS		
G. Riojas	Review and approve July 2019 Pre-Audit monthly financial statements. Net Income**:** • For the month ending July 31, 2019, and year-to-date, the Alliance ended with a Net Income of $2.3 million (versus preliminary budgeted Net Income of $195,000). • Factors creating the favorable variance were higher than anticipated revenue and lower than anticipated Administrative Expenses offset by higher than anticipated Medical Expenses. Enrollment: • Enrollment decreased by 1,740 members since the month of June and the enrollment is at 256,645. • The Alliance 12 month trend shows reductions in the Adult and Child categories of aid. Revenue**:** • For the month ending July 31, 2019, and year-to-date, revenue came in slightly higher than budgeted at $80.3 million vs. preliminary budgeted amount of $78.6 million. • The largest variances are due to maternity supplemental payments, base capitation and Hepatitis C Supplemental payments. Medical Expense**:** • Medical Expenses were $74.2 million vs. preliminary budgeted amount of $73.7 million. • The largest variances were $1.4 million IBNP adjustment related to pharmacy, which were largely offset by favorable results in capitated expenses related to contracts, Health Home, AC3 expense, and revenue timing.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Medical Loss Ratio: • The Alliance reported an MLR of 92.4% for the month and YTD vs. preliminary budgeted 94%. **Administrative Expense:** • Administrative Expenses were $4.2 million vs. preliminary budgeted $5.1 million for current month and YTD. • Administrative Expense represents 5.2% of net revenue for the month and YTD. **Other Income / (Expense):** • As of July 31, 2019, YTD interest income from investments is $608,000, and YTD claims interest expense is $34,000. **Tangible Net Equity (TNE):** • Tangible net equity was reported at 563% of the required amount, with a surplus of $150.5 million. **Cash Position and Assets:** • The Alliance reported $228.6 million in cash; $178 million is uncommitted and the current ratio is above the minimum required at 2.07 compared to 1.0. Discussion: About why are we losing children? • There is not an exact answer, other than maybe parents are obtaining jobs with commercial insurance included and the child now has commercial insurance. • Motion carried to approve the July 2019 financial report as presented to the Board of Governors.	Motion: Dr. Ferguson Second: Dr. Marchiano Motion passed. No opposed or abstained.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	c) REVIEW AND APPROVE FISCAL YEAR 2020 FINAL BUDGET		
G. Riojas	Review and Approve Fiscal Year 2019/2020 Final Budget. Budget Process - presented by Scott Coffin: • Preliminary Budget Presented to the Board of Governors on June 14th. • Final rates received from DHCS for the Med-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 – presented by Gil Riojas. 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), and 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	.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	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. Medical Expense: • Medical loss ratio is 94.0%, an improvement of 2.2%. • Highest 5% (14,223) of members account for 75% ($523 million) 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 $60 million 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: • 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 $879.1 million, $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		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	by labor ($4.1 million) and purchased and professional services ($3.9 million). • 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 $2.2 million Net Income for July. • Year-end membership is 1,000 lower, reflecting lower than anticipated July enrollment. Capital Expenses FY2019-2020: Approximately $2.5 million in capitalized purchases for technology and facilities enhancements ($600,000 more than FY2019).		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP

	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.
	
	Board Member Comment:
	• When a presentation on transportation is made for the Board, can you include GEMT too?
	
	• Motion carried to approve the Fiscal Year 2019/2020 Final Budget.
		Motion: Dr. Marchiano
		Second: Dr. Ferguson
		Motion passed.
		No opposed / obtained	

10. BOARD OF GOVERNORS TRAINING			
Bobbie Wunsch	Being an Effective Board of Directors. Being Effective as a Board – Hearts and Minds: • Quality of boardroom dialog and debate. • Ability to ask tough question of management. • Diversity of thought and experience. • Meetings and materials well planned. • Board Chair manages the Board. • Members well oriented. • Commitment to participation and engagement. Comments:	Informational update to the Board Governors. Motion and vote not required	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	What are the benefits about being on the Alliance Board? • 245,000 Medi-Cal members. • Giving quality service to the members. • There is a lot to learn and as we learn it helps connect the dots. What are the challenges? • The conflict of interest. • Knowing nothing about the rate negotiations. • Rolls are less clear. • Audits. • Understanding Financials. Board of Directors Roles and Responsibilities: • Legal and Financial Oversight. • Strategic Leadership and Policy Development. • Management Oversight. • Regulatory Oversight. • Program Oversight. • Board Development. • Evaluation of Organization. Relationship with CEO and Staff: • Advises CEO. • Asks tough questions. • Hires CEO. • Evaluates CEO. • Acts collaboratively. • Active leadership on organizational strategies. • Demonstrates full commitment and engagement. By-Laws: • Attendance. • Quorum. • Committee structure.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• Representation of community needs and interests. • HATS OFF. The Board Packet: • Is there any feedback you could give the CEO and staff to help arrange the materials better? • What about questions? • Better use of presenting the materials. Board Orientation: • Orientation of new Board members is important for their effectiveness. • Being at the meetings is important. • Tips of best ways to have an effective Board. • The most helpful is when Scott calls in his monthly meeting and informs me. • This is a very good practice to help the Board. • All Board section have an executive summary included in their Board packet. Conflict of interest: • Most of the Board are business entitles who contract with the Alliance. • Leave the Hat that you wear at your organization and put the collective hat on for the Board. • Discussions should not be focused on one business but a whole. • How will this help the members of our community? • Not what I am getting from this but what are we getting from this. • The discussion should never be about me. • You become effective as a Board member when you put aside your organization and see the community as a whole. Board Member Comments: • Since the Board does not know anything about the contracts, and the CEO makes all the decisions, it is hard for the Board to make an informed decision.		

	• Perhaps there is more that the Board could know. Such as, a contract is up for renewal or being executed, just to be kept the Board updated. • Should the Board have any role in the contracts? • Should the Board have any roll in judging the effectiveness of the financial team or CEO in negotiating contracts? • How do we ensure we have a set of values and principles that become the framework that the CEO and Executive Team works within?		
11. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS			
Dr. Seevak	• None	None	None
12. PUBLIC COMMENTS (NON-AGENDA ITEMS)			
Dr. Seevak	• None	None	None
13. ADJOURNMENT			
Dr. Seevak	The meeting was adjourned at 3:08 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.

CEO
Update

Scott Coffin

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

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

Date: **October 11, 2019**

Subject: **CEO Report**

- **Financial Outlook & Operating Metrics**
  - Combined $2.2 million year-to-date net income, 2 months of reporting into the fiscal year 2019/2020. Medi-Cal membership declines exceed state forecast and the current operating budget.
  - See operating metrics on pages 45 – 48.

- **Long-Term Care**
  - DHCS announced September 3rd about the transition of long-term care benefits into managed Medi-Cal managed care by January 2021. Includes transplants, skilled nursing facilities, subacute facilities, pediatric subacute facilities, and intermediate care facilities.

- **Pharmacy**
  - Governor Newsom's Executive Order to transition pharmacy benefits from Medi-Cal managed care to a state-operated model by January 2021.
  - Operational readiness efforts started to assess impacts and milestones.

- **Date of Death Audit**
  - DHCS is assessing the number of ineligible Medi-Cal enrollees and will be issuing a one-time demand for payment in January 2020. Analysis for the time period of April 2011 through December 2018 (7 years, 9 months) is anticipated to be received by December 31st.

- **Regulatory Audits**
  - Final issuance of the DHCS medical survey by 12/31/2019.
  - DMHC Financial Audit is scheduled for December 2019.
  - Federal Office of Inspector General (OIG) is pending confirmation of the onsite audit; 30 month review period (1/1/14-6/30/15 and 7/1/15-6/30/16).

- **Board of Governors Retreat: Summary of Outcomes & Next Steps**

- **Recruiting Update: Chief Compliance Officer**

EXECUTIVE DASHBOARD
OCTOBER 2019

Alliance ALAMEDA
FOR HEALTH

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

MEMBERSHIP

255,613

TOTAL MEMBERSHIP
IHSS 6,020 | MEDI-CAL 249,593

DISTRIBUTION OF ALL MEMBERSHIP BY ASSIGNED NETWORK

INDEPENDENT **19%**   AHS **19%**

ASSIGNED NETWORK	Value	Percentage
DIRECT NETWORK	97,093	38%
CHCN	94,360	37%
CFMG	30,542	12%
KAISER	33,618	13%

PERCENTAGE (%)
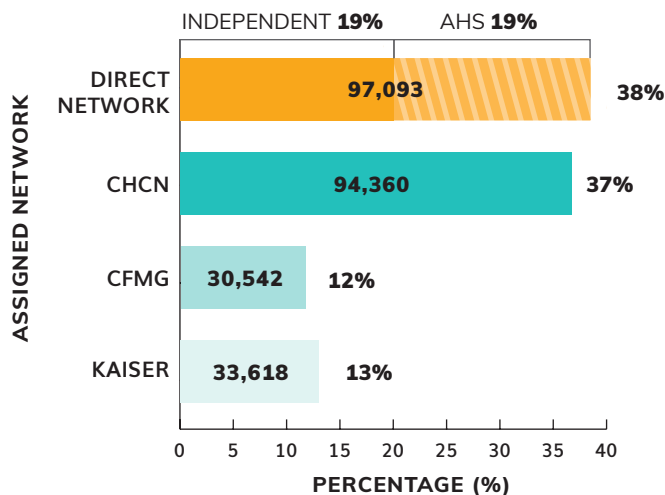
DISTRIBUTION OF MEMBERSHIP BY CITY

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

BERKELEY 4%
OAKLAND 41%
ALAMEDA 4%
SAN LEANDRO 9%
HAYWARD 15%
DUBLIN 1%
LIVERMORE 3%
UNION CITY 4%
NEWARK 2%
FREMONT 9%

N
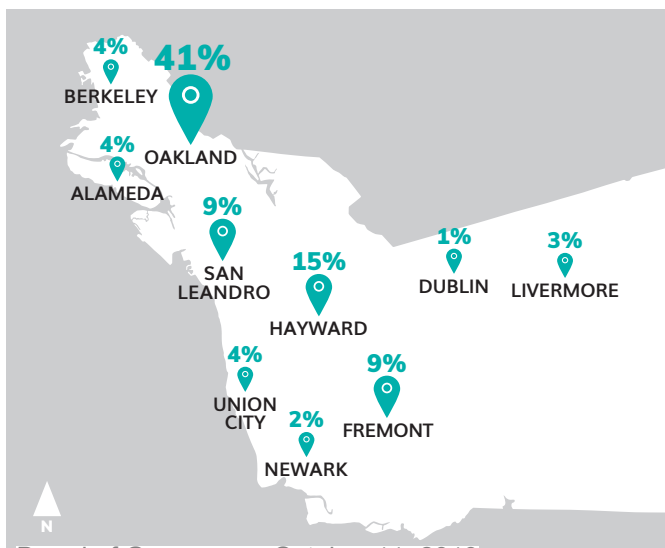
DISTRIBUTION OF MEDICAL EXPENSE BY MEMBERSHIP CATEGORY

%

Category	%
IHSS	2%
ACA OEs	32%
SPDs	10%
ADULTS	13%
DUALS	7%
CHILDREN	36%

$

Category	$
IHSS	3%
ACA OEs	38%
SPDs	31%
DUALS	3%
ADULTS	13%
CHILDREN	12%

TOTAL MEMBERSHIP 255,613

TOTAL MEDICAL EXPENSE $150.8M
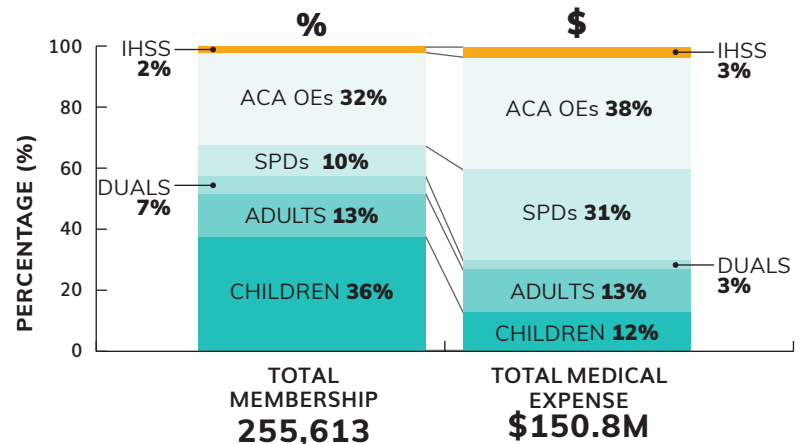
REVENUE & EXPENSES

	AUGUST 2019	FISCAL YTD
REVENUE	$80.7M	$161M
MEDICAL EXPENSE	($76.6M)	($150.8M)
ADMIN EXPENSE	($4.5M)	($8.7M)
OTHER	$321K	$713K
NET INCOME	**($77K)**	**$2.2M**

MEDICAL EXPENSE

- EMERGENCY 4.6%
- PRIMARY CARE 9.8%
- OTHER 2.5%
- INPATIENT 27.5%
- SPECIALTY 9.8%
- PHARMACY 17.9%
- OUTPATIENT 27.9%
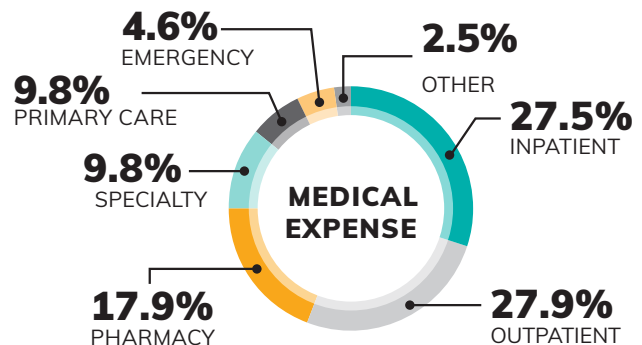
TANGIBLE NET EQUITY*

561%   **$183M**

HIGH UTILIZER DISTRIBUTION*

		Percentage
MEMBERS 21,574		7.6%
MEDICAL CLAIM COSTS $573M		81.6%

PERCENTAGE (%)
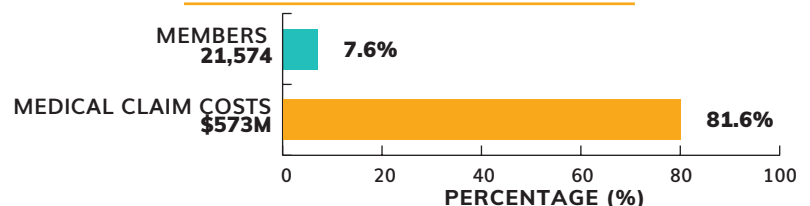
*REPORTING 4 MONTH LAG

UTILIZATION*

4,514
INPATIENT
BED DAYS

6,893
EMERGENCY
ROOM VISITS

4.2 DAYS
AVERAGE
LENGTH OF STAY

*REPORTING 2 MONTH LAG

CASE AND DISEASE MANAGEMENT*

	NEW CASES	OPEN CASES
CARE COORDINATION	304	716
COMPLEX CASE MANAGEMENT	52	122
TOTAL	356	838

	NEW CASES	ENROLLED
HEALTH HOMES	47	611
WHOLE PERSON CARE (AC3)	14	206
TOTAL	61	817

TOTAL CASE MANAGEMENT

417
TOTAL NEW CASES

1,655
TOTAL OPEN CASES & ENROLLED

*REPORTING 2 MONTH LAG

REGULATORY COMPLIANCE

ALL REGULATORY COMPLIANCE MEASURES ARE IN COMPLIANCE.

ENCOUNTER DATA

TIMELINESS (%)

- INSTITUTIONAL 0-90 DAYS: 93.6%
- INSTITUTIONAL 0-180 DAYS: 98.6%
- PROFESSIONAL 0-90 DAYS: 91.4%
- PROFESSIONAL 0-180 DAYS: 97.8%

GOAL 60%, GOAL 80%, GOAL 65%, GOAL 80%

MEDICAL AUTHORIZATIONS

COMPLIANCE RATE (%)

- OVERALL: 98%
- MEDI-CAL: 98%
- IHSS: 97%

GOAL 95%

LINE OF BUSINESS

PROVIDER DISPUTES & RESOLUTIONS

TURNAROUND (%)

- PDR: 96% — GOAL 95%
- OVERTURN: 24% — GOAL ≤25%

COMPLIANCE
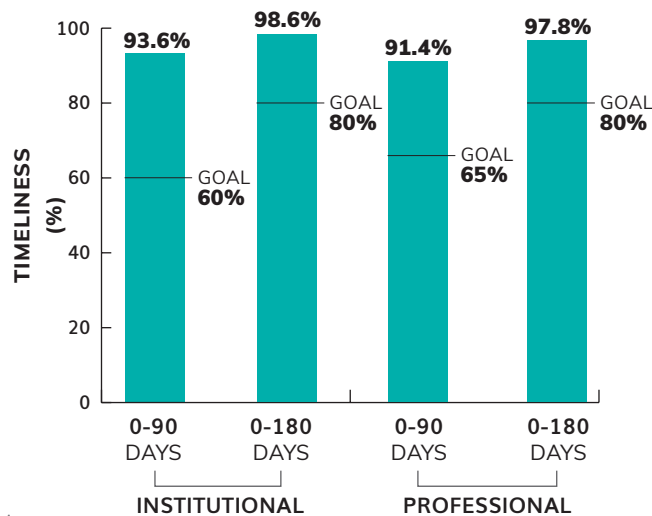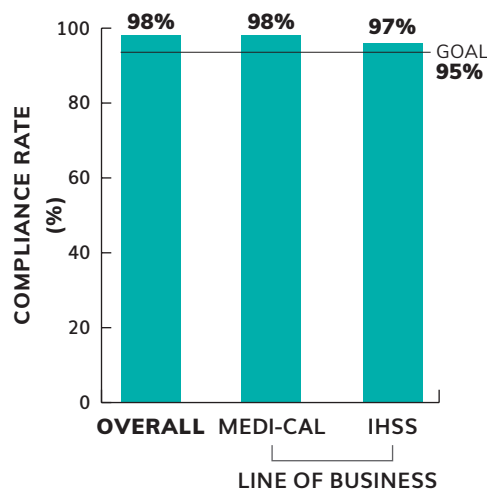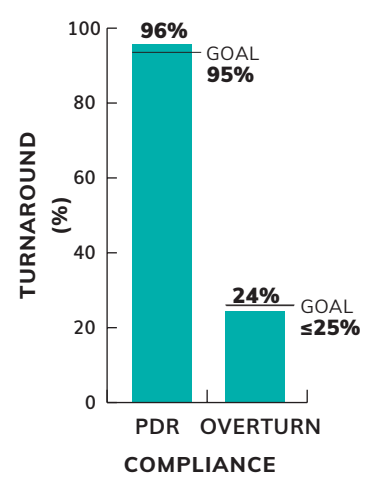
CALL CENTER

15,228
CALLS RECEIVED

85%
ANSWERED IN 30 SECONDS

3%
CALLS ABANDONED

CLAIMS

106,462
PROCESSED CLAIMS

72.9%
AUTO-ADJUDICATED

23 DAYS
PROCESSED PAYMENTS

STAFF & RECRUITING

306
TOTAL EMPLOYEES

6
HIRED IN THE LAST 30 DAYS

12%
CURRENT VACANCY

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 115 (Committee on Budget) Medi-Cal: Managed care organization provider tax**
    - o **Status:** 9/27/19 – Approved by Governor. Chaptered by Secretary of State - Chapter 348, Statutes of 2019.
    - o **Summary:** This bill would establish a managed care organization provider tax, with substantially similar provisions, that would become effective and operative on the effective date of the federal approval necessary for receipt of federal financial participation, as specified. The bill would specify the applicable tax amounts for each taxing tier for the 2019-20, 2020-21, and 2021-22, fiscal years, and the first 6 months of the 2022-23 fiscal year. The bill would establish the Health Care Services Special Fund. All revenues, less refunds, derived from the taxes provided for in the bill would be deposited in the State Treasury to the credit of the fund and continuously appropriated, without regard to fiscal year, to the department for purposes of funding the nonfederal share of Medi-Cal managed care rates for health care services furnished to children, adults, seniors and persons with disabilities, and persons dually eligible for Medi-Cal and Medicare. By creating a continuously appropriated fund, the bill would make an appropriation.

- **AB 4 (Bonta/Arambula – D) Medi-Cal: Eligibility**
    - o **Status:** 7/10/19 – Failed Deadline pursuant to Rule 61(a)(10).
    - o **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**
    - o **Status:** 9/30/19 – Approved by Governor. Chaptered by Secretary of State - Chapter 387, Statutes of 2019
    - o **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.

1

- **AB 763 (Gray – D) Medi-Cal Specialty Mental Health Services**
  - **Status:** 8/30/19 – Failed deadline pursuant to Rule 61(a)(12).
  - **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:** 10/02/19 – Approved by Governor. Chaptered by Secretary of State - Chapter 450, Statutes of 2019.
  - **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:** 9/20/19 – Enrolled and presented to the Governor at 3:30 p.m.
  - **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:** 9/12/19 – Enrolled and presented to the Governor at 3:30 p.m.
  - **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:** 9/11/19 – Enrolled and presented to the Governor at 3:30 p.m.
  - **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.

2

- **AB 678 (Flora – R) Medi-Cal: Podiatric Services**
  - **Status:** 10/02/19 – Approved by Governor. Chaptered by Secretary of State - Chapter 433, Statutes of 2019.
  - **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:** 9/25/19 – Enrolled and presented to the Governor at 3:30 p.m.
  - **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 – Chaptered by Secretary of State – Chapter 64, Statutes of 2019.
  - **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:** 9/13/19 – Enrolled and presented to the Governor at 3:30 p.m.
  - **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,

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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:** 9/17/2019 – Enrolled and presented to the Governor at 3:30 p.m.
  - **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:** 9/17/19 – Enrolled and presented to the Governor at 3:30 p.m.
  - **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:** 10/02/19 – Approved by Governor. Chaptered by Secretary of State - Chapter 465, Statutes of 2019.
  - **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:** 5/17/19 – Failed Deadline pursuant to Rule 61(a)(5).
  - **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:** 9/15/2019 – Failed Deadline pursuant to Rule 61(a)(15).
  - **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

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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**
  - o **Status:** 9/15/2019 – Failed Deadline pursuant to Rule 61(a)(15).
  - o **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**
  - o **Status:** 8/30/19 – Failed Deadline pursuant to Rule 61(a)(12).
  - o **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**
  - o **Status:** 8/30/2019 – Failed Deadline pursuant to Rule 61(a)(12).
  - o **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**
  - o **Status:** 9/17/19 – Enrolled and presented to the Governor at 2 p.m.
  - o **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.

5

- **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:** 9/17/19 – Enrolled and presented to the Governor at 2 p.m.
  - **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:** 9/13/19 – Enrolled and presented to the Governor at 3:30 p.m.
  - **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:** 9/15/19 – 9/15/2019 – Failed Deadline pursuant to Rule 61(a)(15).
  - **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

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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**
  - o **Status:** 9/25/2019 – Enrolled and presented to the Governor at 3:30 p.m.
  - o **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**
  - o **Status:** 9/25/19 – Enrolled and presented to the Governor at 3:30 p.m.
  - o **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**
  - o **Status:** 7/10/19 – Failed Deadline pursuant to Rule 61(a)(10).
  - o **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**
  - o **Status:** 9/19/19 – Enrolled and presented to the Governor at 3:30 p.m.
  - o **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**
  - o **Status:** 9/18/19 – Enrolled and presented to the Governor at 4 p.m.
  - o **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.

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- **SB 600 (Portantino – D) Health Care Coverage: Fertility Preservation**
  - **Status:** 9/19/19 – Enrolled and presented to the Governor at 3 p.m.
  - **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 – Failed Deadline pursuant to Rule 61(a)(12).
  - **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:** 9/12/2019 – Enrolled and presented to the Governor at 3:30 p.m.
  - **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:** 9/18/19 – Enrolled and presented to the Governor at 3:30 p.m.
  - **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

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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:** 9/24/19 Enrolled and presented to the Governor at 3:30 p.m.
  - **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:** 7/8/19 – In committee: Set, first hearing. Hearing canceled at the request of author.

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o **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**
  o **Status:** 7/1/19 – In committee: Set, first hearing. Hearing canceled at the request of the author.
  o **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**
  o **Status:** 6/12/19 – Referred to Committee on Health.
  o **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**
  o **Status:** 5/16/19 – Held in committee and under submission.
  o **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**
  o **Status:** 8/30/19 – Failed Deadline pursuant to Rule 61(a)(12).
  o **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**
  o **Status:** 9/9/19 – Approved by the Governor. Chaptered by Secretary of State - Chapter 278, Statues of 2019.
  o **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

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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**
  - o **Status:** 6/6/19 – Referred to committee on Human Services.
  - o **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**
  - o **Status:** 9/26/19 – Approved by the Governor. Chaptered by Secretary of State - Res. Chapter 164, Statutes of 2019.
  - o **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.

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	**2019 APL/PL TRACKING LIST**
#	**Regulatory Agency**	**APL/PL Number**	**Date Released**	**APL/PL Title**	**Summary of Requirements**	**Status of Implementation**
1	DMHC	19-001	1/11/2019	Health Plan Profile Webinars	1) Webinars pertaining to the collection of health plan data to occur between January 28th- March 8th 2) Sign up for webinars no later than January 24th 3) DMHC is targeting 05/01/2019 for submission of all completed documents	Closed 5/1/2019
2	DHCS	19-001	1/17/2019	Medi-Cal Managed Care Health Plan Guidance on Network Provider Status	1) Plans must ensure that providers meet the required characteristics of Network providers effective 07/01/2019 2) Ensure that all Network Provider Agreements comply with current and applicable Medi-Cal managed care contract requirements 3) Must submit within 60 days (March 17th) any Network Provider Agreement boilerplates for hospital providers and 120 days (May 17th) for non-hospital that have been updated in accordance with requirements in this APL for review and approval prior to use 4) Ensure that all Network provider Agreements meet the Network Provider criteria in APL to guarantee eligibility for directed payments for rating periods starting 07/01/2019	Hospital Boilerplate Closed- 03/15/2019 Non-Hospital Boilerplate Closed- 05/17/2019
3	DMHC	19-001	3/6/2019	Medi-Cal Managed Care Health Plan Guidance on Network Provider Status	1) Plans must ensure that providers meet the required characteristics of Network providers effective 07/01/2019 2) Ensure that all Network Provider Agreements comply with current and applicable Medi-Cal managed care contract requirements 3) Must submit by April 1st any Network Provider Agreement boilerplates for hospital providers and by June 1st for non-hospital that have been updated in accordance with requirements in this APL for review and approval prior to use 4) Ensure that all Network provider Agreements meet the Network Provider criteria in APL to guarantee eligibility for directed payments for rating periods starting 07/01/2019	Hospital Boilerplate Closed- 03/21/2019 Non-Hospital Boilerplate Closed- 05/20/2019
4	DMHC	19-002	1/11/2019	Newly Enacted Statutes Impacting Health Plans	1) Update EOC, disclosure form, provider contracts and/or other plan documents 2) Review relevant plan documents to ensure they comply with newly passed legislation 3) Compliance with 2018 legislation document to be submitted by 03/01/2019	Ongoing
5	DHCS	19-002	1/30/2019	Network Certification Requirements	1) Submit a complete and accurate Annual Network Certification report/template (Attach B) no later than 105 days before the fiscal year begins 2) Submit geographic access maps or accessibility analysis that cover the entire service area 3) Submit alternative access request for each provider type and zip code combination in which neither time nor distance standard were met 4) P&Ps must reflect current access standards, which redefine Alameda County as a dense county subject to the strictest standards	Closed 3/18/2019
6	DMHC	19-003	1/14/2019	SB 137 Provider Directory Annual Findings	1) Submit through the eFiling web portal the compliance information requested in the 2019 Annual Filing Checklist for the annual provider directory filing no later than 03/31/2019	Closed 3/29/2019
7	DHCS	19-003	5/2/2019	Providing Informing Materials to Medi-Cal Beneficiaries in an Electronic Format	1) Plan has the option to send member DHCS approved notice informing of how to obtain the Provider Directory, Formulary, and Member Handbook electronically 2) Plan to provide SPDs individuals a notice in place of paper formulary and member handbook. SPDs must receive paper form of Provider Directory- PPD 3) All populations may receive a notice in place of paper Provider Directory, Formulary, and Member Handbook 4) Plan must meet informing materials notice approval process	Ongoing
8	DMHC	19-004	1/23/2019	(OPL) Telehealth/Teledentistry Sample Questions	1) EOC and Disclosure Form should reflect the telehealth services and policies in a clear manner that allows enrollees to know when and how these services are available 2) All contracts with either vendors or providers should be filed as ASA (Exhibit N-1) or provider contracts (Exhibit K-1) 3) Incorporate sample questions into process when working on a filing that mentions telehealth to ensure the services meet the requirements of the Knox-Keene Health Care Service Plan	Ongoing

9	DHCS	19-004	6/5/2019	Provider Credentialing/Recredentialing And Screening/Enrollment	1) Plans must screen and enroll providers in a manner consistent with the DHCS FFS enrollment process but may use screening results from other Plans, Medicare, or Medicaid programs to satisfy these requirements. 2) In order to be reimbursed by Medi-Cal FFS, providers must be enrolled with DHCS as Medi-Cal FFS providers. 3) Plans must ensure that they collect all of the appropriate information and may charge an application fee to cover administrative costs. 4) providers must disclose the names of anyone who owns a 5% or greater interest in the businesses in which they work .5) Plans are required to check 7 databases during the provider enrollment processes 6) Plans must stratify providers into high-, medium-, and low-risk categories and will perform site visits to high- or medium-risk providers if there is suspicion of fraud, license suspension, or conflicting application data. Plans must conduct post-enrollment site visits for medium-risk providers every 5 years and for high-risk providers ever 3 years.7) High-risk providers are subject to a criminal background check. DHCS will make a pre-filled Live Scan form available to Plans, who must distribute to providers. 8) Plans must revalidate enrollment every 5 years. Plans must verify every 3 years that each provider continues to possess valid credentials and must review a new application and re-verify above-mentioned information.	Ongoing
10	DMHC	19-005	1/25/2019	Plan Year 2020 QHO and QDP Filing Requirements	Not applicable to AAH	N/A
11	DHCS	19-005	6/12/2019	Financial Incentives	1) FQHCs and RHCs are to be reimbursed for their costs in providing covered health care services to Medi-Cal beneficiaries through the Prospective Payment System (PPS) methodology 2) Plans may not utilize financial incentives or P4P payments to pay a FQHC or RHC an additional rate per service or visit based exclusively on utilization 3) P4P payments provided to FQHCs or RHCs cannot be included in the calculation of wrap-around or supplemental payments	Ongoing
12	DMHC	19-006	2/15/2019	Clinical Quality Improvement	1) Identify how the plan assesses delegates/medical groups' clinical performance 2) identify is the plan has a focused QIP or stewardship program in place 3) identify the clinical measures the plan collects and tracks for each department-regulated line of business 4) identify any additional methods the plans utilizes for data collection and tracking pertaining to the quality measures discussed in APL 5) Complete and submit questionnaire no later than Friday, March 8th	Closed 3/8/2019
13	DHCS	19-006	6/13/2019	Prop 56 Physicians Directed Payments for Specified Services for State FY 17-18 & 18-19	1) Plans must make directed payments to contracted providers when they bill for one of 13 specified CPT codes with dates of service between 7/1/17-6/30/18; payment amounts for each CPT code vary from $5 to $50. And 23 specified CPT codes with dates of service between 7/1/18-6/30/19; payment amounts for each CPT code vary from $5 to $107 2) Directed payments to providers must be made no later than 90 calendar days from the date of DHCS's payment to the Plan. From the date the Plan receives DHCS's payment onward, Plans must make directed payment to providers within 90 calendar days of receiving a clean claim or accepted encounter 3) Providers eligible to receive directed payments do not include those at FQHCs, Rural Health Centers, American Indian Health Programs, or Cost-Based Reimbursement Clinics 4) Qualifying services are those billed using one of the 13 specified CPT codes performed by an eligible provider for a member between 7/1/17 and the date the Plan receives payment from DHCS 5) Beginning with the calendar quarter ending 6/30/18, Plans must report directed payments made pursuant to this APL to DHCS within 45 days of the close of each calendar quarter. Reports must include all directed payments made since 7/1/17-7/30/19, and Plans must complete an attestation of the accuracy of each report 6) Plans must have a formal procedure for provider grievances relating to processing or non-processing of Proposition 56 related payments and must have a designated point of contact for questions and technical assistance 7) Plans must have a process to communicate with providers about the payment process	Ongoing
14	DMHC	19-007	2/28/2019	Governor's Declarations of Emergency	1) State of emergency due to severe thunderstorms for other counties- does not apply to AAH 2) informed Member Services in the event that members from other counties are displaced to Alameda County for services	Closed 3/02/2019

15	DHCS	19-007	6/14/2019	Non-Contracted Ground Emergency Medical Transport Payment Obligations for State Fiscal Year 2018-19	1) Plan must provide increased reimbursement rates for specified GEMT services to non-contracted GEMT providers when they bill for one of the three specified CPT codes with dates of service between 7/1/18-6/30/19; increased reimbursement of $339.00 2) Plans have 90 calendar days from the date DHCS issues the capitation payments for GEMT to pay for all qualifying clean claims or accepted encounters 3) Plans are responsible for identifying and satisfying any Medicare crossover payment obligations that result from the increase in GEMT reimbursement obligations 4) Plans are responsible for ensuring that their delegated entities and subcontractors comply with requirements	Ongoing
16	DMHC	19-008	3/8/2019	Timely Access Compliance Reports Measurement Year 2019 (MY 2019)	1) Annual Timely Access Compliance filing for Measurement Year 2019 due by 04/01/2020 2) Plans must engage an external validation vendor to validate the results of the MY 2018 Provider Appointment Availability Survey to validate that a) the required templates were used; b) all required provider types were reported; c) the templates accurately report the Plan's network; d) the rates of compliance were accurately calculated; and e) the survey was administered in accordance with DMHC methodology. 3) Plans must file a Quality Assurance Report written by the external validation vendor, which details findings, issues Plans were unable to correct, deviation from the methodology, and steps taken to remedy issues for future years.	Ongoing
17	DHCS	19-008	6/18/2019	Rate Changes for Emergency and Post-Stabilization Services Provided by Out-Of-Network Border Hospitals	1) DRG payment rates are to remain effective as approved under SPA 15-020 for those admissions on or after July 1, 2015 however, APL 13-005 allows Plans to pay a lower negotiated rate agreed by the hospital 2) Plans are responsible for ensuring that delegated entities and subcontractors comply with requirements	Ongoing
18	DMHC	19-009	3/29/2019	2019 Annual Assessment Letter	1) Implementation by 05/15/2019 2) Plans must file the Report of Enrollment Plan in the DMHC portal by 05/15/2019 after filing their 03/31/2019 quarterly financial statements	Closed 5/14/2019
19	DHCS	19-009	8/5/2019	Telehealth Services Policy	1) Each telehealth provider must be licensed in the State of California and enrolled as a Medi-Cal rendering provider or non-physician medical practitioner (NMP) 2) Each telehealth provider providing Medi-Cal covered services to an MCP member via a telehealth modality must meet the requirements of BPC Section 2290.5(a)(3), or equivalent requirements under California law in which the provider is considered to be licensed 3) Certain types of services cannot be delivered via telehealth- services that would require the in-person presence of the patient for any reason 4) Telehealth providers are not required to be present with the patient at the originating site unless determined medically necessary by the provider at the distant site 5) Providers must the modifiers defined in the Medi-Cal Provider Manual with the appropriate CPT-4 or HCPCS codes when coding for services delivered via telehealth (synchronous and asynchronous).	Ongoing
20	DMHC	19-010	4/3/2019	Introduction of a New Independent Review Organization	1) Implementation by 04/15/2019 2) DMHC contracted Island Peer Review Organization, Inc (IPRO) to conduct Independent Medical Reviews (IMRs). MAXIMUS and IPRO will work together. 3) Process will remain the same, however, IPRO's rate review schedule is different from DMHC's.	Closed 4/9/2019
21	DHCS	19-010	8/14/2019	Requirements for Coverage of EPSDT for Medi-Cal Members Under the Age of 21	1) Plan is required to provide and cover all medically necessary services for members under the age of 21 2) Provide case management and care coordination 3) All members under 21 must receive screenings designed to identify health and developmental issues, including medically necessary diagnostics and treatment services for members with developmental issues 4) Plan must provide appointment scheduling assistance and necessary transportation (emergency and non-emergency) 5) Responsible for providing BHT Services for eligible members under the age of 21 6) Ensure members who eligible for EPSDT services are aware of services (health education)	Ongoing

22	DMHC	19-011	5/9/2019	QIF Plan Regulatory Requirements	1) Notify DMHC and DHCS by July 1st if the Plan intends to maintain or transfer plan products from the QIF to the affiliated plan 2) Attend a prefilling conference by August 1st if the Plan intends to maintain license or merge with an affiliate 3) File a Notice of Material Modification or an Application of Surrender by September 1st 4)QIF plans will be treated as distinct from affiliate plans and will be subject to the requirements of the Act by January 1, 2020	Ongoing
23	DHCS	19-011	9/30/2019	Health Education and Cultural and Linguistic Population Needs Assessment	1) Plans are required to conduct a Health Education and Cultural and Linguistic Group Needs Assessment (GNA) 2) Plans must address the special needs of seniors and persons with disabilities (SPDs), children with special health care needs (CSHCN), beneficiaries with Limited English Proficiency (LEP), and beneficiaries from diverse cultural and ethnic backgrounds in the GNA findings 3) Plans must use multiple, reliable data sources, methodologies, techniques, and tools to conduct the GNA 4) Plans must maintain administrative oversight of program by the manager or director of health education and/or C&L services 5) Plans are required to use the most recent version of the standardized GNA Member Survey by DHCS 6)Plans should provider their Community Advisory Committees (CAC) 7) Plans must ensure contracted health care providers, practitioners, and allied health care personnel receive pertinent information regarding the GNA findings and how the MCP proposes to address identified needs 8) Plans shall complete a GNA every five years and prepare a GNA Report	Ongoing
23	DMHC	19-012	6/4/2019	AB 72 Policy and Procedures	1) By August 15, 2019, if the plan is responsible for payment of claims must submit a policy and procedure which determines the average contracted rate 2) Plan must provide delegates that have a the responsibility for payment of claims with a copy of this APL. 3) Delegate's P&P must be submitted to AB72@dmhc.ca.gov 3) If the plan does not have the responsibility for payment of claims an E-1 indicating as such needs to be filed	Closed 8/8/2019
	DHCS	19-012	9/30/2019	Federal Drug Utilization Review Requirements Designed to Reduce Opioid Related Fraud, Misuse and Abuse	1) By October 1, 2019 Plans must operate a DUR program. 2) Plans must submit updated policies and procedures that address each of the requirements detailed in the APL no later than December 31, 2019 3) Requirements to address in policies: a) claims review; b) program to monitor antipsychotic medications by children; and c) fraud and abuse identification	Ongoing
24	DMHC	19-013	6/13/2019	Block Transfer Enrollee Transfer Notices	1) Plans must submit their Block Transfer Filings and Continuity of Care policies (and any material changes) to DMHC for review no later than 08/16/2019 2) Plans must complete ETNs to include detailed information when there is a contract termination with a general acute care hospital	Ongoing
25	DMHC	19-014	6/14/2019	Guidance Regarding General Licensure Regulation	1) The regulation applies to any contract entered into, amended, or renewed on or after July 1, 2019 2) Entities that assume global risk must either obtain a license under Knox-Keene or receive an exemption from DMHC 3) During phase-in period, entities that assume global risk must file with DMHC their global risk contracts within 30 days of execution 4) Entity or someone acting on behalf of entity must submit Request for Expedited Exemption to the DMHC 30 days after parties have executed the contract or renewal or 30 days after the effective date of the contract or renewal	Ongoing
26	DMHC	19-015	7/8/2019	Governor's Declarations of Emergency in Kern and San Bernardino Counties- Ridgecrest Earthquakes	1) State of emergency due to severe thunderstorms for other counties- does not apply to AAH 2) Inform Member Services in the event that members from other counties are displaced to Alameda County for services	Closed 7/10/2019
27	DMHC	19-016	9/6/2019	Amendment to the Risk Bearing Organization Regulations	1) Effective date for the phase-in period for the new requirements is 10/01/2020 2) Plans must review the amended sections of Title 28, California Code of Regulations which include a) clarifying definition of an organization; b) update quarterly and annual financial survey report forms and corrective action form; c) submit quarterly and annual financials; d) clarify when an organization and affiliates are to provide financial survey reports on a combined basis; e)define cash-to-claims ration, sponsoring organization, sub-delegating organization, working capital, and TNE; f) restricts organizations use of a "sponsoring organization" for purposes of calculating TNE, working capital, and cash-to-claims ratio	Ongoing

Operations Dashboard

Alameda Alliance for Health
Operations Dashboard
- October-2019 -

ID	Section	Subject Area	Category	Performance Metric	Aug-19 FYTD	%	Annual Budget	ID
1	1	Financials						1
2								2
3			Income & Expenses	Revenue $	$161,010,520	17.2%	$935,483,328	3
4				Medical Expense $	$150,797,159	17.2%	$879,173,524	4
5				*Inpatient (Hospital)*	$41,485,670	*27.5%*	$246,892,599	5
6				*Outpatient/Ancillary*	$42,110,443	*27.9%*	$240,198,558	6
7				*Emergency Department*	$6,906,858	*4.6%*	$38,603,091	7
8				*Pharmacy*	$26,943,196	*17.9%*	$157,323,732	8
9				*Primary Care*	$14,851,735	*9.8%*	$87,881,542	9
10				*Specialty Care*	$14,783,959	*9.8%*	$83,501,269	10
11				*Other*	$3,715,298	*2.5%*	$24,772,732	11
12				Admin Expense $	$8,732,446	14.4%	$60,618,392	12
13				Other Income / (Exp.) $	$712,944	1.2%	$4,013,097	13
14				Net Income $	$2,193,857		($295,490)	14
15				Gross Margin %	6.3%		6.0%	15
16			Liquid Reserves	Medical Loss Ratio (MLR) - Net %	93.7%		94.0%	16
17				Tangible Net Equity (TNE) %	560.7%		564.9%	17
18				Tangible Net Equity (TNE) $	$182,941,112		$180,451,770	18
19			Reinsurance Cases	2019-2020 Cases Submitted	0			19
20				2019-2020 New Cases Submitted	0			20
21				2018-2019 Cases Submitted	24			21
22				2018-2019 New Cases Submitted	1			22
23			Balance Sheet	Cash Equivalents	$230,482,146			23
24				Pass-Through Liabilities	$129,237,603			24
25				Uncommitted Cash	$101,244,543			25
26				Working Capital	$171,891,311			26
27				Current Ratio %	169.1%		100%	27
28								28

ID	Section	Subject Area	Category	Performance Metric	Jun-19	Jul-19	Aug-19	%	Aug-19 Budget	ID
29	2	Membership								29
30										30
31			Medi-Cal Members	Adults	34,175	33,670	33,448	13%	33,586	31
32				Children	93,436	92,397	91,728	36%	92,166	32
33				Seniors & Persons with Disabilities (SPDs)	25,882	25,804	25,751	10%	25,739	33
34				ACA Optional Expansion (ACA OE)	81,372	81,171	80,966	32%	80,995	34
35				Dual-Eligibles	17,557	17,627	17,700	7%	17,583	35
36										36
37				Total Medi-Cal	252,422	250,669	249,593	98%	250,069	37
38			IHSS Members	IHSS	5,963	5,976	6,020	2%	5,976	38
39			Total Membership	Medi-Cal and IHSS	258,385	256,645	255,613	100%	256,045	39
40										40
41			Members Assigned By Delegate	Direct-contracted network	50,374	49,531	49,463	19%		41
42				Alameda Health System (Direct Assigned)	47,715	47,759	47,630	19%		42
43				Children's First Medical Group	30,891	30,752	30,542	12%		43
44				Community Health Center Network	95,329	94,820	94,360	37%		44
45				Kaiser Permanente	34,076	33,783	33,618	13%		45
46										46

Alameda Alliance for Health
Operations Dashboard
- October-2019 -

ID	Section	Subject Area	Category	Performance Metric	Jul-19	Aug-19	Sep-19	%	Performance Goal	ID
47	3	Claims			Jul-19	Aug-19	Sep-19	%	Performance Goal	47
48										48
49			HEALTHsuite Claims Processing	Number of Claims Received	116,092	123,889	111,578			49
50				Number of Claims Paid	96,944	90,022	82,964			50
51				Number of Claims Denied	29,012	20,917	23,498			51
52				Inventory (Unfinalized Claims)	75,631	84,831	85,732			52
53				Pended Claims (Days)	9,014	10,343	4,912	6%		53
54				*0-29 Calendar Days*	8,840	10,270	4,869	6%		54
55				*30-44 Calendar Days*	91	47	33	0%		55
56				*45-59 Calendar Days*	54	5	5	0%		56
57				*60-89 Calendar Days*	9	5	3	0%		57
58				*90-119 Calendar Days*	4	4	2	0%		58
59				*120 or more Calendar Days*	16	12	0	0%		59
60				Total Claims Paid (dollars)	49,491,891	37,426,721	36,423,839			60
61				Interest Paid (Total Dollar)	34,090	21,885	35,614	0%		61
62				Auto Adjudication Rate (%)	71.5%	74.5%	72.9%		70%	62
63				Average Payment Turnaround (days)	22	24	23		25 days or less	63
64			Claims Auditing	# of Pre-Pay Audited Claims	2,099	2,204	2,152			64
65			Claims Compliance	% of Claims Processed Within 30 Cal Days (DHCS Goal = 90%)	99%	94%	99%		90%	65
66				% of Claims Processed Within 90 Cal Days (DHCS Goal = 99%)	100%	100%	100%		99%	66
67				% of Claims Processed Within 45 Work Days (DMHC Goal = 95%)	100%	99%	100%		95%	67
68										68
69	4	Member Services			Jul-19	Aug-19	Sep-19	%	Performance Goal	69
70										70
71			Member Call Center	Inbound Call Volume	17,441	17,790	15,228			71
72				Calls Answered in 30 Seconds %	80.0%	78.0%	85.0%		80.0%	72
73				Abandoned Call Rate %	3.0%	4.0%	3.0%		5.0% or less	73
74				Average Wait Time	00:48	00:57	00:30			74
75				Average Call Duration	07:24	07:22	07:13			75
76				Outbound Call Volume	14,080	11,634	10,671			76
77										77
78	5	Provider Services			Jul-19	Aug-19	Sep-19	%	Performance Goal	78
79										79
80			Provider Call Center	Inbound Call Volume	7,307	7,175	6,001			80
81										81
82	6	Provider Contracting			Jul-19	Aug-19	Sep-19	%	Performance Goal	82
83										83
84			Provider Network	Primary Care Physician	593	589	587			84
85				Specialist	6,909	7,028	7,089			85
86				Hospital	17	17	17			86
87				Skilled Nursing Facility	54	53	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	57			90
91				Transportation	380	380	380			91
92			Provider Credentialing	Number of Providers in Credentialing	1,449	1,454	1,456			92
93				Number of Providers Credentialed	1,449	1,454	1,456			93
94										94

Alameda Alliance for Health
Operations Dashboard
- October-2019 -

ID	Section	Subject Area	Category	Performance Metric	Jul-19	Aug-19	Sep-19	%	Annual Budget	ID
95	7	Human Resources & Recruiting			Jul-19	Aug-19	Sep-19	%	Annual Budget	95
96										96
97			Employees	Total Employees	310	304	306		319	97
98				Full Time Employees	308	302	304	99%		98
99				Part Time Employees	2	2	2	1%		99
100				New Hires	7	3	6			100
101				Separations	3	9	3			101
102				Open Positions	39	38	38	12%	10% or less	102
103				Signed Offer Letters Received	8	8	9			103
104				Recruiting in Process	31	30	29	9%		104
105										105
106			Non-Employee (Temps / Seasonal)		8	9	7			106
107										107
108	8	Compliance			Jul-19	Aug-19	Sep-19	%	Performance Goal	108
109										109
110			Provider Disputes & Resolutions	Turnaround Compliance (45 business days)	94%	94%	96%		95%	110
111				% Overturned	23%	28%	24%		25% or less	111
112										112
113			Member Grievances	Overall Standard Grievance Compliance Rate % (30 calendar days)	100%	98%	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%	98%	100%		95%	116
117				Overall Expedited Appeal Compliance Rate (3 calendar days)	100%	100%	100%		95%	117
118										118
119	9	Encounter Data & Technology			Jul-19	Aug-19	Sep-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	93.7%	94.2%	93.6%		60.0%	129
130				Timeliness - % Within Lag Time - Institutional 0-180 days	98.7%	98.8%	98.6%		80.0%	130
131				Timeliness - % Within Lag Time - Professional 0-90 days	75.7%	93.1%	91.4%		65.0%	131
132				Timeliness - % Within Lag Time - Professional 0-180 days	82.1%	98.2%	97.8%		80.0%	132
133										133

Alameda Alliance for Health
Operations Dashboard
- October-2019 -

ID	Section	Subject Area	Category	Performance Metric	Jul-19	Aug-19	Sep-19	Q3	Performance Goal	ID
134	10	Health Care Services			Jul-19	Aug-19	Sep-19	Q3	Performance Goal	134
135										135
136			Authorization Turnaround	Overall Authorization Turnaround % Compliant	99%	98%	98%	98%	95%	136
137				Medi-Cal %	99%	98%	98%	98%	95%	137
138				Group Care %	99%	96%	97%	97%	95%	138
139										139
140			Outpatient Authorization Denial Rates	Overall Denial Rate (%)	5.8%	5.4%	3.7%			140
141				Denial Rate Excluding Partial Denials (%)	5.4%	4.7%	3.4%			141
142				Partial Denial Rate (%)	0.4%	0.7%	0.3%			142
143										143
144			Pharmacy Authorizations	Approved Prior Authorizations	662	717	614	37%		144
145				Denied Prior Authorizations	567	554	551	33%		145
146				Closed Prior Authorizations	507	536	517	31%		146
147				Total Prior Authorizations	1,736	1,807	1,682			147
148										148
149					Jun-19	Jul-19	Aug-19			149
150										150
151			Inpatient Utilization	Days / 1000	247.8	265.4	243.7			151
152				Admits / 1000	58.7	58.5	58.6			152
153				Average Length of Stay	4.2	4.5	4.2			153
154										154
155			Emergency Department (ED) Utilization	# ED Visits / 1000	44.87	87.24	38.59			155
156										156
157			Case Management	New Cases						157
158				Care Coordination	259	330	304			158
159				Complex Case Management	95	63	52			159
160				Health Homes	12	52	47			160
161				Whole Person Care (AC3)	27	19	14			161
162				Total New Cases	393	464	417			162
163										163
164				Open Cases						164
165				Care Coordination	569	676	716			165
166				Complex Case Management	148	154	122			166
167				Total Open Cases	717	830	838			167
168										168
169				Enrolled						169
170				Health Homes	184	581	611			170
171				Whole Person Care (AC3)	563	197	206			171
172				Total Enrolled	747	778	817			172
173										173
174				Total Case Management (Open Cases & Enrolled)	1,464	1,608	1,655			174
175										175

Finance

Gil Riojas

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

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

Date: **October 11, 2019**

Subject: **Finance Report**

Executive Summary

- For the month ended August 31, 2019, the Alliance had enrollment of 255,613 members, a Net Loss of $77,000, and 561% of required Tangible Net Equity (TNE).

Overall Results: (in Thousands)		Month		YTD
Revenue	$	80,700	$	161,011
Medical Expense		76,581		150,797
Admin. Expense		4,518		8,732
Other Inc. / (Exp.)		321		713
Net Income	$	(77)	$	2,194

Net Income by Program:		Month		YTD
Medi-Cal	$	(215)	$	2,255
Group Care		138		(61)
	$	(77)	$	2,194

Enrollment

- Total enrollment decreased by 1,032 members since July 2019.
- Total enrollment decreased by 2,772 members since June 2019.

Monthly Membership and YTD Member Months									
Actual vs. Budget									
For the Month and Fiscal Year-to-Date									
Enrollment					Member Months				
August-2019					Year-to-Date				
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %	
				Medi-Cal:					
33,448	33,586	(138)	-0.4%	Adults	67,118	67,256	(138)	-0.2%	
91,728	92,166	(438)	-0.5%	Child	184,125	184,563	(438)	-0.2%	
25,751	25,739	12	0.0%	SPD	51,555	51,543	12	0.0%	
17,700	17,583	117	0.7%	Duals	35,327	35,210	117	0.3%	
80,966	80,995	(29)	0.0%	ACA OE	162,137	162,166	(29)	0.0%	
249,593	250,069	(476)	-0.2%	**Medi-Cal Total**	500,262	500,738	(476)	-0.1%	
6,020	5,976	44	0.7%	Group Care	11,996	11,952	44	0.4%	
255,613	256,045	(432)	-0.2%	**Total**	512,258	512,690	(432)	-0.1%	

Enrollment and Profitability by Program and Category of Aid
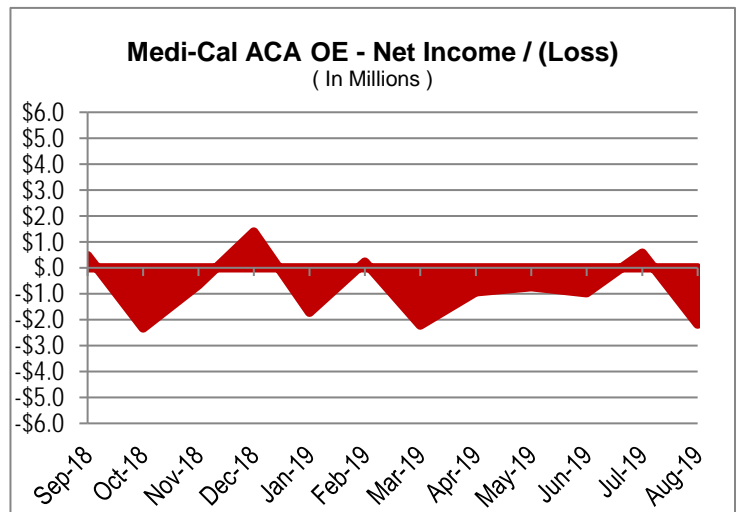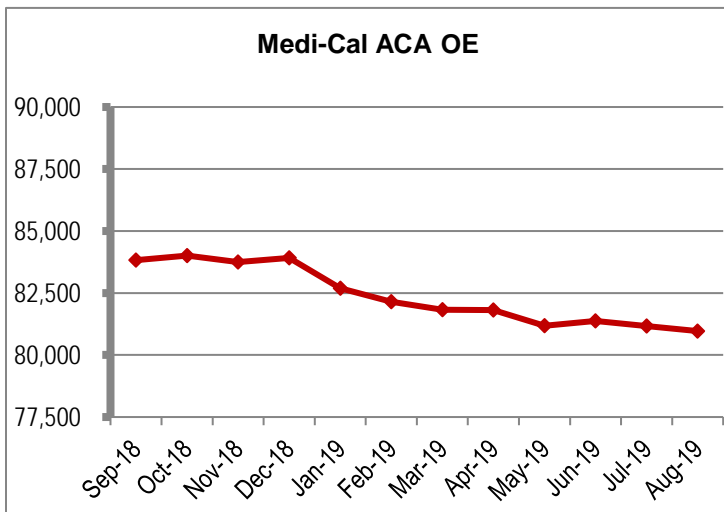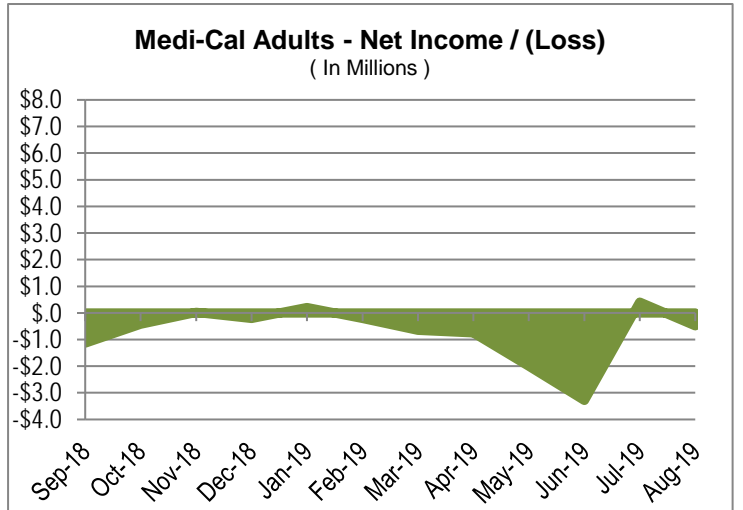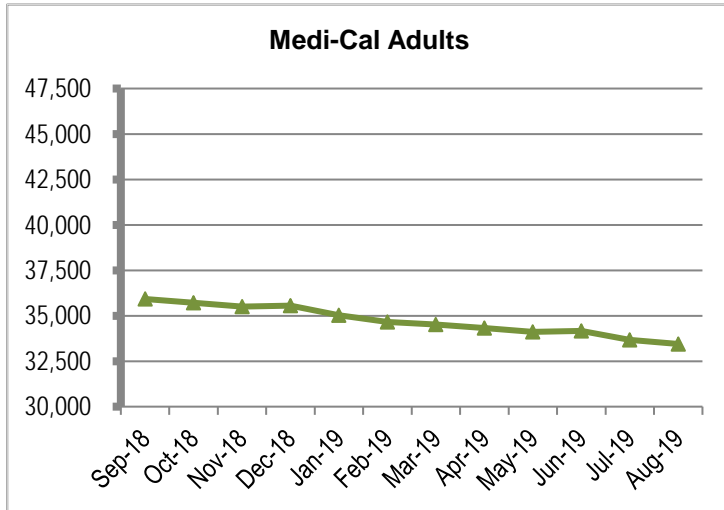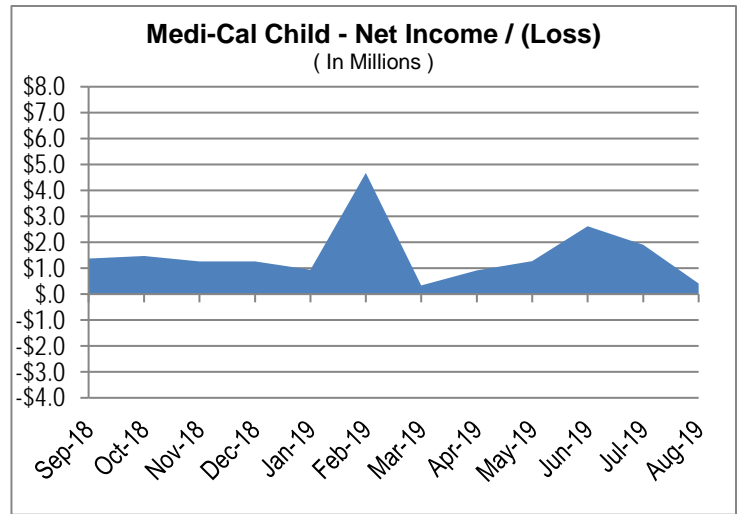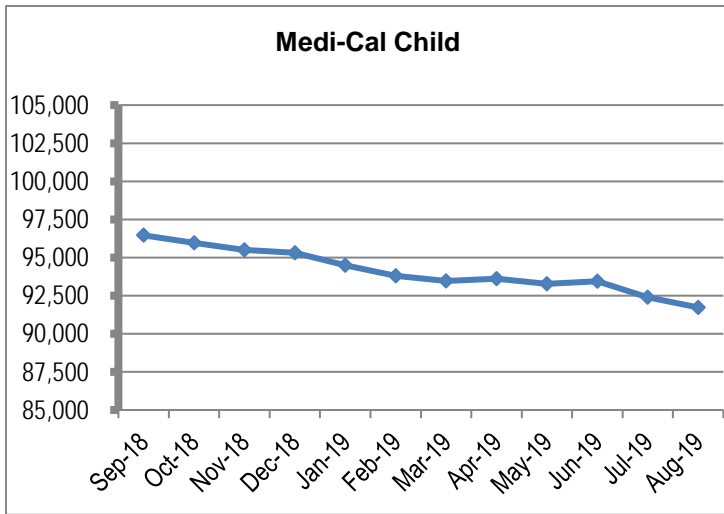
Medi-Cal Child

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

Medi-Cal Adults

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

Medi-Cal ACA OE

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

Enrollment and Profitability by Program and Category of Aid

Medi-Cal SPD

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

Medi-Cal Duals

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

Group Care Program

Group Care - Net Income / (Loss)
(In Millions)
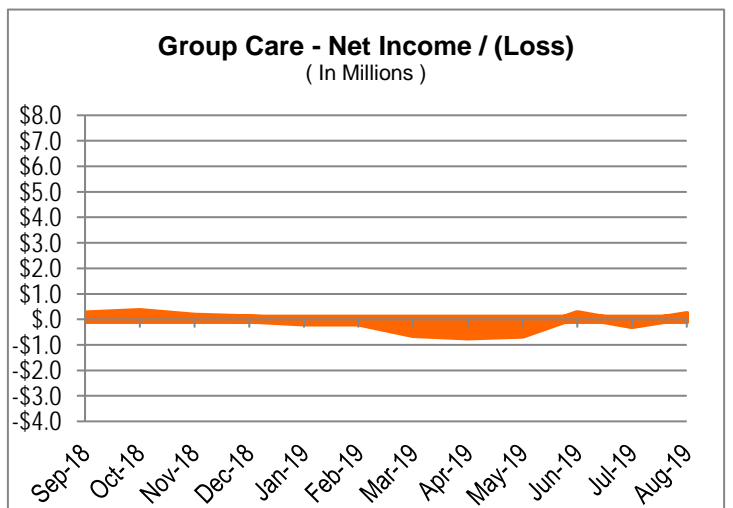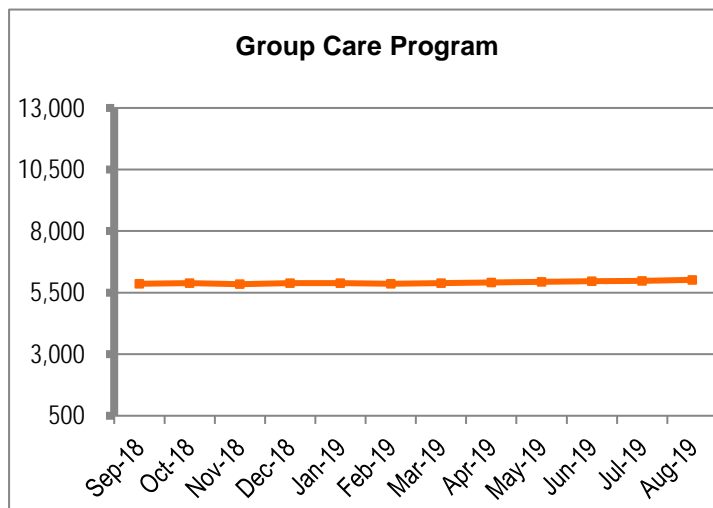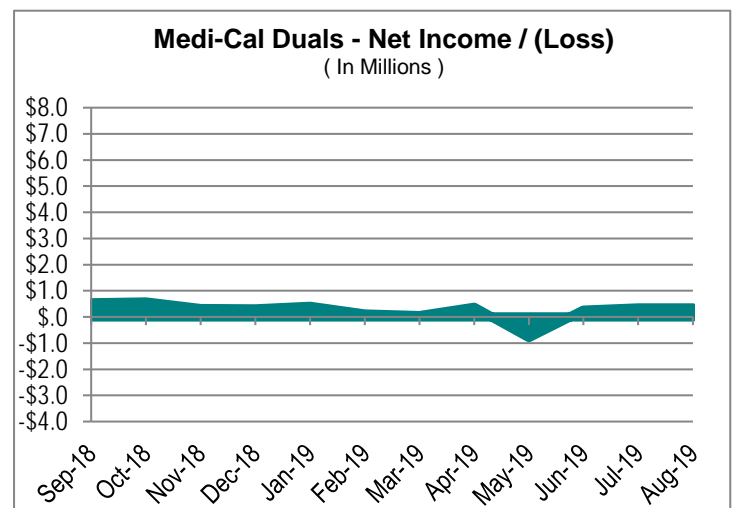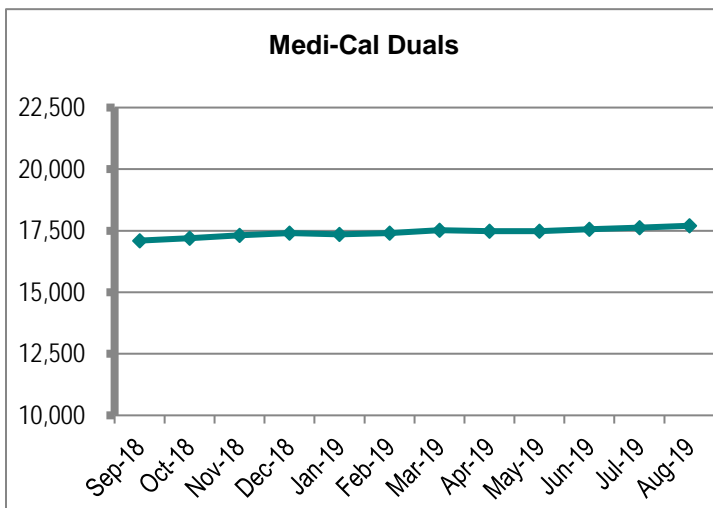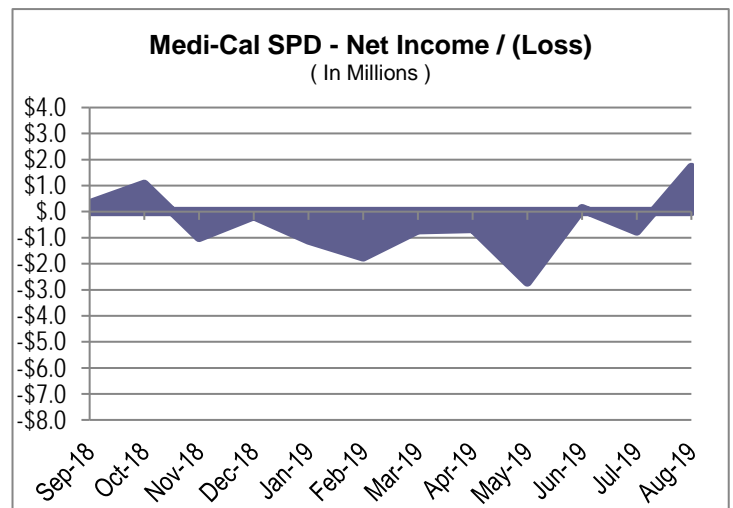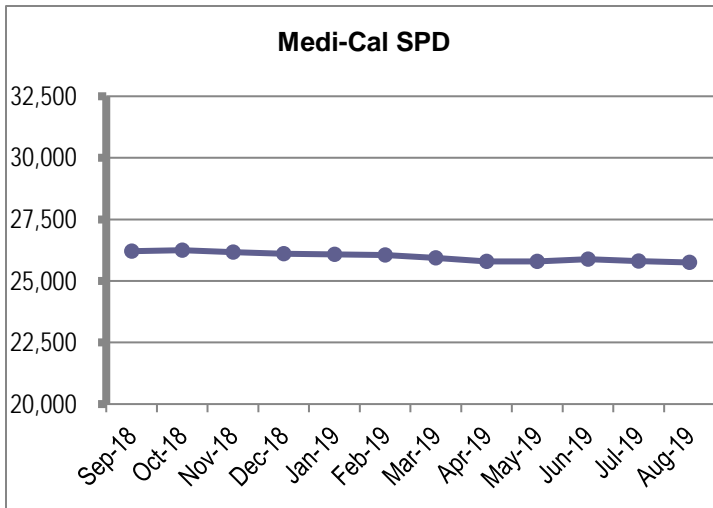
Net Income

- For the month ended August 31, 2019:
    - Actual Net Loss: $77,000.
    - Budgeted Net Income: $1.4 million.

- For the year-to-date (YTD) ended August 31, 2019:
    - Actual YTD Net Income: $2.2 million.
    - Budgeted YTD Net Income: $3.6 million.

Net Income: Actual vs. Budget
(In Millions)
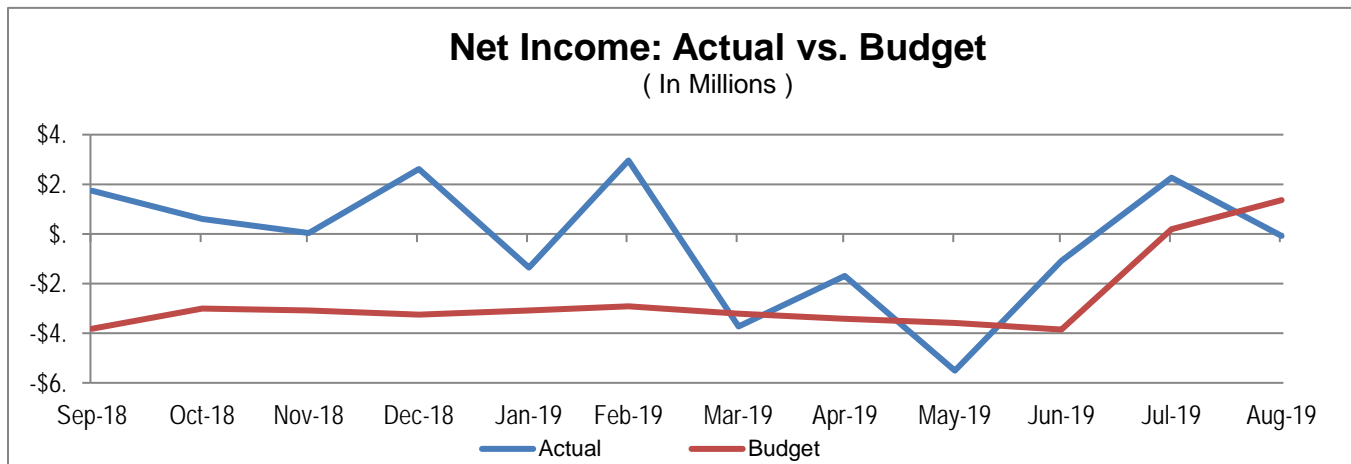
- The unfavorable variance of $1.4 million in the current month is largely due to:
    - Unfavorable $3.6 million higher than anticipated Medical Expense.
    - Unfavorable $8,000 lower than anticipated Other Income & Expense.
    - Favorable $1.6 million higher than anticipated Revenue.
    - Favorable $602,000 lower than anticipated Administrative Expense.

Revenue

- For the month ended August 31, 2019:
    - Actual Revenue: $80.7 million.
    - Budgeted Revenue: $79.1 million.

- For the fiscal year-to-date ended August 31, 2019:
    - Actual YTD Revenue: $161.0 million.
    - Budgeted YTD Revenue: $159.4 million.

Revenue: Actual vs. Budget
(In Millions)
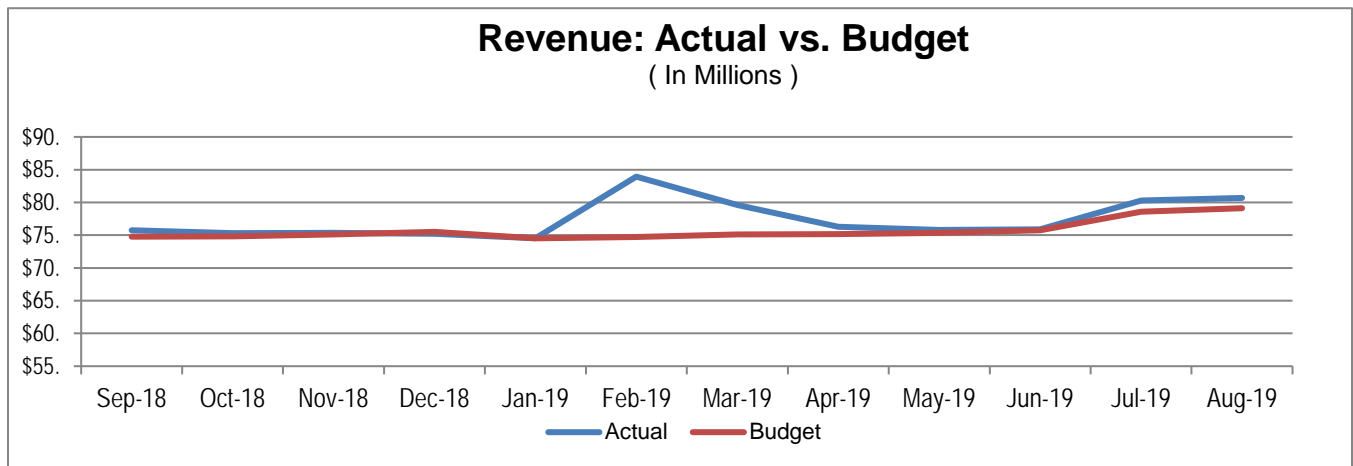
- For the month ended August 31, 2019, the favorable revenue variance of $1.6 million is mainly due to:
  - o Favorable $724,000 in higher than expected Base Capitation revenue primarily due to larger number of retroactive payments in the SPD category of aid.
  - o Favorable $679,000 in higher than expected Behavioral Health Therapy Supplemental payments due to delayed submission by our globally sub-capitated delegate.

Medical Expense

- For the month ended August 31, 2019:
  - o Actual Medical Expense: $76.6 million.
  - o Budgeted Medical Expense: $73.0 million.

- For the fiscal year-to-date ended August 31, 2019:
  - o Actual YTD Medical Expense: $150.8 million.
  - o Budgeted YTD Medical Expense: $147.2 million.

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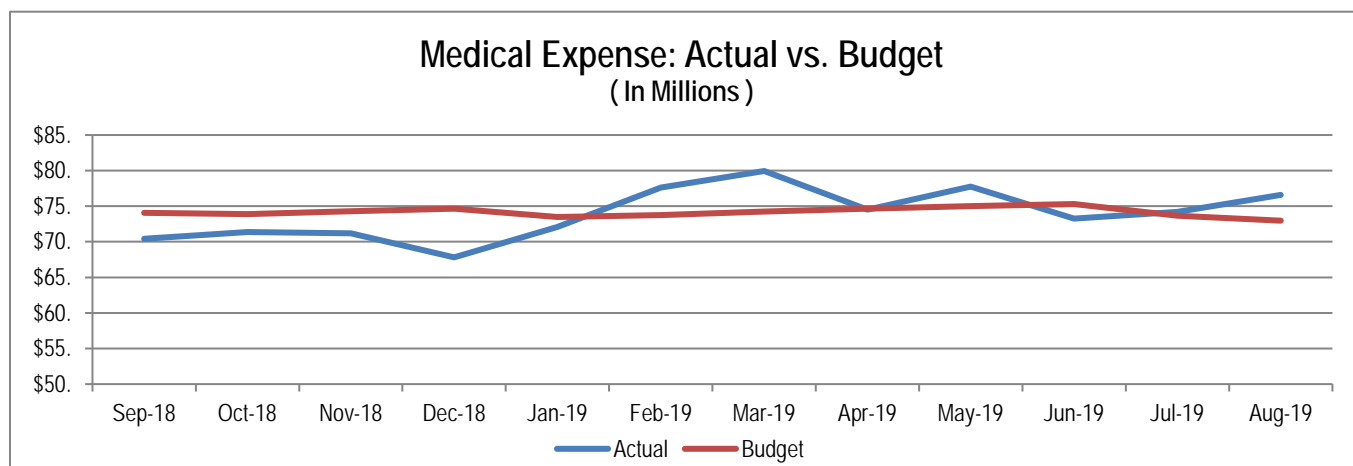
- Reported financial results include Medical expense, which contains estimates for Incurred-But-Not-Paid (IBNP) claims. Calculation of monthly IBNP is based on historical trends and claims payment. The Alliance's IBNP reserves are reviewed on a quarterly basis by the company's external actuaries at Optumas.

- For August, updates to Fee-For-Service (FFS) increased the estimate for unpaid Medical Expenses for prior months by $256,000. Year-to-date, the estimate for prior years increased by $202,000 (per table below).

Medical Expense - Actual vs. 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	$35,371,061	$0	$35,371,061	$34,152,642	($1,218,419)	-3.6%
Primary Care FFS	5,959,937	53,435	6,013,372	6,095,626	$135,689	2.2%
Specialty Care FFS	8,106,293	563,318	8,669,610	8,014,591	($91,702)	-1.1%
Outpatient FFS	14,638,605	(161,029)	14,477,576	13,841,324	($797,281)	-5.8%
Ancillary FFS	6,668,629	545,899	7,214,529	6,823,486	$154,856	2.3%
Pharmacy FFS	25,708,116	1,235,082	26,943,199	26,903,792	$1,195,676	4.4%
ER Services FFS	6,544,371	362,486	6,906,856	6,371,667	($172,704)	-2.7%
Inpatient Hospital & SNF FFS	43,883,145	(2,397,470)	41,485,675	41,550,238	($2,332,907)	-5.6%
Other Benefits & Services	2,921,329	0	2,921,328	2,809,786	($111,543)	-4.0%
Net Reinsurance	624,760	0	624,760	448,960	($175,800)	-39.2%
Provider Incentive	169,212	0	169,212	167,912	($1,300)	-0.8%
	$150,595,457	$201,721	$150,797,178	$147,180,022	($3,415,435)	-2.3%

Medical Expense - Actual vs. 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	$69.05	$0.00	$69.05	$66.61	($2.43)	-3.7%
Primary Care FFS	11.63	0.10	11.74	11.89	0.25	2.1%
Specialty Care FFS	15.82	1.10	16.92	15.63	(0.19)	-1.2%
Outpatient FFS	28.58	(0.31)	28.26	27.00	(1.58)	-5.8%
Ancillary FFS	13.02	1.07	14.08	13.31	0.29	2.2%
Pharmacy FFS	50.19	2.41	52.60	52.48	2.29	4.4%
ER Services FFS	12.78	0.71	13.48	12.43	(0.35)	-2.8%
Inpatient Hospital & SNF FFS	85.67	(4.68)	80.99	81.04	(4.62)	-5.7%
Other Benefits & Services	5.70	0.00	5.70	5.48	(0.22)	-4.1%
Net Reinsurance	1.22	0.00	1.22	0.88	(0.34)	-39.3%
Provider Incentive	0.33	0.00	0.33	0.33	(0.00)	-0.9%
	$293.98	$0.39	$294.38	$287.07	($6.91)	-2.4%

- Excluding the effect of prior year estimates for IBNP, year-to-date medical expense variance is $3.4 million unfavorable to budget. On a PMPM basis, medical expense is unfavorable to budget by 2.4%.
  - Inpatient Expense over budget due to sharply rising utilization for ACA OEs. SPD utilization is also higher than planned, offset by lower expense for Group Care.
  - Capitated Expense is over budget due to delayed contract changes.
  - Outpatient Expense is over budget, primarily driven by:
    - Behavioral Health – unfavorable increase in utilization of 14% and unfavorable increase in unit cost of 8%.
    - Lab / Radiology – unfavorable increase in utilization of 20%.
    - Facility-Other – favorable decrease in utilization and refund for hospice expense.
  - Pharmacy spending is favorable compared to budget, primarily due to lower than anticipated expense for drugs administered in an outpatient setting for the SPD and ACA OE categories of aid.
  - Emergency Room utilization has been higher than expected for Adults and Children.
  - Net reinsurance is over budget, due to fewer than expected recoveries.

Medical Loss Ratio (MLR)

- The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 94.9% of net revenue for the month and 93.7% for the fiscal year-to-date.

Reported MLR
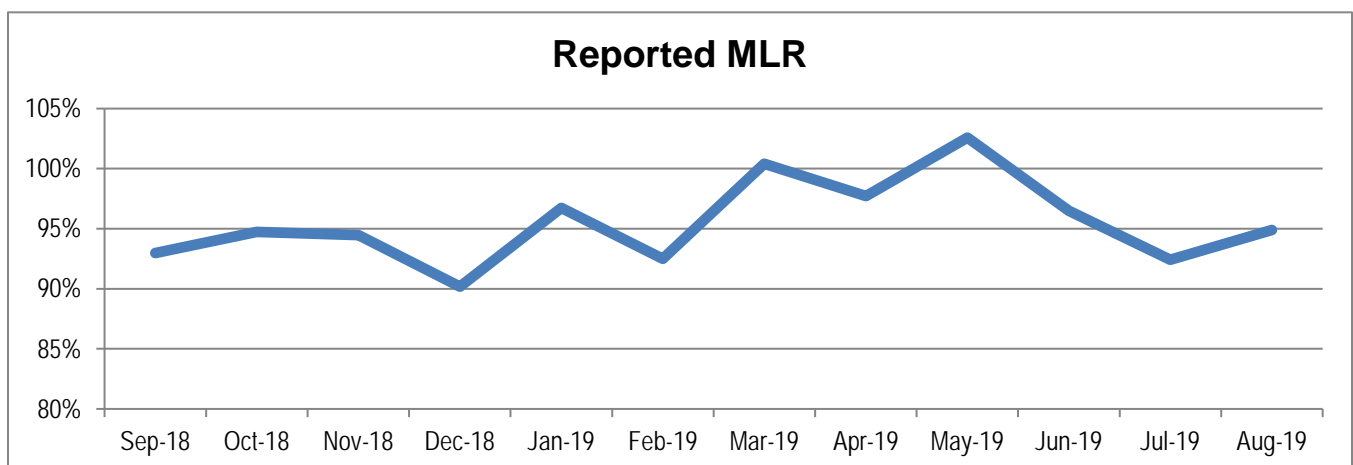
Administrative Expense

- For the month ended August 31, 2019:
  - Actual Administrative Expense: $4.5 million.
  - Budgeted Administrative Expense: $5.1 million.

- For the fiscal year-to-date ended August 31, 2019:
  - Actual YTD Administrative Expense: $8.7 million.
  - Budgeted YTD Administrative Expense: $9.3 million.

Summary of Administrative Expense (In Dollars) For the Month and Fiscal Year-to-Date Favorable/(Unfavorable)								
Month					Year-to-Date			
Actual	Budget	Variance $	Variance %		Actual	Budget	Variance $	Variance %
$2,338,385	$2,268,937	($69,448)	-3.1%	Employee Expense	$4,562,814	$4,493,366	($69,448)	-1.5%
666,833	575,917	(90,916)	-15.8%	Medical Benefits Admin Expense	1,249,911	1,158,995	(90,916)	-7.8%
643,602	926,909	283,308	30.6%	Purchased & Professional Services	1,183,139	1,466,447	283,308	19.3%
868,692	1,347,562	478,870	35.5%	Other Admin Expense	1,736,581	2,215,451	478,870	21.6%
$4,517,512	$5,119,325	$601,813	11.8%	Total Administrative Expense	$8,732,446	$9,334,260	$601,813	6.4%

- The year-to-date favorable variance is primarily due to:
  - Timing of annual dues.
  - Delay of new project start dates.
  - Delay in printing / postage activities.

- Administrative expense represented 5.6% of net revenue for the month and 5.4% of net revenue for the year-to-date.

Other Income / (Expense)

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

- Fiscal year-to-date interest income from investments is $1.1 million.

- Fiscal year-to-date claims interest expense, due to delayed payment of certain claims or recalculated interest on previously paid claims is $56,000.

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 $32.6 million
  - Actual TNE $182.9 million
  - Surplus TNE $150.3 million
  - TNE as % of Required TNE   561%

Tangible Net Equity

Legend: Required TNE — Min Req to Avoid Monthly Reporting (130% of Req TNE) — Actual TNE as Percent of Required

Data points: Sep-18 597%, Oct-18 594%, Nov-18 594%, Dec-18 605%, Jan-19 596%, Feb-19 592%, Mar-19 583%, Apr-19 576%, May-19 552%, Jun-19 557%, Jul-19 563%, Aug-19 561%
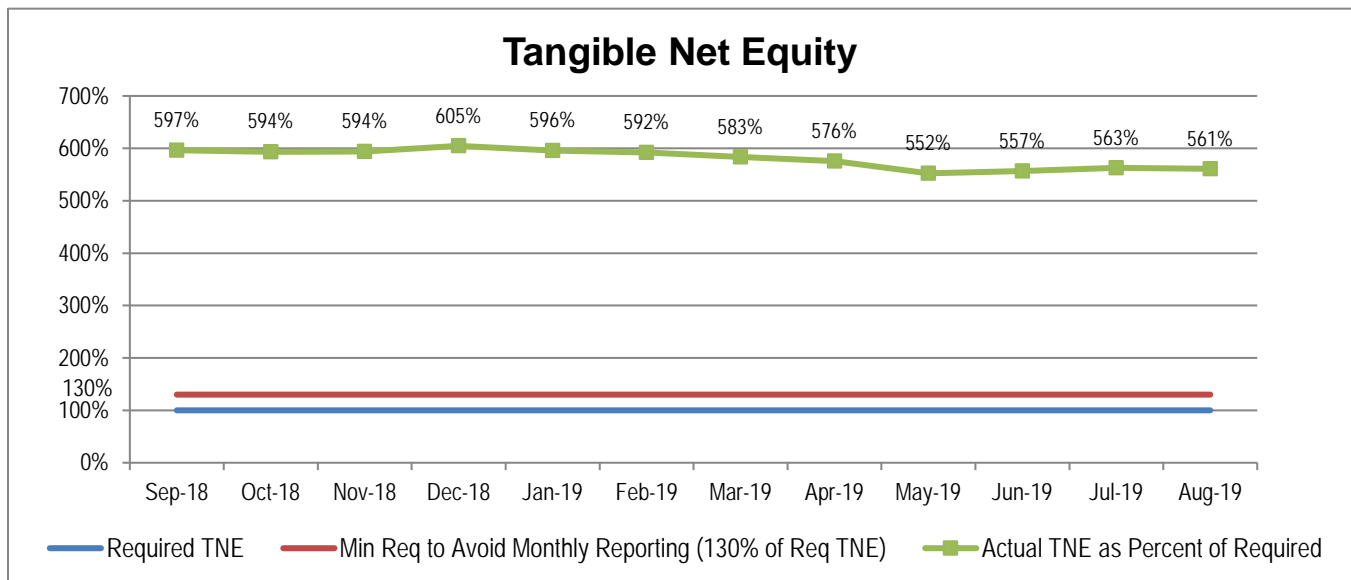
- Cash and Liabilities reflect pass-through liabilities and an ACA OE MLR accrual. The ACA OE MLR accrual represents estimated funds that must be paid back to the Department of Health Care Services (DHCS) / Centers for Medicare & Medicaid Services (CMS) and are a result of ACA OE MLR being less than 85% for the prior fiscal years.

- 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 $230.5 million
  - Pass-Through Liabilities $129.2 million
  - Uncommitted Cash $101.3 million
  - Working Capital $171.9 million
  - Current Ratio   1.69 (regulatory minimum is 1.0)

Cash Equivalents vs. Pass-Through Liabilites
(In Millions)
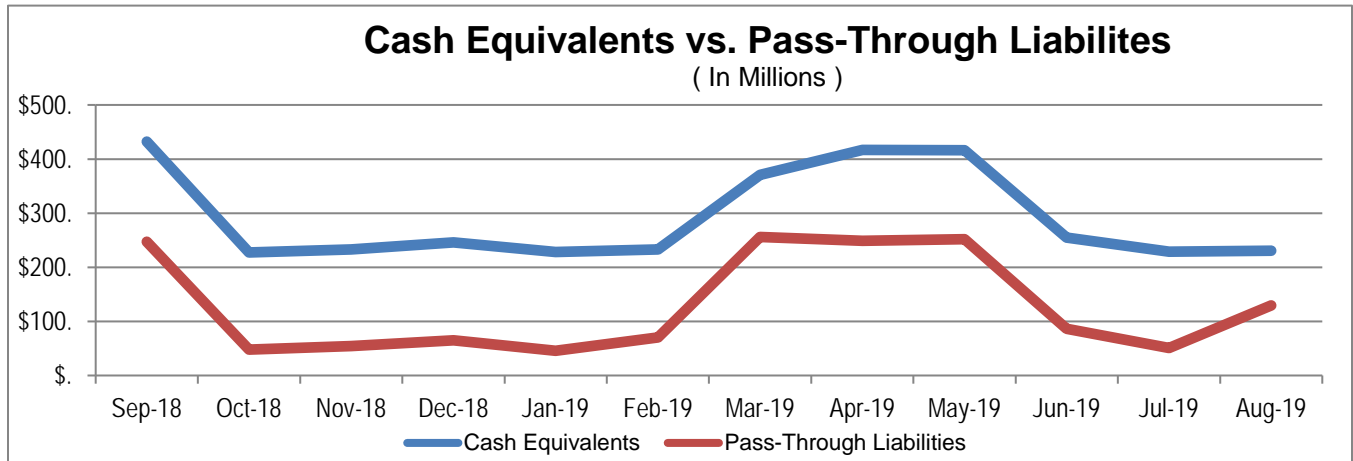
Capital Investment

- Fiscal year-to-date Capital assets acquired: $308,000.

- 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 August 31, 2019

CURRENT MONTH				Account Description	FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)		Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				MEMBERSHIP				
249,593	250,069	(476)	(0.2%)	1 - Medi-Cal	500,262	500,738	(476)	(0.1%)
6,020	5,976	44	0.7%	2 - Group Care	11,996	11,952	44	0.4%
255,613	256,045	(432)	(0.2%)	3 - Total Member Months	512,258	512,690	(432)	(0.1%)
				REVENUE				
$80,700,485	$79,115,950	$1,584,535	2.0%	4 - TOTAL REVENUE	$161,010,520	$159,425,985	$1,584,535	1.0%
				MEDICAL EXPENSES				
				Capitated Medical Expenses:				
18,456,567	17,238,136	(1,218,431)	(7.1%)	5 - Capitated Medical Expense	35,371,060	34,152,630	(1,218,430)	(3.6%)
				Fee for Service Medical Expenses:				
20,830,351	20,894,918	64,567	0.3%	6 - Inpatient Hospital & SNF FFS Expense	41,485,671	41,550,237	64,566	0.2%
2,905,908	2,988,167	82,259	2.8%	7 - Primary Care Physician FFS Expense	6,013,371	6,095,631	82,260	1.3%
4,414,231	3,759,210	(655,021)	(17.4%)	8 - Specialty Care Physician Expense	8,669,607	8,014,586	(655,021)	(8.2%)
3,467,564	3,076,529	(391,035)	(12.7%)	9 - Ancillary Medical Expense	7,214,523	6,823,490	(391,033)	(5.7%)
7,779,683	7,143,429	(636,254)	(8.9%)	10 - Outpatient Medical Expense	14,477,576	13,841,321	(636,255)	(4.6%)
3,818,912	3,283,723	(535,189)	(16.3%)	11 - Emergency Expense	6,906,856	6,371,669	(535,187)	(8.4%)
13,017,195	12,977,793	(39,402)	(0.3%)	12 - Pharmacy Expense	26,943,198	26,903,796	(39,402)	(0.1%)
56,233,843	54,123,769	(2,110,074)	(3.9%)	13 - Total Fee for Service Expense	111,710,800	109,600,730	(2,110,070)	(1.9%)
1,570,483	1,458,941	(111,542)	(7.6%)	14 - Other Benefits & Services	2,921,327	2,809,785	(111,542)	(4.0%)
235,297	59,504	(175,793)	(295.4%)	15 - Reinsurance Expense	624,759	448,965	(175,794)	(39.2%)
84,507	83,209	(1,298)	(1.6%)	16 - Risk Pool Distribution	169,213	167,913	(1,300)	(0.8%)
76,580,698	72,963,559	(3,617,139)	(5.0%)	17 - TOTAL MEDICAL EXPENSES	150,797,159	147,180,023	(3,617,136)	(2.5%)
4,119,787	6,152,391	(2,032,604)	(33.0%)	18 - GROSS MARGIN	10,213,361	12,245,962	(2,032,601)	(16.6%)
				ADMINISTRATIVE EXPENSES				
2,338,385	2,268,937	(69,448)	(3.1%)	19 - Personnel Expense	4,562,814	4,493,366	(69,448)	(1.5%)
666,833	575,917	(90,916)	(15.8%)	20 - Benefits Administration Expense	1,249,911	1,158,995	(90,916)	(7.8%)
643,602	926,909	283,308	30.6%	21 - Purchased & Professional Services	1,183,139	1,466,447	283,308	19.3%
868,692	1,347,562	478,870	35.5%	22 - Other Administrative Expense	1,736,581	2,215,451	478,870	21.6%
4,517,512	5,119,325	601,813	11.8%	23 - Total Administrative Expense	8,732,446	9,334,260	601,813	6.4%
(397,725)	1,033,066	(1,430,791)	(138.5%)	24 - NET OPERATING INCOME / (LOSS)	1,480,915	2,911,702	(1,430,787)	(49.1%)
				OTHER INCOME / EXPENSE				
320,679	329,167	(8,488)	(2.6%)	25 - Total Other Income / (Expense)	712,943	721,430	(8,487)	(1.2%)
($77,046)	$1,362,233	($1,439,279)	(105.7%)	26 - NET INCOME / (LOSS)	$2,193,857	$3,633,132	($1,439,275)	(39.6%)
5.6%	6.5%	0.9%	13.5%	27 - Admin Exp % of Revenue	5.4%	5.9%	0.4%	7.4%

PL FFS CAP 2020

09/26/19

ALAMEDA ALLIANCE FOR HEALTH
SUMMARY BALANCE SHEET 2020
CURRENT MONTH VS. PRIOR MONTH
August 31, 2019

	August	July	Difference	% Difference
CURRENT ASSETS:				
Cash & Equivalents				
Cash	$12,929,137	$16,315,224	($3,386,087)	-20.75%
Short-Term Investments	217,553,009	212,270,495	5,282,514	2.49%
Interest Receivable	77,693	69,437	8,256	11.89%
Other Receivables - Net	180,408,401	178,039,321	2,369,080	1.33%
Prepaid Expenses	4,900,462	4,821,814	78,648	1.63%
Prepaid Inventoried Items	3,510	4,290	(780)	-18.18%
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	**420,480,082**	**416,128,452**	**4,351,631**	**1.05%**
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	9,536,165	9,529,465	6,700	0.07%
Furniture And Equipment	13,789,734	13,570,475	219,259	1.62%
Leasehold Improvement	921,350	894,650	26,700	2.98%
Internally-Developed Software	16,824,002	16,824,002	0	0.00%
Fixed Assets at Cost	41,071,250	40,818,591	252,659	0.62%
Less: Accumulated Depreciation	(30,368,377)	(30,193,538)	(174,839)	0.58%
NET PROPERTY AND EQUIPMENT	**10,702,873**	**10,625,053**	**77,820**	**0.73%**
TOTAL ASSETS	**$431,529,883**	**$427,100,432**	**$4,429,451**	**1.04%**
CURRENT LIABILITIES:				
Accounts Payable	$7,780,840	$8,017,647	($236,806)	-2.95%
Pass-Through Liabilities	129,237,603	133,401,214	(4,163,611)	-3.12%
Claims Payable	11,017,604	8,127,461	2,890,143	35.56%
IBNP Reserves	89,164,052	83,310,583	5,853,469	7.03%
Payroll Liabilities	2,937,905	2,771,544	166,361	6.00%
CalPERS Deferred Inflow	2,529,197	2,529,197	0	0.00%
Risk Sharing	4,967,832	4,883,325	84,507	1.73%
Provider Grants/ New Health Program	953,738	1,041,303	(87,565)	-8.41%
TOTAL CURRENT LIABILITIES	**248,588,771**	**244,082,274**	**4,506,497**	**1.85%**
TOTAL LIABILITIES	**248,588,771**	**244,082,274**	**4,506,497**	**1.85%**
NET WORTH:				
Contributed Capital	840,233	840,233	0	0.00%
Restricted & Unrestricted Funds	179,907,022	179,907,022	0	0.00%
Year-to Date Net Income / (Loss)	2,193,857	2,270,904	(77,046)	-3.39%
TOTAL NET WORTH	**182,941,112**	**183,018,159**	**(77,046)**	**-0.04%**
TOTAL LIABILITIES AND NET WORTH	**$431,529,883**	**$427,100,432**	**$4,429,451**	**1.04%**

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BALSHEET 20

10/02/19
REPORT #3

Board of Governors - October 11, 2019

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

	Month					Year-To-Date				
	As Reported	Adjustments	Normalized	Budget	Normalized vs. Budget	As Reported	Adjustments	Normalized	Budget	Normalized vs. Budget
Members	**255,613**		**255,613**	**256,045**	**(432)**	**512,258**		**512,258**	**512,690**	**(432)**
Profit & Loss										
Revenue	$80,700	($543)	**$80,157**	**$79,116**	**$1,041**	$161,011	($562)	**$160,448**	**$159,426**	**$1,022**
Medical Expense	76,581	256	**76,325**	**72,964**	**(3,361)**	150,797	202	**150,595**	**147,180**	**(3,415)**
Gross Margin	**4,120**	**(287)**	**3,833**	**6,152**	**(2,320)**	**10,213**	**(361)**	**9,853**	**12,246**	**(2,393)**
Administrative Expense	4,518	0	**4,518**	**5,119**	**602**	8,732	0	**8,732**	**9,334**	**602**
Operating Income / (Loss)	**(398)**	**(287)**	**(685)**	**1,033**	**(1,718)**	**1,481**	**(361)**	**1,120**	**2,912**	**(1,791)**
Other Income / (Expense)	321	0	**321**	**329**	**(8)**	713	0	**713**	**721**	**(8)**
Net Income / (Loss)	**($77)**	**($287)**	**($364)**	**$1,362**	**($1,726)**	**$2,194**	**($361)**	**$1,833**	**$3,633**	**($1,800)**
PMPM										
Revenue	$315.71		**$313.59**	**$308.99**	**$4.60**	$314.32		**$313.22**	**$310.96**	**$2.26**
Medical	$299.60		**$298.59**	**$284.96**	**($13.63)**	$294.38		**$293.98**	**$287.07**	**($6.91)**
Gross Margin	$16.12		**$14.99**	**$24.03**	**($9.03)**	$19.94		**$19.23**	**$23.89**	**($4.65)**
Ratios										
Medical Loss Ratio	94.9%		**95.2%**	**92.2%**	**-3.0%**	93.7%		**93.9%**	**92.3%**	**-1.5%**
Administrative Expense %	5.6%		**5.6%**	**6.5%**	**0.8%**	5.4%		**5.4%**	**5.9%**	**0.4%**
Net Income / (Loss) %	-0.1%		**-0.5%**	**1.7%**	**-2.2%**	1.4%		**1.1%**	**2.3%**	**-1.1%**

Notes:

Adjustments other than Changes in Prior Period IBNP Estimates are generally limited to $300K and over.

Run-rate Normalization Aug-19 : Aug

REPORT #3
10/4/2019

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED   8/30/2019

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	$2,062,057	$6,138,900	$12,197,930	$4,092,722
Total	2,062,057	6,138,900	12,197,930	4,092,722
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	78,482,622	230,409,851	455,414,382	156,761,857
Allowance for Doubtful Accounts	0	0	0	0
Deferred Premium Revenue	0	0	0	0
Premium Receivable	(1,961,853)	(74,006,780)	(57,445,611)	6,069,725
Total	76,520,769	156,403,071	397,968,771	162,831,582
Investment & Other Income Cash Flows				
Other Revenue (Grants)	(58,482)	513,843	1,179,564	(223,739)
Interest Income	556,852	2,066,942	4,414,240	1,148,597
Interest Receivable	(8,256)	152,046	63,019	46,112
Total	490,114	2,732,831	5,656,823	970,970
Medical & Hospital Cash Flows				
Total Medical Expenses	(76,580,698)	(223,810,116)	(456,044,584)	(150,797,159)
Other Receivable	(407,227)	1,591,999	1,461,938	2,809,471
Claims Payable	2,890,143	3,359,563	435,113	1,717,297
IBNP Payable	5,853,469	7,331,563	(2,593,986)	3,001,326
Risk Share Payable	84,507	235,879	435,879	169,213
Health Program	(87,565)	(187,950)	(339,990)	(147,105)
Other Liabilities	(1)	1	(1)	(1)
Total	(68,247,372)	(211,479,061)	(456,645,631)	(143,246,958)
Administrative Cash Flows				
Total Administrative Expenses	(4,539,397)	(13,589,926)	(26,356,648)	(8,788,421)
Prepaid Expenses	(77,868)	(496,031)	(1,101,133)	(663,399)
CalPERS Pension Asset	0	(737,816)	(737,816)	0
CalPERS Deferred Outflow	0	847,098	847,098	0
Trade Accounts Payable	(236,806)	(2,821,261)	6,422,291	180,312
Other Accrued Liabilities	0	0	0	0
Payroll Liabilities	166,361	(329,984)	(215,868)	64,833
Depreciation Expense	174,839	519,072	1,013,641	348,656
Total	(4,512,871)	(16,608,848)	(20,128,435)	(8,858,019)
Interest Paid				
Debt Interest Expense	0	0	0	0
Total Cash Flows from Operating Activities	6,312,697	(62,813,107)	(60,950,542)	15,790,297

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT

FOR THE MONTH AND FISCAL YTD ENDED	8/30/2019

	MONTH	3 MONTHS	6 MONTHS	YTD	
CASH FLOWS FROM INVESTING ACTIVITIES					CASH F
Restricted Cash & Other Asset Cash Flows					
Provider Pass-Thru-Liabilities	(4,163,611)	(122,541,152)	58,967,667	(39,842,126)	
Restricted Cash	0	(2,527)	(5,212)	0	
	(4,163,611)	(122,543,679)	58,962,455	(39,842,126)	
Fixed Asset Cash Flows					
Depreciation expense	174,839	519,072	1,013,641	348,656	
Fixed Asset Acquisitions	(252,659)	(477,784)	(633,340)	(308,322)	
Change in A/D	(174,839)	(519,072)	(1,013,641)	(348,656)	
	(252,659)	(477,784)	(633,340)	(308,322)	
Total Cash Flows from Investing Activities	**(4,416,270)**	**(123,021,463)**	**58,329,115**	**(40,150,448)**	
Financing Cash Flows					
Subordinated Debt Proceeds	0	0	0	0	
Total Cash Flows	**1,896,427**	**(185,834,570)**	**(2,621,427)**	**(24,360,151)**	
Rounding	(1)	(1)	2	3	
Cash @ Beginning of Period	228,585,720	416,316,717	233,103,571	254,842,294	
Cash @ End of Period	**$230,482,146**	**$230,482,146**	**$230,482,146**	**$230,482,146**	
Difference (rounding)	0	0	0	0	

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT

FOR THE MONTH AND FISCAL YTD ENDED	8/30/2019

	MONTH	3 MONTHS	6 MONTHS	YTD
NET INCOME RECONCILIATION				
Net Income / (Loss)	($77,046)	$1,729,493	($9,195,116)	$2,193,858
Add back: Depreciation	174,839	519,072	1,013,641	348,656
Receivables				
Premiums Receivable	(1,961,853)	(74,006,780)	(57,445,611)	6,069,725
First Care Receivable	0	0	0	0
Family Care Receivable	0	0	0	0
Healthy Kids Receivable	0	0	0	0
Interest Receivable	(8,256)	152,046	63,019	46,112
Other Receivable	(407,227)	1,591,999	1,461,938	2,809,471
FQHC Receivable	0	0	0	0
Allowance for Doubtful Accounts	0	0	0	0
Total	(2,377,336)	(72,262,735)	(55,920,654)	8,925,308
Prepaid Expenses	(77,868)	(386,749)	(991,851)	(663,399)
Trade Payables	(236,806)	(2,821,261)	6,422,291	180,312
Claims Payable, IBNR & Risk Share				
IBNP	5,853,469	7,331,563	(2,593,986)	3,001,326
Claims Payable	2,890,143	3,359,563	435,113	1,717,297
Risk Share Payable	84,507	235,879	435,879	169,213
Other Liabilities	(1)	1	(1)	(1)
Total	8,828,118	10,927,006	(1,722,995)	4,887,835
Unearned Revenue				
Total	0	0	0	0
Other Liabilities				
Accrued Expenses	0	0	0	0
Payroll Liabilities	166,361	(329,984)	(215,868)	64,833
Health Program	(87,565)	(187,950)	(339,990)	(147,105)
Accrued Sub Debt Interest	0	0	0	0
Total Change in Other Liabilities	78,796	(517,934)	(555,858)	(82,272)
Cash Flows from Operating Activities	$6,312,697	($62,813,108)	($60,950,542)	$15,790,298
Difference (rounding)	0	(1)	0	1

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED   8/30/2019

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received From:				
Capitation Received from State of CA	$76,520,769	$156,403,071	$397,968,771	$162,831,582
Commercial Premium Revenue	2,062,057	6,138,900	12,197,930	4,092,722
Other Income	(58,482)	513,843	1,179,564	(223,739)
Investment Income	548,596	2,218,988	4,477,259	1,194,709
Cash Paid To:				
Medical Expenses	(68,247,372)	(211,479,061)	(456,645,631)	(143,246,958)
Vendor & Employee Expenses	(4,512,871)	(16,608,848)	(20,128,435)	(8,858,019)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	6,312,697	(62,813,107)	(60,950,542)	15,790,297
Cash Flows from Financing Activities:				
Purchases of Fixed Assets	(252,659)	(477,784)	(633,340)	(308,322)
Net Cash Provided By (Used In) Financing Activities	(252,659)	(477,784)	(633,340)	(308,322)
Cash Flows from Investing Activities:				
Changes in Investments	0	0	0	0
Restricted Cash	(4,163,611)	(122,543,679)	58,962,455	(39,842,126)
Net Cash Provided By (Used In) Investing Activities	(4,163,611)	(122,543,679)	58,962,455	(39,842,126)
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Net Change in Cash	1,896,427	(185,834,570)	(2,621,427)	(24,360,151)
Cash @ Beginning of Period	228,585,720	416,316,717	233,103,571	254,842,294
Subtotal	$230,482,147	$230,482,147	$230,482,144	$230,482,143
Rounding	(1)	(1)	2	3
Cash @ End of Period	**$230,482,146**	**$230,482,146**	**$230,482,146**	**$230,482,146**
RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:				
Net Income / (Loss)	($77,046)	$1,729,493	($9,195,116)	$2,193,858
Depreciation	174,839	519,072	1,013,641	348,656
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	(2,377,336)	(72,262,735)	(55,920,654)	8,925,308
Prepaid Expenses	(77,868)	(386,749)	(991,851)	(663,399)
Trade Payables	(236,806)	(2,821,261)	6,422,291	180,312
Claims payable & IBNP	8,828,118	10,927,006	(1,722,995)	4,887,835
Deferred Revenue	0	0	0	0
Accrued Interest	0	0	0	0
Other Liabilities	78,796	(517,934)	(555,858)	(82,272)
Subtotal	6,312,697	(62,813,108)	(60,950,542)	15,790,298
Rounding	0	1	0	(1)
Cash Flows from Operating Activities	**$6,312,697**	**($62,813,107)**	**($60,950,542)**	**$15,790,297**
Rounding Difference	0	1	0	(1)

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE CURRENT MONTH - AUGUST 2019

			Medi-Cal			Medi-Cal	Group	Grand
	Child	Adults	SPD	ACA OE	Duals	Total	Care	Total
Enrollment	91,728	33,448	25,751	80,966	17,700	249,593	6,020	255,613
Gross Revenue	$10,937,536	$10,244,072	$25,696,197	$28,819,425	$2,941,198	$78,638,428	$2,062,057	$80,700,485
Contra Revenue	$0	$0	$0	$0	$0	$0	$0	$0
Net Revenue	$10,937,536	$10,244,072	$25,696,197	$28,819,425	$2,941,198	$78,638,428	$2,062,057	$80,700,485
Medical Expense	$10,025,511	$10,222,768	$22,620,082	$29,446,670	$2,463,304	$74,778,334	$1,802,363	$76,580,698
Gross Margin	$912,025	$21,304	$3,076,116	($627,244)	$477,893	$3,860,093	$259,694	$4,119,787
Administrative Expense	$535,664	$542,331	$1,484,908	$1,675,735	$150,798	$4,389,436	$128,076	$4,517,512
Operating Income / (Expense)	$376,360	($521,027)	$1,591,208	($2,302,980)	$327,096	($529,342)	$131,617	($397,725)
Other Income / (Expense)	$33,577	$37,261	$109,034	$123,956	$10,079	$313,908	$6,771	$320,679
Net Income / (Loss)	$409,937	($483,766)	$1,700,242	($2,179,023)	$337,175	($215,435)	$138,388	($77,046)
Revenue PMPM	$119.24	$306.27	$997.87	$355.94	$166.17	$315.07	$342.53	$315.71
Medical Expense PMPM	$109.30	$305.63	$878.42	$363.69	$139.17	$299.60	$299.40	$299.60
Gross Margin PMPM	$9.94	$0.64	$119.46	($7.75)	$27.00	$15.47	$43.14	$16.12
Administrative Expense PMPM	$5.84	$16.21	$57.66	$20.70	$8.52	$17.59	$21.28	$17.67
Operating Income / (Expense) PMPM	$4.10	($15.58)	$61.79	($28.44)	$18.48	($2.12)	$21.86	($1.56)
Other Income / (Expense) PMPM	$0.37	$1.11	$4.23	$1.53	$0.57	$1.26	$1.12	$1.25
Net Income / (Loss) PMPM	$4.47	($14.46)	$66.03	($26.91)	$19.05	($0.86)	$22.99	($0.30)
Medical Loss Ratio	91.7%	99.8%	88.0%	102.2%	83.8%	95.1%	87.4%	94.9%
Gross Margin Ratio	8.3%	0.2%	12.0%	-2.2%	16.2%	4.9%	12.6%	5.1%
Administrative Expense Ratio	4.9%	5.3%	5.8%	5.8%	5.1%	5.6%	6.2%	5.6%
Net Income Ratio	3.7%	-4.7%	6.6%	-7.6%	11.5%	-0.3%	6.7%	-0.1%

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

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

| | Medi-Cal | | | | | Medi-Cal | Group | Grand |
	Child	Adults	SPD	ACA OE	Duals	Total	Care	Total
Member Months	184,125	67,118	51,555	162,137	35,327	500,262	11,996	512,258
Revenue	$21,172,011	$21,235,330	$50,667,468	$57,998,018	$5,844,972	$156,917,798	$4,092,722	$161,010,520
Contra Revenue				$0		$0		$0
Net Revenue	$21,172,011	$21,235,330	$50,667,468	$57,998,018	$5,844,972	$156,917,798	$4,092,722	$161,010,520
Medical Expense	$18,081,569	$20,250,432	$47,017,204	$56,640,924	$4,893,388	$146,883,516	$3,913,643	$150,797,159
Gross Margin	$3,090,442	$984,898	$3,650,264	$1,357,094	$951,584	$10,034,282	$179,079	$10,213,361
Administrative Expense	$830,499	$1,158,764	$2,945,863	$3,239,431	$298,352	$8,472,909	$259,537	$8,732,446
Operating Income / (Expense)	$2,259,943	($173,866)	$704,401	($1,882,337)	$653,231	$1,561,373	($80,458)	$1,480,915
Other Income / (Expense)	$56,261	$95,340	$254,502	$264,315	$23,233	$693,651	$19,291	$712,943
Net Income / (Loss)	$2,316,204	($78,526)	$958,903	($1,618,021)	$676,464	$2,255,025	($61,167)	$2,193,857
Revenue PMPM	$114.99	$316.39	$982.78	$357.71	$165.45	$313.67	$341.17	$314.32
Medical Expense PMPM	$98.20	$301.71	$911.98	$349.34	$138.52	$293.61	$326.25	$294.38
Gross Margin PMPM	$16.78	$14.67	$70.80	$8.37	$26.94	$20.06	$14.93	$19.94
Administrative Expense PMPM	$4.51	$17.26	$57.14	$19.98	$8.45	$16.94	$21.64	$17.05
Operating Income / (Expense) PMPM	$12.27	($2.59)	$13.66	($11.61)	$18.49	$3.12	($6.71)	$2.89
Other Income / (Expense) PMPM	$0.31	$1.42	$4.94	$1.63	$0.66	$1.39	$1.61	$1.39
Net Income / (Loss) PMPM	$12.58	($1.17)	$18.60	($9.98)	$19.15	$4.51	($5.10)	$4.28
Medical Loss Ratio	85.4%	95.4%	92.8%	97.7%	83.7%	93.6%	95.6%	93.7%
Gross Margin Ratio	14.6%	4.6%	7.2%	2.3%	16.3%	6.4%	4.4%	6.3%
Administrative Expense Ratio	3.9%	5.5%	5.8%	5.6%	5.1%	5.4%	6.3%	5.4%
Net Income Ratio	10.9%	-0.4%	1.9%	-2.8%	11.6%	1.4%	-1.5%	1.4%

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

CURRENT MONTH				Account Description	FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)		Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				ADMINISTRATIVE EXPENSE SUMMARY				
$2,338,385	$2,268,937	($69,448)	(3.1%)	Personnel Expenses	$4,562,814	$4,493,366	($69,448)	(1.5%)
666,833	575,917	(90,916)	(15.8%)	Benefits Administration Expense	1,249,911	1,158,995	(90,916)	(7.8%)
643,602	926,909	283,308	30.6%	Purchased & Professional Services	1,183,139	1,466,447	283,308	19.3%
345,407	377,483	32,076	8.5%	Occupancy	695,660	727,736	32,076	4.4%
120,180	320,747	200,566	62.5%	Printing Postage & Promotion	181,934	382,501	200,566	52.4%
390,786	624,797	234,012	37.5%	Licenses Insurance & Fees	824,671	1,058,682	234,012	22.1%
12,319	24,535	12,216	49.8%	Supplies & Other Expenses	34,316	46,532	12,216	26.3%
2,179,127	2,850,389	671,261	23.5%	Total Other Administrative Expense	4,169,632	4,840,893	671,261	13.9%
$4,517,512	$5,119,325	$601,813	11.8%	**Total Administrative Expenses**	$8,732,446	$9,334,260	$601,813	6.4%

ADMIN YTD 2020
10/01/19
REPORT #6

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

	CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description		Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				Personnel Expenses					
$1,511,266	$1,435,091	($76,175)	(5.3%)	Salaries & Wages		$3,001,191	$2,925,017	($76,175)	(2.6%)
185,629	139,521	(46,108)	(33.0%)	Paid Time Off		297,211	251,104	(46,108)	(18.4%)
320	8,556	8,236	96.3%	Incentives		416	8,653	8,236	95.2%
75	329	254	77.2%	Employee of the Month		75	329	254	77.2%
24,771	45,105	20,334	45.1%	Payroll Taxes		49,070	69,404	20,334	29.3%
19,458	12,524	(6,934)	(55.4%)	Overtime		27,555	20,621	(6,934)	(33.6%)
118,372	120,316	1,944	1.6%	CalPERS ER Match		234,602	236,546	1,944	0.8%
402,946	358,000	(44,946)	(12.6%)	Employee Benefits		796,406	751,460	(44,946)	(6.0%)
1,014	0	(1,014)	0.0%	Personal Floating Holiday		1,125	111	(1,014)	(911.6%)
8,083	11,923	3,840	32.2%	Employee Relations		16,936	20,776	3,840	18.5%
719	1,731	1,012	58.5%	Transportation Reimbursement		1,491	2,503	1,012	40.4%
3,882	32,528	28,646	88.1%	Travel & Lodging		6,164	34,810	28,646	82.3%
44,240	47,160	2,920	6.2%	Temporary Help Services		63,868	66,788	2,920	4.4%
14,283	41,591	27,308	65.7%	Staff Development/Training		56,783	84,090	27,308	32.5%
3,326	14,560	11,234	77.2%	Staff Recruitment/Advertising		9,920	21,154	11,234	53.1%
2,338,385	**2,268,937**	**(69,448)**	**(3.1%)**	**Total Employee Expenses**		**4,562,814**	**4,493,366**	**(69,448)**	**(1.5%)**
				Benefit Administration Expense					
446,651	358,224	(88,427)	(24.7%)	RX Administration Expense		808,903	720,476	(88,427)	(12.3%)
220,182	217,693	(2,489)	(1.1%)	Behavioral Hlth Administration Fees		441,008	438,519	(2,489)	(0.6%)
666,833	**575,917**	**(90,916)**	**(15.8%)**	**Total Employee Expenses**		**1,249,911**	**1,158,995**	**(90,916)**	**(7.8%)**
				Purchased & Professional Services					
176,205	470,187	293,982	62.5%	Consulting Services		283,953	577,934	293,982	50.9%
292,030	269,527	(22,503)	(8.3%)	Computer Support Services		648,768	626,265	(22,503)	(3.6%)
8,750	9,200	450	4.9%	Professional Fees-Accounting		17,500	17,950	450	2.5%
62,198	70,209	8,011	11.4%	Other Purchased Services		82,625	90,637	8,011	8.8%
2,632	6,369	3,737	58.7%	Maint.& Repair-Office Equipment		17,103	20,841	3,737	17.9%
523	169	(354)	(209.7%)	MIS Software (Non-Capital)		554	200	(354)	(177.1%)
2,378	3,000	622	20.7%	Hardware (Non-Capital)		12,589	13,211	622	4.7%
8,471	7,548	(923)	(12.2%)	Provider Relations-Credentailing		15,532	14,609	(923)	(6.3%)
90,415	90,700	285	0.3%	Legal Fees		104,515	104,800	285	0.3%
643,602	**926,909**	**283,308**	**30.6%**	**Total Purchased & Professional Services**		**1,183,139**	**1,466,447**	**283,308**	**19.3%**
				Occupancy					
148,732	150,387	1,655	1.1%	Depreciation		296,441	298,096	1,655	0.6%
26,107	47,871	21,764	45.5%	Amortization		52,215	73,978	21,764	29.4%
63,024	63,024	0	0.0%	Building Lease		126,047	126,047	0	0.0%
3,169	3,169	0	0.0%	Leased and Rented Office Equipment		6,339	6,339	0	0.0%
13,744	14,466	722	5.0%	Utilities		29,079	29,800	722	2.4%
80,574	79,532	(1,041)	(1.3%)	Telephone		163,777	162,736	(1,041)	(0.6%)
10,057	19,034	8,977	47.2%	Building Maintenance		21,762	30,739	8,977	29.2%
345,407	**377,483**	**32,076**	**8.5%**	**Total Occupancy**		**695,660**	**727,736**	**32,076**	**4.4%**

ADMIN YTD 2020
10/01/19
REPORT #6

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

	CURRENT MONTH			Account Description	FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)		Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				Printing Postage & Promotion				
$43,470	$87,351	$43,881	50.2%	Postage	$65,286	$109,167	$43,881	40.2%
2,040	8,300	6,260	75.4%	Design & Layout	3,995	10,255	6,260	61.0%
55,739	104,595	48,856	46.7%	Printing Services	81,818	130,674	48,856	37.4%
3,801	4,500	699	15.5%	Mailing Services	6,751	7,450	699	9.4%
3,462	3,100	(362)	(11.7%)	Courier/Delivery Service	6,104	5,743	(362)	(6.3%)
8	875	867	99.1%	Pre-Printed Materials and Publications	17	883	867	98.1%
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%
5,150	87,833	82,683	94.1%	Community Relations	9,746	92,429	82,683	89.5%
6,510	4,092	(2,418)	(59.1%)	Translation - Non-Clinical	8,218	5,800	(2,418)	(41.7%)
120,180	**320,747**	**200,566**	**62.5%**	**Total Printing Postage & Promotion**	**181,934**	**382,501**	**200,566**	**52.4%**
				Licenses Insurance & Fees				
17,550	20,700	3,150	15.2%	Bank Fees	37,482	40,632	3,150	7.8%
37,353	38,770	1,417	3.7%	Insurance	96,891	98,308	1,417	1.4%
283,125	354,422	71,297	20.1%	Licenses, Permits and Fees	568,006	639,303	71,297	11.2%
52,757	210,905	158,148	75.0%	Subscriptions & Dues	122,291	280,439	158,148	56.4%
390,786	**624,797**	**234,012**	**37.5%**	**Total Licenses Insurance & Postage**	**824,671**	**1,058,682**	**234,012**	**22.1%**
				Supplies & Other Expenses				
5,556	15,188	9,633	63.4%	Office and Other Supplies	16,957	26,590	9,633	36.2%
1,203	2,731	1,528	56.0%	Ergonomic Supplies	3,308	4,836	1,528	31.6%
5,076	5,716	640	11.2%	Commissary-Food & Beverage	13,066	13,706	640	4.7%
485	900	415	46.1%	Member Incentive Expense	985	1,400	415	29.6%
12,319	**24,535**	**12,216**	**49.8%**	**Total Supplies & Other Expense**	**34,316**	**46,532**	**12,216**	**26.3%**
$4,517,512	**$5,119,325**	**$601,813**	**11.8%**	**TOTAL ADMINISTRATIVE EXPENSE**	**$8,732,446**	**$9,334,260**	**$601,813**	**6.4%**

ADMIN YTD 2020
10/01/19
REPORT #6

ALAMEDA ALLIANCE FOR HEALTH
CAPITAL SPENDING INCLUDING CONSTRUCTION-IN-PROCESS
ACTUAL VS. BUDGET
FOR THE FISCAL YEAR-TO-DATE ENDED AUGUST 31, 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	$ 14,587	$ 17,785	$ 60,000	$ 42,215
Tablets, Surfaces, Macs	IT-FY20-02			$ -	$ 30,000	$ 30,000
Monitors-(Dual per User)	IT-FY20-03		$ 7,210	$ 7,210	$ 33,971	$ 26,761
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		$ 39,698	$ 39,698	$ 112,000	$ 72,302
Cisco UCS Blade Servers	IT-FY20-11		$ 99,906	$ 99,906	$ 150,000	$ 50,094
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		$ 51,354	$ 51,354	$ 50,000	$ (1,354)
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	$ 6,505	$ 26,887	$ -	$ (26,887)
Hardware Subtotal		$ 23,580	$ 219,259	$ 242,839	$ 1,075,971	$ 833,132
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 Licensing (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)
ilding 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			$ 6,700	$	6,700	$	250,000	$	243,300
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				$	-	$	-	$	-
niture & Equipment Subtotal		$	**-**	$ 6,700	$	**6,700**	$	**440,000**	$	**433,300**
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			$ 26,700	$	26,700	$	45,000	$	18,300
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
ehold Improvement Subtotal		$	**-**	$ 26,700	$	**26,700**	$	**170,000**	$	**143,300**
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**	$ 252,659	$	**308,321**	$	**2,488,971**	$	**2,180,650**

7. Reconciliation to Balance Sheet:

Fixed Assets @ Cost - 8/31/19	$	41,071,250
Fixed Assets @ Cost - 6/30/19	$	40,762,929
Fixed Assets Acquired YTD	$	308,322
	$	308,322 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	Aug-19
Current Month Net Income / (Loss)	$2,270,904	($77,046)
YTD Net Income / (Loss)	$2,270,904	$2,193,857
Actual TNE		
Net Assets	$183,018,159	$182,941,112
Subordinated Debt & Interest	$0	$0
Total Actual TNE	**$183,018,159**	**$182,941,112**
Increase/(Decrease) in Actual TNE	$2,270,904	($77,047)
Required TNE[1]	**$32,534,362**	**$32,625,189**
Min. Req'd to Avoid Monthly Reporting (130% of Required TNE)	$42,294,671	$42,412,745
TNE Excess / (Deficiency)	$150,483,797	$150,315,923
Actual TNE as a Multiple of Required	**5.63**	**5.61**

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	$182,941,112
Fixed Assets at Net Book Value	(10,625,053)	(10,702,873)
CD Pledged to DMHC	(346,927)	(346,927)
Liquid TNE (Liquid Reserves)	**$172,046,179**	**$171,891,312**
Liquid TNE as Multiple of Required	**5.29**	**5.27**

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	91,728											184,125
Adults	33,670	33,448											67,118
SPD	25,804	25,751											51,555
ACA OE	81,171	80,966											162,137
Duals	17,627	17,700											35,327
Medi-Cal Program	250,669	249,593											500,262
Group Care Program	5,976	6,020											11,996
Total	**256,645**	**255,613**											**512,258**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	(1,039)	(669)											(1,708)
Adults	(505)	(222)											(727)
SPD	(78)	(53)											(131)
ACA OE	(201)	(205)											(406)
Duals	70	73											143
Medi-Cal Program	(1,753)	(1,076)											(2,829)
Group Care Program	13	44											57
Total	**(1,740)**	**(1,032)**											**(2,772)**
Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	36.9%	36.8%											36.8%
Adults % of Medi-Cal	13.4%	13.4%											13.4%
SPD % of Medi-Cal	10.3%	10.3%											10.3%
ACA OE % of Medi-Cal	32.4%	32.4%											32.4%
Duals % of Medi-Cal	7.0%	7.1%											7.1%
Medi-Cal Program % of Total	97.7%	97.6%											97.7%
Group Care Program % of Total	2.3%	2.4%											2.3%
Total	**100.0%**	**100.0%**											**100.0%**

REPORT #9

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	49,463											98,994
Alameda Health System	47,759	47,630											95,389
	97,290	97,093											194,383
Delegated:													
CFMG	30,752	30,542											61,294
CHCN	94,820	94,360											189,180
Kaiser	33,783	33,618											67,401
Delegated Subtotal	159,355	158,520											317,875
Total	**256,645**	**255,613**											**512,258**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	(799)	(197)											(996)
Delegated:													
CFMG	(139)	(210)											(349)
CHCN	(509)	(460)											(969)
Kaiser	(293)	(165)											(458)
Delegated Subtotal	(941)	(835)											(1,776)
Total	**(1,740)**	**(1,032)**											**(2,772)**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	37.9%	38.0%											37.9%
Delegated:													
CFMG	12.0%	11.9%											12.0%
CHCN	36.9%	36.9%											36.9%
Kaiser	13.2%	13.2%											13.2%
Delegated Subtotal	62.1%	62.0%											62.1%
Total	**100.0%**	**100.0%**											**100.0%**

REPORT #9

ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED August 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:				
$1,689,698	$1,650,336	($39,362)	(2.4%)	PCP-Capitation	$3,387,269	$3,347,907	($39,362)	(1.2%)
2,716,694	2,722,212	5,518	0.2%	PCP-Capitation - FQHC	5,451,094	5,456,612	5,518	0.1%
266,395	262,879	(3,516)	(1.3%)	Specialty-Capitation	534,622	531,106	(3,516)	(0.7%)
2,780,950	2,788,551	7,601	0.3%	Specialty-Capitation FQHC	5,579,730	5,587,331	7,601	0.1%
261,807	262,041	234	0.1%	Laboratory-Capitation	524,249	524,483	234	0.0%
641,405	640,115	(1,290)	(0.2%)	Transportation (Ambulance)-Cap	1,284,878	1,283,589	(1,289)	(0.1%)
192,906	192,126	(780)	(0.4%)	Vision Cap	386,493	385,711	(782)	(0.2%)
77,423	78,865	1,442	1.8%	CFMG Capitation	155,407	156,849	1,442	0.9%
141,150	141,488	338	0.2%	Anc IPA Admin Capitation FQHC	283,214	283,552	338	0.1%
8,159,462	7,115,920	(1,043,542)	(14.7%)	Kaiser Capitation	15,625,917	14,582,376	(1,043,541)	(7.2%)
1,029,559	569,530	(460,029)	(80.8%)	BHT Supplemental Expense	1,115,185	655,156	(460,029)	(70.2%)
0	6,404	6,404	100.0%	Hep-C Supplemental Expense	44,509	50,913	6,404	12.6%
0	312,227	312,227	100.0%	Maternity Supplemental Expense	0	312,227	312,227	100.0%
499,118	495,442	(3,676)	(0.7%)	DME - Cap	998,493	994,818	(3,675)	(0.4%)
18,456,567	**17,238,136**	**(1,218,431)**	**(7.1%)**	**5-TOTAL CAPITATED EXPENSES**	**35,371,060**	**34,152,630**	**(1,218,430)**	**(3.6%)**
				FEE FOR SERVICE MEDICAL EXPENSES:				
3,841,476	0	(3,841,476)	0.0%	IBNP-Inpatient Services	2,132,194	0	(2,132,194)	0.0%
115,244	0	(115,244)	0.0%	IBNP-Settlement (IP)	63,965	0	(63,965)	0.0%
307,318	0	(307,318)	0.0%	IBNP-Claims Fluctuation (IP)	170,575	0	(170,575)	0.0%
14,230,866	20,894,918	6,664,052	31.9%	Inpatient Hospitalization-FFS	33,100,054	41,550,237	8,450,183	20.3%
858,711	0	(858,711)	0.0%	IP OB - Mom & NB	2,102,465	0	(2,102,465)	0.0%
14,921	0	(14,921)	0.0%	IP Behavioral Health	76,391	0	(76,391)	0.0%
791,069	0	(791,069)	0.0%	IP - Long Term Care	2,403,083	0	(2,403,083)	0.0%
670,746	0	(670,746)	0.0%	IP - Facility Rehab FFS	1,436,943	0	(1,436,943)	0.0%
20,830,351	**20,894,918**	**64,567**	**0.3%**	**6-Inpatient Hospital & SNF FFS Expense**	**41,485,671**	**41,550,237**	**64,566**	**0.2%**
92,389	0	(92,389)	0.0%	IBNP-PCP	11,666	0	(11,666)	0.0%
2,772	0	(2,772)	0.0%	IBNP-Settlement (PCP)	352	0	(352)	0.0%
7,392	0	(7,392)	0.0%	IBNP-Claims Fluctuation (PCP)	935	0	(935)	0.0%
981,688	1,162,083	180,395	15.5%	Primary Care Non-Contracted FF	2,345,215	2,436,011	90,796	3.7%
75,931	111,318	35,387	31.8%	PCP FQHC FFS	167,765	203,152	35,387	17.4%
1,745,736	1,714,766	(30,970)	(1.8%)	Prop 56 Direct Payment Expenses	3,487,438	3,456,468	(30,970)	(0.9%)
2,905,908	**2,988,167**	**82,259**	**2.8%**	**7-Primary Care Physician FFS Expense**	**6,013,371**	**6,095,631**	**82,260**	**1.3%**
397,110	0	(397,110)	0.0%	IBNP-Specialist	264,445	0	(264,445)	0.0%
2,174,730	0	(2,174,730)	0.0%	Specialty Care-FFS	4,490,085	0	(4,490,085)	0.0%
121,722	0	(121,722)	0.0%	Anesthesiology - FFS	278,778	0	(278,778)	0.0%
542,885	0	(542,885)	0.0%	Spec Rad Therapy - FFS	1,133,852	0	(1,133,852)	0.0%
89,171	0	(89,171)	0.0%	Obstetrics-FFS	222,584	0	(222,584)	0.0%
206,359	0	(206,359)	0.0%	Spec IP Surgery - FFS	461,985	0	(461,985)	0.0%
430,172	0	(430,172)	0.0%	Spec OP Surgery - FFS	870,650	0	(870,650)	0.0%
320,802	3,645,615	3,324,813	91.2%	Spec IP Physician	713,906	7,784,353	7,070,447	90.8%
87,596	113,595	25,999	22.9%	SCP FQHC FFS	204,232	230,233	26,001	11.3%
11,914	0	(11,914)	0.0%	IBNP-Settlement (SCP)	7,934	0	(7,934)	0.0%
31,770	0	(31,770)	0.0%	IBNP-Claims Fluctuation (SCP)	21,156	0	(21,156)	0.0%
4,414,231	**3,759,210**	**(655,021)**	**(17.4%)**	**8-Specialty Care Physician Expense**	**8,669,607**	**8,014,586**	**(655,021)**	**(8.2%)**
258,301	0	(258,301)	0.0%	IBNP-Ancillary	371,834	0	(371,834)	0.0%
7,751	0	(7,751)	0.0%	IBNP Settlement (ANC)	11,158	0	(11,158)	0.0%
20,663	0	(20,663)	0.0%	IBNP Claims Fluctuation (ANC)	29,746	0	(29,746)	0.0%
334,058	0	(334,058)	0.0%	Acupuncture/Biofeedback	646,623	0	(646,623)	0.0%
68,336	0	(68,336)	0.0%	Hearing Devices	223,582	0	(223,582)	0.0%
30,530	0	(30,530)	0.0%	Imaging/MRI/CT Global	45,179	0	(45,179)	0.0%
37,827	0	(37,827)	0.0%	Vision FFS	77,568	0	(77,568)	0.0%
8,253	0	(8,253)	0.0%	Family Planning	22,734	0	(22,734)	0.0%
217,289	0	(217,289)	0.0%	Laboratory-FFS	442,358	0	(442,358)	0.0%
99,558	0	(99,558)	0.0%	ANC Therapist	208,380	0	(208,380)	0.0%
156,227	0	(156,227)	0.0%	Transportation (Ambulance)-FFS	553,840	0	(553,840)	0.0%
98,911	0	(98,911)	0.0%	Transportation (Other)-FFS	185,915	0	(185,915)	0.0%
300,656	0	(300,656)	0.0%	Hospice	660,110	0	(660,110)	0.0%
411,406	0	(411,406)	0.0%	Home Health Services	920,064	0	(920,064)	0.0%
0	2,511,613	2,511,613	100.0%	Other Medical-FFS	0	5,684,539	5,684,539	100.0%
0	0	0	0.0%	Denials	156	0	(156)	0.0%

MED FFS CAP 2020

09/26/19
REPORT #8A

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

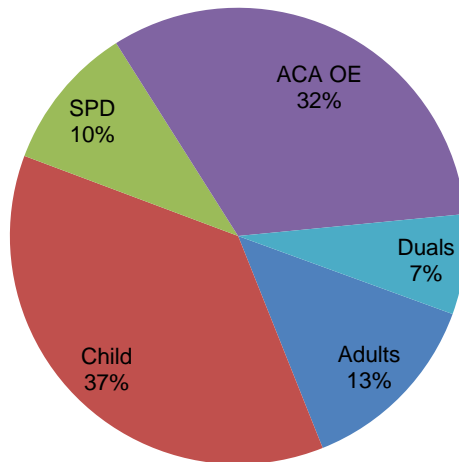|	CURRENT MONTH			Account Description	FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)		Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
$378,078	$0	($378,078)	0.0%	DME & Medical Supplies	$694,851	$0	($694,851)	0.0%
576,558	564,916	(11,642)	(2.1%)	GEMT Direct Payment Expense	1,150,593	1,138,951	(11,642)	(1.0%)
463,162	0	(463,162)	0.0%	Community Based Adult Services (CBAS)	969,834	0	(969,834)	0.0%
3,467,564	**3,076,529**	**(391,035)**	**(12.7%)**	**9-Ancillary Medical Expense**	**7,214,523**	**6,823,490**	**(391,033)**	**(5.7%)**
118,743	0	(118,743)	0.0%	IBNP-Outpatient	(494,382)	0	494,382	0.0%
3,562	0	(3,562)	0.0%	IBNP Settlement (OP)	(14,832)	0	14,832	0.0%
9,501	0	(9,501)	0.0%	IBNP Claims Fluctuation (OP)	(39,550)	0	39,550	0.0%
1,245,951	7,143,429	5,897,478	82.6%	Out-Patient FFS	2,364,431	13,841,321	11,476,890	82.9%
1,159,315	0	(1,159,315)	0.0%	OP Ambul Surgery - FFS	2,088,653	0	(2,088,653)	0.0%
1,373,676	0	(1,373,676)	0.0%	OP Fac Imaging Services-FFS	2,628,719	0	(2,628,719)	0.0%
1,811,333	0	(1,811,333)	0.0%	Behav Health - FFS	3,946,743	0	(3,946,743)	0.0%
314,106	0	(314,106)	0.0%	OP Facility - Lab FFS	545,887	0	(545,887)	0.0%
195,432	0	(195,432)	0.0%	OP Facility - Cardio FFS	267,656	0	(267,656)	0.0%
(129,118)	0	129,118	0.0%	OP Facility - PT/OT/ST FFS	(76,549)	0	76,549	0.0%
1,677,182	0	(1,677,182)	0.0%	OP Facility - Dialysis FFS	3,260,798	0	(3,260,798)	0.0%
7,779,683	**7,143,429**	**(636,254)**	**(8.9%)**	**10-Outpatient Medical Expense Medical Expense**	**14,477,576**	**13,841,321**	**(636,255)**	**(4.6%)**
442,260	0	(442,260)	0.0%	IBNP-Emergency	72,088	0	(72,088)	0.0%
13,268	0	(13,268)	0.0%	IBNP Settlement (ER)	2,163	0	(2,163)	0.0%
35,381	0	(35,381)	0.0%	IBNP Claims Fluctuation (ER)	5,767	0	(5,767)	0.0%
560,332	0	(560,332)	0.0%	Special ER Physician-FFS	1,276,740	0	(1,276,740)	0.0%
2,767,671	3,283,723	516,052	15.7%	ER-Facility	5,550,098	6,371,669	821,571	12.9%
3,818,912	**3,283,723**	**(535,189)**	**(16.3%)**	**11-Emergency Expense**	**6,906,856**	**6,371,669**	**(535,187)**	**(8.4%)**
123,112	0	(123,112)	0.0%	IBNP-Pharmacy	346,048	0	(346,048)	0.0%
3,693	0	(3,693)	0.0%	IBNP Settlement (RX)	10,380	0	(10,380)	0.0%
9,849	0	(9,849)	0.0%	IBNP Claims Fluctuation (RX)	27,684	0	(27,684)	0.0%
3,446,707	3,002,594	(444,113)	(14.8%)	RX - Non-PBM FFFS	7,670,845	7,226,732	(444,113)	(6.1%)
9,840,462	10,382,263	541,801	5.2%	Pharmacy-FFS	19,701,497	20,647,975	946,478	4.6%
(406,628)	(407,064)	(436)	0.1%	Pharmacy-Rebate	(813,256)	(970,911)	(157,655)	16.2%
13,017,195	**12,977,793**	**(39,402)**	**(0.3%)**	**12-Pharmacy Expense**	**26,943,198**	**26,903,796**	**(39,402)**	**(0.1%)**
56,233,843	**54,123,769**	**(2,110,074)**	**(3.9%)**	**13-TOTAL FFS MEDICAL EXPENSES**	**111,710,800**	**109,600,730**	**(2,110,070)**	**(1.9%)**
0	(238,319)	(238,319)	100.0%	Clinical Vacancy	0	(238,319)	(238,319)	100.0%
58,386	74,406	16,021	21.5%	Quality Analytics	135,367	151,388	16,021	10.6%
444,375	370,494	(73,880)	(19.9%)	Health Plan Services Department Total	770,165	696,285	(73,880)	(10.6%)
362,792	544,939	182,147	33.4%	Case & Disease Management Department Total	597,534	779,680	182,147	23.4%
131,280	133,012	1,732	1.3%	Medical Services Department Total	263,575	265,307	1,732	0.7%
440,610	435,788	(4,822)	(1.1%)	Quality Management Department Total	873,388	868,566	(4,822)	(0.6%)
111,393	110,578	(815)	(0.7%)	Pharmacy Services Department Total	214,686	213,872	(815)	(0.4%)
21,648	28,043	6,395	22.8%	Regulatory Readiness Total	66,611	73,007	6,395	8.8%
1,570,483	**1,458,941**	**(111,542)**	**(7.6%)**	**14-Other Benefits & Services**	**2,921,327**	**2,809,785**	**(111,542)**	**(4.0%)**
				Reinsurance Expense				
(153,538)	(337,193)	(183,655)	54.5%	Reinsurance Recoveries	(153,538)	(337,193)	(183,655)	54.5%
388,836	396,697	7,861	2.0%	Stop-Loss Expense	778,297	786,158	7,861	1.0%
235,297	**59,504**	**(175,793)**	**(295.4%)**	**15-Reinsurance Expense**	**624,759**	**448,965**	**(175,794)**	**(39.2%)**
				Preventive Health Services				
84,507	83,209	(1,298)	(1.6%)	Risk Sharing PCP	169,213	167,913	(1,300)	(0.8%)
84,507	**83,209**	**(1,298)**	**(1.6%)**	**16-Risk Pool Distribution**	**169,213**	**167,913**	**(1,300)**	**(0.8%)**
76,580,698	**72,963,559**	**(3,617,139)**	**(5.0%)**	**17-TOTAL MEDICAL EXPENSES**	**150,797,159**	**147,180,023**	**(3,617,136)**	**(2.5%)**

MED FFS CAP 2020

09/26/19
REPORT #8A

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

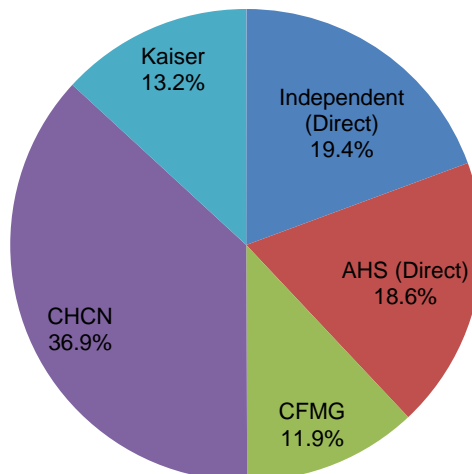| Current Membership by Network By Category of Aid							
Category of Aid	**Aug 2019**	**% of Medi-Cal**	**Independent (Direct)**	**AHS (Direct)**	**CFMG**	**CHCN**	**Kaiser**
Adults	33,448	13%	8,150	6,784	288	12,814	5,412
Child	91,728	37%	8,678	8,406	28,147	31,005	15,492
SPD	25,751	10%	8,723	3,730	1,210	10,246	1,842
ACA OE	80,966	32%	14,378	25,891	896	31,070	8,731
Duals	17,700	7%	6,868	2,001	1	6,689	2,141
Medi-Cal	249,593		46,797	46,812	30,542	91,824	33,618
Group Care	6,020		2,666	818	-	2,536	-
Total	**255,613**	**100%**	**49,463**	**47,630**	**30,542**	**94,360**	**33,618**
Medi-Cal %	97.6%		94.6%	98.3%	100.0%	97.3%	100.0%
Group Care %	2.4%		5.4%	1.7%	0.0%	2.7%	0.0%
		Network Distribution	*19.4%*	*18.6%*	*11.9%*	*36.9%*	*13.2%*
			% Direct:	**38%**		**% Delegated:**	**62%**

Medi-Cal By Aid Category

ACA OE 32%
SPD 10%
Duals 7%
Adults 13%
Child 37%

By Network

Kaiser 13.2%
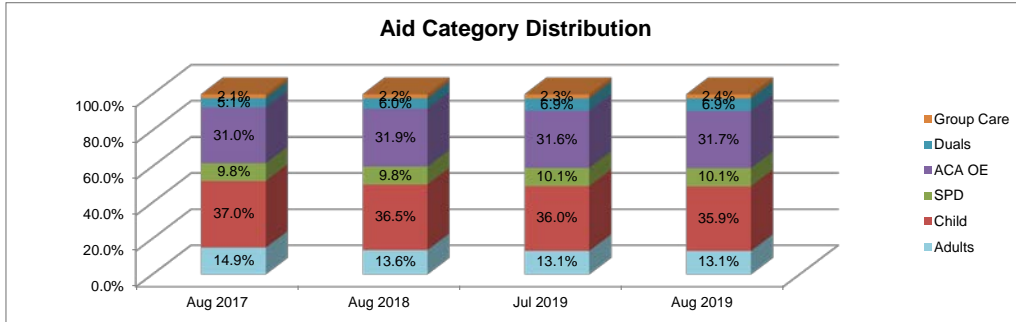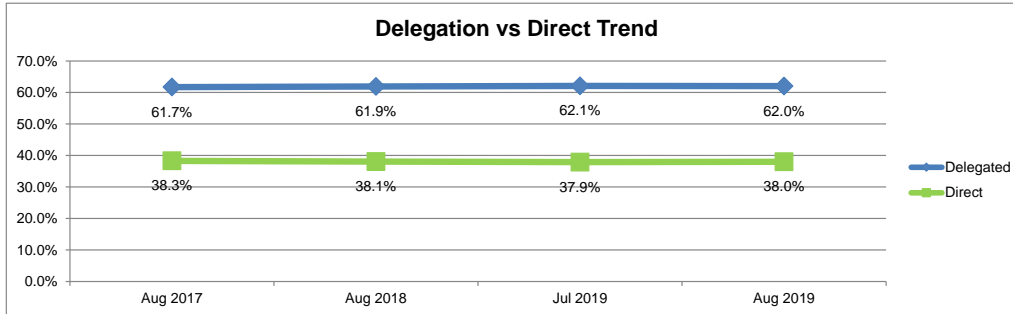Independent (Direct) 19.4%
AHS (Direct) 18.6%
CFMG 11.9%
CHCN 36.9%

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Category of Aid Trend

Category of Aid	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Aug 2017	Aug 2018	Jul 2019	Aug 2019	Aug 2017	Aug 2018	Jul 2019	Aug 2019	Aug 2017 to Aug 2018	Aug 2018 to Aug 2019	Jul 2019 to Aug 2019
Adults	40,438	35,987	33,670	33,448	14.9%	13.6%	13.1%	13.1%	-11.0%	-7.1%	-0.7%
Child	100,232	96,634	92,397	91,728	37.0%	36.5%	36.0%	35.9%	-3.6%	-5.1%	-0.7%
SPD	26,457	26,075	25,804	25,751	9.8%	9.8%	10.1%	10.1%	-1.4%	-1.2%	-0.2%
ACA OE	84,079	84,557	81,171	80,966	31.0%	31.9%	31.6%	31.7%	0.6%	-4.2%	-0.3%
Duals	13,877	15,760	17,627	17,700	5.1%	6.0%	6.9%	6.9%	13.6%	12.3%	0.4%
Medi-Cal Total	265,083	259,013	250,669	249,593	97.9%	97.8%	97.7%	97.6%	-2.3%	-3.6%	-0.4%
Group Care	5,778	5,858	5,976	6,020	2.1%	2.2%	2.3%	2.4%	1.4%	2.8%	0.7%
Total	**270,861**	**264,871**	**256,645**	**255,613**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**-2.2%**	**-3.5%**	**-0.4%**

Aid Category Distribution

Delegation vs Direct Trend

Members	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Aug 2017	Aug 2018	Jul 2019	Aug 2019	Aug 2017	Aug 2018	Jul 2019	Aug 2019	Aug 2017 to Aug 2018	Aug 2018 to Aug 2019	Jul 2019 to Aug 2019
Delegated	167,149	164,054	159,355	158,520	61.7%	61.9%	62.1%	62.0%	-1.9%	-3.4%	-0.5%
Direct	103,712	100,817	97,290	97,093	38.3%	38.1%	37.9%	38.0%	-2.8%	-3.7%	-0.2%
Total	**270,861**	**264,871**	**256,645**	**255,613**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**-2.2%**	**-3.5%**	**-0.4%**

Delegation vs Direct Trend

Network Trend

Network	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Aug 2017	Aug 2018	Jul 2019	Aug 2019	Aug 2017	Aug 2018	Jul 2019	Aug 2019	Aug 2017 to Aug 2018	Aug 2018 to Aug 2019	Jul 2019 to Aug 2019
Independent (Direct)	54,690	52,107	49,531	49,463	20.2%	19.7%	19.3%	19.4%	-4.7%	-5.1%	-0.1%
AHS (Direct)	49,022	48,710	47,759	47,630	18.1%	18.4%	18.6%	18.6%	-0.6%	-2.2%	-0.3%
CFMG	35,532	32,898	30,752	30,542	13.1%	12.4%	12.0%	11.9%	-7.4%	-7.2%	-0.7%
CHCN	96,867	96,859	94,820	94,360	35.8%	36.6%	36.9%	36.9%	0.0%	-2.6%	-0.5%
Kaiser	34,750	34,297	33,783	33,618	12.8%	12.9%	13.2%	13.2%	-1.3%	-2.0%	-0.5%
Total	**270,861**	**264,871**	**256,645**	**255,613**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**-2.2%**	**-3.5%**	**-0.4%**

Network Trend
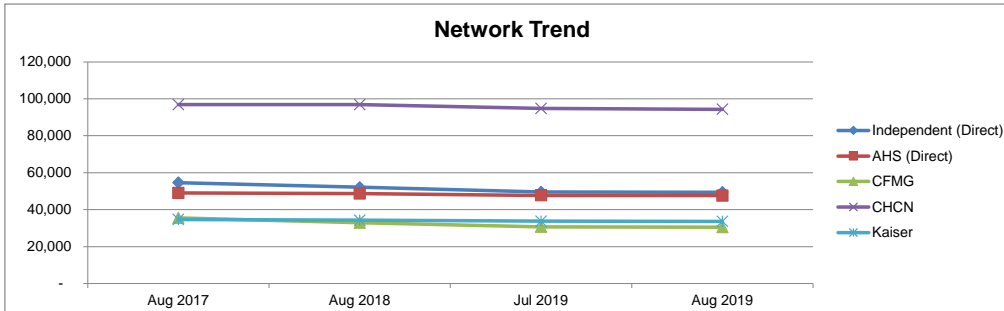
Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Age Category Trend

Age Category	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Aug 2017	Aug 2018	Jul 2019	Aug 2019	Aug 2017	Aug 2018	Jul 2019	Aug 2019	Aug 2017 to Aug 2018	Aug 2018 to Aug 2019	Jul 2019 to Aug 2019
Under 19	103,170	99,495	95,067	94,368	38%	38%	37%	37%	-4%	-5%	-1%
19 - 44	86,882	84,652	81,411	81,099	32%	32%	32%	32%	-3%	-4%	0%
45 - 64	58,984	57,497	55,782	55,662	22%	22%	22%	22%	-3%	-3%	0%
65+	21,825	23,227	24,385	24,484	8%	9%	10%	10%	6%	5%	0%
Total	**270,861**	**264,871**	**256,645**	**255,613**	**100%**	**100%**	**100%**	**100%**	**-2%**	**-3%**	**0%**

Age Distribution

Language Trend

| Language	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Aug 2017	Aug 2018	Jul 2019	Aug 2019	Aug 2017	Aug 2018	Jul 2019	Aug 2019	Aug 2017 to Aug 2018	Aug 2018 to Aug 2019	Jul 2019 to Aug 2019
English	165,098	160,991	156,015	155,483	61%	61%	61%	61%	-2%	-3%	0%
Spanish	51,847	50,787	49,412	49,190	19%	19%	19%	19%	-2%	-3%	0%
Chinese	26,289	26,436	25,986	25,891	10%	10%	10%	10%	1%	-2%	0%
Vietnamese	8,800	8,731	8,642	8,626	3%	3%	3%	3%	-1%	-1%	0%
Other Non-English	18,827	17,926	16,590	16,423	7%	7%	6%	6%	-5%	-8%	-1%
Total	**270,861**	**264,871**	**256,645**	**255,613**	**100%**	**100%**	**100%**	**100%**	**-2%**	**-3%**	**0%**

Language Distribution
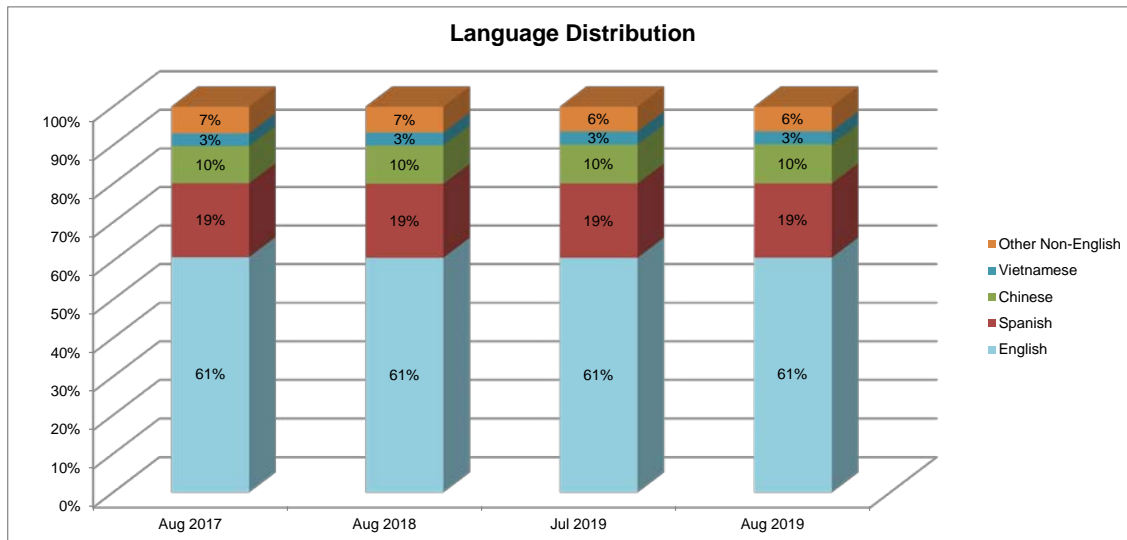
Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Gender Trend

Gender	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Aug 2017	Aug 2018	Jul 2019	Aug 2019	Aug 2017	Aug 2018	Jul 2019	Aug 2019	Aug 2017 to Aug 2018	Aug 2018 to Aug 2019	Jul 2019 to Aug 2019
F	146,411	143,304	138,795	138,278	54%	54%	54%	54%	-2%	-4%	0%
M	124,450	121,567	117,850	117,335	46%	46%	46%	46%	-2%	-3%	0%
Total	**270,861**	**264,871**	**256,645**	**255,613**	**100%**	**100%**	**100%**	**100%**	**-2%**	**-3%**	**0%**

Gender Trend
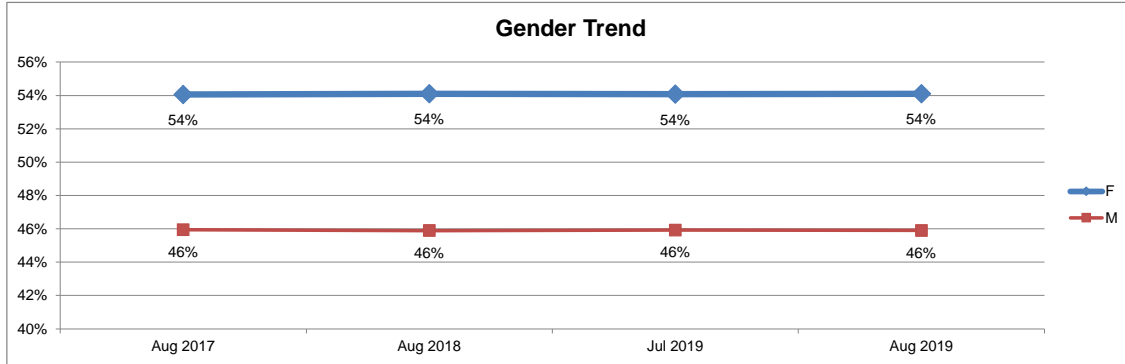
Ethnicity Trend

Ethnicity	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Aug 2017	Aug 2018	Jul 2019	Aug 2019	Aug 2017	Aug 2018	Jul 2019	Aug 2019	Aug 2017 to Aug 2018	Aug 2018 to Aug 2019	Jul 2019 to Aug 2019
Hispanic	70,061	74,585	71,630	71,300	26%	28%	28%	28%	6%	-4%	0%
Black	52,387	50,082	47,138	46,805	19%	19%	18%	18%	-4%	-7%	-1%
Other Asian / Pacific Islander	41,042	32,516	29,964	29,677	15%	12%	12%	12%	-21%	-9%	-1%
White	30,109	28,192	25,392	25,084	11%	11%	10%	10%	-6%	-11%	-1%
Chinese	29,129	29,237	28,595	28,526	11%	11%	11%	11%	0%	-2%	0%
Other	30,383	33,217	37,514	37,897	11%	13%	15%	15%	9%	14%	1%
Vietnamese	11,485	11,286	11,231	11,218	4%	4%	4%	4%	-2%	-1%	0%
Unknown	5,494	5,068	4,539	4,478	2%	2%	2%	2%	-8%	-12%	-1%
American Indian or Alaskan Native	771	688	642	628	0%	0%	0%	0%	-11%	-9%	-2%
Total	**270,861**	**264,871**	**256,645**	**255,613**	**100%**	**100%**	**100%**	**100%**	**-2%**	**-3%**	**0%**

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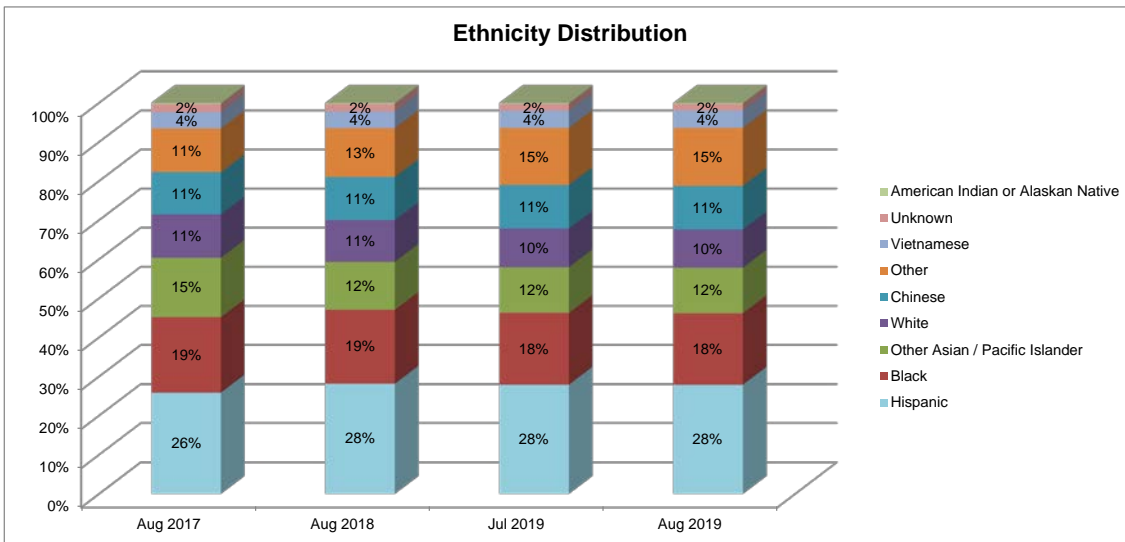
Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile By City

Medi-Cal By City

City	Aug 2019	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	102,101	41%	11,615	22,876	13,759	44,377	9,474
Hayward	38,107	15%	8,046	7,667	4,576	11,353	6,465
Fremont	21,888	9%	8,994	2,995	589	5,910	3,400
San Leandro	22,265	9%	3,892	3,272	3,293	8,340	3,468
Union City	10,885	4%	4,232	1,484	394	2,829	1,946
Alameda	10,035	4%	1,941	1,447	1,611	3,715	1,321
Berkeley	8,979	4%	1,069	1,532	1,215	3,898	1,265
Livermore	7,094	3%	947	607	1,661	2,664	1,215
Newark	5,781	2%	1,665	1,811	153	1,112	1,040
Castro Valley	5,936	2%	1,193	881	998	1,717	1,147
San Lorenzo	4,969	2%	860	800	654	1,693	962
Pleasanton	3,667	1%	851	362	424	1,443	587
Dublin	3,891	2%	901	344	513	1,439	694
Emeryville	1,505	1%	233	309	227	517	219
Albany	1,452	1%	141	199	336	515	261
Piedmont	266	0%	45	59	26	74	62
Sunol	61	0%	13	13	5	10	20
Antioch	24	0%	6	5	3	8	2
Other	687	0%	153	149	105	210	70
Total	**249,593**	**100%**	**46,797**	**46,812**	**30,542**	**91,824**	**33,618**

Group Care By City

City	Aug 2019	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	2,119	35%	572	374	-	1,173	-
Hayward	657	11%	376	110	-	171	-
Fremont	643	11%	497	46	-	100	-
San Leandro	554	9%	207	83	-	264	-
Union City	349	6%	247	29	-	73	-
Alameda	263	4%	111	24	-	128	-
Berkeley	197	3%	48	23	-	126	-
Livermore	87	1%	37	2	-	48	-
Newark	141	2%	101	22	-	18	-
Castro Valley	184	3%	101	16	-	67	-
San Lorenzo	114	2%	55	17	-	42	-
Pleasanton	51	1%	26	4	-	21	-
Dublin	96	2%	43	5	-	48	-
Emeryville	26	0%	11	2	-	13	-
Albany	13	0%	4	1	-	8	-
Piedmont	11	0%	3	-	-	8	-
Sunol	-	0%	-	-	-	-	-
Antioch	28	0%	14	4	-	10	-
Other	487	8%	213	56	-	218	-
Total	**6,020**	**100%**	**2,666**	**818**	**-**	**2,536**	**-**

Total By City

City	Aug 2019	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	104,220	41%	12,187	23,250	13,759	45,550	9,474
Hayward	38,764	15%	8,422	7,777	4,576	11,524	6,465
Fremont	22,531	9%	9,491	3,041	589	6,010	3,400
San Leandro	22,819	9%	4,099	3,355	3,293	8,604	3,468
Union City	11,234	4%	4,479	1,513	394	2,902	1,946
Alameda	10,298	4%	2,052	1,471	1,611	3,843	1,321
Berkeley	9,176	4%	1,117	1,555	1,215	4,024	1,265
Livermore	7,181	3%	984	609	1,661	2,712	1,215
Newark	5,922	2%	1,766	1,833	153	1,130	1,040
Castro Valley	6,120	2%	1,294	897	998	1,784	1,147
San Lorenzo	5,083	2%	915	817	654	1,735	962
Pleasanton	3,718	1%	877	366	424	1,464	587
Dublin	3,987	1%	944	349	513	1,487	694
Emeryville	1,531	1%	244	311	227	530	219
Albany	1,465	1%	145	200	336	523	261
Piedmont	277	0%	48	59	26	82	62
Sunol	61	0%	13	13	5	10	20
Antioch	52	0%	20	9	3	18	2
Other	1,174	0%	366	205	105	428	70
Total	**255,613**	**100%**	**49,463**	**47,630**	**30,542**	**94,360**	**33,618**

Operations

Matt Woodruff

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

From: **Matthew Woodruff, Chief Operating Officer**

Date: **October 11, 2019**

Subject: **Operations Report**

Member Services

- 12-month Trend Summary:

  o The Member Services Department received an 11% increase in call volume totaling 15,228 in September 2019 compared to 13,480 in September 2018. The abandonment rate for September 2019 was 3%, which is a percent better from September 2018.

  o The service level for the department was 9% higher in September 2019, 85%, compared to 76% in September 2018.
    - The top five call reasons (Change of PCP; Eligibility/Enrollment; Kaiser; Benefits; ID Card Request) have remained the same in 2018 and 2019.

  o Average talk time was six minutes and thirty-one seconds (06:31) for September 2019 compared to seven minutes and fifty-one seconds (07:51) for September 2018.

Claims

- 12-Month Trend Summary:

  o The Claims Department received 111,578 claims in September 2019 compared to 108,828 in September 2018.

  o The Auto Adjudication rate was 72.9% in September 2019 compared to 71.6% in September 2018.

  o Claims Compliance for the 30-day turn-around time was 98.9% in September 2019 compared to 98.8% in September 2018. The 45-day turn-around time was 99.9% in September 2019 as in September 2018.

- Monthly Analysis:

  - In September, we received a total of 111,578 claims in the HEALTHsuite system.
  - We received 73% of claims via EDI and 27% of claims via paper.
  - During September, 99.9% of our claims were processed within 45 working days.
  - The Auto Adjudication rate was 72.9% for September.

Provider Services

- 12-Month Trend Summary:

  - The Provider Services Department's call volume increased in September 2019 to 6,001 calls compared to 4,608 calls in September 2018.
  - Our call volume has increased from our 2018 monthly totals as we expected. Our first priority is to improve the provider's satisfaction with first call resolution. Provider Services continuously works to achieve first call resolution and reduction of the abandonment rates through our training and the "no limit" on the number of questions a provider may ask.
  - The Provider Services department completed 124 visits during September.
  - The Provider Services department answered over 6,001 calls for September and made over 1337 outbound calls.

Credentialing Department

- 12-Month Trend Summary:

  - At the Peer Review and Credentialing (PRCC) meeting held on September 17, 2019, there were 23 initial providers approved; 8 primary care providers, 7 specialists, 2 ancillary providers, and 6 midlevel providers. Additionally, 33 providers were re-credentialed at this meeting; 12 primary care providers, 13 specialists, 2 ancillary providers, and 6 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:

  o The Provider Dispute Resolution (PDR) department resolved 601 cases in September 2019 compared to 594 cases in September 2018.
  o In September 2019, the PDR department upheld 76% of cases versus 70% in September 2018.

- Monthly Analysis:

  o We received 817 PDRs in September 2019 (no stats were kept prior to the function moving back to Claims in November 2018).
  o In September, 601 PDRs were resolved. Out of the 601 PDRs, 144 were overturned.
  o The overturn rate for PDRs was 24%, which met our goal of 25% or less.
  o 578 of 601 cases were resolved within 45 working days resulting in a 96% compliance rate.
  o There are 1,402 PDRs that are less than 45 working days old that are currently pending resolution.

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Community Relations and Outreach

- 12-Month Trend Summary:

  o The Communications & Outreach (C&O) Department completed 30 out of 36 events (83% completion rate) in September 2019 compared to 40 out of 45 events (88% completion rate) in September 2018.
  o The number of events in FYQ1 2019 decreased by 10% and 97 out of 146 events (66% completion rate) were completed, compared to 108 out of 120 events (90% completion rate) in FYQ1 2018.
  o The C&O Department reached 1,498 people in the community in September 2019 compared to 4,999 in September 2018.
  o The total number of individuals reached in FYQ1 2019 was 4,724 (41% self-identified Alliance members) compared to 17,244 in FYQ1 2018.
  o The C&O Department maintained the number of event participation cities throughout Alameda County in 9 cities/unincorporated areas in September 2019 compared to nine 9 cities/unincorporated areas in September 2018.
  o The number of cities in FYQ1 2019 was 13 cities/unincorporated areas, compared to 13 cities/unincorporated areas in FYQ1 2018.

- Monthly Analysis:

  - In September 2019, the C&O Department completed 30 out of 36 events (83% completion rate).
  - In September 2019, the C&O Department reached 1,498 individuals (417 or 28% self-identified as Alliance members) during outreach events and activities.
  - In September 2019, the C&O Department completed events in 9 cities/unincorporated areas throughout Alameda County.
  - Please see attached Addendum A.
  - An Alliance sponsorship ad was published in the La Clínica 48th Anniversary Program on September 28, 2019.
  - Please see attached Addendum B.

Operations

Supporting Documents

Member Services

Blended Call Results

Blended Results	Sept 2019
Incoming Calls (R/V)	15,228
Abandoned Rate (R/V)	3%
Answered Calls (R/V)	14,724
Average Speed to Answer (ASA)	00:30
Calls Answered in 30 Seconds (R/V)	85%

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

Member Walk-Ins Sept 2019
ID Card Requests
Eligibility
Benefits
Total Walk-Ins: 44

Claims Department

August 2019 Final and September 2019 Final

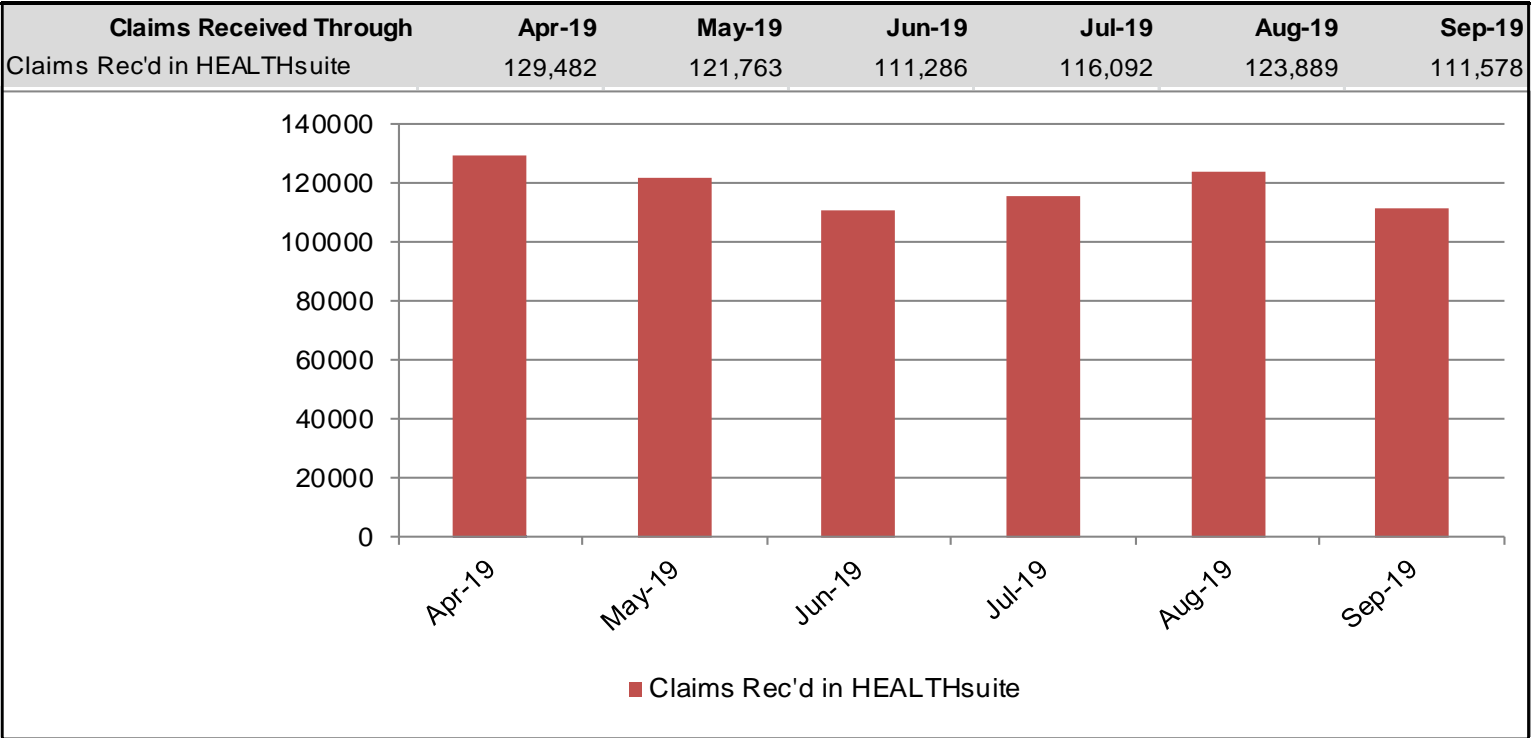| METRICS		
Claims Compliance	**Aug-19**	**Sep-19**
90% of clean claims processed within 30 calendar days	94.1%	98.9%
95% of all claims processed within 45 working days	99.1%	99.9%
Claims Volume (Received)	**Aug-19**	**Sep-19**
Paper claims	33,271	30,037
EDI claims	90,618	81,541
Claim Volume Total	**123,889**	**111,578**
Percentage of Claims Volume by Submission Method	**Aug-19**	**Sep-19**
% Paper	26.86%	26.92%
% EDI	73.14%	73.08%
Claims Processed	**Aug-19**	**Sep-19**
HEALTHsuite Paid (original claims)	90,022	82,964
HEALTHsuite Denied (original claims)	20,917	23,498
HEALTHsuite Original Claims Sub-Total	**110,939**	**106,462**
HEALTHsuite Adjustments	44,798	2,397
HEALTHsuite Total	**155,737**	**108,859**
Claims Expense	**Aug-19**	**Sep-19**
Medical Claims Paid	$37,426,721	$36,423,839
Interest Paid	$21,885	$35,614
Auto Adjudication	**Aug-19**	**Sep-19**
Claims Auto Adjudicated	82,699	77,562
% Auto Adjudicated	74.5%	72.9%
Average Days from Receipt to Payment	**Aug-19**	**Sep-19**
HEALTHsuite	24	23
Pended Claim Age	**Aug-19**	**Sep-19**
0-29 calendar days		
HEALTHsuite	10,567	4,869
30-59 calendar days		
HEALTHsuite	52	38
Over 60 calendar days		
HEALTHsuite	21	5
Overall Denial Rate	**Aug-19**	**Sep-19**
Claims denied in HEALTHsuite	20,917	23,498
% Denied	13.4%	21.6%

Claims Department

August 2019 Final and September 2019 Final

Sep-19

Top 5 HEALTHsuite Denial Reasons	% of all denials
Responsibility of Provider	29%
Duplicate Claim	12%
Must Submit as a Paper Claim with Copy of Primary Payer EOB	11%
Non-Covered Benefit for This Plan	9%
No Benefits Found For Dates of Service	7%
% Total of all denials	**68%**

Claims Received By Month

Claims Received Through	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Claims Rec'd in HEALTHsuite	129,482	121,763	111,286	116,092	123,889	111,578

■ Claims Rec'd in HEALTHsuite

Provider Relations Dashboard September 2019

Alliance Provider Relations Staff	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Incoming Calls (PR)	7386	6262	6811	6997	6926	6077	7307	7175	6001
Abandoned Calls	1718	1146	829	932	863	692	953	1022	955
Answered Calls (PR)	5664	5116	5982	6065	6063	5385	6354	6153	5046
Recordings/Voicemails	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**
Incoming Calls (R/V)	849	644	420	428	410	357	443	513	474
Abandoned Calls (R/V)									
Answered Calls (R/V)	849	644	420	428	410	357	443	513	474
Outbound Calls	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**
Outbound Calls	1642	1602	1814	1658	1701	1496	1913	1747	1337
N/A									
Outbound Calls	1642	1602	1814	1658	1701	1496	1913	1747	1337
Totals	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**
Total Incoming, R/V, Outbound Calls	9873	8508	9045	9083	9037	7930	9663	9435	7812
Abandoned Calls	1718	1146	829	932	863	692	953	1022	955
Total Answered Incoming, R/V, Outbound Calls	8155	7362	8216	8151	8174	7238	8710	8413	6857

Provider Relations Dashboard September 2019

Call Reasons (Medi-Cal and Group Care)

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
Authorizations	4.5%	5.1%	4.9%	5.1%	4.5%	4.7%	4.7%	4.9%	4.8%
Benefits	2.3%	2.9%	2.6%	2.9%	3.2%	3.3%	3.3%	3.9%	4.2%
Claims Inquiry	35.4%	37.0%	37.3%	35.6%	35.1%	33.3%	34.1%	36.5%	38.2%
Change of PCP	2.1%	3.4%	3.1%	3.7%	3.5%	4.4%	5.3%	5.2%	4.5%
Complaint/Grievance (includes PDR's)	2.5%	2.5%	2.2%	2.2%	3.0%	2.9%	2.8%	2.4%	2.4%
Contracts	0.4%	0.4%	0.5%	0.3%	0.6%	0.4%	0.5%	0.7%	0.5%
Correspondence Question/Followup	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.0%
Demographic Change	0.1%	0.1%	0.2%	0.1%	0.1%	0.2%	0.1%	0.2%	0.2%
Eligibility - Call from Provider	30.5%	30.1%	29.7%	30.1%	29.8%	30.5%	26.9%	24.5%	28.9%
Exempt Grievance/ G&A	0.1%	0.0%	0.2%	0.0%	0.1%	0.1%	0.0%	0.0%	0.1%
General Inquiry/Non member	0.1%	0.2%	0.2%	0.1%	0.1%	0.3%	0.3%	0.2%	0.2%
Health Education	0.0%	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%	2.2%
Kaiser	0.1%	0.2%	0.2%	0.1%	0.2%	0.3%	0.2%	0.2%	0.2%
Member bill	0.1%	0.1%	0.2%	0.2%	0.3%	0.3%	0.4%	0.4%	0.1%
Mystery Shopper Call	0.0%	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%	3.6%
Pharmacy	0.8%	1.2%	1.2%	1.5%	1.3%	1.2%	1.4%	1.5%	1.4%
Provider Network Info	0.1%	0.1%	0.1%	0.2%	0.2%	0.1%	0.2%	0.3%	0.1%
Transferred Call	7.3%	0.5%	0.1%	0.5%	1.1%	1.2%	0.6%	1.9%	0.6%
All Other Calls	9.2%	12.1%	12.6%	12.5%	12.2%	11.8%	14.7%	11.4%	7.7%
TOTAL	100.0%	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	Sep-19
Claims Issues	1	1	4	4	4	1	0	5	3
Contracting/Credentialing	0	1	1	0	0	0	0	0	1
Drop-ins	0	5	10	10	3	4	4	7	47
JOM's	3	2	2	3	2	1	3	1	2
New Provider Orientation	0	3	5	4	2	2	22	14	26
Quarterly Visits	52	75	44	2	143	50	118	63	45
UM Issues	2	0	1	0	0	0	0	1	0
Total Field Visits	58	87	67	23	154	58	147	91	124

ALLIANCE NETWORK SUMMARY, CURRENTLY CREDENTIALED PRACTITIONERS

Practitioners		AHP 409	PCP 368	SPEC 660	PCP/SPEC 19
AAH/AHS/CHCN Breakdown		AAH 431	AHS 196	CHCN 432	COMBINATION OF GROUPS 397
Facilities	**228**				

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	47	30	25	Y	Y
Recred Files in Process	59	24	25	Y	Y
Expirables updated **Insurance, License, DEA, Board Certifications**					Y
Files currently in process	106				

CAQH Applications Processed in September 2019

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

September 2019 Peer Review and Credentialing Committee Approvals

Initial Credentialing	**Number**
PCP	8
SPEC	7
ANCILLARY	2
MIDLEVEL/AHP	6
	23
Recredentialing	
PCP	12
SPEC	13
ANCILLARY	2
MIDLEVEL/AHP	6
	33
TOTAL	**56**

September 2019 Facility Approvals

Initial Credentialing	3
Recredentialing	3
Facility Files in Process	39

September 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	CATEGORY	INITIAL/RECRED	CRED DATE
Camaya	Claire	Primary Care Physician	Initial	9/17/2019
Cooper	Janice	Allied Health	Initial	9/17/2019
Fern	Veronica	Allied Health	Initial	9/17/2019
Gutierrez	Vanessa	Allied Health	Initial	9/17/2019
Kumar	Palak	Primary Care Physician	Initial	9/17/2019
Kumar	Praveena	Ancillary	Initial	9/17/2019
Larry	Jamon	Allied Health	Initial	9/17/2019
Martinez	Christian	Allied Health	Initial	9/17/2019
May	Jeremy	Specialist	Initial	9/17/2019
Ng	Cakeb	Specialist	Initial	9/17/2019
Ohri	Ajay	Primary Care Physician	Initial	9/17/2019
Pant	Meenakshi	Specialist	Initial	9/17/2019
Perlas	Jane	Allied Health	Initial	9/17/2019
Razon	Na'Amah	Primary Care Physician	Initial	9/17/2019
Robinson	Ann	Primary Care Physician	Initial	9/17/2019
Suleiman	Nicole	Primary Care Physician	Initial	9/17/2019
Sy	Christian	Ancillary	Initial	9/17/2019
Taylor	Nicholas	Primary Care Physician	Initial	9/17/2019
Tsui	Cynthia	Specialist	Initial	9/17/2019
Unemori	Patrick	Specialist	Initial	9/17/2019
Williams	Christopher	Specialist	Initial	9/17/2019
Woods	Meghan	Primary Care Physician	Initial	9/17/2019
Yan	Yan	Specialist	Initial	9/17/2019
Ali	Zulfiqar	Primary Care Physician and Specialist	Recred	9/17/2019
Baldocchi	Hillary	Allied Health	Recred	9/17/2019
Barua	Upama	Primary Care Physician	Recred	9/17/2019
Beddawi	Yazen	Specialist	Recred	9/17/2019
Carey	Donna	Specialist	Recred	9/17/2019
Chang	Gene-Yuan	Specialist	Recred	9/17/2019
Diamond	Jan	Primary Care Physician	Recred	9/17/2019
Dubois	Robert	Ancillary	Recred	9/17/2019
Elizondo	Guadalupe	Allied Health	Recred	9/17/2019
Francis	Damon	Primary Care Physician	Recred	9/17/2019
Gong	Merry	Primary Care Physician	Recred	9/17/2019
Hagen	Eliza	Specialist	Recred	9/17/2019
Hand	Carolyn	Allied Health	Recred	9/17/2019
Hoang	Sylvia	Primary Care Physician	Recred	9/17/2019
Holloway, III	Earl	Specialist	Recred	9/17/2019
Iota-Herbei	Claudia	Specialist	Recred	9/17/2019
Kaku	Leonard	Allied Health	Recred	9/17/2019
Kamlot	Andreas	Specialist	Recred	9/17/2019
Kapila	Yagya	Specialist	Recred	9/17/2019
KasoziLubega	Samali	Primary Care Physician	Recred	9/17/2019
King-Angell	Joan	Primary Care Physician	Recred	9/17/2019
Mahmood	Saima	Specialist	Recred	9/17/2019
Marinoff	David	Specialist	Recred	9/17/2019
McFeely, IV	James	Specialist	Recred	9/17/2019
Mehra	Soniya	Primary Care Physician	Recred	9/17/2019
Melton	Clifford	Specialist	Recred	9/17/2019
Pecci	Christine	Primary Care Physician	Recred	9/17/2019
Peng	Chang	Ancillary	Recred	9/17/2019
Rasheed	Sabiha	Specialist	Recred	9/17/2019
Tran	Jenny	Allied Health	Recred	9/17/2019
Valverde-Salas	Vicky	Primary Care Physician	Recred	9/17/2019
Wong	Winston	Primary Care Physician	Recred	9/17/2019
Yap	Leoncio	Allied Health	Recred	9/17/2019

# SEPTEMBER PEER REVIEW AND CREDENTIALING INITIAL APPROVALS BY SPECIALTY

Specialists, 7

Allied Health, 6

Allied Health	6
Ancillary	2
Primary Care Physician	8
Specialist	7
	23

Ancillary, 2

Primary Care Physicians, 8
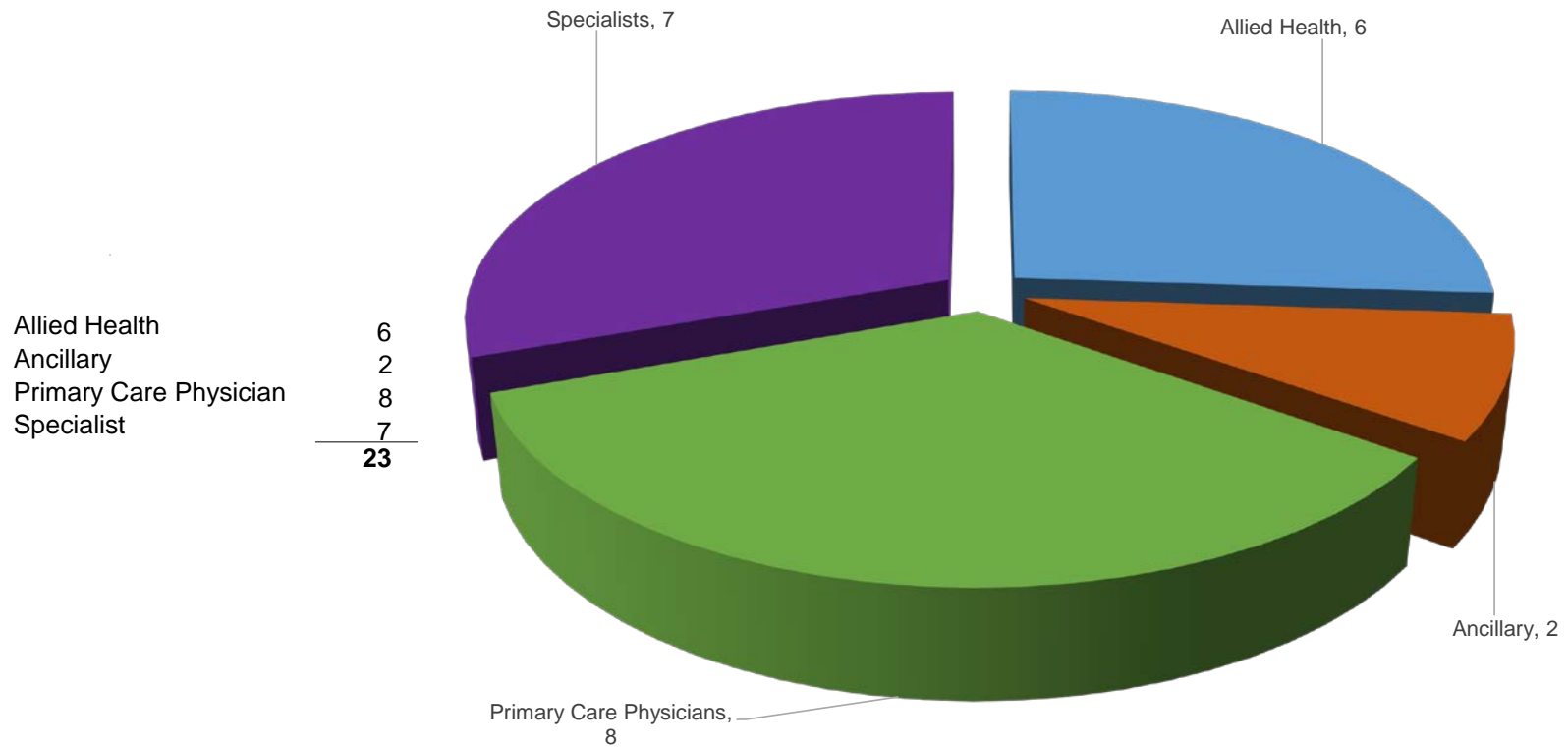
Provider Dispute Resolution

August 2019 Final and September 2019 Final

METRICS		
PDR Compliance	**Aug-19**	**Sep-19**
# of PDRs Resolved	631	601
# Resolved Within 45 Working Days	593	578
% of PDRs Resolved Within 45 Working Days	94%	96%
PDRs Received	**Aug-19**	**Sep-19**
# of PDRs Received	950	817
PDR Volume Total	**950**	**817**
PDRs Resolved	**Aug-19**	**Sep-19**
# of PDRs Upheld	455	457
% of PDRs Upheld	72%	76%
# of PDRs Overturned	176	144
% of PDRs Overturned	28%	24%
Total # of PDRs Resolved	**631**	**601**
Unresolved PDR Age	**Aug-19**	**Sep-19**
0-45 Working Days	1,326	1,402
Over 45 Working Days	34	32
Total # of Unresolved PDRs	**1,360**	**1,434**

Sep-19

PDR Resolved Case Overturn Reasons
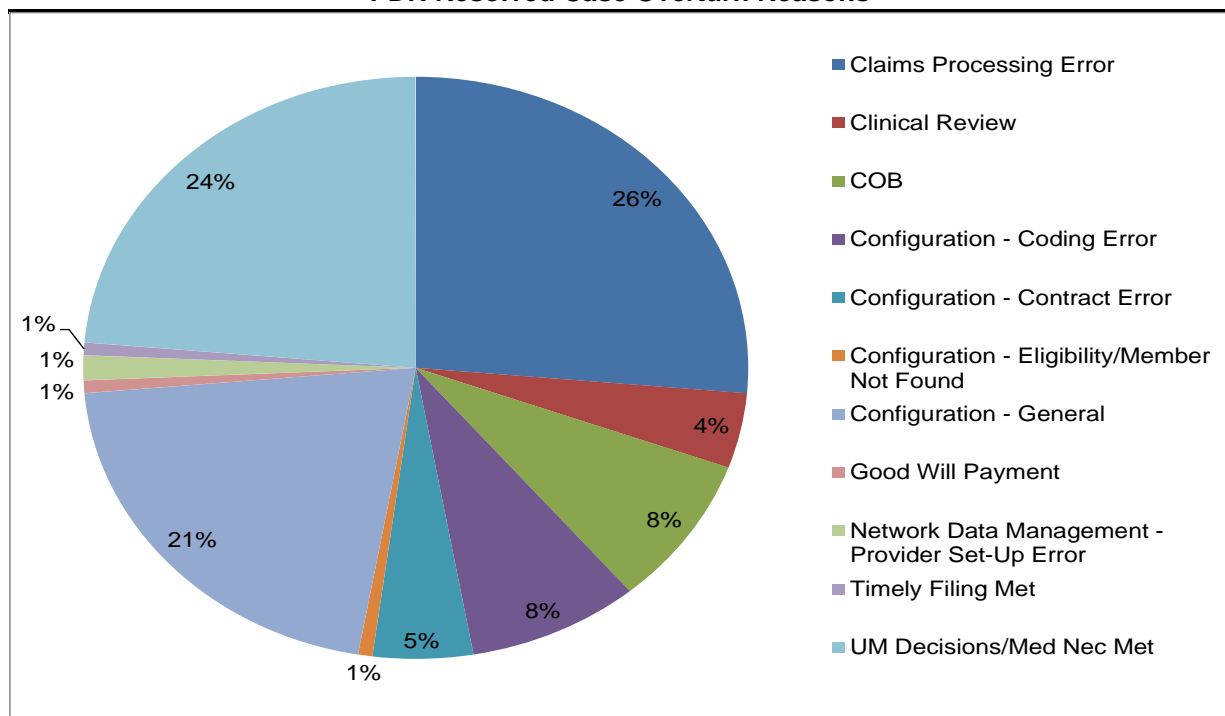
Provider Dispute Resolution

August 2019 Final and September 2019 Final

Rolling 12-Month PDR Trend Line
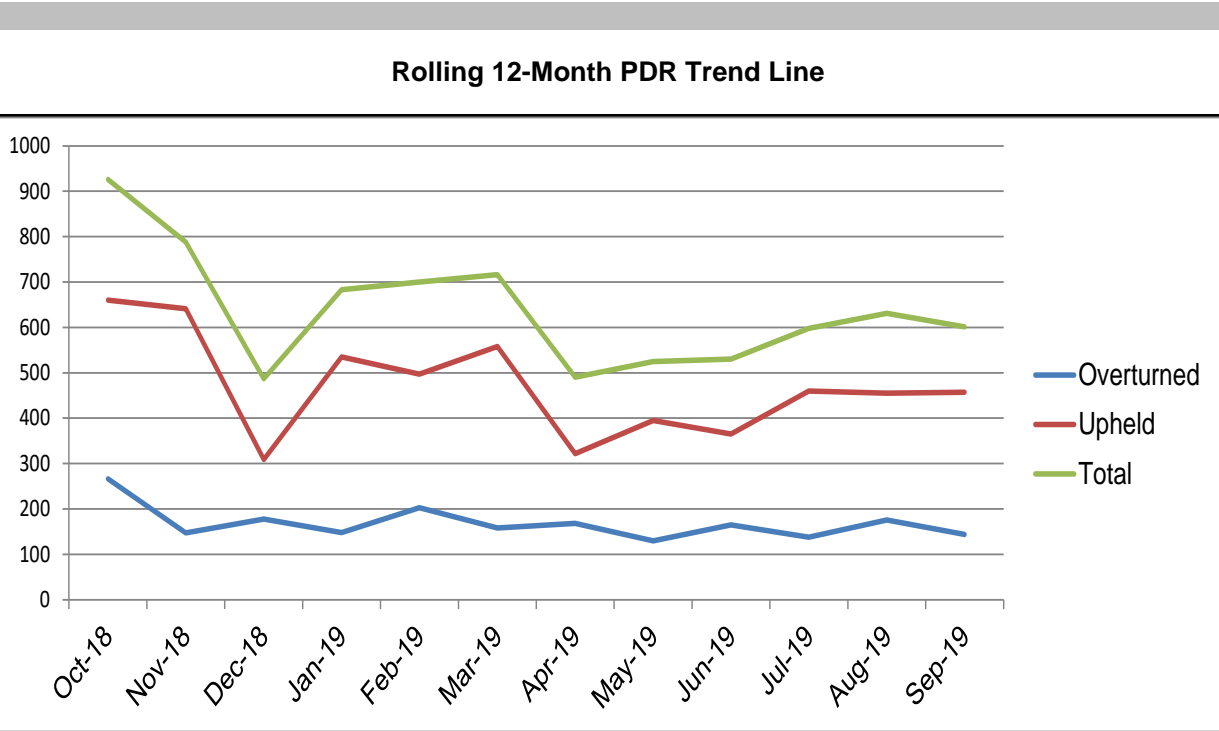
Project Management Office Portfolio Overview for September 2019

Alliance Portal Redesign Project

- 12/6/2019 Go-Live: Phase 1 includes a Redesigned Provider Portal on the 4.2.7a data spec, Provider Directory, Attachment of the Care Plan, Auth Submission, Auth Revision EXR, PDR, PQI, EOP, and G&A.
- Authorization Submission functionality will not be ready until 10/24/2019 which is after our agreed upon Go-Live date of 10/18/2019 from Change Request 1. Additional time required to implement Auth Submission Data feed backend and frontend. Our technical team identified risk areas, performed appropriate analysis, and mitigate risks. As a result, the schedule is pushed out 7 weeks to allow additional time for us to complete Auth data development, EOP and 4 ExRs. The new Go-Live is 12/6/2019.
- Hx build complete for the following views: (Eligibility, Coverage, Claim Header, Claim Detail, Authorization Header, Authorization Detail, Authorization Provider Access, Provider Registration, Provider Directory Master Relationship, Provider Cross Reference, Provider Language, Provider Accreditation, Provider Board Certification, Provider Specialty Category, Provider Degree, Provider Hospital Affiliation, Provider Type Service, Provider Type Specialty Cross Reference, Cross Code Reference, Prescription Claims).
- Auths Submission Data feed (Auth Integration front & backend) on target to complete 10/24/19.
- Hx EOP coding from 10/1/19-10/30/19.
- Compliance review of Site Map and Site Map Content.
- HTML Structure SOW under review.

Contract Database Project

- On hold until October 28, 2019.

Preferred Vendor Project

- The purpose of this project is to identify a select list of preferred vendors (SNF, Respite, Health Home, and Infusion) to 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

ALLIANCE IN THE COMMUNITY

FY 2019-2020 **| 1ST QUARTER (Q1) OUTREACH REPORT**

ALLIANCE IN THE COMMUNITY
FY 2019-2020 | Q1 OUTREACH REPORT

During the 1st Quarter (Q1 – July, August, September) of Fiscal Year (FY) 2019-2020, the Alliance initiated and/or was invited to participate in a total of **146** events throughout Alameda County. The Alliance completed **97** out of the **146** events (**66%**). The Alliance reached a total of **4,724** people, and spent a total of **$3,520.85** in donation, fees, and/or sponsorships during Q1. All events details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\FY 2019-2020\Q1.

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, **12,404** self-identified Alliance members were reached at community events, and member education events.

ALLIANCE IN THE COMMUNITY
FY 2019-2020 | Q1 OUTREACH REPORT

FY **2018-2019** Q1 TOTALS

70 COMMUNITY EVENTS
45 MEMBER ORIENTATIONS
1 MEETINGS/ PRESENTATIONS
120 TOTAL INITIATED/ INVITED EVENTS

108 TOTAL COMPLETED EVENTS

13 CITIES

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

17118 TOTAL REACHED AT COMMUNITY EVENTS
110 TOTAL REACHED AT MEMBER ORIENTATIONS
16 TOTAL REACHED AT MEETINGS/PRESENTATIONS
4476 MEMBERS REACHED AT ALL EVENTS

17244 TOTAL REACHED AT ALL EVENTS

$6,062.50
TOTAL SPENT IN DONATION, FEES & SPONSORSHIPS*

FY **2019-2020** Q1 TOTALS

47 COMMUNITY EVENTS
27 MEMBER EDUCATION EVENTS
68 MEMBER ORIENTATIONS
3 MEETINGS/ PRESENTATIONS
146 TOTAL INITIATED/ INVITED EVENTS
97 TOTAL COMPLETED EVENTS

13 CITIES

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

2538 TOTAL REACHED AT COMMUNITY EVENTS
1806 TOTAL REACHED AT MEMBER EDUCATION EVENTS
305 TOTAL REACHED AT MEMBER ORIENTATIONS
76 TOTAL REACHED AT MEETINGS/PRESENTATIONS
1938 MEMBERS REACHED AT ALL EVENTS
4724 TOTAL REACHED AT ALL EVENTS

$3,520.85
TOTAL SPENT IN DONATION, FEES & SPONSORSHIPS*

* Includes refundable deposit.

ALLIANCE IN THE COMMUNITY
FY 2019-2020 | Q1 OUTREACH REPORT

EVENTS BY CITY (%)

- Berkeley 5 (4%)
- Albany 1 (1%)
- Alameda 4 (3%)
- Union City 7 (5%)
- San Lorenzo 2 (1%)
- San Leandro 9 (6%)
- Pleasanton 3 (2%)
- Dublin 2 (1%)
- Fremont 9 (6%)
- Hayward 22 (15%)
- Livermore 3 (2%)
- Newark 6 (4%)
- Oakland 73 (50%)

APPROXIMATE NUMBERS REACHED BY CITY

- San Leandro 29 (<1%)
- Union City 40 (1%)
- Pleasanton 8 (<1%)
- Alameda 80 (2%)
- Albany 364 (7%)
- Berkeley 169 (3%)
- Dublin 79 (2%)
- Fremont 58 (1%)
- Hayward 251 (5%)
- Livermore 40 (1%)
- Newark 38 (2%)
- Oakland 3569 (76%)

DONATIONS, FEES & SPONSORSHIPS BY CITY*

CITY	Donation, Fees & Sponsorships (Dollars)
ALBANY	$265.00
BERKELEY	$100.00
DUBLIN	$25.00
FREMONT	$1,500.00
OAKLAND	$1,630.85

* Includes refundable deposit.

ALLIANCE IN THE COMMUNITY
FY 2019-2020 | Q1 OUTREACH REPORT

EVENTS*
BY Q1

	JULY	AUGUST	SEPTEMBER	TOTAL
FY 2019-2020 – COMPLETED EVENTS	30	37	30	**97**
FY 2019-2020 – TOTAL EVENTS	53	57	36	**146**
FY 2018-2019 – COMPLETED EVENTS	32	33	43	**108**
FY 2018-2019 – TOTAL EVENTS	35	37	48	**120**

The graph above compares completed events to total events in during Q1 of FY 2018-2019 and FY 2019-2020.

During Q1 of FY 2019-2020, the Alliance completed a total of **97** out of **146** events (66%), compared to 108 out of 120 (90%) during Q1 of FY 2018-2019.

The graph on page **7** compares community events, and member orientations (MOs) in Q1 of FY 2018-2019 and 2019-2020.

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

EVENT TYPE
BY Q1
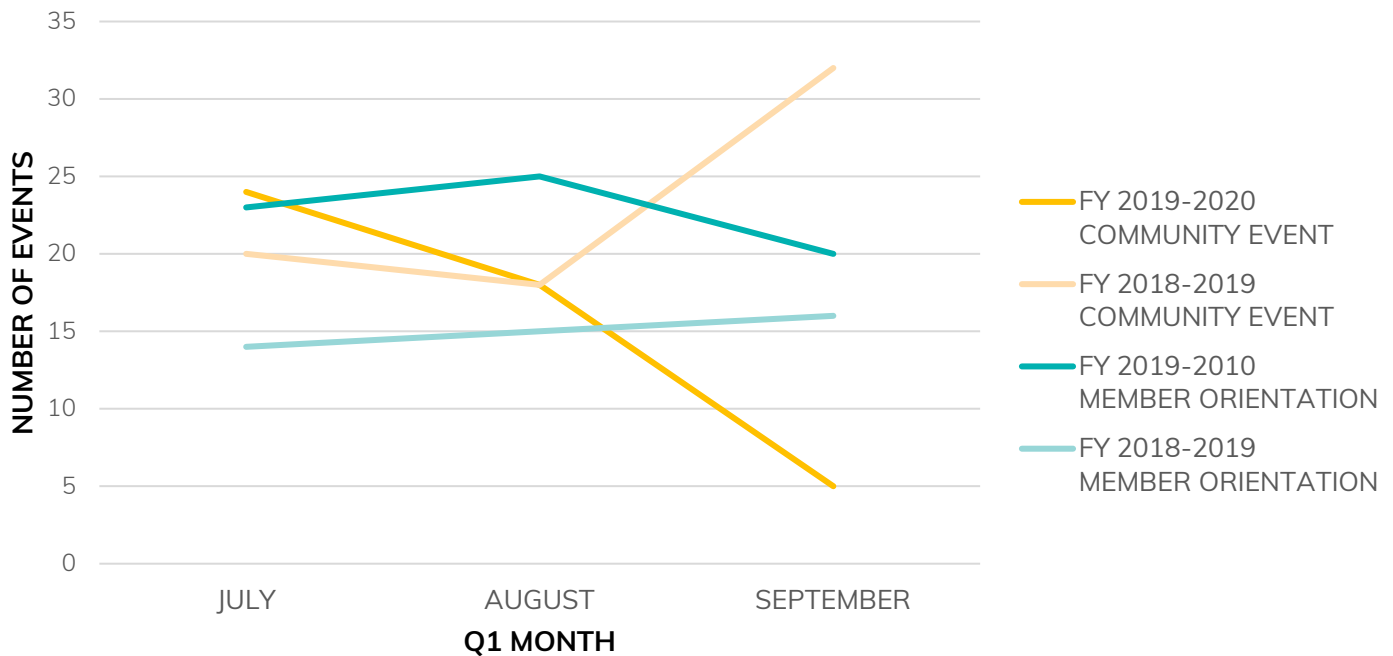
	JULY	AUGUST	SEPTEMBER	TOTAL
FY 2019-2020 – COMMUNITY EVENT	24	18	5	**47**
FY 2018-2019 – COMMUNITY EVENT	20	18	32	**70**
FY 2019-2020 – MEMBER ORIENTATION	23	25	20	**68**
FY 2018-2019 – MEMBER ORIENTATION	14	15	16	**45**

In Q1 of FY 2019-2020, the Alliance scheduled a total of **47 community events**, compared to the scheduled 70 in Q1 of FY 2018-2019. The Alliance decreased the number of scheduled community events by **33%**.

In Q1 of FY 2019-2020, the number of scheduled **MOs** increased by **26%**. There was a total of **68** MOs in Q1 of FY 2019-2020, compared to the scheduled 45 in Q1 of FY 2018-2019.

Prior to 2018, the C&O Department measured two (2) event types: community events, and MOs. In 2018, the C&O Department added two (2) additional categories: member education events, and meeting/presentations.
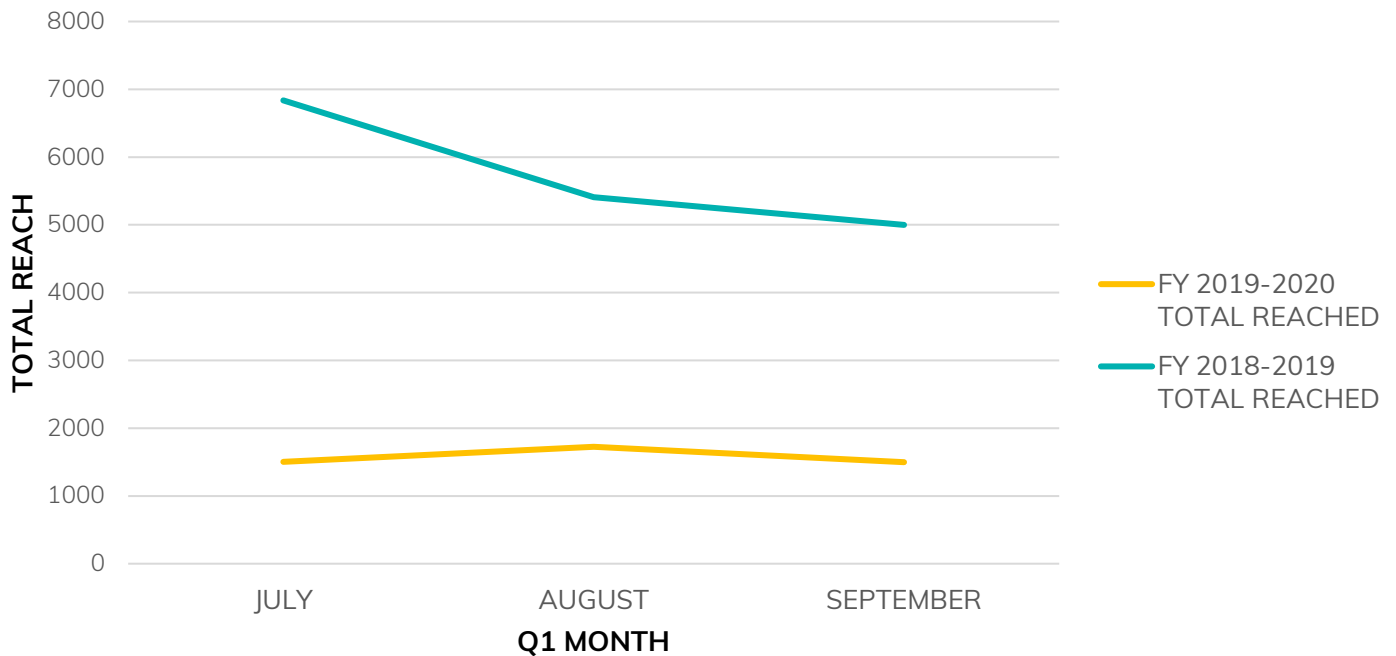
TOTAL REACHED
BY Q1

	JULY	AUGUST	SEPTEMBER	TOTAL
FY 2019-2020 – TOTAL REACHED	1501	1725	1498	**4724**
FY 2018-2019 – TOTAL REACHED	6836	5409	4999	**17244**

The graph above compares the total reached at **all Alliance outreach events** in Q1 of FY 2018-2019 and FY 2019-2020.

During Q1 of FY 2019-2020, the Alliance decreased the total reach by **73%** from 4,724 to 17,244 reached at all events in Q1 of FY 2018-2020.

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

we are

ALAMEDA COUNTY

The Alliance is honored to partner with
La Clínica in service to our community.

Congratulations on your 48 years of success!

ALAMEDA
Alliance
FOR HEALTH

Board of Governo...

www.alamedaalliance.org

Compliance

Gil Riojas

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

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

Date: **October 11, 2019**

Subject: **Compliance Report**

DHCS Updates

- 2019 DHCS Medical Audit:
  - The Plan had an exit conference onsite with DHCS on 9/18/19 to review the preliminary audit report. The audit report included 32 findings. The Plan submitted responses and supporting evidence to DHCS on 10/03/2019 for their review and consideration for addressing 13 of the 32 findings. We believe the evidence provided meets compliance with the requirements and have requested the 13 findings be removed from the final audit report. The Plan awaits the final audit report to be issued by DHCS that will require a corrective action plan to address the cited findings.

DMHC Updates

- 2019 DMHC Financial Audit:
  - The Plan received written notification from the DMHC of the financial audit on 8/20/19. The onsite audit will begin 12/09/2019 and may be held for a two week period if needed. The Plan is currently working on gathering the pre-audit documentation due for submission to the DMHC on 11/08/2019.

Regulatory Updates

- Telehealth Services Policy (DHCS All Plan Letter 19-009):
  - DHCS issued updated guidance on 8/05/2019 to provide clarification to Medi-Cal managed care health plans services offered through a telehealth modality as outlined in the Medi-Cal Provider Manual. DHCS has provided expectations related to documentation for the telehealth modality. HSC Section 1374.13 states there is no limitation on the type of setting between a health care provider and a patient when providing covered service appropriately through a telehealth modality. Each telehealth provider must be licensed in the State of California and enrolled as a Medi-Cal rendering provider or non-physician medical practitioner or affiliated with an enrolled medical group. DHCS outlined certain types of services that cannot be appropriately delivered via telehealth such as procedures performed in an operating room or while the patient is under anesthesia, where direct visualization or instrumentation of bodily structures is required, or

procedures that involve sampling of tissue or insertion/removal of medical devices. A provider must assess the appropriateness of the telehealth modality to the patient's level of acuity at the time of the service. A health care provider is not required to be present with the patient at the originating site unless determined medically necessary by the provider at the distant site.

- Requirements for Coverage of EPSDT for Medi-Cal Members Under the Age of 21 (DHCS All Plan Letter 19-010):
  - DHCS issued updated guidance on 8/14/2019 for the EPSDT benefit coverage that outlines services that are medically necessary must be covered and the Plan must not impose any limitations on any benefits other than medical necessity. Carved-out services vary and can include, but are not limited to, California Children's Services (CCS), dental services, Specialty Mental Health Services, and Substance Use Disorder Services. An errata member letter was approved and sent to members of the EPSDT benefit.

- Amendment to the Risk Bearing Organization Regulations (DMHC All Plan Letter 19-016):
  - DMHC released this guidance on 9/06/2019 about recent amendments to the Risk-Bearing Organization (RBO) regulations that clarify reporting standards and requirements to comply with financial solvency standards. The amended regulations go into effect October 1, 2019. Organizations have a phase-in period for the amended cash-to-claims ratio and positive tangible net equity (TNE) requirements. The effective date for these new requirements are October 1, 2020. The Plans must update the quarterly and annual financial survey report forms and corrective action plan forms to meet the new standards.

Legislative Bill Updates

- The Legislature's last day for each house to pass bills was Friday 9/13/19. The Governor has until 10/13/19 to sign or veto the bills passed by the Legislature. Below are bills the Governor recently approved that affect the Medi-Cal benefit:

- AB 115 (Committee on Budget) Medi-Cal: Managed care organization (MCO) provider tax:
  - Status: 9/27/19 – Approved by Governor. Chaptered by Secretary of State - Chapter 348, Statutes of 2019.
  - Summary: This bill would establish a managed care organization provider tax, with substantially similar provisions, that would become effective and operative on the effective date of the federal approval necessary for receipt of federal financial participation, as specified. The bill would specify the applicable tax amounts for each taxing tier for the 2019-20, 2020-21, and 2021-22, fiscal years, and the first 6 months of the 2022-23 fiscal year. The bill would establish the Health Care Services Special Fund. All revenues,

less refunds, derived from the taxes provided for in the bill would be deposited in the State Treasury to the credit of the fund and continuously appropriated, without regard to fiscal year, to the department for purposes of funding the nonfederal share of Medi-Cal managed care rates for health care services furnished to children, adults, seniors and persons with disabilities, and persons dually eligible for Medi-Cal and Medicare.

- AB 1004 (McCarty – D) Developmental Screening Services:
  - Status: 9/30/19 – Approved by Governor. Chaptered by Secretary of State - Chapter 387, Statutes of 2019
  - 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 1088 (Wood – D) Medi-Cal: Eligibility:
  - Status: 10/02/19 – Approved by Governor. Chaptered by Secretary of State - Chapter 450, Statutes of 2019.
  - 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 678 (Flora – R) Medi-Cal: Podiatric Services:
  - Status: 10/02/19 – Approved by Governor. Chaptered by Secretary of State - Chapter 433, Statutes of 2019.
  - 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 1642 (Wood – D) Medi-Cal: Managed Care Plans:
  - Status: 10/02/19 – Approved by Governor. Chaptered by Secretary of State - Chapter 465, Statutes of 2019.
  - 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.

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: **October 11, 2019**

Subject: **Health Care Services Report**

Utilization Management – Outpatient

- The absorption of authorization reviews for advanced imaging (previously performed by Evicore), has operationally gone smoothly. Initial data suggest a downward trend in our appeal rates but it is too soon to specifically assign appeal change specifically to this change in imaging review. We will present imaging denial and appeal rates before and after the conversion, once the data is stabilized.
- Outpatient UM is leading the work on the changes in our Notice of Action (NOA) letters to enhance our communication with members with a goal of being clear and concise.
- 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.

Outpatient Authorization Denial Rates			
Denial Rate Type	**July 2019**	**August 2019**	**September 2019**
Overall Denial Rate	5.8%	5.4%	3.7%
Denial Rate Excluding Partial Denials	5.4%	4.7%	3.4%
Partial Denial Rate	0.4%	0.7%	0.3%

Turn Around Time Compliance			
Line of Business	July 2019	August 2019	September 2019
Overall	99%	98%	98%
Medi-Cal	99%	98%	98%
IHSS	99%	96%	97%
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 with our largest delegate partner, CHCN, has led to improved consistency with inpatient review methodology and outcomes. This is important for parity and consistency, which is a key goal of UM.
- 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.
- Transitions of care work is now beginning with the inpatient, concurrent review nurses now increasing assistance in discharge planning.

Inpatient Utilization Total All Aid Categories Actuals (excludes Maternity)			
Metric	June 2019	July 2019	August 2019
ALOS	4.2	4.5	4.2
Admits/1,000	58.7	58.5	58.6
Days/1,000	247.8	265.4	243.7

Pharmacy

- Pharmacy is performing strong with turn-around time compliance.
- Outpatient denial rates are 33% consistent as previous reporting periods. Diabetes and asthma/COPD medications are common reasons for denials. AAH offers equal and/or cost effective formulary alternatives.
- DHCS had second town hall meeting on Sep 26, 2019 to update implementation of Governor Newsom's Executive Order on pharmacy. A RFP was released by the DHCS in August and single PBM contract will be awarded on November 5, 2019.

Starting 1/1/2021, the state will take back drug coverage, rebate, utilization management, pharmacy provider network. AAH is to maintain beneficiary care coordination, drug adherence, disease and medication management, AND authorizations, denials & appeals of physician administered drugs (PADS) and outpatient infusion drugs. PADS and outpatient infusion constitute approximately 25% of AAH's current pharmacy expenditure. 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.

- The new opioid patients will have quantity limit of 90/30 starting October 15, 2019. The existing chronic-use pain medication patients will be grand-fathered in with no change in medications, at this time. We will monitor the impact on members and providers and be ready to provide academic detailing to providers with members on high dose opioids to help assist providers with strategies and plans to taper high dose members, when clinically appropriate.
- Cost containment initiatives continue with focus on effective formulary management, coordination of benefit & joint collaboration with Quality to improve drug adherence & generic utilization. Senior Pharmacy Director Helen Lee is also leading initiatives on PAD, outpatient infusion and oncology strategies.

Summary Table

Decisions	Number of PAs Processed
Approved	614
Denied	551
Closed	517
Total	**1682**

September 2019 Outpatient Pharmacy Auth by Decision Types
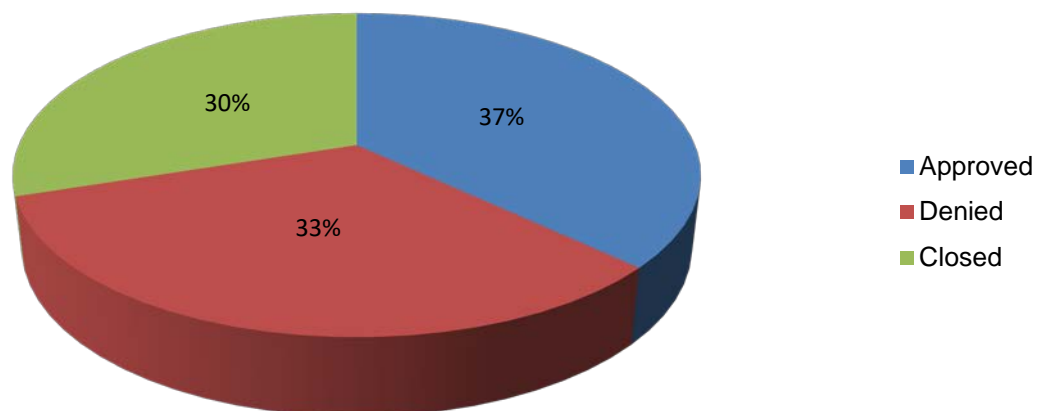
Top 10 Drug Categories by Number of Denials

Rank	Drug Name	Common Use	Common Denial Reason
1	JANUVIA 100 MG TABLET	Diabetes	Criteria for approval not met
2	LIDOCAINE 5% PATCH	Pain	Criteria for approval not met
3	BREO ELLIPTA 100-25 MCG INH	Asthma or chronic obstructive pulmonary disease (COPD)	Criteria for approval not met
4	TRETINOIN 0.025% CREAM	Acne	Criteria for approval not met
5	JANUVIA 50 MG TABLET	Diabetes	Criteria for approval not met
6	ALPRAZOLAM 0.5 MG TABLET	Anxiety	Criteria for approval not met
7	FREESTYLE LIBRE 14 DAY READER	Diabetes	Criteria for approval not met
8	SYMBICORT 160-4.5 MCG INHALER	Asthma or chronic obstructive pulmonary disease (COPD)	Criteria for approval not met
9	DULERA 100 MCG/5 MCG INHALER	Asthma	Criteria for approval not met
10	RESTASIS 0.05% EYE EMULSION	Dry Eyes	Criteria for approval not met

Case and Disease Management

- The Case Management team (Lily Hunter & Eva Repert CM, Amy Stevenson Health Homes) is developing both a Transition of Care bundle and an Oncology bundle with key elements identified to assist members transitioning from an acute care setting as well as those undergoing active oncology treatments.

- 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. The concept of integrating physical and mental health services into a more cohesive benefit for members is supported by all parties.

- Health Homes: Dr. Schneidermann, who led the successful AAH Health Homes pilot as well as the launch of the official HH program, will be leaving AAH to pursue an exciting opportunity at California Health Care Foundation. Dr. Schneidermann has been a strong advocate for a holistic approach to member care with focus on understanding social determinants of health and how they impact well-being. We are grateful for her work at AAH and wish her well on her new adventures. Dr. Shani Muhammad has joined AAH as our new Medical Director of CM. Dr. Muhammad has extensive UM and CM experience and will be a great addition to the AAH team.

- Other health homes focus remains on developing our SMI network for launch January 2020.

Case Type	New Cases Opened in August 2019	Total Open Cases As of August 2019
Care Coordination	304	716
Complex Case Management	52	122

Quality

- AAH Quality team, in collaboration with Analytics, 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.
- Evaluation of HEDIS results is informing and forming our Quality Improvement strategy for this fiscal year in areas including our Quality Improvement Plans (QIPs) with the state, as well as, internal department integrated Performance Improvement Projects.
- AAH has launched its Pediatric Care Coordination Pilot (PCCP), an outcome of our Pediatric Strategy. Critical components of our three prong approach to pediatric care and services include: Quality Improvement initiatives, Clinical Care initiatives and Care Management. Through collaboration with provider partners, community based organizations and Alameda County HCSA agencies, AAH aims to maximize EPSDT services to improve access to care and quality of care for members age 0-20.
- 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).
- With recent changes in state policy on member texting, the Quality Team is assessing strategies and targets for potential texting proposals and pilot's. We have met with other plans launching texting campaigns to learn lessons in advance of our own program, likely next fiscal year.
- Multiple provider and member surveys are completed throughout the year to assess member Access to Care. Access standards come from state/federal regulations and AAH internal Policy & Procedures. After completion of the surveys, the data is analyzed and corrective action plans (CAPs) are issued to providers who fall out of standards. This year, dozens of providers received CAPS to address member perceived access-to-care deficits and the Quality team monitors timeliness and completeness of response. Results of these CAPs are reviewed by the credentialing committee during the normal credentialing for providers.

Grievance & Appeals

- Grievances are any expression of dissatisfaction by a member. Our actual grievance rate (5.36/1000 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.
- The overturn rate of appeals met our goal of less than 25.0% at 20.0% for the month.
- 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.

September 2019 Cases	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	256	30 Calendar Days	95% compliance within standard	252	98.4%	1.02
Expedited Grievance	1	72 Hours	95% compliance within standard	1	100.0%	0.004
Exempt Grievance	1,039	Next Business Day	95% compliance within standard	1,036	99.7%	4.12
Standard Appeal	53	30 Calendar Days	95% compliance within standard	53	100.0%	0.21
Expedited Appeal	2	72 Hours	95% compliance within standard	2	100.0%	0.008
Total Cases:	1,351		95% compliance within standard	1,344	99.5%	5.36

Quality Assurance

- The Quality Assurance team is working closely with compliance on action plans for our NCQA survey follow-up and to partner on DHCS audit findings. The NCQA construct developed to prepare for the recent survey will now be used to proactively keep us in compliance moving forward as well as address identified opportunities in the most recent survey.

Health Care Quality Committee Minutes

HEALTH CARE QUALITY COMMITTEE
7/18/2019

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

Committee Member Name and Title	Specialty	Present
Steve O'Brien, Chief Medical Officer		X
Aaron Chapman, MD, Medical Director, Alameda County Behavioral Health Care Services	Psychiatry	X
Wesley Lisker, MD, Kaiser Permanente	Nephrology	X
Laura Miller, MD, Chief Medical Officer, Community Health Center Network	Internal Medicine	
Ghassan Jamaleddine, MD, Chief Medical Officer, Alameda Health Systems	Internal Medicine	
James Florey, MD, Chief Medical Officer, Children First Medical Group	Pediatrician	X
Sanjay Bhatt, Medical Director of Quality, Alameda Alliance for Health		X
Beverly Juan, Medical Director of Utilization Management, Alameda Alliance for Health		X
Michelle Schneidermann, Director of Medical Services, Alameda Alliance for Health		X
Stephanie Wakefield, RN, Senior Director of Quality, Alameda Alliance for Health		X

Staff Member Name and Title	Present
Scott Coffin, CEO Alameda Alliance for Health	X
Julie Anne Miller, Director of Health Care Services	X
Jennifer Karmelich, Director of Complaints and Resolutions	X
Jessica Pedden, Clinical Quality Manager	X
Linda Ayala, Health Education Manager	X
Gina Battaglia, Access and Availability Manager	X
Helen Lee, Senior Director, Pharmacy Services	X
Diana Sekhon, Director of Compliance	X
Martins Umeugoji, Quality Improvement Project Specialist	
Nicole Sardella, Quality Improvement Project Specialist	
Julia Kim, Analytics Manager	X
Christine Clark, Quality Improvement Supervisor	X

Community Members in Attendance	

Agenda Item	Responsible Person	Discussion	Action	Follow-Up by QI Staff
I. Call to Order	S. O'Brien	The meeting was called to order at 6:00 PM	Called to order at 6:00 PM	None

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Agenda Item	Responsible Person	Discussion	Action	Follow-Up by QI Staff
II. **Meeting Minutes**	S. O'Brien	The following Meeting Minutes were presented for approval: • HCQC Meeting Minutes 5/16/19 • Utilization Management 4/26/19, 5/31/19 • Internal Quality Improvement 6/26/19 • Access and Availability 5/8/19	Meeting Minutes were sent out to the HCQC Members for e-vote and they were approved on July 17, 2019.	None
III. **Chief Medical Officer Alameda Alliance Update**	S. O'Brien	➢ The Chief Medical Officer, Dr. O'Brien provided an update on the stipend amount for external committee members for fiscal year 19/20. Previously, the Alliance has paid $200/meeting but in this fiscal year the organization is moving to a new format of providing material for review prior to the meeting. As a result, the committee will be paying the fair market rate for physicians of $150.00/hour. That means that the external members will be paid $150/hour for the two hour committee meeting and an additional one hour for meeting preparation, thus the amount of the stipend will be $450.00. ➢ Dr. O'Brien informed the committee that the Alliance completed its annual DHCS audit in June. The Senior Director of Quality, Stephanie Wakefield informed the committee that the Alliance will not have the final results until October or so, of this year. S. Wakefield identified several areas for improvement in the Quality Department which include the following: • Provider documentation and completion of the IHA and SHA within the required 120 days of member assignment to the PCP. • Inclusion QI leadership education and training, and clinical licensure within the		None

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Agenda Item	Responsible Person	Discussion	Action	Follow-Up by QI Staff
		Quality Improvement Program Description • Clarification of the role and responsibility of utilizing LVNs in making clinical decisions. • Improve provider and member education on the Alliance's Quality Improvement programs and activities ➢ Dr. O'Brien, provided an update on the fiscal year-end budget. It is projected that the Alliance will close out the fiscal year with about a $9 million loss, which is significantly better than the projected loss of about $38 million. The organization is entering in the new fiscal year projecting a $9 million loss. The budget will not be finalized until the Board of Governors votes on it in September.		

IV. Policies & Procedures	S. O'Brien	➢ The following Policies and Procedures were approved by committee member e-vote on July 17, 2019:
		• Health Education
		   o HED-004 "Encouraging Wellness & Prevention" – vote to retire
		• Quality Improvement
		   o QI-125 "*Blood Lead Screening for Children*" – vote to approve
		• Utilization Management
		   o UM-001 *"Utilization Management"* – vote to approve
		   o UM-004 *"Over and Under Utilization Policy"* – vote to approve
		   o UM-006 *"Inter-Rater Reliability"*- vote to retire
		• Grievances & Appeals
		   o G&A-008 *"Adverse Benefit Determination Appeal Process"* – vote to approve
				Policies & Procedures will be finalized as presented.

3

Agenda Item	Responsible Person	Discussion	Action	Follow-Up by QI Staff

		• Provider Services
		   ○ PRV-003 *"Provider Network Capacity Standards"* – vote to approve
		   ○ DAT-001 *"Provider Data and Directories"* – vote to approve
		➢ Policy and Procedure presentation:
		   • UM-063 *"Gender Confirmation Surgery"* - vote to approve
		Dr. Juan, Medical Director of Utilization Management, presented UM-063 identifying that the section on facial feminization for patients transitioning from male to female has been updated and scope of criteria for the procedure expanded. The request for facial feminization must now include the criteria outlined on page seven to reflect medical necessity for severe gender dysphoria. Any referrals for facial feminization must be submitted by the PCP in collaboration with the treating behavioral health professional and the treating surgeon attesting to the severity of the member's gender dysphoria. Also the updated policy and procedure reflects the Alliance aligning its standards with the WPATH Standards of Care and aligned with the 2016 APL form Medi-Cal.
			Motion to approve Policy and Procedure UM-063 as presented: Dr. Chapman. Second: Dr. Bhatt. Approved unanimously.	

V. **2019 Quality Improvement Program Description Update**	S. Wakefield	S. Wakefield presented the updates to the 2019 Quality Improvement Program Description to include the following items: • Non-discrimination policy • The CMO and Medical Director of Quality Improvement be a board-certified physician who holds a current unrestricted license to practice medicine in California • The Senior Director of Quality be a Registered Nurse who holds an active license to practice in California	Motion to approve the updated 2019 Quality Improvement Program Description as presented: Dr. Florey. Second: Dr. Schneidermann. Approved unanimously.	Submit updated Program Description for appropriate signatures.

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Agenda Item	Responsible Person	Discussion	Action	Follow-Up by QI Staff
		• Staffing resources or positions that were previously vacant as now been filled		
VI. **Compliance Update**	D. Sekhon	The Director of Compliance, Diana Sekhon, presented The Compliance & Delegation Oversight Report. The purpose of the Delegation Oversight Report is to provide an update on the Plan's oversight activities to the Committee for review and feedback. This report is focused on the health care services related operational updates. The highlights include the following: • AAH completed a comprehensive delegation oversight review with DHCS. During the review, it has been identified that the Alliance needs to improve its delegation oversight • The Alliance officially launched its Health Homes Project on July 1, 2019 to provide "wrap around" CM services to members who meet program criteria • AA has increased number of surveys centered on access and availability to ensure appropriate and timely monitoring of member access to care • Provided an update on annual delegate audits and open Corrective Action Plans which are a result in a deficiency that is discovered in the audit		None
VII. **HEDIS Update**	J. Kim	Julia Kim, Manager of Analytics, presented an update on HEDIS for measurement year 2018. The updates included the following: • For medical record abstraction the Alliance's vendor HDVI reported that their IRR rate was 98.2%. However, the Alliance's clinical team did identify some errors on the vendor end that had to be worked through during the IRR process.	None	None

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Agenda Item	Responsible Person	Discussion	Action	Follow-Up by QI Staff
		• The Alliance successfully passed both medical record review with both HEDIS vendors, HSAG and Advent • The Alliance final 2019 HEDIS AQFS Score of 71.4% is half a percentage point higher than previous year Julia Kim, presented the DHCS MCAS updates released at the end of May 2019. Ms. Kim also informed the committee that the Alliance will now be held to the new MPL of 50% where in previous years the MPL was 25%. Also, the Alliance will be put on a CAP the first year that the plan does not meet the MPL. Julia Kim, presented the updated Gap in Care Report format that includes the addition of number of ED Visits and number of not completed measure for each assigned member. Update also includes: CBP (Controlling Blood Pressure) Measure being replaced with BCS (Breast Cancer Screening), as CBP is an EMR data drive measure, and AA is sympathetic to the challenges of changing EMR systems / adopting EPIC for many of our delegate providers. Additionally, Children and Adolescents Access to Primary Care (CAP), Breast Cancer Screening (BCS) and Opioids Intervention Education were added to the 2019-2020 P4P Program Guide		
VIII. Delegation Oversight		Allison French, Northern CA Director, Account Partnerships, for Beacon Health Options, an Alliance Behavioral Health delegate, presented Beacon's Western Region 2019 Quality Program Description and Work Plan along with its 2018 Quality Program Evaluation outlined in the PowerPoint Presentation. Stephanie Wakefield highlighted Beacon's success in meeting their	None	

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Agenda Item	Responsible Person	Discussion	Action	Follow-Up by QI Staff
		Telephone Access goals for 2018 @ 94.3% for all calls answered within 30 seconds. Ms. Wakefield also stressed the importance of pursuit of goal attainment for Beacon's 2019-2020 identified Quality PI opportunities including the following areas: • Depression and ADHD medication monitoring through timely follow-ups • Timely Access and Availability to routine care service according to regulatory standards, outlined in the 2018 Program Evaluation. Lynn Parkinson, Managing Director for Hospital and Health Plan Quality Kaiser Permanente, Northern California, presented an overview of Kaiser's 2019 Quality Program Description and Evaluation/Workplan Update as outlined in the PowerPoint Presentation.		QI will follow-up with Martin Levario for a final copy of Kaiser's 2019 UM and QM Program Descriptions, Program Evaluation and Work Plan. Informational overview of each to be presented by QI/UM management staff next 2019 HCQC meeting.
IX. QI Work Plan	S. Wakefield	The Quality Improvement Medical Director, Dr. Bhatt presented an update on Alameda Alliance's Pay for Performance (P4P). P4P is used to incentivize providers on HEDIS and non-HEDIS measures. The Alliance has decided to remove the P4P measure, controlling high blood pressure HEDIS measure and replacing it with the breast cancer screening measure to the 2019 P4P program. This decision was made after receiving feedback from delegates and direct partners that	In the interest of time all agenda items except for the P4P update are deferred to the next HCQC meeting.	The following items will be moved to the next HCQC meeting: • QIP – Opioids/Substance Use Disorder • QIP- IHA Summary Report and Dashboard

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Agenda Item	Responsible Person	Discussion	Action	Follow-Up by QI Staff
		during the transition to a new EMR system it will cause challenges in gathering the required data that is needed to report on controlling high blood pressure. Dr. Bhatt shared the delegate attestation form that was sent to each of the delegates that serve the adult population. It is important to note that the points have not changed for the P4P program in regards to changing out the measure.		• Potential Quality Issues (PQI) – Q1 Summary Report, Dashboard, Exempt Grievances Report, IRR Accuracy Report • HIF/MET Report • Pediatric Strategy
X. Health Education	L. Ayala	The presentation of the 2018 Health Education Program Evaluation is deferred to the next HCQC meeting.		Add the 2018 Health Education Program Evaluation to the next HCQC agenda.
XI. UM Work Plan	J. A. Miller	The Director of Health Care Services, Julie Anne Miller, presented an update to the Utilization Management Work Plan. The following topics were highlighted: • The department's staffing model is stable • The department is tracking referrals, TAT, and denial rates. • 98% of the time the department is meeting its TAT. • Denial rate is 6% and the department is in the process of streamlining the inpatient review process to see how it will impact the denial rates. • Evicore is driving the large volume of denials which has resulted in transitioning the radiology PA process to be an internal function. • The department is in the process of PDCA the NOA process to make sure that the language is clear and concise. • Pharmacy's TAT is 99.99% for Q1.	None	None

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Agenda Item	Responsible Person	Discussion	Action	Follow-Up by QI Staff
		• Pediatric Palliative care is fully operational. • The department is working very closely with Logisticare to address the transportation service issues that have been identified. • The department is working closely with Alameda Health Systems to reduce the number of readmissions. • The delegates are reliably sending the department reports that are being reviewed internally. • Completed the IRR for both inpatient and outpatient clinical staff. Everyone tested passed.		
XII. **Pharmacy & Therapeutics Update**	H. Lee	The Senior Director of Pharmacy Services, H. Lee presented a brief update on the P&T Committee meeting on June 25, 2019. The following information was highlighted: • Pharmacy Services is going to be a carveout per governor's executive order. The Alliance is waiting to hear the specific details and once the organization has this information it will be shared at an upcoming meeting. • If the state takes back the pharmacy benefit it will mean separating it from the rest of the medical benefit.	None	None
XIII. **Public Comment**	S. O'Brien	None	None	None
XIV. **Meeting Adjournment**	S. O'Brien	Meeting was adjourned at 7:52 pm.	Motion to adjourn the meeting:	None

DocuSigned by:

Steve O'Brien

X_____   9/19/2019
  B18599763F004BE...

9

Dr. O'Brien
Chief Medical Officer
Chair

Minutes prepared by: Jessica Pedden, Clinical Quality Manager

10

Access to Care

Presented by Dr. Steve O'Brien, Chief Medical Officer
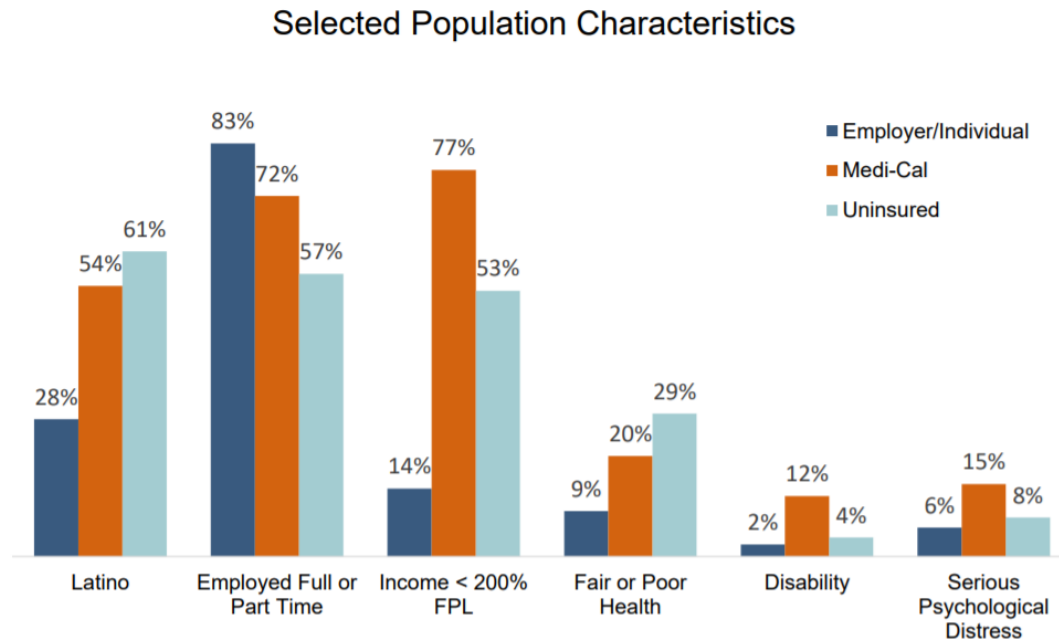
October 11th, 2019

Access: Top Priority

- A key function of a Medi-Cal MCP is to provide <u>Access to care</u> for members
    - <u>Potential Access</u> - is care available?
        - Provider network
    - <u>Realized Access</u> – are members getting the care they need?
        - Access surveys

- Medi-Cal intended to promote Access
    - Broad benefit
    - No/low cost/copays
    - Retroactive & presumptive eligibility

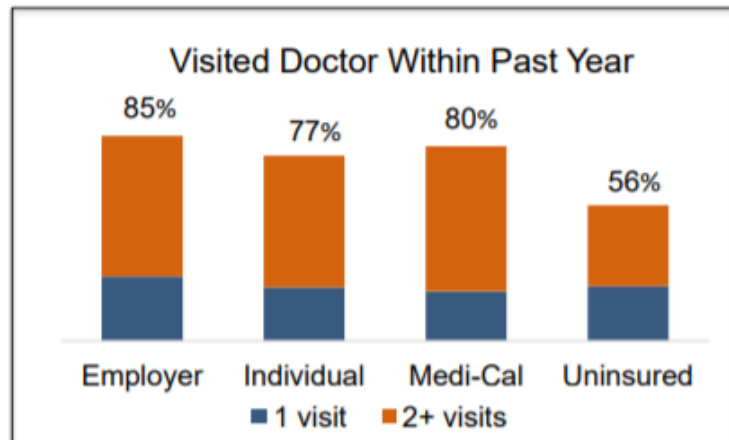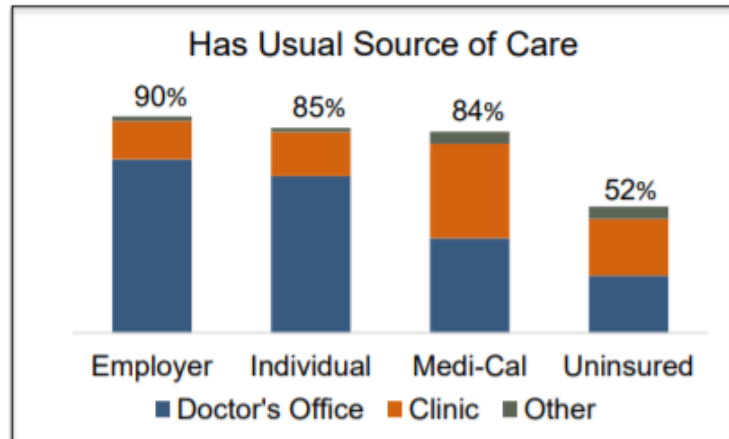# Access is MORE important for Medi-Cal Patients

Populations differ in important ways

Selected Population Characteristics

Legend:
- Employer/Individual
- Medi-Cal
- Uninsured

Characteristic	Employer/Individual	Medi-Cal	Uninsured
Latino	28%	54%	61%
Employed Full or Part Time	83%	72%	57%
Income < 200% FPL	14%	77%	53%
Fair or Poor Health	9%	20%	29%
Disability	2%	12%	4%
Serious Psychological Distress	6%	15%	8%

Source: California Health Interview Survey (CHIS), 2016. Non-elderly adults.

California Health Care Foundation   www.chcf.org   4

- Medi-Cal patients are more likely to be:
  - Poor
  - Poor health
  - Disabled
  - Mental Illness

Medi-Cal Access

Has Usual Source of Care

90% 85% 84% 52%

Employer Individual Medi-Cal Uninsured

■ Doctor's Office ■ Clinic ■ Other

Visited Doctor Within Past Year

85% 77% 80% 56%
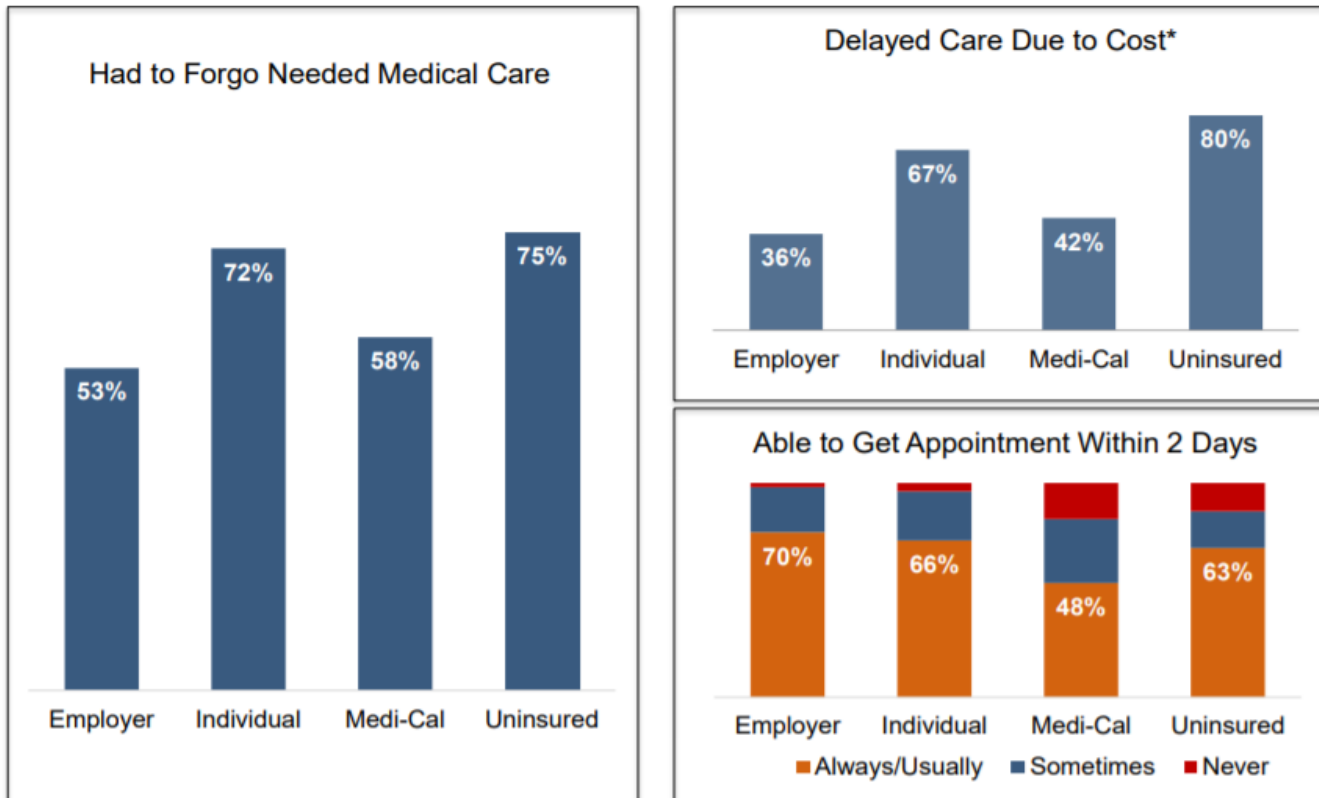
Employer Individual Medi-Cal Uninsured

■ 1 visit ■ 2+ visits

CHCF, Medi-Cal Enrollees Access to Care, 1-27-18

- Medi-Cal patients:
  - More likely to receive care in a clinic
  - Have comparable number of visits compared to commercially insured
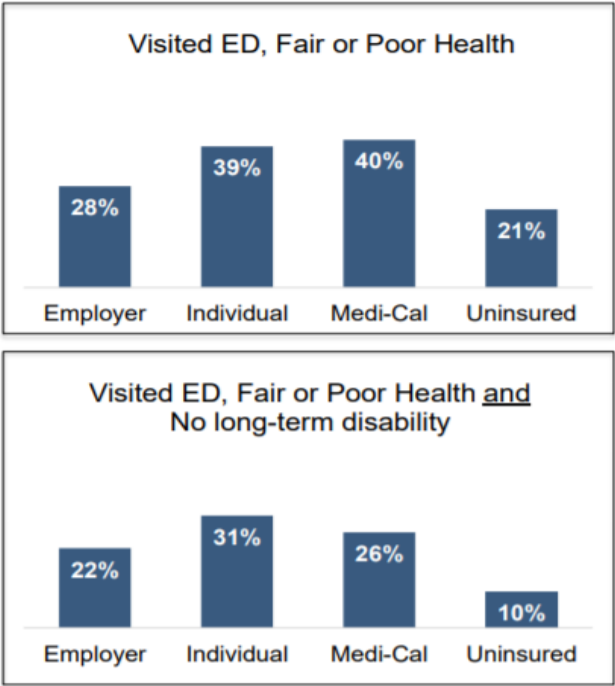   …but if they are "sicker" shouldn't they be seen more frequently

Medi-Cal Access

Had to Forgo Needed Medical Care
- Employer: 53%
- Individual: 72%
- Medi-Cal: 58%
- Uninsured: 75%

Delayed Care Due to Cost*
- Employer: 36%
- Individual: 67%
- Medi-Cal: 42%
- Uninsured: 80%

Able to Get Appointment Within 2 Days
- Employer: 70%
- Individual: 66%
- Medi-Cal: 48%
- Uninsured: 63%
- Always/Usually | Sometimes | Never

CHCF, Medi-Cal Enrollees Access to Care, 1-27-18

- Medi-Cal patients:
  - Less likely to forgo needed care or delay care due to cost
 - Tougher time getting quick access to care

Medi-Cal Access

Visited ED in Past Year

Employer 18% | Individual 18% | Medi-Cal 29% | Uninsured 17%

CHCF, Medi-Cal Enrollees Access to Care, 1-27-18

Visited ED, Fair or Poor Health

Employer 28% | Individual 39% | Medi-Cal 40% | Uninsured 21%

Visited ED, Fair or Poor Health and No long-term disability

Employer 22% | Individual 31% | Medi-Cal 26% | Uninsured 10%
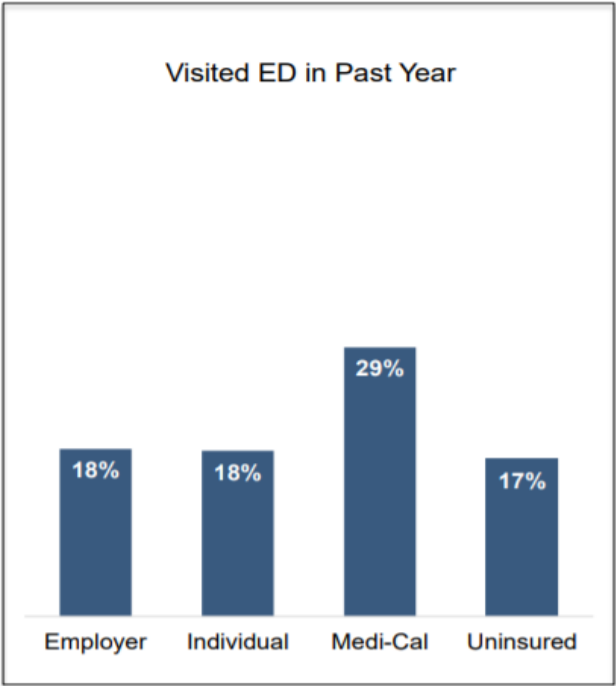
- Medi-Cal patients:
  - More likely to visit ED…

  …but are sicker when they go to ED

  - AAH members have decreasing ED utilization

AAH Members Emergency Room Trends

ER Visits/1000 — ER Cost/Visit
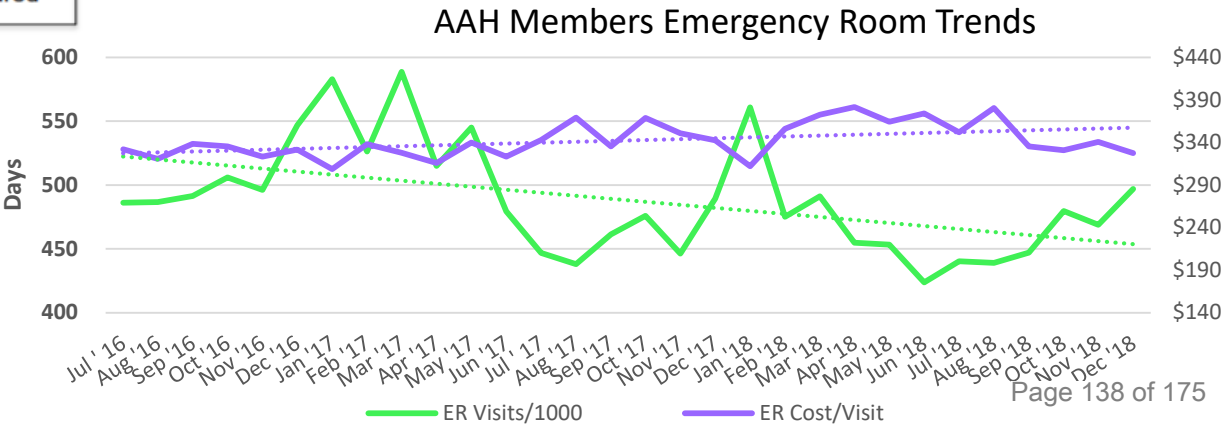
Potential Access:
PROVIDER NETWORK

- Physicians
  - Primary Care
  - Specialists
- Hospitals
- Other facilities
  - Urgent care
  - Surgery centers
  - Imaging centers

Physicians Accepting New Patients
by Payer, California, 2015

Legend: ■ Private Insurance ■ Medicare ■ Medi-Cal ■ Uninsured

All Physicians: 85%, 77%, 60%, 38%
Primary Care Physicians: 79%, 62%, 55%, 32%
Non-Primary Care Physicians: 87%, 83%, 62%, 41%
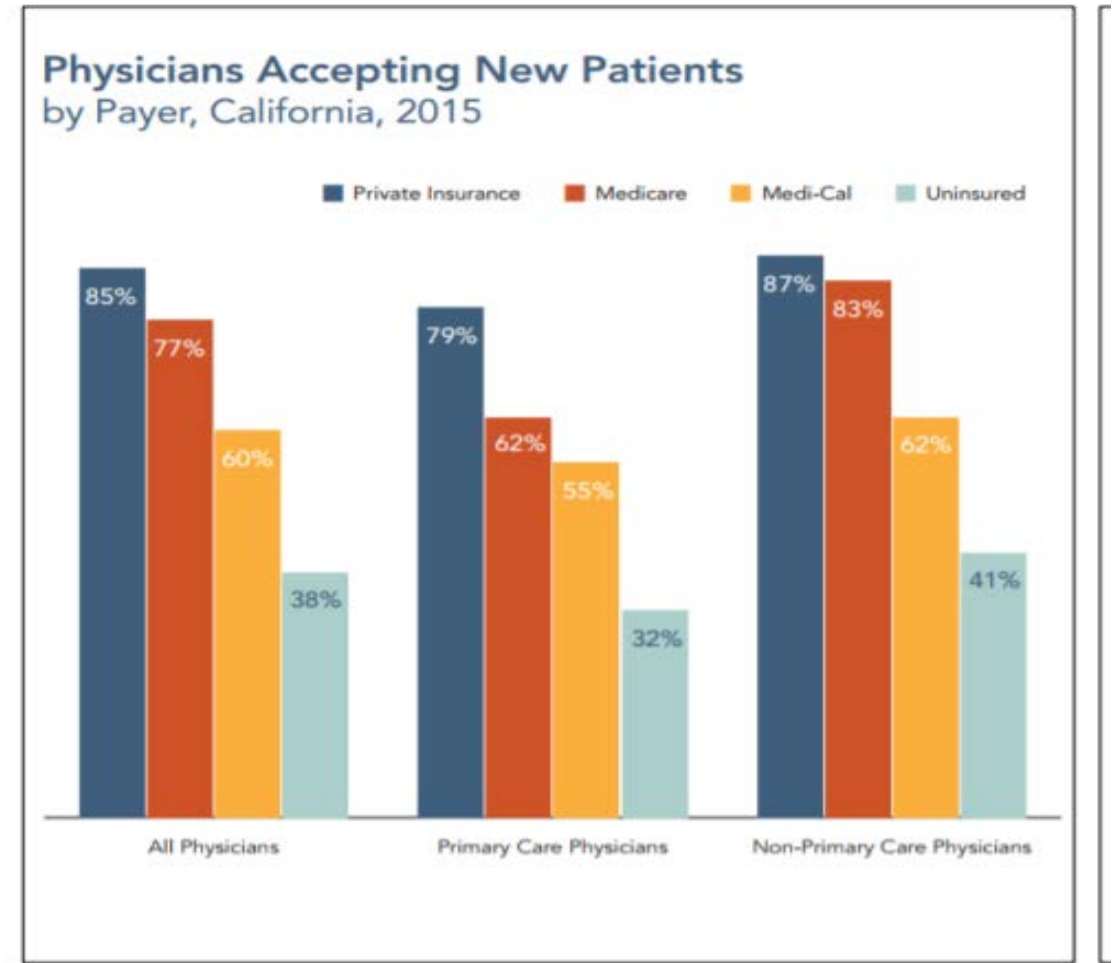
CHCF, Medi-Cal Enrollees Access to Care, 1-27-18

- **Despite challenges state-wide in PCP and specialist access for Medi-Cal members, AAH continues to expand its provider network**

Potential Access:
PROVIDER NETWORK

- How do we know if our Network is adequate?

  - Member & Provider Grievances

  - Regulatory standards:
    - Time & Distance
    - Geomapping

  - Areas of Network "constraint"

Realized Access:
SURVEYS

Provider

- **PAAS**
  - What's surveyed: urgent/non-urgent visits
  - Who performs: AAH internal
- **After Hours Survey**
  - What's surveyed: after hours message content
  - Who performs: SPH (vendor)
- **QMRT**
  - What's surveyed: urgent/non-urgent visits & prenatal
  - Who performs: DHCS

Member

- **CG-Caps**
  - What's surveyed: wait times (in office & calls)
  - Who performs: SPH (vendor)

Action Steps

- **Provider Education**
  - New Provider orientation, newsletters, fax blasts website etc
- **Corrective Action Plans**
  - Non-responders & non-compliant

Realized Access:

UTILIZATION DATA: TARGET UNDERUTILIZATION

Quality

- **<u>HEDIS</u>**
  - MCAS access measures
    - Targeted clinical interventions
    - Member/Provider education
      - Initial Health Assessment
      - USPSTF & Bright Futures
  - Access related P4P and performance incentives

- **<u>Grievances & PQI's</u>**
  - Tracking access complaints
    - Cases resolved and trends tracked & reported (e.g. CHME)

Utilization Management

- **<u>Maximizing Authorization Usage</u>**
  - Tracking unused authorizations
    - Added additional reminder letter to members
    - Tracking, trending & analyzing data

- **<u>Appeal trends</u>**
  - Do trends reveal issues? (e.g. Evicore)

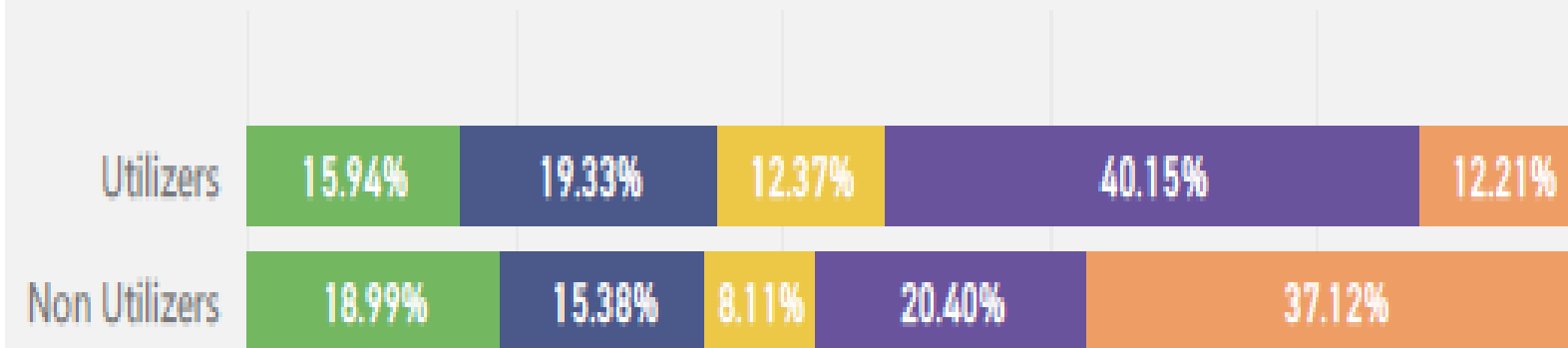# Realized Access:
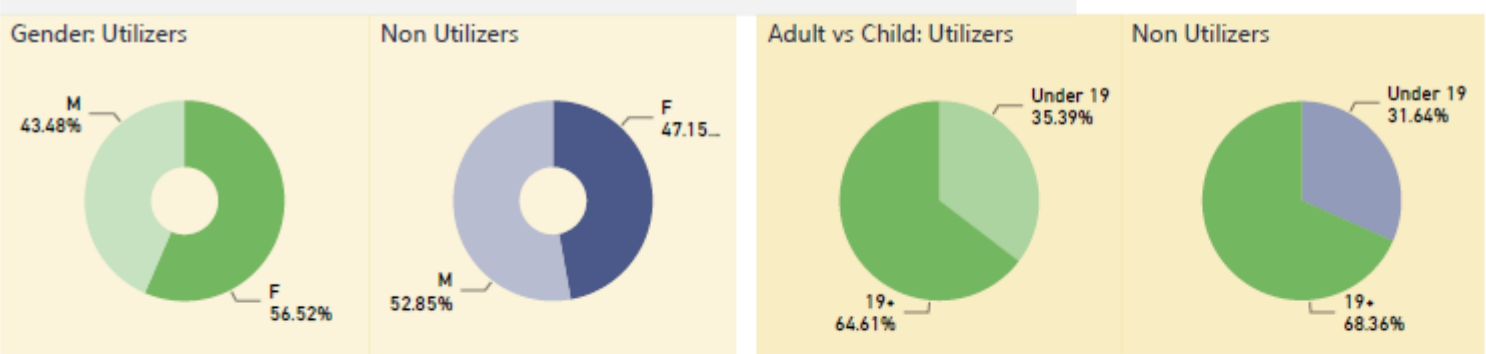# UTILIZATION DATA: TARGET NON-UTILIZERS

- AAH member data

Member Counts

Utilizers	Non Utilizers
191K	91K

Utilizers vs Non Utilizers

Delegate ● AHS ● ALLIANCE ● CFMG ● CHCN ● Not Eligible

	AHS	ALLIANCE	CFMG	CHCN	Not Eligible
Utilizers	15.94%	19.33%	12.37%	40.15%	12.21%
Non Utilizers	18.99%	15.38%	8.11%	20.40%	37.12%
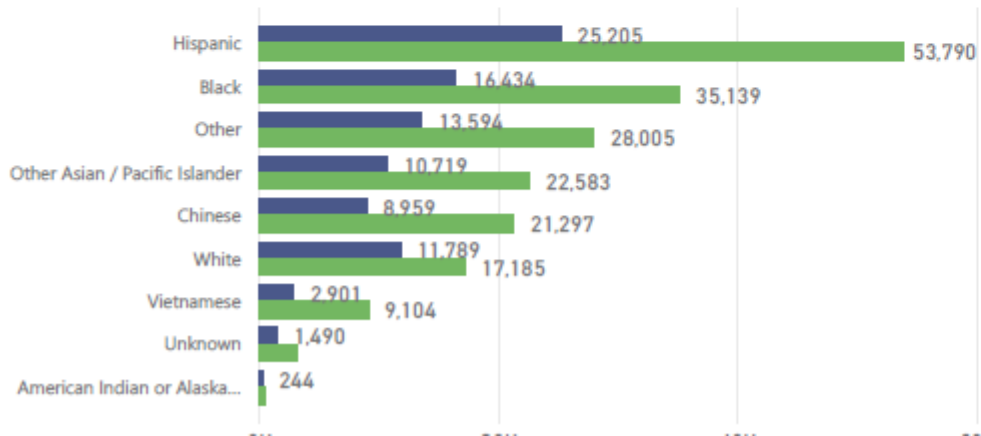
Realized Access:
Utilization Data: Target Non-Utilizers
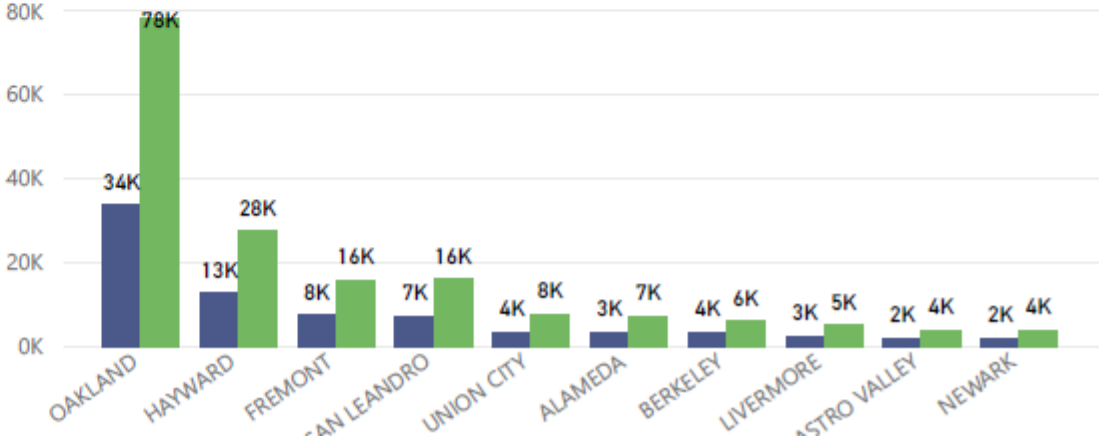
Realized Access:
UTILIZATION DATA: TARGET NON-UTILIZERS

- Action Steps for non-utilizers:
  - Initial Health Assessment
    - Entry point for members
    - Provider, member and delegate education
    - P4P & performance incentives
  - Health Risk Assessments
    - Intake questionnaire for SPD members
    - Recent changes have significantly increased completion rate

Realized Access:
UTILIZATION DATA: TARGET HIGH-UTILIZERS

- Action Steps for high-utilizers:
  - Health Risk Assessments
    - Intake questionnaire for SPD members
    - Recent changes have significantly increased completion rate
  - Targeted CM program for Oncology & Transition of Care patients
  - Significant increase in volume and coordination of medical, social and behavioral health Care Management.

Realized Access:

UTILIZATION: FUTURE DIRECTIONS

- Increase in <u>value based payment and contracting</u>

- Expansion of member outreach, health education & case management

- Expansion of access through targeted <u>tele-health options</u>

- Increase in data sharing with community-based partners for purposes of

  outreach to low-utilizing members (Provider Portal launches January 2020)

- Enhance <u>partnership with care providers</u> to facilitate access and throughput

Information Technology

Sasikumar Karaiyan

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

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

Date: **October 11, 2019**

Subject: **Information Technology Report**

Call Center System Availability

- AAH phone systems and call center applications remained 100% available during the month of September. 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).

    o Phase 3 – IVR Migration from Avaya to Cisco – 100% completed.

    o Implemented the Alliance Eligibility Verification System (AVES) IVR.

    o Improved alerts and notifications – 100% completed.

    o Session Initiation Protocol (SIP) trunk migration from Vonage to AT&T – Work in progress.

Encounter Data

- In the month of September, AAH submitted 88 encounter files to DHCS with a total of 270,316 encounters.

Enrollment

- The 834 file from DHCS for the month of September 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 7,409 authorization (total authorizations loaded in TruCare production) processed through the system.

- There were 11,319 manually updated authorizations in TruCare.

Web Portal

- The web portal usage for the month of September 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 293.7k.

- Attempted information leaks detected and blocked at the firewall are lower from 46 to 30 for the month.

- Network scans returned a value of 12, which is in line with previous month's data.

- Attempted User Privilege Gain is lower at one 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.

  - o The framework, Policy, and Procedure has been completed and approved by the compliance committee.
  - o 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:

  - o Share 911 incidents
  - o Security breaches
  - o 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 October 2019.

Information Technology
Supporting Documents

Enrollment

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

Month	Total MC[1]	MC[1] - Add/ Reinstatements	MC[1] - Terminated	Total GC[2]	GC[2] - Add/ Reinstatements	GC[2]- Terminated
September	253,781	4,636	7,329	6,023	175	174

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

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

Auto-Assignments	Member Count
Auto-assignments MC	1,574
Auto-assignments Expansion	1,062
Auto-assignments GC	66
PCP Changes (PCP Change Tool) Total	3,564

TruCare

- See Table 2-1 "Summary of TruCare Authorizations for the month of September 2019".
- There were 7,409 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 September 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	3719	136	0	22	1	2	5	166	0	3553
Manual Entry	0	0	0	0	0	0	0	0	3856	3856
Total										7,409

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 August 2019.

Group	Individual User Accounts	Individual User Accounts Accessed	Total Logins	New Users
Provider	2,693	2,368	161,029	240
MCAL	58,637	1,782	3,555	645
IHSS	2,336	68	134	19
AAH Staff	120	44	502	1
Total	63,786	4,262	165,220	905

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

| Top 25 Pages Viewed		
Category	Page Name	May-19
Provider	Member Eligibility	739,403
Provider	Claim Status	90,753
Provider	Member Roster	81,851
Provider	Authorization Status	7,654
Member - Eligibility	Member Eligibility	5,148
Member - Claims	Claims - Services	3,072
Member - Help Center	Find a Doctor or Facility	2,819
Member - Help Center	Member ID Card	2,240

Member - Help Center	Provider Directory PCP/Specialist	622
Provider - Provider Directory	Select/Change PCP	529
Member - Pharmacy	My Pharmacy Claims	311
Member - Help Center	Update My Contact Info	243
Provider	Pharmacy	211
Member - Pharmacy	Pharmacy - Drugs	157
Provider - Provider Directory	Attestation	129
Member – Help Center	Contact Us	111
Member - Help Center	Authorizations & Referrals	97
Member - Forms/Resources	Authorized Representative Form	79
Member – Health/Wellness	Personal Health Record - Intro	62
Member - Pharmacy	Pharmacy	58
Member – Health/Wellness	Personal Health Record-NoMoreClipboard	56
Member – Health/Wellness	Member Materials	55
Member – Help Center	File a Grievance or Appeal	51
Member – Help Center	Helpful Contact Info	46
Member – Pharmacy	Find a Drug	40

Encounter Data from Trading Partners

- AHS:
  - September daily files (4,802 records) were received on time.
- Beacon:
  - September monthly files (21,217 records) were received on time.
- CHCN:
  - September weekly files (75,665 records) were received on time.
- CHME:
  - September monthly file (4,146 records) were received on time.
- CFMG:
  - September weekly files (9,255 records) were received on time.
- PerformRx:
  - September monthly files (164,734 records) were received on time.
- Kaiser:
  - September files (37,188 records) were received on time.
  - September monthly Kaiser Pharmacy files (18,265 records) were received on time.
- LogistiCare:
  - September weekly files (21,036 records) were received on time.
- March Vision:
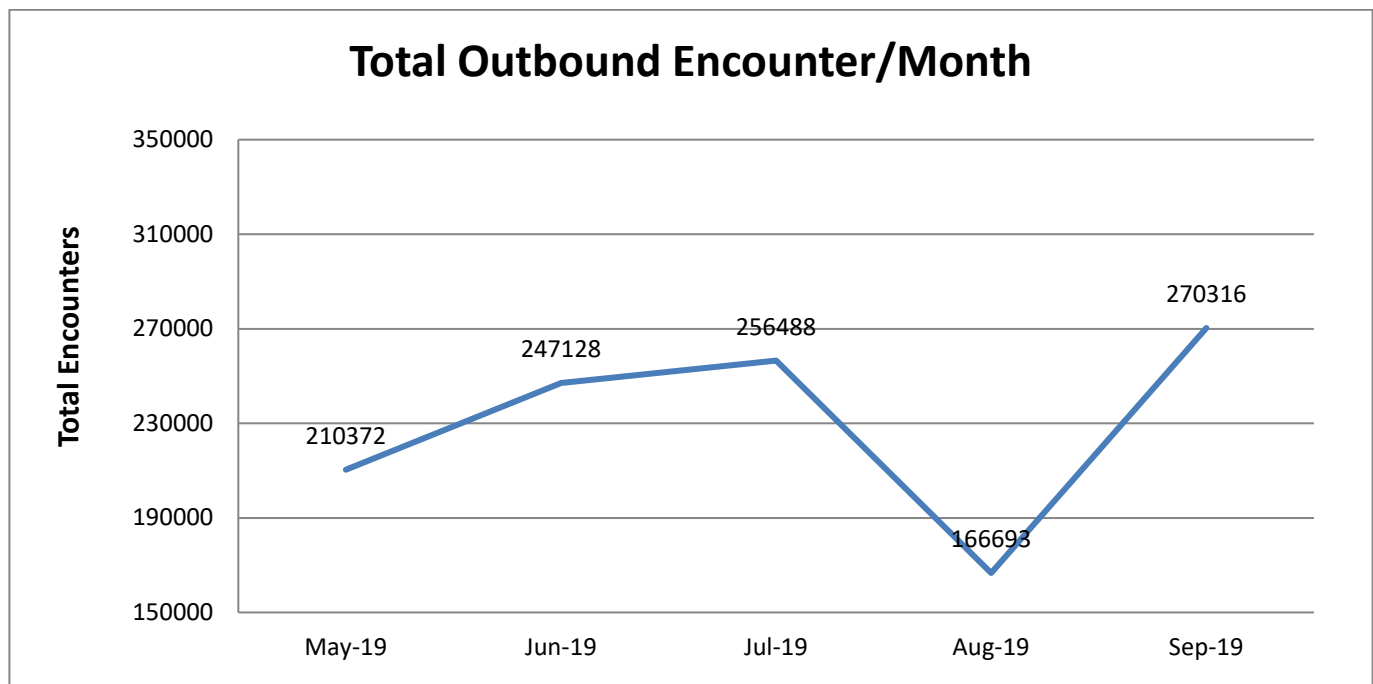 - September monthly file (3,078 records) was received on time.

- Quest Diagnostics:
  - September weekly files (12,987 records) were received on time.

- Trading Partner Encounter Submission History:

Trading Partners	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sept-19
Health Suite	107873	110091	113623	125001	117729	124018	129482	121763	111286	116092	123889	111578
Kaiser	30916	40896	33145	34209	34110	33237	36876	47654	37506	27013	40478	37188
LogistiCare	14380	10891	10598	15026	15917	11401	14416	12392	13945	9831	7109	21036
March Vision	2117	3424	2909	2442	2195	1858	2651	2252	2369	2641	3598	3078
AHS	2435	2074	3088	3497	3835	4952	5595	4835	4857	4886	4741	4802
Beacon	6320	10599	8435	9255	7891	7942	11797	3065	21619	9926	36	21217
CHCN	57668	56306	57864	57578	53219	64510	66233	58976	70192	66286	67396	75665
CHME	3767	3005	2990	3595	3272	3220	4396	3659	4258	4639	4807	4146
Claimsnet	8731	10342	9462	7096	7543	10963	8965	8674	7475	7239	6281	9255
Quest	14661	12481	13530	13831	19343	16749	13505	14521	11385	13969	13084	12987
Total	248868	260109	255644	271530	265054	278850	293916	277791	284892	262522	271419	300952

Total Encounters Received/Month
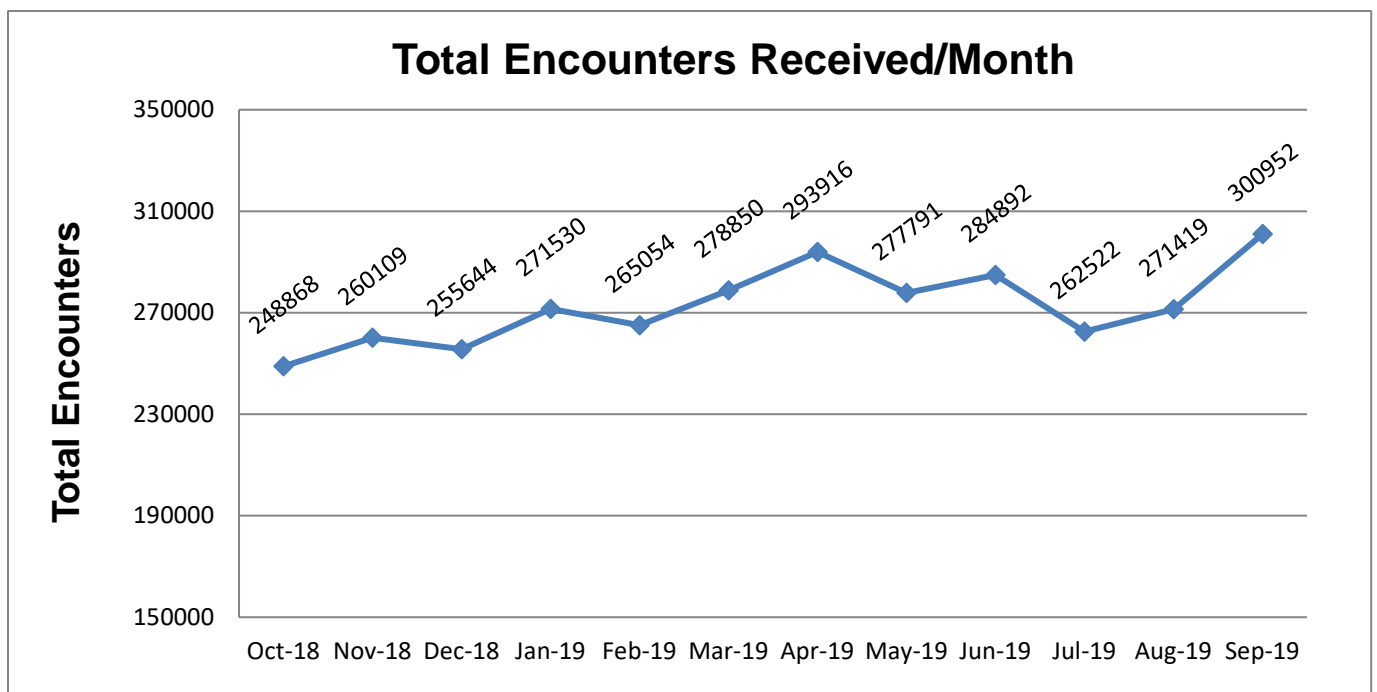
Outbound Encounter Submission

Trading Partners	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Health Suite	84894	95843	72977	29433	112242
Kaiser	37487	67614	30866	38562	37153
LOGISTICARE	14706	13330	14803	2972	14300
MARCHVISION	2193	2185	2077	2629	2277
AHS	3818	5519	4304	13839	4601
Beacon	2722	21303	2885	7083	16718
CHCN	39149	20074	98828	47619	56622
CHME	3300	3785	9009	4080	7628
Claimsnet	8420	8384	4228	3890	7495
Quest	13683	9091	16511	16586	11280
Total	210372	247128	256488	166693	270316

Total Outbound Encounter/Month

(Line chart of Total Encounters by month)

- May-19: 210372
- Jun-19: 247128
- Jul-19: 256488
- Aug-19: 166693
- Sep-19: 270316

Y-axis (Total Encounters): 150000, 190000, 230000, 270000, 310000, 350000

HealthSuite Paper vs EDI breakdown:

Period	Total EDI Submission	Total Paper Submission	Total claims
19-Sept	81541	30037	111578

EDI vs Paper Submission, September 2019

- Total EDI Submission
- Total Paper Submission

30037

81541
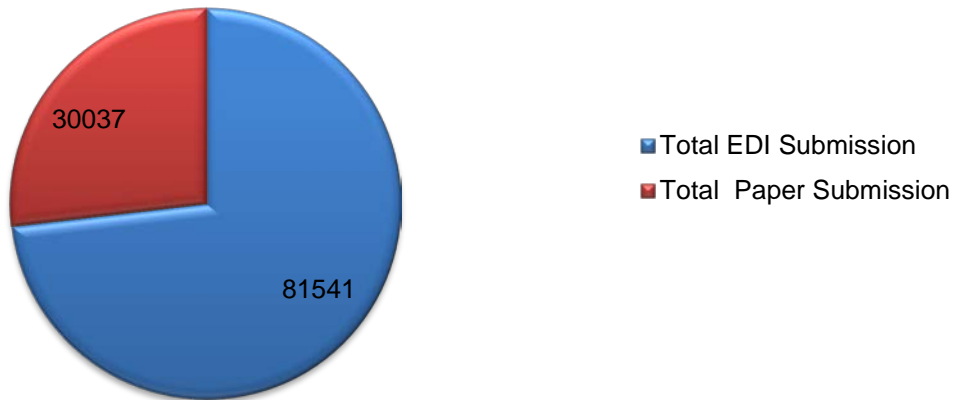
Onboarding EDI Providers - Updates:

- September 2019 EDI Claims:
  - A total of 796 new EDI submitters have been added since October 2015, with 31 added in September 2019.
  - The total number of EDI submitters is 1528 providers.
- September 2019 EDI Remittances (ERA):
  - A total of 173 new ERA receivers have been added since October 2015, with 0 added in September 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
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
Sept-19	32	1	31	1528	2	75	0	212

837 EDI Submitters - September 2019
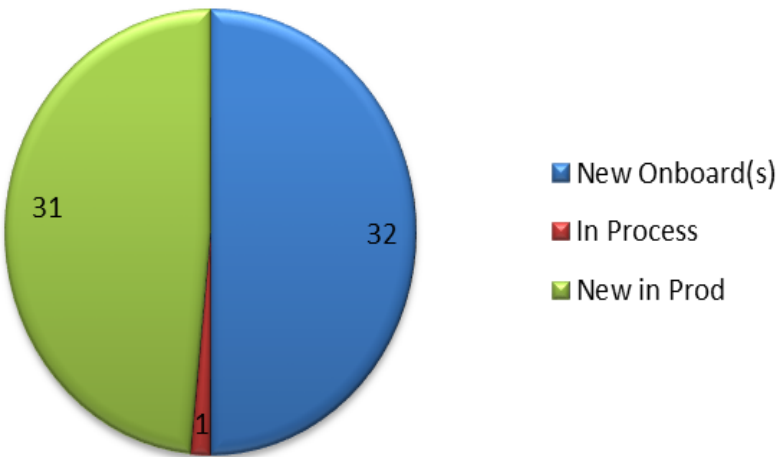
835 EDI Receivers - September 2019
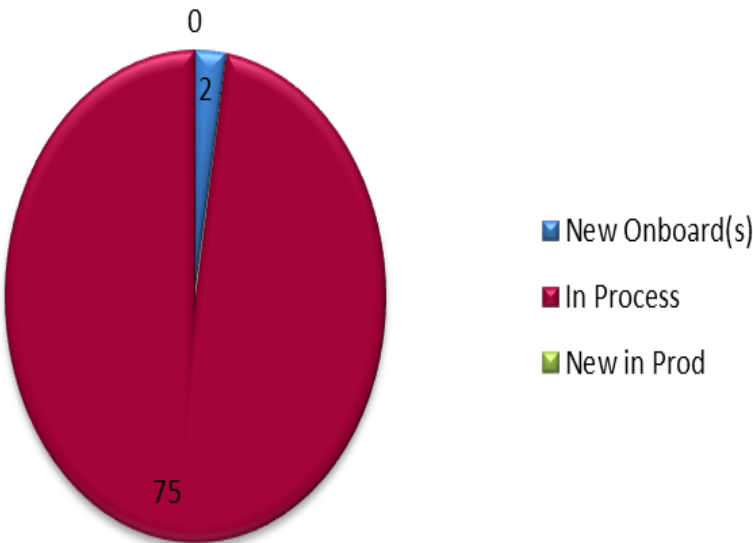
Encounter Lag Time

AAH Encounters: Outbound 837 (AAH to DHCS)	Sept-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	91%	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 September 2019.

- KPI – Overall Summary.

    o 1090 Changes, Submitted.

    o 1005 Changes, Completed, and Closed.

    o 85 Active Changes.

    o 124 Changes Cancelled/Rejected.

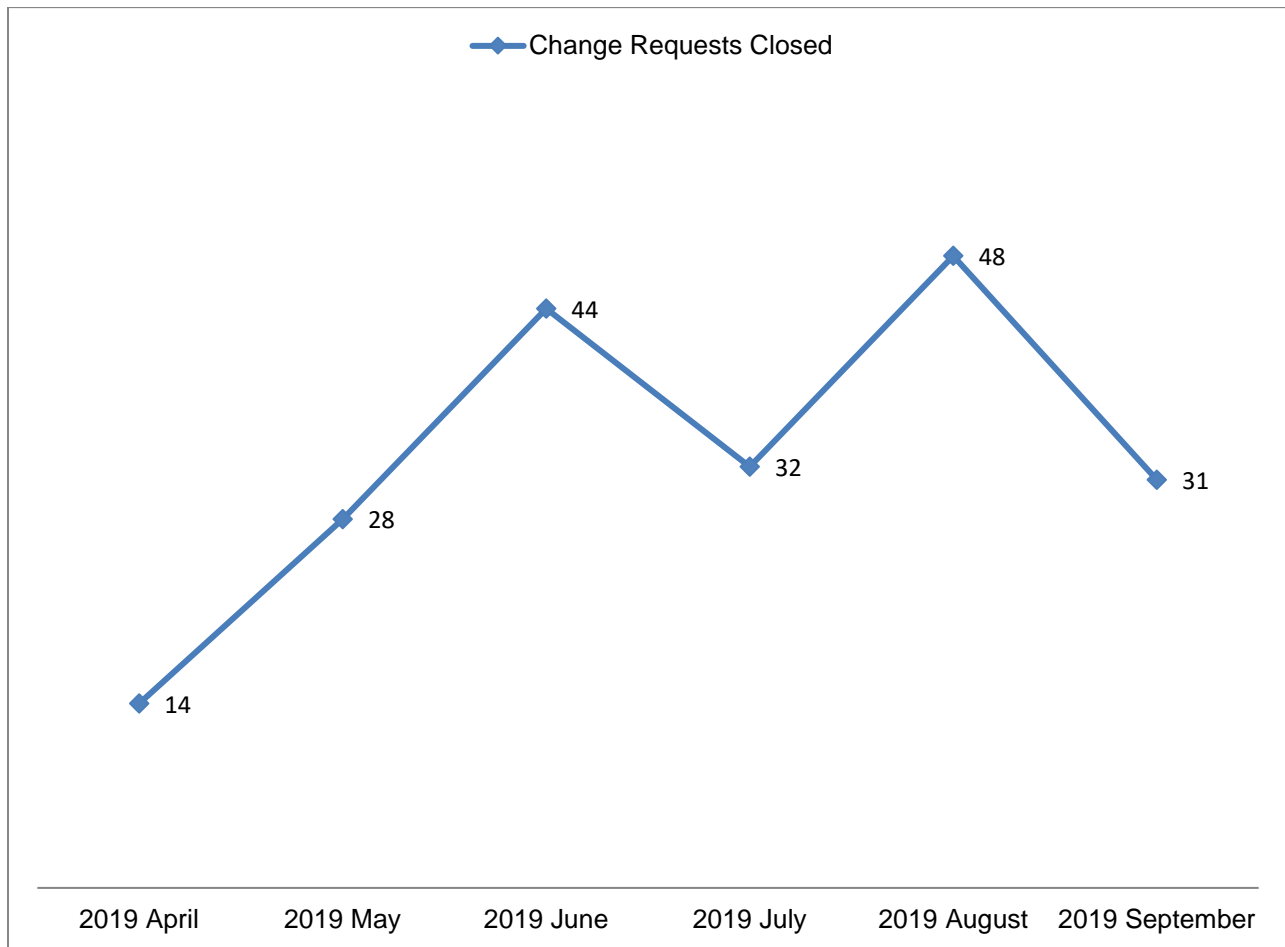- 50 CRs Submitted/logged in the month of September 2019 resulting in:
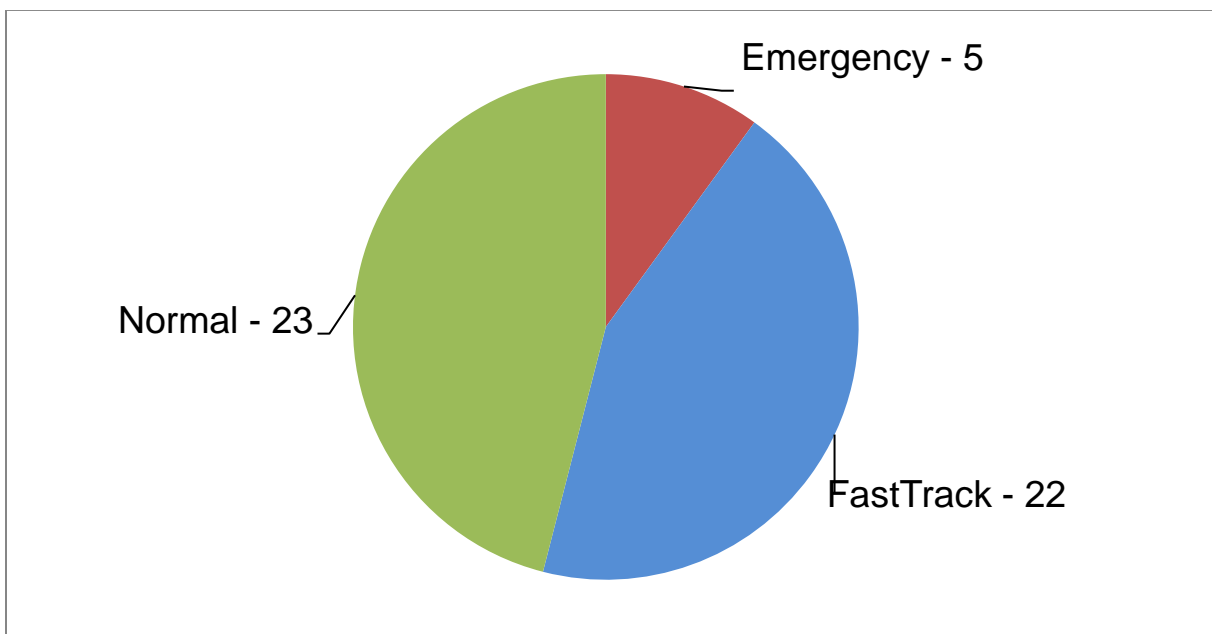
- CRs Submitted: Monthly Trend:
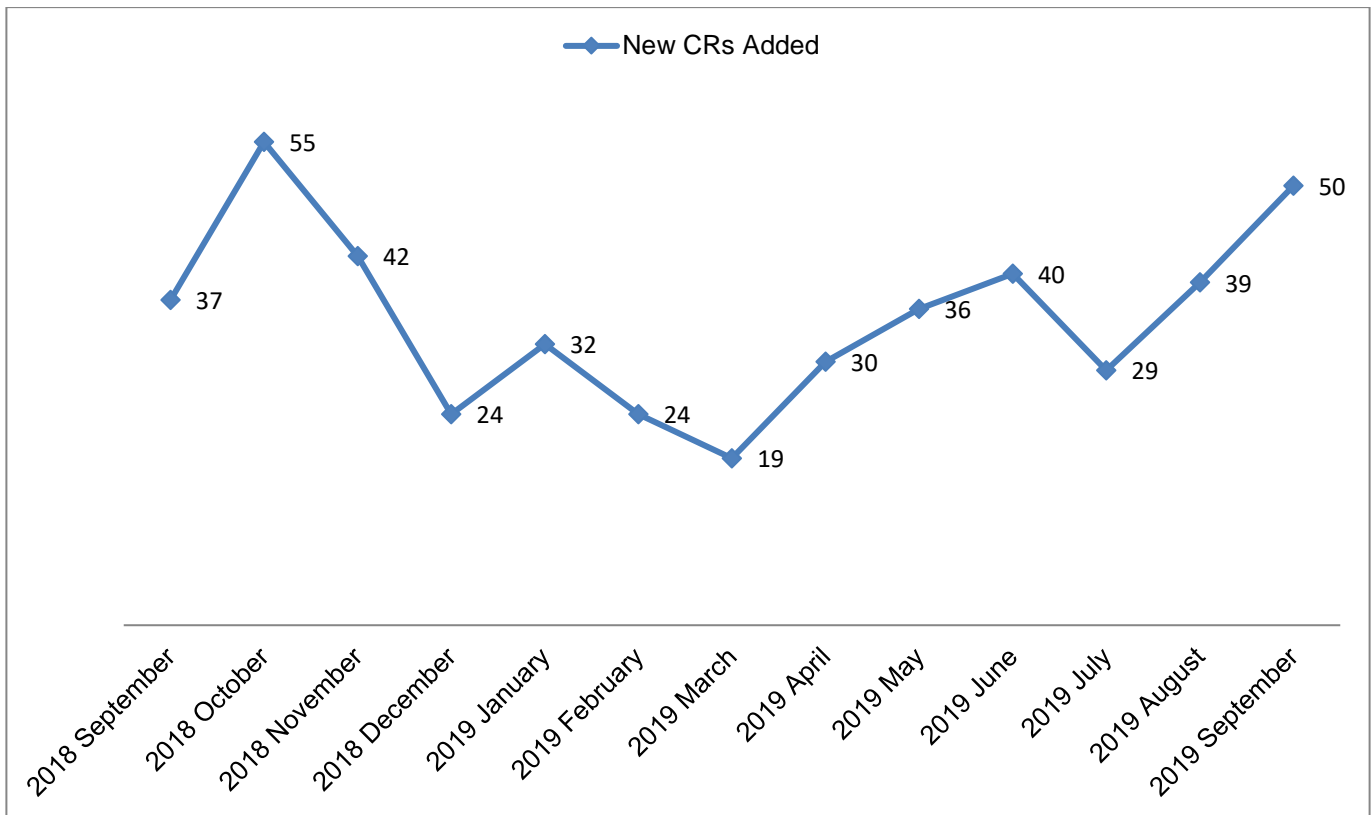
- 31 CRs Closed in the month of September 2019.
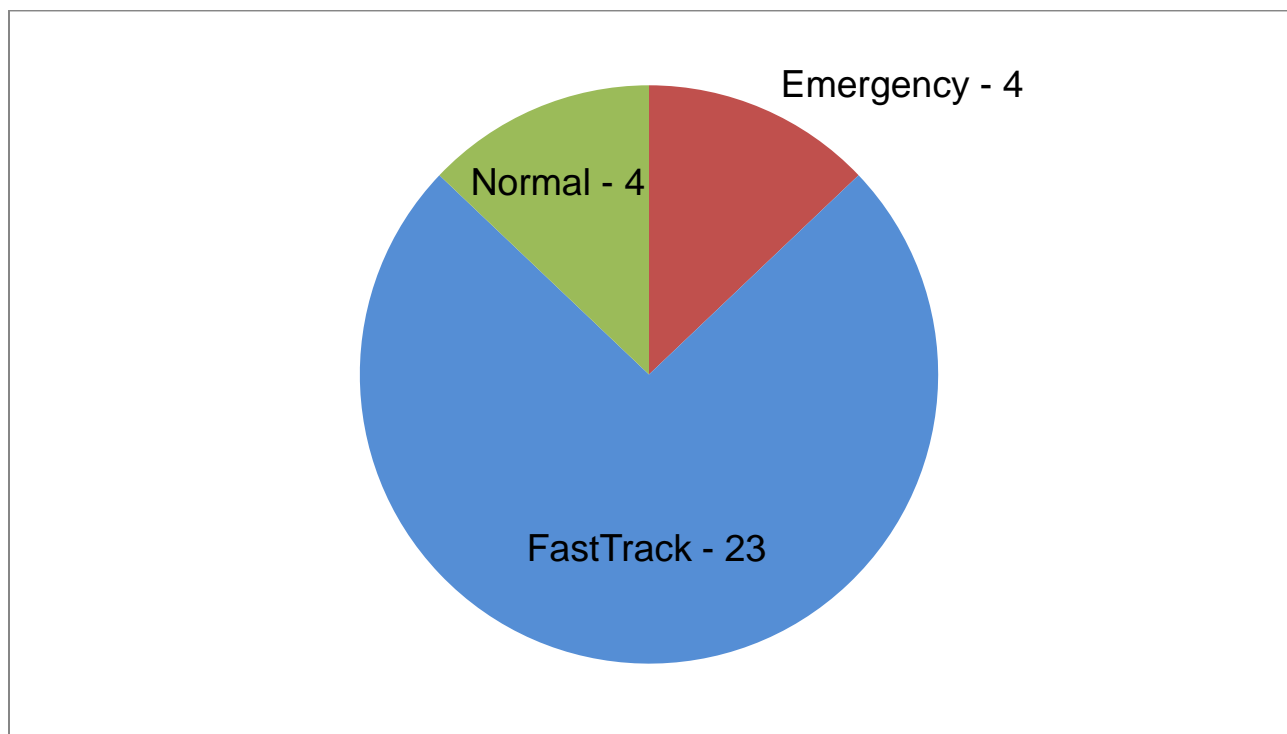
- CRs Closed: Monthly Trend

- Emergency Request Lag Report for September 2019.
  - 5 Total Emergency Requests(1 not deployed and 0 retroactive).

Ticket	Department	Description	Category	Days
CR-00972	Data Exchange	Web service Restart	Applications	1
CR-00975	Data Integration	Change the end date for HHP/AC3 eligible members if their eligibility was ended.	Software	1
CR-00990	Data Integration	Welcome Pack Process Error Resolution	Process	1
CR-01001	Analytics	ODS TruCare Discharge Table Did Not Refresh	Process	1
CR-01018	Data Exchange	Update SP Process DHCS834	Process	Open

IT Stats: Infrastructure

Application Server Uptimes - September 2019

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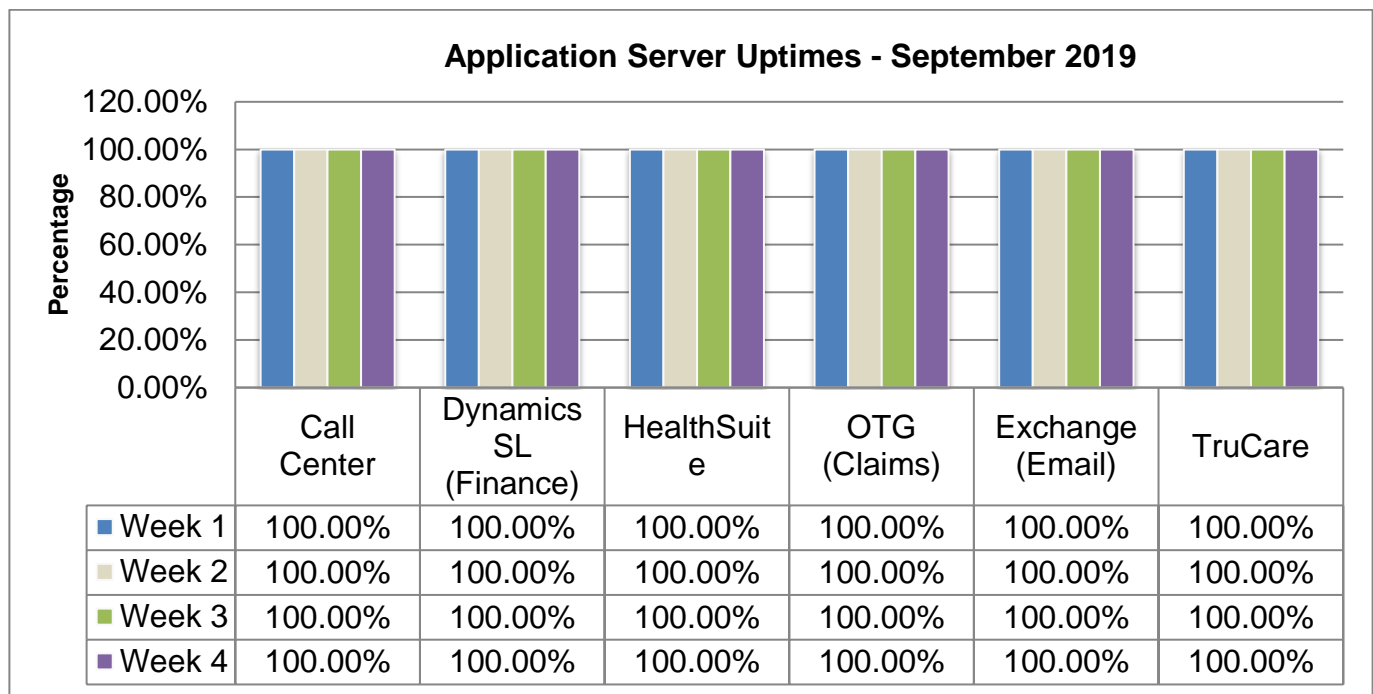
- All mission critical applications are monitored and managed thoroughly.
- There were no outages experienced in the month of August.
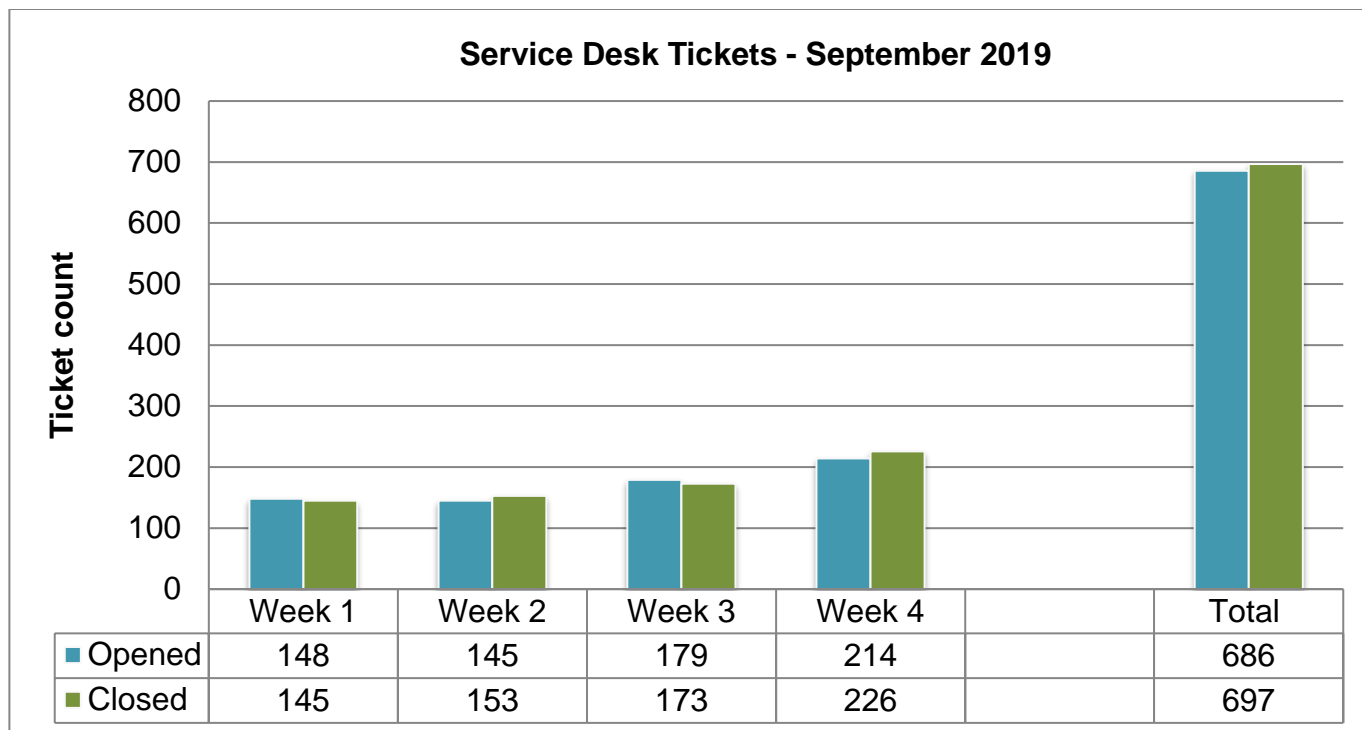
Call Center System Availability

- AAH phone systems and call center applications remained 100% available during the month of September. 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).

- **Projects:**
    - Session Initiation Protocol (SIP) trunk migration from Vonage to AT&T – Work in progress (70%).
    - Upgrading the call manager environment (2 Ring, Calabrio, and Finesse software) – Project planning started.

Office 365 Project

- Migration of email services to the cloud.
- Migration of Microsoft Office application to the cloud model.

Enterprise Incident Management Process

- The scope of Incident management for the Alameda Alliance for Health deals with all Incidents across the enterprise. Incidents can include

- The ability to respond to an Incident and restore the level of service as quickly as possible or to what was agreed to with customers or at least alleviate the impact on them is the primary concern of the process.

Service Desk Tickets - September 2019

	Week 1	Week 2	Week 3	Week 4		Total
■ Opened	148	145	179	214		686
■ Closed	145	153	173	226		697

- 686 Service Desk tickets were opened in the month, which is 22.6% lower than the previous month and 697 Service Desk tickets were closed, which is 30% lower than the previous month.

All Intrusion Events

Time Window: *2019-09-01 00:00:00 - 2019-09-30 11:33:00*
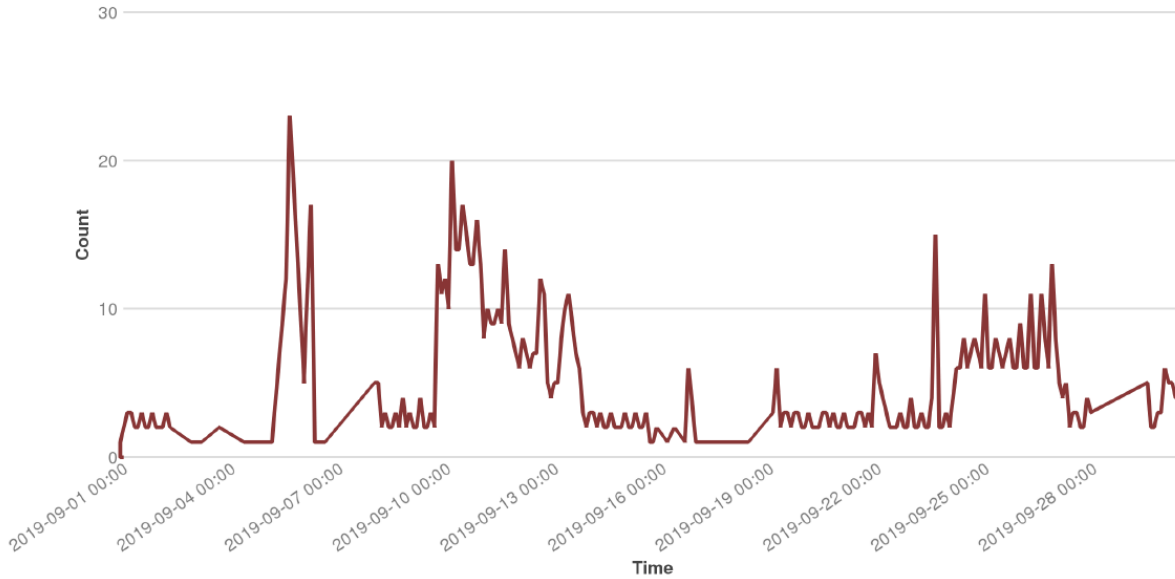
Dropped Intrusion Events

Time Window: *2019-09-01 00:00:00 - 2019-09-30 11:33:00*
Constraints: *Inline Result = dropped*
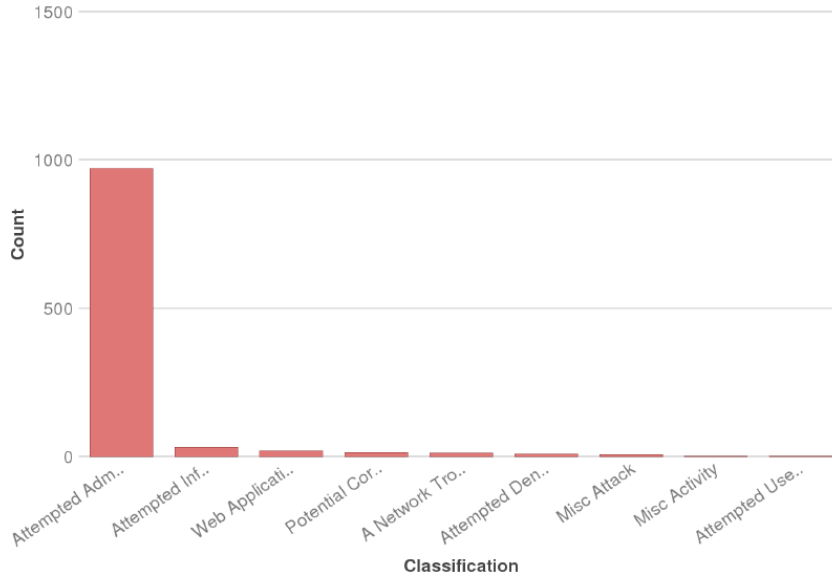
Classification	Count
Attempted Administrator Privilege Gain	971
Attempted Information Leak	30
Web Application Attack	19
Potential Corporate Policy Violation	13
A Network Trojan was Detected	12
Attempted Denial of Service	8
Misc Attack	7
Misc Activity	1
Attempted User Privilege Gain	1
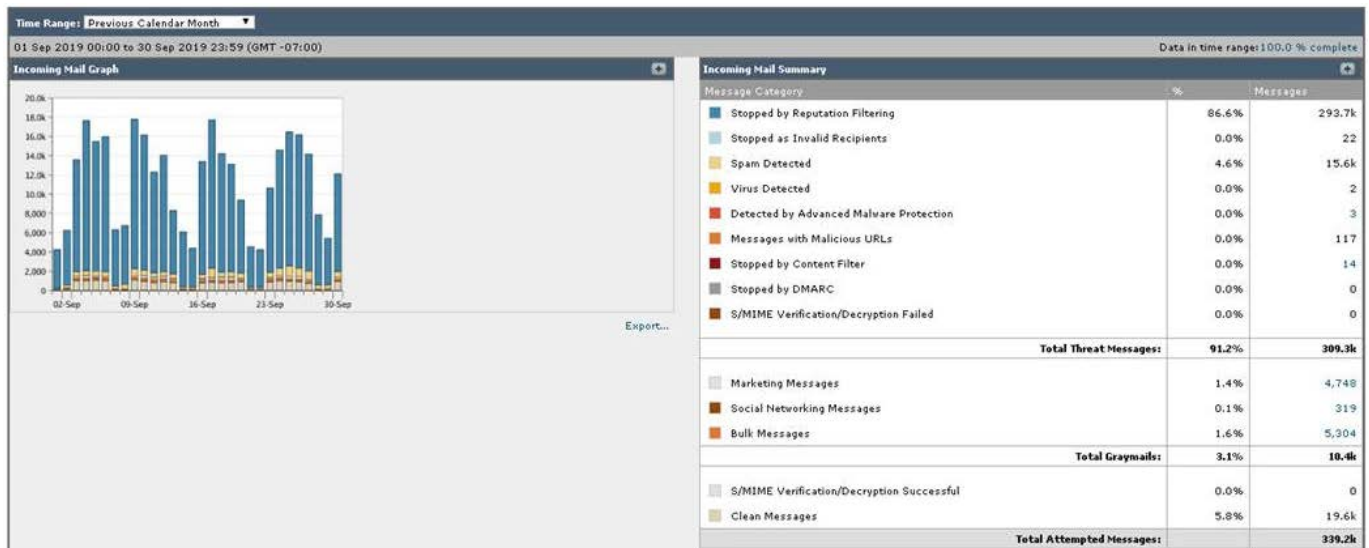
Item / Date	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Aug-19	Sep-19
Stopped By Reputation	631K	338K	1,058K	511.5k	458.0k	14.2K	339.1K	344.7k	339.1k	299.9k	10.7k	293.7k
Invalid Recipients	181	24	49	26	37	0	31	33	31	299	0	22
Spam Detected	10.8 K	27 K	58.8K	30.0K	29.8k	1,269	24.0K	26.2k	24.0K	23.2k	599	15.6k
Virus Detected	0	1	2	0	6	1	0	2	0	2	0	2
Advanced Malware	84	3	1	9	4	0	5	2	5	1	1	3
Malicious URLs	560	466	1023	284	579	4	174	263	174	86	21	117
Content Filter	64K	952	2801	7357	1917	1	13	23	13	6	0	14
Marketing Messages	942	3063	7328	2973	3413	179	4,475	4,347	4,475	3,909	145	1,748
Attempted Admin Privilege Gain	108	328	288	626	626	2,128	1,786	843	1,786	3,029	1,643	971
Attempted User Privilege Gain	10	257	260	258	348	78	3	84	3	20	116	1
Attempted Information Leak	46	65	63	64	44	47	36	54	36	67	46	30
Potential Corp Policy Violation	9	13	21	16	8	30	26	34	26	47	59	13
Network Scans Detected	4	8	6	5	7	4	2	0	2	5	6	12
Web Application Attack	11	10	9	47	80	42	46	22	46	83	111	19
Misc. Attack	5	3	4	78	32	18	1	7	1	30	29	7

- 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 293.7k.

- Attempted information leaks detected and blocked at the firewall are lower from 46 to 30 for the month.

- Network scans returned a value of 12, which is in line with previous month's data.

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

Analytics

Tiffany Cheang

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

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

Date: **October 11, 2019**

Subject: **Performance & Analytics Report**

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

Member Cost Analysis
The Member Cost Analysis below is based on the following 12 month rolling periods:
- Current reporting period: July 2018 – June 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 7.6% of members account for 81.6% 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 58.8% of the members, with SPDs accounting for 28.7% and ACA OE's at 30.1%.
  - 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 (43%) compared to the overall population (22%).

Analytics
Supporting Documents

Alameda Alliance for Health - Analytics Supporting Documentation: Member - Cost Analysis
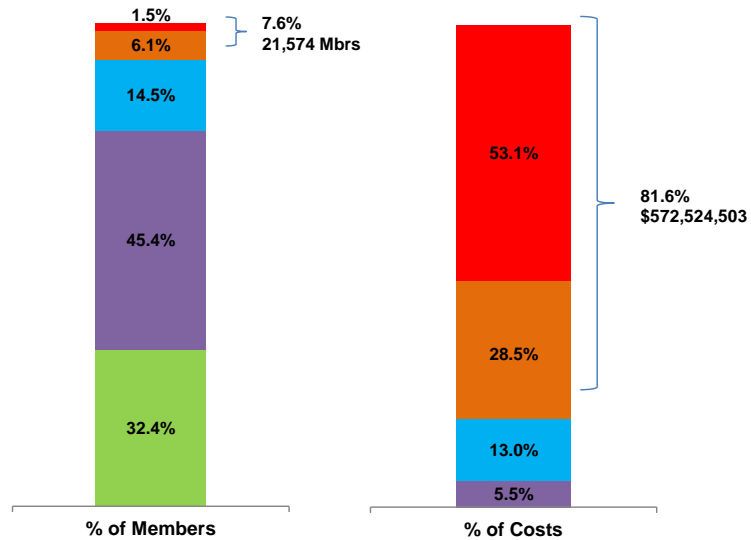**Lines of Business: MCAL, IHSS; Excludes Kaiser Members**
Dates of Service: Jul 2018 - Jun 2019
Note: Data incomplete due to claims lag
Run Date: 9/30/19

Member Cost Distribution

% of Members chart:
- 1.5%
- 6.1% } 7.6% 21,574 Mbrs
- 14.5%
- 45.4%
- 32.4%

% of Costs chart:
- 53.1% } 81.6% $572,524,503
- 28.5%
- 13.0%
- 5.5%

Cost Range	Members	% of Members	Costs	% of Costs
$30K+	4,310	1.5%	$ 372,529,267	53.1%
$5K - $30K	17,264	6.1%	$ 199,995,235	28.5%
$1K - $5K	41,051	14.5%	$ 91,025,520	13.0%
< $1K	128,205	45.4%	$ 38,289,714	5.5%
$0	91,335	32.4%	$ -	0.0%
Totals	**282,165**	**100.0%**	**$ 701,839,736**	**100.0%**

Top 7.6% of Members = 81.6% of Costs

Cost Range	Members	% of Total Members	Costs	% of Total Costs
$100K+	1,034	0.4%	$ 198,194,950	28.2%
$75K to $100K	505	0.2%	$ 43,571,702	6.2%
$50K to $75K	1,035	0.4%	$ 63,635,844	9.1%
$40K to $50K	700	0.2%	$ 31,303,874	4.5%
$30K to $40K	1,036	0.4%	$ 35,822,897	5.1%
SubTotal	*4,310*	*1.5%*	*$ 372,529,267*	*53.1%*
$20K to $30K	2,090	0.7%	$ 51,182,150	7.3%
$10K to $20K	6,074	2.2%	$ 83,802,153	11.9%
$5K to $10K	9,100	3.2%	$ 65,010,932	9.3%
SubTotal	*17,264*	*6.1%*	*$ 199,995,235*	*28.5%*
Total	**21,574**	**7.6%**	**$ 572,524,503**	**81.6%**

Enrollment Status	Members	Total Costs
Still Enrolled as of Jun 2019	225,182	$ 606,954,198
Dis-Enrolled During Year	56,983	$ 94,885,538
Totals	**282,165**	**$ 701,839,736**

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
7.6% of Members = 81.6% of Costs
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Jul 2018 - Jun 2019
Note: Data incomplete due to claims lag
Run Date: 9/30/19

7.6% of Members = 81.6% of Costs
28.7% of members are SPDs and account for 34.6% of costs.
30.1% of members are ACA OE and account for 29.1% of costs.
9.7% of members disenrolled as of Jun 2019 and account for 14.4% of costs.

Highest Cost Members; Cost Per Member >= $100K
39.1% of members are SPDs and account for 38.0% of costs.
29.0% of members are ACA OE and account for 28.1% of costs.
20.1% of members disenrolled as of Jun 2019 and account for 21.9% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Members	% of Members
IHSS	IHSS	102	597	699	3.2%
MCAL	MCAL - ADULT	435	2,972	3,407	15.8%
	MCAL - BCCTP	3	1	4	0.0%
	MCAL - CHILD	160	1,431	1,591	7.4%
	MCAL - ACA OE	1,270	5,214	6,484	30.1%
	MCAL - SPD	1,648	4,553	6,201	28.7%
	MCAL - DUALS	83	1,017	1,100	5.1%
Not Eligible	Not Eligible	609	1,479	2,088	9.7%
Total		**4,310**	**17,264**	**21,574**	**100.0%**

Member Breakout by LOB

LOB	Eligibility Category	Total Members	% of Members
IHSS	IHSS	18	1.7%
MCAL	MCAL - ADULT	81	7.8%
	MCAL - BCCTP	1	0.1%
	MCAL - CHILD	5	0.5%
	MCAL - ACA OE	300	29.0%
	MCAL - SPD	404	39.1%
	MCAL - DUALS	17	1.6%
Not Eligible	Not Eligible	208	20.1%
Total		**1,034**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Costs	% of Costs
IHSS	IHSS	$ 7,905,106	$ 6,701,725	$ 14,606,831	2.6%
MCAL	MCAL - ADULT	$ 34,105,323	$ 33,739,446	$ 67,844,768	11.9%
	MCAL - BCCTP	$ 317,781	$ 9,453	$ 327,233	0.1%
	MCAL - CHILD	$ 8,118,261	$ 15,671,226	$ 23,789,487	4.2%
	MCAL - ACA OE	$ 107,556,459	$ 59,232,575	$ 166,789,034	29.1%
	MCAL - SPD	$ 143,151,924	$ 55,214,764	$ 198,366,688	34.6%
	MCAL - DUALS	$ 5,969,430	$ 12,157,934	$ 18,127,363	3.2%
Not Eligible	Not Eligible	$ 65,404,985	$ 17,268,113	$ 82,673,098	14.4%
Total		**$ 372,529,267**	**$ 199,995,235**	**$ 572,524,503**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Total Costs	% of Costs
IHSS	IHSS	$ 3,685,843	1.9%
MCAL	MCAL - ADULT	$ 16,313,230	8.2%
	MCAL - BCCTP	$ 167,086	0.1%
	MCAL - CHILD	$ 953,222	0.5%
	MCAL - ACA OE	$ 55,688,415	28.1%
	MCAL - SPD	$ 75,368,216	38.0%
	MCAL - DUALS	$ 2,521,243	1.3%
Not Eligible	Not Eligible	$ 43,497,695	21.9%
Total		**$ 198,194,950**	**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: **October 11, 2019**

Subject: **Human Resources Report**

Staffing

- As of October 1, 2019 the Alliance had 304 full time employees and 2-part time employees.

- On October 1, 2019 the Alliance had 38 open positions in which 9 signed offer acceptance letters have been received with start dates in the near future resulting in a total of 29 positions open to date. The Alliance is actively recruiting for the remaining 29 positions and several of these positions are in the interviewing or job offer stage.

- Summary of open positions by department:

Department	Open Positions October 1st	Signed Offers Accepted by Department	Remaining Recruitment Positions
Healthcare Services	15	7	8
Operations	11	2	9
Healthcare Analytics	3		3
Information Technology	4		4
Finance	3		3
Human Resources	2		2
Total	38	9	29

- Our current recruitment rate is 12%.

Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in September 2019 included:

    o 6 years:

        ▪ Catherine Patrick (CMDM)
        ▪ Alexandra Loza (Utilization Management)
        ▪ BJ Gerona (IT-Infrastructure)
        ▪ Hellai Momen (Quality Improvement)

    o 15 years:

        ▪ Carol Van Oosterwijik (Finance)

    o 17 years:

        ▪ Steve Le (Member Services)