



Board of Governors

Regular Meeting

Friday, November 8, 2019
12:00 p.m. – 2:00 p.m.

1240 South Loop Road, Alameda, CA 94502

AGENDA

BOARD OF GOVERNORS
Regular Meeting
Friday, November 8, 2019
12:00 p.m. – 2:00 p.m.

1240 South Loop Road
Alameda, CA 94502

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

1. CALL TO ORDER

A regular meeting of the Alameda Alliance for Health Board of Governors will be called to order on November 8, 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 OCTOBER 2019 BOARD OF GOVERNORS
MEETING MINUTES**

6. BOARD MEMBER REPORTS

a) COMPLIANCE ADVISORY GROUP

b) FINANCE COMMITTEE

7. CEO UPDATE

8. BOARD BUSINESS

b) REVIEW AND APPROVE SEPTEMBER 2019 MONTHLY FINANCIAL STATEMENTS

a) MEDI-CAL TRANSPORTATION BENEFIT

b) DELEGATION OVERSIGHT

9. STANDING COMMITTEE UPDATES

a) PEER REVIEW AND CREDENTIALING COMMITTEE

10. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS

11. PUBLIC COMMENTS (NON-AGENDA ITEMS)

12. CLOSED SESSION

a) EXISTING LITIGATION: PARAGRAPH (1) OF SUBDIVISION (D) SECTION 54956.9; 1 CASE: IN THE MATTER OF SILINGO V MOBILE MEDICAL EXAM, ET AL. CASE # SACV13-1348-FMO (SHX).

b) POTENTIAL LITIGATION: PARAGRAPH (2) OF SUBDIVISION (D) OF SECTION 54956.9: THREE CASES.

c) MATTERS PERTAINING TO CONTRACTS PURSUANT TO SUBDIVISION (c) OF GOVERNMENT CODE SECTION 54956.87.

13. ADJOURNMENT

NOTICE TO THE PUBLIC

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

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

NOTICE TO THE PUBLIC

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

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

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

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

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

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

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

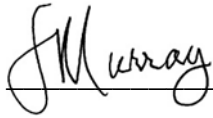
Supplemental Material Received After The Posting Of The Agenda: Any supplemental writings or documents distributed to a majority of the Board regarding any item on this agenda after the posting of the agenda will be available for public review Alameda Alliance for Health Offices located 1240 S. Loop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

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

Americans With Disabilities Act (ADA): It is the intention of the Alameda Alliance for Health to comply with the Americans with Disabilities Act (ADA) in all respects. If, as an attendee or a participant at this meeting, you will need special assistance beyond what is normally provided, the Alameda Alliance for Health will attempt to accommodate you in every reasonable manner. Please contact the Clerk of the Board, Jeanette Murray at 510-747-6160 at least 48 hours prior to the meeting to inform

us of your needs and to determine if accommodation is feasible. Please advise us at that time if you will need accommodations to attend or participate in meetings on a regular basis.

I hereby certify that the agenda for the Board of Governors meeting was posted in the posting book located at 1240 S. Loop Road, Alameda, California on November 4, 2019 by 12:00 p.m. as well as on the Alameda Alliance for Health's web page at www.alamedaalliance.org.

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

Clerk of the Board – Jeanette Murray

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

October 11, 2019
12:00 pm – 2:00 pm
1240 South Loop Road, Alameda, CA

SUMMARY OF PROCEEDINGS

Board Members Present: Dr. Evan Seevak (Chair), Rebecca Gebhart (Vice Chair), Dr. Noha Aboelata, Wilma Chan, Aarondeep Basrai, Dr. Michael Marchiano, Dr. Kelly Meade, Dr. Rollington Ferguson, Delvecchio Finley, Marty Lynch, David B. Vliet

Excused: Feda Almaliti, Will Scott, Nicholas Peraino

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

Board of Governors on Conference Call: None

Guest Speakers: Rianne Suico and Gordon Lam from Moss Adams

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 12:03 PM.	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 were given during Roll Call.	None	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
5. CONSENT CALENDAR			
Dr. Seevak	Review and Approve September 2019 Board of Governors Meeting Minutes.	Motion: Dr. Ferguson Second: M. Lynch Motion passed.	None
6. a. BOARD MEMBER REPORT – COMPLIANCE ADVISORY COMMITTEE			
R. Gebhart	<p>The Compliance Advisory Group met on October 11, 2019.</p> <ul style="list-style-type: none"> Rebecca gave a detailed update on the Compliance Advisory Committee. The Committee had not met for 3 months because of the Board Retreat and the Summer Recess Break. The Committee looked at 3 recent Audits: <ol style="list-style-type: none"> Annual Audit Certification Assessment. Four areas of improvement were found. DHCS Medical services background Audit. This audit from June there were 30 findings but 11 might not apply. A number of these are repeat findings. <p>Question: Dr. Marchiano - What is the Alliance's base line of findings. Gil: We do not have one but would like least as possible.</p> <p>3) NCQA Accreditation review looks at our Medi-Cal line and Commercial line of business to accredit them.</p> <ul style="list-style-type: none"> The Alliance meets the NCQA Medi-Cal threshold but not the NCQA threshold with our Commercial line of business. <p>Question: Dr. Ferguson - Is there a Lawsuit between CMA and NCQA, and if so how does that affect us? Scott: Not aware of any lawsuit but we will follow-up.</p>	<p>Informational update to the Board of Governors.</p> <p>Motion and vote not required.</p>	CMA and NCQA Lawsuit information?
6. b. BOARD MEMBER REPORT – FINANCE COMMITTEE			

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
Dr. Ferguson	<p>Finance Committee was held on Tuesday, October 8, 2019.</p> <ul style="list-style-type: none"> • Moss Adams Presented the 2019 Audit results. • Tangible Net Equity continues to be almost 6 times what is required by the state. <p>Membership:</p> <ul style="list-style-type: none"> • The focus at the Finance committee is the Membership decline and why it continues to have no explanation. <p>Dr. Ferguson made comments:</p> <ul style="list-style-type: none"> • What is our proportion of Kaiser Membership, and has Kaiser's Membership stayed stable statewide? If so, why? • How does Kaiser select which members they choose and are they choosing more healthy members? 	<p>Informational update to the Board of Governors.</p> <p>Motion and vote not required.</p>	
7. CEO UPDATE			
S. Coffin	<p>Finances:</p> <ul style="list-style-type: none"> • Declining membership, our budget tracks to the statewide forecasts of a 3% decline in Medi-Cal enrollment. • More knowledge is needed to know why. We are having discussion with Alameda County and asking for data and hopefully will bring back information. • We are seeing disenrollments 1400-1500 per month. <p>Operations Dashboard metrics:</p> <ul style="list-style-type: none"> • "Red" HR Vacancy Rate. It is 12 percent and our goal is 10 percent. • All other metrics are in green. 	<p>Informational update to the Board of Governors.</p> <p>Motion and vote not required.</p>	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>Long-Term Care – LTC:</p> <ul style="list-style-type: none"> • DHCS announced on September 3rd that LTC will go into Medi-Cal Managed Care. • Skilled nursing facilities, subacute & pediatric subacute facilities, intermediate care facilities, and transplants. • January 2021 implementation of this new benefit into managed care. • Transplants are a significant area of concern to transition. Currently we administer kidney and corneal transplants. • Long-term care includes major organ transplants – heart, liver, lung, pancreas, bone marrow and stem cell. • Additional detail from DHCS is pending. <p>Pharmacy:</p> <ul style="list-style-type: none"> • Administration of pharmacy services set to transition to the Department of Health Care Services by January 2021. Two public stakeholder sessions completed by the DHCS. • Detailed guidance from DHCS is pending. • Alliance is participating in State Workgroups and coordinating through managed care trade associations. <p>Question: Dr. Ferguson - Does our reinsurance cover transplants. Gil: Insurance and reinsurance does cover per our contracts. There are networks and rates involved with this. Nothing is exactly clear from the State yet, as more details are to come. We are internally developing plans.</p> <p>Date of Death Audit:</p> <ul style="list-style-type: none"> • Recoupment for 7 years, 7 months. April 2011 through December 2018. • One-time demand for payment in January 2020. • Financial impact unknown at this time. The current budget has \$1.5M allocated toward this recoupment. <p>Regulatory Audits:</p> <ul style="list-style-type: none"> • DMHC routine finance audit in December 2019. • MLR audit by Federal Office of Inspector General (OIG) is pending. 		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>Board of Governors Retreat:</p> <ul style="list-style-type: none"> • First part of the day was a discussion on the federal, state, and local health policy impacts. • Second half was talking through the role of the Board of Governors. • Opportunities to change our community outreach efforts, and the potential role of enrollment assistance services. • Medi-Cal procurement and potential impacts to membership. • Policy changes that impact Medi-Cal eligibility and enrollment, and potential changes • Lack of clarity about Medi-Cal disenrollments, and the reasons why people are leaving the Medi-Cal program in Alameda County. • Readiness efforts to prepare for the Pharmacy Carve-In / Long-Term Care (January 2021). • Discussed lines of business expansion – Medicare SNP, Covered CA Exchange. • Behavioral Health risk assessment and sourcing strategies. <p>Comments: Dr. Seevak – The Alliance is renewing our Strategic Committee Meeting. We are planning to launch this meeting January 2020. The committee is looking for Board members that would like to be involved.</p> <p>Rebecca, Scott, and Dr. Seevak meeting to talk about how to better develop the Board Meetings.</p> <ul style="list-style-type: none"> • Chief Compliance Officer interviewing is in process. • Customer Service Week – October 7-11. 		
8. a. BOARD BUSINESS – REVIEW AND APPROVE MOSS ADAMS FISCAL YEAR 2019 AUDIT			
Rianne Suico and Gordon Lam	Moss Adams gave a comprehensive presentation explaining their audit process and results.	Motion: M. Lynch Second: Dr. Kelley Motion passed.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<ul style="list-style-type: none"> • Moss Adams issued the Alliance an Unmodified Opinion which is “Combined financial statements are presented fairly and in accordance with generally accepted accounting principles”. • This is the highest level of assurance that can be issued from the audit firm. • The composition of assets were confirmed (cash and cash equivalents, premiums receivable, investments, reinsurance, capital assets) and noted that there was a shift in holdings leaving a lower cash balance and a higher investment balance. • Liabilities and net position balance were confirmed (accounts payable, accrued expenses, claims payable, payable to other governmental agencies and hospital fee, net position, etc.) and were consistent. • Medical Services was the largest expense in Operational Expense followed by Marketing and Depreciation. • Revenues, Claims, and Claims Payable have remained consistent from the prior years. • Tangible net equity has been surpassing the TNE requirements for the last 4 years, and remains very healthy. • The Accounting estimates are reasonable, no audit adjustments, no issues discussed prior to our retention as auditors, no disagreements with management and there were no adjustments or issued completing work. <p>Questions: Dr. Seevak - Any discrepancies? Answer: None</p>		
8. b. REVIEW AND APPROVE AUGUST 2019 MONTHLY FINANCIAL STATEMENTS			
Gil Riojas	<p>Net Income and Enrollment:</p> <ul style="list-style-type: none"> • For the month ending August 31, 2019, the Alliance had enrollment of 255,613 members and a Net Loss of \$77,000 and Tangible Net Equity is 561%. • For the year-to-date, the Alliance recorded a Net Income of \$2.1 million net income. • Our enrollment decreased by 1,032 members since the month of 	<p>Motion: Dr. Ferguson Second: D. Finley Motion passed.</p>	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>August, and just over 2700 members since June 2019.</p> <ul style="list-style-type: none"> • We continue to see reductions in the Adult and Child categories of aid. • SPDs and Duals are slightly stable. <p>Revenue:</p> <ul style="list-style-type: none"> • Revenue results continue to be close to projections. For the month ending August 31, 2019, Revenue came in slightly higher than budgeted at \$80.7 million vs. budgeted amount of \$79.1 million. • For the year-to-date, the Alliance recorded Revenue of \$161.0 million (versus budgeted Revenue of \$159.4 million). • The largest variances are due to higher than anticipated base capitation, and higher than expected Behavioral Health Therapy Supplemental payments. <p>Medical Expense:</p> <ul style="list-style-type: none"> • Actual Medical Expenses were \$76.6 million vs. our budgeted amount of \$73.0 million for current month. • For the year-to-date, Medical Expenses are \$150.8 million vs. budgeted amount of \$147.2 million. <p>Administrative Expense:</p> <ul style="list-style-type: none"> • Actual Administrative Expenses were below budget for the month at \$4.5 million vs. budgeted \$5.1 million. • We are also below budget for year-to-date at \$8.7 million vs. \$9.3 million. • Our Administrative Expense represents 5.6% of our Revenue for the month and 5.4% of net Revenue for the year-to-date. <p>Other Income / (Expense):</p> <ul style="list-style-type: none"> • As of August 31, 2019, our YTD interest income from investments is \$1.1 million, and YTD claims interest expense is \$56,000. <p>Tangible Net Equity (TNE):</p> <ul style="list-style-type: none"> • Tangible net equity results continue to remain healthy, and at the 		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>end of August, TNE was reported at 561% of the required amount, with a surplus of \$150.3 million.</p> <p>Cash Position and Assets:</p> <ul style="list-style-type: none"> We reported \$230.5 million in cash; \$101.3 million is uncommitted. Our current ratio is above the minimum required at 1.69 compared to 1.0. <p>Capital Investments:</p> <ul style="list-style-type: none"> Capital Assets Fiscal year-to-date is \$308,000. Annual Capital budget is \$2.5M. 		
8. c. ACCESS TO CARE UPDATE			
Dr. O'Brien	<p>Dr. O'Brien presented a presentation on Access to Care.</p> <ul style="list-style-type: none"> Last year, we had 191,000 members utilizing services and 91,000 not utilizing services. Note that the total of these is more than our total membership because of the monthly variation in membership (on and off Medi-Cal) affects the totals. There is variation in number of utilizers per delegate (AHS [30k,] AAH [37k], CFMG [24k], CHCN [77k]) and non-utilizers per delegate (AHS [17k,] AAH [14k], CFMG [7k], CHCN [19k]) resulting in significant variation in the ratios of utilizers to non-utilizers by delegate (AHS 1.7 AAH direct 2.6, CFMG 3.4, CHCN 4.1). When assessed by gender, age and ethnicity, significant trends showed that men are slightly more likely to be non-utilizers, children are slightly less likely to be non-utilizers and Vietnamese and Whites were slightly more likely to be non-utilizers. 	<p>Informational update to the Board of Governors.</p> <p>Motion and vote not required.</p>	
9. a. STANDING COMMITTEE UPDATES – PHARMACY AND THERAPEUTICS COMMITTEE (P&T)			
S. O'Brien	Pharmacy and therapeutics committee discussed and reviewed the following items;	Informational update to the Board of Governors.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>Formulary changes with financial impact:</p> <ul style="list-style-type: none"> • Calcitonin Gene-Related Peptide (CGRP) Receptor Inhibitors MRG. <p>Other formulary changes:</p> <ul style="list-style-type: none"> • Pregabalin (Lyrica). • Orilissa medication request guideline (New). • Physician Administered Medication (PAD)/ Medical Benefit Guidelines (New). • White Blood Cell Stimulators Class Review. • HIV Class Review. • ADHD Class Review. • Oral Fluoroquinolones Class Review. • Glaucoma Class Review. • Agents for Constipation and IBS: IBS-C/D, CIC, OIC Class Review. • Respiratory Devices – Masks Class Review. 	Motion and vote not required.	
9. b. STANDING COMMITTEE UPDATES – PEER REVIEW AND CREDENTIALING COMMITTEE			
S. O'Brien	<p>The Peer Review and Credentialing Committee (PRCC) was held on September 17, 2019.</p> <ul style="list-style-type: none"> • Total of 23 providers were initially credentialed, and 33 were re-credentialed. • Of the 23 initial credentials, 8 PCP, 7 Specialist, 2 Ancillary, and 6 Mid-levels. • Of the 33 re-credentials, 12 PCP, 13 Specialist, 2 Ancillary, and 6 Mid-levels. 	<p>Informational update to the Board of Governors.</p> <p>Motion and vote not required.</p>	
9. c. STANDING COMMITTEE UPDATES – HEALTH CARE QUALITY COMMITTEE (HCQC)			
S. O'Brien	The HCQC was held on September 19, 2019.	Informational update to the Board of	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>Topics discussed were:</p> <p>CMO Updates:</p> <ul style="list-style-type: none"> • Dr. Schneidermann leaving the Alliance last day 10/11/19. • Legal Consultations. • Kaiser 2019 UM and QM Program Description and Evaluation received. <p>P&P:</p> <ul style="list-style-type: none"> • Approval of P&P's. • UM. • Case Management. • Health Care Services. <p>QI Program:</p> <ul style="list-style-type: none"> • Opioids/Substance Use Disorder. • Initial Health Assessments. • Potential Quality Issues. • Health Information Form/Member Evaluation Tool. (HIF/MET) and Health Risk Assessments (HRA). • Pediatric Care Coordination Pilot: Launch in October 2019. • Facility Site and Medical Record Reviews. • Health Education. <p>Compliance Updates:</p> <ul style="list-style-type: none"> • Telehealth APL • Prop 56 APL • CAPs. <p>Grievances and Appeals:</p> <ul style="list-style-type: none"> • Grievances and Appeals discussion. <p>Pharmacy & Therapeutics.</p> <ul style="list-style-type: none"> • Medication Therapy Management. <ul style="list-style-type: none"> • Generic Lyrica. 	<p>Governors.</p> <p>Motion and vote not required.</p>	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
9. d. STANDING COMMITTEE UPDATES – CONSUMER ADVISORY COMMITTEE			
S. Coffin	<p>The Consumer Advisory Committee was held on September 19, 2019. Updates were:</p> <ul style="list-style-type: none"> • Shared CEO Update, monthly and yearly reports, and budget. • Report of Grievances and Appeals. • Voted in new member to CAC (MAC). • Presentation of Health Home Program. • Health Education Update. 	<p>Informational update to the Board of Governors.</p> <p>Motion and vote not required.</p>	
10. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS			
Dr. Seevak	<p>Alliance Next steps:</p> <ul style="list-style-type: none"> • CMA and NCQA legal action. • Integration of long term care. • High Utilizers progress report. • Pediatric strategy that the Alliance is launching. • Update of the 3-year Strategic Work group. 	None	See: Next Steps.
11. PUBLIC COMMENTS (NON-AGENDA ITEMS)			
Dr. Seevak	None	None	None
12. ADJOURNMENT			
Dr. Seevak	The meeting was adjourned at 2:03 PM.	None	None

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



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: November 8, 2019

Subject: CEO Report

- **Financial Outlook & Operating Metrics**
 - \$3.9 million net income in September, \$6.1 million net income year-to-date.
 - Tangible net equity 580%, or \$154.6 million above the required reserves.
 - Statewide & county enrollment trends in the Medi-Cal program.
 - Q1-2019 financial forecast to be presented in December.
- **CalAIM**
 - California Advancing and Innovating Medi-Cal (CalAIM).
 - CalAIM proposal released by DHCS to the public on October 28, 2019.
- **Medi-Cal Long-Term Care Benefits**
 - January 1, 2021, transition from fee-for-service into managed care.
 - Services include all transplants, skilled nursing facility, adult and pediatric subacute facilities, and intermediate care facilities.
- **Medi-Cal Pharmacy Services**
 - January 1, 2021, transition from managed care into fee-for-service.
 - Alliance will continue to administer physician administered drugs for Medi-Cal members, and full administration of pharmacy benefits for GroupCare.
- **Behavioral Health Assessment**
 - Assessment of mild-to-moderate mental health services begins in November, scheduled to complete in February 2020.
- **Medi-Cal managed care procurement**
 - DHCS reporting to initiate procurement process in 2020, and implement a second Medi-Cal plan option in Alameda County by 2023.
- **Audits & Accreditation**
 - DHCS medical survey final report to be issued publicly, total of 28 findings.
 - DMHC routine finance audit scheduled to start December 9th.
 - NCQA re-accreditation final report issued. Medi-Cal and GroupCare are accredited with corrective action requirements.

EXECUTIVE DASHBOARD

NOVEMBER 2019

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

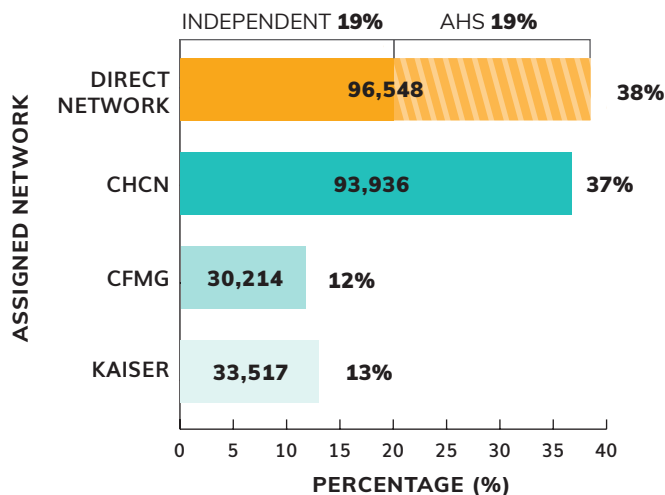
MEMBERSHIP

254,215

TOTAL MEMBERSHIP

IHSS 6,023 | MEDI-CAL 248,192

DISTRIBUTION OF ALL MEMBERSHIP BY ASSIGNED NETWORK

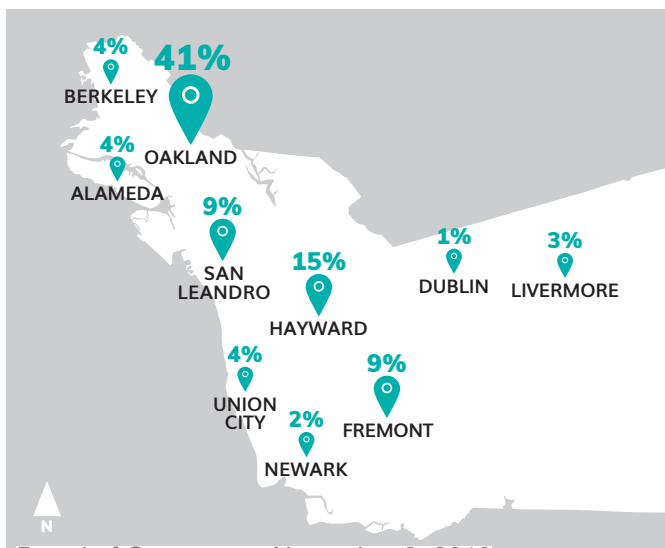


DISTRIBUTION OF MEMBERSHIP BY CITY

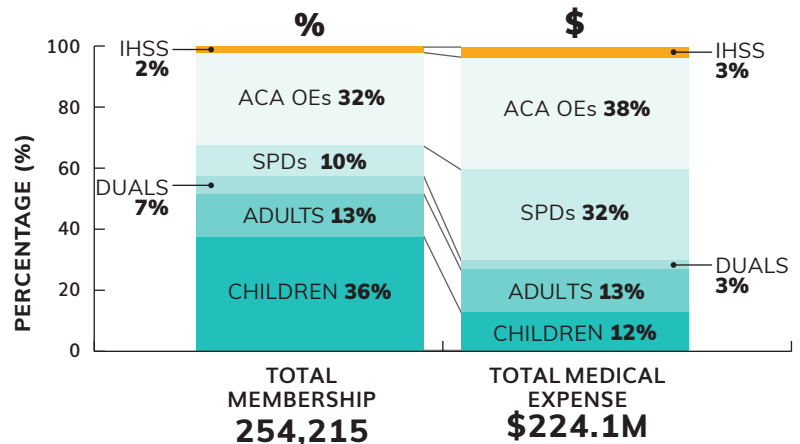
92%

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

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

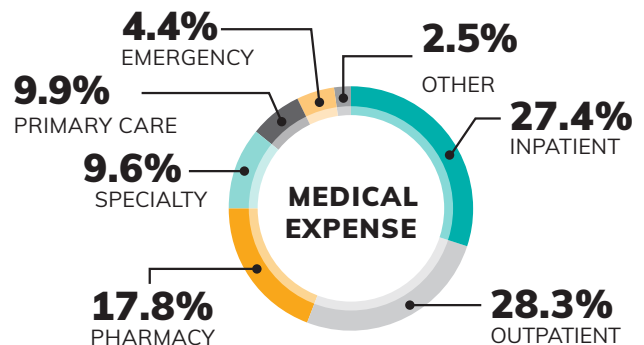


DISTRIBUTION OF MEDICAL EXPENSE BY MEMBERSHIP CATEGORY



REVENUE & EXPENSES

	SEPTEMBER 2019	FISCAL YTD
REVENUE	\$80.8M	\$241.8M
MEDICAL EXPENSE	(\$73.3M)	(\$224.1M)
ADMIN EXPENSE	(\$4.2M)	(\$13M)
OTHER	\$539K	\$1.3M
NET INCOME	\$3.9M	\$6.1M



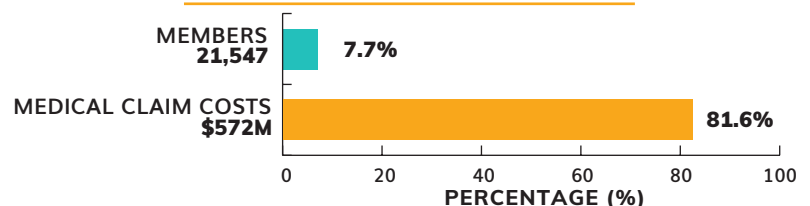
TANGIBLE NET EQUITY*

580%



\$187M

HIGH UTILIZER DISTRIBUTION*



*REPORTING 4 MONTH LAG

UTILIZATION*



INPATIENT
BED DAYS



7,636

EMERGENCY
ROOM VISITS



4.2 DAYS

AVERAGE
LENGTH OF STAY

CASE AND DISEASE MANAGEMENT*

	NEW CASES	OPEN CASES
CARE COORDINATION	306	729
COMPLEX CASE MANAGEMENT	25	81
TOTAL	331	810
	NEW CASES	ENROLLED
HEALTH HOMES	38	637
WHOLE PERSON CARE (AC3)	10	213
TOTAL	48	850

TOTAL CASE MANAGEMENT

379

TOTAL NEW CASES

1,660

TOTAL OPEN CASES & ENROLLED

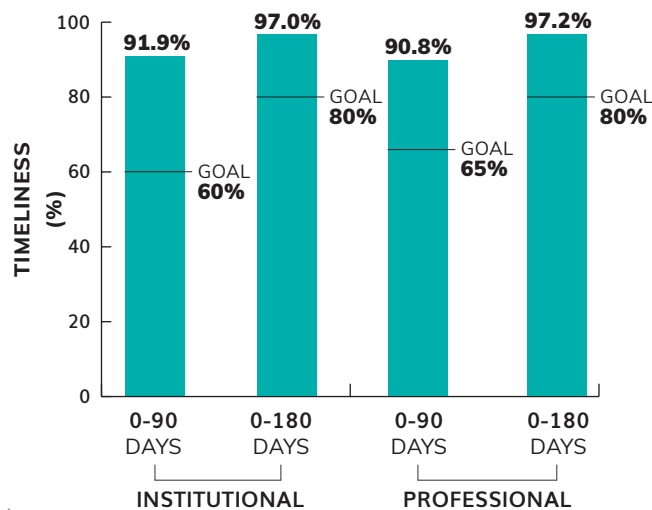
*REPORTING 2 MONTH LAG

*REPORTING 2 MONTH LAG

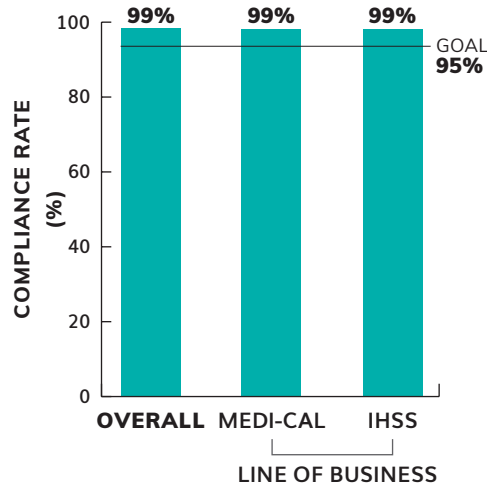
REGULATORY COMPLIANCE

ALL REGULATORY COMPLIANCE MEASURES ARE IN COMPLIANCE.

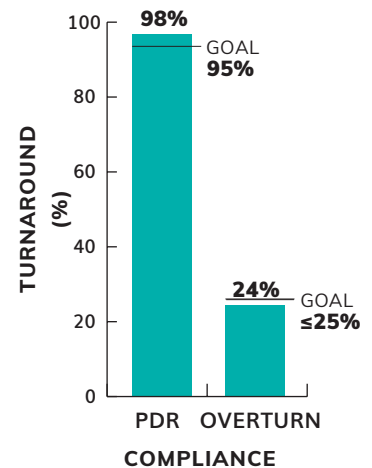
ENCOUNTER DATA



MEDICAL AUTHORIZATIONS



PROVIDER DISPUTES & RESOLUTIONS



CALL CENTER



15,649

CALLS
RECEIVED



91%

ANSWERED IN
30 SECONDS



2%

CALLS
ABANDONED



132,810

PROCESSED
CLAIMS



71.6%

AUTO-
ADJUDICATED



23 DAYS

PROCESSED
PAYMENTS

STAFF & RECRUITING



305

TOTAL
EMPLOYEES



7

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**
 - **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. By creating a continuously appropriated fund, the bill would make an appropriation.
- **AB 4 (Bonta/Arambula – D) Medi-Cal: Eligibility**
 - **Status:** 7/10/19 – Failed Deadline pursuant to Rule 61(a)(10).
 - **Summary:** Federal law prohibits payment to a state for medical assistance furnished to an individual who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States. AB 4 would extend eligibility for full-scope Medi-Cal benefits to individuals of all ages, if otherwise eligible for those benefits, but for their immigration status. This bill would require the department to collaborate with counties and designated public hospitals to maximize federal participation and mitigate financial losses.
- **AB 1004 (McCarty – D) Developmental Screening Services**
 - **Status:** 9/30/19 – 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 managed care plan's capitation rate, as specified. Until July 1, 2023, the bill would require an external quality review organization entity to annually review, survey, and report on managed care plan reporting and compliance.

- **AB 763 (Gray – D) Medi-Cal Specialty Mental Health Services**
 - **Status:** 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:** 10/13/2019– Vetoed by the Governor
 - **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:** 10/13/2019 – Vetoed by the Governor
 - **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:** 10/12/19 – Approved by the Governor, Chapter 776, Statutes of 2019
 - **Summary:** Would extend Medi-Cal eligibility for a pregnant individual who is receiving health care coverage under the Medi-Cal program, or another specified program, and who has been diagnosed with a maternal mental health condition, for a period of one

year following the last day of the individual's pregnancy if the individual complies with certain requirements.

- **AB 678 (Flora – R) Medi-Cal: Podiatric Services**

- **Status:** 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 (Aguilar-Curry – D) Health Care Coverage: Telehealth**

- **Status:** 10/13/2019 – Approved by the Governor Chapter 867, Statutes of 2019
- **Summary:** Under existing law, face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for teleophthalmology, teledermatology, and teledentistry by store and forward. Existing law requires a Medi-Cal patient receiving teleophthalmology, teledermatology, or teledentistry by store and forward to be notified of the right to receive interactive communication with a distant specialist physician, optometrist, or dentist, and authorizes a patient to request that interactive communication. This bill would delete those interactive communication provisions, and would instead specify that face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for any health care services provided by store and forward. Specifically, it requires the plan to reimburse the provider for diagnosis, consultation of treatment delivered through telehealth services on the same basis and to the same extent and prohibits coverage from being limited to services delivered by select third-party corporate telehealth providers, prohibits plans from excluding coverage for a service solely because it is delivered via telehealth, requires that deductibles, copays, or coinsurance not exceed the associated required payment for those same services when delivered in-person, prohibits a plan from imposing an annual or lifetime dollar or durational limit on telehealth services within certain parameters, requires the director to assess an administrative penalty if a health plan does not comply with this section.

- **AB 781 (Maienschein – D) Medi-Cal: Family Respite Care**

- **Status:** 7/9/19 – Approved by the Governor 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 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:** 10/13/19 Vetoed by Governor

- **Summary:** Would, to the extent that federal financial participation is available and any necessary federal approvals have been obtained, add continuous glucose monitors and related supplies required for use with those monitors to the schedule of benefits under the Medi-Cal program for the treatment of diabetes mellitus when medically necessary, subject to utilization controls. The bill would also authorize the department to require the manufacturer of a continuous glucose monitor to enter into a rebate agreement with the State DHCS.
- **AB 1175 (Wood – D) Medi-Cal: Mental Health Services**
 - **Status:** 10/13/2019 – Vetoed by the Governor
 - **Summary:** This bill would require each county mental health plan and Medi-Cal managed care health plan, commencing January 1, 2021, to track and report specified county-specific information on referrals to other plans and how soon those referred services were rendered. This bill would require the EQRO to report various information concerning county mental health plan and Medi-Cal managed care health plan, such as the average expenditure per individual provided mental health services and provider usage of electronic health record systems.
- **AB 1494 (Aguiar-Curry – D) Medi-Cal: Telehealth: State of Emergency**
 - **Status:** 10/12/2019 – Approved by the Governor Chapter 829 Statutes of 2019
 - **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 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 are otherwise eligible for those benefits but for their immigration status, and would delete provision delaying implementation until the director makes the determination as specified.
- **SB 66 (Atkins – D) Medi-Cal: Federally Qualified Health Center and Rural Health Clinic Services**
 - **Status:** 9/15/2019 – Failed Deadline pursuant to Rule 61(a)(15).
 - **Summary:** This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit.
- **SB 207 (Hurtado – D) Medi-Cal: Asthma Preventive Services**
 - **Status:** 8/30/19 – Failed Deadline pursuant to Rule 61(a)(12). (May be acted upon Jan 2020)
 - **Summary:** This bill would require the State DHCS to approve 2 accrediting bodies with expertise in asthma to review and approve training curricula for asthma preventive services providers, and would require the curricula to be consistent with specified federal and clinically appropriate guidelines. This bill would require the department to implement, interpret, or make specific these provisions without taking regulatory action until regulations are adopted by July 1, 2023 and provide semiannual status reports to the Legislature until regulations have been adopted.
- **SB 361 (Mitchell – D) Medi-Cal: Health Homes Program**
 - **Status:** 8/30/2019 – Failed Deadline pursuant to Rule 61(a)(12). (May be acted upon Jan 2020)
 - **Summary:** Current law prohibits the implementation of the Health Home Program using additional General Fund moneys to fund the administration and costs of services, unless the department projects that no net increase in ongoing General Fund costs for the Medi-Cal program would result. Existing law requires the nonfederal share for the program to be provided by funds from local governments, private foundations, or any other source permitted under state and federal law. This bill would remove the prohibition on the use of General Fund moneys for the implementation of the program and would limit the above restriction on sources for the nonfederal share only to the first 8 quarters of implementation of each phase of the program.
- **SB 503 (Pan – D) Medi-Cal: managed care plan: subcontracts**
 - **Status:** 10/13/2019 – Vetoed by the Governor. Consideration of Governor's veto pending.
 - **Summary:** Current law requires the State DHCS to either terminate a contract with or impose one or more sanctions on a prepaid health plan or Medi-Cal managed care plan if the department makes a finding of noncompliance or for other good cause. "Good

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

- **SB 642 (Stone – R) Pharmacy Benefit Management: Prescription Acquisition and Adjudication Agency.**
 - **Status:** 4/24/19 – Re-referred to Committee on Health.
 - **Summary:** This bill plans from extending or entering into contracts for PBM services beginning July 1, 2021. It requires the Division of Pharmacy Provider Contracting to offer PBM services to health plans, including claims processing, negotiations with pharmaceutical manufacturers for discounts and rebates, and creation of plan formularies, establishes the Pharmaceutical Discount Fund to fund the cost of the Agency, and requires that Medi-Cal managed care plan contracts with the Agency include provisions that grant all rebate funds, or difference between market value of the drug and price negotiated by the Agency, to be deposited to the Pharmaceutical Discount Fund.
- **SB 382 (Nielsen – R) Medi-Cal: Managed Care Health Plan**
 - **Status:** 10/12/209 – Vetoed by the Governor. Consideration of Governor’s veto pending.
 - **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:** 10/13/2019 – Vetoed by the Governor
 - **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:** 9/15/2019 – Failed Deadline pursuant to Rule 61(a)(15). (May be acted upon Jan 2020)
 - **Summary:** Would require a health care service plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2020, to include coverage for hearing aids, as defined, for an enrollee or insured under 18 years of age, as specified. Because a willful violation of these requirements by a health care service plan would be a crime, this bill would impose a state-mandated local program.
- **AB 651 (Grayson – D) Air Ambulance Services**
 - **Status:** 10/7/2019 – Approved by the Governor. Chapter 537, Statutes of 2019
 - **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 (Aguilar-Curry – D) Health Care Coverage: Telehealth**
 - **Status:** 10/13/2019 – Approved by the Governor. Chapter 867, Statutes of 2019.
 - **Summary:** Under existing law, face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for teleophthalmology, teledermatology, and teledentistry by store and forward. Existing law requires a Medi-Cal patient receiving teleophthalmology, teledermatology, or teledentistry by store and forward to be notified of the right to receive interactive communication with a distant specialist physician, optometrist, or dentist, and authorizes a patient to request that interactive communication. This bill would delete those interactive communication provisions, and would instead specify that face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for any health care services provided by store and forward. This bill contains other related provisions and other existing laws.
- **AB 767 (Wicks – D) Health Care Coverage: Essential Health Benefits: Infertility**
 - **Status:** 7/10/19 – Failed Deadline pursuant to Rule 61(a)(10). (May be acted upon Jan 2020)
 - **Summary:** This bill would require the Exchange to develop options for the inclusion of in vitro fertilization coverage as part of, or as supplementary to, coverage currently offered through Covered California, in consultation with stakeholders and by considering specified options.
- **AB 993 (Nazarian – D) Health Care Coverage: HIV Specialists**
 - **Status:** 10/12/2019 – Vetoed by the Governor.
 - **Summary:** Would require a health care service plan contract or health insurance policy, to permit an HIV specialist, to be an eligible primary care provider, if the provider

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

- **SB 163 (Portantino – D) Healthcare Coverage: Pervasive Developmental Disorder or Autism**
 - **Status:** 10/12/2019 – Vetoed by the Governor. In Senate. Consideration of Governor's veto pending.
 - **Summary:** Would revise the definition of behavioral health treatment to require the services and treatment programs provided to be based on behavioral, developmental, behavior-based, or other evidence-based models. The bill would remove the exception for health care service plans and health insurance policies in the Medi-Cal program, consistent with the MHPAEA. *Also impacts Medi-Cal line of business.
- **SB 600 (Portantino – D) Health Care Coverage: Fertility Preservation**
 - **Status:** 10/12/2019 – Approved by the Governor. Chapter 853, Statutes of 2019
 - **Summary:** This bill would clarify that an individual or group health care service plan contract or health insurance policy that covers hospital, medical, or surgical expenses includes coverage for standard fertility preservation services when a medically necessary treatment may cause iatrogenic fertility to an enrollee or insured.
- **SB 746 (Bates – R) Health Care Coverage: Anticancer Medical Devices.**
 - **Status:** 8/30/19 – Held in committee and under submission.
 - **Summary:** Would require health care service plan contracts and health insurance policies that cover chemotherapy or radiation therapy for the treatment of cancer to also cover anticancer medical devices. The bill would define “anticancer medical device” as a medical device that has been approved for marketing by the federal Food and Drug Administration or is exempt from that approval, is primarily designed to be used outside of a medical facility, and has been prescribed by an authorized provider with determination that device is medically reasonable and necessary for treatment of patient's cancer.

Other

- **AB 174 (Wood – D) Health Care Coverage: Financial Assistance**
 - **Status:** 10/12/2019 – Approved by the Governor. Chapter 795, Statutes of 2019
 - **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:** 10/13/2019 – Approved by the Governor. Chapter 862, Statutes of 2019
 - **Summary:** Would require a health care service plan or an insurer that provides a policy of health insurance to accept payments from specified third-party entities, including an Indian tribe or a local, state or federal government program. This bill would also require a financially interested entity that is making a third-party premium payment to provide that assistance in a specified manner to perform other related duties, including disclosing to the plan or the insurer the name of the enrollee for each plan or policy on whose behalf a third-party premium payment will be made.
- **AB 414 (Bonta –D) Healthcare Coverage: Minimum Essential Coverage**
 - **Status:** 10/12/2019 – Approved by the Governor. Chapter 801, Statutes of 2019
 - **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.
- **Summary:** This bill requires the State Department of Social Services, subject to available funding, to contract with non-profit legal service organizations to provide legal services to undocumented immigrants who are dependent children or nonminor dependents of the juvenile court or who are the subject of an order for out-of-home placement through the juvenile court and would specify the required qualifications for those nonprofit legal services organizations.

- **AB 1593 (Reyes) Personal Income Taxes: Earned Income Tax Credit**

- **Status:** 7/1/19 – In committee: Set, first hearing. Hearing canceled at the request of the author.
- **Summary:** AB 1593 would extend eligibility for the existing California Earned Income Tax Credit (CalEITC) to some of the most vulnerable working Californians, including all working Californians who files taxes and are income eligible. This bill would remove the exclusion of immigrant filers for CalEITC, allowing those with federally assigned Individual Tax Identification Numbers (ITINs) or SSNs to benefit from the credit.

- **AB 1759 (Salas- D) Health Care Workers: Rural and Underserved Areas**

- **Status:** 6/12/19 – Referred to Committee on Health.
- **Summary:** This bill would require the Office of Statewide Health Planning and Development, upon an express appropriation for the purpose of increasing the health care workforce in rural and underserved areas, to allocate the appropriated funds to support programs that effect that purpose, including programs to recruit and train students from areas with a large disparity in patient-to-doctor ratios to practice in community health centers in the area from which each student was recruited and to expand and strengthen programs to recruit and prepare students from underrepresented and low-income backgrounds for health careers. The bill would also include a statement of legislative findings and declarations.

- **SB 26 (Caballero – D) Personal Income Taxes: Working Families Child Care Tax Credit**

- **Status:** 5/16/19 – Held in committee and under submission.

- **Summary:** Would make the state Child and Dependent Care Expenses Credit refundable, so that low-income and moderate-income working families can benefit from the credit and receive a tax refund for their child care expenses.
- **SB 65 (Pan – D): Health Care Coverage: Financial Assistance**
 - **Status:** 8/14/19 – August 14 set for first hearing canceled at the request of author.
 - **Summary:** This bill would require that Covered California, until January 1, 2023, administer an individual market assistance program to provide health care coverage financial assistance to California residents with household incomes below 600% of the FPL.
- **SB 276 (Pan – D): Immunizations: Medical Exemptions**
 - **Status:** 9/9/19 – Approved by the Governor. Chapter 278, Statutes of 2019.
 - **Summary:** Existing law prohibits governing authority of a school or other institution from admitting any pupil who fails to obtain required immunizations within the time limits prescribed by the State Department of Public Health (CDPH). Existing law exempts a pupil whose parents have filed a written statement by a licensed physician to the effect that immunization is not considered safe for that child. This bill would require a parent or guardian, by January 1, 2021, to submit to the department a copy of a medical exemption granted prior to that date for inclusion in a state database in order for the medical exemption to remain valid. The bill would require the department to annually review immunization reports from schools and institutions to identify schools with an overall immunization rate of less than 95%, physicians and surgeons who submitted 5 or more medical exemption forms in a calendar-year, and schools and institutions that do not report immunization rates to the department.
- **SB 321 (Mitchell – D) CalWORKS: Support Services: Childcare**
 - **Status:** 6/6/19 – Referred to committee on Human Services.
 - **Summary:** Would require that specified information necessary to enroll or transfer a family into childcare services be made available by a county welfare department to a contractor that provides childcare services. The bill would require, beginning no later than November 1, 2020, a county welfare department to provide a monthly report to stage-2 contractors containing specified information. The bill would authorize a county welfare department to provide training on security protocols and confidentiality of individual family data to a contractor who is given access to data pursuant to those provisions.
- **ACR 1 (Bonta – D) Immigration: Public Charges**
 - **Status:** 9/26/19 – Approved by the Governor. Res. Chapter 164, Statutes of 2019.
 - **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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Operations Dashboard

Alameda Alliance for Health Operations Dashboard

- November-2019 -

ID	Section	Subject Area	Category	Performance Metric					ID
1	1	Financials			Sep-19 FYTD	%	Annual Budget		1
2									2
3			Income & Expenses	Revenue \$	\$241,820,681	25.8%	\$935,483,328		3
4				Medical Expense \$	\$224,053,575	25.5%	\$879,173,524		4
5				Inpatient (Hospital)	\$61,492,653	27.4%	\$246,892,599		5
6				Outpatient/Ancillary	\$63,404,086	28.3%	\$240,198,558		6
7				Emergency Department	\$9,822,348	4.4%	\$38,603,091		7
8				Pharmacy	\$39,900,684	17.8%	\$157,323,732		8
9				Primary Care	\$22,250,409	9.9%	\$87,881,542		9
10				Specialty Care	\$21,489,844	9.6%	\$83,501,269		10
11				Other	\$5,693,551	2.5%	\$24,772,732		11
12				Admin Expense \$	\$12,957,052	21.4%	\$60,618,392		12
13				Other Income / (Exp.) \$	\$1,252,201	2.1%	\$4,013,097		13
14				Net Income \$	\$6,062,255		(\$295,490)		14
15				Gross Margin %	7.3%		6.0%		15
16			Liquid Reserves	Medical Loss Ratio (MLR) - Net %	92.7%		94.0%		16
17				Tangible Net Equity (TNE) %	579.8%		564.9%		17
18				Tangible Net Equity (TNE) \$	\$186,809,510		\$180,451,765		18
19			Reinsurance Cases	2019-2020 Cases Submitted	2				19
20				2019-2020 New Cases Submitted	0				20
21				2018-2019 Cases Submitted	24				21
22				2018-2019 New Cases Submitted	0				22
23			Balance Sheet	Cash Equivalents	\$228,637,940				23
24				Pass-Through Liabilities	\$41,047,917				24
25				Uncommitted Cash	\$187,590,023				25
26				Working Capital	\$175,927,308				26
27				Current Ratio %	208.7%		100%		27
28									28
29	2	Membership			Jul-19	Aug-19	Sep-19	%	Sep-19 Budget
30									30
31			Medi-Cal Members	Adults	33,670	33,448	33,092	13%	33,502
32				Children	92,397	91,728	91,224	36%	91,936
33				Seniors & Persons with Disabilities (SPDs)	25,804	25,751	25,727	10%	25,675
34				ACA Optional Expansion (ACA OE)	81,171	80,966	80,483	32%	80,820
35				Dual-Eligibles	17,627	17,700	17,666	7%	17,539
36									36
37				Total Medi-Cal	250,669	249,593	248,192	98%	249,472
38			IHSS Members	IHSS	5,976	6,020	6,023	2%	5,976
39			Total Membership	Medi-Cal and IHSS	256,645	255,613	254,215	100%	255,448
40									40
41			Members Assigned By Delegate	Direct-contracted network	49,531	49,463	49,220	19%	
42				Alameda Health System (Direct Assigned)	47,759	47,630	47,328	19%	
43				Children's First Medical Group	30,752	30,542	30,214	12%	
44				Community Health Center Network	94,820	94,360	93,936	37%	
45				Kaiser Permanente	33,783	33,618	33,517	13%	
46									46

Alameda Alliance for Health Operations Dashboard

- November-2019 -

ID	Section	Subject Area	Category	Performance Metric	Aug-19	Sep-19	Oct-19	%	Performance Goal	ID
47	3	Claims			Aug-19	Sep-19	Oct-19	%	Performance Goal	47
48			HEALTHsuite Claims Processing	Number of Claims Received	123,889	111,578	125,442			48
49				Number of Claims Paid	90,022	82,964	104,448			49
50				Number of Claims Denied	20,917	23,498	28,362			50
51				Inventory (Unfinalized Claims)	84,831	85,732	76,132			51
52				Pended Claims (Days)	10,343	4,912	7,545	10%		52
53				0-29 Calendar Days	10,270	4,869	7,299	10%		53
54				30-44 Calendar Days	47	33	222	0%		54
55				45-59 Calendar Days	5	5	18	0%		55
56				60-89 Calendar Days	5	3	2	0%		56
57				90-119 Calendar Days	4	2	3	0%		57
58				120 or more Calendar Days	12	0	1	0%		58
59				Total Claims Paid (dollars)	37,426,721	36,423,839	48,973,529			59
60				Interest Paid (Total Dollar)	21,885	35,614	26,121	0%		60
61				Auto Adjudication Rate (%)	74.5%	72.9%	71.6%		70%	61
62				Average Payment Turnaround (days)	24	23	23		25 days or less	62
63			Claims Auditing	# of Pre-Pay Audited Claims	2,204	2,152	2,485			63
64			Claims Compliance	% of Claims Processed Within 30 Cal Days (DHCS Goal = 90%)	94%	99%	98%		90%	64
65				% of Claims Processed Within 90 Cal Days (DHCS Goal = 99%)	100%	100%	100%		99%	65
66				% of Claims Processed Within 45 Work Days (DMHC Goal = 95%)	99%	100%	100%		95%	66
67										67
68										68
69	4	Member Services			Aug-19	Sep-19	Oct-19	%	Performance Goal	69
70			Member Call Center	Inbound Call Volume	17,790	15,228	15,649			70
71				Calls Answered in 30 Seconds %	78.0%	85.0%	91.0%		80.0%	71
72				Abandoned Call Rate %	4.0%	3.0%	2.0%		5.0% or less	72
73				Average Wait Time	00:57	00:30	00:18			73
74				Average Call Duration	07:22	07:13	06:42			74
75				Outbound Call Volume	11,634	10,671	12,044			75
76										76
77										77
78	5	Provider Services			Aug-19	Sep-19	Oct-19	%	Performance Goal	78
79			Provider Call Center	Inbound Call Volume	7,175	6,001	6,716			79
80										80
81										81
82	6	Provider Contracting			Aug-19	Sep-19	Oct-19	%	Performance Goal	82
83			Provider Network	Primary Care Physician	589	587	591			83
84				Specialist	7,028	7,089	7,168			84
85				Hospital	17	17	17			85
86				Skilled Nursing Facility	53	53	54			86
87				Durable Medical Equipment	Capitated	Capitated	Capitated			87
88				Urgent Care	9	9	9			88
89				Health Centers (FQHCs and Non-FQHCs)	58	57	64			89
90				Transportation	380	380	380			90
91			Provider Credentialing	Number of Providers in Credentialing	1,454	1,456	1,447			91
92				Number of Providers Credentialed	1,454	1,456	1,447			92
93										93
94										94

Alameda Alliance for Health Operations Dashboard

- November-2019 -

ID	Section	Subject Area	Category	Performance Metric						ID
95	7	Human Resources & Recruiting			Aug-19	Sep-19	Oct-19	%	Annual Budget	95
96										96
97			Employees	Total Employees	304	306	305		319	97
98				Full Time Employees	302	304	303	99%		98
99				Part Time Employees	2	2	2	1%		99
100				New Hires	3	6	7			100
101				Separations	9	3	8			101
102				Open Positions	38	38	38	12%	10% or less	102
103				Signed Offer Letters Received	8	9	6			103
104				Recruiting in Process	30	29	32	10%		104
105										105
106			Non-Employee (Temps / Seasonal)		9	7	3			106
107										107
108	8	Compliance			Aug-19	Sep-19	Oct-19	%	Performance Goal	108
109										109
110			Provider Disputes & Resolutions	Turnaround Compliance (45 business days)	94%	96%	98%		95%	110
111				% Overturned	28%	24%	24%		25% or less	111
112										112
113			Member Grievances	Overall Standard Grievance Compliance Rate % (30 calendar days)	98%	98%	99%		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)	98%	100%	100%		95%	116
117				Overall Expedited Appeal Compliance Rate (3 calendar days)	100%	100%	100%		95%	117
118										118
119	9	Encounter Data & Technology			Aug-19	Sep-19	Oct-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	94.2%	93.6%	91.9%		60.0%	129
130				Timeliness - % Within Lag Time - Institutional 0-180 days	98.8%	98.6%	97.0%		80.0%	130
131				Timeliness - % Within Lag Time - Professional 0-90 days	93.1%	91.4%	90.8%		65.0%	131
132				Timeliness - % Within Lag Time - Professional 0-180 days	98.2%	97.8%	97.2%		80.0%	132
133										133

Alameda Alliance for Health Operations Dashboard

- November-2019 -

ID	Section	Subject Area	Category	Performance Metric						ID
134	10	Health Care Services			Aug-19	Sep-19	Oct-19	Q3	Performance Goal	134
135										135
136			Authorization Turnaround	Overall Authorization Turnaround % Compliant	98%	98%	99%		95%	136
137				Medi-Cal %	98%	98%	99%		95%	137
138				Group Care %	96%	97%	99%		95%	138
139										139
140			Outpatient Authorization Denial Rates	Overall Denial Rate (%)	6.1%	4.4%	3.4%			140
141				Denial Rate Excluding Partial Denials (%)	5.4%	4.1%	3.2%			141
142				Partial Denial Rate (%)	0.7%	0.3%	0.2%			142
143										143
144			Pharmacy Authorizations	Approved Prior Authorizations	717	614	725	40%		144
145				Denied Prior Authorizations	554	551	547	30%		145
146				Closed Prior Authorizations	536	517	535	30%		146
147				Total Prior Authorizations	1,807	1,682	1,807			147
148										148
149					Jul-19	Aug-19	Sep-19			149
150										150
151			Inpatient Utilization	Days / 1000	270.2	250.4	232.5			151
152				Admits / 1000	59.2	59.8	55.8			152
153				Average Length of Stay	4.6	4.2	4.2			153
154										154
155			Emergency Department (ED) Utilization	# ED Visits / 1000	41.56	40.71	34.64			155
156										156
157			Case Management	<u>New Cases</u>						157
158				Care Coordination	331	308	306			158
159				Complex Case Management	63	49	25			159
160				Health Homes	52	47	38			160
161				Whole Person Care (AC3)	19	14	10			161
162				Total New Cases	465	418	379			162
163										163
164				<u>Open Cases</u>						164
165				Care Coordination	679	725	729			165
166				Complex Case Management	152	117	81			166
167				Total Open Cases	831	842	810			167
168										168
169				<u>Enrolled</u>						169
170				Health Homes	595	624	637			170
171				Whole Person Care (AC3)	197	206	213			171
172				Total Enrolled	792	830	850			172
173										173
174				Total Case Management (Open Cases & Enrolled)	1,623	1,672	1,660			174
175										175



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

Finance

Gil Riojas

To: Alameda Alliance for Health Board of Governors

From: Gil Riojas, Chief Financial Officer

Date: November 8, 2019

Subject: Finance Report

Executive Summary

- For the month ended September 30, 2019, the Alliance had enrollment of 254,215 members, a Net Income of \$3.9 million and 580% of required Tangible Net Equity (TNE).

Overall Results: (in Thousands)			
		Month	YTD
Revenue	\$	80,810	\$ 241,821
Medical Expense		73,256	224,054
Admin. Expense		4,225	12,957
Other Inc. / (Exp.)		539	1,252
Net Income	\$	3,868	\$ 6,062

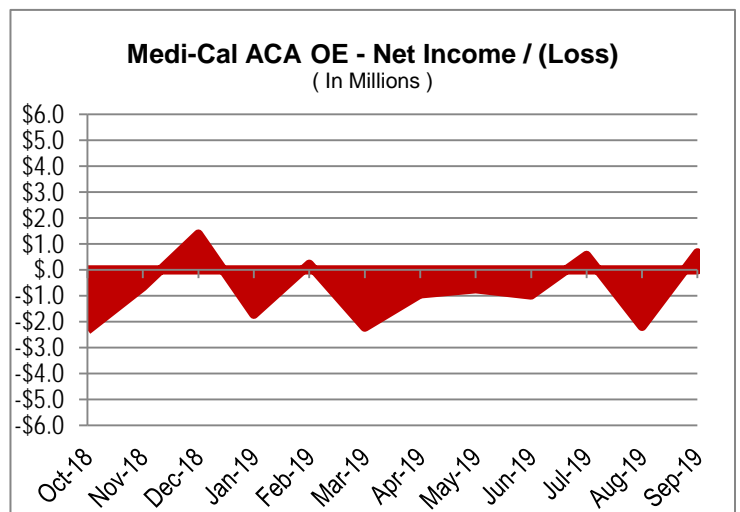
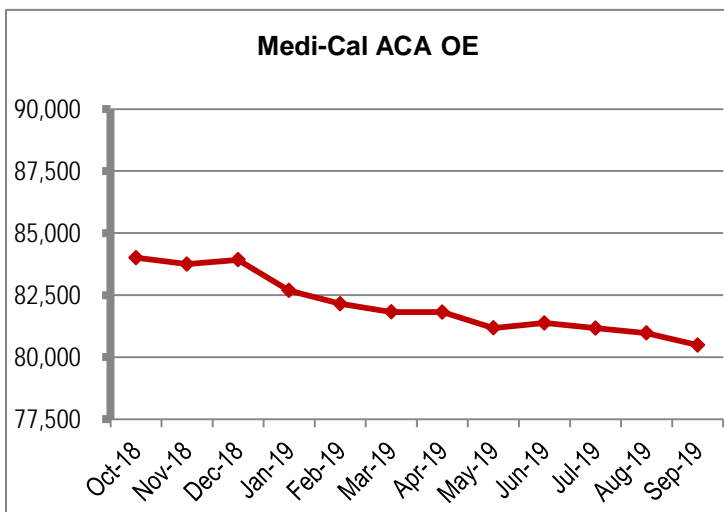
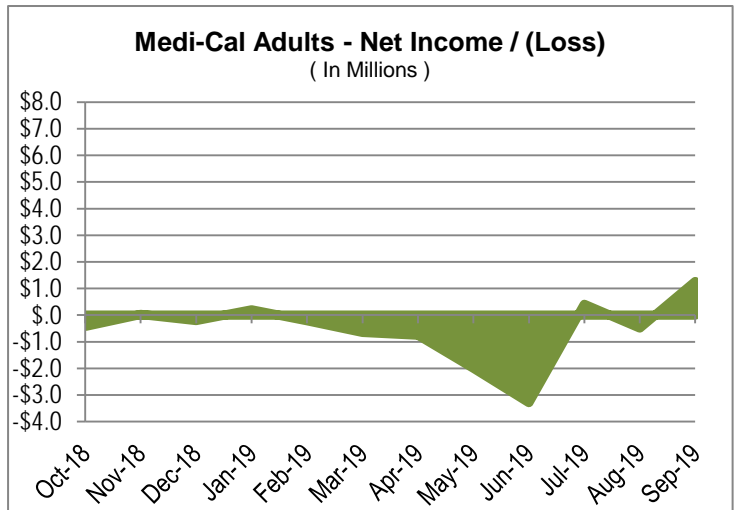
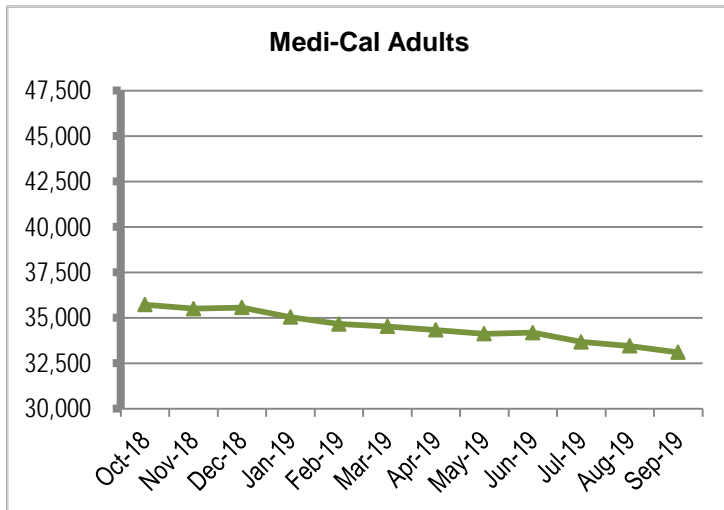
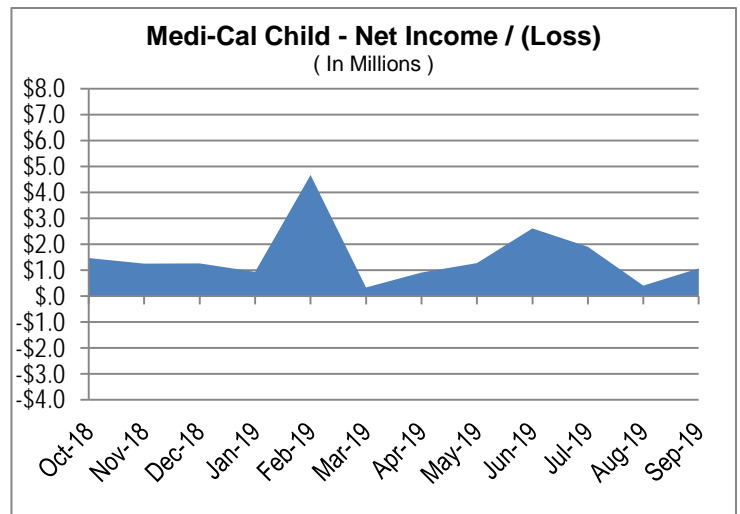
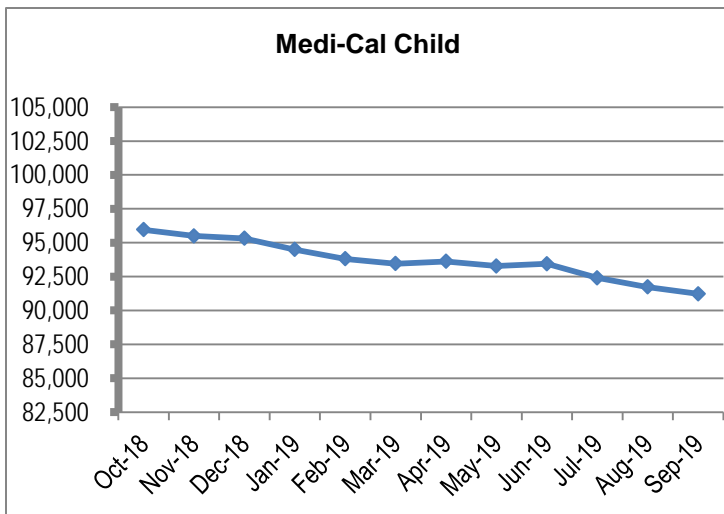
Net Income by Program:			
		Month	YTD
Medi-Cal	\$	3,627	\$ 5,882
Group Care		241	180
	\$	3,868	\$ 6,062

Enrollment

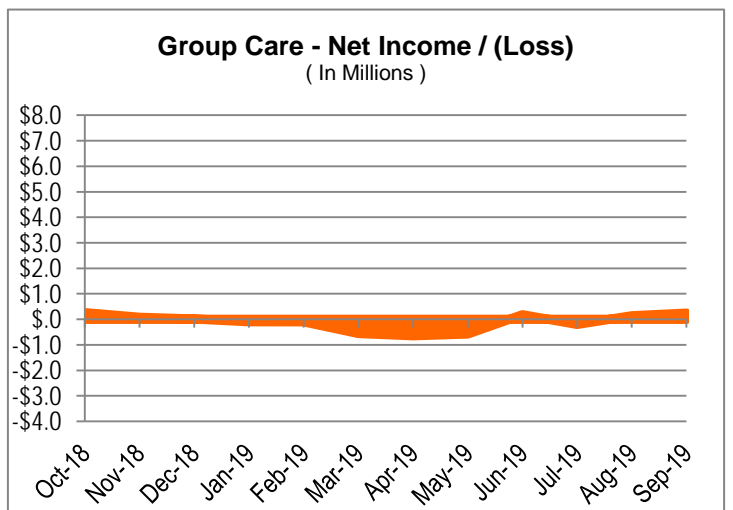
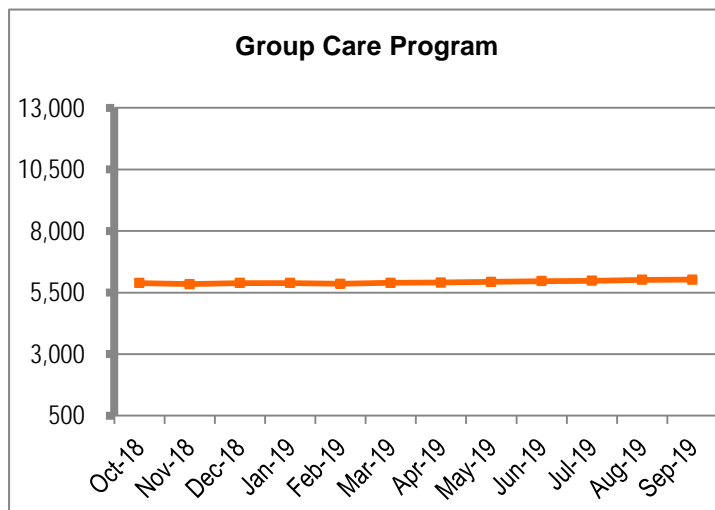
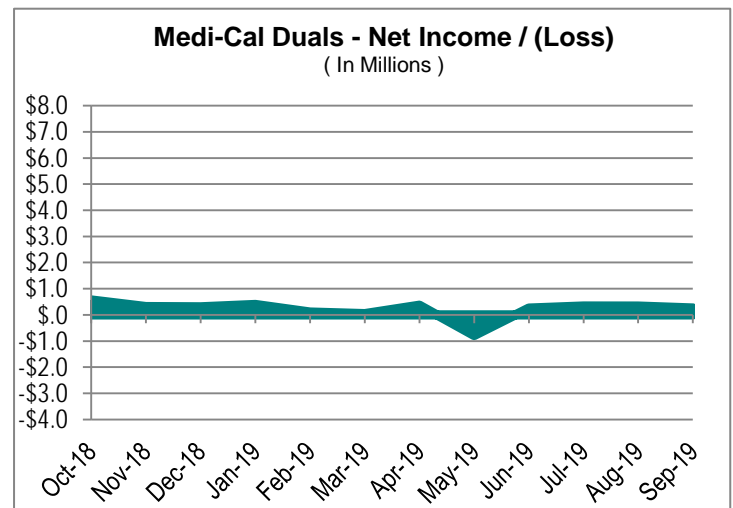
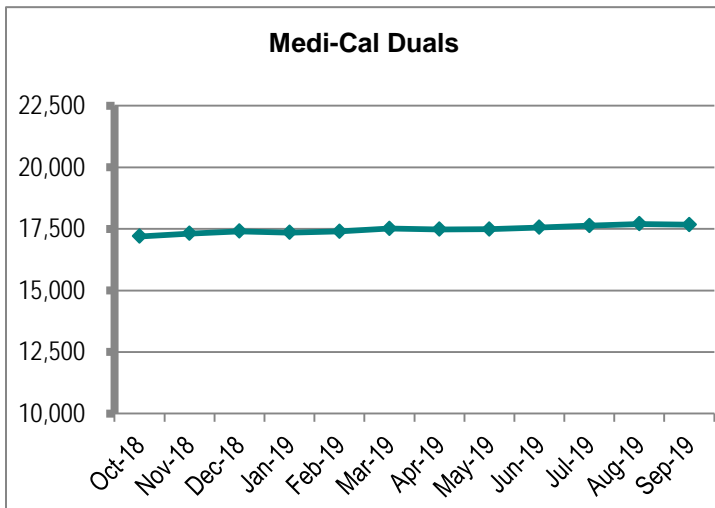
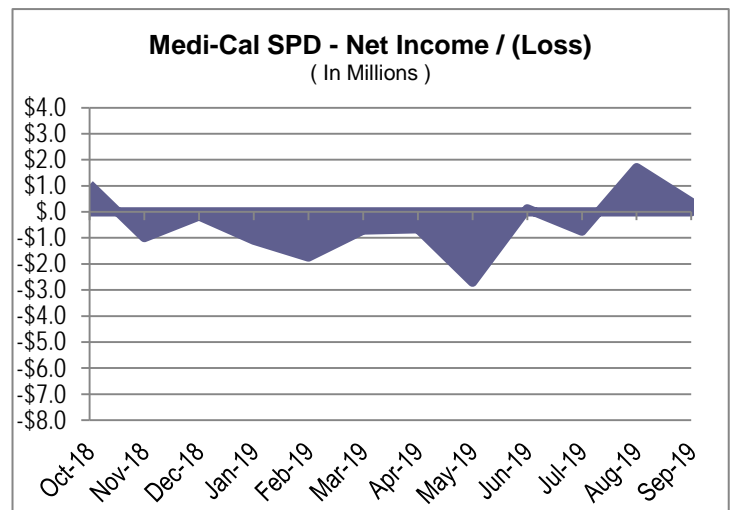
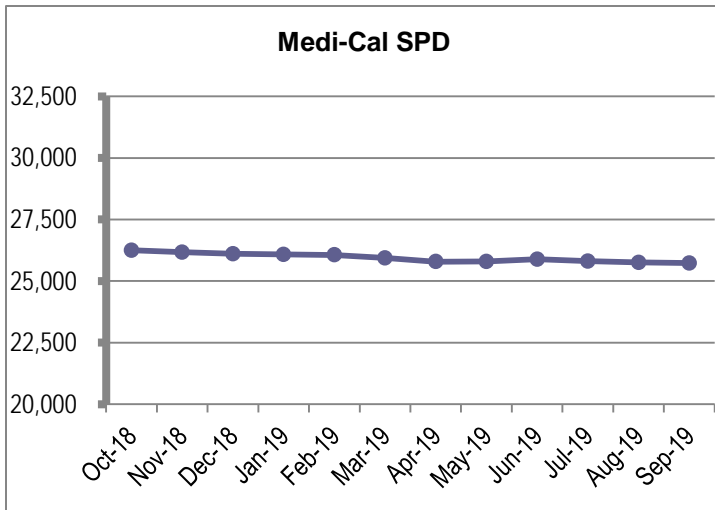
- Total enrollment decreased by 1,398 members since August 2019.
- Total enrollment decreased by 4,170 members since June 2019.

Monthly Membership and YTD Member Months								
Actual vs. Budget								
For the Month and Fiscal Year-to-Date								
Enrollment					Member Months			
September-2019					Year-to-Date			
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
33,092	33,502	(410)	-1.2%	Medi-Cal:	100,210	100,758	(548)	-0.5%
91,224	91,936	(712)	-0.8%	Adults	275,349	276,499	(1,150)	-0.4%
25,727	25,675	52	0.2%	Child	77,282	77,218	64	0.1%
17,666	17,539	127	0.7%	SPD	52,993	52,749	244	0.5%
80,483	80,820	(337)	-0.4%	Duals	242,620	242,986	(366)	-0.2%
248,192	249,472	(1,280)	-0.5%	ACA OE				
6,023	5,976	47	0.8%	Medi-Cal Total	748,454	750,210	(1,756)	-0.2%
254,215	255,448	(1,233)	-0.5%	Group Care	18,019	17,928	91	0.5%
				Total	766,473	768,138	(1,665)	-0.2%

Enrollment and Profitability by Program and Category of Aid

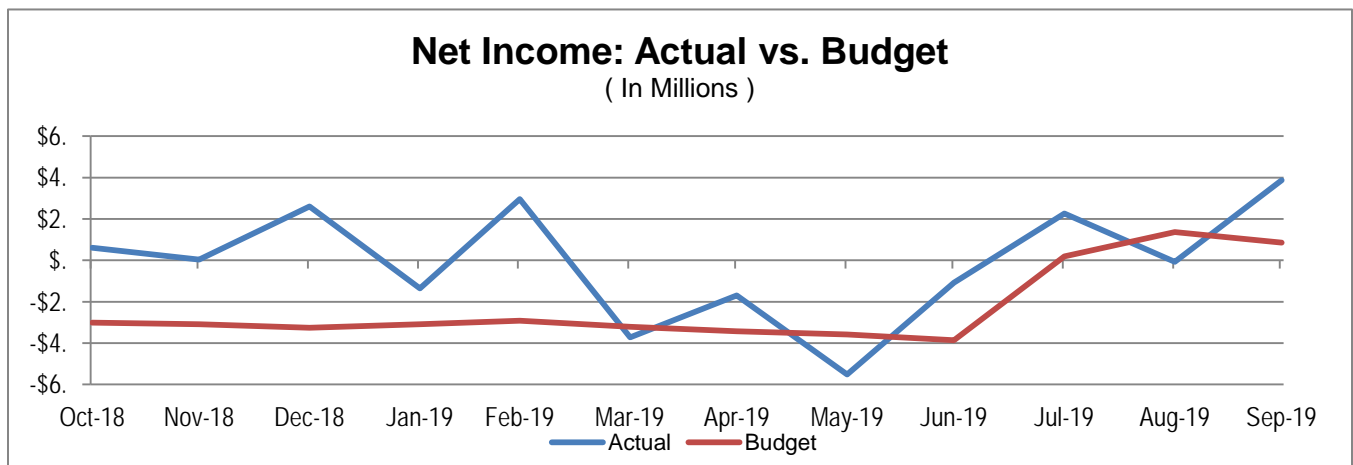


Enrollment and Profitability by Program and Category of Aid



Net Income

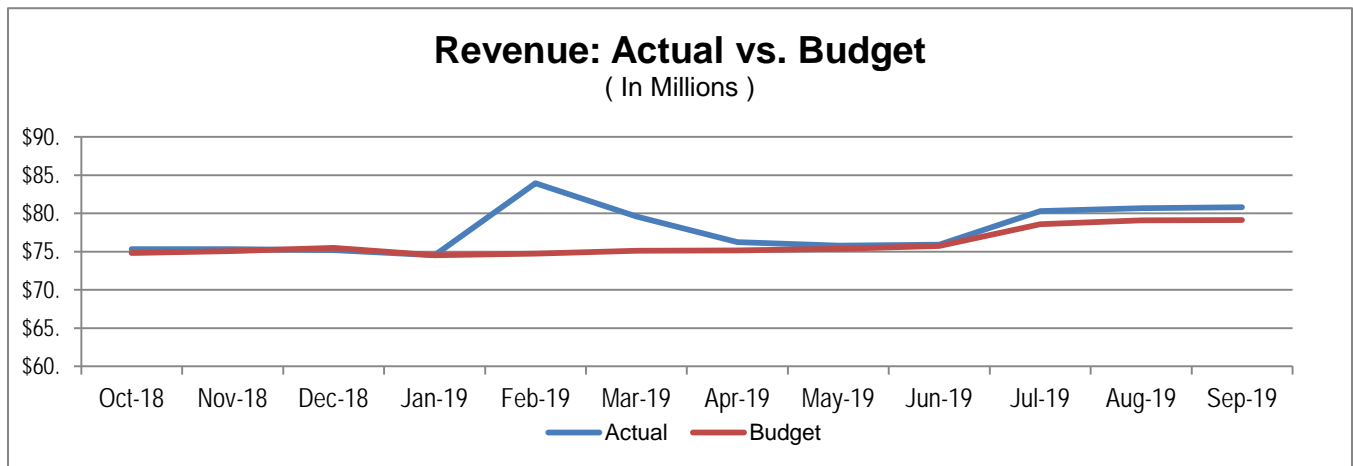
- For the month ended September 30, 2019:
 - Actual Net Income: \$3.9 million.
 - Budgeted Net Income: \$861,000.
- For the year-to-date (YTD) ended September 30, 2019:
 - Actual YTD Net Income: \$6.1 million.
 - Budgeted YTD Net Income: \$4.5 million.



- The favorable variance of \$3.0 million in the current month is largely due to:
 - Favorable \$1.7 million higher than anticipated Revenue.
 - Favorable \$210,000 higher than anticipated Other Income & Expense.
 - Favorable \$978,000 lower than anticipated Administrative Expense.
 - Favorable \$131,000 lower than anticipated Medical Expense.

Revenue

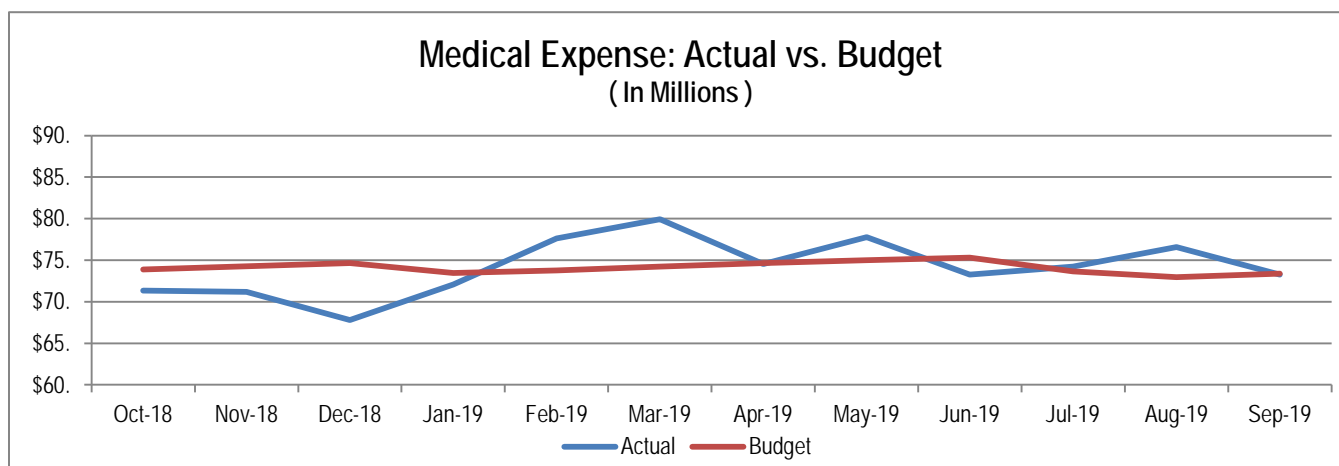
- For the month ended September 30, 2019:
 - Actual Revenue: \$80.8 million.
 - Budgeted Revenue: \$79.1 million.
- For the fiscal year-to-date ended September 30, 2019:
 - Actual YTD Revenue: \$241.8 million.
 - Budgeted YTD Revenue: \$238.5 million.



- For the month ended September 30, 2019, the favorable revenue variance of \$1.7 million is mainly due to:
 - Favorable \$823,000 in higher than expected Base Capitation revenue primarily due to larger number of retroactive payments in the SPD category of aid.
 - Favorable \$236,000 in higher than expected Behavioral Health Therapy Supplemental payments due to delayed submission by our globally sub-capitated delegate.
 - Favorable \$233,000 in higher than expected Other Revenue due to reconciliation of prior year Managed Care Organization (MCO) Tax.

Medical Expense

- For the month ended September 30, 2019:
 - Actual Medical Expense: \$73.3 million.
 - Budgeted Medical Expense: \$73.4 million.
- For the fiscal year-to-date ended September 30, 2019:
 - Actual YTD Medical Expense: \$224.1 million.
 - Budgeted YTD Medical Expense: \$220.6 million.



- Reported financial results include Medical expense, which contains estimates for Incurred-But-Not-Paid (IBNP) claims. Calculation of monthly IBNP is based on historical trends and claims payment. The Alliance's IBNP reserves are reviewed on a quarterly basis by the company's external actuaries at Optumas.
- For September, updates to Fee-For-Service (FFS) decreased the estimate for unpaid Medical Expenses for prior months by \$1.6 million. Year-to-date, the estimate for prior years increased by \$43,000 (per table below).

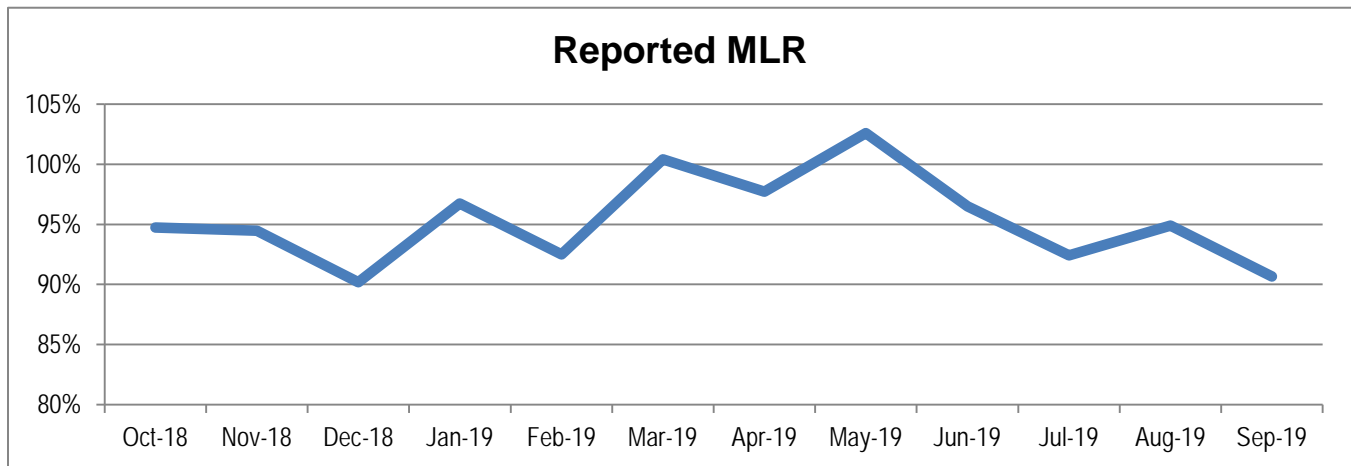
Medical Expense - Actual vs. Budget (In Dollars)						
Adjusted to Eliminate the Impact of Prior Period IBNP Estimates						
	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	<u>Excluding IBNP Change</u>	<u>Change in IBNP</u>	<u>Reported</u>		\$	%
Capitated Medical Expense	\$53,789,574	\$0	\$53,789,574	\$51,350,823	(\$2,438,751)	-4.7%
Primary Care FFS	8,844,341	199,404	9,043,745	9,078,841	\$234,500	2.6%
Specialty Care FFS	11,872,830	473,619	12,346,448	11,779,040	(\$93,790)	-0.8%
Outpatient FFS	21,805,100	(322,977)	21,482,123	20,982,524	(\$822,576)	-3.9%
Ancillary FFS	10,036,329	446,130	10,482,460	9,896,756	(\$139,573)	-1.4%
Pharmacy FFS	38,342,553	1,558,131	39,900,685	39,906,870	\$1,564,317	3.9%
ER Services FFS	9,510,830	311,519	9,822,348	9,645,528	\$134,698	1.4%
Inpatient Hospital & SNF FFS	64,115,306	(2,622,648)	61,492,658	62,404,871	(\$1,710,436)	-2.7%
Other Benefits & Services	4,720,819	0	4,720,818	4,762,760	\$41,941	0.9%
Net Reinsurance	719,216	0	719,216	508,341	(\$210,875)	-41.5%
Provider Incentive	253,522	0	253,522	251,121	(\$2,401)	-1.0%
	\$224,010,420	\$43,177	\$224,053,597	\$220,567,473	(\$3,442,947)	-1.6%

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)		
	<u>Excluding IBNP Change</u>	<u>Change in IBNP</u>	<u>Reported</u>		<u>\$</u>	<u>%</u>	
Capitated Medical Expense	\$70.18	\$0.00	\$70.18	\$66.85	(\$3.33)	-5.0%	
Primary Care FFS	11.54	0.26	11.80	11.82	0.28	2.4%	
Specialty Care FFS	15.49	0.62	16.11	15.33	(0.16)	-1.0%	
Outpatient FFS	28.45	(0.42)	28.03	27.32	(1.13)	-4.1%	
Ancillary FFS	13.09	0.58	13.68	12.88	(0.21)	-1.6%	
Pharmacy FFS	50.02	2.03	52.06	51.95	1.93	3.7%	
ER Services FFS	12.41	0.41	12.81	12.56	0.15	1.2%	
Inpatient Hospital & SNF FFS	83.65	(3.42)	80.23	81.24	(2.41)	-3.0%	
Other Benefits & Services	6.16	0.00	6.16	6.20	0.04	0.7%	
Net Reinsurance	0.94	0.00	0.94	0.66	(0.28)	-41.8%	
Provider Incentive	0.33	0.00	0.33	0.33	(0.00)	-1.2%	
	\$292.26	\$0.06	\$292.32	\$287.15	(\$5.12)	-1.8%	

- 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 1.8%.
 - Capitated Expense is over budget due to delayed contract changes.
 - Inpatient Expense was unfavorable to budget driven by unfavorable utilization of 7%, partially offset by favorable unit cost of 4%. The ACA OE Category of Aid was the driver of the overage, offset by favorable variances for SPDs, Adults, Group Care and Duals.
 - Outpatient Expense is over budget, primarily driven by:
 - Behavioral Health: unfavorable increase in utilization of 11% and unfavorable increase in unit cost of 10%.
 - Lab / Radiology: unfavorable increase in utilization of 24%, partially offset by lower than planned unit cost of 7%.
 - Facility-Other: 5% over budget: unfavorable increase in utilization partially offset by favorable unit cost.
 - Pharmacy spending is favorable compared to budget, primarily due to decreased unit cost of specialty drugs.
 - Emergency Room utilization is higher than expected for Adults and Children, mainly offset by favorable unit cost.
 - Net Reinsurance is over budget, due to timing and fewer than expected recoveries.

Medical Loss Ratio (MLR)

- The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 90.7% for the month and 92.7% for the fiscal year-to-date.



Administrative Expense

- For the month ended September 30, 2019:
 - Actual Administrative Expense: \$4.2 million.
 - Budgeted Administrative Expense: \$5.2 million.
- For the fiscal year-to-date ended September 30, 2019:
 - Actual YTD Administrative Expense: \$13.0 million.
 - Budgeted YTD Administrative Expense: \$14.5 million.

Summary of Administrative Expense (In Dollars)							
For the Month and Fiscal Year-to-Date							
Month					Year-to-Date		
Actual	Budget	Variance \$	Variance %		Actual	Budget	Variance \$
\$2,329,870	\$2,431,867	\$101,998	4.2%	Employee Expense	\$6,892,684	\$6,925,234	\$32,550
532,991	574,707	41,717	7.3%	Medical Benefits Admin Expense	1,782,902	1,733,703	(49,200)
506,725	997,098	490,373	49.2%	Purchased & Professional Services	1,689,864	2,463,545	773,680
855,021	1,199,185	344,164	28.7%	Other Admin Expense	2,591,602	3,414,636	823,034
\$4,224,606	\$5,202,857	\$978,251	18.8%	Total Administrative Expense	\$12,957,052	\$14,537,117	\$1,580,065

- 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 5.2% of net revenue for the month and 5.4% of net revenue for the year-to-date.

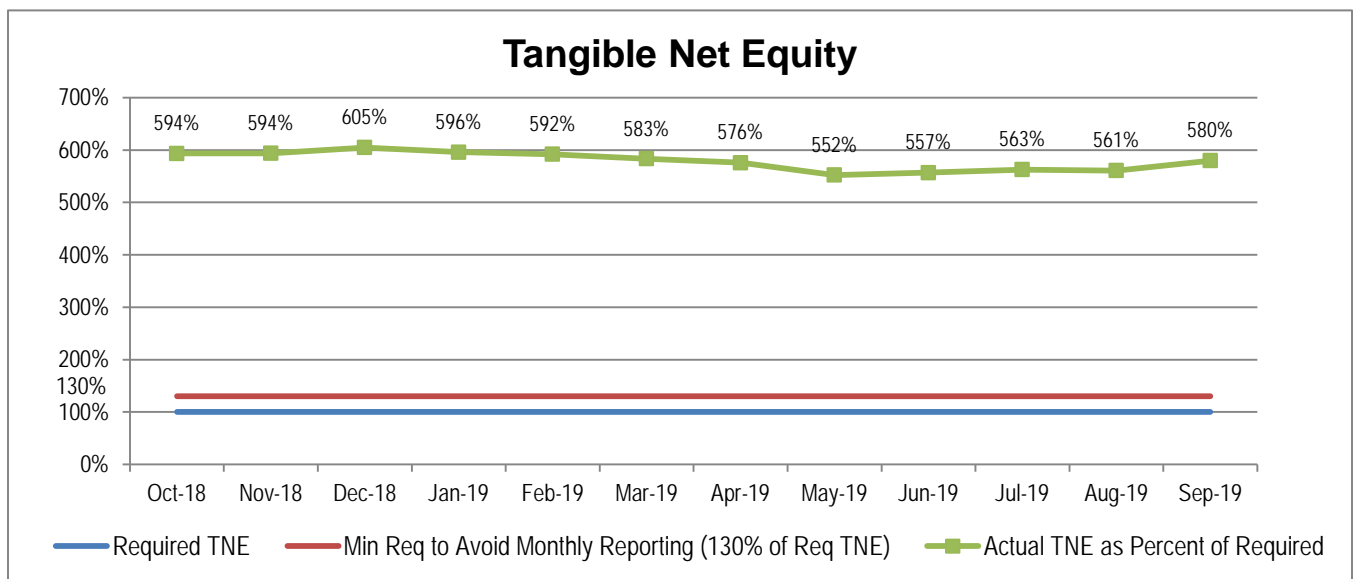
Other Income / (Expense)

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

- Fiscal year-to-date interest income from investments is \$1.7 million.
- Fiscal year-to-date claims interest expense, due to delayed payment of certain claims or recalculated interest on previously paid claims is \$92,000.

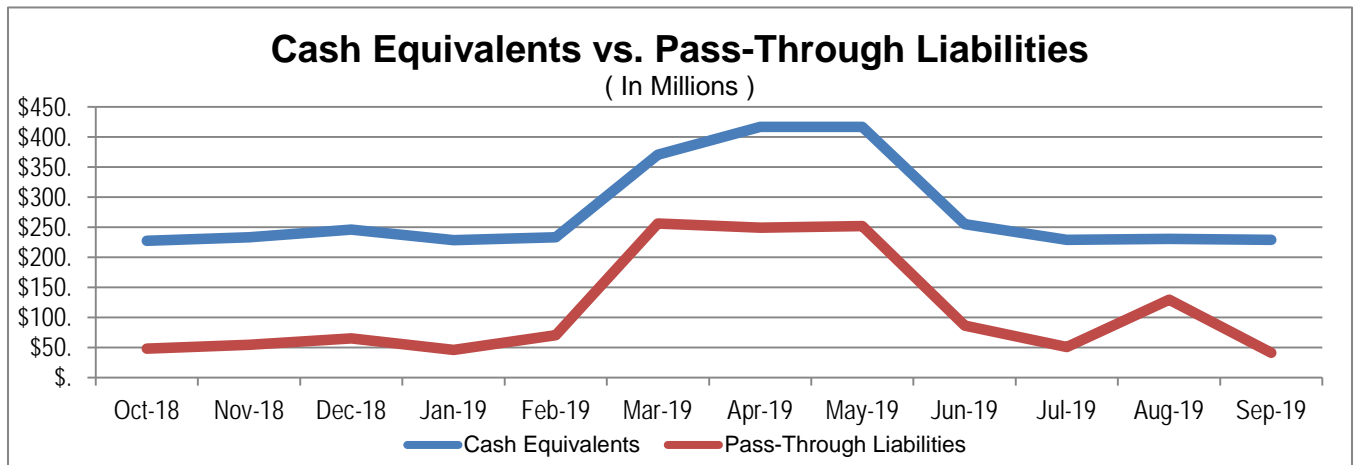
Tangible Net Equity (TNE)

- 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 \$32.2 million
 - Actual TNE \$186.8 million
 - Surplus TNE \$154.6 million
 - TNE as % of Required TNE 580%



- 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.
- Key Metrics
 - Cash & Cash Equivalents \$228.6 million
 - Pass-Through Liabilities \$41.0 million
 - Uncommitted Cash \$187.6 million
 - Working Capital \$175.9 million
 - Current Ratio 2.09 (regulatory minimum is 1.0)



Capital Investment

- Fiscal year-to-date Capital assets acquired: \$318,000.
- 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 September 30, 2019

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
248,192	249,472	(1,280)	(0.5%)	MEMBERSHIP	748,454	750,210	(1,756)	(0.2%)
6,023	5,976	47	0.8%	1 - Medi-Cal	18,019	17,928	91	0.5%
254,215	255,448	(1,233)	(0.5%)	2 - Group Care	766,473	768,138	(1,665)	(0.2%)
				3 - Total Member Months				
				REVENUE				
\$80,810,161	\$79,121,812	\$1,688,349	2.1%	4 - TOTAL REVENUE	\$241,820,681	\$238,547,797	\$3,272,884	1.4%
				MEDICAL EXPENSES				
				Capitated Medical Expenses:				
18,418,511	17,198,187	(1,220,324)	(7.1%)	5 - Capitated Medical Expense	53,789,571	51,350,817	(2,438,754)	(4.7%)
				Fee for Service Medical Expenses:				
20,006,983	20,854,634	847,651	4.1%	6 - Inpatient Hospital & SNF FFS Expense	61,492,653	62,404,871	912,218	1.5%
3,030,373	2,983,214	(47,159)	(1.6%)	7 - Primary Care Physician FFS Expense	9,043,743	9,078,845	35,102	0.4%
3,676,838	3,764,450	87,612	2.3%	8 - Specialty Care Physician FFS Expense	12,346,444	11,779,036	(567,408)	(4.8%)
3,267,932	3,073,270	(194,662)	(6.3%)	9 - Ancillary Medical Expense	10,482,455	9,896,760	(585,695)	(5.9%)
7,004,544	7,141,200	136,656	1.9%	10 - Outpatient Medical Expense	21,482,120	20,982,521	(499,599)	(2.4%)
2,915,492	3,273,861	358,369	10.9%	11 - Emergency Expense	9,822,348	9,645,530	(176,818)	(1.8%)
12,957,486	13,003,079	45,593	0.4%	12 - Pharmacy Expense	39,900,684	39,906,875	6,191	0.0%
52,859,648	54,093,708	1,234,060	2.3%	13 - Total Fee for Service Expense	164,570,448	163,694,438	(876,010)	(0.5%)
1,799,491	1,952,974	153,483	7.9%	14 - Other Benefits & Services	4,720,818	4,762,760	41,941	0.9%
94,456	59,379	(35,077)	(59.1%)	15 - Reinsurance Expense	719,215	508,344	(210,871)	(41.5%)
84,310	83,209	(1,101)	(1.3%)	16 - Risk Pool Distribution	253,523	251,122	(2,401)	(1.0%)
73,256,415	73,387,457	131,042	0.2%	17 - TOTAL MEDICAL EXPENSES	224,053,575	220,567,481	(3,486,094)	(1.6%)
7,553,746	5,734,355	1,819,391	31.7%	18 - GROSS MARGIN	17,767,107	17,980,316	(213,210)	(1.2%)
				ADMINISTRATIVE EXPENSES				
2,329,870	2,431,867	101,998	4.2%	19 - Personnel Expense	6,892,684	6,925,234	32,550	0.5%
532,991	574,707	41,717	7.3%	20 - Benefits Administration Expense	1,782,902	1,733,703	(49,200)	(2.8%)
506,725	997,098	490,373	49.2%	21 - Purchased & Professional Services	1,689,864	2,463,545	773,680	31.4%
855,021	1,199,185	344,164	28.7%	22 - Other Administrative Expense	2,591,602	3,414,636	823,034	24.1%
4,224,606	5,202,857	978,251	18.8%	23 -Total Administrative Expense	12,957,052	14,537,117	1,580,065	10.9%
3,329,140	531,498	2,797,642	526.4%	24 - NET OPERATING INCOME / (LOSS)	4,810,054	3,443,199	1,366,855	39.7%
				OTHER INCOME / EXPENSE				
539,258	329,166	210,092	63.8%	25 - Total Other Income / (Expense)	1,252,201	1,050,596	201,605	19.2%
\$3,868,398	\$860,664	\$3,007,735	349.5%	26 - NET INCOME / (LOSS)	\$6,062,255	\$4,493,795	\$1,568,460	34.9%
5.2%	6.6%	1.3%	20.5%	27 - Admin Exp % of Revenue	5.4%	6.1%	0.7%	12.1%

**ALAMEDA ALLIANCE FOR HEALTH
SUMMARY BALANCE SHEET 2020
CURRENT MONTH VS. PRIOR MONTH
September 30, 2019**

	<u>September</u>	<u>August</u>	<u>Difference</u>	<u>% Difference</u>
CURRENT ASSETS:				
Cash & Equivalents				
Cash	\$15,530,724	\$12,929,137	\$2,601,587	20.12%
Short-Term Investments	213,107,216	217,553,009	(4,445,793)	-2.04%
Interest Receivable	42,041	77,693	(35,652)	-45.89%
Other Receivables - Net	99,898,042	180,408,401	(80,510,359)	-44.63%
Prepaid Expenses	4,629,491	4,900,462	(270,971)	-5.53%
Prepaid Inventoried Items	2,730	3,510	(780)	-22.23%
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	337,818,115	420,480,082	(82,661,967)	-19.66%
OTHER ASSETS:				
Restricted Assets	348,873	346,927	1,946	0.56%
TOTAL OTHER ASSETS	348,873	346,927	1,946	0.56%
PROPERTY AND EQUIPMENT:				
Land, Building & Improvements	9,536,165	9,536,165	0	0.00%
Furniture And Equipment	13,799,386	13,789,734	9,653	0.07%
Leasehold Improvement	921,350	921,350	0	0.00%
Internally-Developed Software	16,824,002	16,824,002	0	0.00%
Fixed Assets at Cost	41,080,903	41,071,250	9,653	0.02%
Less: Accumulated Depreciation	(30,547,573)	(30,368,377)	(179,196)	0.59%
NET PROPERTY AND EQUIPMENT	10,533,330	10,702,873	(169,544)	-1.58%
TOTAL ASSETS	\$348,700,318	\$431,529,883	(\$82,829,565)	-19.19%
CURRENT LIABILITIES:				
Accounts Payable	\$2,086,084	\$7,780,840	(\$5,694,756)	-73.19%
Pass-Through Liabilities	41,047,917	129,237,603	(88,189,686)	-68.24%
Claims Payable	17,612,947	11,017,604	6,595,343	59.86%
IBNP Reserves	92,699,037	89,164,052	3,534,985	3.96%
Payroll Liabilities	2,784,703	2,937,905	(153,202)	-5.21%
CalPERS Deferred Inflow	2,529,197	2,529,197	0	0.00%
Risk Sharing	2,263,100	4,967,832	(2,704,732)	-54.44%
Provider Grants/ New Health Program	867,823	953,738	(85,915)	-9.01%
TOTAL CURRENT LIABILITIES	161,890,807	248,588,771	(86,697,963)	-34.88%
TOTAL LIABILITIES	161,890,807	248,588,771	(86,697,963)	-34.88%
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)	6,062,255	2,193,857	3,868,398	176.33%
TOTAL NET WORTH	186,809,510	182,941,112	3,868,398	2.11%
TOTAL LIABILITIES AND NET WORTH	\$348,700,318	\$431,529,883	(\$82,829,565)	-19.19%

CONFIDENTIAL
For Management and Internal Purposes Only.

BALSHEET 20

10/21/19
REPORT #3

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

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

	Month					Year-To-Date				
	As Reported	Adjustments	Normalized	Budget	Normalized vs. Budget	As Reported	Adjustments	Normalized	Budget	Normalized vs. Budget
Members	0		0	255,448	(255,448)	512,258		512,258	768,138	(255,880)
Profit & Loss										
Revenue	\$0	\$0	\$0	\$79,122	(\$79,122)	\$161,011	(\$562)	\$160,448	\$238,548	(\$78,100)
Medical Expense	0	0	0	73,387	73,387	150,797	202	150,595	220,567	69,972
Gross Margin	0	0	0	5,734	(5,734)	10,213	(361)	9,853	17,980	(8,128)
Administrative Expense	0	0	0	5,203	5,203	8,732	0	8,732	14,537	5,805
Operating Income / (Loss)	0	0	0	532	(532)	1,481	(361)	1,120	3,443	(2,323)
Other Income / (Expense)	0	0	0	329	(329)	713	0	713	1,051	(338)
Net Income / (Loss)	\$0	\$0	\$0	\$861	(\$861)	\$2,194	(\$361)	\$1,833	\$4,494	(\$2,661)
PMPM										
Revenue	#DIV/0!		#DIV/0!	\$309.74	#DIV/0!	\$314.32		\$313.22	\$310.55	\$2.66
Medical	#DIV/0!		#DIV/0!	\$287.29	#DIV/0!	\$294.38		\$293.98	\$287.15	(\$6.84)
Gross Margin	#DIV/0!		#DIV/0!	\$22.45	#DIV/0!	\$19.94		\$19.23	\$23.41	(\$4.17)
Ratios										
Medical Loss Ratio	#DIV/0!		#DIV/0!	92.8%	#DIV/0!	93.7%		93.9%	92.5%	-1.4%
Administrative Expense %	#DIV/0!		#DIV/0!	6.6%	#DIV/0!	5.4%		5.4%	6.1%	0.7%
Net Income / (Loss) %	#DIV/0!		#DIV/0!	1.1%	#DIV/0!	1.4%		1.1%	1.9%	-0.7%

Notes:

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

**ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT**

FOR THE MONTH AND FISCAL YTD ENDED 9/30/2019

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	\$2,076,244	\$6,168,966	\$12,262,233	\$6,168,966
Total	2,076,244	6,168,966	12,262,233	6,168,966
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	77,911,676	234,673,533	455,981,277	234,673,533
Allowance for Doubtful Accounts	0	0	0	0
Deferred Premium Revenue	0	0	0	0
Premium Receivable	81,253,423	87,323,148	72,897,624	87,323,148
Total	159,165,099	321,996,681	528,878,901	321,996,681
Investment & Other Income Cash Flows				
Other Revenue (Grants)	883,950	660,211	1,783,078	660,211
Interest Income	513,240	1,661,836	4,380,578	1,661,836
Interest Receivable	35,652	81,764	141,551	81,764
Total	1,432,842	2,403,811	6,305,207	2,403,811
Medical & Hospital Cash Flows				
Total Medical Expenses	(73,256,415)	(224,053,575)	(449,356,370)	(224,053,575)
Other Receivable	(743,064)	2,066,407	1,265,420	2,066,407
Claims Payable	6,595,343	8,312,640	5,193,226	8,312,640
IBNP Payable	3,534,985	6,536,311	(1,723,223)	6,536,311
Risk Share Payable	(2,704,732)	(2,535,519)	(2,335,520)	(2,535,519)
Health Program	(85,915)	(233,020)	(425,905)	(233,020)
Other Liabilities	0	(1)	(1)	(1)
Total	(66,659,798)	(209,906,757)	(447,382,373)	(209,906,757)
Administrative Cash Flows				
Total Administrative Expenses	(4,260,296)	(13,048,717)	(26,650,767)	(13,048,717)
Prepaid Expenses	271,751	(391,648)	(809,305)	(391,648)
CalPERS Pension Asset	0	0	(737,816)	0
CalPERS Deferred Outflow	0	0	847,098	0
Trade Accounts Payable	(5,694,756)	(5,514,444)	311,324	(5,514,444)
Other Accrued Liabilities	0	0	0	0
Payroll Liabilities	(153,202)	(88,369)	(430,075)	(88,369)
Depreciation Expense	179,196	527,853	1,030,662	527,853
Total	(9,657,307)	(18,515,325)	(26,438,879)	(18,515,325)
Interest Paid				
Debt Interest Expense	0	0	0	0
Total Cash Flows from Operating Activities	86,357,080	102,147,376	73,625,089	102,147,376

**ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT**

FOR THE MONTH AND FISCAL YTD ENDED 9/30/2019

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM INVESTING ACTIVITIES				CASH I
Restricted Cash & Other Asset Cash Flows				
Provider Pass-Thru-Liabilities	(88,189,686)	(128,031,812)	(214,919,431)	(128,031,812)
Restricted Cash	(1,946)	(1,946)	(4,473)	(1,946)
	(88,191,632)	(128,033,758)	(214,923,904)	(128,033,758)
Fixed Asset Cash Flows				
Depreciation expense	179,196	527,853	1,030,662	527,853
Fixed Asset Acquisitions	(9,653)	(317,974)	(588,038)	(317,974)
Change in A/D	(179,196)	(527,853)	(1,030,662)	(527,853)
	(9,653)	(317,974)	(588,038)	(317,974)
Total Cash Flows from Investing Activities	(88,201,285)	(128,351,732)	(215,511,942)	(128,351,732)
Financing Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Total Cash Flows	(1,844,205)	(26,204,356)	(141,886,853)	(26,204,356)
Rounding	(1)	2	1	2
Cash @ Beginning of Period	230,482,146	254,842,294	370,524,792	254,842,294
Cash @ End of Period	\$228,637,940	\$228,637,940	\$228,637,940	\$228,637,940
Difference (rounding)	0	0	0	0

**ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT**

FOR THE MONTH AND FISCAL YTD ENDED 9/30/2019

	MONTH	3 MONTHS	6 MONTHS	YTD
NET INCOME RECONCILIATION				
Net Income / (Loss)	\$3,868,398	\$6,062,256	(\$1,599,970)	\$6,062,256
Add back: Depreciation	179,196	527,853	1,030,662	527,853
Receivables				
Premiums Receivable	81,253,423	87,323,148	72,897,624	87,323,148
First Care Receivable	0	0	0	0
Family Care Receivable	0	0	0	0
Healthy Kids Receivable	0	0	0	0
Interest Receivable	35,652	81,764	141,551	81,764
Other Receivable	(743,064)	2,066,407	1,265,420	2,066,407
FQHC Receivable	0	0	0	0
Allowance for Doubtful Accounts	0	0	0	0
Total	80,546,011	89,471,319	74,304,595	89,471,319
Prepaid Expenses	271,751	(391,648)	(700,023)	(391,648)
Trade Payables	(5,694,756)	(5,514,444)	311,324	(5,514,444)
Claims Payable, IBNR & Risk Share				
IBNP	3,534,985	6,536,311	(1,723,223)	6,536,311
Claims Payable	6,595,343	8,312,640	5,193,226	8,312,640
Risk Share Payable	(2,704,732)	(2,535,519)	(2,335,520)	(2,535,519)
Other Liabilities	0	(1)	(1)	(1)
Total	7,425,596	12,313,431	1,134,482	12,313,431
Unearned Revenue				
Total	0	0	0	0
Other Liabilities				
Accrued Expenses	0	0	0	0
Payroll Liabilities	(153,202)	(88,369)	(430,075)	(88,369)
Health Program	(85,915)	(233,020)	(425,905)	(233,020)
Accrued Sub Debt Interest	0	0	0	0
Total Change in Other Liabilities	(239,117)	(321,389)	(855,980)	(321,389)
Cash Flows from Operating Activities	\$86,357,079	\$102,147,378	\$73,625,090	\$102,147,378
Difference (rounding)	(1)	2	1	2

**ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT**

FOR THE MONTH AND FISCAL YTD ENDED 9/30/2019

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received From:				
Capitation Received from State of CA	\$159,165,099	\$321,996,681	\$528,878,901	\$321,996,681
Commercial Premium Revenue	2,076,244	6,168,966	12,262,233	6,168,966
Other Income	883,950	660,211	1,783,078	660,211
Investment Income	548,892	1,743,600	4,522,129	1,743,600
Cash Paid To:				
Medical Expenses	(66,659,798)	(209,906,757)	(447,382,373)	(209,906,757)
Vendor & Employee Expenses	(9,657,307)	(18,515,325)	(26,438,879)	(18,515,325)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	86,357,080	102,147,376	73,625,089	102,147,376
Cash Flows from Financing Activities:				
Purchases of Fixed Assets	(9,653)	(317,974)	(588,038)	(317,974)
Net Cash Provided By (Used In) Financing Activities	(9,653)	(317,974)	(588,038)	(317,974)
Cash Flows from Investing Activities:				
Changes in Investments	0	0	0	0
Restricted Cash	(88,191,632)	(128,033,758)	(214,923,904)	(128,033,758)
Net Cash Provided By (Used In) Investing Activities	(88,191,632)	(128,033,758)	(214,923,904)	(128,033,758)
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Net Change in Cash	(1,844,205)	(26,204,356)	(141,886,853)	(26,204,356)
Cash @ Beginning of Period	230,482,146	254,842,294	370,524,792	254,842,294
Subtotal	\$228,637,941	\$228,637,938	\$228,637,939	\$228,637,938
Rounding	(1)	2	1	2
Cash @ End of Period	\$228,637,940	\$228,637,940	\$228,637,940	\$228,637,940
RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:				
Net Income / (Loss)	\$3,868,398	\$6,062,256	(\$1,599,970)	\$6,062,256
Depreciation	179,196	527,853	1,030,662	527,853
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	80,546,011	89,471,319	74,304,595	89,471,319
Prepaid Expenses	271,751	(391,648)	(700,023)	(391,648)
Trade Payables	(5,694,756)	(5,514,444)	311,324	(5,514,444)
Claims payable & IBNP	7,425,596	12,313,431	1,134,482	12,313,431
Deferred Revenue	0	0	0	0
Accrued Interest	0	0	0	0
Other Liabilities	(239,117)	(321,389)	(855,980)	(321,389)
Subtotal	86,357,079	102,147,378	73,625,090	102,147,378
Rounding	1	(2)	(1)	(2)
Cash Flows from Operating Activities	\$86,357,080	\$102,147,376	\$73,625,089	\$102,147,376
Rounding Difference	1	(2)	(1)	(2)

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

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

	Child	Adults	Medi-Cal SPD	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Enrollment	91,224	33,092	25,727	80,483	17,666	248,192	6,023	254,215
Net Revenue	\$10,550,314	\$10,376,116	\$25,277,457	\$29,526,648	\$3,003,382	\$78,733,917	\$2,076,244	\$80,810,161
Medical Expense	\$9,187,191	\$8,636,611	\$23,607,109	\$27,493,778	\$2,613,323	\$71,538,013	\$1,718,403	\$73,256,415
Gross Margin	\$1,363,123	\$1,739,505	\$1,670,348	\$2,032,870	\$390,059	\$7,195,904	\$357,841	\$7,553,746
Administrative Expense	\$332,577	\$546,200	\$1,493,610	\$1,579,936	\$142,007	\$4,094,330	\$130,276	\$4,224,606
Operating Income / (Expense)	\$1,030,546	\$1,193,305	\$176,738	\$452,934	\$248,051	\$3,101,575	\$227,565	\$3,329,140
Other Income / (Expense)	\$41,897	\$68,386	\$192,847	\$207,072	\$15,256	\$525,458	\$13,800	\$539,258
Net Income / (Loss)	\$1,072,443	\$1,261,692	\$369,585	\$660,006	\$263,307	\$3,627,033	\$241,365	\$3,868,398
Revenue PMPM	\$115.65	\$313.55	\$982.53	\$366.87	\$170.01	\$317.23	\$344.72	\$317.88
Medical Expense PMPM	\$100.71	\$260.99	\$917.60	\$341.61	\$147.93	\$288.24	\$285.31	\$288.17
Gross Margin PMPM	\$14.94	\$52.57	\$64.93	\$25.26	\$22.08	\$28.99	\$59.41	\$29.71
Administrative Expense PMPM	\$3.65	\$16.51	\$58.06	\$19.63	\$8.04	\$16.50	\$21.63	\$16.62
Operating Income / (Expense) PMPM	\$11.30	\$36.06	\$6.87	\$5.63	\$14.04	\$12.50	\$37.78	\$13.10
Other Income / (Expense) PMPM	\$0.46	\$2.07	\$7.50	\$2.57	\$0.86	\$2.12	\$2.29	\$2.12
Net Income / (Loss) PMPM	\$11.76	\$38.13	\$14.37	\$8.20	\$14.90	\$14.61	\$40.07	\$15.22
Medical Loss Ratio	87.1%	83.2%	93.4%	93.1%	87.0%	90.9%	82.8%	90.7%
Gross Margin Ratio	12.9%	16.8%	6.6%	6.9%	13.0%	9.1%	17.2%	9.3%
Administrative Expense Ratio	3.2%	5.3%	5.9%	5.4%	4.7%	5.2%	6.3%	5.2%
Net Income Ratio	10.2%	12.2%	1.5%	2.2%	8.8%	4.6%	11.6%	4.8%

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

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

	Child	Adults	Medi-Cal SPD	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Member Months	275,349	100,210	77,282	242,620	52,993	748,454	18,019	766,473
Net Revenue	\$31,722,325	\$31,611,446	\$75,944,925	\$87,524,666	\$8,848,353	\$235,651,715	\$6,168,966	\$241,820,681
Medical Expense	\$27,268,760	\$28,887,043	\$70,624,313	\$84,134,702	\$7,506,711	\$218,421,528	\$5,632,046	\$224,053,575
Gross Margin	\$4,453,565	\$2,724,403	\$5,320,612	\$3,389,964	\$1,341,642	\$17,230,187	\$536,920	\$17,767,107
Administrative Expense	\$1,163,076	\$1,704,964	\$4,439,473	\$4,819,367	\$440,359	\$12,567,239	\$389,813	\$12,957,052
Operating Income / (Expense)	\$3,290,489	\$1,019,439	\$881,140	(\$1,429,403)	\$901,283	\$4,662,948	\$147,107	\$4,810,054
Other Income / (Expense)	\$98,158	\$163,727	\$447,349	\$471,387	\$38,488	\$1,219,110	\$33,091	\$1,252,201
Net Income / (Loss)	\$3,388,648	\$1,183,166	\$1,328,488	(\$958,016)	\$939,771	\$5,882,057	\$180,198	\$6,062,255
Revenue PMPM	\$115.21	\$315.45	\$982.70	\$360.75	\$166.97	\$314.85	\$342.36	\$315.50
Medical Expense PMPM	\$99.03	\$288.27	\$913.85	\$346.78	\$141.65	\$291.83	\$312.56	\$292.32
Gross Margin PMPM	\$16.17	\$27.19	\$68.85	\$13.97	\$25.32	\$23.02	\$29.80	\$23.18
Administrative Expense PMPM	\$4.22	\$17.01	\$57.45	\$19.86	\$8.31	\$16.79	\$21.63	\$16.90
Operating Income / (Expense) PMPM	\$11.95	\$10.17	\$11.40	(\$5.89)	\$17.01	\$6.23	\$8.16	\$6.28
Other Income / (Expense) PMPM	\$0.36	\$1.63	\$5.79	\$1.94	\$0.73	\$1.63	\$1.84	\$1.63
Net Income / (Loss) PMPM	\$12.31	\$11.81	\$17.19	(\$3.95)	\$17.73	\$7.86	\$10.00	\$7.91
Medical Loss Ratio	86.0%	91.4%	93.0%	96.1%	84.8%	92.7%	91.3%	92.7%
Gross Margin Ratio	14.0%	8.6%	7.0%	3.9%	15.2%	7.3%	8.7%	7.3%
Administrative Expense Ratio	3.7%	5.4%	5.8%	5.5%	5.0%	5.3%	6.3%	5.4%
Net Income Ratio	10.7%	3.7%	1.7%	-1.1%	10.6%	2.5%	2.9%	2.5%

**ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED September 30, 2019**

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
ADMINISTRATIVE EXPENSE SUMMARY								
\$2,329,870	\$2,431,867	\$101,998	4.2%	Personnel Expenses	\$6,892,684	\$6,925,234	\$32,550	0.5%
532,991	574,707	41,717	7.3%	Benefits Administration Expense	1,782,902	1,733,703	(49,200)	(2.8%)
506,725	997,098	490,373	49.2%	Purchased & Professional Services	1,689,864	2,463,545	773,680	31.4%
360,745	385,253	24,508	6.4%	Occupancy	1,056,405	1,112,989	56,584	5.1%
62,464	229,250	166,786	72.8%	Printing Postage & Promotion	244,398	611,751	367,352	60.0%
417,179	540,684	123,505	22.8%	Licenses Insurance & Fees	1,241,850	1,599,367	357,517	22.4%
14,632	43,998	29,366	66.7%	Supplies & Other Expenses	48,949	90,530	41,582	45.9%
1,894,736	2,770,990	876,254	31.6%	Total Other Administrative Expense	6,064,368	7,611,883	1,547,515	20.3%
\$4,224,606	\$5,202,857	\$978,251	18.8%	Total Administrative Expenses	\$12,957,052	\$14,537,117	\$1,580,065	10.9%

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ADMIN YTD 2020
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**ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED September 30, 2019**

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
				Personnel Expenses				
\$1,511,215	\$1,489,697	(\$21,518)	(1.4%)	Salaries & Wages	\$4,512,406	\$4,414,713	(\$97,693)	(2.2%)
129,884	148,955	19,071	12.8%	Paid Time Off	427,096	400,059	(27,036)	(6.8%)
1,466	11,417	9,951	87.2%	Incentives	1,882	20,069	18,187	90.6%
325	329	4	1.2%	Employee of the Month	400	658	258	39.2%
20,147	0	(20,147)	0.0%	Severance Pay	20,147	0	(20,147)	0.0%
24,709	32,377	7,668	23.7%	Payroll Taxes	73,779	101,781	28,002	27.5%
12,173	13,552	1,379	10.2%	Overtime	39,728	34,173	(5,556)	(16.3%)
112,318	125,209	12,891	10.3%	CalPERS ER Match	346,920	361,756	14,836	4.1%
378,369	403,871	25,502	6.3%	Employee Benefits	1,174,775	1,155,331	(19,444)	(1.7%)
1	0	(1)	0.0%	Personal Floating Holiday	1,127	111	(1,015)	(912.7%)
617	0	(617)	0.0%	Premium Hour Pay	617	0	(617)	0.0%
3,957	20,267	16,310	80.5%	Employee Relations	20,892	41,043	20,150	49.1%
1,333	2,992	1,659	55.4%	Transportation Reimbursement	2,824	5,495	2,671	48.6%
5,400	14,800	9,400	63.5%	Travel & Lodging	11,564	49,610	38,046	76.7%
24,948	56,760	31,812	56.0%	Temporary Help Services	88,816	123,548	34,732	28.1%
23,883	72,389	48,506	67.0%	Staff Development/Training	80,666	156,480	75,814	48.4%
79,125	39,253	(39,872)	(101.6%)	Staff Recruitment/Advertising	89,044	60,406	(28,638)	(47.4%)
2,329,870	2,431,867	101,998	4.2%	Total Employee Expenses	6,892,684	6,925,234	32,550	0.5%
				Benefit Administration Expense				
357,999	357,511	(488)	(0.1%)	RX Administration Expense	1,166,902	1,077,987	(88,915)	(8.2%)
174,992	217,197	42,205	19.4%	Behavioral Hlth Administration Fees	616,000	655,716	39,716	6.1%
532,991	574,707	41,717	7.3%	Total Employee Expenses	1,782,902	1,733,703	(49,200)	(2.8%)
				Purchased & Professional Services				
292,776	504,408	211,631	42.0%	Consulting Services	576,729	1,082,342	505,613	46.7%
110,432	297,317	186,885	62.9%	Computer Support Services	759,200	923,583	164,383	17.8%
8,750	9,200	450	4.9%	Professional Fees-Accounting	26,250	27,150	900	3.3%
50,255	62,399	12,145	19.5%	Other Purchased Services	132,880	153,036	20,156	13.2%
8,000	6,369	(1,631)	(25.6%)	Maint.& Repair-Office Equipment	25,104	27,210	2,106	7.7%
0	1,310	1,310	100.0%	MIS Software (Non-Capital)	554	1,510	956	63.3%
1,963	3,000	1,037	34.6%	Hardware (Non-Capital)	14,553	16,211	1,659	10.2%
5,072	7,568	2,496	33.0%	Provider Relations-Credentialing	20,604	22,177	1,573	7.1%
29,477	105,527	76,050	72.1%	Legal Fees	133,992	210,326	76,335	36.3%
506,725	997,098	490,373	49.2%	Total Purchased & Professional Services	1,689,864	2,463,545	773,680	31.4%
				Occupancy				
153,089	158,214	5,125	3.2%	Depreciation	449,530	456,310	6,780	1.5%
26,107	47,871	21,764	45.5%	Amortization	78,322	121,849	43,527	35.7%
63,024	63,024	0	0.0%	Building Lease	189,071	189,071	0	0.0%
3,169	3,164	(6)	(0.2%)	Leased and Rented Office Equipment	9,508	9,502	(6)	(0.1%)
12,829	16,664	3,835	23.0%	Utilities	41,908	46,464	4,557	9.8%
88,548	79,532	(9,016)	(11.3%)	Telephone	252,325	242,268	(10,057)	(4.2%)
13,979	16,784	2,805	16.7%	Building Maintenance	35,741	47,523	11,783	24.8%
360,745	385,253	24,508	6.4%	Total Occupancy	1,056,405	1,112,989	56,584	5.1%

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**ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED September 30, 2019**

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
				Printing Postage & Promotion				
\$19,691	\$67,119	\$47,428	70.7%	Postage	\$84,976	\$176,286	\$91,309	51.8%
0	8,300	8,300	100.0%	Design & Layout	3,995	18,555	14,560	78.5%
16,845	77,873	61,028	78.4%	Printing Services	98,663	208,547	109,884	52.7%
2,437	6,050	3,613	59.7%	Mailing Services	9,188	13,500	4,312	31.9%
4,124	2,900	(1,224)	(42.2%)	Courier/Delivery Service	10,229	8,643	(1,586)	(18.3%)
8	992	983	99.2%	Pre-Printed Materials and Publications	25	1,875	1,850	98.7%
0	1,500	1,500	100.0%	Promotional Products	0	21,500	21,500	100.0%
0	200	200	100.0%	Promotional Services	0	300	300	100.0%
14,520	47,317	32,797	69.3%	Community Relations	24,266	139,746	115,480	82.6%
4,839	17,000	12,161	71.5%	Translation - Non-Clinical	13,057	22,800	9,743	42.7%
62,464	229,250	166,786	72.8%	Total Printing Postage & Promotion	244,398	611,751	367,352	60.0%
				Licenses Insurance & Fees				
0	62,500	62,500	100.0%	Regulatory Penalties	0	62,500	62,500	100.0%
16,305	20,700	4,395	21.2%	Bank Fees	53,787	61,332	7,546	12.3%
48,446	49,154	708	1.4%	Insurance	145,337	147,462	2,125	1.4%
291,251	354,439	63,188	17.8%	Licenses, Permits and Fees	859,257	993,742	134,485	13.5%
61,178	53,891	(7,287)	(13.5%)	Subscriptions & Dues	183,469	334,330	150,861	45.1%
417,179	540,684	123,505	22.8%	Total Licenses Insurance & Postage	1,241,850	1,599,367	357,517	22.4%
				Supplies & Other Expenses				
6,174	5,960	(214)	(3.6%)	Office and Other Supplies	23,131	32,550	9,419	28.9%
1,398	1,289	(109)	(8.5%)	Ergonomic Supplies	4,706	6,125	1,419	23.2%
5,606	23,349	17,744	76.0%	Commissary-Food & Beverage	18,671	37,055	18,384	49.6%
1,455	13,400	11,945	89.1%	Member Incentive Expense	2,440	14,800	12,360	83.5%
14,632	43,998	29,366	66.7%	Total Supplies & Other Expense	48,949	90,530	41,582	45.9%
\$4,224,606	\$5,202,857	\$978,251	18.8%	TOTAL ADMINISTRATIVE EXPENSE	\$12,957,052	\$14,537,117	\$1,580,065	10.9%

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

	Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	\$ Variance Fav/(Unf.)
1. Hardware:						
Laptops	IT-FY20-01	\$ 17,785		\$ 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	\$ -	\$ 1,347	\$ 1,347	\$ 20,000	\$ 18,653
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
	IT-FY20-15	\$ -		\$ -		
Cisco Networking Equipment Upgrades (DR)	IT-FY20-16	\$ 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	\$ 26,887		\$ 26,887	\$ -	\$ (26,887)
Hardware Subtotal		\$ 242,839	\$ 1,347	\$ 244,186	\$ 1,075,971	\$ 831,785
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
	FA-FY20-05	\$ -		\$ -		
Electrical work for projects, cube re-orgs/requirements, repairs (interior/exterior)		\$ -		\$ -	\$ 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, softwares/extra security (est.)	FA-FY20-09	\$ -		\$ -	\$ 80,000	\$ 80,000
Red Hawk Full Fire Equipment upgrades (est.)	FA-FY20-10	\$ -		\$ -	\$ -	\$ -
Appliances over 1K for 1240, 1320 all suites, if needed to be replaced	FA-FY20-11	\$ -		\$ -	\$ -	\$ -
Upgrade the Symmetry system	FA-FY20-12	\$ -		\$ -	\$ -	\$ -
1240 Lighting: sensors, energy efficient bulbs (est.)	FA-FY20-13	\$ -		\$ -	\$ -	\$ -
1240 (3) Water heater replacements (est.)	FA-FY20-14	\$ -		\$ -	\$ -	\$ -
Unplanned Building Improvements	FA-FY20-15	\$ -		\$ -	\$ -	\$ -
Carryover from FY19	FA-FY20-16	\$ 32,082		\$ 32,082	\$ -	\$ (32,082)
Building Improvement Subtotal		\$ 32,082	\$ -	\$ 32,082	\$ 370,000	\$ 337,918

4. Furniture & Equipment:

Office Desks, cabinets, box files/ shelves old/broken	FA-FY20-17	\$ -	\$ 1,427	\$ 1,427	\$ 100,000	\$ 98,573
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	\$ -	\$ 1,488	\$ 1,488	\$ 5,000	\$ 3,512
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	\$ -	\$ 5,391	\$ 5,391	\$ -	\$ (5,391)
Furniture & Equipment Subtotal		\$ 6,700	\$ 8,306	\$ 15,006	\$ 440,000	\$ 424,994

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
Leasehold 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

\$ 308,321	\$ 9,653	\$ 317,974	\$ 2,488,971	\$ 2,170,997
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7. Reconciliation to Balance Sheet:

Fixed Assets @ Cost - 9/30/19	\$ 41,080,903
Fixed Assets @ Cost - 6/30/19	\$ 40,762,929
Fixed Assets Acquired YTD	\$ 317,974

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

<u>TANGIBLE NET EQUITY (TNE)</u>	Jul-19	Aug-19	QTR. END Sep-19
Current Month Net Income / (Loss)	\$2,270,904	(\$77,046)	\$3,868,398
YTD Net Income / (Loss)	\$2,270,904	\$2,193,857	\$6,062,255
Actual TNE			
Net Assets	\$183,018,159	\$182,941,112	\$186,809,510
Subordinated Debt & Interest	\$0	\$0	\$0
Total Actual TNE	\$183,018,159	\$182,941,112	\$186,809,510
Increase/(Decrease) in Actual TNE	\$2,270,904	(\$77,047)	\$3,868,398
Required TNE⁽¹⁾	\$32,534,362	\$32,625,189	\$32,220,285
Min. Req'd to Avoid Monthly Reporting (130% of Required TNE)	\$42,294,671	\$42,412,745	\$41,886,371
TNE Excess / (Deficiency)	\$150,483,797	\$150,315,923	\$154,589,225
Actual TNE as a Multiple of Required	5.63	5.61	5.80

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	\$186,809,510
Fixed Assets at Net Book Value	(10,625,053)	(10,702,873)	(10,533,330)
CD Pledged to DMHC	(346,927)	(346,927)	(348,873)
Liquid TNE (Liquid Reserves)	\$172,046,179	\$171,891,312	\$175,927,307
Liquid TNE as Multiple of Required	5.29	5.27	5.46

**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	91,224										275,349
Adults	33,670	33,448	33,092										100,210
SPD	25,804	25,751	25,727										77,282
ACA OE	81,171	80,966	80,483										242,620
Duals	17,627	17,700	17,666										52,993
Medi-Cal Program	250,669	249,593	248,192										748,454
Group Care Program	5,976	6,020	6,023										18,019
Total	256,645	255,613	254,215										766,473

Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	(1,039)	(669)	(504)										(2,212)
Adults	(505)	(222)	(356)										(1,083)
SPD	(78)	(53)	(24)										(155)
ACA OE	(201)	(205)	(483)										(889)
Duals	70	73	(34)										109
Medi-Cal Program	(1,753)	(1,076)	(1,401)										(4,230)
Group Care Program	13	44	3										60
Total	(1,740)	(1,032)	(1,398)										(4,170)

Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	36.9%	36.8%	36.8%										36.8%
Adults % of Medi-Cal	13.4%	13.4%	13.3%										13.4%
SPD % of Medi-Cal	10.3%	10.3%	10.4%										10.3%
ACA OE % of Medi-Cal	32.4%	32.4%	32.4%										32.4%
Duals % of Medi-Cal	7.0%	7.1%	7.1%										7.1%
Medi-Cal Program % of Total	97.7%	97.6%	97.6%										97.6%
Group Care Program % of Total	2.3%	2.4%	2.4%										2.4%
Total	100.0%	100.0%	100.0%										100.0%

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

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

	Actual Jul-19	Actual Aug-19	Actual Sep-19	Actual Oct-19	Actual Nov-19	Actual Dec-19	Actual Jan-20	Actual Feb-20	Actual Mar-20	Actual Apr-20	Actual May-20	Actual Jun-20	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted													
Directly Contracted (DCP)	49,531	49,463	49,220										148,214
Alameda Health System	47,759	47,630	47,328										142,717
	97,290	97,093	96,548										290,931
Delegated:													
CFMG	30,752	30,542	30,214										91,508
CHCN	94,820	94,360	93,936										283,116
Kaiser	33,783	33,618	33,517										100,918
Delegated Subtotal	159,355	158,520	157,667										475,542
Total	256,645	255,613	254,215										766,473
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	(799)	(197)	(545)										(1,541)
Delegated:													
CFMG	(139)	(210)	(328)										(677)
CHCN	(509)	(460)	(424)										(1,393)
Kaiser	(293)	(165)	(101)										(559)
Delegated Subtotal	(941)	(835)	(853)										(2,629)
Total	(1,740)	(1,032)	(1,398)										(4,170)
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	37.9%	38.0%	38.0%										38.0%
Delegated:													
CFMG	12.0%	11.9%	11.9%										11.9%
CHCN	36.9%	36.9%	37.0%										36.9%
Kaiser	13.2%	13.2%	13.2%										13.2%
Delegated Subtotal	62.1%	62.0%	62.0%										62.0%
Total	100.0%	100.0%	100.0%										100.0%

ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED September 30, 2019

CURRENT MONTH				Account Description	FISCAL YEAR TO DATE			
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)		Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
				Primary Care Physician				
\$67,543	\$0	(\$67,543)	0.0%	IBNP - Primary Care	\$79,209	\$0	(\$79,209)	0.0%
2,026	0	(2,026)	0.0%	IBNP-Settlement (PCP)	2,378	0	(2,378)	0.0%
5,402	0	(5,402)	0.0%	IBNP-Claims Fluctuation (PCP)	6,337	0	(6,337)	0.0%
1,664,491	1,646,437	(18,054)	(1.1%)	PCP-Capitation	5,051,760	4,994,344	(57,416)	(1.1%)
2,703,810	2,715,924	12,114	0.4%	PCP-Capitation FQHC	8,154,904	8,172,536	17,632	0.2%
1,164,095	1,161,238	(2,857)	(0.2%)	Primary Care FFS	3,509,310	3,597,249	87,939	2.4%
59,468	111,310	51,842	46.6%	PCP-FQHC FFS	227,233	314,462	87,229	27.7%
1,731,839	1,710,666	(21,173)	(1.2%)	Prop 56 Direct Payment Expenses	5,219,277	5,167,134	(52,143)	(1.0%)
7,398,674	7,345,575	(53,099)	(0.7%)	Total Primary Care Physician	22,250,407	22,245,725	(4,682)	0.0%
				Specialty Care Physician				
45,553	0	(45,553)	0.0%	IBNP-Specialist	309,998	0	(309,998)	0.0%
1,368	0	(1,368)	0.0%	IBNP-Settlement (Specialist)	9,302	0	(9,302)	0.0%
3,644	0	(3,644)	0.0%	IBNP-Claims Fluctuation (SPCL)	24,800	0	(24,800)	0.0%
263,173	262,221	(952)	(0.4%)	Specialty-Capitation	797,794	793,327	(4,467)	(0.6%)
2,765,874	2,782,244	16,370	0.6%	Specialty-Capitation FQHC	8,345,604	8,369,575	23,971	0.3%
1,825,390	0	(1,825,390)	0.0%	Specialty Care-FFS	6,315,474	0	(6,315,474)	0.0%
144,680	0	(144,680)	0.0%	Anesthesiology FFS	423,457	0	(423,457)	0.0%
469,906	0	(469,906)	0.0%	Spec Rad Therapy - FFS	1,603,758	0	(1,603,758)	0.0%
106,558	0	(106,558)	0.0%	Obstetrics-FFS	329,142	0	(329,142)	0.0%
170,609	0	(170,609)	0.0%	Spec IP Surgery - FFS	632,593	0	(632,593)	0.0%
478,805	0	(478,805)	0.0%	Spec OP Surgery - FFS	1,349,455	0	(1,349,455)	0.0%
345,325	3,650,708	3,305,383	90.5%	Spec IP Physician	1,059,231	11,435,061	10,375,830	90.7%
85,000	113,742	28,742	25.3%	Specialist-FQHC FFS	289,233	343,975	54,742	15.9%
6,705,884	6,808,915	103,031	1.5%	Total Specialty Care Physician	21,489,842	20,941,938	(547,904)	(2.6%)
				Ancillary Services				
199,067	0	(199,067)	0.0%	IBNP- Ancillary	570,901	0	(570,901)	0.0%
5,973	0	(5,973)	0.0%	IBNP- Settlement (Ancillary)	17,131	0	(17,131)	0.0%
15,926	0	(15,926)	0.0%	IBNP- Claims Fluctuation (ANC)	45,672	0	(45,672)	0.0%
975,607	0	(975,607)	0.0%	IBNP- Outpatient	481,225	0	(481,225)	0.0%
29,267	0	(29,267)	0.0%	IBNP- Settlement (Outpatient)	14,435	0	(14,435)	0.0%
78,049	0	(78,049)	0.0%	IBNP- Claims Fluctuation (OP)	38,499	0	(38,499)	0.0%
260,994	261,428	434	0.2%	Laboratory-Capitation	785,243	785,911	668	0.1%
1,623,697	638,622	(985,075)	(154.3%)	Transportation (Ambulance)-Cap	2,908,575	1,922,211	(986,364)	(51.3%)
76,472	78,666	2,194	2.8%	IPA Administrative Capitation	231,879	235,515	3,636	1.5%
140,433	141,163	730	0.5%	Anc IPA Admin Capitation FQHC	423,647	424,715	1,068	0.3%
191,368	191,665	297	0.2%	Vision - Cap	577,861	577,376	(485)	(0.1%)
6,697,000	7,099,549	402,549	5.7%	Kaiser Capitation	22,322,916	21,681,925	(640,991)	(3.0%)
500,299	568,201	67,902	12.0%	BHT Supplemental Expense	1,615,484	1,223,357	(392,127)	(32.1%)
20,299	6,389	(13,910)	(217.7%)	Hep-C Supplemental Expense	64,808	57,302	(7,506)	(13.1%)
1,013,759	311,448	(702,311)	(225.5%)	Maternity Supplemental Expense	1,013,759	623,675	(390,084)	(62.5%)
496,844	494,230	(2,614)	(0.5%)	DME - Cap	1,495,337	1,489,048	(6,289)	(0.4%)
1,112,329	7,141,200	6,028,871	84.4%	Out-Patient FFS	3,476,760	20,982,521	17,505,761	83.4%
793,781	0	(793,781)	0.0%	OP Ambul Surgery - FFS	2,882,434	0	(2,882,434)	0.0%
749,118	0	(749,118)	0.0%	OP Fac Imaging Services-FFS	3,377,837	0	(3,377,837)	0.0%
2,112,430	0	(2,112,430)	0.0%	Behav Health - FFS	6,059,173	0	(6,059,173)	0.0%
261,620	0	(261,620)	0.0%	Acupuncture/Biofeedback	908,243	0	(908,243)	0.0%
75,622	0	(75,622)	0.0%	Hearing Devices	299,204	0	(299,204)	0.0%
16,058	0	(16,058)	0.0%	Imaging/MRI/CT Global	61,237	0	(61,237)	0.0%
42,551	0	(42,551)	0.0%	Vision FFS	120,119	0	(120,119)	0.0%
8,065	0	(8,065)	0.0%	Family Planning	30,798	0	(30,798)	0.0%
269,537	0	(269,537)	0.0%	Laboratory-FFS	711,895	0	(711,895)	0.0%
96,151	0	(96,151)	0.0%	ANC Therapist	304,530	0	(304,530)	0.0%
272,617	0	(272,617)	0.0%	Transportation (Ambulance)-FFS	826,457	0	(826,457)	0.0%
93,178	0	(93,178)	0.0%	Transportation (Other)-FFS	279,094	0	(279,094)	0.0%
281,781	0	(281,781)	0.0%	Hospice	941,891	0	(941,891)	0.0%
524,156	0	(524,156)	0.0%	Home Health Services	1,444,221	0	(1,444,221)	0.0%
148,502	0	(148,502)	0.0%	Outpatient Facility-Lab FFS	694,389	0	(694,389)	0.0%
73,518	0	(73,518)	0.0%	Outpatient Facility-Cardiovascular	341,174	0	(341,174)	0.0%

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MED EXPENSE 20

10/23/19

REPORT #8A

ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED September 30, 2019

CURRENT MONTH					FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	
(\$44,998)	\$0	\$44,998	0.0%	Outpatient-PT/OT/ST FFS	(\$121,547)	\$0	\$121,547	0.0%	
0	2,509,692	2,509,692	100.0%	Other Medical-FFS	0	8,194,231	8,194,231	100.0%	
976,944	0	(976,944)	0.0%	Outpatient-Dialysis Center FFS	4,237,742	0	(4,237,742)	0.0%	
0	0	0	0.0%	Denials - S/B Zero	156	0	(156)	0.0%	
182,197	0	(182,197)	0.0%	DME & Medical Supplies	877,048	0	(877,048)	0.0%	
569,965	563,578	(6,387)	(1.1%)	GEMT Direct Payment Expense	1,720,557	1,702,529	(18,028)	(1.1%)	
353,467	0	(353,467)	0.0%	Community-Based Adult Services (CBAS)	1,323,302	0	(1,323,302)	0.0%	
21,293,640	20,005,831	(1,287,809)	(6.4%)	Total Ancillary Services	63,404,084	59,900,316	(3,503,768)	(5.8%)	
Pharmacy									
1,032,464	0	(1,032,464)	0.0%	IBNP-Pharmacy	1,378,512	0	(1,378,512)	0.0%	
30,974	0	(30,974)	0.0%	IBNP-Settlement (Pharmacy)	41,354	0	(41,354)	0.0%	
82,598	0	(82,598)	0.0%	IBNP-Claims Fluctuation (PHRM)	110,282	0	(110,282)	0.0%	
9,506,197	10,398,494	892,297	8.6%	Pharmacy-FFS	29,207,695	31,046,469	1,838,774	5.9%	
2,711,881	3,011,649	299,768	10.0%	Pharmacy-Non PBM FFS	10,382,726	10,238,381	(144,345)	(1.4%)	
(406,628)	(407,064)	(436)	0.1%	Pharmacy-Rebate	(1,219,884)	(1,377,975)	(158,091)	11.5%	
12,957,486	13,003,079	45,593	0.4%	Total Pharmacy	39,900,684	39,906,875	6,191	0.0%	
Emergency Services									
90,439	0	(90,439)	0.0%	IBNP-Emergency	162,527	0	(162,527)	0.0%	
2,714	0	(2,714)	0.0%	IBNP-Settlement (Emergency)	4,877	0	(4,877)	0.0%	
7,235	0	(7,235)	0.0%	IBNP-Claims Fluctuation (ER)	13,002	0	(13,002)	0.0%	
556,385	0	(556,385)	0.0%	Special ER Physician-FFS	1,833,125	0	(1,833,125)	0.0%	
2,258,719	3,273,861	1,015,142	31.0%	ER-Facility	7,808,817	9,645,530	1,836,713	19.0%	
2,915,492	3,273,861	358,369	10.9%	Total ER Services	9,822,348	9,645,530	(176,818)	(1.8%)	
Inpatient Hospital & SNF									
773,997	0	(773,997)	0.0%	IBNP-Inpatient Services	2,906,191	0	(2,906,191)	0.0%	
23,220	0	(23,220)	0.0%	IBNP-Settlement (Inpatient)	87,185	0	(87,185)	0.0%	
61,919	0	(61,919)	0.0%	IBNP-Claims Fluctuation (IP)	232,494	0	(232,494)	0.0%	
16,486,330	20,854,634	4,368,304	20.9%	Inpatient Hospitalization-FFS	49,586,384	62,404,871	12,818,487	20.5%	
981,969	0	(981,969)	0.0%	IP OB - Mom & NB	3,084,434	0	(3,084,434)	0.0%	
81,486	0	(81,486)	0.0%	IP Behavioral Health	157,878	0	(157,878)	0.0%	
959,681	0	(959,681)	0.0%	IP Long-term Care	3,362,764	0	(3,362,764)	0.0%	
638,381	0	(638,381)	0.0%	Inpatient Facility-Rehab FFS	2,075,324	0	(2,075,324)	0.0%	
20,006,983	20,854,634	847,651	4.1%	Total Inpatient Hospital & SNF	61,492,653	62,404,871	912,218	1.5%	
Other Benefits and Services									
0	(291,242)	(291,242)	100.0%	Clinical Vacancy Dept. Total	0	(529,561)	(529,561)	100.0%	
43,835	93,820	49,985	53.3%	Quality Analytics Dept. Total	179,202	245,208	66,005	26.9%	
389,235	481,566	92,331	19.2%	Health Plan Services Dept. Total	1,159,401	1,177,851	18,451	1.6%	
714,758	705,579	(9,179)	(1.3%)	Case & Disease Mgmt. Dept. Total	1,312,292	1,485,259	172,967	11.6%	
113,669	180,086	66,416	36.9%	Medical Services Dept. Total	377,245	445,393	68,148	15.3%	
398,284	582,339	184,055	31.6%	Quality Management Dept. Total	1,271,672	1,450,905	179,233	12.4%	
109,896	171,492	61,595	35.9%	Pharmacy Services Dept. Total	324,582	385,363	60,781	15.8%	
29,813	29,335	(478)	(1.6%)	Regulatory Readiness Dept Total	96,424	102,342	5,917	5.8%	
1,799,491	1,952,974	153,483	7.9%	Total Other Benefits and Services	4,720,818	4,762,760	41,941	0.9%	
Reinsurance Expense									
(292,895)	(336,491)	(43,596)	13.0%	Reinsurance Recoveries	(446,434)	(673,684)	(227,250)	33.7%	
387,351	395,870	8,519	2.2%	Stop-Loss Expense	1,165,649	1,182,028	16,379	1.4%	
94,456	59,379	(35,077)	(59.1%)	Total Reinsurance Expense	719,215	508,344	(210,871)	(41.5%)	
Risk Share Distribution									
84,310	83,209	(1,101)	(1.3%)	Risk Sharing- PCP	253,523	251,122	(2,401)	(1.0%)	
84,310	83,209	(1,101)	(1.3%)	Total Risk Share Distribution	253,523	251,122	(2,401)	(1.0%)	

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MED EXPENSE 20

10/23/19
REPORT #8A

ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED September 30, 2019

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
\$73,256,415	\$73,387,457	\$131,042	0.2%	TOTAL MEDICAL EXPENSES	\$224,053,575	\$220,567,481	(\$3,486,094)	(1.6%)

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MED EXPENSE 20

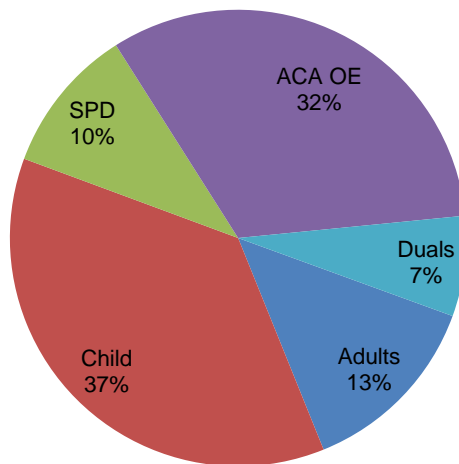
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REPORT #8A

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

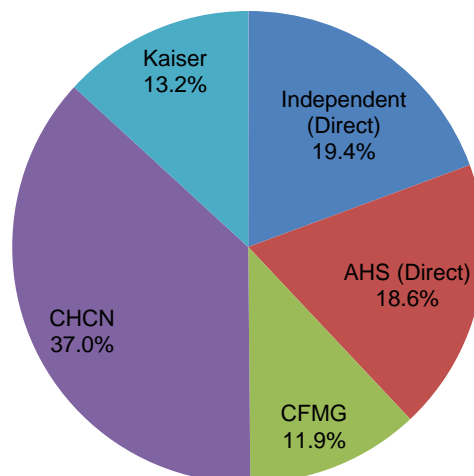
Current Membership by Network By Category of Aid

Category of Aid	Sep 2019	% of Medi-Cal	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Adults	33,092	13%	8,041	6,757	285	12,657	5,352
Child	91,224	37%	8,673	8,366	27,842	30,882	15,461
SPD	25,727	10%	8,689	3,695	1,207	10,297	1,839
ACA OE	80,483	32%	14,261	25,719	879	30,902	8,722
Duals	17,666	7%	6,918	1,964	1	6,640	2,143
Medi-Cal	248,192		46,582	46,501	30,214	91,378	33,517
Group Care	6,023		2,638	827	-	2,558	-
Total	254,215	100%	49,220	47,328	30,214	93,936	33,517
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%
<i>Network Distribution</i>			19.4%	18.6%	11.9%	37.0%	13.2%
			% Direct: 38%		% Delegated: 62%		

Medi-Cal By Aid Category

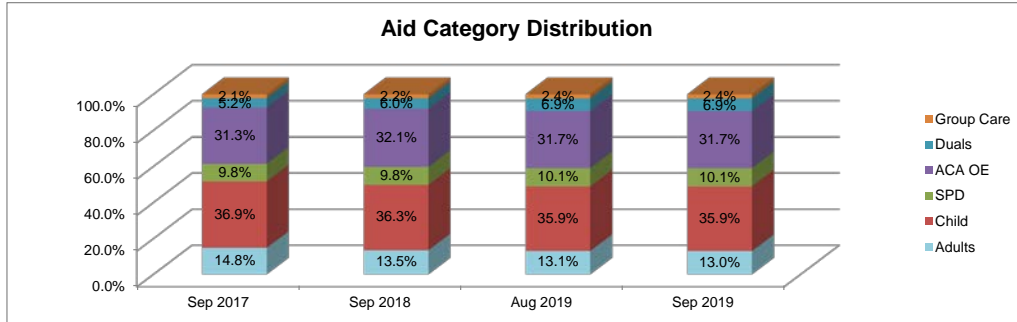


By Network

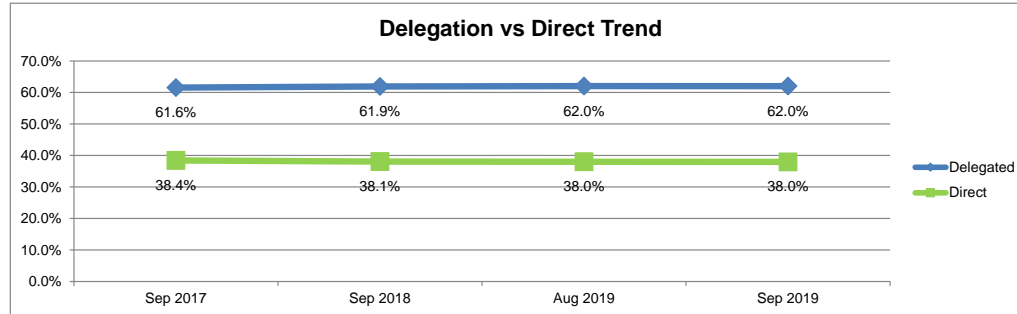


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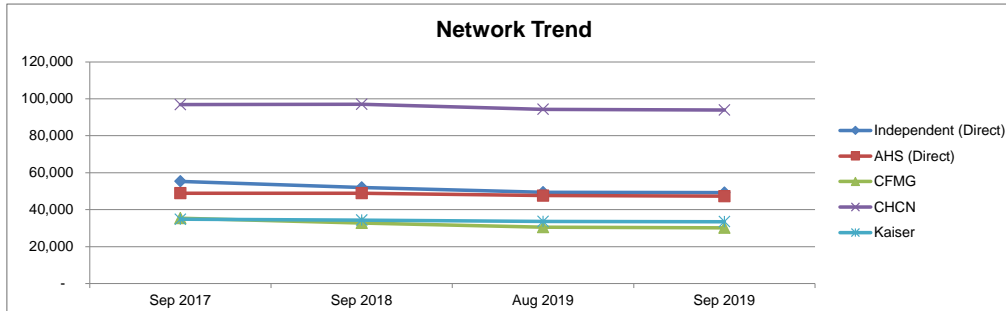
Category of Aid Trend											
Category of Aid	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Sep 2017	Sep 2018	Aug 2019	Sep 2019	Sep 2017	Sep 2018	Aug 2019	Sep 2019	Sep 2017 to Sep 2018	Sep 2018 to Sep 2019	Aug 2019 to Sep 2019
Adults	40,189	35,922	33,448	33,092	14.8%	13.5%	13.1%	13.0%	-10.6%	-7.9%	-1.1%
Child	100,027	96,457	91,728	91,224	36.9%	36.3%	35.9%	35.9%	-3.6%	-5.4%	-0.5%
SPD	26,471	26,116	25,751	25,727	9.8%	9.8%	10.1%	10.1%	-1.3%	-1.5%	-0.1%
ACA OE	84,809	85,152	80,966	80,483	31.3%	32.1%	31.7%	31.7%	0.4%	-5.5%	-0.6%
Duals	14,094	15,865	17,700	17,666	5.2%	6.0%	6.9%	6.9%	12.6%	11.4%	-0.2%
Medi-Cal Total	265,590	259,512	249,593	248,192	97.9%	97.8%	97.6%	97.6%	-2.3%	-4.4%	-0.6%
Group Care	5,791	5,856	6,020	6,023	2.1%	2.2%	2.4%	2.4%	1.1%	2.9%	0.0%
Total	271,381	265,368	255,613	254,215	100.0%	100.0%	100.0%	100.0%	-2.2%	-4.2%	-0.5%



Delegation vs Direct Trend											
Members	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Sep 2017	Sep 2018	Aug 2019	Sep 2019	Sep 2017	Sep 2018	Aug 2019	Sep 2019	Sep 2017 to Sep 2018	Sep 2018 to Sep 2019	Aug 2019 to Sep 2019
Delegated	167,079	164,343	158,520	157,667	61.6%	61.9%	62.0%	62.0%	-1.6%	-4.1%	-0.5%
Direct	104,302	101,025	97,093	96,548	38.4%	38.1%	38.0%	38.0%	-3.1%	-4.4%	-0.6%
Total	271,381	265,368	255,613	254,215	100.0%	100.0%	100.0%	100.0%	-2.2%	-4.2%	-0.5%

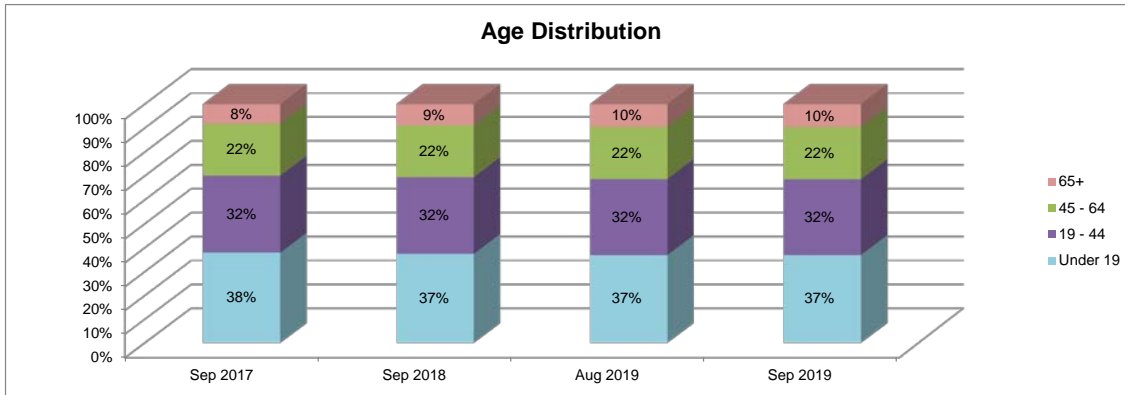


Network Trend											
Network	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Sep 2017	Sep 2018	Aug 2019	Sep 2019	Sep 2017	Sep 2018	Aug 2019	Sep 2019	Sep 2017 to Sep 2018	Sep 2018 to Sep 2019	Aug 2019 to Sep 2019
Independent											
(Direct)	55,374	52,066	49,463	49,220	20.4%	19.6%	19.4%	19.4%	-6.0%	-5.5%	-0.5%
AHS (Direct)	48,928	48,959	47,630	47,328	18.0%	18.4%	18.6%	18.6%	0.1%	-3.3%	-0.6%
CFMG	35,402	32,836	30,542	30,214	13.0%	12.4%	11.9%	11.9%	-7.2%	-8.0%	-1.1%
CHCN	96,876	97,120	94,360	93,936	35.7%	36.6%	36.9%	37.0%	0.3%	-3.3%	-0.4%
Kaiser	34,801	34,387	33,618	33,517	12.8%	13.0%	13.2%	13.2%	-1.2%	-2.5%	-0.3%
Total	271,381	265,368	255,613	254,215	100.0%	100.0%	100.0%	100.0%	-2.2%	-4.2%	-0.5%

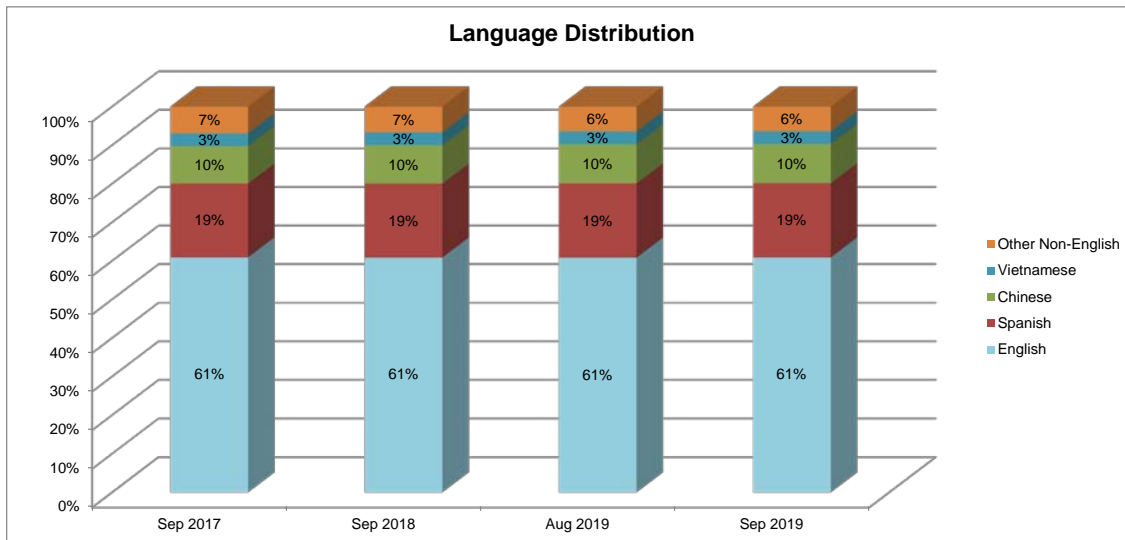


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Age Category Trend											
Age Category	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Sep 2017	Sep 2018	Aug 2019	Sep 2019	Sep 2017	Sep 2018	Aug 2019	Sep 2019	Sep 2017 to Sep 2018	Sep 2018 to Sep 2019	Aug 2019 to Sep 2019
Under 19	102,947	99,321	94,368	93,853	38%	37%	37%	37%	-4%	-6%	-1%
19 - 44	87,271	84,982	81,099	80,429	32%	32%	32%	32%	-3%	-5%	-1%
45 - 64	59,079	57,616	55,662	55,417	22%	22%	22%	22%	-2%	-4%	0%
65+	22,084	23,449	24,484	24,516	8%	9%	10%	10%	6%	5%	0%
Total	271,381	265,368	255,613	254,215	100%	100%	100%	100%	-2%	-4%	-1%

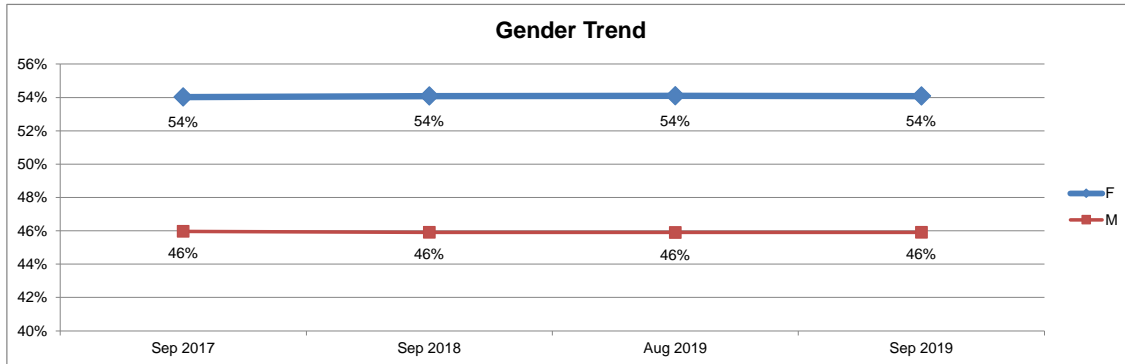


Language Trend											
Language	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Sep 2017	Sep 2018	Aug 2019	Sep 2019	Sep 2017	Sep 2018	Aug 2019	Sep 2019	Sep 2017 to Sep 2018	Sep 2018 to Sep 2019	Aug 2019 to Sep 2019
English	165,263	161,447	155,483	154,792	61%	61%	61%	61%	-2%	-4%	0%
Spanish	51,935	50,844	49,190	48,868	19%	19%	19%	19%	-2%	-4%	-1%
Chinese	26,483	26,486	25,891	25,789	10%	10%	10%	10%	0%	-3%	0%
Vietnamese	8,825	8,768	8,626	8,587	3%	3%	3%	3%	-1%	-2%	0%
Other Non-English	18,875	17,823	16,423	16,179	7%	7%	6%	6%	-6%	-9%	-1%
Total	271,381	265,368	255,613	254,215	100%	100%	100%	100%	-2%	-4%	-1%

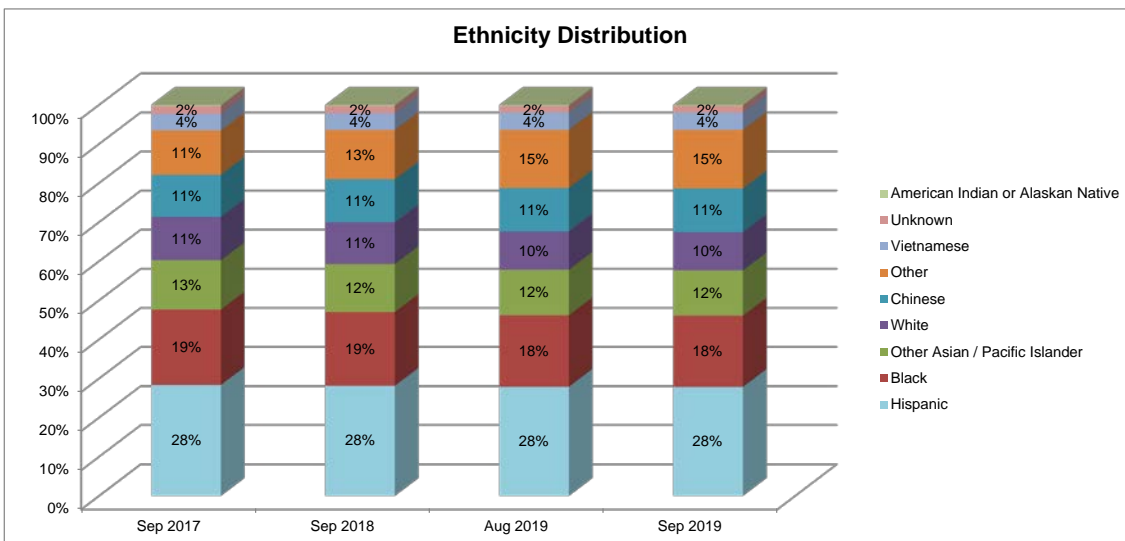


Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Gender Trend											
Gender	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Sep 2017	Sep 2018	Aug 2019	Sep 2019	Sep 2017	Sep 2018	Aug 2019	Sep 2019	Sep 2017 to Sep 2018	Sep 2018 to Sep 2019	Aug 2019 to Sep 2019
F	146,629	143,524	138,278	137,500	54%	54%	54%	54%	-2%	-4%	-1%
M	124,752	121,844	117,335	116,715	46%	46%	46%	46%	-2%	-4%	-1%
Total	271,381	265,368	255,613	254,215	100%	100%	100%	100%	-2%	-4%	-1%



Ethnicity Trend											
Ethnicity	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Sep 2017	Sep 2018	Aug 2019	Sep 2019	Sep 2017	Sep 2018	Aug 2019	Sep 2019	Sep 2017 to Sep 2018	Sep 2018 to Sep 2019	Aug 2019 to Sep 2019
Hispanic	76,879	74,634	71,300	70,762	28%	28%	28%	28%	-3%	-5%	-1%
Black	52,350	50,125	46,805	46,400	19%	19%	18%	18%	-4%	-7%	-1%
Other Asian / Pacific Islander	34,258	32,600	29,677	29,357	13%	12%	12%	12%	-5%	-10%	-1%
White	30,088	28,186	25,084	24,895	11%	11%	10%	10%	-6%	-12%	-1%
Chinese	29,285	29,250	28,526	28,441	11%	11%	11%	11%	0%	-3%	0%
Other	30,773	33,589	37,897	38,120	11%	13%	15%	15%	9%	13%	1%
Vietnamese	11,541	11,304	11,218	11,151	4%	4%	4%	4%	-2%	-1%	-1%
Unknown	5,435	4,994	4,478	4,467	2%	2%	2%	2%	-8%	-11%	0%
American Indian or Alaskan Native	772	686	628	622	0%	0%	0%	0%	-11%	-9%	-1%
Total	271,381	265,368	255,613	254,215	100%	100%	100%	100%	-2%	-4%	-1%



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

Medi-Cal By City							
City	Sep 2019	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	101,652	41%	11,536	22,734	13,661	44,231	9,490
Hayward	37,868	15%	7,970	7,622	4,548	11,299	6,429
Fremont	21,809	9%	8,935	3,011	616	5,875	3,372
San Leandro	22,097	9%	3,869	3,231	3,266	8,257	3,474
Union City	10,799	4%	4,152	1,467	392	2,834	1,954
Alameda	9,973	4%	1,965	1,406	1,570	3,703	1,329
Berkeley	8,922	4%	1,101	1,520	1,190	3,864	1,247
Livermore	7,004	3%	966	592	1,612	2,623	1,211
Newark	5,743	2%	1,669	1,774	152	1,111	1,037
Castro Valley	5,846	2%	1,185	877	962	1,707	1,115
San Lorenzo	4,934	2%	862	795	627	1,711	939
Pleasanton	3,667	1%	865	363	416	1,435	588
Dublin	3,883	2%	904	346	514	1,424	695
Emeryville	1,507	1%	243	311	225	509	219
Albany	1,451	1%	163	196	328	512	252
Piedmont	252	0%	36	58	25	72	61
Sunol	59	0%	13	13	4	9	20
Antioch	18	0%	7	3	2	4	2
Other	708	0%	141	182	104	198	83
Total	248,192	100%	46,582	46,501	30,214	91,378	33,517

Group Care By City							
City	Sep 2019	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	2,141	36%	556	379	-	1,206	-
Hayward	660	11%	381	111	-	168	-
Fremont	643	11%	495	50	-	98	-
San Leandro	552	9%	206	81	-	265	-
Union City	345	6%	248	28	-	69	-
Alameda	259	4%	107	23	-	129	-
Berkeley	199	3%	53	23	-	123	-
Livermore	88	1%	38	2	-	48	-
Newark	141	2%	99	25	-	17	-
Castro Valley	184	3%	97	19	-	68	-
San Lorenzo	114	2%	55	17	-	42	-
Pleasanton	54	1%	28	4	-	22	-
Dublin	95	2%	44	5	-	46	-
Emeryville	24	0%	11	2	-	11	-
Albany	13	0%	3	1	-	9	-
Piedmont	11	0%	3	-	-	8	-
Sunol	-	0%	-	-	-	-	-
Antioch	24	0%	11	4	-	9	-
Other	476	8%	203	53	-	220	-
Total	6,023	100%	2,638	827	-	2,558	-

Total By City							
City	Sep 2019	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	103,793	41%	12,092	23,113	13,661	45,437	9,490
Hayward	38,528	15%	8,351	7,733	4,548	11,467	6,429
Fremont	22,452	9%	9,430	3,061	616	5,973	3,372
San Leandro	22,649	9%	4,075	3,312	3,266	8,522	3,474
Union City	11,144	4%	4,400	1,495	392	2,903	1,954
Alameda	10,232	4%	2,072	1,429	1,570	3,832	1,329
Berkeley	9,121	4%	1,154	1,543	1,190	3,987	1,247
Livermore	7,092	3%	1,004	594	1,612	2,671	1,211
Newark	5,884	2%	1,768	1,799	152	1,128	1,037
Castro Valley	6,030	2%	1,282	896	962	1,775	1,115
San Lorenzo	5,048	2%	917	812	627	1,753	939
Pleasanton	3,721	1%	893	367	416	1,457	588
Dublin	3,978	1%	948	351	514	1,470	695
Emeryville	1,531	1%	254	313	225	520	219
Albany	1,464	1%	166	197	328	521	252
Piedmont	263	0%	39	58	25	80	61
Sunol	59	0%	13	13	4	9	20
Antioch	42	0%	18	7	2	13	2
Other	1,184	0%	344	235	104	418	83
Total	254,215	100%	49,220	47,328	30,214	93,936	33,517

Medi-Cal Transportation Benefit



Transportation Types

- ▶ Emergency Medical Transportation (EMT)
 - ▶ Ground EMT
 - Contracted
 - Non-contracted
 - ▶ Air EMT
- ▶ Non-Emergency Medical Transportation (NEMT)
 - ▶ Ambulance, litter van, wheelchair van or air medical transportation ambulance.
- ▶ Non-Medical Transportation (NMT)
 - ▶ Private car, cab, bus, taxi, train, or other forms of public or private transportation.

Ground Emergency Medical Transportation (GEMT) Supplemental Reimbursement Program

GEMT Overview

- ▶ APL 19-007 Non-Contracted Ground Emergency Medical Transport (GEMT) Payment Obligations for State FY 18-19 was released by DHCS on June 14, 2019. Implements a one-year program and reimbursement add-on for GEMT provided by emergency medical transportation providers.
- ▶ DHCS established the GEMT Quality Assurance Fee (QAF) program in 2017 and in February 2019 obtained federal approval from CMS.
- ▶ Total reimbursement rate of \$339.00 per service in effect for FY July 1, 2018 to June 30, 2019 for each qualifying ground emergency ambulance transport billed with the specified CPT codes (A0429, A0427, A0433).
- ▶ DHCS is expected to continue GEMT payments for FY19-20. November rate sheet should include any GEMT rate updates.

GEMT Plan Requirements

- ▶ Plans must pay for all qualifying clean claims or accepted encounters within 90 calendar days from the date DHCS issues such capitation payments.
- ▶ Plans are responsible for ensuring that qualifying transports are reported to DHCS in encounter data.
- ▶ Plans must have a formal procedure to accept, acknowledge, and resolve provider grievances related to the processing or non-payment related to this APL.
- ▶ Plans are responsible for communicating these requirements to their delegates entities and subcontractors and ensuring that they comply.

GEMT Payments

- ▶ The Alliance is paying additional payments to emergency medical transportation companies via the HealthSuite claims system.
- ▶ The Alliance GEMT payments are being made as claims are received.
- ▶ For the last 15 months the Alliance has paid \$4.9M in GEMT funds to providers.
- ▶ The Plan has not received any provider grievances related to GEMT payments.

Non-Medical Transportation (NMT) and Non-Emergency Medical Transportation (NEMT)

Overview

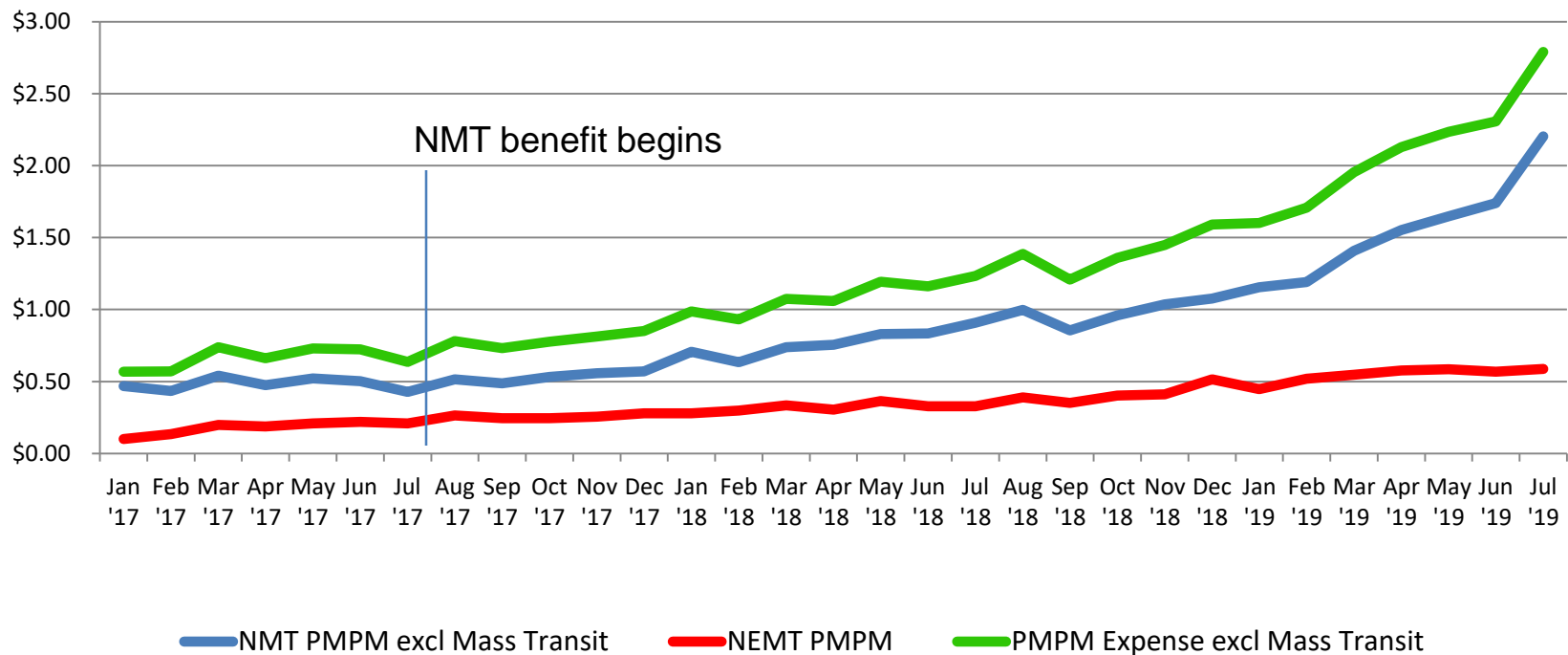
- ▶ Federal Medicaid law requires state Medicaid programs to ensure that beneficiaries have sufficient transportation to access medical care.
- ▶ APL 17-010 clarifies that NMT is a covered Medi-Cal benefit for all beneficiaries with full-scope Medi-Cal effective July 1, 2017.
- ▶ Members need to attest to providers verbally or in writing that they have an unmet transportation need and all other currently available resources are reasonably exhausted.
- ▶ Provider completes form on behalf of member and indicates the need for NEMT or NMT transportation.
- ▶ Types of services covered include transportation to medical appointments, dental appointments, mental health and substance use disorder services, prescription drug pick up, etc.

Transportation Trend Graphs

- ▶ PMPM Transportation Expense-Measures increase in per member per month cost.
- ▶ Trips per 1,000 Members-Measures the number of trips per thousand members taken year over year.
- ▶ NMT Transportation Trips by Category-Measures volume of trips by category (Mass Transit, Curb to Curb, Door to Door) year over year.
- ▶ NMT Mode Changes-Measures the type of NMT transportation taken year over year.

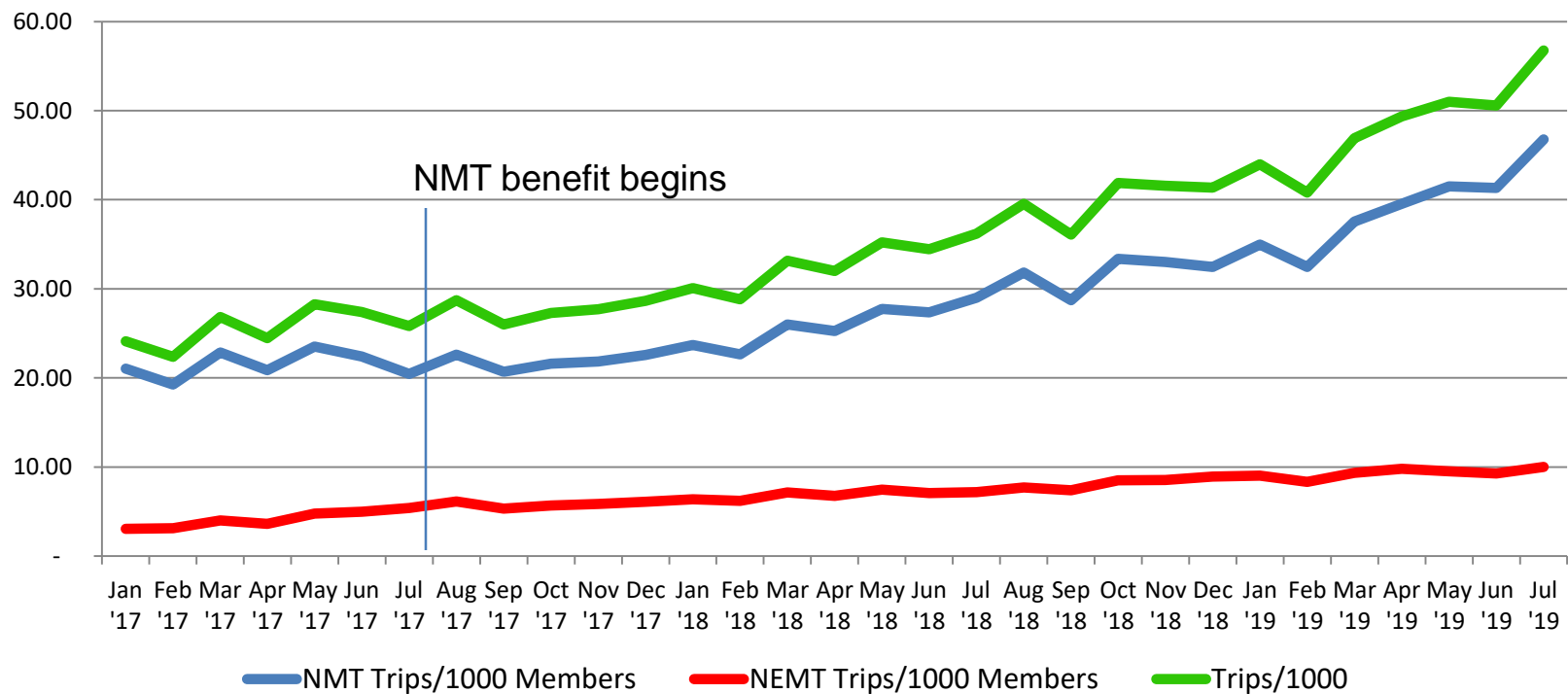
General Transportation Trends

PMPM Transportation Expense



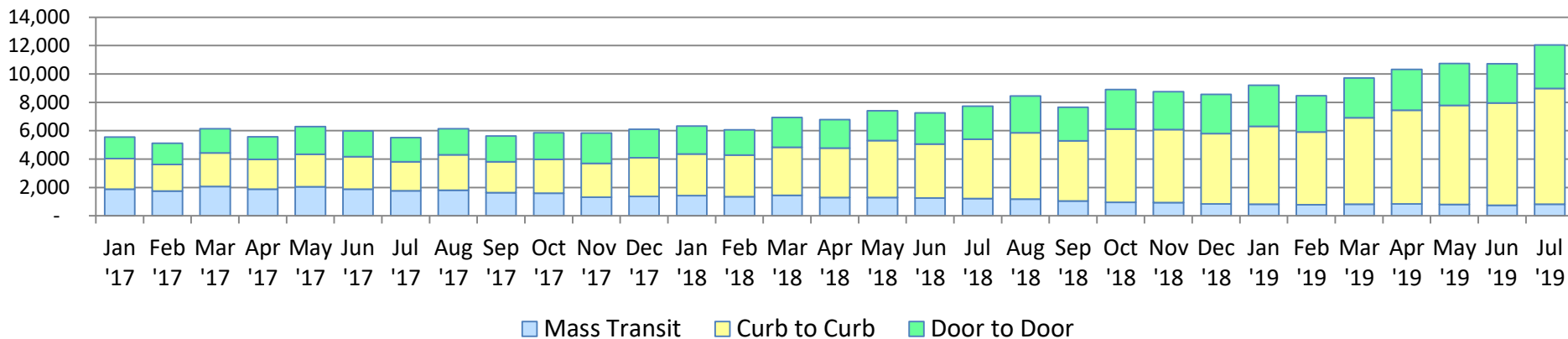
General Transportation Trends

Trips per 1,000 Members



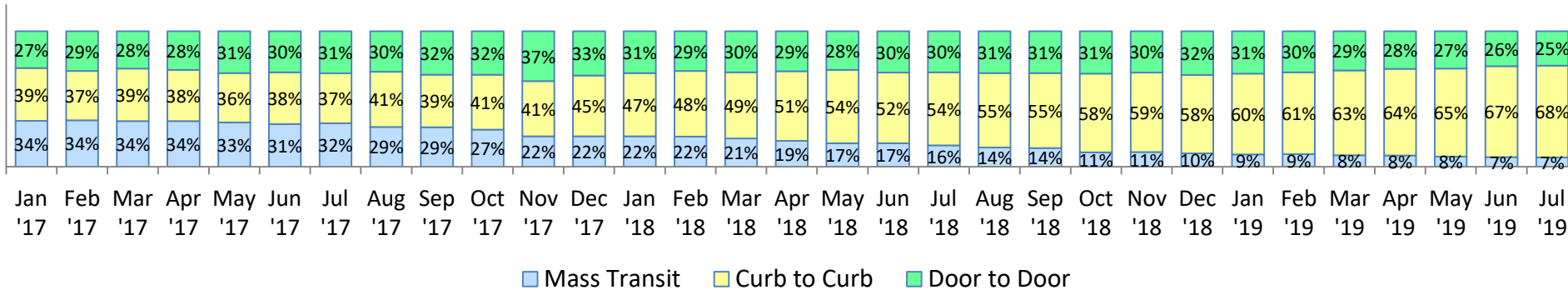
NMT Trends

NMT Trips by Category



NMT Trends

NMT Mode Changes



NMT Details

- ▶ Medi-Cal line of business accounts for 99.6% of NMT trips.
- ▶ Trips by category of aid include SPDs at 46%, Duals at 30%, Optional Expansion at 17%. The remaining 7% include Adults, Child and Groupcare.
- ▶ The top five trip types equate to 69% of total trips. Types include dialysis, physician services, specialists visits, physical therapy and follow up visits.
- ▶ Dialysis trips account for 46% of total trips, physician services visits equate to 11% of total trips. Specialist, physical therapy and follow up visits equate to 12% of total trips.
- ▶ The top five utilizers of NMT average cost was \$22K. One member represented \$77K in transportation costs for FY19.

Transportation Procedure Considerations

- ▶ Current Alliance process requires five day advance notice to request a public transit voucher, versus one day for all other levels of service.
- ▶ The Alliance will review the current procedure and work with Logisticare to remove unnecessary barriers to all transportation options. We will also look at local transit options in Alameda County.
- ▶ Effectiveness of any procedure changes will be measured through NMT Mode trend graph.
- ▶ The Alliance recently updated the transportation agreement with Logisticare to allow for one hour transportation from contracted hospital emergency departments. We will measure this to determine volume changes and mode of transportation used.

Delegation Oversight

An Overview of the Regulatory Compliance Requirements



ALLIANCE'S BOARD OF GOVERNORS

NOVEMBER 8, 2019

PRESENTED BY:

GIL RIOJAS & DIANA SEKHON



Topics



1. What is Delegation Oversight?
2. Who are our Delegates?
3. Final Rule Requirements
4. State Oversight Requirements
5. Alliance's Delegation Oversight Program
6. Resources

What is Delegation Oversight?



Delegation:

- When the organization gives another entity authority to perform certain functions on its behalf.

Delegation Oversight:

- Activities conducted by delegates (also called subcontractors) are ultimately the responsibility of the Health Plan to ensure adherence to all applicable regulations.
- Plan is required to have mechanisms in place for regularly monitoring its delegates to ensure the function is performed appropriately.

Who are our Delegates?



ALAMEDA ALLIANCE DELEGATED ENTITIES

Delegate's Name	Quality Improvement		Utilization Management		Credentialing		Grievances & Appeals		Claims		Call Center		Case Management		Cultural & Linguistic Services		Provider Training	
	Medi-Cal	Group Care	Medi-Cal	Group Care	Medi-Cal	Group Care	Medi-Cal	Group Care	Medi-Cal	Group Care	Medi-Cal	Group Care	Medi-Cal	Group Care	Medi-Cal	Group Care	Medi-Cal	Group Care
1 Beacon Health Strategies LLC	X	X	X	X	X	X			X	X	X	X	X		X	X	X	
2 Community Health Center Network (CHCN)			X	X					X	X			X	X			X	
3 March Vision Care Group, Inc.					X				X									
4 Children's First Medical Group (CFMG)			X		X				X									
5 PerformRx			X	X	X	X			X	X	X	X			X	X		
6 EviCore			X	X							X	X						
7 California Home Medical Equipment (CHME)			X	X														
8 Kaiser	X		X		X		X		X		X		X		X		X	
9 UCSF					X	X												
10 Physical Therapy PN					X	X												
11 Lucille Packard					X	X												

- 11 delegated entities
- Delegates with assigned members: Kaiser, CHCN, and CFMG
- Includes specialty services such as physical therapy, vision, mental health, pharmacies, radiology, durable medical equipment, and expanded networks (UCSF, Lucille Packard)

CMS Final Rule

Key Requirements involving Delegation



Program Integrity

- Data certification; Overpayment & Recoveries; Fraud Prevention; Ownership & Control Disclosures; 10 year record retention; Increased sanctions limits; Increase State oversight of Plans

Network Adequacy

- Time & Distance Standards for Specialized Providers; Annual network certification

Provider Enrollment & Screening

- Providers must be screened and enrolled by the State

Encounter Data

- Data submission meets CMS specifications; Federal Financial Participation contingent on data submission

Grievance & Appeals

- Aligned with Medicare processes; Exhaust internal appeal process prior to fair hearing

Rate Setting

- State applies actuarially sound capitation rates; Minimum Medical Loss Ratio (MLR) is 85%; Implement value based purchasing models for provider payments; Phase out supplemental pass through payments to hospitals

State Regulatory Requirements & Oversight



DHCS

- APL 17-004 Subcontractual Relationships and Delegation – Plan oversight; ownership & disclosure information; data reporting; delegation contracts
- APL17-003 Treatment of Recoveries Made by the MCP of Overpayments to Providers – Overpayment retention policy; annual reporting; provider required reporting
- APL 17-005 Certification of Document and Data Submissions – Plan must certify its data and information submitted to DHCS is accurate and complete
- APL 17-006 Grievance & Appeals – Updated timeframes and notice templates
- APL 19-002 Network Certification Requirements – Time & distance standards for specialized services and annual reporting

DMHC

- Mental Health Parity and Addiction Equity Act (MHPAEA) Rules – Plans must ensure financial requirements and quantitative treatment limitations are in parity for medical and mental health services
- APL 18-005 Administrative Services Agreement Checklist - Plan must file all administrative contracts and amendments wherein the Plan delegates or assumes any Knox-Keene Act regulated or required non-clinical/health function for review and approval by the DMHC.
- APL 19-016 Amendment to the Risk Bearing Organization (RBO) Regulations – Plan and its RBOs must comply with the updates for the quarterly and annual financial survey report forms and the corrective action plan form

Oversight Activities

- Annual DHCS Medical Audits - APL requirements and implementations including delegation oversight
- DMHC Financial Examinations - Oversight of capitated providers; Delegation of claims and provider disputes
- DMHC Mental Health Parity Focused Audit - Financial cost sharing requirements and UM limitations and guidelines are in parity for medical and mental health services
- DMHC Routine Medical Audit – existing and new regulatory requirements including delegation oversight
- Reporting – Increase in reporting throughout the year for Plan and its delegates

Compliance State Requirements



- A. Plan has policies and procedures for monitoring its delegated entities. This includes the methodology and frequency of regular oversight.
- B. Plan has a written delegation agreement with the entity describing responsible services and activities for both the Plan and the delegate.
- C. Delegate has established and implemented policies, procedures, governance, and reporting for delegated activities. Policies and procedures shall align with the Alliance's standards and applicable regulations.
- D. The Plan assesses the capability of each delegated entity by performing a capability pre-assessment prior to delegation.

Alliance's Delegation Oversight Program



Governance

Compliance Committee

Reporting to HCQC

Reporting to the CEO

Board of Governors

Pre-Delegation

Evaluate administrative, budgetary capacity, and governance

Review of policies, procedures, systems and staffing

Audit tools, audit report, & if needed corrective action

Execute delegation contract agreement

Ongoing Performance Monitoring

Routine reporting

Joint operation meetings

Ongoing communication of regulatory & operational changes

Performance dashboards

Corrective action plans

Updated delegation agreements

Annual Evaluation

Annual audit activities*

Onsite visits, interviews, & desktop reviews

Review of policies and procedures

Case file review

Standardized audit tools

Corrective action plans

Follow-up focused audits

Alliance's Delegation Oversight Program



- Delegation Oversight Committee
 - Function: Review of all delegation oversight activity
 - ✦ Delegation agreement updates
 - ✦ Performance monitoring & analysis
 - ✦ Audits and corrective actions
 - ✦ Periodic updates to Compliance Advisory Committee
- Delegation Performance Dashboard
 - Periodic review of enrollment, utilization and quality data including trends analysis for each delegate.

Resources



- 1) CMS Final Rule Regulations
<https://www.federalregister.gov/documents/2016/05/06/2016-09581/medicaid-and-childrens-health-insurance-program-chip-programs-medicare-managed-care-chip-delivered>
- 2) DHCS Final Rule Summary Presentation
<https://www.dhcs.ca.gov/formsandpubs/Documents/FinalRuleDec2016.pdf>
- 3) DHCS All Plan Letters
<https://www.dhcs.ca.gov/formsandpubs/Pages/MgdCarePlanPolicyLtrs.aspx>
- 4) DMHC All Plan Letters
<https://www.dmhc.ca.gov/LicensingReporting/HealthPlanLicensing/AllPlanLetters.aspx>



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

Operations

Matt Woodruff

To: Alameda Alliance for Health Board of Governors
From: Matthew Woodruff, Chief Operating Officer
Date: November 8, 2019
Subject: Operations Report

Member Services

- 12-month Trend Summary:
 - The Member Services Department received a slight increase (less than 1%) in call volume totaling 15,649 in October 2019 compared to 15,521 in October 2018. The abandonment rate for October 2019 was 2%, as compared to 4% from October 2018.
 - The service level for the department was 12% higher in October 2019 (91%), compared to October 2018 (79%).
 - There was no change to the top five call reasons; Eligibility/Enrollment; Change of PCP; Kaiser; Benefits; ID Card Request, in October 2019. However, Eligibility/Enrollment surpassed Change in PCP as the number one reason why members called in during October 2019 versus October 2018. The other top four call reasons remained the same.
 - The average talk time was six minutes and forty-two seconds (06:42) for October 2019 compared to seven minutes and forty-two seconds (07:42) for October 2018. Recent changes to the queue prompts are allowing callers to get to the right people with the right skills at the right time, improving staff efficiencies, and the member experience.

Claims

- 12-Month Trend Summary:
 - The Claims Department received 125,442 claims in October 2019 compared to 128,320 in October 2018.
 - The Auto Adjudication rate was 71.6% in October 2019 compared to 72.0% in October 2018.

- Claims Compliance for the 30-day turn-around time was 98.3% in October 2019 compared to 99.0% in October 2018. The 45-day turn-around time was 99.9% in October 2019 compared to 99.9% in October 2018.
- Monthly Analysis:
 - In October, we received a total of 125,442 claims in the HEALTHsuite system.
 - We received 75% of claims via EDI and 25% of claims via paper.
 - During October, 99.9% of our claims were processed within 45 working days.
 - The Auto Adjudication rate was 71.6% for October.

Provider Services

- 12-Month Trend Summary:
 - The Provider Services Department's call volume increased in October 2019 to 6,716 calls compared to 5,479 calls in October 2018.
 - Our call volume increased month over month this year as anticipated. Provider Services continuously works to achieve first call resolution and reduction of the abandonment rates. We strive to promote the provider's satisfaction as our first priority.
 - The Provider Services department completed 126 visits during October.
 - The Provider Services department made over 1,543 outbound calls.

Credentialing Department

- October Summary:
 - There were 38 practitioners credentialed on October 15, 2019: 19 initial practitioners and 19 recredentialed practitioners.
 - At the Peer Review and Credentialing (PRCC) meeting held on October 15, 2019, there were 19 initial providers approved: 4 primary care providers, 11 specialists, 0 ancillary providers, and 4 midlevel providers. Additionally, 19 providers were re-credentialed at this meeting: 4 primary care providers, 8 specialists, 0 ancillary providers, and 7 midlevel providers.

- For more information, please refer to the Credentialing charts and graphs located in the Operations supporting documentation.

Provider Dispute Resolution

- 12-Month Trend Summary:
 - The Provider Dispute Resolution (PDR) department resolved 787 cases in October 2019 compared to 766 cases in October 2018.
 - In October 2019, the PDR department upheld 76% of cases versus 86% in October 2018.
 - The PDR department resolved 98% of cases within the compliance standard of 95% within 45 working days in October 2019 compared to 97% in October 2018.
- Monthly Analysis:
 - Alliance received 766 PDRs in October 2019 (no stats were kept prior to the function moving back to Claims in November 2018).
 - In October, 787 PDRs were resolved. Out of the 787 PDRs, 185 were overturned.
 - The overturn rate for PDRs was 24%, which met our goal of 25% or less.
 - 769 of 787 cases were resolved within 45 working days resulting in a 98% compliance rate.
 - There are 1,390 PDRs that are less than 45 working days old that are currently pending resolution.

Community Relations and Outreach

- 12-Month Trend Summary:
 - The Communications & Outreach (C&O) Department completed 26 out of 37 events (70% completion rate) in October 2019 compared to 50 out of 56 events (89% completion rate) in October 2018.
 - The C&O Department reached 1,188 people in the community in October 2019 compared to 2,846 in October 2018.
 - The C&O Department events were held in 10 cities/ unincorporated areas throughout Alameda County in October 2019 compared to 12 cities/unincorporated areas in October 2018.

Operations

Supporting Documents

Member Services

Blended Call Results

Blended Results	Oct 2019
Incoming Calls (R/V)	15,649
Abandoned Rate (R/V)	2%
Answered Calls (R/V)	15,406
Average Speed to Answer (ASA)	00:18
Calls Answered in 30 Seconds (R/V)	91%

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

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

Claims Department

September 2019 Final and October 2019 Final

METRICS		
Claims Compliance	Sep-19	Oct-19
90% of clean claims processed within 30 calendar days	98.9%	98.3%
95% of all claims processed within 45 working days	99.9%	99.9%
Claims Volume (Received)	Sep-19	Oct-19
Paper claims	30,037	31,223
EDI claims	81,541	94,219
Claim Volume Total	111,578	125,442
Percentage of Claims Volume by Submission Method	Sep-19	Oct-19
% Paper	26.92%	24.89%
% EDI	73.08%	75.11%
Claims Processed	Sep-19	Oct-19
HEALTHsuite Paid (original claims)	82,964	104,448
HEALTHsuite Denied (original claims)	23,498	28,362
HEALTHsuite Original Claims Sub-Total	106,462	132,810
HEALTHsuite Adjustments	2,397	1,117
HEALTHsuite Total	108,859	133,927
Claims Expense	Sep-19	Oct-19
Medical Claims Paid	\$36,423,839	\$48,973,529
Interest Paid	\$35,614	\$26,121
Auto Adjudication	Sep-19	Oct-19
Claims Auto Adjudicated	77,562	95,046
% Auto Adjudicated	72.9%	71.6%
Average Days from Receipt to Payment	Sep-19	Oct-19
HEALTHsuite	23	23
Pended Claim Age	Sep-19	Oct-19
0-29 calendar days		
HEALTHsuite	4,869	7,299
30-59 calendar days		
HEALTHsuite	38	240
Over 60 calendar days		
HEALTHsuite	5	6
Overall Denial Rate	Sep-19	Oct-19
Claims denied in HEALTHsuite	23,498	28,362
% Denied	21.6%	21.2%

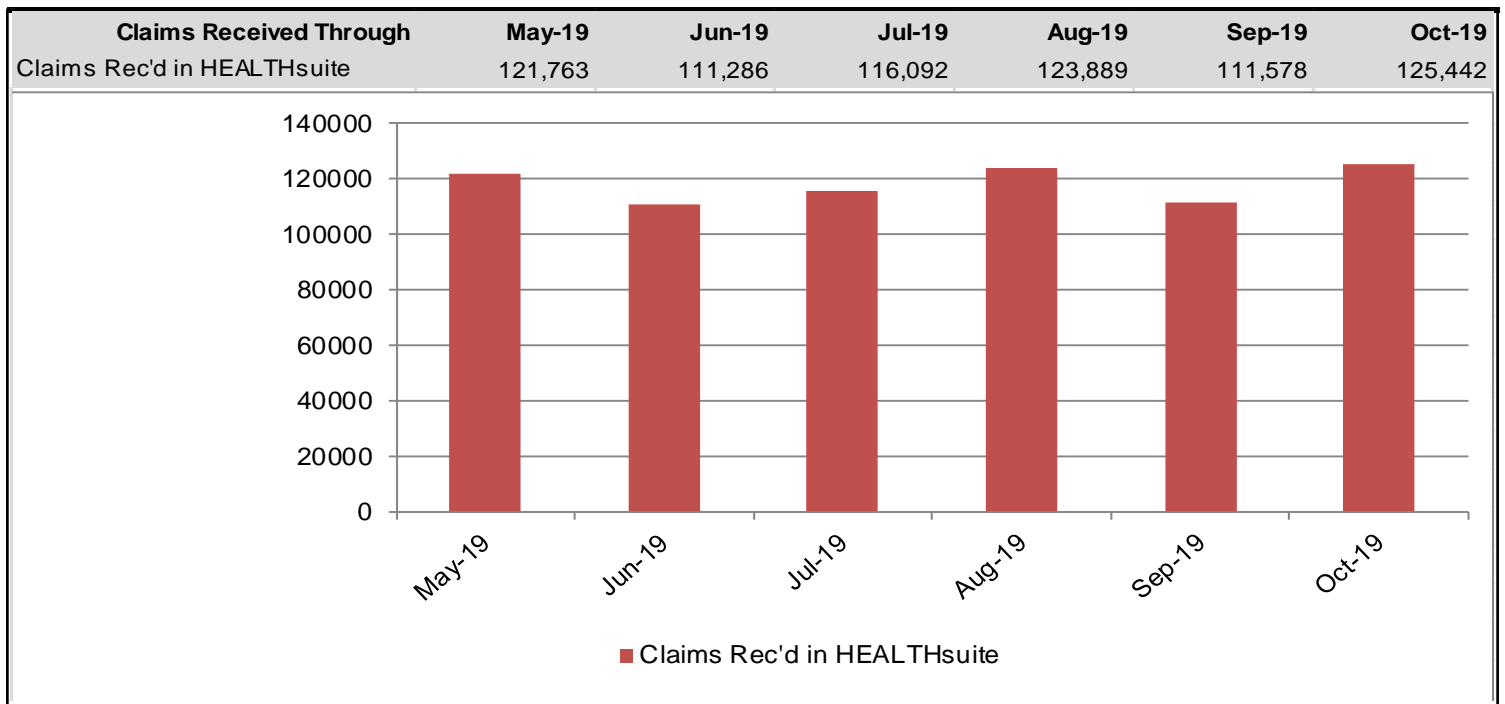
Claims Department

September 2019 Final and October 2019 Final

Oct-19

Top 5 HEALTHsuite Denial Reasons	% of all denials
Responsibility of Provider	27%
Duplicate Claim	13%
Must Submit as a Paper Claim with Copy of Primary Payer EOB	10%
No Benefits Found For Dates of Service	8%
Non-Covered Benefit For This Plan	7%
% Total of all denials	65%

Claims Received By Month



Provider Relations Dashboard October 2019

Alliance Provider Relations Staff	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Incoming Calls (PR)	7386	6262	6811	6997	6926	6077	7307	7175	6001	6716
Abandoned Calls	1718	1146	829	932	863	692	953	1022	955	1282
Answered Calls (PR)	5664	5116	5982	6065	6063	5385	6354	6153	5046	5434
Recordings/Voicemails	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Incoming Calls (R/V)	849	644	420	428	410	357	443	513	474	672
Abandoned Calls (R/V)										
Answered Calls (R/V)	849	644	420	428	410	357	443	513	474	672
Outbound Calls	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Outbound Calls	1642	1602	1814	1658	1701	1496	1913	1747	1337	1534
N/A										
Outbound Calls	1642	1602	1814	1658	1701	1496	1913	1747	1337	1534
Totals	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Total Incoming, R/V, Outbound Calls	9873	8508	9045	9083	9037	7930	9663	9435	7812	8922
Abandoned Calls	1718	1146	829	932	863	692	953	1022	955	1282
Total Answered Incoming, R/V, Outbound Calls	8155	7362	8216	8151	8174	7238	8710	8413	6857	7640

Provider Relations Dashboard October 2019

Call Reasons (Medi-Cal and Group Care)

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct
Authorizations	4.5%	5.1%	4.9%	5.1%	4.5%	4.7%	4.7%	4.9%	4.8%	5.1%
Benefits	2.3%	2.9%	2.6%	2.9%	3.2%	3.3%	3.3%	3.9%	4.2%	3.8%
Claims Inquiry	35.4%	37.0%	37.3%	35.6%	35.1%	33.3%	34.1%	36.5%	38.2%	39.6%
Change of PCP	2.1%	3.4%	3.1%	3.7%	3.5%	4.4%	5.3%	5.2%	4.5%	3.6%
Complaint/Grievance (includes PDR's)	2.5%	2.5%	2.2%	2.2%	3.0%	2.9%	2.8%	2.4%	2.4%	3.3%
Contracts	0.4%	0.4%	0.5%	0.3%	0.6%	0.4%	0.5%	0.7%	0.5%	0.4%
Correspondence Question/Followup	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.0%	0.1%
Demographic Change	0.1%	0.1%	0.2%	0.1%	0.1%	0.2%	0.1%	0.2%	0.2%	0.3%
Eligibility - Call from Provider	30.5%	30.1%	29.7%	30.1%	29.8%	30.5%	26.9%	24.5%	28.9%	25.1%
Exempt Grievance/ G&A	0.1%	0.0%	0.2%	0.0%	0.1%	0.1%	0.0%	0.0%	0.1%	0.0%
General Inquiry/Non member	0.1%	0.2%	0.2%	0.1%	0.1%	0.3%	0.3%	0.2%	0.2%	0.2%
Health Education	0.0%	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%	2.4%
Kaiser	0.1%	0.2%	0.2%	0.1%	0.2%	0.3%	0.2%	0.2%	0.2%	0.3%
Member bill	0.1%	0.1%	0.2%	0.2%	0.3%	0.3%	0.4%	0.4%	0.1%	0.4%
Mystery Shopper Call	0.0%	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%	3.4%
Pharmacy	0.8%	1.2%	1.2%	1.5%	1.3%	1.2%	1.4%	1.5%	1.4%	1.4%
Provider Network Info	0.1%	0.1%	0.1%	0.2%	0.2%	0.1%	0.2%	0.3%	0.1%	0.1%
Transferred Call	7.3%	0.5%	0.1%	0.5%	1.1%	1.2%	0.6%	1.9%	0.6%	0.1%
All Other Calls	9.2%	12.1%	12.6%	12.5%	12.2%	11.8%	14.7%	11.4%	7.7%	10.4%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

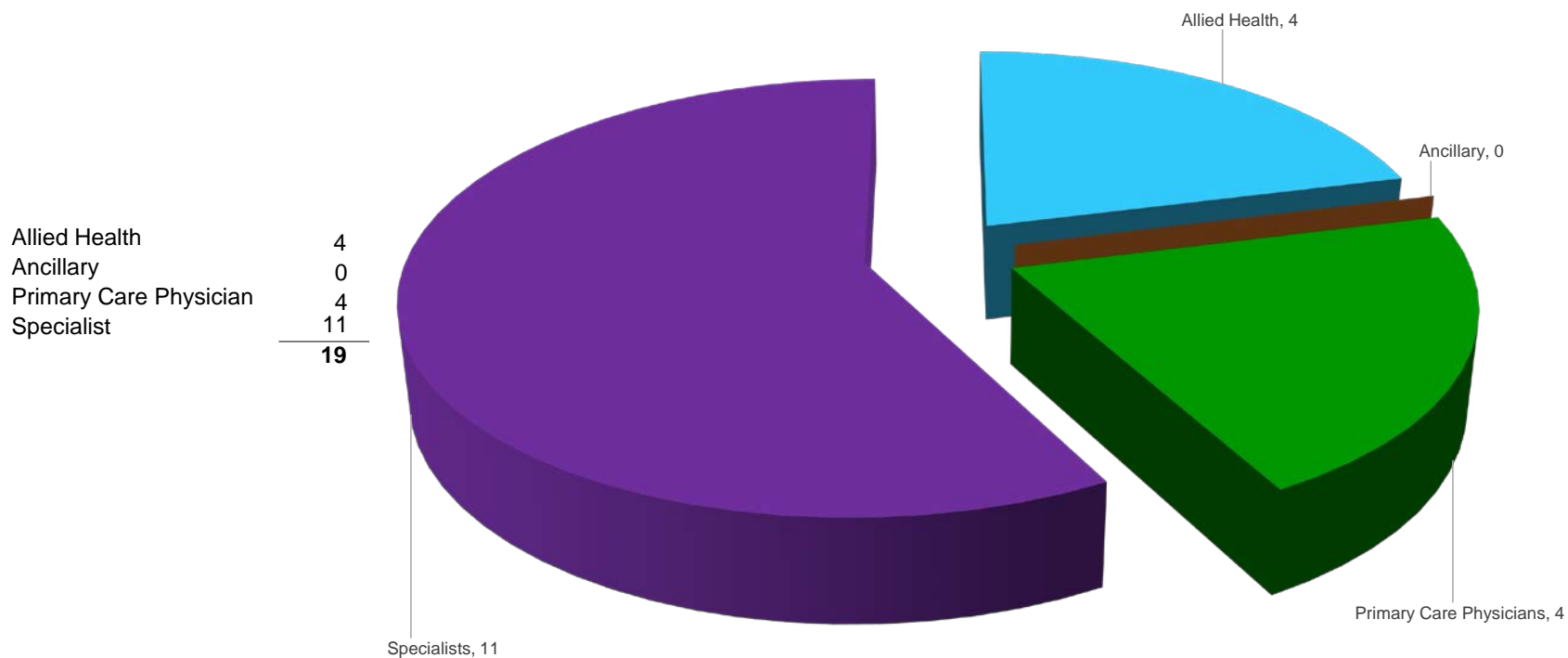
Field Visit Activity Details

Alliance Provider Relations Staff	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Claims Issues	1	1	4	4	4	1	0	5	3	3
Contracting/Credentialing	0	1	1	0	0	0	0	0	1	0
Drop-ins	0	5	10	10	3	4	4	7	47	20
JOM's	3	2	2	3	2	1	3	1	2	3
New Provider Orientation	0	3	5	4	2	2	22	14	26	23
Quarterly Visits	52	75	44	2	143	50	118	63	45	76
UM Issues	2	0	1	0	0	0	0	1	0	1
Total Field Visits	58	87	67	23	154	58	147	91	124	126

ALLIANCE NETWORK SUMMARY, CURRENTLY CREDENTIALLED PRACTITIONERS					
Credentialed Practitioners	AHP 404	PCP 369	SPEC 655	PCP/SPEC 19	
AAH/AHS/CHCN Breakdown	AAH 428	AHS 198	CHCN 433	COMBINATION OF GROUPS 388	
Facilities	230				
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	41	26	25	Y	Y
Recred Files in Process	73	17	25	Y	Y
Expirables updated Insurance, License, DEA, Board Certifications					Y
Files currently in process	114				
CAQH Applications Processed in October 2019					
Standard Providers and Allied Health	Invoice not received				
October 2019 Peer Review and Credentialing Committee Approvals					
Initial Credentialing	Number				
PCP	4				
SPEC	11				
ANCILLARY	0				
MIDLEVEL/AHP	4				
	19				
Recredentialing					
PCP	4				
SPEC	8				
ANCILLARY	0				
MIDLEVEL/AHP	7				
	19				
TOTAL	38				
October 2019 Facility Approvals					
Initial Credentialing	4				
Recredentialing	2				
Facility Files in Process	31				
October 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/RECREC	CRED DATE
Bangera	Natasha	Primary Care Physician	Initial	10/15/2019
Bermingham	Yamilee	Specialist	Initial	10/15/2019
Chentanez	Teera	Specialist	Initial	10/15/2019
Elliott	Tyronda	Specialist	Initial	10/15/2019
Fleisig	Sarah	Specialist	Initial	10/15/2019
Goldrich	Michael	Primary Care Physician	Initial	10/15/2019
Grewal	Harkiran	Specialist	Initial	10/15/2019
Jacques	Thomas	Specialist	Initial	10/15/2019
Khaleel	Daniel	Specialist	Initial	10/15/2019
Killion	Isabella	Allied Health	Initial	10/15/2019
Leach	Kathryn	Allied Health	Initial	10/15/2019
Lopez-Arredondo	Yahaira	Primary Care Physician	Initial	10/15/2019
Mancao	Marilisa	Primary Care Physician	Initial	10/15/2019
Mbagwu	Chukwudi	Specialist	Initial	10/15/2019
Nolan	Ryan	Specialist	Initial	10/15/2019
Peniche	Alec	Specialist	Initial	10/15/2019
Tian	Nancy	Allied Health	Initial	10/15/2019
Waissbluth	Alvaro	Specialist	Initial	10/15/2019
Walton	Paulette	Allied Health	Initial	10/15/2019
Adame	Claudia	Allied Health	Recred	10/15/2019
Adler	Ronald	Specialist	Recred	10/15/2019
Adler-McDonald	Sarah	Allied Health	Recred	10/15/2019
Chang	Ruby	Specialist	Recred	10/15/2019
Chen	Arthur	Primary Care Physician	Recred	10/15/2019
Chen	Judy	Specialist	Recred	10/15/2019
Epstein, Jr.	Ervin	Specialist	Recred	10/15/2019
Gersten-Rothenberg	Karen	Allied Health	Recred	10/15/2019
Jamaledine	Ghassan	Primary Care Physician	Recred	10/15/2019
Lavelle	Laura	Allied Health	Recred	10/15/2019
Mcglashan	Kate	Allied Health	Recred	10/15/2019
Moyce	Andrew	Specialist	Recred	10/15/2019
Nam	Enoch	Specialist	Recred	10/15/2019
Navani	Annu	Specialist	Recred	10/15/2019
Ninichuck	Joshua	Allied Health	Recred	10/15/2019
Oommen	Santosh	Specialist	Recred	10/15/2019
Roisman	Debra	Allied Health	Recred	10/15/2019
Sun	Chao	Primary Care Physician	Recred	10/15/2019
Tseng	Yu-Tzu	Primary Care Physician	Recred	10/15/2019

OCTOBER PEER REVIEW AND CREDENTIALING INITIAL APPROVALS BY SPECIALTY



Provider Dispute Resolution

September 2019 Final and October 2019 Final

METRICS

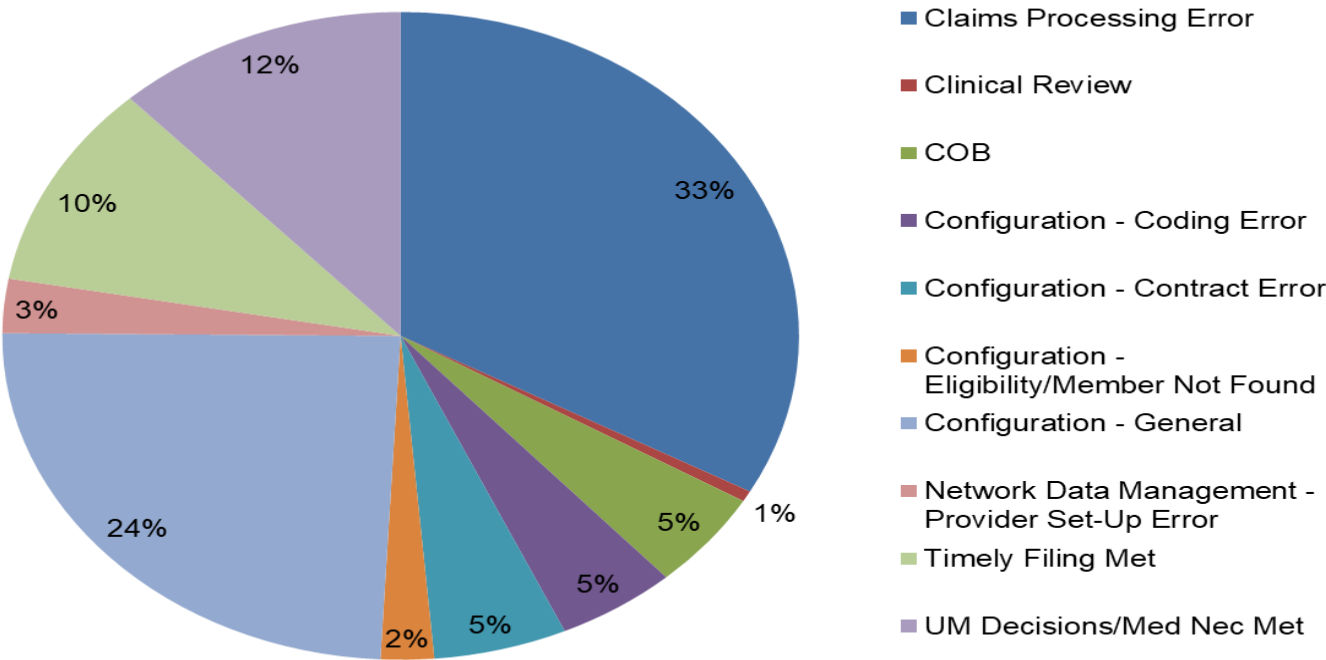
PDR Compliance	Sep-19	Oct-19
# of PDRs Resolved	601	787
# Resolved Within 45 Working Days	578	769
% of PDRs Resolved Within 45 Working Days	96%	98%
PDRs Received	Sep-19	Oct-19
# of PDRs Received	817	766
PDR Volume Total	817	766
PDRs Resolved	Sep-19	Oct-19
# of PDRs Upheld	457	602
% of PDRs Upheld	76%	76%
# of PDRs Overturned	144	185
% of PDRs Overturned	24%	24%
Total # of PDRs Resolved	601	787
Unresolved PDR Age	Sep-19	Oct-19
0-45 Working Days	1,402	1,390
Over 45 Working Days	32	3
Total # of Unresolved PDRs	1,434	1,393

Provider Dispute Resolution

September 2019 Final and October 2019 Final

Oct-19

PDR Resolved Case Overturn Reasons



Rolling 12-Month PDR Trend Line



Project Management Office Portfolio Overview for October 2019

Alliance Portal Redesign Project

- Go live moved to 2020 due to changing the structure of the HTML Design and Auth Submission, EOP Design, and new Provider data feed requirement. LOE for work analysis in progress. Date to confirm new Go-Live date is Nov 6.
 - HTML Design SOW executed on 10/7/19.
 - HTML development by Healthx trending to complete 11/4/19.
 - Healthx/Alliance HTML site build review 11/6/19.
 - IEOP HX development began 10/30/19.
 - New Provider Feed Requirement sign-off 11/27/19.

Contract Database Project

- On hold until December 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 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 9/5/19.
 - Oncology contract (Letter of Agreement) signed 9/3/19.
 - Respite(BACS) contract signed 10/17/19, effective 11/1/19.
 - Health Home internal meetings signed 10/17/19, effective 1/1/20.
 - Infusion/J-Coded Drugs work-group contract pending.

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 | OCTOBER

During the month of October of Fiscal Year 2019-2020, the Alliance initiated and/or was invited to participate in a total of **37** events throughout Alameda County. The Alliance completed **26** out of the **37** events (**70%**). The Alliance reached a total of **1,188** people, and spent a total of **\$5,325** in donation, fees, and/or sponsorships.

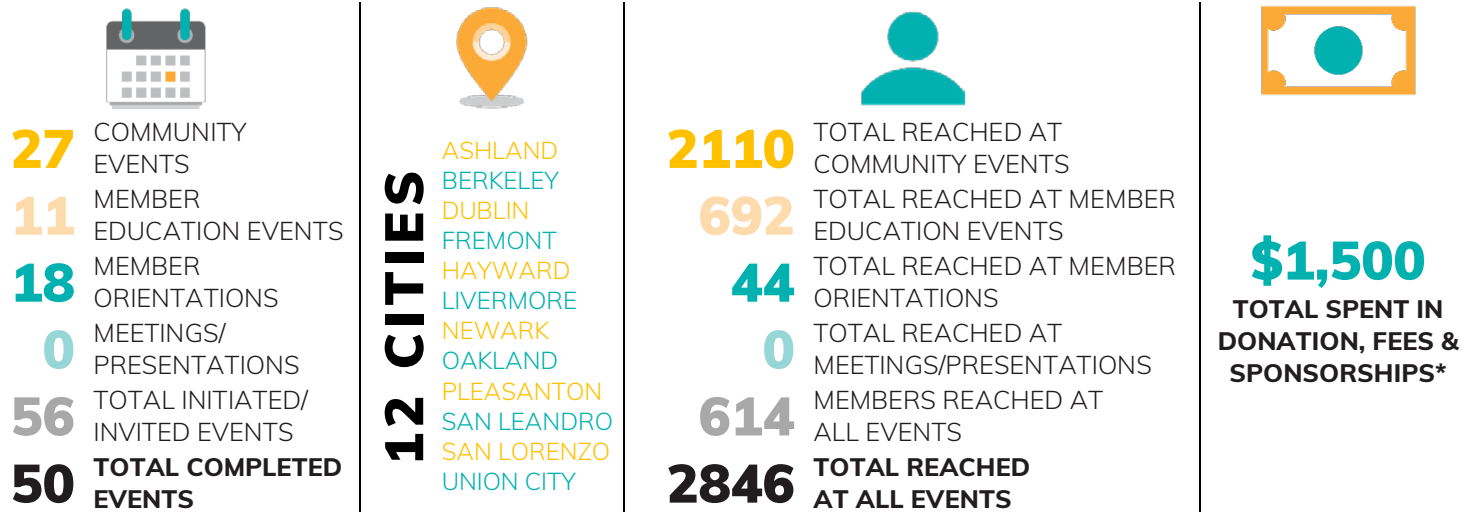
All of the numbers reached at member orientations (MO) are Alliance Members. Approximately 20% of the numbers reached at community events are Medi-Cal Members, of which, 82% are estimated to be Alliance members based on Managed Care Enrollment Reports. Additionally, the Outreach Team began tracking Alliance members at community events in late February 2018. Since July 2018, **12,723** self-identified Alliance members were reached at community events, and member education events.

All events details can be reviewed at: **W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Outreach Reports\FY 2019-2020\Q2**.

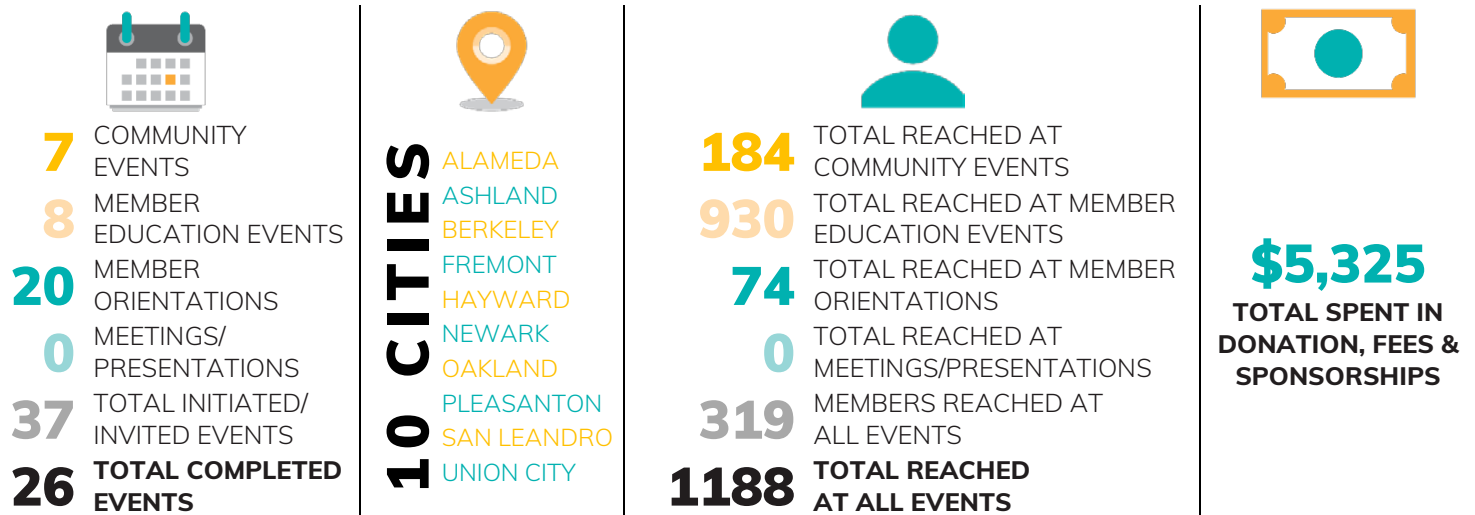
ALLIANCE IN THE COMMUNITY

FY 2019-2020 | OCTOBER

OCTOBER 2018 TOTALS



OCTOBER 2019 TOTALS



* Includes refundable deposit.

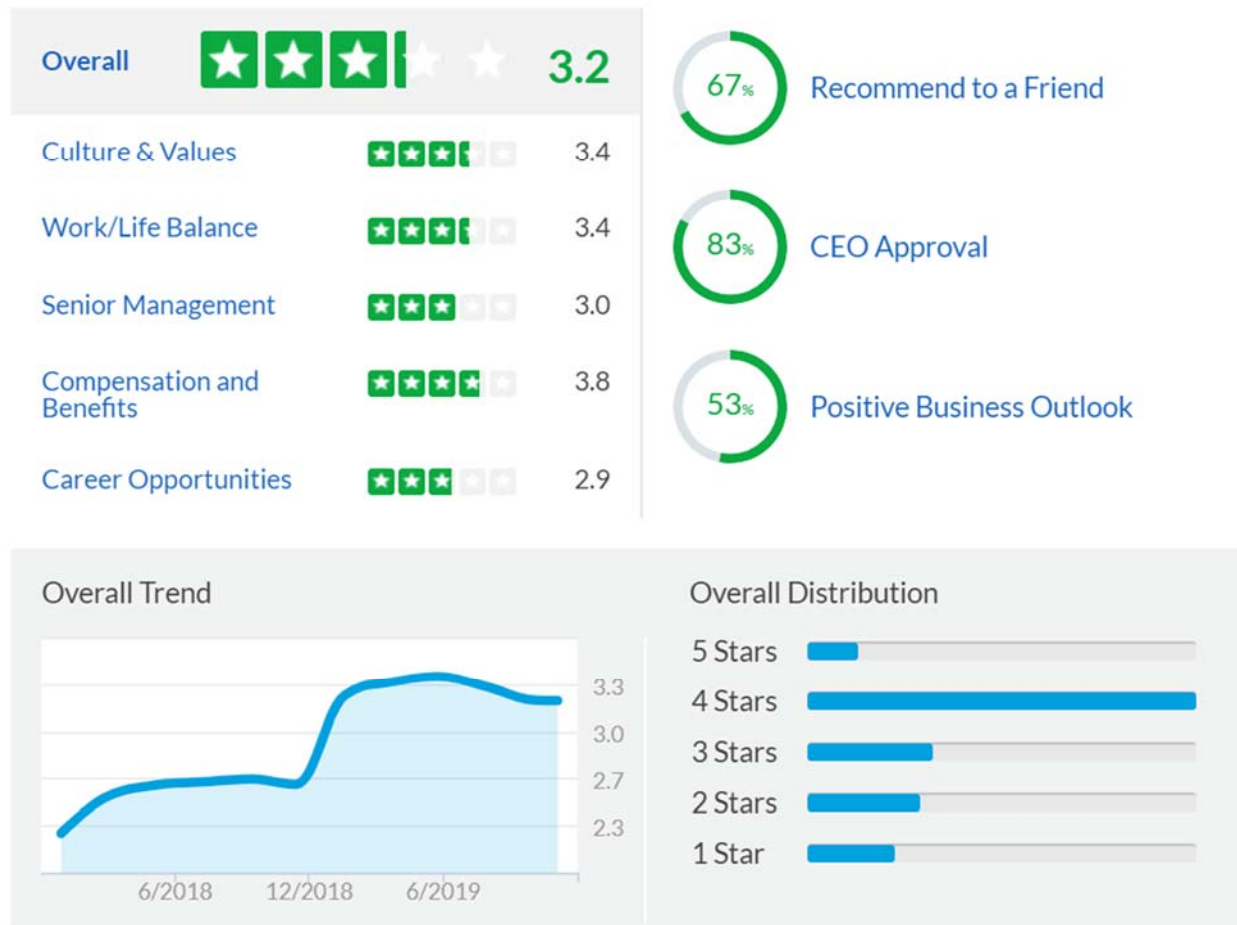
COMMUNICATIONS & OUTREACH DEPARTMENT

SOCIAL MEDIA REPORT

FY 2019-2020 | October 2019

GLASSDOOR OVERVIEW:

Alameda Alliance for Health Ratings and Trends

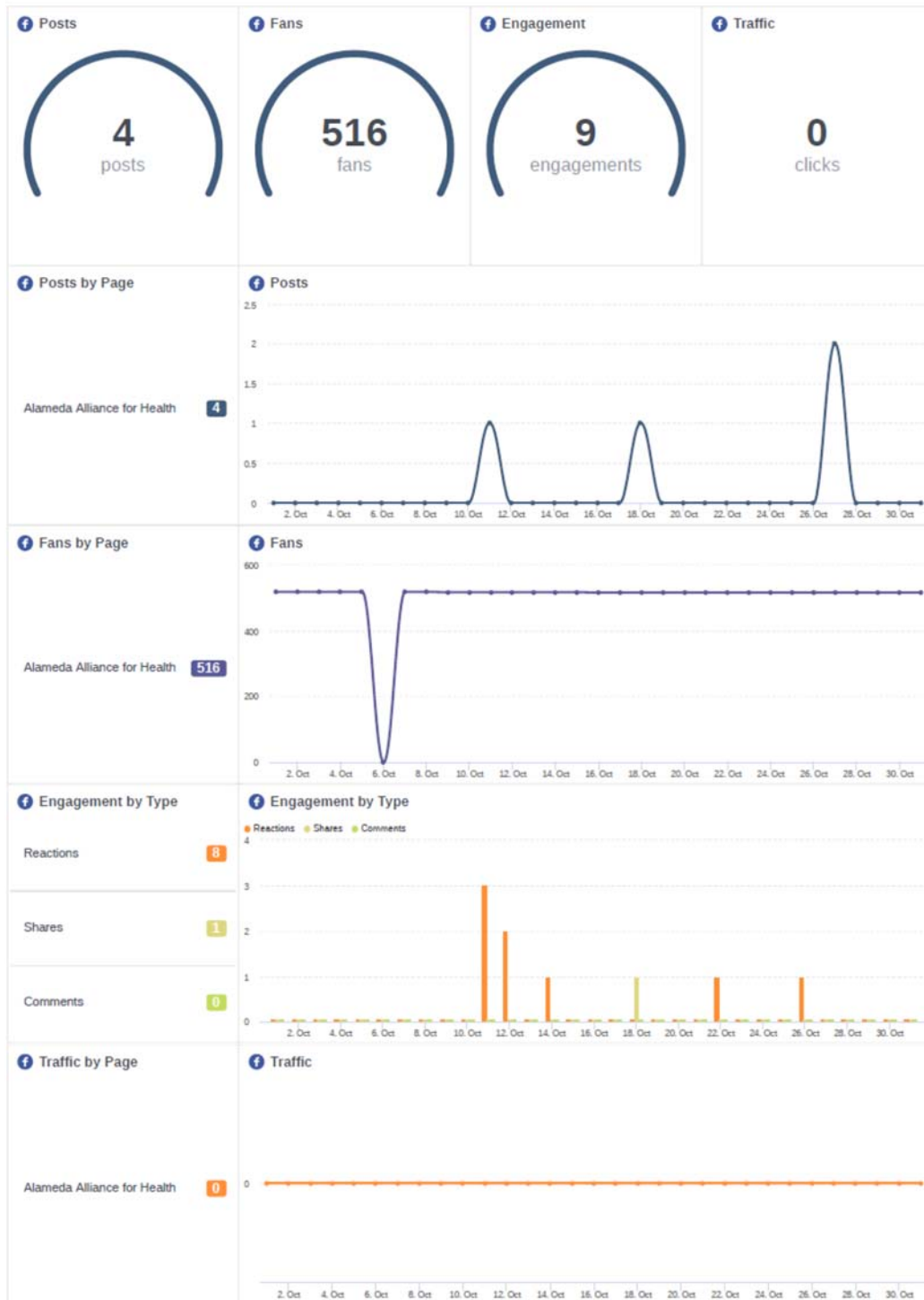


All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2019-2020\Q2\1. October 2019

ALLIANCE IN THE COMMUNITY OUTREACH REPORT

FY 2019-2020 | October 2019

FACEBOOK OVERVIEW:

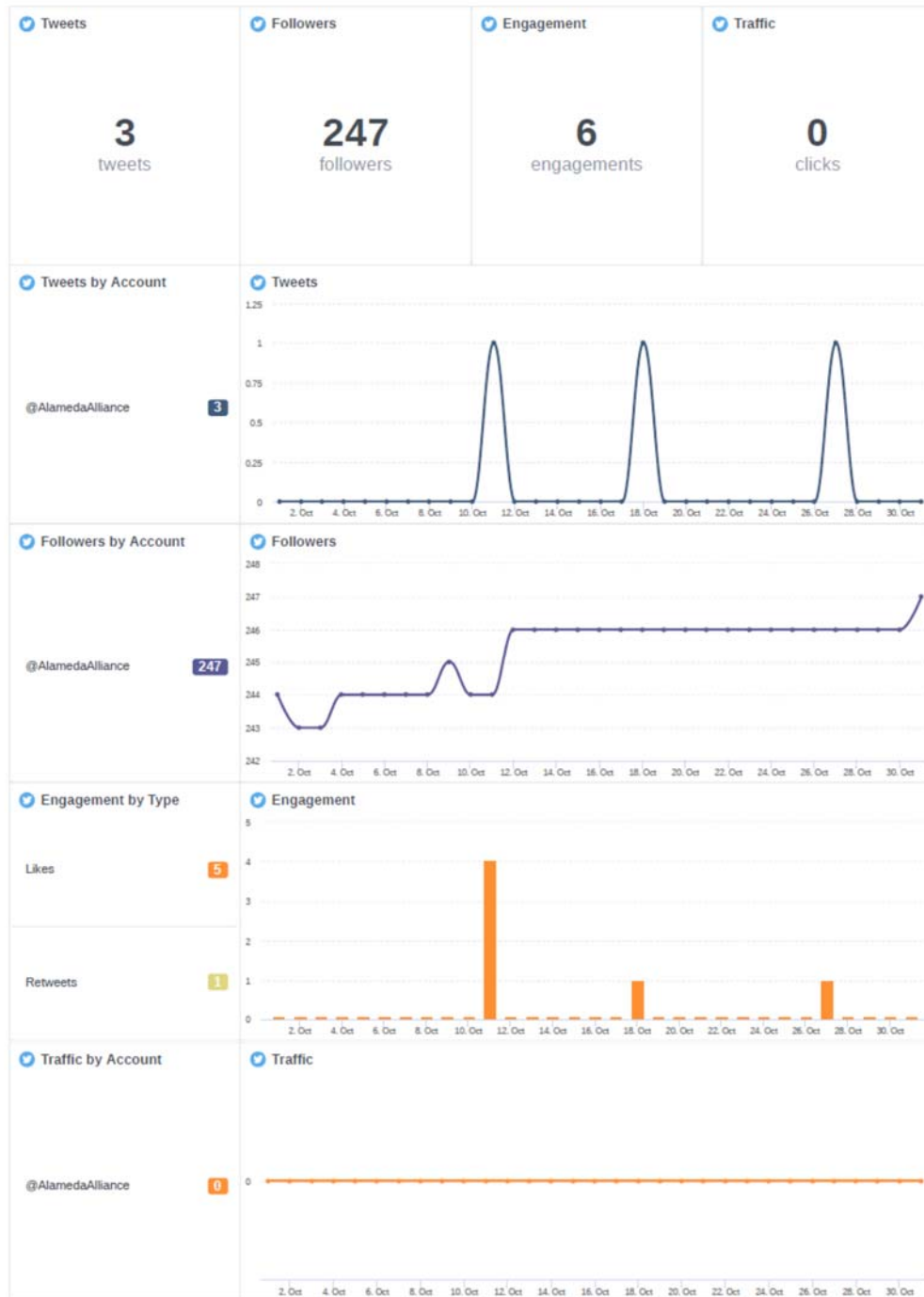


All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2019-2020\Q2\1. October 2019

ALLIANCE IN THE COMMUNITY OUTREACH REPORT

FY 2019-2020 | October 2019

TWITTER OVERVIEW:



All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2019-2020\Q2\1. October 2019

ALLIANCE IN THE COMMUNITY OUTREACH REPORT

FY 2019-2020 | October 2019

LINKEDIN OVERVIEW:



W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2019-2020\Q2\1. October 2019

ALLIANCE IN THE COMMUNITY OUTREACH REPORT

FY 2019-2020 | October 2019

YELP OVERVIEW:

Activity

October 2, 2019 - October 31, 2019

Period:

30 days

12 months

24 months

User Views ⓘ

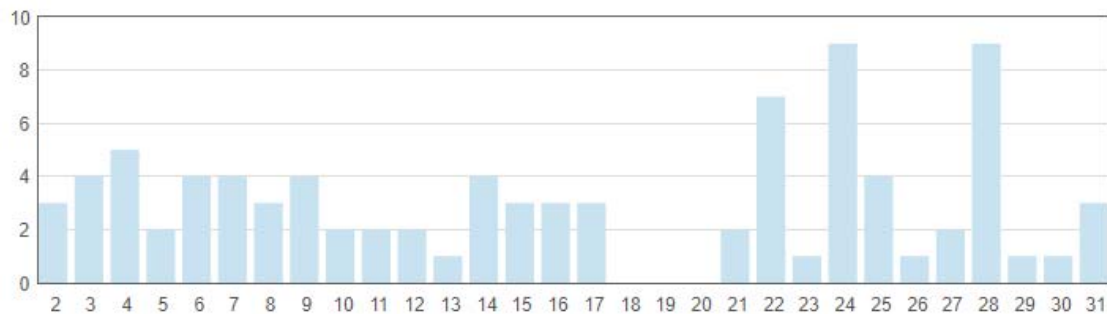
89 ↗ 40%

Customer Leads ⓘ

10

Revenue Estimate ⓘ

Get your revenue estimate



About your audience:

October 2, 2019 - October 31, 2019

43 User Views (48%) came from mobile devices.

Your business appeared in Yelp search results 134 times.

W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2019-2020\Q2\1. October 2019

To: Alameda Alliance for Health Board of Governors

From: Diana Sekhon, Compliance Director

Date: November 8, 2019

Subject: Compliance Report

DHCS Updates

- 2019 DHCS Medical Audit:
 - The Plan received the final audit report on 10/21/2019 from DHCS from the June onsite audit. The final report included a total of 28 findings. Some of the areas cited include the following; utilization management authorization, referral tracking, behavioral health referral process, notice of action letters, delegation oversight, grievance, appeals, fraud investigations, and provider training. The Plan has included the final audit findings in its Compliance dashboard and is working on corrective action plans to resolve the cited deficiencies.

DMHC Updates

- 2019 DMHC Financial Audit:
 - The Plan received the audit notification and pre audit documentation request from the DMHC on 8/20/19. The onsite audit will begin 12/09/2019 with a review period of the last three years. The Plan is currently working on gathering the pre-audit documentation due for submission to the DMHC on 11/08/2019.
- 2020 DMHC Follow Up Medical Audit:
 - The DMHC provided notice to the Plan on 11/01/2019 that they will be conducting a follow up audit for the outstanding deficiencies identified in the 2018 final report of the routine medical audit. The Plan is working on pre-audit documentation for submission to the DMHC on 12/02/2019. The audit will begin 2/04/19 either by onsite or desktop review.

Regulatory Updates

- Governor's *Proclamation of a Statewide State of Emergency Due to Extreme Fire Weather Conditions (DMHC All Plan Letter 19-022)*.
 - DMHC issued an APL on 10/25/2019 to address the State of Emergency and Assembly Bill 2941 requirements for plans to provide enrollees displaced by a declared state of emergency with continued access to

medically necessary health care services. The Plan was required to file a notice with the DMHC within 48 hours of a proclamation of a State of Emergency by the Governor outlining any potential impacts and the plan in place to ensure health care needs of members are met.

- *QIF Plan Regulatory Requirements (DMHC All Plan Letter 19-011).*
 - The Plan continues to work on its surrendering of the QIF license implementation plan with the DMHC. The Plan has met all the DMHC filing requirements and continues to update the DMHC on next steps with the County contract updates. The Plan is assessing its provider and vendor contracts, member communication, quality and utilization management programs, and other areas to identify what updates will be needed.
- *Proposition 56 Hyde Reimbursement Requirements for Specified Services (DHCS All Plan Letter 19-013)*
 - DHCS issued an APL on 10/17/2019 that expands on the Tobacco Tax Act of 2016 (Proposition 56) for including the provision of specified state-supported medical pregnancy termination services. Plans and their delegates must pay the individual rendering providers that are qualified to provide and bill for medical pregnancy termination services with dates of service on or after July 1, 2017, using Proposition 56 appropriated funds.

Legislative Bill Updates

- 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 577 (Eggman – D) Medi-Cal: Maternal Mental Health
 - Status: 10/12/19 – Approved by the Governor, Chapter 776, Statutes of 2019.
 - Summary: Would extend Medi-Cal eligibility for a pregnant individual who is receiving health care coverage under the Medi-Cal program, or another specified program, and who has been diagnosed with a maternal mental health condition, for a period of one year following the last day of the individual's pregnancy if the individual complies with certain requirements.
- AB 744 (Aguiar-Curry – D) Health Care Coverage: Telehealth
 - Status: 10/13/2019 - Approved by the Governor Chapter 867, Statutes of 2019.
 - 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.

- *AB 1494 (Aguiar-Curry – D) Medi-Cal: Telehealth: State of Emergency*
 - Status: 10/12/2019 - Approved by the Governor Chapter 829 Statutes of 2019.
 - 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.



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

Health Care Services

Steve O'Brien, MD

To: Alameda Alliance for Health Board of Governors

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

Date: November 8, 2019

Subject: Health Care Services Report

UTILIZATION MANAGEMENT: OUTPATIENT

(Director: Julie Anne Miller, Manager: Hope Desrochers)

- The outpatient UM team has maintained Turn-Around-Times (TAT) despite absorbing the advanced imaging UM reviews from our previous vendor, Evicore. The rate of denials has decreased, as has the number of imaging appeals and overturns.
- Outpatient UM is working closely with Compliance and Quality Assurance on responses to regulatory findings related to Notice of Action (NOA) letters and retrospective denials in order to achieve and maintain compliance.
- Efficiency and consistency remain top goals for UM and the team is working on changes to palliative care authorizations as well as streamlining operational processes through work with the AAH IT team.
- In the area of Delegation oversight, the outpatient UM team has begun increased dialogue with our largest delegate (CHCN). The team plans to expand on the strides made by the inpatient teams and increase the understanding of how we best work together to assure consistent, evidence based UM decision making that ensures timely access to care.

Outpatient Authorization Denial Rates			
Denial Rate Type	August 2019	September 2019	October 2019
Overall Denial Rate	6.1%	4.4%	3.4%
Denial Rate Excluding Partial Denials	5.4%	4.1%	3.2%
Partial Denial Rate	0.7%	0.3%	0.2%

Turn Around Time Compliance			
Line of Business	August 2019	September 2019	October 2019
Overall	98%	98%	99%
Medi-Cal	98%	98%	99%
IHSS	96%	97%	99%
<i>Benchmark</i>	<i>95%</i>	<i>95%</i>	<i>95%</i>

UTILIZATION MANAGEMENT: INPATIENT

(Director: Julie Anne Miller, Managers: Lily Hunter & Eva Repert)

- 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. Standard work continues to be improved as we are developing ways to better partner with our acute care partners. The inpatient team will be key team members in the Transition of Care Bundle.
- The Delegation Oversight work begun last month with CHCN has yielded increased consistency and greatly improved understanding of each other's processes and systems. The gap between CHCN and AAH inpatient denial rates has decreased significantly as this work continues. The UM Inpatient manager is reviewing the CHCN denials weekly, attends their weekly inpatient rounds and provides direct feedback.

Inpatient Utilization Total All Aid Categories Actuals (excludes Maternity)			
Metric	July 2019	August 2019	September 2019
Authorized LOS	4.6	4.2	4.2
Admits/1,000	59.2	59.8	55.8
Days/1,000	270.2	250.4	232.5

PHARMACY

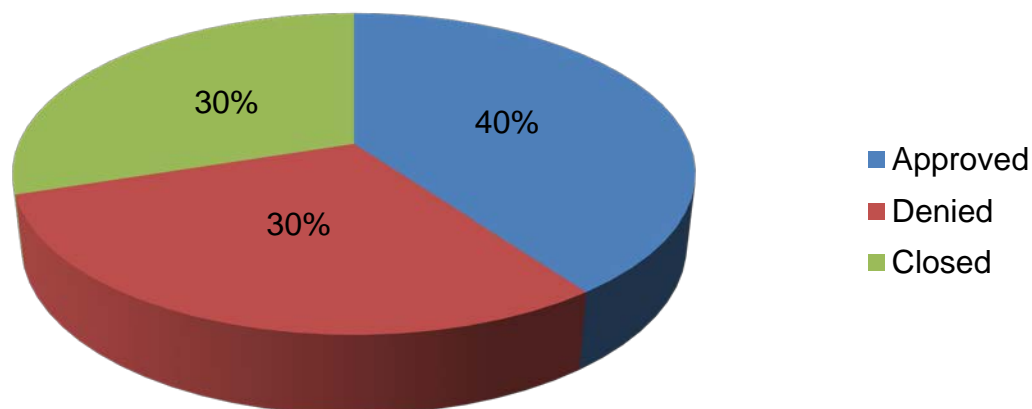
(Senior Director: Helen Lee)

- Pharmacy continues to perform 100% turn-around time compliance for all line of business.
- Outpatient initial approval rate is 40% and denial rates are 30%. The approval rate was increased while denial rates dropped compared to previous reporting periods. Diabetes, asthma/COPD, pain and GERD medications are common reasons for denials due to formulary issues. AAH offers clinically equal more cost effective formulary alternatives.
- Harry Hendrix at DHCS met with health plan medical directors on Oct 29, 2019 to update implementation of Governor Newsom's Executive Order on pharmacy. A RFP for a single PBM contract was awarded 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, in authorization, denial & appeals of physician administered drugs (PADS) and outpatient infusion drugs.
- Quality improvement and 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, dialysis, Sickle cell disease and outpatient infusion and oncology strategies.

Summary Table October 2019

Decisions	Number of PAs Processed
Approved	725
Denied	547
Closed	535
Total	1807

October 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 Mellitus	Criteria for approval not met
2	LIDOCAINE 5% PATCH	Pain	Criteria for approval not met
3	SYMBICORT 160-4.5 MCG INHALER	Asthma or Chronic Obstructive Pulmonary Disease (COPD)	Criteria for approval not met
4	BREO ELLIPTA 200-25 MCG INH	Asthma or Chronic Obstructive Pulmonary Disease (COPD)	Criteria for approval not met
5	HUMALOG 100 UNITS/ML KWIKPEN	Diabetes Mellitus	Criteria for approval not met
6	BREO ELLIPTA 100-25 MCG INH	Asthma or Chronic Obstructive Pulmonary Disease (COPD)	Criteria for approval not met
7	LANTUS SOLOSTAR 100 UNIT/ML	Diabetes Mellitus	Criteria for approval not met
8	ADVAIR HFA 115-21 MCG INHALER	Asthma or Chronic Obstructive Pulmonary Disease (COPD)	Criteria for approval not met
9	DEXILANT DR 60 MG CAPSULE	Gastroesophageal Reflux(GERD)	Criteria for approval not met
10	VENTOLIN HFA 90 MCG INHALER	Asthma or Chronic Obstructive Pulmonary Disease (COPD)	Criteria for approval not met

CASE AND DISEASE MANAGEMENT

(Director: Julie Anne Miller, Managers: Lily Hunter & Eva Repert)

- With the goal of ensuring that vulnerable members are provided the right level of support to maximize their health outcomes and improving throughput across the care continuum, the Case Management team is focusing on standardizing the cadence of member contacts and engagement.
- The Transition of Care (TOC) bundle is being deployed in pilot phase with Alameda Health System's Highland campus. TOC elements include:
 - Discharge phone call.
 - Discharge appointment.
 - Medication reconciliation.
 - Transportation & DME assessment.
- Respite care has taken a step forward for AAH members with the recent execution of a contract for respite beds at Bay Area Community Services (BACS). We are supporting our partners at Alameda HCSA, Lifelong Medical and Alameda Health System on their work with the Adeline respite facilities, which will start to open soon. Respite care will be an important step in helping to improve flow of members across the care continuum. Placement issues at the time of discharge account for significant wasted expense and causes congestion in the flow of patients through our acute care and post-acute settings (e.g. skilled nursing facilities [SNFs]).
- SNF contracting has been completed to facilitate placement of difficult to place members. This contract with Rockport affiliated SNF's is another effort to help improve flow of members through our acute care facilities.

HEALTH HOMES & ALAMEDA COUNTY CARE CONNECT (AC3)

(Director: Julie Anne Miller, Manager: Amy Stevenson)

- Health Homes team is maintaining the large, current chronic disease CB-CME network while planning for the expansion of the network to include member with serious mental illness (SMI) starting January, 2020. Contracts have been signed or are being worked on with at least four agencies with experience in serving the SMI population. Currently 770 members are in Health Homes, 362 are in AC3.

Case Type	New Cases Opened in September 2019	Total Open Cases As of September 2019
Care Coordination	306	729
Complex Case Management	25	81

Quality

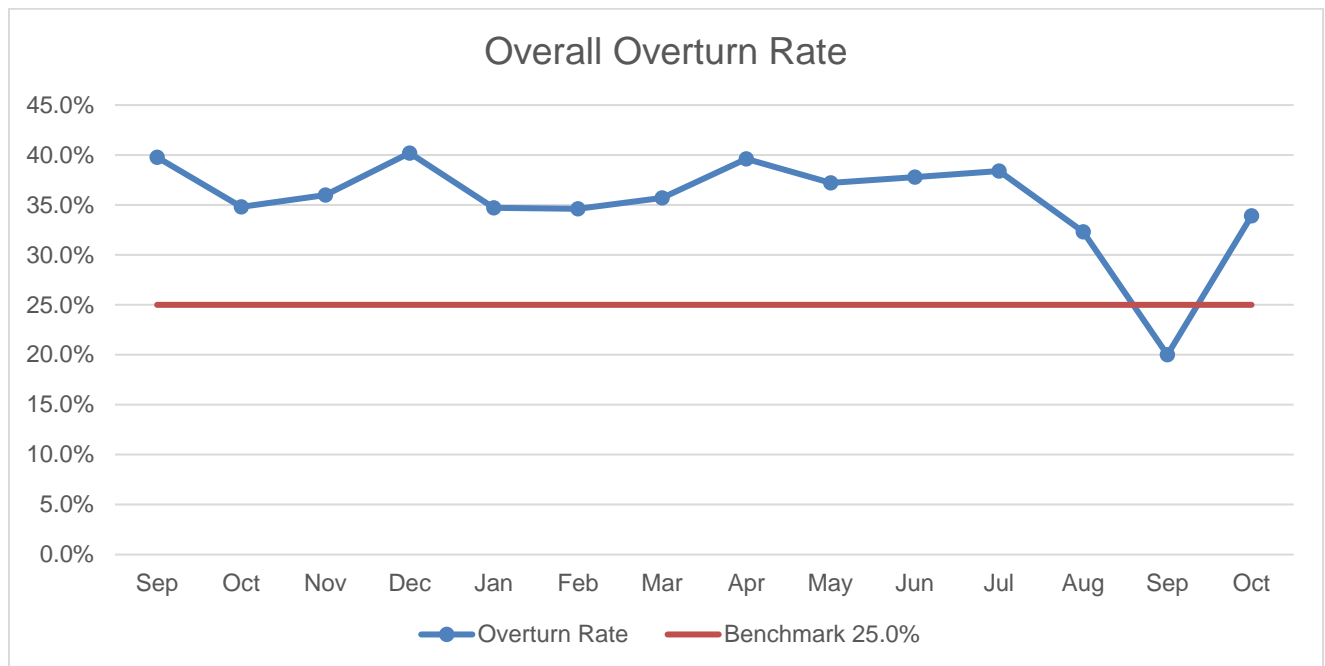
- AAH Quality team in collaboration with Analytics continues to identify and target clinical partners with HEDIS improvement needs and the ability to effectively partner for change.
- Evaluation of HEDIS results is informing our Quality Improvement strategy for this fiscal year in areas including our Quality Improvement Plans (QIPs) with the state, as well as, internal department integrated Performance Improvement Projects.
- HEDIS Gap in Care (GIC) reports serve as an ‘access to care’ performance tool for our network and delegate providers initiating member outbound calls by AAH and provider office staff to schedule clinical appointments. This health plan/provider collaboration is resulting in increased GIC closure and service utilization for timely health assessments, screenings and referrals.
- AAH 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 coordination/management in addition to member incentives for target measures. Improving access to care and services and efficacy of the EPSDT benefit for member’s age 0-20, through enhanced collaboration with Alameda County healthcare CBO’s, as well as, direct and delegate pediatric providers, is the focus of this exciting pilot.
- Additionally, 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), First 5 Help Me Grow.
- The Quality Team is watching closely on rapidly changing ground rules related to member texting campaigns. We are assessing strategies and targets for potential texting proposals and pilot’s in 2020, for appointment reminders and health education promotion, while gathering experience, and strategic “lessons learned” from like MCPs.
- Multiple surveys are completed throughout the year to assess member Access to Care. Access standards come from state/federal regulations and AAH internal Policy & Procedures. Dozens of providers received correction action plans (CAPs) to address member perceived access to care deficits. Results of these CAPs are reviewed by the credentialing committee during the normal credentialing for providers.

Grievance & Appeals

- All cases were resolved within the goal of 95% within regulatory timeframes;
- Total grievances resolved in December went over our goal of less than 1 complaint per 1,000 members at 6.39 complaints per 1,000 members;
- CHME – showed a decrease in overall complaints since Q4 2018. Will continue to monitor grievances for trends and/or improvement and re-evaluate CAP at the end of Q4.
- The Alliance implemented an updated process with AHS due to findings from the 2019 DHCS Medical Audit. AHS had been processing complaints internally and has been educated that complaints need to come to the plan, per regulations. The implementation of the updated process will ensure that AHS complies with Alameda Alliance in identifying, processing and resolving all Member grievance and appeals in accordance with the Member grievance policy and procedure set forth in the Provider Manual, and Quality Improvement Program.

September 2019 Cases	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	266	30 Calendar Days	95% compliance within standard	263	98.8%	1.05
Expedited Grievance	0	72 Hours	95% compliance within standard	0	100.0%	
Exempt Grievance	1,290	Next Business Day	95% compliance within standard	1,290	100.0%	5.10
Standard Appeal	56	30 Calendar Days	95% compliance within standard	56	100.0%	0.22
Expedited Appeal	3	72 Hours	95% compliance within standard	3	100.0%	0.01
Total Cases:	1,615		95% compliance within standard	1,612	99.8%	6.39

*Goal is to have less than 1 complaint (Grievance and Appeals) per 1,000 members (calculation: the sum of all unique grievances for the month divided by the sum of all enrollment for the month multiplied by 1000.)



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.
- Findings from NCQA and DHCS are presented to the board's Compliance Advisory Committee in detail.



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Information Technology

Sasikumar Karaiyan

To: Alameda Alliance for Health Board of Governors

From: Sasi Karaiyan, Executive Director of Information Technology

Date: November 8, 2019

Subject: Information Technology Report

Call Center System Availability

- AAH phone systems and call center applications remained 100% available during the month of October. No call center outages occurred during this month. Overall, we are continuing to perform the following activities to optimize the call center ecosystem (applications, backend integration, configuration, and network).
 - Session Initiation Protocol (SIP) trunk migration from Vonage to AT&T. 90% of the activities are complete and testing is in progress. SIP trunk migration is scheduled to complete on November 16, 2019.
 - In September 2019, implemented the IVR to support Alliance Eligibility Verification System (AVES) IVR. Now, expanding the IVR capability to support outbound dialer. 90% of configuration is complete and testing is in progress.
 - Upgrading the call manager environment (2 Ring, Calabrio, and Finesse software) – Project planning started.

Encounter Data

- In the month of October, AAH submitted 109 encounter files to DHCS with a total of 254,198 encounters.

Enrollment

- The 834 file from DHCS for the month of October 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 8,768 authorization (total authorizations loaded in TruCare production) processed through the system.
- There were 12,976 manually updated authorizations in TruCare.
- Implemented an OCR system that shall convert the paper to electronic and load them into TruCare with minimal human intervention. The two-week post production status shows 70 - 80% success rate.

Web Portal

- The web portal usage for the month of October 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 2nd 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 301.0 K.
- Attempted information leaks detected and blocked at the firewall are slightly higher from 30 to 38 for the month.
- Network scans returned a value of 18, which is in line with previous month's data.
- Attempted User Privilege Gain is higher by 8 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. As part of process improvement initiative, we implemented IT Asset Management and IT Release Management. The Alliance is now in the process of starting up the Enterprise Incident Management framework.

- Enterprise Incident Management Process; the purpose for this process is to get the operation of a service/incidents back to 'normal' as quickly as possible in order to minimize any adverse effects on the supported business processes. These actions include:
 - Share 911 incidents
 - Security breaches
 - Failures or degradation of services reported by users of those services; by the technical staff; or automatically from monitoring tools.
- This process shall be implemented and operational before the end of October 2019.

Information Technology

Supporting Documents

Enrollment

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

Month	Total MC ¹	MC ¹ - Add/ Reinstatements	MC ¹ - Terminated	Total GC ²	GC ² - Add/ Reinstatements	GC ² - Terminated
October	252,730	4,630	7,162	6,061	184	147

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

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

Auto-Assignments	Member Count
Auto-assignments MC	1,481
Auto-assignments Expansion	926
Auto-assignments GC	46
PCP Changes (PCP Change Tool) Total	3,519

TruCare

- See Table 2-1 “Summary of TruCare Authorizations for the month of October 2019”.
- There were 8,768 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 October 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	4092	84	4	20	9	8	14	139	0	3953
Docustream/AR	393	0	0	0	0	0	0	0	0	393
Manual Entry	0	0	0	0	0	0		0	4422	4422
Total										8768

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 September 2019.

Group	Individual User Accounts	Individual User Accounts Accessed	Total Logins	New Users
Provider	3,049	2,440	138,726	256
MCAL	59,201	1,559	3,092	565
IHSS	2,363	62	132	27
AAH Staff	126	42	492	6
Total	64,739	4,103	142,442	854

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

Top 25 Pages Viewed		
Category	Page Name	May-19
Provider	Member Eligibility	654,395
Provider	Claim Status	86,540
Provider	Member Roster	86,384
Provider	Authorization Status	7,011
Member - Eligibility	Member Eligibility	4,812
Member - Claims	Claims - Services	3,009
Member - Help Center	Find a Doctor or Facility	2,569
Member - Help Center	Member ID Card	1,625

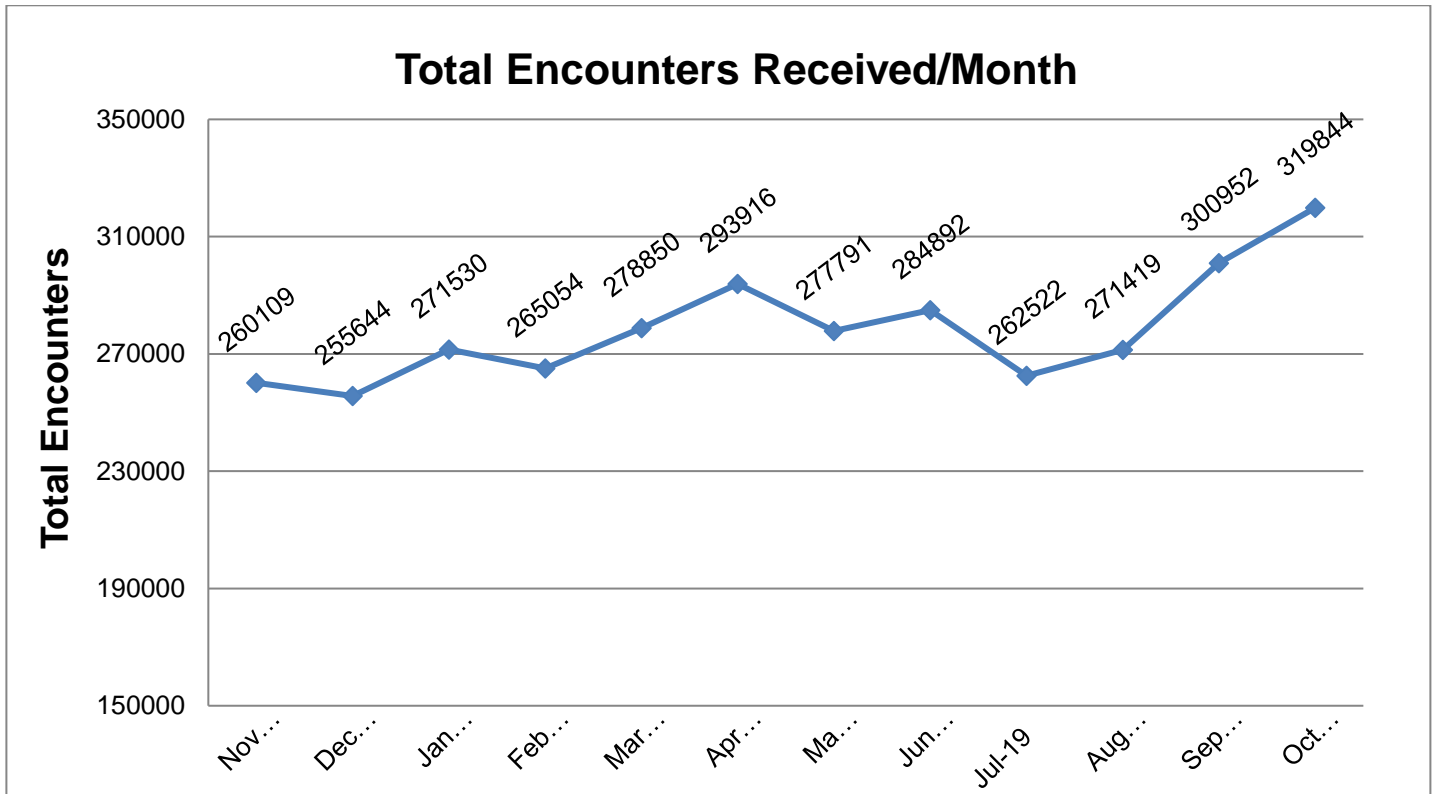
Member - Help Center	Provider Directory PCP/Specialist	562
Provider - Provider Directory	Select/Change PCP	461
Member - Pharmacy	My Pharmacy Claims	427
Member - Help Center	Update My Contact Info	199
Member- Pharmacy	Pharmacy- Drugs	148
Member- Help Center	Contact Us	126
Provider - Provider Directory	Attestation	119
Provider	Pharmacy	103
Member - Help Center	Authorizations & Referrals	102
Member - Forms/Resources	Authorized Representative Form	79
Member – Health/Wellness	Personal Health Record - Intro	69
Member - Pharmacy	Pharmacy	64
Member – Help Center	File a Grievance or Appeal	59
Member – Health/Wellness	Personal Health Record- NoMore Clipboard	54
Member – Health/Wellness	Members Materials	45
Member – Help Center	Helpful Contact Info	44
Provider- Provider Directory	Provider Directory- facility	41

Encounter Data from Trading Partners

- AHS:
 - October daily files (3,347 records) were received on time.
- Beacon:
 - October monthly files (12,163 records) were received on time
- CHCN:
 - October weekly files (88,478 records) were received on time.
- CHME:
 - October monthly file (2,963 records) were received on time.
- CFMG:
 - October weekly files (15,028 records) were received on time.
- PerformRx:
 - October monthly files (162,012 records) were received on time.
- Kaiser:
 - October files (35,517 records) were received on time.
 - October monthly Kaiser Pharmacy files (18,275 records) were received on time.
- LogistiCare:
 - October weekly files (18,411 records) were received on time.
- March Vision:
 - October monthly file (3,078 records) was received on time.
- Quest Diagnostics:
 - October weekly files (12,987 records) were received on time.

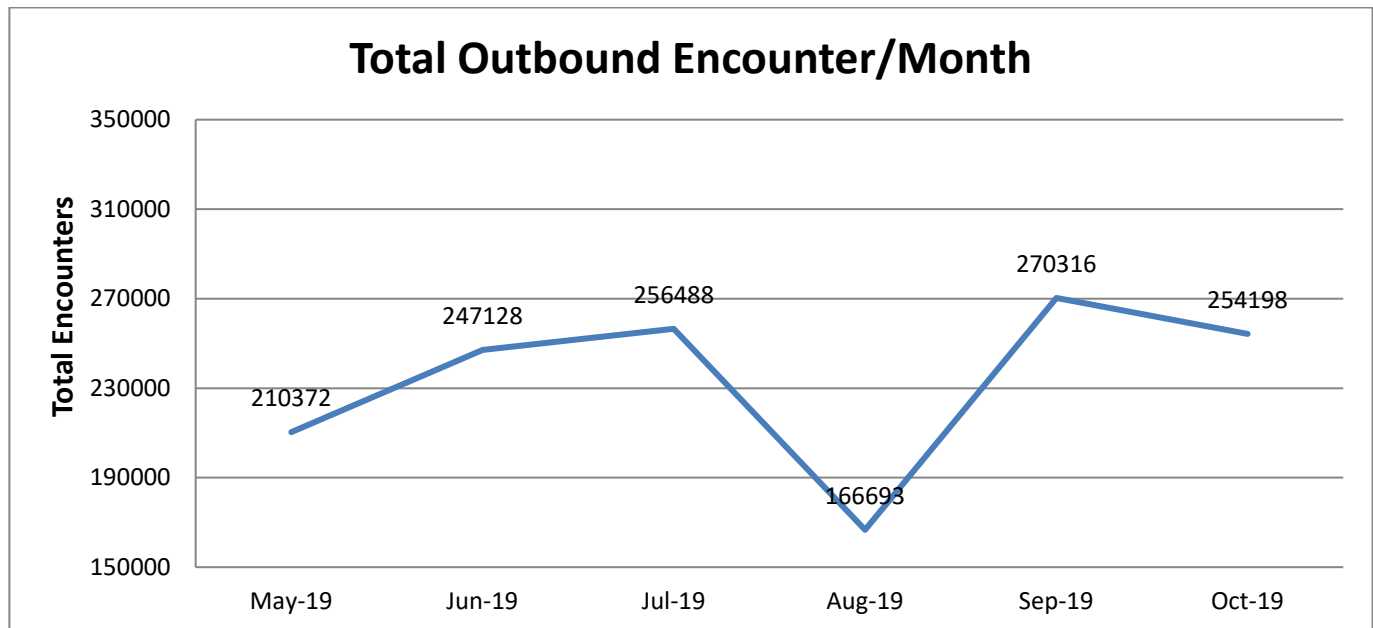
Trading Partner Encounter Submission History:

Trading Partners	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Health Suite	110091	113623	125001	117729	124018	129482	121763	111286	116092	123889	111578	125442
Kaiser	40896	33145	34209	34110	33237	36876	47654	37506	27013	40478	37188	35517
LogistiCare	10891	10598	15026	15917	11401	14416	12392	13945	9831	7109	21036	18411
March Vision	3424	2909	2442	2195	1858	2651	2252	2369	2641	3598	3078	3428
AHS	2074	3088	3497	3835	4952	5595	4835	4857	4886	4741	4802	3347
Beacon	10599	8435	9255	7891	7942	11797	3065	21619	9926	36	21217	12163
CHCN	56306	57864	57578	53219	64510	66233	58976	70192	66286	67396	75665	88478
CHME	3005	2990	3595	3272	3220	4396	3659	4258	4639	4807	4146	2963
Claimsnet	10342	9462	7096	7543	10963	8965	8674	7475	7239	6281	9255	15028
Quest	12481	13530	13831	19343	16749	13505	14521	11385	13969	13084	12987	14539
Docustream												528
Total	260109	255644	271530	265054	278850	293916	277791	284892	262522	271419	300952	319844



Outbound Encounter Submission

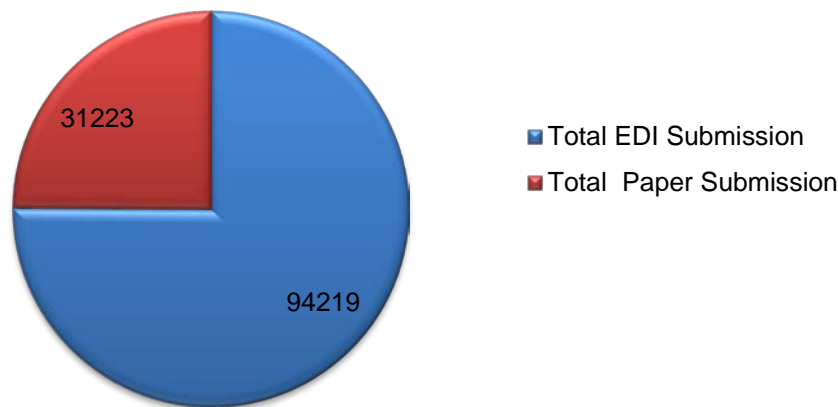
Trading Partners	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Health Suite	84894	95843	72977	29433	112242	87691
Kaiser	37487	67614	30866	38562	37153	35352
LOGISTICARE	14706	13330	14803	2972	14300	21631
MARCHVISION	2193	2185	2077	2629	2277	2531
AHS	3818	5519	4304	13839	4601	5303
Beacon	2722	21303	2885	7083	16718	9557
CHCN	39149	20074	98828	47619	56622	62669
CHME	3300	3785	9009	4080	7628	2589
Claimsnet	8420	8384	4228	3890	7495	10566
Quest	13683	9091	16511	16586	11280	15100
Docustream						1209
Total	210372	247128	256488	166693	270316	254198



HEALTHsuite Paper vs EDI breakdown:

Period	Total EDI Submission	Total Paper Submission	Total claims
19-Oct	94219	31223	125442

EDI vs Paper Submission, October 2019

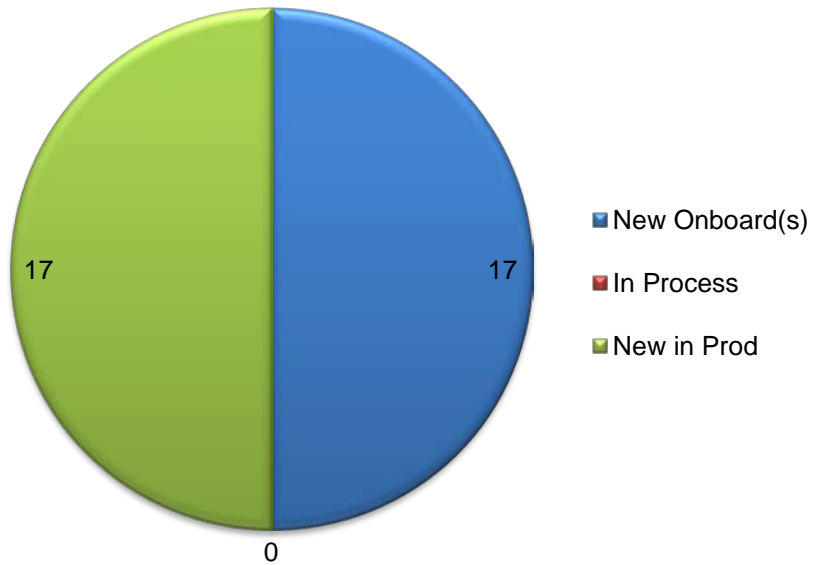


Onboarding EDI Providers - Updates:

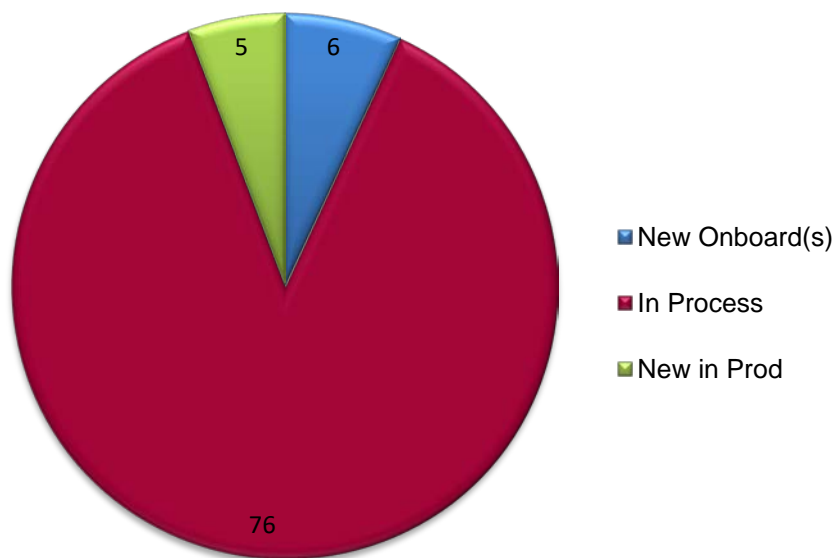
- October 2019 EDI Claims:
 - A total of 813 new EDI submitters have been added since October 2015, with 17 added in October 2019.
 - The total number of EDI submitters is 1545 providers.
- October 2019 EDI Remittances (ERA):
 - A total of 178 new ERA receivers have been added since October 2015, with 5 added in October 2019.
 - The total number of ERA receivers is 217 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
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
Sep-19	32	1	31	1528	2	75	0	212
Oct-19	17	0	17	1545	6	76	5	217

837 EDI Submitters - October 2019



835 EDI Receivers - October 2019



Encounter Lag Time

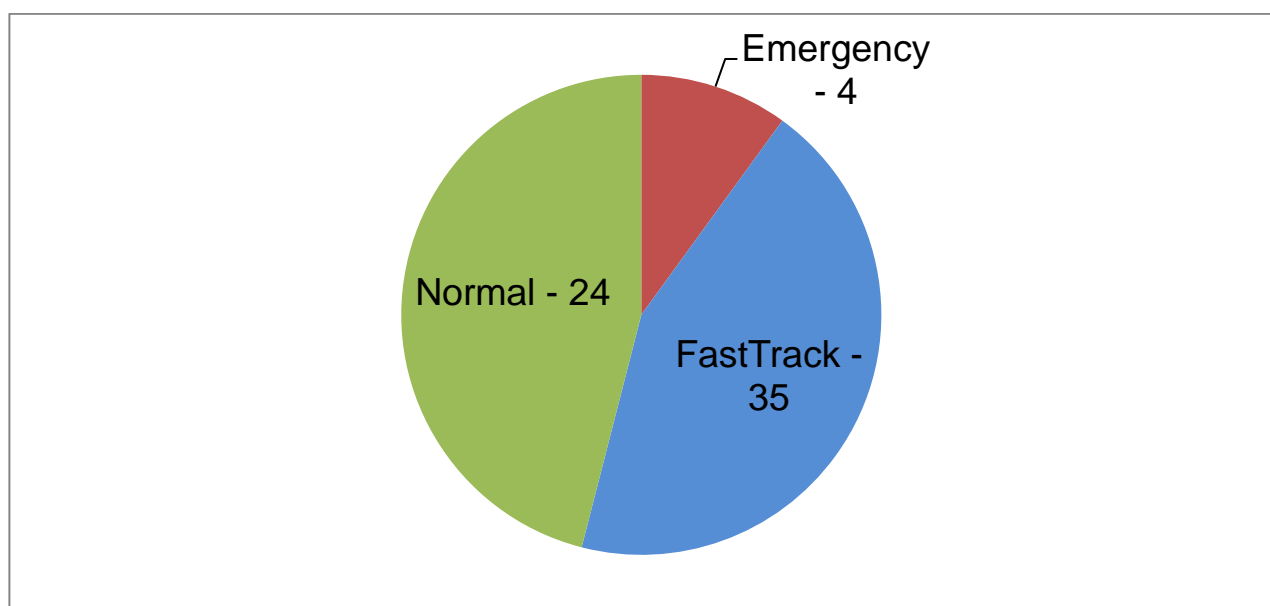
AAH Encounters: Outbound 837 (AAH to DHCS)	Oct-19	Target
Timeliness-% Within Lag Time - Institutional 0-90 days	92%	60%
Timeliness-% Within Lag Time - Institutional 0-180 days	97%	80%
Timeliness-% Within Lag Time - Professional 0-90 days	90%	73%
Timeliness-% Within Lag Time – Professional 0-180 days	97%	80%

Change Management Key Performance Indicator (KPI)

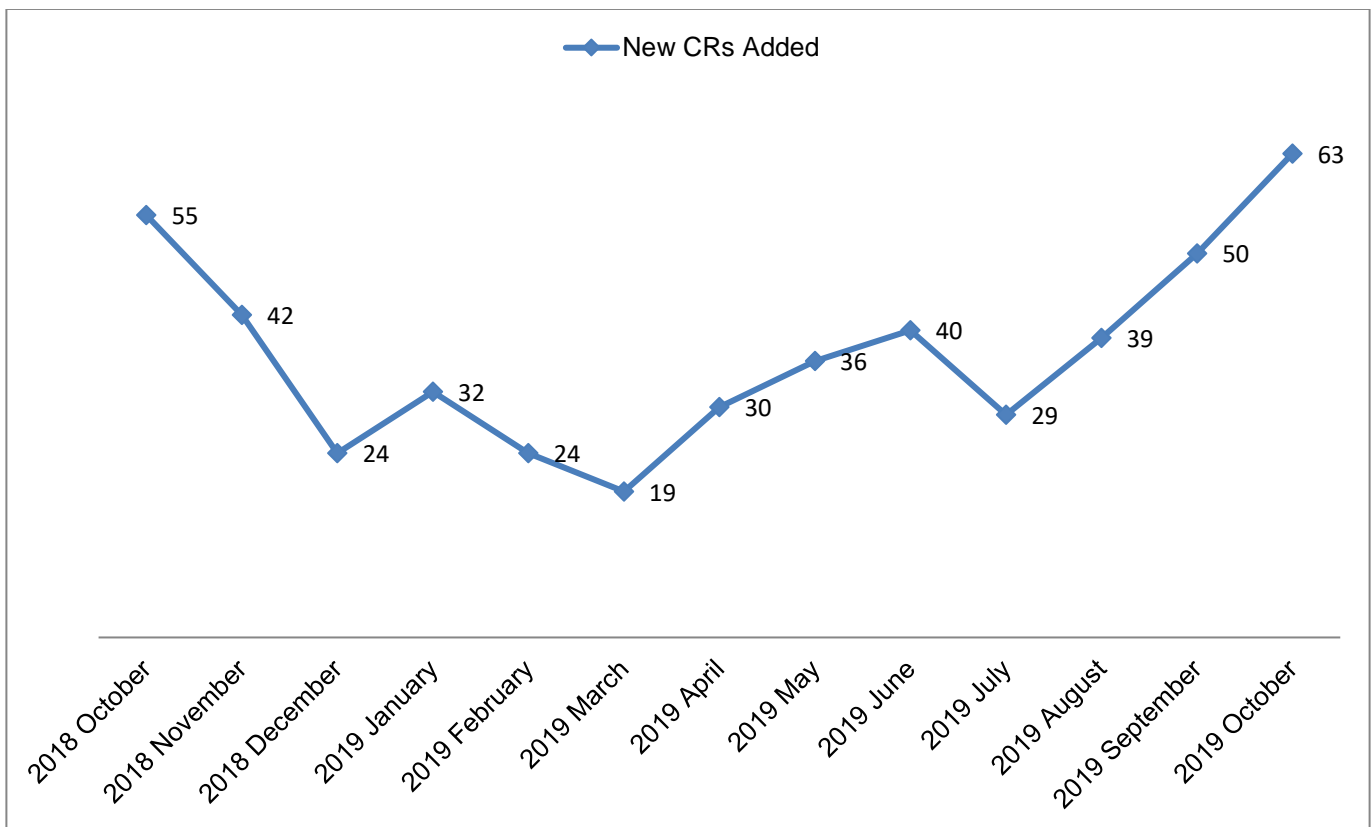
- Change Request Submitted by Type in the month of October 2019

KPI – Overall Summary.

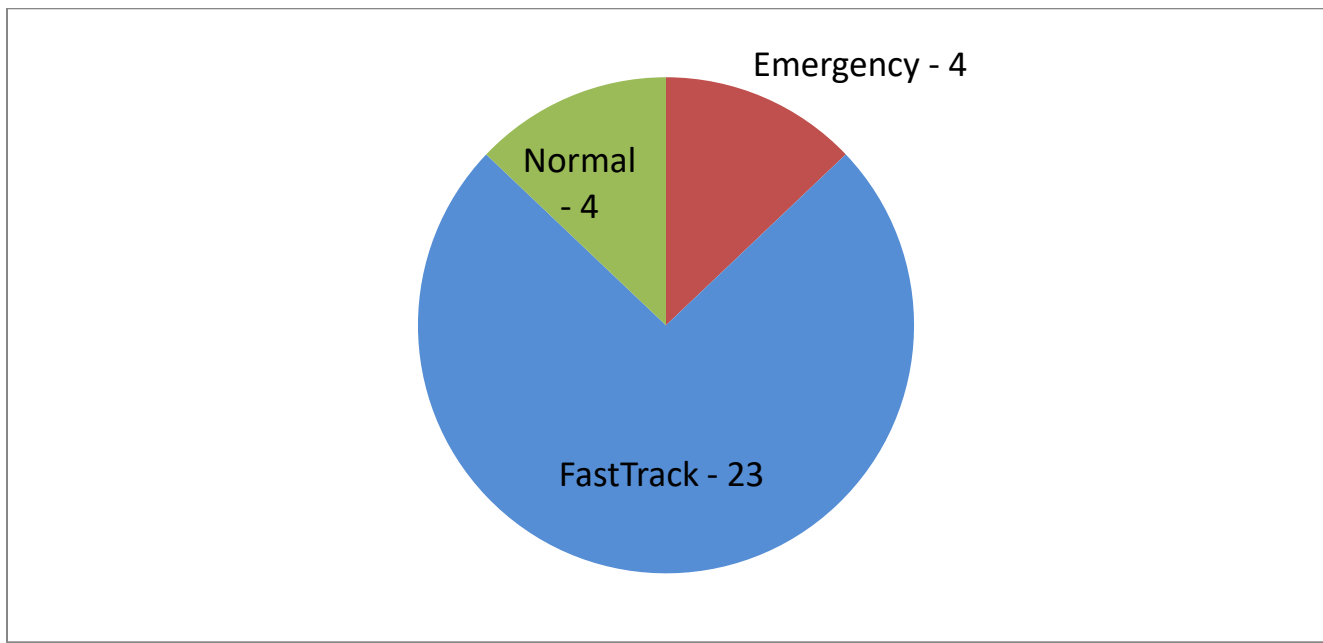
- 1151 Changes, Submitted.
 - 1058 Changes, Completed, and Closed.
 - 93 Active Changes.
 - 130 Changes Cancelled/Rejected.
- 63 CRs Submitted/logged in the month of October 2019 resulting in:



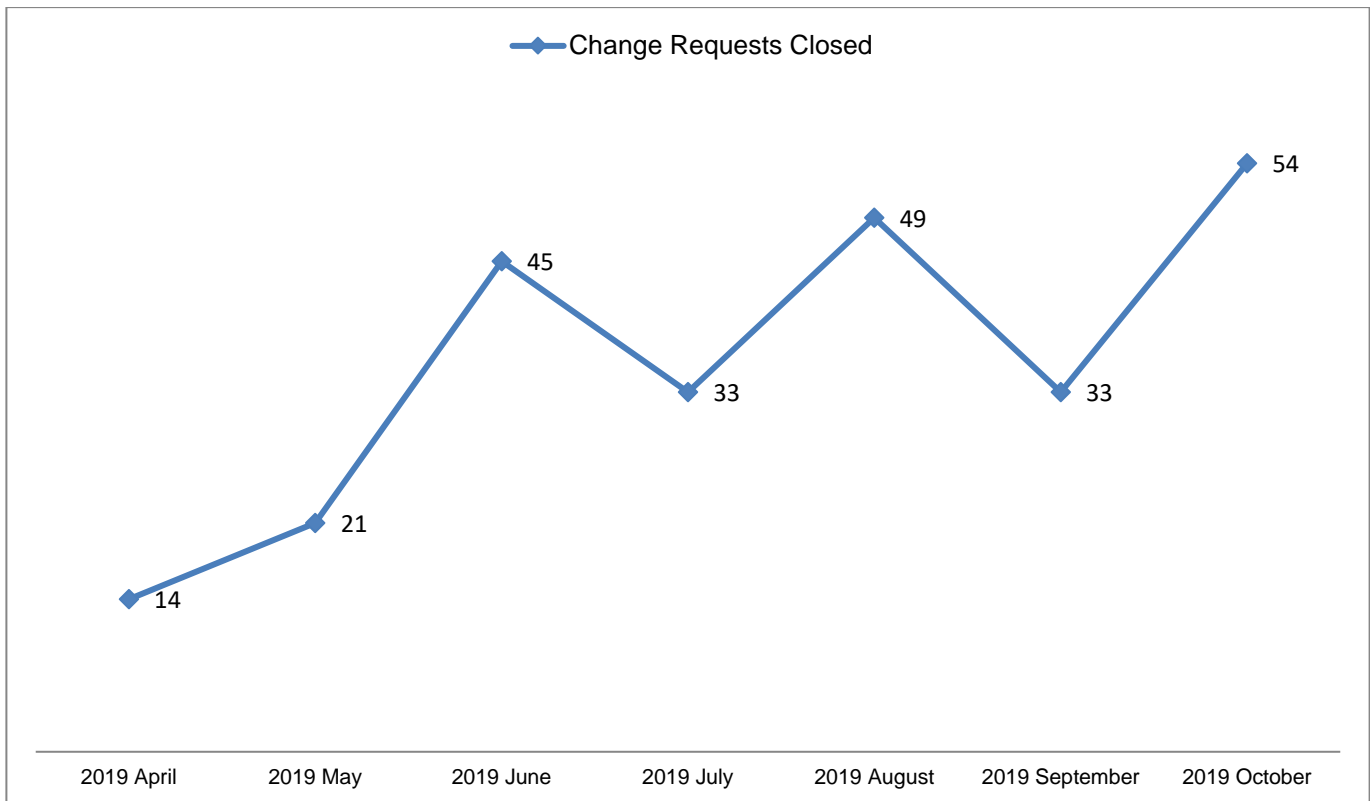
- CRs Submitted: Monthly Trend



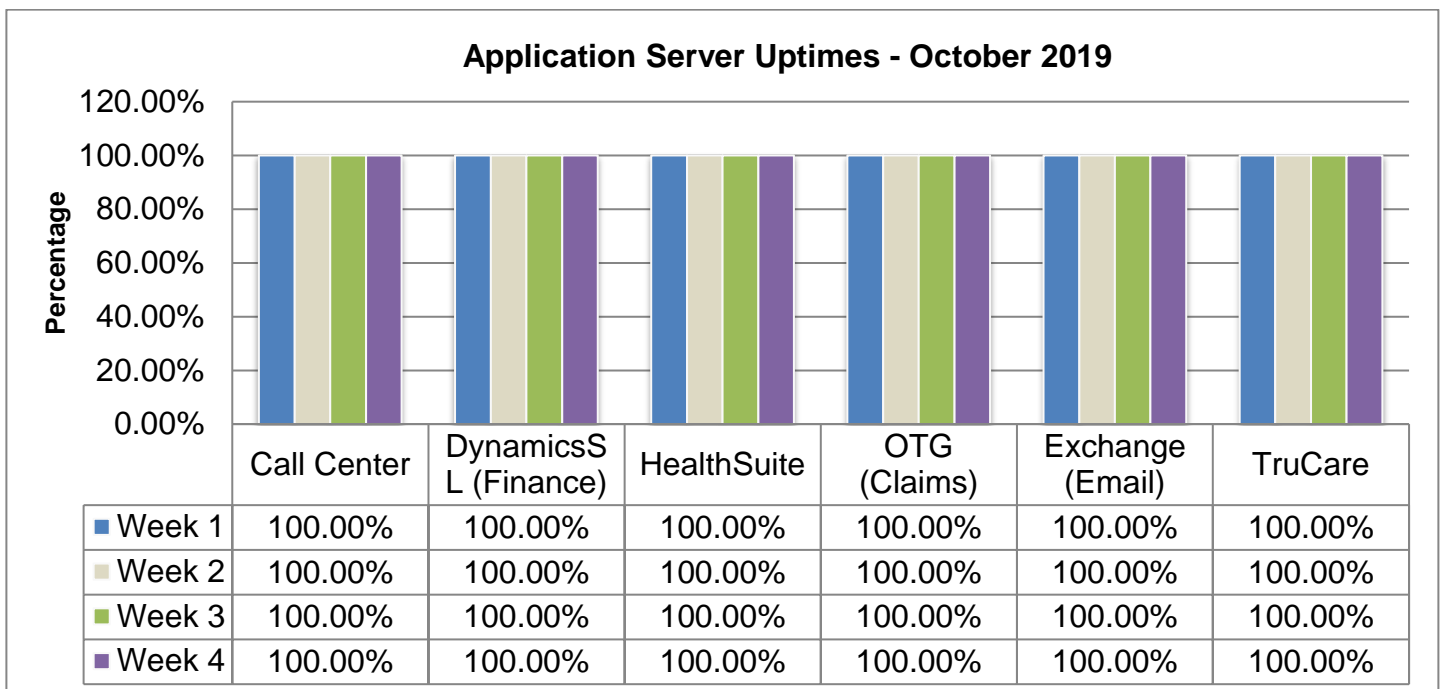
- 54 CRs Closed in the month of October 2019



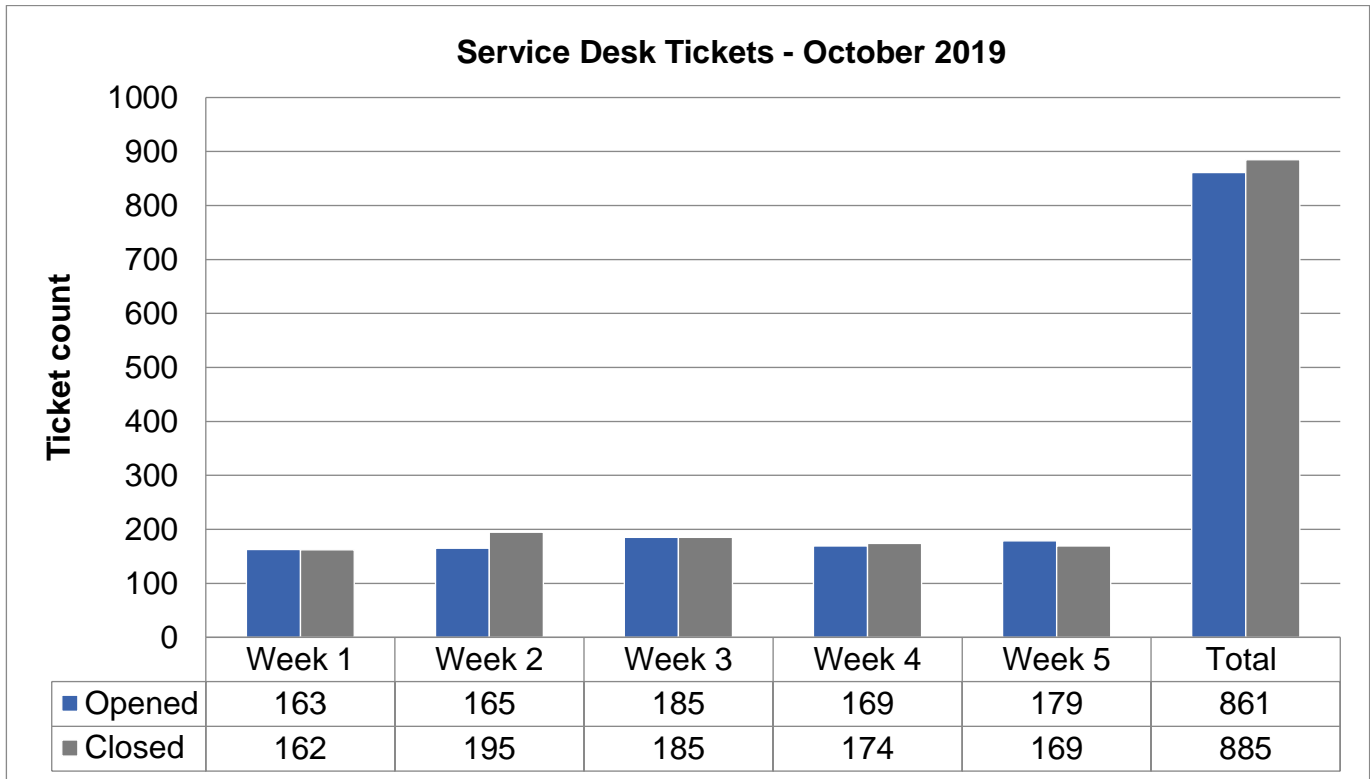
- CRs Closed: Monthly Trend



IT Stats: Infrastructure



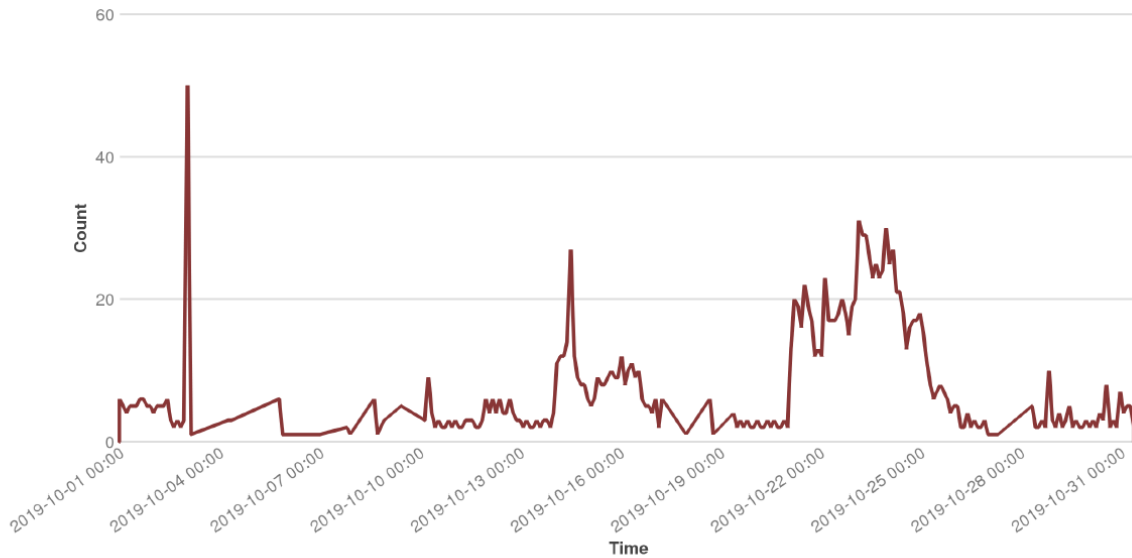
- All mission critical applications are monitored and managed thoroughly.
- There were no outages experienced in the month of October.



- 861 Service Desk tickets were opened in the month, which is 25.6% higher than the previous month and 885 Service Desk tickets were closed, which is 27% higher than the previous month.

All Intrusion Events

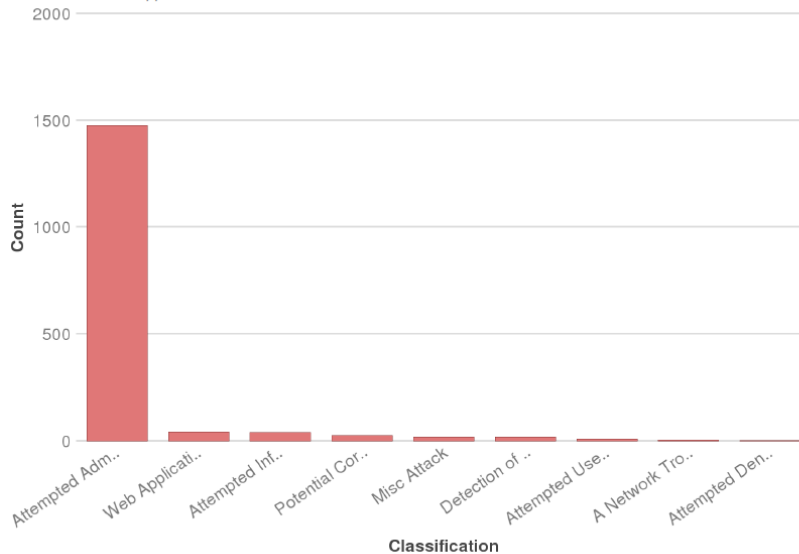
Time Window: 2019-10-01 00:00:00 - 2019-10-31 11:33:00



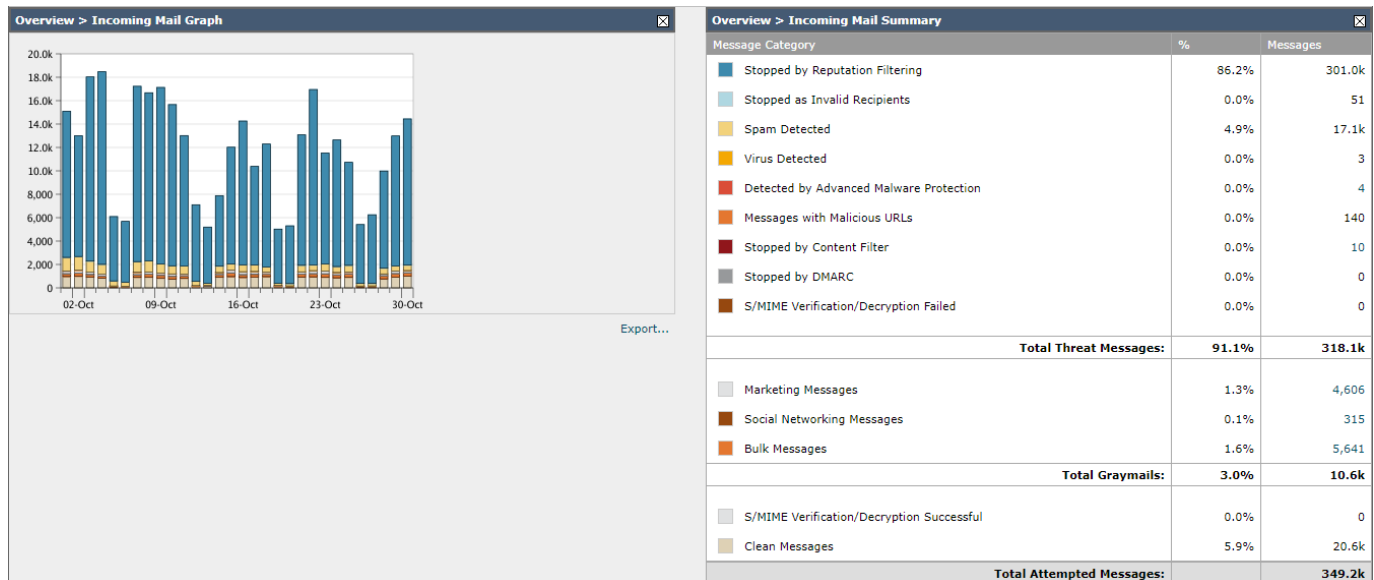
Dropped Intrusion Events

Time Window: 2019-10-01 00:00:00 - 2019-10-31 11:33:00

Constraints: Inline Result = dropped



Classification	Count
Attempted Administrator Privilege Gain	1,475
Web Application Attack	40
Attempted Information Leak	38
Potential Corporate Policy Violation	26
Misc Attack	18
Detection of a Network Scan	18
Attempted User Privilege Gain	8
A Network Trojan was Detected	5
Attempted Denial of Service	2



Item / Date	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Aug-19	Sep-19	Oct-19
Stopped By Reputation	338K	1,058K	511.5k	458.0k	14.2K	339.1K	344.7k	339.1K	299.9k	10.7k	293.7k	301.0k
Invalid Recipients	24	49	26	37	0	31	33	31	299	0	22	51
Spam Detected	27 K	58.8K	30.0K	29.8k	1,269	24.0K	26.2k	24.0K	23.2k	599	15.5k	17.1k
Virus Detected	1	2	0	6	1	0	2	0	2	0	2	3
Advanced Malware	3	1	9	4	0	5	2	5	1	1	3	4
Malicious URLs	466	1023	284	579	4	174	263	174	86	21	117	140
Content Filter	952	2801	7357	1917	1	13	23	13	6	0	14	10
Marketing Messages	3063	7328	2973	3413	179	4,475	4,347	4,475	3,909	145	1,748	4,606
Attempted Admin Privilege Gain	328	288	626	626	2,128	1,786	843	1,786	3,029	1,643	971	1,475
Attempted User Privilege Gain	257	260	258	348	78	3	84	3	20	116	1	8
Attempted Information Leak	65	63	64	44	47	36	54	36	67	46	30	38
Potential Corp Policy Violation	13	21	16	8	30	26	34	26	47	59	13	26
Network Scans Detected	8	6	5	7	4	2	0	2	5	6	12	18
Web Application Attack	10	9	47	80	42	46	22	46	83	111	19	40
Misc. Attack	3	4	78	32	18	1	7	1	30	29	7	18

- 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 301.0 K.
- Attempted information leaks detected and blocked at the firewall are slightly higher from 30 to 38 for the month.
- Network scans returned a value of 18, 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: November 8, 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: August 2018 – July 2019 dates of service

Prior reporting period: August 2017 – July 2018 dates of service

(Note: Data excludes Kaiser membership data).

- For the Current reporting period, the top 7.7% 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 80.4% of total costs.
- Characteristics of the top utilizing population remained fairly consistent between the reporting periods:
 - The SPD (non duals) and ACA OE categories of aid slightly decreased to account for 59.1% of the members, with SPDs accounting for 28.9% and ACA OE's at 30.2%.
 - The percent of members with costs \geq \$30K has increased slightly from 1.4% to 1.5%.
 - Of those members with costs \geq \$100K, the percentage of total members has 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 \geq \$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

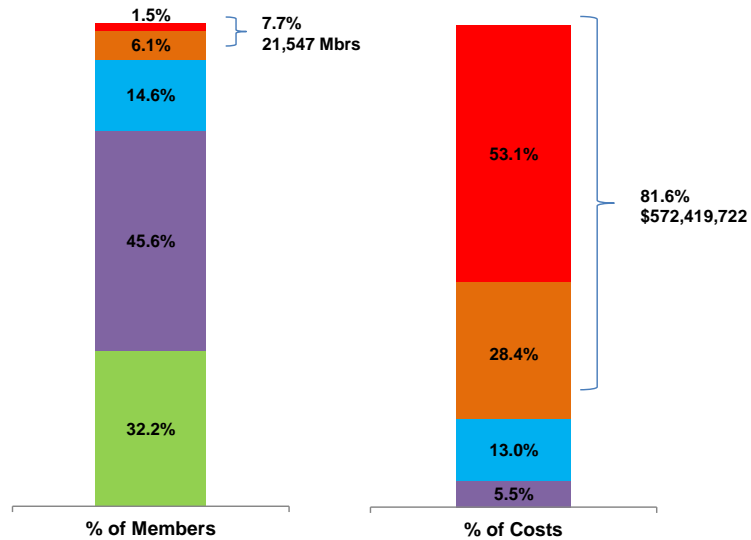
Lines of Business: MCAL, IHSS; Excludes Kaiser Members

Dates of Service: Aug 2018 - Jul 2018

Note: Data incomplete due to claims lag

Run Date: 10/27/19

Member Cost Distribution



Cost Range	Members	% of Members	Costs	% of Costs
\$30K+	4,327	1.5%	\$ 372,825,822	53.1%
\$5K - \$30K	17,220	6.1%	\$ 199,593,900	28.4%
\$1K - \$5K	40,956	14.6%	\$ 90,924,574	13.0%
< \$1K	128,189	45.6%	\$ 38,355,965	5.5%
\$0	90,555	32.2%	\$ -	0.0%
Totals	281,247	100.0%	\$ 701,700,261	100.0%

Top 7.7% of Members = 81.6% of Costs

Cost Range	Members	% of Total Members	Costs	% of Total Costs
\$100K+	1,029	0.4%	\$ 197,722,084	28.2%
\$75K to \$100K	523	0.2%	\$ 45,004,869	6.4%
\$50K to \$75K	1,027	0.4%	\$ 62,954,794	9.0%
\$40K to \$50K	677	0.2%	\$ 30,189,994	4.3%
\$30K to \$40K	1,071	0.4%	\$ 36,954,080	5.3%
SubTotal	4,327	1.5%	\$ 372,825,822	53.1%
\$20K to \$30K	2,070	0.7%	\$ 50,776,086	7.2%
\$10K to \$20K	6,063	2.2%	\$ 83,938,329	12.0%
\$5K to \$10K	9,087	3.2%	\$ 64,879,485	9.2%
SubTotal	17,220	6.1%	\$ 199,593,900	28.4%
Total	21,547	7.7%	\$ 572,419,722	81.6%

Enrollment Status	Members	Total Costs
Still Enrolled as of Jul 2018	223,848	\$ 606,265,893
Dis-Enrolled During Year	57,399	\$ 95,434,368
Totals	281,247	\$ 701,700,261

Notes:

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

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

7.7% of Members = 81.6% of Costs

Lines of Business: MCAL, IHSS; Excludes Kaiser Members

Dates of Service: Aug 2018 - Jul 2018

Note: Data incomplete due to claims lag

Run Date: 10/27/19

7.7% of Members = 81.6% of Costs

28.9% of members are SPDs and account for 34.8% of costs.

30.2% of members are ACA OE and account for 29.0% of costs.

9.6% of members disenrolled as of Jul 2018 and account for 14.5% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Members with Costs >=\$30K	Members with Costs \$5K-\$30K	Total Members	% of Members
IHSS	IHSS	100	580	680	3.2%
MCAL	MCAL - ADULT	435	2,951	3,386	15.7%
	MCAL - BCCTP	3	-	3	0.0%
	MCAL - CHILD	163	1,415	1,578	7.3%
	MCAL - ACA OE	1,271	5,238	6,509	30.2%
	MCAL - SPD	1,663	4,555	6,218	28.9%
	MCAL - DUALS	90	1,024	1,114	5.2%
Not Eligible	Not Eligible	602	1,457	2,059	9.6%
Total		4,327	17,220	21,547	100.0%

Cost Breakout by LOB

LOB	Eligibility Category	Members with Costs >=\$30K	Members with Costs \$5K-\$30K	Total Costs	% of Costs
IHSS	IHSS	\$ 8,130,645	\$ 6,513,655	\$ 14,644,300	2.6%
MCAL	MCAL - ADULT	\$ 33,341,374	\$ 33,616,019	\$ 66,957,392	11.7%
	MCAL - BCCTP	\$ 345,760	\$ -	\$ 345,760	0.1%
	MCAL - CHILD	\$ 8,305,080	\$ 15,603,834	\$ 23,908,914	4.2%
	MCAL - ACA OE	\$ 107,106,270	\$ 58,814,200	\$ 165,920,470	29.0%
	MCAL - SPD	\$ 143,593,921	\$ 55,520,007	\$ 199,113,928	34.8%
	MCAL - DUALS	\$ 6,140,201	\$ 12,341,246	\$ 18,481,447	3.2%
Not Eligible	Not Eligible	\$ 65,862,571	\$ 17,184,939	\$ 83,047,510	14.5%
Total		\$ 372,825,822	\$ 199,593,900	\$ 572,419,722	100.0%

% of Total Costs By Service Type

			Pregnancy, Childbirth & Newborn Related Costs							
Cost Range	Trauma Costs	Hep C Rx 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

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

39.2% of members are SPDs and account for 37.8% of costs.

29.3% of members are ACA OE and account for 28.2% of costs.

20.0% of members disenrolled as of Jul 2018 and account for 22.4% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Total Members	% of Members
IHSS	IHSS	20	1.9%
MCAL	MCAL - ADULT	77	7.5%
	MCAL - BCCTP	1	0.1%
	MCAL - CHILD	5	0.5%
	MCAL - ACA OE	301	29.3%
	MCAL - SPD	403	39.2%
	MCAL - DUALS	16	1.6%
Not Eligible	Not Eligible	206	20.0%
Total		1,029	100.0%

Cost Breakout by LOB

LOB	Eligibility Category	Total Costs	% of Costs
IHSS	IHSS	\$ 4,158,845	2.1%
MCAL	MCAL - ADULT	\$ 15,100,975	7.6%
	MCAL - BCCTP	\$ 185,276	0.1%
	MCAL - CHILD	\$ 960,187	0.5%
	MCAL - ACA OE	\$ 55,793,166	28.2%
	MCAL - SPD	\$ 74,797,333	37.8%
	MCAL - DUALS	\$ 2,423,679	1.2%
Not Eligible	Not Eligible	\$ 44,302,623	22.4%
Total		\$ 197,722,084	100.0%



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

Human Resources

Anastacia Swift

To: Alameda Alliance for Health Board of Governors

From: Anastacia Swift, Executive Director, Human Resources

Date: November 8, 2019

Subject: Human Resources Report

Staffing

- As of November 1, 2019, the Alliance had 303 full time employees and 2-part time employees.
- On November 1, 2019, the Alliance had 38 open positions in which 6 signed offer acceptance letters have been received with start dates in the near future resulting in a total of 32 positions open to date. The Alliance is actively recruiting for the remaining 32 positions and several of these positions are in the interviewing or job offer stage.
- Summary of open positions by department:

Department	Open Positions November 1st	Signed Offers Accepted by Department	Remaining Recruitment Positions
Healthcare Services	11	4	7
Operations	11	1	10
Healthcare Analytics	3		3
Information Technology	6	1	5
Finance	5		5
Human Resources	2		2
Total	38	6	32

- Our current recruitment rate is 12%.

Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in October 2019 included:
 - 5 years:
 - Cynthia Ngo (Claims).
 - 7 years:
 - Soniya Gupta (IT-Applications).
 - 11 years:
 - Gia DeGrano (Member Services).
 - 13 years:
 - Esperanza Lopez (Member Services).

Training

- The Alliance provided the following trainings to Management in the Month of October:
 - Strengthening Your People Skills.
 - Breakthrough Critical Thinking and Problem Solving.