Board of Governors

Regular Meeting

Friday, December 13, 2019
12:00 p.m. – 2:00 p.m.

1240 South Loop Road, Alameda, CA 94502

AGENDA

BOARD OF GOVERNORS
Regular Meeting
Friday, December 13, 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 December 13, 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) CONSIDER AUTHORIZING NOVEMBER 2019 BOARD OF GOVERNORS MEETING MINUTES

b) CONSIDER AUTHORIZING CONFLICT OF INTEREST RESOLUTION

c) CONSIDER AUTHORIZING 2020 ALLIANCE ANTI-FRAUD PLAN

d) CONSIDER AUTHORIZING 2020 ALLIANCE CODE OF CONDUCT

e) CONSIDER AUTHORIZING MILLIMAN CLINICAL GUIDELINES LICENSING

6. BOARD MEMBER REPORTS

a) COMPLIANCE ADVISORY GROUP

b) FINANCE COMMITTEE

7. CEO UPDATE

8. BOARD BUSINESS

a) REVIEW AND APPROVE OCTOBER 2019 MONTHLY FINANCIAL STATEMENTS

b) FISCAL YEAR 2020 FIRST QUARTER FORECAST PRESENTATION

c) CalAIM PRESENTATION

9. STANDING COMMITTEE UPDATES

10. UNFINISHED BUSINESS

11. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS

12. PUBLIC COMMENTS (NON-AGENDA ITEMS)

13. ADJOURNMENT

NOTICE TO THE PUBLIC

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

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

NOTICE TO THE PUBLIC

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

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

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

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

Additions and Deletions to the Agenda: Additions to the agenda are limited by California Government Code Section 54954.2 and confined to items that arise after the posting of the Agenda and must be acted upon prior to the next Board meeting. For special meeting agendas, only those items listed on the published agenda may be discussed.
The items on the agenda are arranged in three categories: Consent Calendar: These are relatively minor in nature, do not have any outstanding issues or concerns, and do not require a public hearing. All consent calendar items are considered by the Board as one item and a single vote is taken for their approval, unless an item is pulled from the consent calendar for individual discussion. There is no public discussion of consent calendar items unless requested by the Board of Governors. Public Hearings: This category is for matters that require, by law, a hearing open to public comment because of the particular nature of the request. Public hearings are formally conducted and public input/testimony is requested at a specific time. This is your opportunity to speak on the item(s) that concern you. If, in the future, you wish to challenge in court any of the matters on this agenda for which a public hearing is to be conducted, you may be limited to raising only those issues which you (or someone else) raised orally at the public hearing or in written correspondence received by the Board at or before the hearing. Board Business: Items in this category are general in nature and may require Board action. Public input will be received on each item of Board Business.

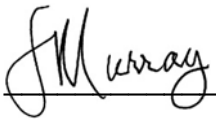
Public Input: If you are interested in addressing the Board, please fill out a form provided at the meeting with your full name and address. These forms are submitted to the Clerk of the Board at the front of the room. The Chair of the Board will call your name to speak when your item is considered.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

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

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

Americans With Disabilities Act (ADA): It is the intention of the Alameda Alliance for Health to comply with the Americans with Disabilities Act (ADA) in all respects. If, as an attendee or a participant at this meeting, you will need special assistance beyond what is normally provided, the Alameda Alliance for Health will attempt to accommodate you in every reasonable manner. Please contact the Clerk of the Board, Jeanette Murray at 510-747-6160 at least 48 hours prior to the meeting to inform us of your needs and to determine if accommodation is feasible. Please advise us at that time if you will need accommodations to attend or participate in meetings on a regular basis.

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



Clerk of the Board – Jeanette Murray

ALAMEDA Alliance FOR HEALTH

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Service you can trust.

CONSENT CALENDAR

EXECUTIVE SUMMARY FOR CONSENT CALENDAR ITEMS:
December 13, 2019

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a) NOVEMBER 2019 BOARD OF GOVERNORS MEETING MINUTES

- Meeting Minutes from the November 2019 Board Meeting.

b) CONFLICT OF INTEREST RESOLUTION

- **Resolution re-adopting the model conflict of interest code**

- Resolution re-adopting the model conflict of interest code promulgated by the Fair Political Practices Commission of the State of California, and updating the list of designated positions required to disclose financial interests.

- Upon approval, the resolution shall be signed by the Chair of the Board of Governors, and the Secretary. The Secretary shall forwarded to the Alameda County Board of Supervisors for approval.

c) 2020 ALLIANCE ANTI-FRAUD PLAN

- The Anti-Fraud Plan outlines the Compliance Department's areas of focus with regards to anti-fraud activities for CY2020. The Anti-Fraud Plan initiatives are compiled into seven main categories: Structure, Fraud/Waste/Abuse (FWA) Reporting, Regulatory Reporting, Non-Retaliation, FWA Detection & Prevention, Investigation & Monitoring, and Education & Training.

d) 2020 ALLIANCE CODE OF CONDUCT

- The Code of Conduct is the cornerstone of the Alliance's Compliance Program. This document contains the standards of behavior that Alliance personnel are expected to observe while performing our jobs.

e) MILLIMAN CLINICAL GUIDELINES LICENSING

- Milliman Clinical Guidelines (MCG) is the evidenced-based clinical criteria that is used by the Alameda Alliance Staff to adjudicate on prior authorization requests to determine if the request meets medical necessity requirements. The Alliance pays an annual licensing fee to access these guidelines.

- Total cost for 3 years of licensing fees: $1,667,071.63
- Annual licensing fee is based on Alliance membership, and is paid over 3 years starting December 17, 2019. A three-percent (3%) increase is added each year.
    - Year 1 (2020): $534,043.96
    - Year 2 (2021): $555,405.72
    - Year 3 (2022): $577,621.95

ALAMEDA ALLIANCE FOR HEALTH
BOARD OF GOVERNORS
REGULAR MEETING

November 8, 2019
12:00PM – 2:00PM
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. Rollington Ferguson, Marty Lynch, Nicholas Peraino
Excused: Feda Almaliti, Will Scott, Dr. Meade, Delvecchio Finley, David Vliet
Alliance Staff Present: Scott Coffin, Dr. Steve O'Brien, Gil Riojas, Matt Woodruff, Tiffany Cheang, Anastacia Swift, Diana Sekhon, Jeanette Murray
Board of Governors on Conference Call: None
Guest Speakers: None

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 12:02PM.	None	None
2. ROLL CALL			
Dr. Seevak	Board Members, Alliance Staff, and Guests in the Public Seating Area introduced themselves.	None	None
3. AGENDA APPROVAL OR MODIFICATIONS			
Dr. Seevak	None	None	None
4. INTRODUCTIONS			
Dr. Seevak	Introductions were made during Roll Call.	None	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
5. CONSENT CALENDAR			
Dr. Seevak	Review and Approve October 2019 Board of Governors Meeting Minutes.	Motion: R. Gebhart Second: M. Lynch Motion passed.	None
6. a. BOARD MEMBER REPORT – COMPLIANCE ADVISORY COMMITTEE			
R. Gebhart	**The Compliance Advisory Group met on November 8, 2019.** • Rebecca updated on the Compliance Advisory Committee, and Dr. Seevak attended the meeting that took place earlier today. **The Compliance Advisory group discussed the following:** • DHCS Medical Services Audit (2018-19) with 28 findings, of which 14 were repeat findings. • Overall the number of findings reduced as compared to 2016-1017 (83 findings). • In comparison across the state, some health plans receive 60 findings and some have 10.	Informational update to the Board of Governors. Motion and vote not required.	
6. b. BOARD MEMBER REPORT – FINANCE COMMITTEE			
Dr. Ferguson	The Finance Committee was held on Tuesday, November 5, 2019. **Dr. Ferguson gave his Finance Committee report.** • This Finance Committee met by telephone. • Membership continues to drop 1,000 plus members per month.	Informational update to the Board of Governors. Motion and vote not required.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• The Alliance financials remain stable and positive. • Scott will later introduce software and hardware purchases for Board approval.		
7. CEO UPDATE			
S. Coffin	**November 2019 Board of Governors Meeting** **Financial Outlook & Operating Metrics:** • $3.9 million net income in September, $6.1 million net income year-to-date. • Medical expense "PMPM" remains high, net income offset by additional revenues through the negotiated rate increases (8.3%, annualized $60M revenue) • Tangible net equity 580%, or $154.6 million above the required reserves. • Statewide & county enrollment trends in the Medi-Cal program. • Data sharing agreement was executed last night that enables the Alliance and Alameda County Social Services to conduct a more detailed analysis on the members disenrolling, and with the "Date of Death Audit". Unclear if there is data that explains why people disenroll, however we will find out during the next 30-60 days. • Statewide membership: public plans reporting 2% to 6% decline in enrollment during last 12 months. • DHCS states they are delivering the Death Audit report and invoice in December, and payment is due in the month of January. $1.5 million was allocated in the current budget. • First Quarter 2020 Financial Forecast to be presented at the December Board of Governors meeting.	Informational update to the Board of Governors. Motion and vote not required.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Question: • How will the Data Sharing help? **Answer:** • Our goal is identify through Alameda County records why the Alliance membership has declined. **CalAIM:** • California Advancing and Innovating Medi-Cal (CalAIM). • CalAIM proposal released by DHCS on October 28, 2019. **Question:** • Can the Board receive a list of the big issues that the Health Plan might experience with CalAIM? **Answer:** • Yes, an overview will be prepared for the December Board meeting. **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 the GroupCare line of business. **Behavioral Health Assessment:** • Assessment of mild-to-moderate mental health services begins in November, scheduled to complete in February-March 2020. **Medi-Cal managed care procurement:** • DHCS reporting to initiate procurement process in 2020, and implement a second Medi-Cal plan in Alameda County by 2023.	The Board to receive an introduction of the CalAIM initiatives and impact to the Alliance.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	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.		
8. a. BOARD BUSINESS – REVIEW AND APPROVE September 2019 Monthly Financial Statements			
Gil Riojas	**Net Income and Enrollment:** • For the month ending September 30, 2019, the Alliance had enrollment of 254,215 members and a Net income of 3.9 million and Tangible Net Equity is 580%. • For the year-to-date, the Alliance recorded a Net Income of $6.1 million net income. • Our enrollment decreased by 1,398 members since the month of September. **Revenue:** • For the month ending September 30, 2019, revenue was higher than budgeted, at $80.8 million vs. budgeted amount of $79.1 million. • For the year-to-date, the Alliance recorded revenue of $241.8 million (versus budgeted revenue of $238.5 million). • The largest variances are due to higher than anticipated revenue, and lower than anticipated administrative. **Medical Expense:** • Actual medical expenses were $73.3 million vs. budgeted of $73.4 million for current month. • For the year-to-date, medical expenses are $224.1 million vs. budgeted of $220.6 million. **Administrative Expense:**	Motion: Dr. Ferguson Second: Dr. Marchiano Motion passed.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• Actual administrative expenses were below budget for the month at $4.2 million vs. budgeted $5.2 million, and year-to-date $13.0 million vs. $14.5 million. • Our administrative expense represents 5.2% of our net revenue for the month and 5.4% of net Revenue for the year-to-date. **Other Income / (Expense):** • As of September 30, 2019, our YTD interest income from investments is $1.7 million, and YTD claims interest expense is $92,000. **Tangible Net Equity (TNE):** • Tangible net equity results continue to remain healthy, and at the end of September, TNE was reported at 580% of the required amount, with a surplus of $154.6 million. **Cash Position and Assets:** • $228.6 million in cash; $187.6 million is uncommitted. Our current ratio is above the minimum required at 2.09. **Capital Investments:** • Capital assets purchased year-to-date $318,000. • Annual capital budget is $2.5 million. **Question:** • Does the Alliance tend to financially do better the first half of the year? **Answer:** • Yes		
8. b. MEDI-CAL TRANSPORTATION BENEFIT PRESENTATION			

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
Gil Riojas	Gil Riojas gave a presentation that included an overview of the Med-Cal Transportation Benefits. **Transportation Types:** • Emergency Medical Transportation (EMT) • Non-Emergency Medical Transportation (NEMT) • Non-Medical Transportation (NMT) Each type of transportation was explained in detail. **Question:** • Does the physician decide what type of transportation? **Answer:** • There is a box to check for the physician to approve. **Question:** • Is there a summary document that you can give to me that I can give to the ACCMA? **Answer:** • The Alliance will work to obtain this information.	Informational update to the Board of Governors. Motion and vote not required.	
8. c. REVIEW AND APPROVE DELEGATION OVERSIGHT			
Gil Riojas and Diana Sekhon	Gil Riojas and Diana Sekhon gave a presentation on the Delegation Oversight, “An overview of the Regulatory Compliance Requirements”. **Topics Included:** • What is Delegation Oversight? • Who are our Delegates? • Final Rule Requirements. • State Oversight Requirements. • Alliance’s Delegation Oversight Program • Resources.	Informational update to the Board of Governors. Motion and vote not required.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Question**:** • Who will be on the Delegation Oversight Committee? Answer: • Executive team and other department management staff. Question: • Is there a timeline for Beacon to merge with Anthem Blue Cross? Answer: • Not at this time.		
8. d. REVIEW AND APPROVE PROCUREMENT APPROVAL FOR HARDWARE AND SOFTWARE			

S. Coffin	Approval requested for the purchase of software licensing and infrastructure hardware.
	
	The Board members reviewed the information and approved the following contracts:
	
	Microsoft SQL license:
	• Microsoft SQL license totaling $1.1M to be paid over 3-years.
	  • The first payment of Approximately $333,000 was paid April 2019,
	  • The next payment of approximately $333,000 will be in April 2020,
	  • The final payment of approximately $333.000 will be in April 2021.
	
	Technology Storage:
	1) Pure Technology storage in the amount of $808,000. Total amount was paid in June of 2018.
		Motion to retroactively approve the purchase of Microsoft Licensing in the amount of $1.1M.
		
		Motion: M. Lynch.
		Second: Dr. Ferguson
		Motion passed.
		
		Motion to retroactively approve the purchase of Pure Technology Storage in the amount of $808,000.
		
		Motion: A. Basrai.
		Second: Dr. Ferguson
		Motion passed.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
9. a. STANDING COMMITTEE UPDATES – PEER REVIEW AND CREDENTIALING COMMITTEE			
S. O'Brien	The Peer Review and Credentialing Committee (PRCC) was held on October 15, 2019. There were a total of 38 practitioners credentialed at this meeting. • 19 initial practitioners approved: o 4 primary care providers. o 11 specialists. o 4 midlevel providers. • 19 re-credentialed practitioners: o 4 primary care providers. o 8 specialists. o 7 midlevel providers.	Informational update to the Board of Governors. Motion and vote not required.	
10. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS			
Dr. Seevak	None	None	None
11. PUBLIC COMMENTS (NON-AGENDA ITEMS)			
Dr. Seevak	None	None	None
12. Closed Session			
	This session was closed to public.		
13. ADJOURNMENT			
Dr. Seevak	The meeting adjourned at 2:15PM.	None	None

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

RESOLUTION NO. 2019-02

A RESOLUTION OF ALAMEDA ALLIANCE FOR HEALTH AMENDING THE ALAMEDA ALLIANCE FOR HEALTH'S CONFLICT OF INTEREST CODE AND LIST OF DESIGNATED FILERS

WHEREAS, the Political Reform Act of 1974, Government Code Section 81000 *et seq*., requires every state or local government agency to adopt a Conflict of Interest Code ("Conflict of Interest Code"), and to conduct a biennial review of the code and list of designated positions; and

WHEREAS, Alameda Alliance for Health ("Alliance") is deemed a public entity for purposes of the Political Reform Act; and

WHEREAS, the Alliance has previously prepared a Conflict of Interest Code and the Political Reform Act requires the Conflict of Interest Code to be reviewed to determine its accuracy; and

WHEREAS, the Alliance Board of Governors ("Board") has reviewed the prior Conflict of Interest Code and determined that it is appropriate to amend and restate the Conflict of Interest Code.

NOW, THEREFORE, BE IT RESOLVED, the Board of Governors of the Alliance hereby resolves as follows:

SECTION 1. Pursuant to the Political Reform Act of 1974, Government Code Section 87300 *et seq*., and Section 18730 of Title 2 of the California Code of Regulations, the Board adopts the model conflict of interest code promulgated by the Fair Political Practices Commission of the State of California as set forth in Section 18730 of Title 2 of the California Code of Regulations, which model conflict of interest code is incorporated herein by reference, and which, together with the list of designated positions and the disclosure categories applicable to each designated position as set forth in Appendix A and B of this Resolution, collectively constitutes the Alliance's Conflict of Interest Code. As the model conflict of interest code set forth in Section 18730 of Title 2 of the California Code of Regulations is amended from time to time by State law, regulatory action of the Fair Political Practices Commission, or judicial determination, the portion of the Board's conflict for interest code comprising the model conflict of interest code shall be deemed automatically amended without further action to incorporate by reference all such amendments to the model conflict of interest code so as to remain in compliance therewith. Nothing in this Resolution shall supersede the independent applicability of Government Code Section 87200.

SECTION 2. The definitions contained in the Political Reform Act of 1974 and in the regulations of the Fair Political Practices Commission, and any amendments to either of the foregoing, are incorporated by reference into this conflict of interest code.

SECTION 3. The Board finds and determines that the persons who hold the designated positions set forth in Appendix A, attached to and made part of this resolution, make or participate in the making of decisions which may foreseeably have a material effect on their financial interests, and shall file Statements of Economic Interest pursuant to the requirements of the Alliance's Conflict of Interest Code.

SECTION 4. The persons holding designated positions shall disclose their economic interests according to the assigned disclosure categories set forth in Appendix B, attached to and made part of this resolution. The place of filings for the Members of the Board and for the Chief Executive Officer shall be the Clerk of the Board of Supervisors, Alameda County, 1221 Oak Street, Room 536, Oakland, CA 94612. The place of filing for all other designated positions set forth in Appendix A shall be the Alameda Alliance for Health, Chief Compliance Officer, 1240 South Loop Road, Alameda, CA 94502.

SECTION 5. Any prior resolution or action of the Board designated positions of persons required to file Statements of Economic Interests and their assigned disclosure categories are hereby repealed.

SECTION 6. The Alliance Secretary is hereby instructed to forward such amended Conflict of Interest Code and revised Appendix A to the County of Alameda Board of Supervisors for review and approval as required by Government Code Section 87303.

PASSED AND ADOPTED by the Board at a meeting held on the 13th day of December, 2019.

_____

CHAIR, BOARD OF GOVERNORS

ATTEST:

_____

Secretary

APPENDIX "A"

Designated Positions

Position	Disclosure Category
Member, Board of Governors	I
Chief Executive Officer	I
Chief Compliance Officer	I
Chief Operating Officer	I
Executive Director, Information Technology	I
Chief Medical Officer	I
Medical Director	I
Chief Financial Officer	I
Controller	I
Chief Analytics Officer	I
Executive Director, Human Resources	I
Consultants[1]	I

[1] Consultants shall be included in the list of designated positions and shall disclose pursuant to the broadest disclosure category in the code subject to the following limitation. The Chief Executive Officer may determine in writing that a particular consultant, although a "designated person," is hired to perform a range of duties that is limited in scope and thus is not required to fully comply with the disclosure requirements described in this section. Such written determination shall include a description of the consultant's duties and, based upon that description, a statement of the extent of disclosure requirements. The Chief Executive Officer's determination is a public record and shall be retained for public inspection in the same manner and location as this Conflict of Interest Code.

APPENDIX “B”

Disclosure Categories

CATEGORY I

All sources of income from investments in and positions with entities located in or doing business in Alameda County, including, but not limited to, stocks, bonds, and gifts; all loans received from entities located in or doing business in Alameda County; and all interests in real estate located in Alameda County.

ALAMEDA Alliance FOR HEALTH

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

2020 ANTI-FRAUD PLAN

Table of Contents

I. BACKGROUND

The Alameda Alliance for Health (the Alliance) is a public, not-for-profit managed care plan providing health care coverage to Medi-Cal and Alliance Group Care beneficiaries. The Alliance is committed to preventing, detecting, and investigating Fraud, Waste, and Abuse (FWA) incidents to protect the Alliance members and providers, and the integrity of the health plan. It is also the intent of the Alliance to comply with federal and state regulations, and contractual requirements concerning the detection, investigation, and resolution of suspected fraud, waste, and abuse (FWA).

The purpose of the Alliance Anti-Fraud Plan is to:

A.) Protect the Alliance's ability to deliver health care services to the Alliance membership through the timely detection, investigation, and prosecution of fraud.

B.) Develop and implement a process to protect the Alliance from internal fraud and from external fraud by providers, employees, members, and others.

C.) Provide various methods to report potential fraudulent activities to the appropriate authorities at the Alliance.

D.) Outline procedures for the detection, reporting, and managing of incidents of suspected fraud;

E.) Coordinate the practices and procedures for the detection, investigation, prevention, reporting, correcting, and prosecution of fraud with federal, state, and local regulatory agencies and law enforcement;

F.) Provide FWA awareness education and training to employees, members, and providers to facilitate in the timely detection and investigation of fraud, waste, or abuse; and

G.) Educate the Alliance employees on applicable federal laws including the False Claims Act and whistleblower provisions.

II. 2018 ANTI-FRAUD ACTIVITIES

The Anti-Fraud Plan outlines the Compliance Department's areas of focus with regards to anti-fraud activities for CY2020. The Anti-Fraud Plan initiatives are compiled into seven main categories: Structure, FWA Reporting, Regulatory Reporting, Non-Retaliation, FWA Detection & Prevention, Investigation & Monitoring, and Education & Training.

A. Structure

The Alliance's Compliance Officer (CO) is responsible for the Compliance Anti-Fraud Plan and activities. The CO reports directly to the Chief Executive Officer (CEO), and to the Compliance Committee which oversees the Anti-Fraud activities. The Compliance Director is responsible for the daily operations of the program, and reports incidents and fraud prevention activity to the CO weekly, or more frequently if needed.

The Compliance Committee is comprised of senior leadership roles from each operational area of the Alliance. The Compliance Committee is responsible for reviewing and discussing the Alliance FWA monitoring activities, new or revised state and federal regulations related to fraud detection and prevention, and operational processes needed to comply with applicable regulations. The Committee reviews internal and external fraud investigation statistics conducted by the Alliance and discusses certain cases for resolution of any issues that arise. Any significant incidents are also reported immediately by the CO to the CEO, and will be reported to the Board of Governors by the CEO or CO.

The Alliance's Compliance Department works closely with internal departments on fraud detection process and investigations. These departments include Health Care Services, Provider Services, Member Services, Credentialing, Grievance and Appeals, Pharmacy, HealthCare Analytics, and Claims. Compliance collaborates with these departments to complete certain steps of the investigation process and to develop and monitor a corrective action plan. These steps may include provider and member outreach, pharmacy and medical utilization data analysis, clinical review of medical records, medical coder review, and monitoring of provider claims billing patterns.

B. FWA Reporting

The Alliance requires employees, contracted providers, and members to report any potential internal FWA incidents for investigation. All Alliance employees are required to promptly report all known or potentially fraudulent activities as explained in the Code of

Conduct and Compliance trainings. If a supervisor or Human Resources receives a report of potential fraud, they will immediately notify the Compliance Department.

Individuals may report potential FWA incidents using any of the following methods:

1) The Compliance Department mailbox at compliance@alamedaalliance.org;

2) Directly to the Chief Executive Officer, (510) 747-6115;
3) Contact any Compliance Department team member;
4) Directly to the Department Manager/Director;
5) Contact the Human Resources Department; or
6) Call the Compliance Hotline at (855) 747-2234.

   The Compliance Hotline is a live twenty-four hours a day telephone line that can be accessed by anyone who would like to report concerns or alleged violations. Providers, members, employees, and any others can report anonymously through the hotline.

C. Regulatory Reporting

The Compliance Department independently reports to the Department of Managed Health Care (DMHC) and Department of Health Care Services (DHCS) when appropriate to coordinate FWA investigations with the regulatory agencies. The Compliance Department maintains all FWA records and provides documentation as required and requested for external scheduled and ad-hoc reporting to appropriate state and federal law enforcement agencies. The Alliance reports all suspected incidents to DHCS within 10 working days. The Alliance will follow up on the incident and provide DHCS with all investigation case documentation.

D. Non-Retaliation Policy

It is the policy of the Alliance that no person shall be retaliated or discriminated against for reporting in good faith to the Alliance's CO, the Alliance management staff, or to other proper authorities any alleged fraudulent activity committed by, on behalf of, or against the Alliance.

The False Claims Act (FCA) also contains Qui Tam or "whistleblower" provisions. A "whistleblower" is an individual who reports in good faith an act of fraud, waste, and abuse to the government, or files a lawsuit on behalf of the government. Whistleblowers

are protected from retaliation from their employer under Qui Tam provisions in the FCA and may be entitled to a percentage of the funds recovered by the government.

New Alliance employees are informed of the non-retaliation policy upon the first day of hire during the Compliance training and when reviewing and signing the Code of Conduct. The Compliance Department also annually provides training to all employees on the non-retaliation policy, and FCA and whistleblower provisions.

E. FWA Detection & Prevention

The Alliance strives to detect and prevent health care and insurance fraud, waste, and abuse. A variety of oversight mechanisms are used to detect fraud by employees, providers, vendors and members. The three core drivers for detecting fraud are claims fraud data detection, fraud/suspicious reporting, and provider suspension/exclusion screening.

1) Fraud Data Detection

Provider claims data is routinely analyzed by the Compliance Department to detect any fraudulent activity. Data analyzed is specific to providers, facilities, members, medical services, and pharmaceutical services. The Compliance Department utilizes a vendor that reviews claims billing patterns within the last 12 months for providers and triggers claims found with suspected issues. The Compliance Department reviews the triggered suspected claims, and if valid will proceed with additional investigation which may include medical records review. This data analysis is critical for monitoring and identifying any repetitive fraud, waste, and abuse patterns. Over/under utilization, false claims, and unusual billing practices are also measures reviewed in the data analysis. Analysis findings are reported to the CO and Compliance Committee.

2) Fraud/Suspicious Reporting

The identification and prevention of fraud, waste, and abuse is a cooperative effort that includes all employees, providers, and members reporting any suspicious activities or claims to the Alliance for investigation. The Compliance Department tracks and trends fraudulent cases reported to identify patterns with specific claims billed services, provider types, provider facilities, and medical services and drug utilization. From the reporting trends found, the Compliance Department will work closely with the Claims, Provider Relations, and Medical Management Departments to monitor and investigate the trends closely to determine if there are any root causes for the specific high volume FWA cases.

3) Provider Suspensions/Exclusion Screening

The Alliance conducts monthly exclusion screening of all providers of health care services or entities that contract with the Alliance to verify whether they have not been the subject of adverse government actions related to fraud, patient abuse, licensing board sanctions, license revocations, suspensions, and/or excluded from participation with Medicare and Medi-Cal health care programs.

F. Investigation & Monitoring

All reported potential fraud, waste, or abuse incidents are reviewed and prioritized for investigation. The intent of the FWA investigation is to find and correct actions that lead to fraudulent or wasteful payments, recover funds paid as a result of fraudulent or wasteful payments, and work in collaboration with regulatory authorities and law enforcement. The investigator will conduct desk reviews of the relevant documentation and data requested to conduct the investigation. The majority of investigations conducted by the Compliance Department will be desk audit reviews.

In some cases, it will be necessary to visit the site of the potential fraud (i.e. provider's office or vendor site) in order to guarantee the integrity of the documentation. The quality and credibility of the allegations will also be assessed along with the review of the questionable documentation to determine if fraudulent.

An investigation may consist of the following:

- Documentation of allegation;
- Comparing allegations to program policies and procedures;
- Review of licensing and credentialing information;
- Review of grievance and appeals information;
- Review of medical records and authorization history;
- Review of claims history;
- Review of pharmacy authorizations and medication records;
- Review of trends of prior allegations and/or reported incidents against provider;
- Interview with the member, provider, and/or pharmacy involved;
- Review by Medical Director;

- Review by Legal Counsel; and
- Determining type/s of corrective actions.

Corrective action plans and follow-up investigation plans are included, if applicable, to ensure any open issues and deficiencies are corrected. Corrective action plans may include the following actions: medical record review, claims audit, provider education, provider claims monitoring, recoveries, and termination. Findings are reported to the CO and to the Compliance Committee.

G. Education & Training

All Alliance employees are required to complete the Fraud, Waste, and Abuse Compliance training upon hire and annually thereafter. The comprehensive FWA training provides a basic understanding of how to detect fraud, waste and abuse, and why it is important to report any suspicious activity.

The training covers the following key concepts:

a.) What is fraud, waste, and abuse;

b.) How to detect and prevent FWA;

c.) Warning signs for common FWA problems and examples;

d.) FWA applicable statutes and laws;

e.) Legal consequences and costs of FWA;

f.) How to report potential FWA; and

g.) Non-retaliation against reporting.

Disciplinary standards will be enforced to those Alliance employees that do not meet the FWA training requirements.

Providers receive FWA education and training materials through the Alliance online website. The online FWA educational materials are easily accessible and provide an overview of the importance of FWA detection, reporting, and prevention. The methods of reporting incidents and the Alliance's Compliance Department contact information are included in the online FWA materials. Delegated partners are annually audited for FWA and compliance policies and procedures, training documentation, and reporting FWA incidents timely to the Alliance.

III. CONFIDENTIALITY OF THE ANTI-FRAUD PLAN

The Alliance has the responsibility to keep protected health information confidential in accordance with applicable federal and state laws. All FWA incidents reported and investigations will remain confidential and shall comply with the Alliance HIPAA privacy guidelines and policies. The Alliance's Compliance Department will maintain all records in a locked cabinet prior to disposal or electronically secured to prevent unauthorized access to and inadvertent observation of sensitive information.

CODE

OF

CONDUCT

January 2020

TABLE OF CONTENTS

Why a Code of Conduct

For over 20 years, Alameda Alliance for Health (the “Alliance”) has upheld a tradition of being a responsible citizen of the community we serve. Our ongoing commitment to offering members quality health care services, while fully complying with the law, and meeting the highest ethical standards of business conduct continues today. In the healthcare industry, change is something we can always count on. While change is expected, some things must stay the same, such as our commitment to serving our members and our community with the highest level of ethical behavior.

As you know, trust is key to the success of any business and ethical conduct is the foundation upon which trust is built. Ethical conduct simply means doing the *right thing*. Most of us – if not all of us – come to work every day with the best intentions to do the right thing, to live by the company values and to do what’s right. But sometimes it is hard to determine what “right” is. That is why we have a Code of Conduct – to support you in making these choices.

The Code of Conduct is the cornerstone of the Alliance’s Compliance Program. It contains the standards of behavior that each one of us is expected to observe while performing our jobs. Spelling out these standards helps us all maintain a culture of integrity and excellence.

I support and live by this Code of Conduct. Our Alliance Board of Governors supports and lives by this Code of Conduct. Please join us in our ongoing efforts to operate our business according to this Code of Conduct.

Sincerely,

Scott Coffin
Chief Executive Officer (CEO)
Alameda Alliance for Health

What is the Code of Conduct

The Code of Conduct provides guidance and raises awareness of the ethical, legal, and other rules that affect our business. All employees of the Alliance own the responsibility of abiding by the Code of Conduct, following the laws, and modeling our values. This same responsibility is expected of temporary workers, consultants, contractors, and others who perform services for the Alliance.

The Alliance has established this Code of Conduct to describe appropriate conduct and business practices. This document, along with the Alliance's Compliance Program, Employee Handbook, and related compliance activities are fundamental to establishing an organizational culture of compliance - one that promotes prevention, detection, and resolution of situations that do not conform to the Alliance's policies and procedures, federal and state laws, as well as ethical business practices.

Who the Code of Conduct applies to

The Board of Governors, Directors, employees of the Alliance and, where appropriate, contractors and providers (collectively, "representatives") are expected to conduct the business and affairs of the Alliance consistent with the principles outlined in this Code of Conduct. Employees will be subject to disciplinary actions for violating the principles outlined in this Code of Conduct, consistent with the Alliance's Human Resources policies and procedures.

Our Mission and Vision

The mission of the Alliance is to strive to improve the quality of life of our members and people throughout our diverse community by collaborating with our provider partners in delivering high quality, accessible and affordable health care services. As participants of the safety-net system, we recognize and seek to collaboratively address social determinants of health as we proudly serve Alameda County.

The vision of the Alliance is that we will be the most valued and respected managed care health plan in the state of California.

Our Values (T.R.A.C.K.)

- **Teamwork:** We participate actively, remove barriers to effective collaboration and interact as a winning team.
- **Respect:** We are courteous to others, embrace diversity and strive to create a positive work environment.
- **Accountability:** We take ownership of tasks and responsibilities and maintain a high level of work quality.
- **Commitment & Compassion:** We collaborate with our providers and community partners to improve the wellbeing of our members, focus on quality in all we do and act as good stewards of resources.
- **Knowledge & Innovation:** We seek to understand and find better ways to help our members, providers and community partners.

Who to Contact

We understand not every area can be fully addressed by our Code of Conduct. If you have a question, or see something that just doesn't seem right, it is important that you say something.

Please reach out if you have any questions or concerns regarding the Alliance's Code of Conduct and/or compliance with rules, regulations or contracts, or if you would like to report a suspicious incident. You have multiple ways to reach out with questions, concerns or reporting incidents. Feel free to use any of the following methods below to reach out for reporting an incident or questions or concerns:

Contact your supervisor or
your business area leader;

Email the Compliance department at
compliance@alamedaalliance.org

Call a **Compliance Department** Staff Member

Call the **Compliance Hotline: (855) 747-2234**

Speak directly to the **Chief Executive Officer**,
Scott Coffin (510) 747-6115

Contact a **Human Resources** staff person

Contact external regulators:

DHCS – (800) 822-6222

DMHC – (888) 466-2219

Code of Conduct Policies

Professional Ethics

The Alliance is committed to the highest standards of business ethics and integrity. The Alliance will always fairly and accurately represent itself in all business relationships. The Alliance's Compliance Program and related policies and procedures help ensure that the business activities of the Alliance reflect these high standards. As an employee or representative of the Alliance, your actions are a direct reflection of our business. You are expected to act with honesty and integrity whenever you act on behalf of the Alliance. We each have an obligation to perform our jobs in a manner that is consistent with this Code of Conduct. Our success as an organization depends largely on our reputation as an honest and ethical company, which requires our individual and collective adherence to that goal to maintain.

Compliance with Laws, Regulations, and Contracts

The Alliance is committed to conduct all its activities in full compliance with applicable laws, regulations, and contractual obligations. One of the purposes of the Compliance Program is to educate Alliance employees about our obligations under the law. Every Alliance employee or representative is responsible for ensuring compliance with all laws, regulations, and contractual obligations applicable to their job duties. If there is any doubt as to whether an activity is legal or appropriate, the employee or representative should seek clarification from a supervisor, Human Resources or the Compliance Department.

Confidentiality

Every employee of the Alliance will protect all confidential information received in the course of their relationship with the Alliance. The Alliance will act responsibly by maintaining the confidentiality of member information and limiting its distribution only to the appropriate authorized individuals. The Alliance will comply with applicable federal and state laws protecting the privacy and security of members' health information. In addition, Alliance employees will maintain the confidential and proprietary information about the operations and plans of the Alliance, consistent with applicable legal and ethical standards. This policy includes an obligation to report any known or suspected privacy incident.

Confidentiality Examples:

Confidential information includes anything that is not generally known or shared with the public.

- All Member Protected Health Information (PHI);
- Information about Alliance employees, consultants, vendors, and providers that is not public knowledge; and
- Proprietary information about Alliance data security and software licenses, business plans, financial status, and member data that is not public information.

Conflicts of Interest & Disclosures
All employees are expected to conduct their activities to avoid actual or perceived conflicts of interest. A conflict of interest arises when an individual's own interests, whether personal, business, or financial, influences or appears to influence decisions regarding the Alliance. If a conflict of interest exists, it must be fully disclosed by the individual and appropriate action will be taken consistent with the Alliance's policies.

Personal Conflicts of Interest Examples:
Some examples of potential conflicts include:

- Employment with a competitor, vendor, supplier, client or customer, regardless of the nature of work performed.
- Acceptance of gifts, payments, or services from those soliciting or doing business with the Alliance.
- Ownership of, or interest in, a company that is a competitor, vendor, or supplier of the Alliance.
- Service as a consultant to a current or prospective Alliance vendor, client, supplier or competitor.

It is important to note that all potential conflicts of interest must be fully disclosed to the Alliance's Compliance Department to determine whether or not the interests pose an actual conflict.

Protection of Company Assets
The Alliance must preserve and protect its assets by promoting the efficient and effective use of its resources. Alliance company assets may be used only for business purposes and only by authorized employees. Since much of the Alliance's work is publically funded, we have even a higher responsibility to be prudent with company assets. All employees should report any situation that could lead to loss, misuse, or theft of Company assets to a supervisor or the Compliance Department.

Corporate Asset Examples:
Corporate assets to be protected include, but are not limited to,

- Physical property, such as equipment, furniture, computers, phones, copiers, desks, offices, and meeting rooms;
- Intellectual property, such as company records, member information, pricing strategies, business strategies, financial data, and trademarks;
- Information assets, such as software licenses, information and telecommunications systems, and email accounts; and
- Other assets, including the service of Alliance attorneys, contractors, consultants, and IT professionals.

Incidental personal use of Alliance assets, including computers, telephones, copiers, the internet, etc. is permitted as long as it does not interfere with job performance or Alliance operations or systems, complies with relevant law and ethical standards, and is consistent with Alliance policy. Employees are not entitled to privacy when using

Alliance assets. Thus the Alliance may monitor email, instant messaging records, and phone traffic.

Business Inducements
The Alliance must conduct all business transactions free from solicitation or receipt of bribes, kickbacks, gifts, favors, or improper incentives. Employees of the Alliance may not offer, give, solicit, or receive anything of value to induce a referral of business.

Potential Business Inducements Examples:
Some examples of business inducements that are not acceptable include, but are not limited to:

- Acceptance of gifts of money;
- Acceptance of any gift or gratuity in return for purchasing, contracting, or recommending to purchase or contract any item or service from a vendor, client, contractor, or provider; and
- Non-monetary gifts or gratuities from suppliers, vendors, clients, providers, or members, unless unsolicited and infrequent and only if the activities comply with applicable law and (i) have a legitimate business purpose, or (ii) are consistent with Alliance's policy as stated in the Employee Handbook.

Fair Business Dealings
The Alliance is committed to achieving its success by fair and ethical means. The Alliance prohibits any unethical, non-competitive, and illegal business practices. The Alliance will deal fairly with its members, providers, and other business associates. The Alliance will not take unfair advantage of anyone through manipulation or concealment of information, abuse of confidential information, misrepresentation of facts, or any other unfair business practice. The Alliance expects all employees and representatives to be honest whenever acting on behalf of the Alliance.

Accurate Records
Business records should always be kept in an accurate, true, and complete manner. Accurate business records are important for legal, financial, government, and other reporting obligations of the Alliance. Records should never be changed, tampered, falsified, or withheld. Records should be maintained consistent with relevant record retention policies and legal requirements. Records should only be disposed of in a proper manner, once they are no longer needed or otherwise not required by law or contract to maintain.

Employees should assume that all documents, emails, and other correspondence are considered company records and should use discretion and professionalism when creating those records. The Alliance owns all records that are used in Alliance business. The author or keeper of the records does not own the records. Alliance employees have no rights to Alliance records, including those that the employee helped to create. All Alliance records must remain on Alliance property or other approved locations. Records may not be stored in employee homes or in other unapproved locations.

Equal Opportunity and Treatment
The Alliance will treat everyone with dignity and with respect for race, color, creed, religion, sex, national origin, disability, marital status, age, sexual orientation, and public assistance status or any other basis protected by federal, state or local law, ordinance or regulation. The Alliance will conduct its employment practices free from discrimination. In addition, good faith efforts are made to reasonably accommodate the physical and mental limitations of special disabled veterans and individuals with disabilities. The Alliance is committed to maintaining a safe and professional working environment for all employees and to ensuring that all employees are treated with fairness, dignity, and respect.

Obligation to Report
The Alliance encourages and expects that all employees report any suspected violations of the standards presented in this Code of Conduct, related compliance policies, and applicable laws, statutes, rules and regulations. Reporting systems have been established by the Alliance's Compliance Program to provide a means to report violations, without fear of retaliation or retribution, which meet reporting obligations under the law. All violations should be reported consistent with the procedures described in the Compliance Program.

Where to Report:
You have several ways to report any ethical or compliance violations:

- Report the information to your supervisor;
- Call a Compliance Department staff member
- Call the confidential Alliance Compliance Hotline (855) 747-2234;
- Send an email to the Compliance Department:Compliance@alamedaalliance.org
-
- Report the information to Human Resources;
- Report the information to the Chief Executive Officer, Scott Coffin, (510) 747-6115; or
- Report the information to regulatory authorities.

Non-Retaliation
The Alliance is committed to providing employees the opportunity and means to report, in good faith, violations to internal and external parties without fear of retaliation. Anyone who reports a potential violation or cooperates with an investigation is protected against discrimination, intimidation, or retaliation because of their actions.

Any employee who retaliates against a person for filing a report or participating in an investigation is subject to corrective action up to, and including, termination of employment.

Alameda Alliance for Health

Employee Attestation

I have received, I have read, I understand, and I agree to comply with the Alameda Alliance for Health Code of Conduct.

_____
PRINT EMPLOYEE'S NAME

_____ _____
EMPLOYEE'S SIGNATURE DATE

_____ _____
COMPLIANCE DIRECTOR DATE

ALAMEDA Alliance FOR HEALTH

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

CEO Update

Scott Coffin

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

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

Date: **December 13, 2019**

Subject: **CEO Report**

- **Key Performance Indicators**
  - Medi-Cal membership continues to decline each month by 1,200-1,500 persons.
  - October net income $3.6M, and year-to-date net income $9.6M
  - Q1-2020 forecast increases net income by $1.5M, results in $1.2M net income by year-end, June 30, 2020.
  - Core operating metrics (see dashboard) are stable, administrative vacancy rate is 2% above target.

- **Regulatory Audits**
  - DMHC claims and finance audit began on 12/9/19, and ends 12/20/19.
    - Audit review period is 9/2017 to 10/2019.
    - Samples includes paid, denied, high-dollar & interest-bearing claims.
  - DMHC medical survey audit in February 2020.
  - Office of Inspector General (OIG) audit is pending a confirmation date; examines medical loss ratios for two periods: 1/1/14-6/30/15 and 7/1/15-6/30/16.

- **CalAIM**
  - California Advancing & Innovating Medi-Cal (CalAIM) proposal released by DHCS on October 28, 2019.

- **DHCS Death Audit**
  - DHCS to submit invoice and supporting detail by early January 2020
  - $1.5M allocated in current budget, high-level estimate.

EXECUTIVE DASHBOARD
DECEMBER 2019

ALAMEDA Alliance FOR HEALTH

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

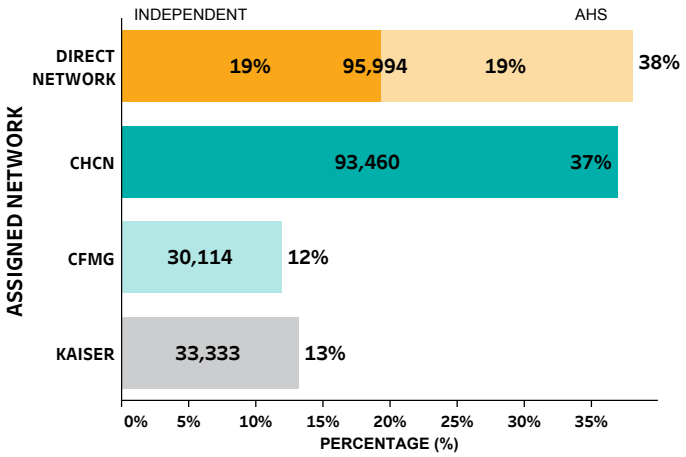
MEMBERSHIP**

252,901

TOTAL MEMBERSHIP

IHSS 6,060 **MEDI-CAL** 246,841

DISTRIBUTION OF ALL MEMBERSHIP BY ASSIGNED NETWORK**



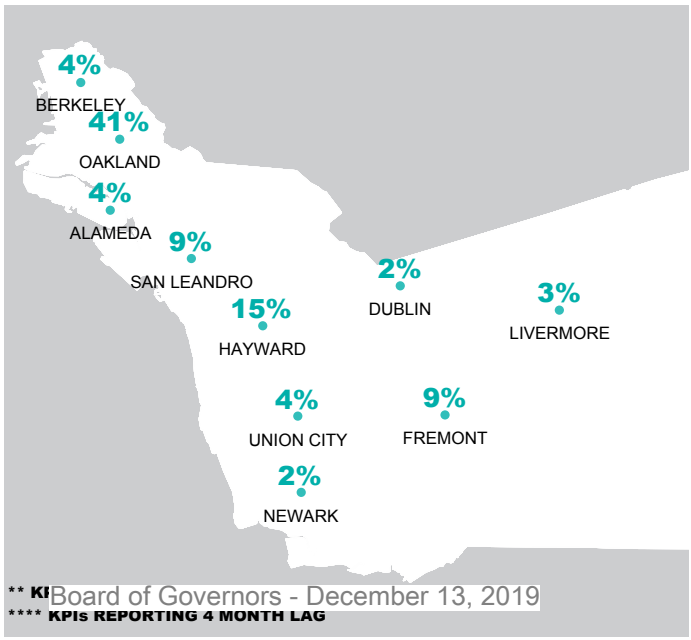
DISTRIBUTION OF MEMBERSHIP BY CITY**

92%

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

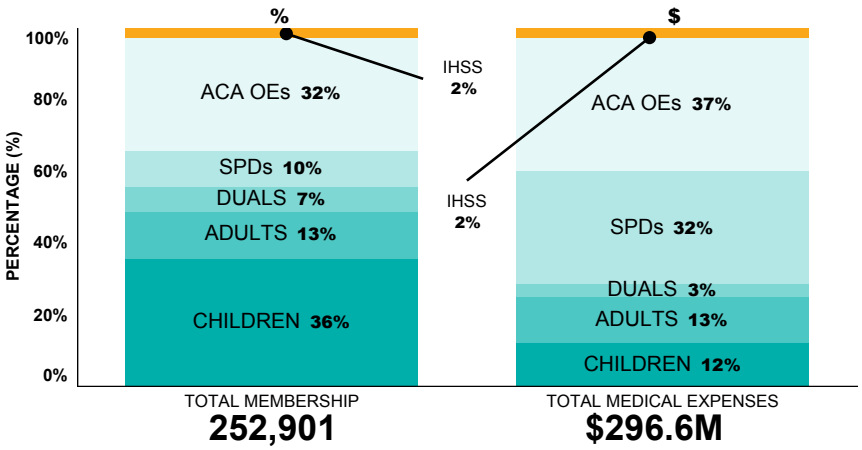
TEN CITIES

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



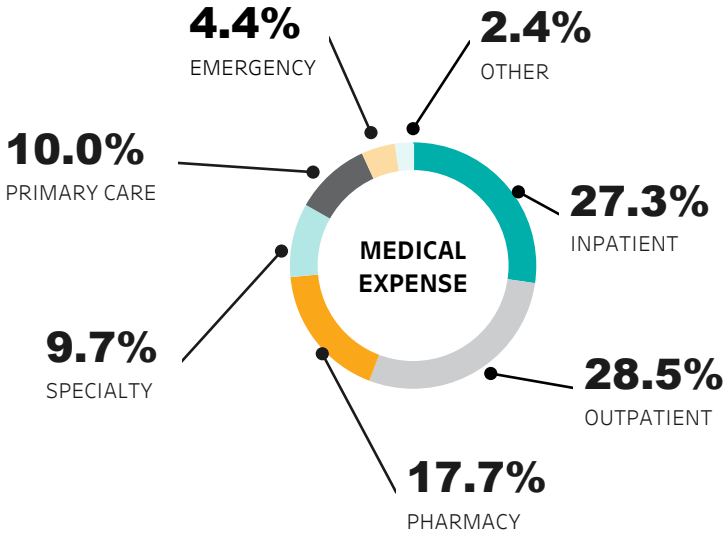
** KI
**** KPIs REPORTING 4 MONTH LAG

DISTRIBUTION OF MEDICAL EXPENSE BY MEMBERSHIP CATEGORY**



REVENUE & EXPENSES**

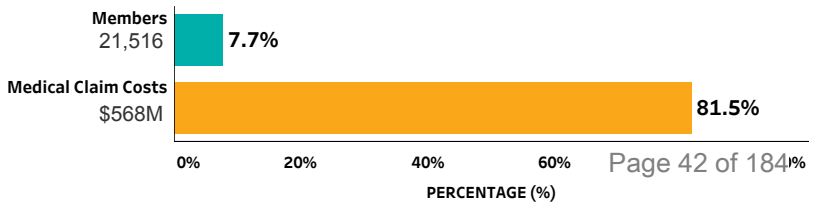
	OCTOBER 2019	FISCAL YTD
REVENUE	$80.0M	$321.8M
MEDICAL EXPENSE	($72.6M)	($296.6M)
ADMIN EXPENSE	($4.4M)	($17.4M)
OTHER	$524K	$1.8M
NET INCOME	**$3.6M**	**$9.6M**



TANGIBLE NET EQUITY**

584% **$190M**

HIGH UTILIZER DISTRIBUTION****



UTILIZATION**

4,450
INPATIENT BED DAYS

7,152
EMERGENCY ROOM VISITS

4.1 DAYS
AVERAGE LENGTH OF STAY

CASE AND DISEASE MANAGEMENT**

	NEW CASES	OPEN CASES
CARE COORDINATION	281	698
COMPLEX CASE MANAGEMENT	26	75
Total	307	773

	NEW CASES	ENROLLED
HEALTH HOMES	19	597
WHOLE PERSON CARE (AC3)	4	210
Total	23	807

TOTAL CASE MANAGEMENT

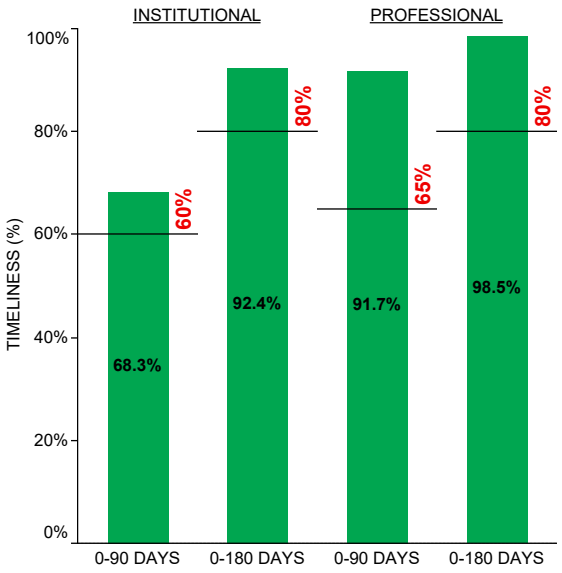
330
TOTAL NEW CASES

1,580
TOTAL OPEN CASES & ENROLLED

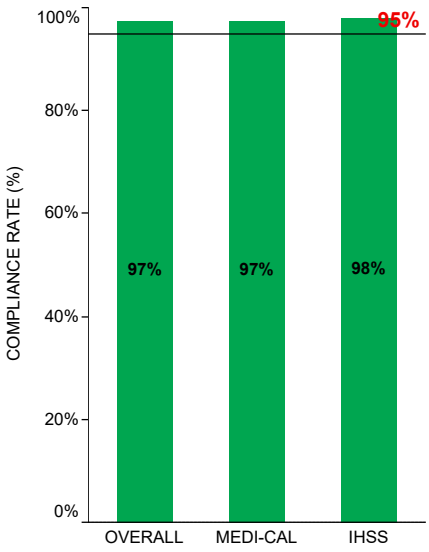
REGULATORY COMPLIANCE

ALL REGULATORY COMPLIANCE MEASURES ARE IN COMPLIANCE.

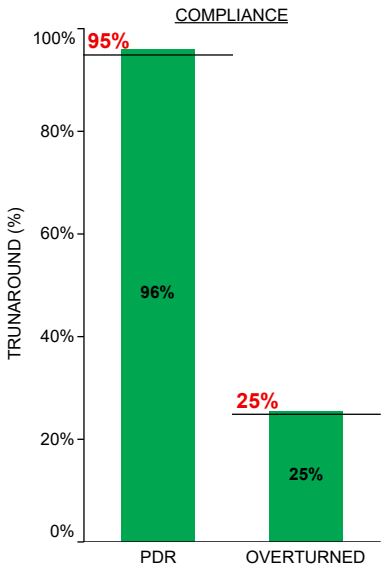
ENCOUNTER DATA



MEDICAL AUTHORIZATIONS



PROVIDER DISPUTES & RESOLUTIONS



CALL CENTER

16,400
CALLS RECEIVED

80%
ANSWERED IN 30 SECONDS

7%
CALLS ABANDONED

CLAIMS

113,208
PROCESSED CLAIMS

72.3%
AUTO ADJUDICATED

22 DAYS
PROCESSED PAYMENTS

STAFF & RECRUITING

306
TOTAL EMPLOYEES

5
HIRED IN THE LAST 30 DAYS

13%
CURRENT VACANCY

Introduction to CalAIM

Alameda Alliance for Health

Presented to the Board of Governors by Scott Coffin, CEO

December 13, 2019

California Advancing & Innovating Medi-Cal

Agenda

- Major changes in public health.
- Executive Summary of CalAIM

CalAIM stands for…

“California Advancing & Innovating Medi-Cal”

- Alliance’s Guiding Principles.
- Model of Care.
- Impacts to the Alliance.
- CalAIM year-by-year transitions.
- Actions & Next Steps.

Changes in public health environments

Federal, State, Local.

- CMS Medicaid Fiscal Accountability Regulations ("MFAR")
- Governor Newsom's Executive Orders & Administrative Priorities
  - *Master Plan on Aging*
  - *Pharmacy Benefits*
- Early Childhood Development / EPSDT
- CalAIM (Medi-Cal) "crosswalks" into California's 1115 and 1915 Waiver Renewals (2021-2025)
- Medi-Cal Managed Care Procurement in Alameda County
- State Regulatory Agencies & Accreditations: DHCS, DMHC, NCQA
- Alameda County - Vision 2026

Executive Summary of CalAIM

- DHCS released the **proposal** on October 28, 2019
- **CalAIM is a statewide**, **multi-year roadmap** for the Medi-Cal program (2020-2024)
- **20+ initiatives** launched over 5 years
- Supports 1115 & 1915 **waiver renewals**.
- Impacts multiple delivery systems in each county through:
  - Payment reform
  - Integration pilots
  - New model of care
  - Targeted populations
  - Mandatory enrollment
  - Standardization of benefits
  - Regulatory requirements

Executive Summary of CalAIM

continued

- **Top 3 Goals:**
  - Leverage "Whole-Person Care" infrastructure
  - Transform the Medi-Cal system, reduce complexity and create more flexibility to help people
  - Improve quality outcomes and reform payment models

- **Initiates the transformation of aligning systems of care into "population health"** that support physical health, specialty mental health, criminal justice, dental, substance use, social determinants of health, homelessness, early childhood, and adult aging

- Mental health and substance use "**pilots**", identifying specific populations to test integration for mild-to-moderate and severely mental ill services

Model of Care

- Whole Person Care (AC Care Connect) and Health Homes Programs – **both programs transition into the a new model of care**
  - Enhance Care Management (ECM)
  - In Lieu of services (ILOS)
- County administered Targeted Case Management (TCM) provider network, excluding behavioral health, is transitioned to MCP and new model of care by 2023
- **Re-Entry** (incarcerated) coordination between justice system, Alameda County Social Services, Alameda Alliance, and safety-net delivery systems

Model of Care

Enhanced Care Management

- **Enhanced Care Management (ECM)** targets specific populations in the Medi-Cal system:
  - People who are high-utilizers of multiple systems of care
  - People at risk for institutionalization (serious mental illness, children with emotional disturbance, long-term care eligible)
  - People frequently accessing care in emergency rooms
  - People in nursing facilities who desire to live at home or some other place in their community
  - People transitioning from jail and other justice systems into society.
  - People experiencing chronic homelessness, or at risk of becoming homeless

Model of Care

"In Lieu of" Services

- **Housing** deposits, screening and navigation
  - Tenancy and sustaining services
- Short-term **post-hospitalization services**
- **Recuperative** care (including respite)
- **Sobering** centers
- **Home** modifications (grab bars, ramps)
- **Custodial care** (personal care, homemaker services)
- **Day rehabilitation** services
- **Meals**
- **Nursing facility transitions** to home, residential care, adult and elderly care
- **Restrictions and limitations** to these services need to be clearly identified

Alliance's Guiding Principles

- Alliance's **mission, vision, and values**
- Successful **execution** of strategy
  - Transformation into whole person care organization
  - Advance our strategic pillars - quality of care, managing growth and financial performance, and improving operational efficiencies and customer service
- **Regulatory Compliance & Reporting**
  - Minimize penalties & sanctions through compliant work practices
- **Explore New Models of Care**
  - Community-based services led by staff and partners, supported by technology solutions (e.g. health data, texting)
- **Quality** Improvements (HEDIS)
- Organizational **Readiness**

Impacts to the Alliance

- **Whole person care approach…** shifting from medical necessity determination to **helping** a homeless person with a disability, or **coordinating** with county services to identify housing solutions
- **Expansion of provider networks** for newly added benefits, and to meet timely access requirements
- New **regulatory reporting & expanded audits** by DMHC/DHCS
- **New funding streams** into Alliance and **reporting to DHCS**, previously funded directly to hospitals and providers
- Financial risks associated to **reimbursement rates for long-term care**, and adoption of **regional rate model**
  - 2-year lag in retrospective payments

Impacts to the Alliance

continued

- Technology Limitations & current capability of **technology systems** to manage change (e.g. Medicare expansion, long-term care)
- Legal and technology barriers to **sharing data** with community partners & caregivers
  - Requires expansion of data analytics and predictive modeling.
- Improving quality of service for **GroupCare** members during the CalAIM/Medi-Cal transitions
- **Organizational Capacity**
  - Workforce recruiting, training & skills development
  - Resources to plan and execute phases over next 4 years
  - Dedicated program team to lead initiatives

Impacts to the Alliance

continued

- Expansion into **Medicare by 2023** requires preparation in 2020-2021
  - **Risk assessment** to identify organizational resources needed to expand into Medicare Duals Special Needs Plan (D-SNP)
  - **Office space** to accommodate additional staffing and program resources
  - **Technology** systems to support business line expansion and membership growth
  - **CMS application process** starts in 2021
- Sourcing strategy for **mental health** services
- **Budget impact** in fiscal year 2020/2021 for planning, and implementations.
  - Administrative costs increase, staffing to support CalAIM, business line expansion
  - Consultants, subject experts

2020

- Initiate **local** stakeholder **workgroups** & **governance**.
- Formation of **program team in Q1** to drive initiatives and work streams
- Submit confirmation to DHCS for D-SNP, and conduct external **risk assessment**
- **Operational readiness** for transition of long-term care and pharmacy services
- July 2020 – Submit **transition plan** to DHCS for Whole Person Care and Health Homes programs
- July 2020 – Submit to DHCS **application** for Integration pilot
- DHCS initiates the procurement process for applications in two-plan and other Medi-Cal managed care counties
- Beacon Health Option merger approved in Q1-2020

2021

- **Long-term care** benefit effective on January 1st
- **Pharmacy benefit transitions into Medi-Cal fee-for-service**, administer physician administered drugs
- **Mandatory enrollment** begins (except Duals)
- Submit **model of care #1** for ECM and ILOS (eventually replaces Whole Person Care and Health Homes)
- Design **shared savings** arrangements, align to current P4P incentives
- Full integration pilots **proposals** (mental health/substance use) is completed by 12/31/2021
- **DHCS announces** a second plan option in Alameda County

2022

- Initiate **evaluation and selection process for full integration pilots**, selection and implementation planning starts mid-year 2022
- Submit **application to CMS for D-SNP**, serving as primary payer for services to Duals by January 1, 2023
- Second plan option builds network and prepares for 1/1/2023 Go-Live

2023

- Medi-Cal **regional rates** implemented into Alameda County
- **Open enrollment into Medicare** Advantage D-SNP on January 1st
- **Duals enroll** into long-term care benefit
- Submit **re-entry model of care #2** to DHCS
- Second managed care health plan starts enrollment on January 1st

2024

- **Full integration pilot (behavioral health) launches** on January 1st
- **NCQA** accreditation in Medi-Cal required January 2025 (Alliance currently certified in commercial & Medicaid)
- **Shared savings programs** launched with local contracted providers
- Implement the **re-entry model of care**

Actions & Next Steps

- Complete the **mental health assessment** by March 2020
- Establish **local governance** with safety-net leaders across the systems of care, identify impacts to other parts of the delivery system
- Coordinate **stakeholder advisory groups** to better inform changes in covered benefits
- Formation of **internal task forces,** cross-departmental
- Form a **dedicated program team** to coordinate clinical and operations staff
- Incorporate **guidance** from DHCS into planning efforts
- **Board of Governors** to resume the Strategy Committee in January 2020
- Conduct an **organizational capability assessment** (people, process, technology)

ALAMEDA Alliance FOR HEALTH

Health care you can count on.
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Operations Dashboard

Alameda Alliance for Health
Operations Dashboard
- December-2019 -

ID	Section	Subject Area	Category	Performance Metric					ID
1	1	Financials			Oct-19 FYTD		%	Annual Budget	1
2									2
3			Income & Expenses	Revenue $	$321,813,675		34.4%	$935,483,328	3
4				Medical Expense $	$296,613,401		33.7%	$879,173,524	4
5				*Inpatient (Hospital)*	$80,919,789		*27.3%*	$246,892,599	5
6				*Outpatient/Ancillary*	$84,558,481		*28.5%*	$240,198,558	6
7				*Emergency Department*	$13,128,096		*4.4%*	$38,603,091	7
8				*Pharmacy*	$52,560,767		*17.7%*	$157,323,732	8
9				*Primary Care*	$29,638,039		*10.0%*	$87,881,542	9
10				*Specialty Care*	$28,761,349		*9.7%*	$83,501,269	10
11				*Other*	$7,046,880		*2.4%*	$24,772,732	11
12				Admin Expense $	$17,360,362		28.6%	$60,618,392	12
13				Other Income / (Exp.) $	$1,776,700		2.9%	$4,013,097	13
14				Net Income $	$9,616,611			($295,490)	14
15				Gross Margin %	7.8%			6.0%	15
16			Liquid Reserves	Medical Loss Ratio (MLR) - Net %	92.2%			94.0%	16
17				Tangible Net Equity (TNE) %	583.5%			564.9%	17
18				Tangible Net Equity (TNE) $	$190,363,867			$180,451,765	18
19			Reinsurance Cases	2019-2020 Cases Submitted	4				19
20				2019-2020 New Cases Submitted	1				20
21				2018-2019 Cases Submitted	24				21
22				2018-2019 New Cases Submitted	0				22
23			Balance Sheet	Cash Equivalents	$224,580,567				23
24				Pass-Through Liabilities	$36,568,352				24
25				Uncommitted Cash	$188,012,215				25
26				Working Capital	$179,601,622				26
27				Current Ratio %	218.8%			100%	27
28									28
29	2	Membership			Aug-19	Sep-19	Oct-19	Oct-19 Budget	29
30									30
31			Medi-Cal Members	Adults	33,448	33,092	32,772	13%	33,418	31
32				Children	91,728	91,224	90,597	36%	91,706	32
33				Seniors & Persons with Disabilities (SPDs)	25,751	25,727	25,753	10%	25,611	33
34				ACA Optional Expansion (ACA OE)	80,966	80,483	80,069	32%	80,645	34
35				Dual-Eligibles	17,700	17,666	17,650	7%	17,495	35
36										36
37				Total Medi-Cal	249,593	248,192	246,841	98%	248,875	37
38			IHSS Members	IHSS	6,020	6,023	6,060	2%	5,976	38
39			Total Membership	Medi-Cal and IHSS	255,613	254,215	252,901	100%	254,851	39
40										40
41			Members Assigned By Delegate	Direct-contracted network	49,463	49,220	48,753	19%		41
42				Alameda Health System (Direct Assigned)	47,630	47,328	47,241	19%		42
43				Children's First Medical Group	30,542	30,214	30,114	12%		43
44				Community Health Center Network	94,360	93,936	93,460	37%		44
45				Kaiser Permanente	33,618	33,517	33,333	13%		45
46										46

Alameda Alliance for Health
Operations Dashboard
- December-2019 -

ID	Section	Subject Area	Category	Performance Metric						ID
47	3	Claims			Sep-19	Oct-19	Nov-19	%	Performance Goal	47
48										48
49			HEALTHsuite Claims Processing	Number of Claims Received	111,578	125,442	122,333			49
50				Number of Claims Paid	82,964	104,448	90,164			50
51				Number of Claims Denied	23,498	28,362	23,044			51
52				Inventory (Unfinalized Claims)	85,732	76,132	84,286			52
53				Pended Claims (Days)	4,912	7,545	13,380	16%		53
54				*0-29 Calendar Days*	4,869	7,299	13,286	16%		54
55				*30-44 Calendar Days*	33	222	73	0%		55
56				*45-59 Calendar Days*	5	18	8	0%		56
57				*60-89 Calendar Days*	3	2	7	0%		57
58				*90-119 Calendar Days*	2	3	2	0%		58
59				*120 or more Calendar Days*	0	1	4	0%		59
60				Total Claims Paid (dollars)	36,423,839	48,973,529	34,045,885			60
61				Interest Paid (Total Dollar)	35,614	26,121	18,522	0%		61
62				Auto Adjudication Rate (%)	72.9%	71.6%	72.3%		70%	62
63				Average Payment Turnaround (days)	23	23	22		25 days or less	63
64			Claims Auditing	# of Pre-Pay Audited Claims	2,152	2,485	1,834			64
65			Claims Compliance	% of Claims Processed Within 30 Cal Days (DHCS Goal = 90%)	99%	98%	98%		90%	65
66				% of Claims Processed Within 90 Cal Days (DHCS Goal = 99%)	100%	100%	100%		99%	66
67				% of Claims Processed Within 45 Work Days (DMHC Goal = 95%)	100%	100%	100%		95%	67
68										68
69	4	Member Services			Sep-19	Oct-19	Nov-19	%	Performance Goal	69
70										70
71			Member Call Center	Inbound Call Volume	15,228	15,649	16,400			71
72				Calls Answered in 30 Seconds %	85.0%	91.0%	80.0%		80.0%	72
73				Abandoned Call Rate %	3.0%	2.0%	7.0%		5.0% or less	73
74				Average Wait Time	00:30	00:18	01:07			74
75				Average Call Duration	07:13	06:42	06:26			75
76				Outbound Call Volume	10,671	12,044	9,717			76
77										77
78	5	Provider Services			Sep-19	Oct-19	Nov-19	%	Performance Goal	78
79										79
80			Provider Call Center	Inbound Call Volume	6,001	6,716	5,560			80
81										81
82	6	Provider Contracting			Sep-19	Oct-19	Nov-19	%	Performance Goal	82
83										83
84			Provider Network	Primary Care Physician	587	591	584			84
85				Specialist	7,089	7,168	6,995			85
86				Hospital	17	17	17			86
87				Skilled Nursing Facility	53	54	54			87
88				Durable Medical Equipment	Capitated	Capitated	Capitated			88
89				Urgent Care	9	9	9			89
90				Health Centers (FQHCs and Non-FQHCs)	57	64	67			90
91				Transportation	380	380	380			91
92			Provider Credentialing	Number of Providers in Credentialing	1,456	1,447	1,456			92
93				Number of Providers Credentialed	1,456	1,447	1,456			93
94										94

Alameda Alliance for Health
Operations Dashboard
- December-2019 -

ID	Section	Subject Area	Category	Performance Metric						ID
95	7	Human Resources & Recruiting			Sep-19	Oct-19	Nov-19	%	Annual Budget	95
96										96
97			Employees	Total Employees	306	305	306		319	97
98				Full Time Employees	304	303	304	99%		98
99				Part Time Employees	2	2	2	1%		99
100				New Hires	6	7	5			100
101				Separations	3	8	4			101
102				Open Positions	38	38	41	13%	10% or less	102
103				Signed Offer Letters Received	9	6	11			103
104				Recruiting in Process	29	32	30	9%		104
105										105
106			Non-Employee (Temps / Seasonal)		7	3	4			106
107										107
108	8	Compliance			Sep-19	Oct-19	Nov-19	%	Performance Goal	108
109										109
110			Provider Disputes & Resolutions	Turnaround Compliance (45 business days)	96%	98%	96%		95%	110
111				% Overturned	24%	24%	25%		25% or less	111
112										112
113			Member Grievances	Overall Standard Grievance Compliance Rate % (30 calendar days)	98%	99%	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)	100%	100%	100%		95%	116
117				Overall Expedited Appeal Compliance Rate (3 calendar days)	100%	100%	100%		95%	117
118										118
119	9	Encounter Data & Technology			Sep-19	Oct-19	Nov-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%	98.00%		99.99%	123
124										124
125			Encounter Data	Inbound Trading Partners 837 (Trading Partner To AAH)						125
126				Timeliness of file submitted by Due Date	100.00%	100.00%	100.00%		100.0%	126
127										127
128				AAH Outbound 837 (AAH To DHCS)						128
129				Timeliness - % Within Lag Time - Institutional 0-90 days	93.6%	91.9%	68.3%		60.0%	129
130				Timeliness - % Within Lag Time - Institutional 0-180 days	98.6%	97.0%	92.4%		80.0%	130
131				Timeliness - % Within Lag Time - Professional 0-90 days	91.4%	90.8%	91.7%		65.0%	131
132				Timeliness - % Within Lag Time - Professional 0-180 days	97.8%	97.2%	98.5%		80.0%	132
133										133

Alameda Alliance for Health
Operations Dashboard
- December-2019 -

ID	Section	Subject Area	Category	Performance Metric						ID
134	10	Health Care Services			Sep-19	Oct-19	Nov-19	Q3	Performance Goal	134
135										135
136			Authorization Turnaround	Overall Authorization Turnaround % Compliant	98%	99%	97%		95%	136
137				Medi-Cal %	98%	99%	97%		95%	137
138				Group Care %	97%	99%	98%		95%	138
139										139
140			Outpatient Authorization Denial Rates	Overall Denial Rate (%)	4.7%	4.0%	3.3%			140
141				Denial Rate Excluding Partial Denials (%)	4.4%	3.8%	3.1%			141
142				Partial Denial Rate (%)	0.3%	0.2%	0.2%			142
143										143
144			Pharmacy Authorizations	Approved Prior Authorizations	614	725	573	39%		144
145				Denied Prior Authorizations	551	547	438	29%		145
146				Closed Prior Authorizations	517	535	476	32%		146
147				Total Prior Authorizations	1,682	1,807	1,487			147
148										148
149					Aug-19	Sep-19	Oct-19			149
150										150
151			Inpatient Utilization	Days / 1000	252.7	233.1	243.2			151
152				Admits / 1000	60.0	56.0	59.5			152
153				Average Length of Stay	4.2	4.2	4.1			153
154										154
155			Emergency Department (ED) Utilization	# ED Visits / 1000	45.09	43.90	39.98			155
156										156
157			Case Management	New Cases						157
158				Care Coordination	308	307	281			158
159				Complex Case Management	49	24	26			159
160				Health Homes	47	38	19			160
161				Whole Person Care (AC3)	14	10	4			161
162				Total New Cases	418	379	330			162
163										163
164				Open Cases						164
165				Care Coordination	726	731	698			165
166				Complex Case Management	117	80	75			166
167				Total Open Cases	843	811	773			167
168										168
169				Enrolled						169
170				Health Homes	623	636	597			170
171				Whole Person Care (AC3)	206	213	210			171
172				Total Enrolled	829	849	807			172
173										173
174				Total Case Management (Open Cases & Enrolled)	1,672	1,660	1,580			174
175										175

ALAMEDA Alliance FOR HEALTH

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Finance

Gil Riojas

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

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

Date: **December 13, 2019**

Subject: **Finance Report**

Executive Summary

- For the month ended October 31, 2019, the Alliance had enrollment of 252,901 members, a Net Income of $3.6 million and 584% of required Tangible Net Equity (TNE).

Overall Results: (in Thousands)

	Month	YTD
Revenue	$ 79,993	$ 321,814
Medical Expense	72,560	296,613
Admin. Expense	4,403	17,360
Other Inc. / (Exp.)	524	1,777
Net Income	$ 3,554	$ 9,617

Net Income by Program:

	Month	YTD
Medi-Cal	$ 3,315	$ 9,197
Group Care	239	420
	$ 3,554	$ 9,617

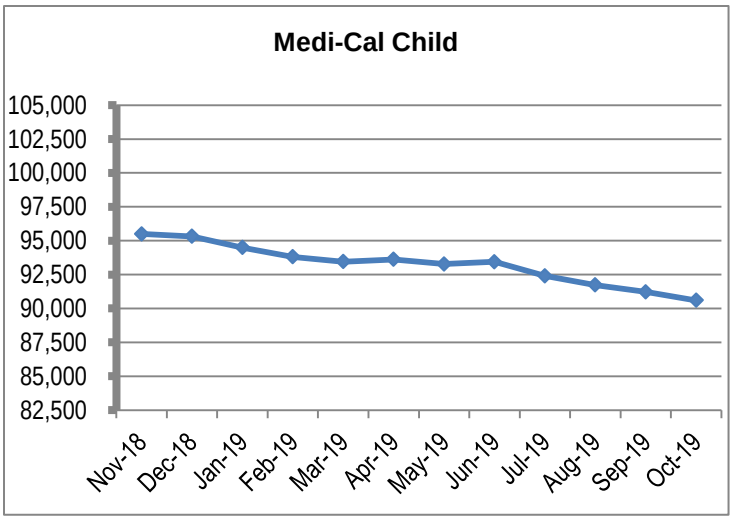
Enrollment

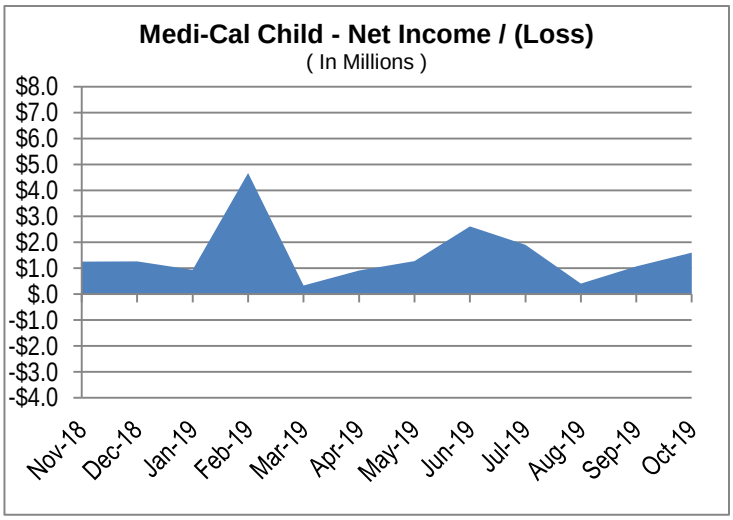
- Total enrollment decreased by 1,314 members since September 2019.
- Total enrollment decreased by 5,484 members since June 2019.

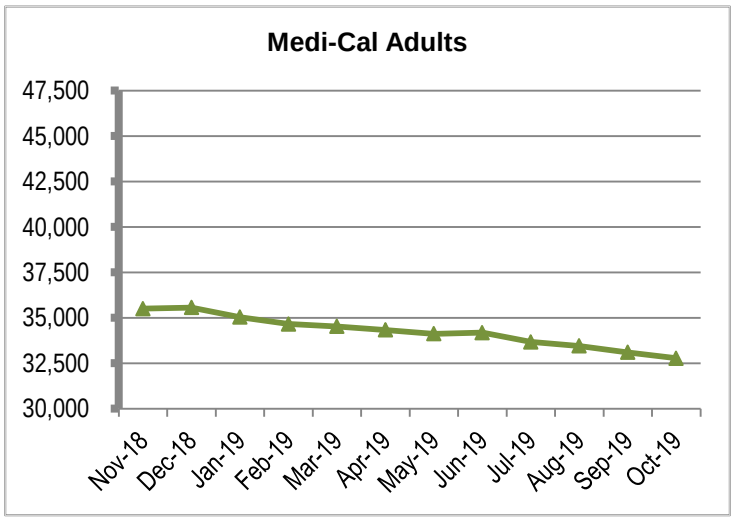
Monthly Membership and YTD Member Months
Actual vs. Budget
For the Month and Fiscal Year-to-Date

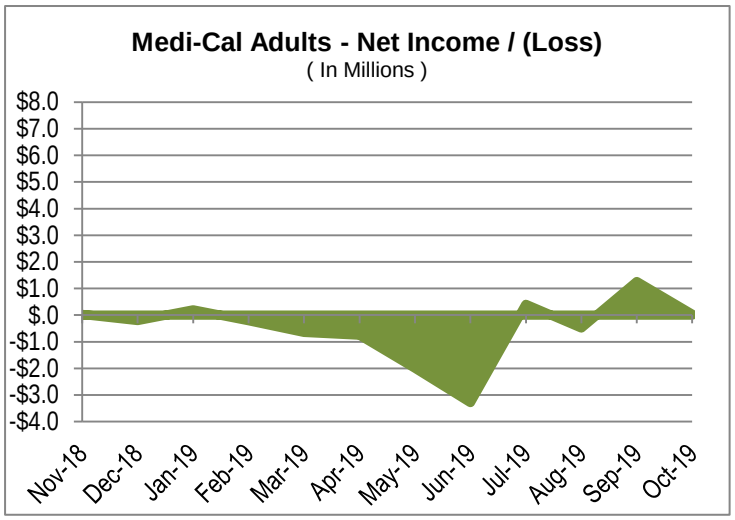
Enrollment					Member Months			
October-2019					Year-to-Date			
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
				Medi-Cal:				
32,772	33,418	(646)	-1.9%	Adults	132,982	134,176	(1,194)	-0.9%
90,597	91,706	(1,109)	-1.2%	Child	365,946	368,205	(2,259)	-0.6%
25,753	25,611	142	0.6%	SPD	103,035	102,829	206	0.2%
17,650	17,495	155	0.9%	Duals	70,643	70,244	399	0.6%
80,069	80,645	(576)	-0.7%	ACA OE	322,689	323,631	(942)	-0.3%
246,841	248,875	(2,034)	-0.8%	Medi-Cal Total	995,295	999,085	(3,790)	-0.4%
6,060	5,976	84	1.4%	Group Care	24,079	23,904	175	0.7%
252,901	254,851	(1,950)	-0.8%	Total	1,019,374	1,022,989	(3,615)	-0.4%

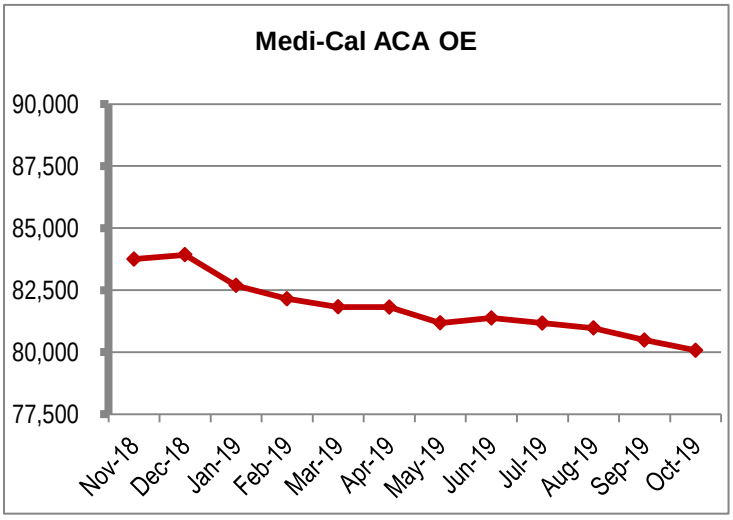
Enrollment and Profitability by Program and Category of Aid

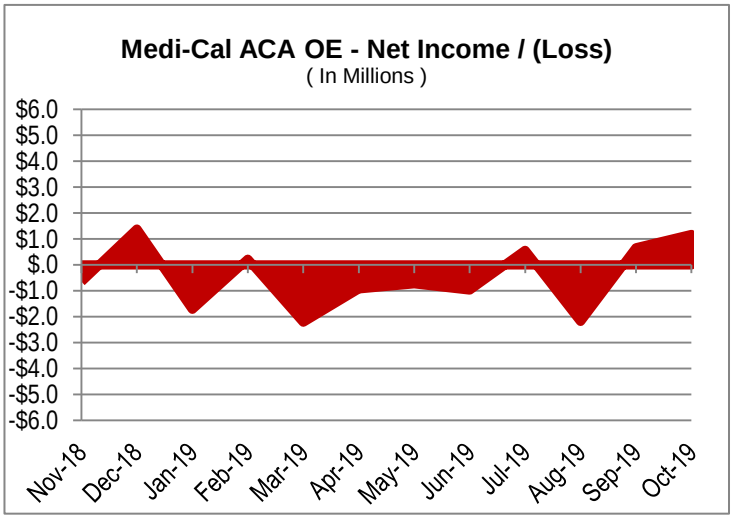




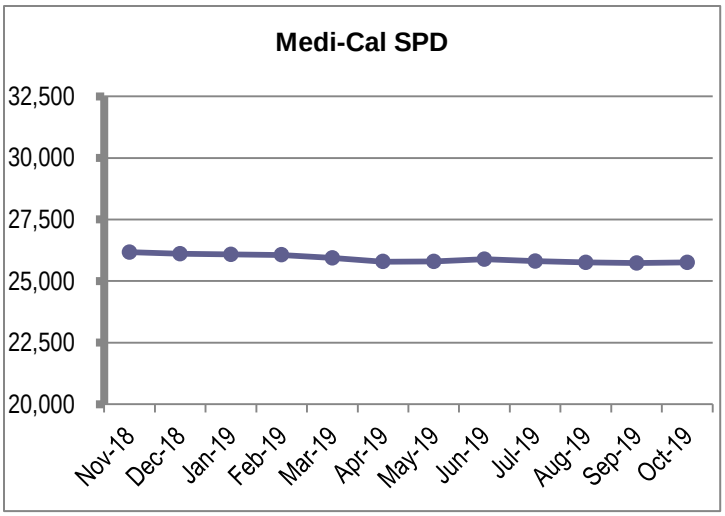


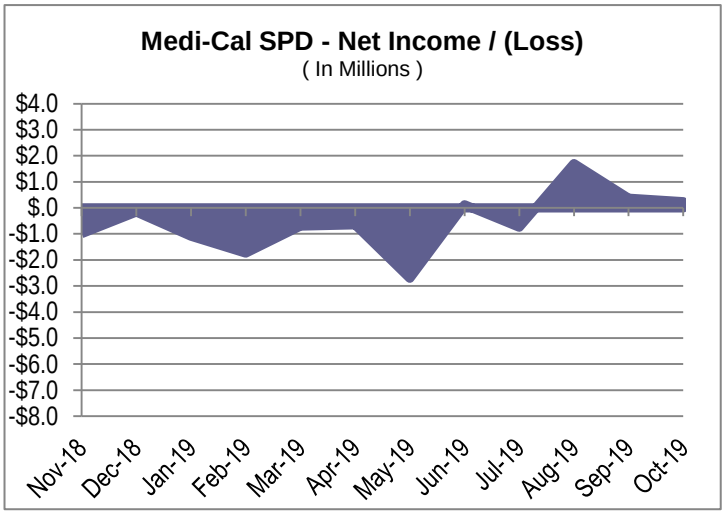


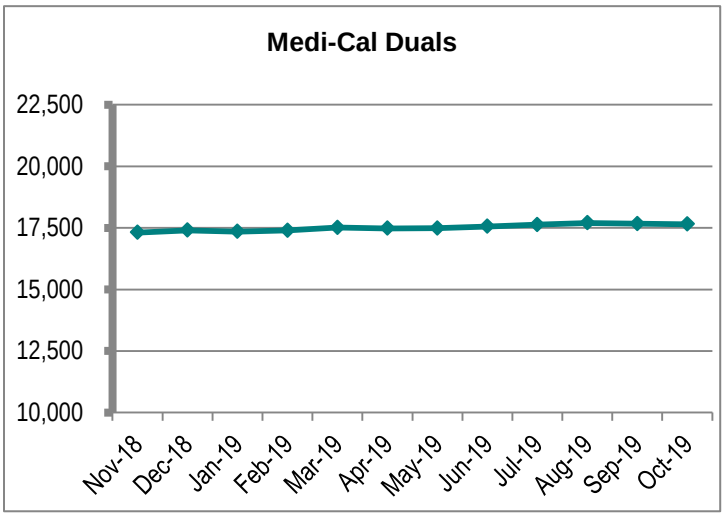


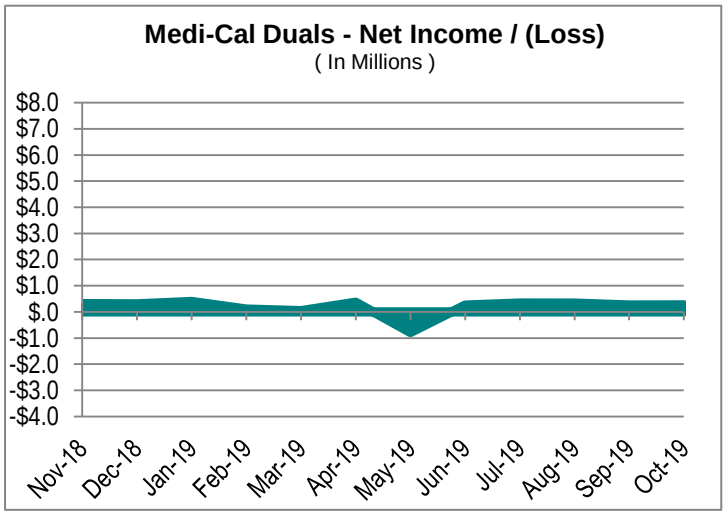


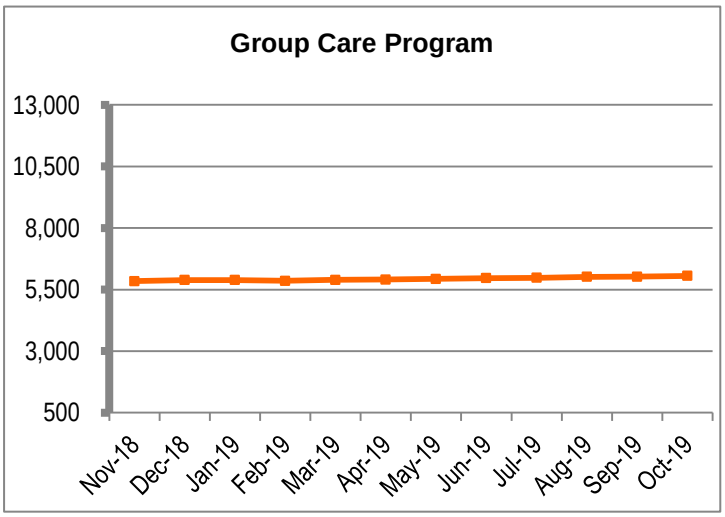
Enrollment and Profitability by Program and Category of Aid

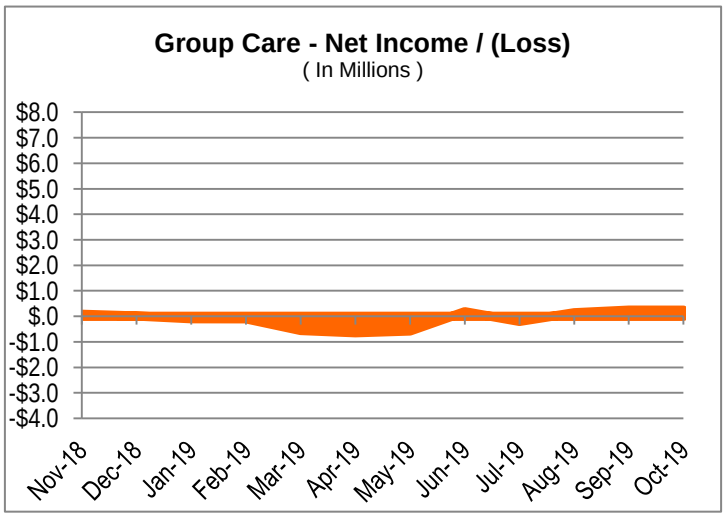








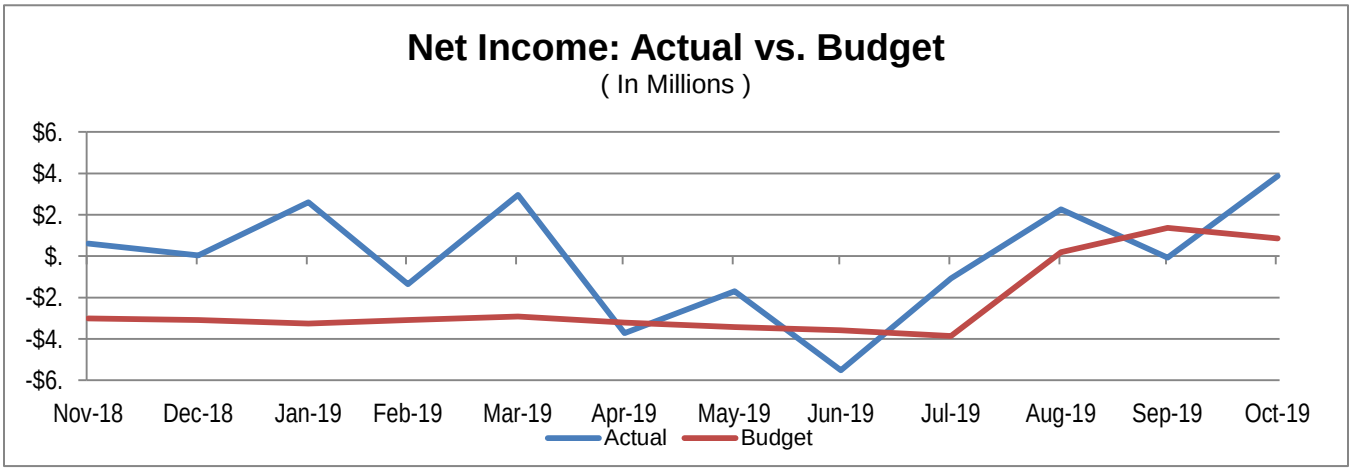




Net Income

- For the month ended October 31, 2019:
  - Actual Net Income: $3.6 million.
  - Budgeted Net Income: $281,000.

- For the year-to-date (YTD) ended October 31, 2019:
  - Actual YTD Net Income: $9.6 million.
  - Budgeted YTD Net Income: $4.8 million.

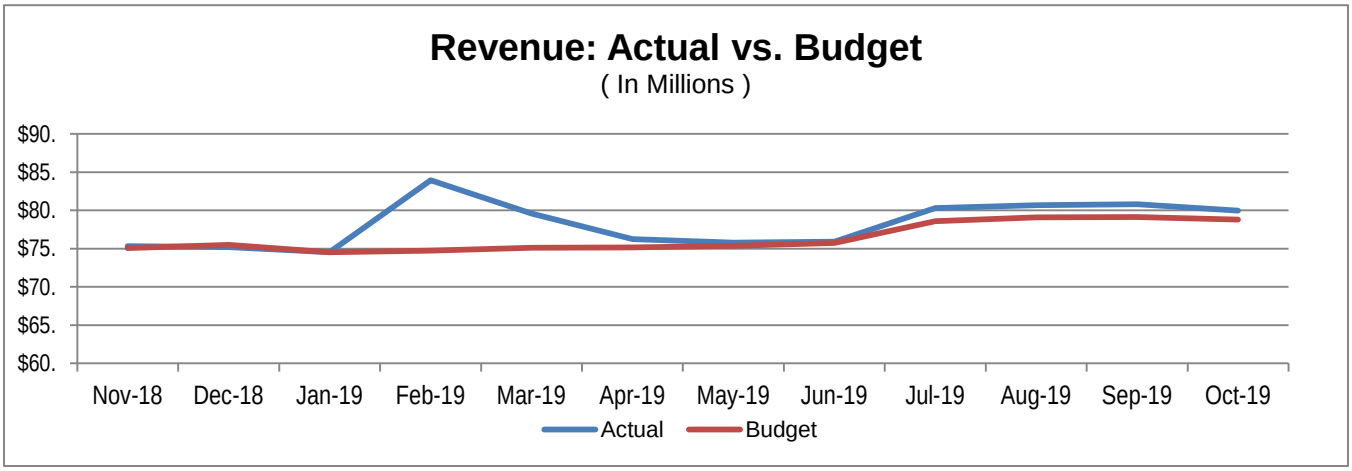


- The favorable variance of $3.3 million in the current month is largely due to:
  - Favorable $1.2 million higher than anticipated Revenue.
  - Favorable $1.2 million lower than anticipated Medical Expense.
  - Favorable $681,000 lower than anticipated Administrative Expense.
  - Favorable $195,000 higher than anticipated Other Income & Expense.

Revenue

- For the month ended October 31, 2019:
  - Actual Revenue: $80.0 million.
  - Budgeted Revenue: $78.8 million.

- For the fiscal year-to-date ended October 31, 2019:
  - Actual YTD Revenue: $321.8 million.
  - Budgeted YTD Revenue: $317.3 million.

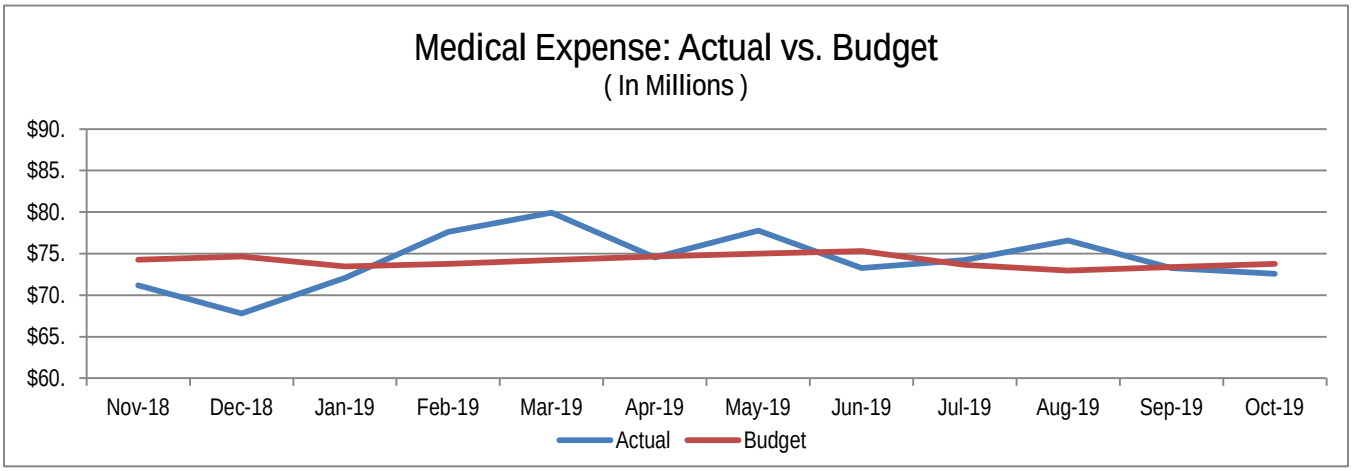


- For the month ended October 31, 2019, the favorable revenue variance of $1.2 million is mainly due to:
    - Favorable $497,000 in higher than expected Behavioral Health Therapy Supplemental payments due to increased utilization of BHT services and timing of submissions.
    - Favorable $209,000 in higher than expected Base Capitation revenue primarily due to larger number of retroactive payments in the SPD category of aid.

Medical Expense

- For the month ended October 31, 2019:
    - Actual Medical Expense: $72.6 million.
    - Budgeted Medical Expense: $73.8 million.

- For the fiscal year-to-date ended October 31, 2019:
    - Actual YTD Medical Expense: $296.6 million.
    - Budgeted YTD Medical Expense: $294.3 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 October, updates to Fee-For-Service (FFS) decreased the estimate for unpaid Medical Expenses for prior months by $401,000. Year-to-date, the estimate for prior years decreased by $78,000 (per table below).

Medical Expense - Actual vs. Budget (In Dollars)

Adjusted to Eliminate the Impact of Prior Period IBNP Estimates

	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Excluding IBNP Change	Change in IBNP	Reported		$	%
Capitated Medical Expense	$71,510,284	$0	$71,510,284	$68,751,130	($2,759,154)	-4.0%
Primary Care FFS	11,861,795	185,946	12,047,741	12,057,100	$195,305	1.6%
Specialty Care FFS	15,955,490	627,104	16,582,593	15,553,092	($402,398)	-2.6%
Outpatient FFS	29,104,717	(153,473)	28,951,244	28,350,460	($754,256)	-2.7%
Ancillary FFS	13,458,682	407,345	13,866,028	12,999,136	($459,546)	-3.5%
Pharmacy FFS	51,044,404	1,516,363	52,560,768	52,966,154	$1,921,749	3.6%
ER Services FFS	12,750,550	377,547	13,128,096	12,916,848	$166,299	1.3%
Inpatient Hospital & SNF FFS	83,959,042	(3,039,248)	80,919,794	83,251,354	($707,688)	-0.9%
Other Benefits & Services	6,615,731	0	6,615,730	6,580,794	($34,937)	-0.5%
Net Reinsurance	96,822	0	96,822	567,597	$470,775	82.9%
Provider Incentive	334,328	0	334,328	334,329	$1	0.0%
	$296,691,844	($78,416)	$296,613,428	$294,327,993	($2,363,851)	-0.8%

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

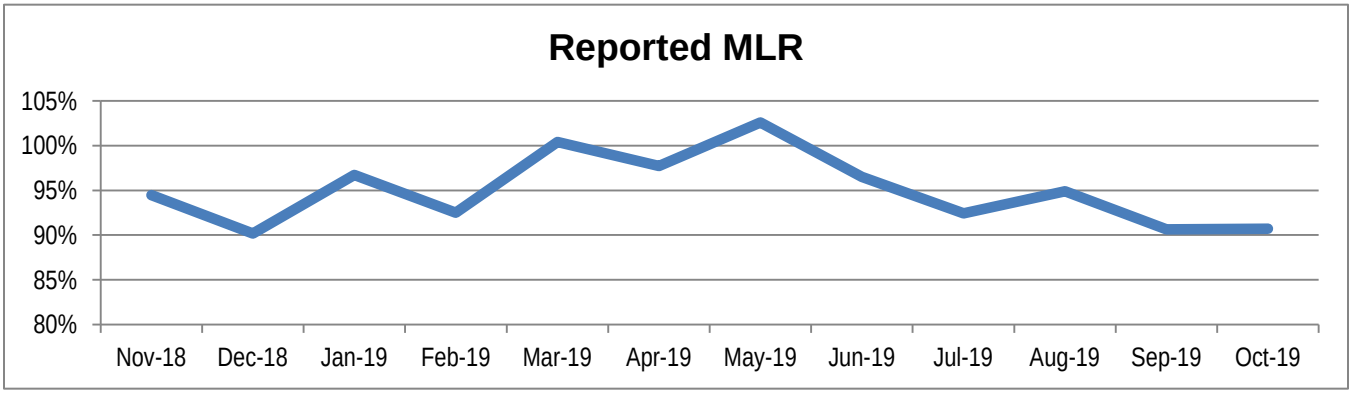
Adjusted to Eliminate the Impact of Prior Year IBNP Estimates

	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Excluding IBNP Change	Change in IBNP	Reported		$	%
Capitated Medical Expense	$70.15	$0.00	$70.15	$67.21	($2.95)	-4.4%
Primary Care FFS	11.64	0.18	11.82	11.79	0.15	1.3%
Specialty Care FFS	15.65	0.62	16.27	15.20	(0.45)	-3.0%
Outpatient FFS	28.55	(0.15)	28.40	27.71	(0.84)	-3.0%
Ancillary FFS	13.20	0.40	13.60	12.71	(0.50)	-3.9%
Pharmacy FFS	50.07	1.49	51.56	51.78	1.70	3.3%
ER Services FFS	12.51	0.37	12.88	12.63	0.12	0.9%
Inpatient Hospital & SNF FFS	82.36	(2.98)	79.38	81.38	(0.98)	-1.2%
Other Benefits & Services	6.49	0.00	6.49	6.43	(0.06)	-0.9%
Net Reinsurance	0.09	0.00	0.09	0.55	0.46	82.9%
Provider Incentive	0.33	0.00	0.33	0.33	(0.00)	-0.4%
	$291.05	($0.08)	$290.98	$287.71	($3.34)	-1.2%

- Excluding the effect of prior year estimates for IBNP, year-to-date medical expense variance is $2.4 million unfavorable to budget. On a PMPM basis, medical expense is unfavorable to budget by 1.2%.
    - Capitated Expense is over budget due to increased non-medical transportation and delayed contract changes.
    - Inpatient Expense was unfavorable to budget driven by unfavorable utilization, partially offset by favorable unit cost. The ACA OE Category of Aid was the driver of the overage, offset by favorable variances in all other populations.
    - Outpatient Expense is over budget by 3%:
        - Behavioral Health: unfavorable increase in utilization and unfavorable increase in unit cost.
        - Lab / Radiology: unfavorable increase in utilization, partially offset by lower than planned unit cost.
        - Facility-Other: unfavorable increase in utilization partially offset by favorable unit cost.
    - Pharmacy spending through the PBM is favorable compared to budget, primarily due to decreased cost for Hep C and brand drugs and more rebates received. Spending for drugs administered in an outpatient setting is close to budget.
    - Emergency Room has favorable unit cost largely offset by higher than budgeted utilization. PMPM expense is favorable for the SPD, ACA OEs, Duals and Group Care populations.
    - Ancillary expense is unfavorable to budget due to higher utilization in the Home Health, DME categories.
    - Net Reinsurance is favorable due to timing of recoveries.

Medical Loss Ratio (MLR)

- The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 90.7% for the month and 92.2% for the fiscal year-to-date.



Administrative Expense

- For the month ended October 31, 2019:
  - Actual Administrative Expense: $4.4 million.
  - Budgeted Administrative Expense: $5.1 million.

- For the fiscal year-to-date ended October 31, 2019:
  - Actual YTD Administrative Expense: $17.4 million.
  - Budgeted YTD Administrative Expense: $19.6 million.

Summary of Administrative Expense (In Dollars)
For the Month and Fiscal Year-to-Date
Favorable/(Unfavorable)

Month					Year-to-Date			
Actual	Budget	Variance $	Variance %		Actual	Budget	Variance $	Variance %
$2,270,274	$2,517,924	$247,650	9.8%	Employee Expense	$9,162,958	$9,443,158	$280,200	3.0%
571,623	573,498	1,875	0.3%	Medical Benefits Admin Expense	2,354,525	2,307,200	(47,325)	-2.1%
675,969	917,850	241,881	26.4%	Purchased & Professional Services	2,365,834	3,381,395	1,015,561	30.0%
885,444	1,074,655	189,211	17.6%	Other Admin Expense	3,477,045	4,489,291	1,012,246	22.5%
$4,403,310	$5,083,927	$680,617	13.4%	Total Administrative Expense	$17,360,362	$19,621,044	$2,260,682	11.5%

- 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 5.5% 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.

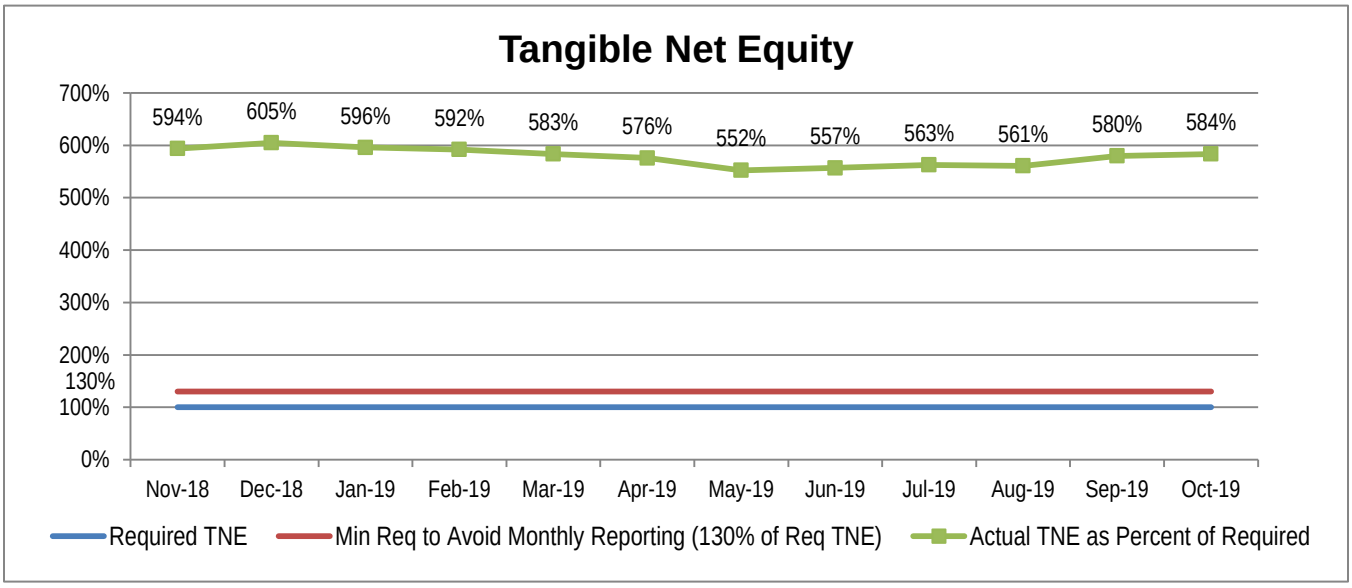
- Fiscal year-to-date interest income from investments is $2.2 million.

- Fiscal year-to-date claims interest expense, due to delayed payment of certain claims or recalculated interest on previously paid claims is $118,000.

Tangible Net Equity (TNE)

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

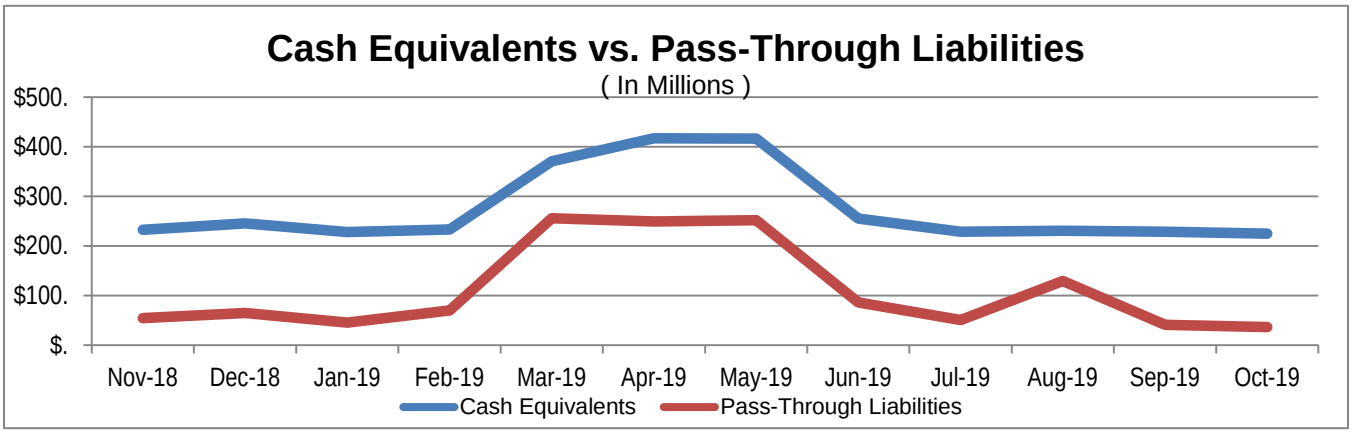
  - Required TNE $32.6 million
  - Actual TNE $190.4 million
  - Surplus TNE $157.7 million
  - TNE as % of Required TNE 584%



- 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
    - o Cash & Cash Equivalents $224.6 million
    - o Pass-Through Liabilities $36.6 million
    - o Uncommitted Cash $188.0 million
    - o Working Capital $179.6 million
    - o Current Ratio 2.19 (regulatory minimum is 1.0)



Capital Investment

- Fiscal year-to-date Capital assets acquired: $377,000.
- 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 October 31, 2019

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				MEMBERSHIP				
246,841	248,875	(2,034)	(0.8%)	1 - Medi-Cal	995,295	999,085	(3,790)	(0.4%)
6,060	5,976	84	1.4%	2 - Group Care	24,079	23,904	175	0.7%
252,901	**254,851**	**(1,950)**	**(0.8%)**	**3 - Total Member Months**	**1,019,374**	**1,022,989**	**(3,615)**	**(0.4%)**
				REVENUE				
$79,992,994	**$78,795,805**	**$1,197,189**	**1.5%**	**4 - TOTAL REVENUE**	**$321,813,675**	**$317,343,602**	**$4,470,073**	**1.4%**
				MEDICAL EXPENSES				
				Capitated Medical Expenses:				
17,720,708	17,400,309	(320,399)	(1.8%)	5 - Capitated Medical Expense	71,510,278	68,751,126	(2,759,152)	(4.0%)
				Fee for Service Medical Expenses:				
19,427,135	20,846,483	1,419,348	6.8%	6 - Inpatient Hospital & SNF FFS Expense	80,919,788	83,251,354	2,331,566	2.8%
3,003,996	2,978,259	(25,737)	(0.9%)	7 - Primary Care Physician FFS Expense	12,047,739	12,057,104	9,365	0.1%
4,236,145	3,774,052	(462,093)	(12.2%)	8 - Specialty Care Physician Expense	16,582,589	15,553,088	(1,029,501)	(6.6%)
3,383,567	3,102,380	(281,187)	(9.1%)	9 - Ancillary Medical Expense	13,866,022	12,999,140	(866,882)	(6.7%)
7,469,120	7,367,936	(101,184)	(1.4%)	10 - Outpatient Medical Expense	28,951,240	28,350,457	(600,783)	(2.1%)
3,305,748	3,271,321	(34,427)	(1.1%)	11 - Emergency Expense	13,128,096	12,916,851	(211,245)	(1.6%)
12,660,084	13,059,284	399,200	3.1%	12 - Pharmacy Expense	52,560,768	52,966,159	405,391	0.8%
53,485,794	54,399,715	913,921	1.7%	13 - Total Fee for Service Expense	218,056,242	218,094,153	37,911	0.0%
1,894,912	1,818,034	(76,878)	(4.2%)	14 - Other Benefits & Services	6,615,730	6,580,794	(34,937)	(0.5%)
(622,394)	59,258	681,652	1,150.3%	15 - Reinsurance Expense	96,821	567,602	470,781	82.9%
80,806	83,209	2,403	2.9%	16 - Risk Pool Distribution	334,329	334,331	2	0.0%
72,559,826	**73,760,525**	**1,200,699**	**1.6%**	**17 - TOTAL MEDICAL EXPENSES**	**296,613,401**	**294,328,006**	**(2,285,395)**	**(0.8%)**
7,433,168	**5,035,280**	**2,397,888**	**47.6%**	**18 - GROSS MARGIN**	**25,200,275**	**23,015,596**	**2,184,678**	**9.5%**
				ADMINISTRATIVE EXPENSES				
2,270,274	2,517,924	247,650	9.8%	19 - Personnel Expense	9,162,958	9,443,158	280,200	3.0%
571,623	573,498	1,875	0.3%	20 - Benefits Administration Expense	2,354,525	2,307,200	(47,325)	(2.1%)
675,969	917,850	241,881	26.4%	21 - Purchased & Professional Services	2,365,834	3,381,395	1,015,561	30.0%
885,444	1,074,655	189,211	17.6%	22 - Other Administrative Expense	3,477,045	4,489,291	1,012,246	22.5%
4,403,310	**5,083,927**	**680,617**	**13.4%**	**23 -Total Administrative Expense**	**17,360,362**	**19,621,044**	**2,260,681**	**11.5%**
3,029,858	**(48,647)**	**3,078,505**	**6,328.2%**	**24 - NET OPERATING INCOME / (LOSS)**	**7,839,912**	**3,394,552**	**4,445,360**	**131.0%**
				OTHER INCOME / EXPENSE				
524,499	**329,166**	**195,333**	**59.3%**	**25 - Total Other Income / (Expense)**	**1,776,699**	**1,379,762**	**396,937**	**28.8%**
$3,554,356	**$280,519**	**$3,273,838**	**1,167.1%**	**26 - NET INCOME / (LOSS)**	**$9,616,612**	**$4,774,314**	**$4,842,297**	**101.4%**
5.5%	6.5%	0.9%	14.7%	27 - Admin Exp % of Revenue	5.4%	6.2%	0.8%	12.8%

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

	October	September	Difference	% Difference
CURRENT ASSETS:				
Cash & Equivalents				
Cash	$10,962,077	$15,530,724	($4,568,647)	-29.42%
Short-Term Investments	213,618,490	213,107,216	511,274	0.24%
Interest Receivable	36,836	42,041	(5,205)	-12.38%
Other Receivables - Net	97,191,469	99,898,042	(2,706,574)	-2.71%
Prepaid Expenses	4,290,148	4,629,491	(339,343)	-7.33%
Prepaid Inventoried Items	18,670	2,730	15,940	583.95%
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	**330,725,561**	**337,818,115**	**(7,092,554)**	**-2.10%**
OTHER ASSETS:				
Restricted Assets	348,873	348,873	0	0.00%
TOTAL OTHER ASSETS	**348,873**	**348,873**	**0**	**0.00%**
PROPERTY AND EQUIPMENT:				
Land, Building & Improvements	9,536,165	9,536,165	0	0.00%
Furniture And Equipment	13,858,742	13,799,386	59,356	0.43%
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	41,140,259	41,080,903	59,356	0.14%
Less: Accumulated Depreciation	(30,726,887)	(30,547,573)	(179,314)	0.59%
NET PROPERTY AND EQUIPMENT	**10,413,372**	**10,533,330**	**(119,958)**	**-1.14%**
TOTAL ASSETS	**$341,487,805**	**$348,700,318**	**($7,212,512)**	**-2.07%**
CURRENT LIABILITIES:				
Accounts Payable	$7,960,512	$2,086,084	$5,874,427	281.60%
Pass-Through Liabilities	36,568,352	41,047,917	(4,479,565)	-10.91%
Claims Payable	14,265,882	17,612,947	(3,347,065)	-19.00%
IBNP Reserves	83,802,333	92,699,037	(8,896,704)	-9.60%
Payroll Liabilities	2,783,320	2,784,703	(1,382)	-0.05%
CalPERS Deferred Inflow	2,529,197	2,529,197	0	0.00%
Risk Sharing	2,346,521	2,263,100	83,421	3.69%
Provider Grants/ New Health Program	867,823	867,823	0	0.00%
TOTAL CURRENT LIABILITIES	**151,123,939**	**161,890,807**	**(10,766,869)**	**-6.65%**
TOTAL LIABILITIES	**151,123,939**	**161,890,807**	**(10,766,869)**	**-6.65%**
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)	9,616,612	6,062,255	3,554,356	58.63%
TOTAL NET WORTH	**190,363,867**	**186,809,510**	**3,554,356**	**1.90%**
TOTAL LIABILITIES AND NET WORTH	**$341,487,805**	**$348,700,318**	**($7,212,512)**	**-2.07%**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 10/31/2019

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	$2,087,920	$6,226,221	$12,338,397	$8,256,886
Total	2,087,920	6,226,221	12,338,397	8,256,886
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	77,412,947	233,807,245	459,367,281	312,086,481
Allowance for Doubtful Accounts	0	0	0	0
Deferred Premium Revenue	0	0	0	0
Premium Receivable	2,689,863	81,981,434	19,141,051	90,013,012
Total	80,102,810	315,788,679	478,508,332	402,099,493
Investment & Other Income Cash Flows				
Other Revenue (Grants)	458,356	1,283,824	2,041,850	1,118,568
Interest Income	584,390	1,654,481	3,973,304	2,246,226
Interest Receivable	5,205	32,600	395,920	86,969
Total	1,047,951	2,970,905	6,411,074	3,451,763
Medical & Hospital Cash Flows				
Total Medical Expenses	(72,559,826)	(222,396,939)	(447,388,142)	(296,613,401)
Other Receivable	16,710	(1,133,581)	603,802	2,083,117
Claims Payable	(3,347,065)	6,138,421	1,847,158	4,965,574
IBNP Payable	(8,896,704)	491,750	(7,868,578)	(2,360,393)
Risk Share Payable	83,421	(2,536,804)	(2,318,767)	(2,452,099)
Health Program	0	(173,480)	(374,600)	(233,020)
Other Liabilities	(1)	0	0	1
Total	(84,703,465)	(219,610,633)	(455,499,127)	(294,610,221)
Administrative Cash Flows				
Total Administrative Expenses	(4,429,431)	(13,229,124)	(26,689,627)	(17,478,148)
Prepaid Expenses	323,403	517,286	548,299	(68,245)
CalPERS Pension Asset	0	0	(737,816)	0
CalPERS Deferred Outflow	0	0	847,098	0
Trade Accounts Payable	5,874,427	(57,135)	4,914,155	359,983
Other Accrued Liabilities	0	0	0	0
Payroll Liabilities	(1,382)	11,776	(628,161)	(89,752)
Depreciation Expense	179,314	533,350	1,046,603	707,167
Total	1,946,331	(12,223,847)	(20,699,449)	(16,568,995)
Interest Paid				
Debt Interest Expense	0	0	0	0
Total Cash Flows from Operating Activities	**481,547**	**93,151,325**	**21,059,227**	**102,628,926**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 10/31/2019

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM INVESTING ACTIVITIES				**CASH I**
Restricted Cash & Other Asset Cash Flows				
Provider Pass-Thru-Liabilities	(4,479,565)	(96,832,863)	(212,611,967)	(132,511,377)
Restricted Cash	0	(1,946)	(4,473)	(1,946)
	(4,479,565)	(96,834,809)	(212,616,440)	(132,513,323)
Fixed Asset Cash Flows				
Depreciation expense	179,314	533,350	1,046,603	707,167
Fixed Asset Acquisitions	(59,356)	(321,668)	(649,815)	(377,330)
Change in A/D	(179,314)	(533,350)	(1,046,603)	(707,167)
	(59,356)	(321,668)	(649,815)	(377,330)
Total Cash Flows from Investing Activities	**(4,538,921)**	**(97,156,477)**	**(213,266,255)**	**(132,890,653)**
Financing Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Total Cash Flows	**(4,057,374)**	**(4,005,152)**	**(192,207,028)**	**(30,261,727)**
Rounding	1	0	1	0
Cash @ Beginning of Period	228,637,940	228,585,719	416,787,594	254,842,294
Cash @ End of Period	**$224,580,567**	**$224,580,567**	**$224,580,567**	**$224,580,567**
Difference (rounding)	0	0	0	0

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 10/31/2019

	MONTH	3 MONTHS	6 MONTHS	YTD
NET INCOME RECONCILIATION				
Net Income / (Loss)	$3,554,357	$7,345,708	$3,643,063	$9,616,612
Add back: Depreciation	179,314	533,350	1,046,603	707,167
Receivables				
Premiums Receivable	2,689,863	81,981,434	19,141,051	90,013,012
First Care Receivable	0	0	0	0
Family Care Receivable	0	0	0	0
Healthy Kids Receivable	0	0	0	0
Interest Receivable	5,205	32,600	395,920	86,969
Other Receivable	16,710	(1,133,581)	603,802	2,083,117
FQHC Receivable	0	0	0	0
Allowance for Doubtful Accounts	0	0	0	0
Total	2,711,778	80,880,453	20,140,773	92,183,098
Prepaid Expenses	323,403	517,286	657,581	(68,245)
Trade Payables	5,874,427	(57,135)	4,914,155	359,983
Claims Payable, IBNR & Risk Share				
IBNP	(8,896,704)	491,750	(7,868,578)	(2,360,393)
Claims Payable	(3,347,065)	6,138,421	1,847,158	4,965,574
Risk Share Payable	83,421	(2,536,804)	(2,318,767)	(2,452,099)
Other Liabilities	(1)	0	0	1
Total	(12,160,349)	4,093,367	(8,340,187)	153,083
Unearned Revenue				
Total	0	0	0	0
Other Liabilities				
Accrued Expenses	0	0	0	0
Payroll Liabilities	(1,382)	11,776	(628,161)	(89,752)
Health Program	0	(173,480)	(374,600)	(233,020)
Accrued Sub Debt Interest	0	0	0	0
Total Change in Other Liabilities	(1,382)	(161,704)	(1,002,761)	(322,772)
Cash Flows from Operating Activities	**$481,548**	**$93,151,325**	**$21,059,227**	**$102,628,926**
Difference (rounding)	1	0	0	0

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 10/31/2019

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received From:				
Capitation Received from State of CA	$80,102,810	$315,788,679	$478,508,332	$402,099,493
Commercial Premium Revenue	2,087,920	6,226,221	12,338,397	8,256,886
Other Income	458,356	1,283,824	2,041,850	1,118,568
Investment Income	589,595	1,687,081	4,369,224	2,333,195
Cash Paid To:				
Medical Expenses	(84,703,465)	(219,610,633)	(455,499,127)	(294,610,221)
Vendor & Employee Expenses	1,946,331	(12,223,847)	(20,699,449)	(16,568,995)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	481,547	93,151,325	21,059,227	102,628,926
Cash Flows from Financing Activities:				
Purchases of Fixed Assets	(59,356)	(321,668)	(649,815)	(377,330)
Net Cash Provided By (Used In) Financing Activities	(59,356)	(321,668)	(649,815)	(377,330)
Cash Flows from Investing Activities:				
Changes in Investments	0	0	0	0
Restricted Cash	(4,479,565)	(96,834,809)	(212,616,440)	(132,513,323)
Net Cash Provided By (Used In) Investing Activities	(4,479,565)	(96,834,809)	(212,616,440)	(132,513,323)
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Net Change in Cash	**(4,057,374)**	**(4,005,152)**	**(192,207,028)**	**(30,261,727)**
Cash @ Beginning of Period	228,637,940	228,585,719	416,787,594	254,842,294
Subtotal	$224,580,566	$224,580,567	$224,580,566	$224,580,567
Rounding	1	0	1	0
Cash @ End of Period	**$224,580,567**	**$224,580,567**	**$224,580,567**	**$224,580,567**
RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:				
Net Income / (Loss)	$3,554,357	$7,345,708	$3,643,063	$9,616,612
Depreciation	179,314	533,350	1,046,603	707,167
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	2,711,778	80,880,453	20,140,773	92,183,098
Prepaid Expenses	323,403	517,286	657,581	(68,245)
Trade Payables	5,874,427	(57,135)	4,914,155	359,983
Claims payable & IBNP	(12,160,349)	4,093,367	(8,340,187)	153,083
Deferred Revenue	0	0	0	0
Accrued Interest	0	0	0	0
Other Liabilities	(1,382)	(161,704)	(1,002,761)	(322,772)
Subtotal	481,548	93,151,325	21,059,227	102,628,926
Rounding	(1)	0	0	0
Cash Flows from Operating Activities	**$481,547**	**$93,151,325**	**$21,059,227**	**$102,628,926**
Rounding Difference	(1)	0	0	0

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE CURRENT MONTH - OCTOBER 2019

	Child	Adults	Medi-Cal SPD	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Enrollment	90,597	32,772	25,753	80,069	17,650	246,841	6,060	252,901
Net Revenue	$10,775,728	$10,082,758	$25,385,856	$28,704,621	$2,956,110	$77,905,074	$2,087,920	$79,992,994
Medical Expense	$8,853,096	$9,558,145	$23,824,134	$26,050,163	$2,546,691	$70,832,230	$1,727,596	$72,559,826
Gross Margin	$1,922,632	$524,613	$1,561,722	$2,654,458	$409,419	$7,072,844	$360,324	$7,433,168
Administrative Expense	$356,189	$558,116	$1,514,087	$1,684,496	$158,431	$4,271,320	$131,990	$4,403,310
Operating Income / (Expense)	$1,566,444	($33,504)	$47,636	$969,961	$250,988	$2,801,525	$228,333	$3,029,858
Other Income / (Expense)	$36,468	$67,072	$187,530	$204,790	$17,590	$513,451	$11,048	$524,499
Net Income / (Loss)	$1,602,912	$33,568	$235,165	$1,174,751	$268,578	$3,314,975	$239,381	$3,554,356
Revenue PMPM	$118.94	$307.66	$985.74	$358.50	$167.49	$315.61	$344.54	$316.30
Medical Expense PMPM	$97.72	$291.66	$925.10	$325.35	$144.29	$286.95	$285.08	$286.91
Gross Margin PMPM	$21.22	$16.01	$60.64	$33.15	$23.20	$28.65	$59.46	$29.39
Administrative Expense PMPM	$3.93	$17.03	$58.79	$21.04	$8.98	$17.30	$21.78	$17.41
Operating Income / (Expense) PMPM	$17.29	($1.02)	$1.85	$12.11	$14.22	$11.35	$37.68	$11.98
Other Income / (Expense) PMPM	$0.40	$2.05	$7.28	$2.56	$1.00	$2.08	$1.82	$2.07
Net Income / (Loss) PMPM	$17.69	$1.02	$9.13	$14.67	$15.22	$13.43	$39.50	$14.05
Medical Loss Ratio	82.2%	94.8%	93.8%	90.8%	86.2%	90.9%	82.7%	90.7%
Gross Margin Ratio	17.8%	5.2%	6.2%	9.2%	13.8%	9.1%	17.3%	9.3%
Administrative Expense Ratio	3.3%	5.5%	6.0%	5.9%	5.4%	5.5%	6.3%	5.5%
Net Income Ratio	14.9%	0.3%	0.9%	4.1%	9.1%	4.3%	11.5%	4.4%

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

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

	Medi-Cal					Medi-Cal	Group	Grand
	Child	Adults	SPD	ACA OE	Duals	Total	Care	Total
Member Months	365,946	132,982	103,035	322,689	70,643	995,295	24,079	1,019,374
Net Revenue	$42,498,053	$41,694,204	$101,330,782	$116,229,287	$11,804,464	$313,556,789	$8,256,886	$321,813,675
Medical Expense	$36,121,856	$38,445,188	$94,448,447	$110,184,865	$10,053,402	$289,253,758	$7,359,642	$296,613,401
Gross Margin	$6,376,197	$3,249,016	$6,882,335	$6,044,422	$1,751,061	$24,303,031	$897,244	$25,200,275
Administrative Expense	$1,519,265	$2,263,080	$5,953,559	$6,503,863	$598,791	$16,838,558	$521,804	$17,360,362
Operating Income / (Expense)	$4,856,933	$985,935	$928,775	($459,442)	$1,152,271	$7,464,472	$375,440	$7,839,912
Other Income / (Expense)	$134,627	$230,799	$634,879	$676,177	$56,079	$1,732,560	$44,139	$1,776,699
Net Income / (Loss)	$4,991,560	$1,216,734	$1,563,654	$216,736	$1,208,350	$9,197,033	$419,579	$9,616,612
Revenue PMPM	$116.13	$313.53	$983.46	$360.19	$167.10	$315.04	$342.91	$315.70
Medical Expense PMPM	$98.71	$289.10	$916.66	$341.46	$142.31	$290.62	$305.65	$290.98
Gross Margin PMPM	$17.42	$24.43	$66.80	$18.73	$24.79	$24.42	$37.26	$24.72
Administrative Expense PMPM	$4.15	$17.02	$57.78	$20.16	$8.48	$16.92	$21.67	$17.03
Operating Income / (Expense) PMPM	$13.27	$7.41	$9.01	($1.42)	$16.31	$7.50	$15.59	$7.69
Other Income / (Expense) PMPM	$0.37	$1.74	$6.16	$2.10	$0.79	$1.74	$1.83	$1.74
Net Income / (Loss) PMPM	$13.64	$9.15	$15.18	$0.67	$17.11	$9.24	$17.43	$9.43
Medical Loss Ratio	85.0%	92.2%	93.2%	94.8%	85.2%	92.2%	89.1%	92.2%
Gross Margin Ratio	15.0%	7.8%	6.8%	5.2%	14.8%	7.8%	10.9%	7.8%
Administrative Expense Ratio	3.6%	5.4%	5.9%	5.6%	5.1%	5.4%	6.3%	5.4%
Net Income Ratio	11.7%	2.9%	1.5%	0.2%	10.2%	2.9%	5.1%	3.0%

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

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				ADMINISTRATIVE EXPENSE SUMMARY				
$2,270,274	$2,517,924	$247,650	9.8%	Personnel Expenses	$9,162,958	$9,443,158	$280,200	3.0%
571,623	573,498	1,875	0.3%	Benefits Administration Expense	2,354,525	2,307,200	(47,325)	(2.1%)
675,969	917,850	241,881	26.4%	Purchased & Professional Services	2,365,834	3,381,395	1,015,561	30.0%
362,848	384,228	21,380	5.6%	Occupancy	1,419,253	1,497,217	77,964	5.2%
83,641	194,199	110,558	56.9%	Printing Postage & Promotion	328,040	805,950	477,910	59.3%
433,296	480,407	47,111	9.8%	Licenses Insurance & Fees	1,675,146	2,079,773	404,628	19.5%
5,658	15,821	10,163	64.2%	Supplies & Other Expenses	54,607	106,351	51,744	48.7%
2,133,036	2,566,002	432,967	16.9%	Total Other Administrative Expense	8,197,404	10,177,886	1,980,482	19.5%
$4,403,310	**$5,083,927**	**$680,617**	**13.4%**	**Total Administrative Expenses**	**$17,360,362**	**$19,621,044**	**$2,260,681**	**11.5%**

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

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				Personnel Expenses				
$1,498,478	$1,568,363	$69,885	4.5%	Salaries & Wages	$6,010,884	$5,983,076	($27,807)	(0.5%)
135,638	161,425	25,788	16.0%	Paid Time Off	562,733	561,485	(1,249)	(0.2%)
800	7,457	6,657	89.3%	Incentives	2,682	27,527	24,845	90.3%
25	329	304	92.4%	Employee of the Month	425	987	562	56.9%
0	0	0	0.0%	Severance Pay	20,147	0	(20,147)	0.0%
24,312	30,881	6,569	21.3%	Payroll Taxes	98,090	132,662	34,572	26.1%
9,857	8,535	(1,322)	(15.5%)	Overtime	49,585	42,708	(6,877)	(16.1%)
111,088	132,173	21,085	16.0%	CalPERS ER Match	458,008	493,929	35,921	7.3%
373,366	445,701	72,335	16.2%	Employee Benefits	1,548,141	1,601,032	52,891	3.3%
0	0	0	0.0%	Personal Floating Holiday	1,127	111	(1,015)	(912.7%)
0	0	0	0.0%	Premium Hour Pay	617	0	(617)	0.0%
18,830	18,965	135	0.7%	Employee Relations	39,722	60,008	20,285	33.8%
2,011	2,467	457	18.5%	Transportation Reimbursement	4,835	7,963	3,128	39.3%
7,423	21,955	14,532	66.2%	Travel & Lodging	18,986	71,565	52,579	73.5%
38,646	56,760	18,114	31.9%	Temporary Help Services	127,462	180,308	52,846	29.3%
35,396	48,585	13,189	27.1%	Staff Development/Training	116,062	205,064	89,002	43.4%
14,406	14,327	(79)	(0.6%)	Staff Recruitment/Advertising	103,451	74,733	(28,717)	(38.4%)
2,270,274	**2,517,924**	**247,650**	**9.8%**	**Total Employee Expenses**	**9,162,958**	**9,443,158**	**280,200**	**3.0%**
				Benefit Administration Expense				
353,957	356,797	2,840	0.8%	RX Administration Expense	1,520,859	1,434,784	(86,075)	(6.0%)
217,666	216,701	(966)	(0.4%)	Behavioral Hlth Administration Fees	833,667	872,417	38,750	4.4%
571,623	**573,498**	**1,875**	**0.3%**	**Total Employee Expenses**	**2,354,525**	**2,307,200**	**(47,325)**	**(2.1%)**
				Purchased & Professional Services				
159,780	451,961	292,182	64.6%	Consulting Services	736,508	1,534,303	797,795	52.0%
388,274	286,844	(101,430)	(35.4%)	Computer Support Services	1,147,475	1,210,427	62,952	5.2%
8,750	9,200	450	4.9%	Professional Fees-Accounting	35,000	36,350	1,350	3.7%
30,414	86,753	56,339	64.9%	Other Purchased Services	163,294	239,789	76,496	31.9%
2,610	6,369	3,760	59.0%	Maint.& Repair-Office Equipment	27,713	33,579	5,866	17.5%
157	0	(157)	0.0%	MIS Software (Non-Capital)	711	1,510	799	52.9%
7,157	3,000	(4,157)	(138.6%)	Hardware (Non-Capital)	21,710	19,211	(2,498)	(13.0%)
9,608	7,548	(2,060)	(27.3%)	Provider Relations-Credentialing	30,212	29,725	(486)	(1.6%)
69,220	66,174	(3,046)	(4.6%)	Legal Fees	203,211	276,500	73,289	26.5%
675,969	**917,850**	**241,881**	**26.4%**	**Total Purchased & Professional Services**	**2,365,834**	**3,381,395**	**1,015,561**	**30.0%**
				Occupancy				
153,206	160,938	7,731	4.8%	Depreciation	602,737	617,248	14,511	2.4%
26,107	47,871	21,764	45.5%	Amortization	104,430	169,720	65,291	38.5%
63,024	63,024	0	0.0%	Building Lease	252,094	252,094	0	0.0%
3,194	3,164	(30)	(1.0%)	Leased and Rented Office Equipment	12,702	12,666	(36)	(0.3%)
14,660	14,466	(194)	(1.3%)	Utilities	56,568	60,930	4,363	7.2%
87,575	79,532	(8,043)	(10.1%)	Telephone	339,900	321,801	(18,100)	(5.6%)
15,081	15,234	153	1.0%	Building Maintenance	50,822	62,757	11,935	19.0%
362,848	**384,228**	**21,380**	**5.6%**	**Total Occupancy**	**1,419,253**	**1,497,217**	**77,964**	**5.2%**

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

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				Printing Postage & Promotion				
$22,790	$33,570	$10,780	32.1%	Postage	$107,766	$209,855	$102,089	48.6%
5,015	4,645	(370)	(8.0%)	Design & Layout	9,010	23,200	14,190	61.2%
30,996	37,288	6,292	16.9%	Printing Services	129,659	245,835	116,176	47.3%
2,267	4,500	2,233	49.6%	Mailing Services	11,455	18,000	6,545	36.4%
2,284	3,100	816	26.3%	Courier/Delivery Service	12,513	11,743	(770)	(6.6%)
9	675	666	98.7%	Pre-Printed Materials and Publications	33	2,550	2,516	98.7%
413	0	(413)	0.0%	Promotional Products	413	21,500	21,087	98.1%
0	100	100	100.0%	Promotional Services	0	400	400	100.0%
14,600	106,521	91,921	86.3%	Community Relations	38,866	246,267	207,401	84.2%
5,268	3,800	(1,468)	(38.6%)	Translation - Non-Clinical	18,325	26,600	8,275	31.1%
83,641	**194,199**	**110,558**	**56.9%**	**Total Printing Postage & Promotion**	**328,040**	**805,950**	**477,910**	**59.3%**
				Licenses Insurance & Fees				
0	0	0	0.0%	Regulatory Penalties	0	62,500	62,500	100.0%
19,417	20,700	1,283	6.2%	Bank Fees	73,203	82,032	8,829	10.8%
48,446	49,154	708	1.4%	Insurance	193,783	196,616	2,833	1.4%
304,215	357,051	52,836	14.8%	Licenses, Permits and Fees	1,163,472	1,350,794	187,322	13.9%
61,219	53,501	(7,718)	(14.4%)	Subscriptions & Dues	244,688	387,831	143,143	36.9%
433,296	**480,407**	**47,111**	**9.8%**	**Total Licenses Insurance & Postage**	**1,675,146**	**2,079,773**	**404,628**	**19.5%**
				Supplies & Other Expenses				
2,149	6,000	3,851	64.2%	Office and Other Supplies	25,280	38,550	13,270	34.4%
118	1,375	1,257	91.4%	Ergonomic Supplies	4,824	7,500	2,676	35.7%
2,907	7,546	4,639	61.5%	Commissary-Food & Beverage	21,578	44,601	23,023	51.6%
485	900	415	46.1%	Member Incentive Expense	2,925	15,700	12,775	81.4%
5,658	**15,821**	**10,163**	**64.2%**	**Total Supplies & Other Expense**	**54,607**	**106,351**	**51,744**	**48.7%**
$4,403,310	**$5,083,927**	**$680,617**	**13.4%**	**TOTAL ADMINISTRATIVE EXPENSE**	**$17,360,362**	**$19,621,044**	**$2,260,681**	**11.5%**

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ALAMEDA ALLIANCE FOR HEALTH
CAPITAL SPENDING INCLUDING CONSTRUCTION-IN-PROCESS
ACTUAL VS. BUDGET
FOR THE FISCAL YEAR-TO-DATE ENDED OCTOBER 31, 2019

		Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	$ Variance Fav/(Unf.)
1. Hardware:							
	Laptops	IT-FY20-01	$ 17,785	$ 15,194	**$ 32,979**	$ 60,000	$ 27,021
	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	$ 2,939	**$ 4,286**	$ 20,000	$ 15,714
	Docking Stations	IT-FY20-09	$ -	$ 4,098	**$ 4,098**	$ 20,000	$ 15,902
	Desk Tops	IT-FY20-10	$ 39,698	$ 37,125	**$ 76,823**	$ 112,000	$ 35,177
	Cisco UCS Blade Servers	IT-FY20-11	$ 99,906		**$ 99,906**	$ 150,000	$ 50,094
	Veeam Backup (Additional Shelf)	IT-FY20-12	$ -		**$ -**	$ 50,000	$ 50,000
	Pure Storage Upgrade (Additional Shelf)	IT-FY20-13	$ -		**$ -**	$ 90,000	$ 90,000
	DLP Hardware (Security - Data Loss Prevention)	IT-FY20-14	$ -		**$ -**	$ 160,000	$ 160,000
	Cisco Networking Equipment Upgrades (DR)	IT-FY20-15	$ 51,354		**$ 51,354**	$ 50,000	$ (1,354)
	Cisco Wireless Access Points	IT-FY20-16	$ -		**$ -**	$ 20,000	$ 20,000
	Network Cabling (Moves, Construction Projects)	IT-FY20-17	$ -		**$ -**	$ 150,000	$ 150,000
	Conference Room Upgrades (Projectors / Flat Screen)	IT-FY20-18	$ -		**$ -**	$ 30,000	$ 30,000
	Keyboards, Mouse, Speakers	IT-FY20-19	$ -		**$ -**	$ 50,000	$ 50,000
	Unplanned Hardware	IT-FY20-20	$ -		**$ -**	$ -	$ -
	Carryover from FY19	IT-FY20-21	$ 26,887		**$ 26,887**	$ -	$ (26,887)
Hardware Subtotal			**$ 244,187**	**$ 59,356**	**$ 303,543**	**$ 1,075,971**	**$ 772,428**
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

		Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	$ Variance Fav/(Unf.)
	Red Hawk Full Fire Equipment upgrades (carryover from FY19)	FA-FY20-04	$ -		**$ -**	$ 45,000	$ 45,000
	Electrical work for projects, cube re-orgs/requirements, repairs (interior/exterior)	FA-FY20-05	$ -		**$ -**	$ 20,000	$ 20,000
	Construction (projects ad hoc, patch/paint)	FA-FY20-06	$ -		**$ -**	$ 20,000	$ 20,000
	Seismic Improvements (as per Seismic Evaluation reports)	FA-FY20-07	$ -		**$ -**	$ 150,000	$ 150,000
	ACME Security Readers, Cameras, Doors, HD Boxes, if needed or repairs	FA-FY20-08	$ -		**$ -**	$ -	$ -
	ACME Badge printer, supplies, sofwares/extra security (est.)	FA-FY20-09	$ -		**$ -**	$ 80,000	$ 80,000
	Red Hawk Full Fire Equipment upgrades (est.)	FA-FY20-10	$ -		**$ -**		$ -
	Appliances over 1K for 1240, 1320 all suites, if needed to be replaced	FA-FY20-11	$ -		**$ -**	$ -	$ -
	Upgrade the Symmetry system	FA-FY20-12	$ -		**$ -**	$ -	$ -
	1240 Lighting: sensors, energy efficient bulbs (est.)	FA-FY20-13	$ -		**$ -**	$ -	$ -
	1240 (3) Water heater replacements (est.)	FA-FY20-14	$ -		**$ -**	$ -	$ -
	Unplanned Building Improvements	FA-FY20-15	$ -		**$ -**	$ -	$ -
	Carryover from FY19	FA-FY20-16	$ 32,082		**$ 32,082**	$ -	$ (32,082)
Building Improvement Subtotal			**$ 32,082**	**$ -**	**$ 32,082**	**$ 370,000**	**$ 337,918**
4. Furniture & Equipment:							
	Office Desks, cabinets, box files/ shelves old/broken	FA-FY20-17	$ 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			**$ 15,006**	**$ -**	**$ 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			**$ 317,975**	**$ 59,356**	**$ 377,331**	**$ 2,488,971**	**$ 2,111,640**

7. Reconciliation to Balance Sheet:

Fixed Assets @ Cost - 10/31/19	**$ 41,140,260**	Link from SUM GL
Fixed Assets @ Cost - 6/30/19	**$ 40,762,929**	
Fixed Assets Acquired YTD	**$ 377,331**	

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

TANGIBLE NET EQUITY (TNE)

			QTR. END	
	Jul-19	Aug-19	Sep-19	Oct-19
Current Month Net Income / (Loss)	$2,270,904	($77,046)	$3,868,398	$3,554,356
YTD Net Income / (Loss)	$2,270,904	$2,193,857	$6,062,255	$9,616,612
Actual TNE				
Net Assets	$183,018,159	$182,941,112	$186,809,510	$190,363,867
Subordinated Debt & Interest	$0	$0	$0	$0
Total Actual TNE	**$183,018,159**	**$182,941,112**	**$186,809,510**	**$190,363,867**
Increase/(Decrease) in Actual TNE	$2,270,904	($77,047)	$3,868,398	$3,554,357
Required TNE[(1)]	**$32,534,362**	**$32,625,189**	**$32,220,285**	**$32,622,756**
Min. Req'd to Avoid Monthly Reporting (130% of Required TNE)	$42,294,671	$42,412,745	$41,886,371	$42,409,583
TNE Excess / (Deficiency)	$150,483,797	$150,315,923	$154,589,225	$157,741,111
Actual TNE as a Multiple of Required	**5.63**	**5.61**	**5.80**	**5.84**

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	$190,363,867
Fixed Assets at Net Book Value	(10,625,053)	(10,702,873)	(10,533,330)	(10,413,372)
CD Pledged to DMHC	(346,927)	(346,927)	(348,873)	(348,873)
Liquid TNE (Liquid Reserves)	**$172,046,179**	**$171,891,312**	**$175,927,307**	**$179,601,622**
Liquid TNE as Multiple of Required	**5.29**	**5.27**	**5.46**	**5.51**

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	90,597									365,946
Adults	33,670	33,448	33,092	32,772									132,982
SPD	25,804	25,751	25,727	25,753									103,035
ACA OE	81,171	80,966	80,483	80,069									322,689
Duals	17,627	17,700	17,666	17,650									70,643
Medi-Cal Program	250,669	249,593	248,192	246,841									995,295
Group Care Program	5,976	6,020	6,023	6,060									24,079
Total	**256,645**	**255,613**	**254,215**	**252,901**									**1,019,374**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	(1,039)	(669)	(504)	(627)									(2,839)
Adults	(505)	(222)	(356)	(320)									(1,403)
SPD	(78)	(53)	(24)	26									(129)
ACA OE	(201)	(205)	(483)	(414)									(1,303)
Duals	70	73	(34)	(16)									93
Medi-Cal Program	(1,753)	(1,076)	(1,401)	(1,351)									(5,581)
Group Care Program	13	44	3	37									97
Total	**(1,740)**	**(1,032)**	**(1,398)**	**(1,314)**									**(5,484)**
Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	36.9%	36.8%	36.8%	36.7%									36.8%
Adults % of Medi-Cal	13.4%	13.4%	13.3%	13.3%									13.4%
SPD % of Medi-Cal	10.3%	10.3%	10.4%	10.4%									10.4%
ACA OE % of Medi-Cal	32.4%	32.4%	32.4%	32.4%									32.4%
Duals % of Medi-Cal	7.0%	7.1%	7.1%	7.2%									7.1%
Medi-Cal Program % of Total	97.7%	97.6%	97.6%	97.6%									97.6%
Group Care Program % of Total	2.3%	2.4%	2.4%	2.4%									2.4%
Total	**100.0%**	**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	48,753									196,967
Alameda Health System	47,759	47,630	47,328	47,241									189,958
	97,290	97,093	96,548	95,994									386,925
Delegated:													
CFMG	30,752	30,542	30,214	30,114									121,622
CHCN	94,820	94,360	93,936	93,460									376,576
Kaiser	33,783	33,618	33,517	33,333									134,251
Delegated Subtotal	159,355	158,520	157,667	156,907									632,449
Total	**256,645**	**255,613**	**254,215**	**252,901**									**1,019,374**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	(799)	(197)	(545)	(554)									(2,095)
Delegated:													
CFMG	(139)	(210)	(328)	(100)									(777)
CHCN	(509)	(460)	(424)	(476)									(1,869)
Kaiser	(293)	(165)	(101)	(184)									(743)
Delegated Subtotal	(941)	(835)	(853)	(760)									(3,389)
Total	**(1,740)**	**(1,032)**	**(1,398)**	**(1,314)**									**(5,484)**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	37.9%	38.0%	38.0%	38.0%									38.0%
Delegated:													
CFMG	12.0%	11.9%	11.9%	11.9%									11.9%
CHCN	36.9%	36.9%	37.0%	37.0%									36.9%
Kaiser	13.2%	13.2%	13.2%	13.2%									13.2%
Delegated Subtotal	62.1%	62.0%	62.0%	62.0%									62.0%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**									**100.0%**

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

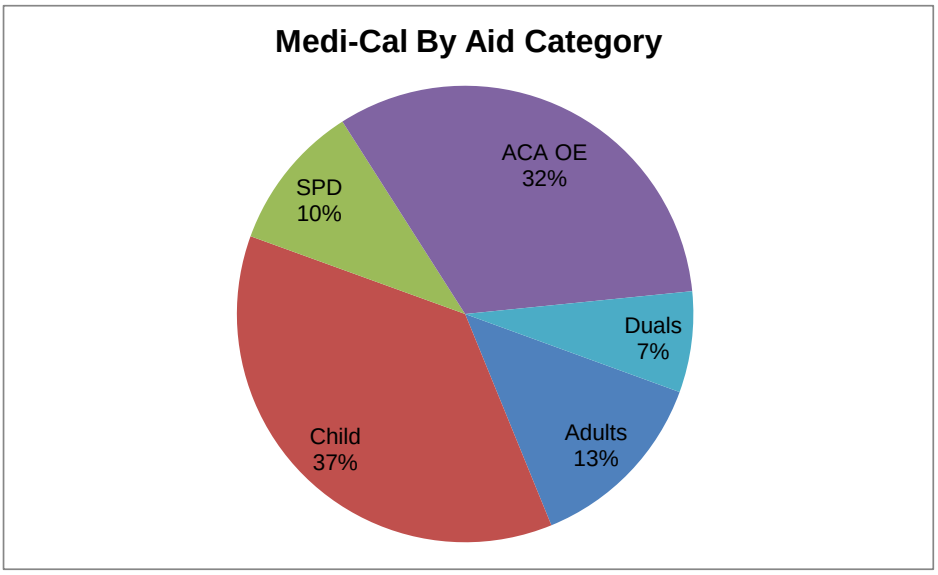
CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				CAPITATED MEDICAL EXPENSES:				
$1,678,877	$1,642,538	($36,339)	(2.2%)	PCP-Capitation	$6,730,637	$6,636,882	($93,755)	(1.4%)
2,704,757	2,766,597	61,840	2.2%	PCP-Capitation - FQHC	10,859,661	10,939,133	79,472	0.7%
262,725	261,560	(1,165)	(0.4%)	Specialty-Capitation	1,060,519	1,054,887	(5,632)	(0.5%)
2,772,635	2,955,176	182,541	6.2%	Specialty-Capitation FQHC	11,118,238	11,324,751	206,513	1.8%
258,656	260,814	2,159	0.8%	Laboratory-Capitation	1,043,899	1,046,725	2,826	0.3%
850,140	637,130	(213,010)	(33.4%)	Transportation (Ambulance)-Cap	3,758,714	2,559,341	(1,199,373)	(46.9%)
190,506	191,201	695	0.4%	Vision Cap	768,367	768,577	210	0.0%
76,380	78,468	2,088	2.7%	CFMG Capitation	308,259	313,983	5,724	1.8%
140,631	146,711	6,080	4.1%	Anc IPA Admin Capitation FQHC	564,278	571,426	7,148	1.3%
7,419,897	7,083,178	(336,719)	(4.8%)	Kaiser Capitation	29,742,813	28,765,103	(977,710)	(3.4%)
627,855	566,874	(60,981)	(10.8%)	BHT Supplemental Expense	2,243,339	1,790,231	(453,108)	(25.3%)
30,756	6,374	(24,382)	(382.5%)	Hep-C Supplemental Expense	95,565	63,676	(31,889)	(50.1%)
210,921	310,668	99,747	32.1%	Maternity Supplemental Expense	1,224,680	934,343	(290,337)	(31.1%)
495,974	493,020	(2,954)	(0.6%)	DME - Cap	1,991,311	1,982,068	(9,243)	(0.5%)
17,720,708	**17,400,309**	**(320,399)**	**(1.8%)**	**5-TOTAL CAPITATED EXPENSES**	**71,510,278**	**68,751,126**	**(2,759,152)**	**(4.0%)**
				FEE FOR SERVICE MEDICAL EXPENSES:				
(3,415,367)	0	3,415,367	0.0%	IBNP-Inpatient Services	(509,176)	0	509,176	0.0%
(102,461)	0	102,461	0.0%	IBNP-Settlement (IP)	(15,276)	0	15,276	0.0%
(273,228)	0	273,228	0.0%	IBNP-Claims Fluctuation (IP)	(40,734)	0	40,734	0.0%
19,814,061	20,846,483	1,032,422	5.0%	Inpatient Hospitalization-FFS	69,400,445	83,251,354	13,850,909	16.6%
1,278,063	0	(1,278,063)	0.0%	IP OB - Mom & NB	4,362,497	0	(4,362,497)	0.0%
293,778	0	(293,778)	0.0%	IP Behavioral Health	451,655	0	(451,655)	0.0%
1,371,896	0	(1,371,896)	0.0%	IP - Long Term Care	4,734,659	0	(4,734,659)	0.0%
460,394	0	(460,394)	0.0%	IP - Facility Rehab FFS	2,535,718	0	(2,535,718)	0.0%
19,427,135	**20,846,483**	**1,419,348**	**6.8%**	**6-Inpatient Hospital & SNF FFS Expense**	**80,919,788**	**83,251,354**	**2,331,566**	**2.8%**
(121,998)	0	121,998	0.0%	IBNP-PCP	(42,789)	0	42,789	0.0%
(3,660)	0	3,660	0.0%	IBNP-Settlement (PCP)	(1,282)	0	1,282	0.0%
(9,761)	0	9,761	0.0%	IBNP-Claims Fluctuation (PCP)	(3,424)	0	3,424	0.0%
1,324,208	1,160,391	(163,817)	(14.1%)	Primary Care Non-Contracted FF	4,833,518	4,757,640	(75,878)	(1.6%)
93,421	111,302	17,881	16.1%	PCP FQHC FFS	320,654	425,764	105,110	24.7%
1,721,786	1,706,566	(15,220)	(0.9%)	Prop 56 Direct Payment Expenses	6,941,063	6,873,700	(67,363)	(1.0%)
3,003,996	**2,978,259**	**(25,737)**	**(0.9%)**	**7-Primary Care Physician FFS Expense**	**12,047,739**	**12,057,104**	**9,365**	**0.1%**
(541,369)	0	541,369	0.0%	IBNP-Specialist	(231,371)	0	231,371	0.0%
2,529,602	0	(2,529,602)	0.0%	Specialty Care-FFS	8,845,076	0	(8,845,076)	0.0%
159,685	0	(159,685)	0.0%	Anesthesiology - FFS	583,143	0	(583,143)	0.0%
658,379	0	(658,379)	0.0%	Spec Rad Therapy - FFS	2,262,137	0	(2,262,137)	0.0%
120,749	0	(120,749)	0.0%	Obstetrics-FFS	449,891	0	(449,891)	0.0%
334,778	0	(334,778)	0.0%	Spec IP Surgery - FFS	967,372	0	(967,372)	0.0%
563,736	0	(563,736)	0.0%	Spec OP Surgery - FFS	1,913,191	0	(1,913,191)	0.0%
384,030	3,660,164	3,276,134	89.5%	Spec IP Physician	1,443,261	15,095,225	13,651,964	90.4%
86,105	113,888	27,783	24.4%	SCP FQHC FFS	375,338	457,863	82,525	18.0%
(16,242)	0	16,242	0.0%	IBNP-Settlement (SCP)	(6,940)	0	6,940	0.0%
(43,308)	0	43,308	0.0%	IBNP-Claims Fluctuation (SCP)	(18,508)	0	18,508	0.0%
4,236,145	**3,774,052**	**(462,093)**	**(12.2%)**	**8-Specialty Care Physician Expense**	**16,582,589**	**15,553,088**	**(1,029,501)**	**(6.6%)**
(613,434)	0	613,434	0.0%	IBNP-Ancillary	(42,533)	0	42,533	0.0%
(18,403)	0	18,403	0.0%	IBNP Settlement (ANC)	(1,272)	0	1,272	0.0%
(49,074)	0	49,074	0.0%	IBNP Claims Fluctuation (ANC)	(3,402)	0	3,402	0.0%
378,047	0	(378,047)	0.0%	Acupuncture/Biofeedback	1,286,291	0	(1,286,291)	0.0%
142,228	0	(142,228)	0.0%	Hearing Devices	441,432	0	(441,432)	0.0%
27,759	0	(27,759)	0.0%	Imaging/MRI/CT Global	88,995	0	(88,995)	0.0%
46,937	0	(46,937)	0.0%	Vision FFS	167,056	0	(167,056)	0.0%
8,192	0	(8,192)	0.0%	Family Planning	38,991	0	(38,991)	0.0%
278,816	0	(278,816)	0.0%	Laboratory-FFS	990,711	0	(990,711)	0.0%
134,387	0	(134,387)	0.0%	ANC Therapist	438,917	0	(438,917)	0.0%
235,990	0	(235,990)	0.0%	Transportation (Ambulance)-FFS	1,062,446	0	(1,062,446)	0.0%
93,150	0	(93,150)	0.0%	Transportation (Other)-FFS	372,243	0	(372,243)	0.0%
556,758	0	(556,758)	0.0%	Hospice	1,498,648	0	(1,498,648)	0.0%
572,564	0	(572,564)	0.0%	Home Health Services	2,016,785	0	(2,016,785)	0.0%
0	2,540,141	2,540,141	100.0%	Other Medical-FFS	0	10,734,372	10,734,372	100.0%
156	0	(156)	0.0%	Denials	312	0	(312)	0.0%

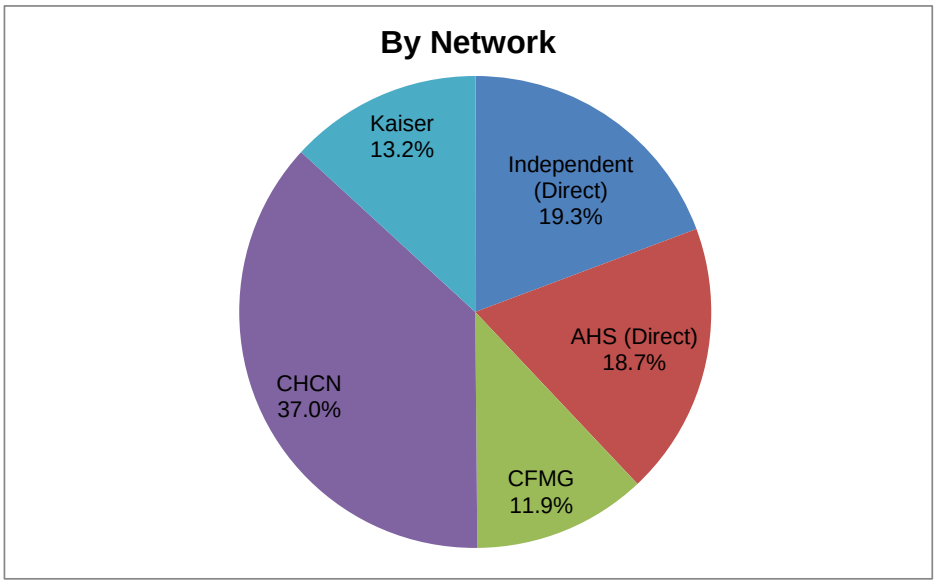
ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED October 31, 2019

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
$355,323	$0	($355,323)	0.0%	DME & Medical Supplies	$1,232,371	$0	($1,232,371)	0.0%
569,280	562,239	(7,041)	(1.3%)	GEMT Direct Payment Expense	2,289,838	2,264,768	(25,070)	(1.1%)
664,892	0	(664,892)	0.0%	Community Based Adult Services (CBAS)	1,988,194	0	(1,988,194)	0.0%
3,383,567	**3,102,380**	**(281,187)**	**(9.1%)**	**9-Ancillary Medical Expense**	**13,866,022**	**12,999,140**	**(866,882)**	**(6.7%)**
(1,406,946)	0	1,406,946	0.0%	IBNP-Outpatient	(925,721)	0	925,721	0.0%
(42,207)	0	42,207	0.0%	IBNP Settlement (OP)	(27,772)	0	27,772	0.0%
(112,556)	0	112,556	0.0%	IBNP Claims Fluctuation (OP)	(74,057)	0	74,057	0.0%
1,571,440	7,367,936	5,796,496	78.7%	Out-Patient FFS	5,048,199	28,350,457	23,302,258	82.2%
1,181,561	0	(1,181,561)	0.0%	OP Ambul Surgery - FFS	4,063,995	0	(4,063,995)	0.0%
1,356,869	0	(1,356,869)	0.0%	OP Fac Imaging Services-FFS	4,734,706	0	(4,734,706)	0.0%
1,952,956	0	(1,952,956)	0.0%	Behav Health - FFS	8,012,129	0	(8,012,129)	0.0%
329,122	0	(329,122)	0.0%	OP Facility - Lab FFS	1,023,511	0	(1,023,511)	0.0%
107,593	0	(107,593)	0.0%	OP Facility - Cardio FFS	448,766	0	(448,766)	0.0%
38,132	0	(38,132)	0.0%	OP Facility - PT/OT/ST FFS	(83,416)	0	83,416	0.0%
2,493,157	0	(2,493,157)	0.0%	OP Facility - Dialysis FFS	6,730,899	0	(6,730,899)	0.0%
7,469,120	**7,367,936**	**(101,184)**	**(1.4%)**	**10-Outpatient Medical Expense Medical Expense**	**28,951,240**	**28,350,457**	**(600,783)**	**(2.1%)**
(459,680)	0	459,680	0.0%	IBNP-Emergency	(297,153)	0	297,153	0.0%
(13,790)	0	13,790	0.0%	IBNP Settlement (ER)	(8,913)	0	8,913	0.0%
(36,775)	0	36,775	0.0%	IBNP Claims Fluctuation (ER)	(23,773)	0	23,773	0.0%
648,441	0	(648,441)	0.0%	Special ER Physician-FFS	2,481,566	0	(2,481,566)	0.0%
3,167,552	3,271,321	103,769	3.2%	ER-Facility	10,976,368	12,916,851	1,940,483	15.0%
3,305,748	**3,271,321**	**(34,427)**	**(1.1%)**	**11-Emergency Expense**	**13,128,096**	**12,916,851**	**(211,245)**	**(1.6%)**
(1,456,257)	0	1,456,257	0.0%	IBNP-Pharmacy	(77,745)	0	77,745	0.0%
(43,688)	0	43,688	0.0%	IBNP Settlement (RX)	(2,334)	0	2,334	0.0%
(116,500)	0	116,500	0.0%	IBNP Claims Fluctuation (RX)	(6,218)	0	6,218	0.0%
4,625,678	3,051,656	(1,574,022)	(51.6%)	RX - Non-PBM FFFS	15,008,404	13,290,037	(1,718,367)	(12.9%)
10,856,718	10,414,692	(442,026)	(4.2%)	Pharmacy-FFS	40,064,413	41,461,161	1,396,748	3.4%
(1,205,868)	(407,064)	798,804	(196.2%)	Pharmacy-Rebate	(2,425,752)	(1,785,039)	640,713	(35.9%)
12,660,084	**13,059,284**	**399,200**	**3.1%**	**12-Pharmacy Expense**	**52,560,768**	**52,966,159**	**405,391**	**0.8%**
53,485,794	**54,399,715**	**913,921**	**1.7%**	**13-TOTAL FFS MEDICAL EXPENSES**	**218,056,242**	**218,094,153**	**37,911**	**0.0%**
0	(264,142)	(264,142)	100.0%	Clinical Vacancy	0	(793,703)	(793,703)	100.0%
85,818	110,848	25,030	22.6%	Quality Analytics	265,020	356,055	91,035	25.6%
343,606	448,776	105,171	23.4%	Health Plan Services Department Total	1,503,007	1,626,628	123,621	7.6%
673,144	692,952	19,808	2.9%	Case & Disease Management Department Total	1,985,436	2,178,211	192,775	8.9%
145,847	181,211	35,364	19.5%	Medical Services Department Total	523,091	626,604	103,512	16.5%
510,197	479,681	(30,517)	(6.4%)	Quality Management Department Total	1,781,869	1,930,586	148,717	7.7%
114,095	140,340	26,245	18.7%	Pharmacy Services Department Total	438,677	525,703	87,026	16.6%
22,205	28,369	6,163	21.7%	Regulatory Readiness Total	118,630	130,710	12,080	9.2%
1,894,912	**1,818,034**	**(76,878)**	**(4.2%)**	**14-Other Benefits & Services**	**6,615,730**	**6,580,794**	**(34,937)**	**(0.5%)**
				Reinsurance Expense				
(1,008,901)	(335,786)	673,115	(200.5%)	Reinsurance Recoveries	(1,455,335)	(1,009,470)	445,865	(44.2%)
386,507	395,044	8,537	2.2%	Stop-Loss Expense	1,552,156	1,577,072	24,916	1.6%
(622,394)	**59,258**	**681,652**	**1,150.3%**	**15-Reinsurance Expense**	**96,821**	**567,602**	**470,781**	**82.9%**
				Preventive Health Services				
80,806	83,209	2,403	2.9%	Risk Sharing PCP	334,329	334,331	2	0.0%
80,806	**83,209**	**2,403**	**2.9%**	**16-Risk Pool Distribution**	**334,329**	**334,331**	**2**	**0.0%**
72,559,826	**73,760,525**	**1,200,699**	**1.6%**	**17-TOTAL MEDICAL EXPENSES**	**296,613,401**	**294,328,006**	**(2,285,395)**	**(0.8%)**

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Current Membership by Network By Category of Aid							
Category of Aid	**Oct 2019**	**% of Medi-Cal**	**Independent (Direct)**	**AHS (Direct)**	**CFMG**	**CHCN**	**Kaiser**
Adults	32,772	13%	7,888	6,828	274	12,497	5,285
Child	90,597	37%	8,416	8,312	27,744	30,745	15,380
SPD	25,753	10%	8,673	3,692	1,204	10,335	1,849
ACA OE	80,069	32%	14,161	25,635	891	30,678	8,704
Duals	17,650	7%	6,949	1,953	1	6,632	2,115
Medi-Cal	246,841		46,087	46,420	30,114	90,887	33,333
Group Care	6,060		2,666	821	-	2,573	-
Total	**252,901**	**100%**	**48,753**	**47,241**	**30,114**	**93,460**	**33,333**
Medi-Cal %	97.6%		94.5%	98.3%	100.0%	97.2%	100.0%
Group Care %	2.4%		5.5%	1.7%	0.0%	2.8%	0.0%
	Network Distribution		*19.3%*	*18.7%*	*11.9%*	*37.0%*	*13.2%*
			% Direct:	**38%**		**% Delegated:**	**62%**

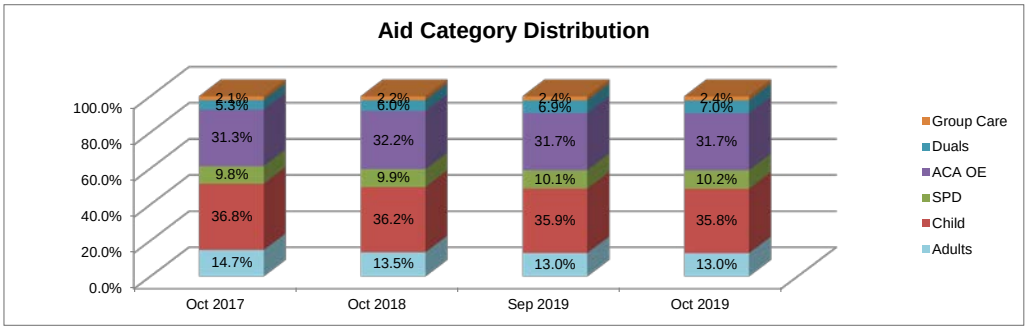




Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

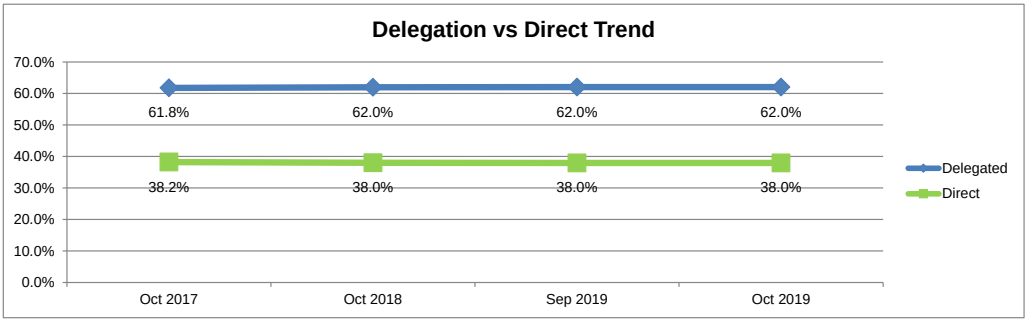
Category of Aid Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Category of Aid	Oct 2017	Oct 2018	Sep 2019	Oct 2019	Oct 2017	Oct 2018	Sep 2019	Oct 2019	Oct 2017 to Oct 2018	Oct 2018 to Oct 2019	Sep 2019 to Oct 2019
Adults	39,932	35,716	33,092	32,772	14.7%	13.5%	13.0%	13.0%	-10.6%	-8.2%	-1.0%
Child	99,594	95,954	91,224	90,597	36.8%	36.2%	35.9%	35.8%	-3.7%	-5.6%	-0.7%
SPD	26,418	26,159	25,727	25,753	9.8%	9.9%	10.1%	10.2%	-1.0%	-1.6%	0.1%
ACA OE	84,908	85,404	80,483	80,069	31.3%	32.2%	31.7%	31.7%	0.6%	-6.2%	-0.5%
Duals	14,262	15,887	17,666	17,650	5.3%	6.0%	6.9%	7.0%	11.4%	11.1%	-0.1%
Medi-Cal Total	265,114	259,120	248,192	246,841	97.9%	97.8%	97.6%	97.6%	-2.3%	-4.7%	-0.5%
Group Care	5,777	5,889	6,023	6,060	2.1%	2.2%	2.4%	2.4%	1.9%	2.9%	0.6%
Total	**270,891**	**265,009**	**254,215**	**252,901**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**-2.2%**	**-4.6%**	**-0.5%**



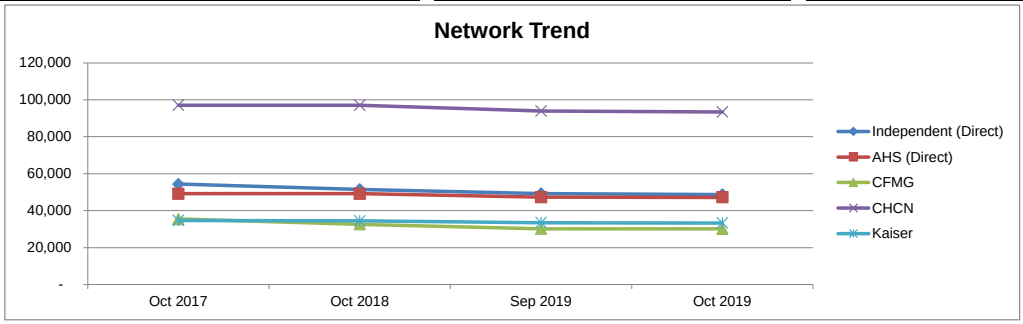
Delegation vs Direct Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Members	Oct 2017	Oct 2018	Sep 2019	Oct 2019	Oct 2017	Oct 2018	Sep 2019	Oct 2019	Oct 2017 to Oct 2018	Oct 2018 to Oct 2019	Sep 2019 to Oct 2019
Delegated	167,343	164,306	157,667	156,907	61.8%	62.0%	62.0%	62.0%	-1.8%	-4.5%	-0.5%
Direct	103,548	100,703	96,548	95,994	38.2%	38.0%	38.0%	38.0%	-2.7%	-4.7%	-0.6%
Total	**270,891**	**265,009**	**254,215**	**252,901**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**-2.2%**	**-4.6%**	**-0.5%**



Network Trend

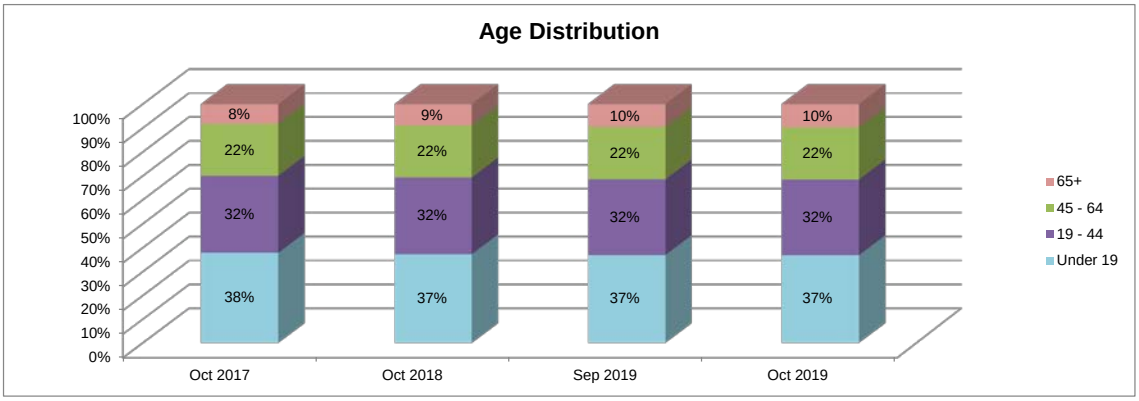
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Network	Oct 2017	Oct 2018	Sep 2019	Oct 2019	Oct 2017	Oct 2018	Sep 2019	Oct 2019	Oct 2017 to Oct 2018	Oct 2018 to Oct 2019	Sep 2019 to Oct 2019
Independent (Direct)	54,387	51,544	49,220	48,753	20.1%	19.4%	19.4%	19.3%	-5.2%	-5.4%	-0.9%
AHS (Direct)	49,161	49,159	47,328	47,241	18.1%	18.5%	18.6%	18.7%	0.0%	-3.9%	-0.2%
CFMG	35,483	32,676	30,214	30,114	13.1%	12.3%	11.9%	11.9%	-7.9%	-7.8%	-0.3%
CHCN	97,118	97,107	93,936	93,460	35.9%	36.6%	37.0%	37.0%	0.0%	-3.8%	-0.5%
Kaiser	34,742	34,523	33,517	33,333	12.8%	13.0%	13.2%	13.2%	-0.6%	-3.4%	-0.5%
Total	**270,891**	**265,009**	**254,215**	**252,901**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**-2.2%**	**-4.6%**	**-0.5%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

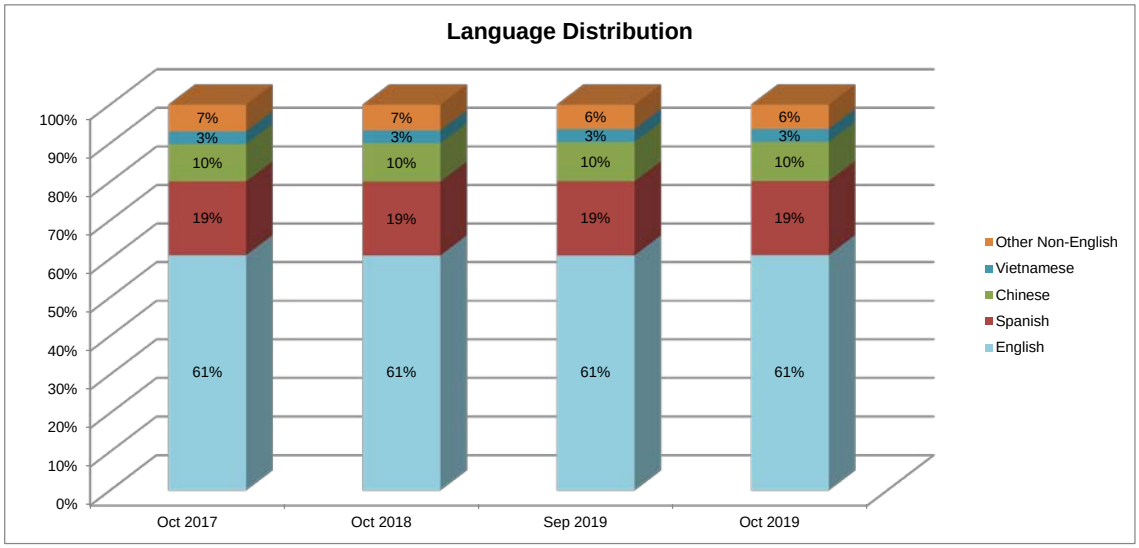
Age Category Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Age Category	Oct 2017	Oct 2018	Sep 2019	Oct 2019	Oct 2017	Oct 2018	Sep 2019	Oct 2019	Oct 2017 to Oct 2018	Oct 2018 to Oct 2019	Sep 2019 to Oct 2019
Under 19	102,526	98,815	93,853	93,214	38%	37%	37%	37%	-4%	-6%	-1%
19 - 44	87,196	85,006	80,429	79,888	32%	32%	32%	32%	-3%	-6%	-1%
45 - 64	58,950	57,614	55,417	55,174	22%	22%	22%	22%	-2%	-4%	0%
65+	22,219	23,574	24,516	24,625	8%	9%	10%	10%	6%	4%	0%
Total	**270,891**	**265,009**	**254,215**	**252,901**	**100%**	**100%**	**100%**	**100%**	**-2%**	**-5%**	**-1%**



Language Trend

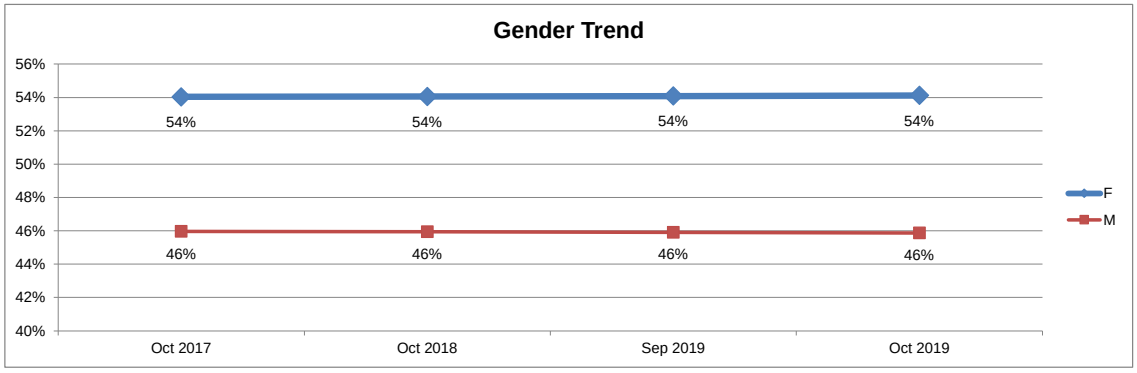
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Language	Oct 2017	Oct 2018	Sep 2019	Oct 2019	Oct 2017	Oct 2018	Sep 2019	Oct 2019	Oct 2017 to Oct 2018	Oct 2018 to Oct 2019	Sep 2019 to Oct 2019
English	165,076	161,332	154,792	154,252	61%	61%	61%	61%	-2%	-4%	0%
Spanish	51,791	50,684	48,868	48,531	19%	19%	19%	19%	-2%	-4%	-1%
Chinese	26,404	26,463	25,789	25,646	10%	10%	10%	10%	0%	-3%	-1%
Vietnamese	8,848	8,773	8,587	8,534	3%	3%	3%	3%	-1%	-3%	-1%
Other Non-English	18,772	17,757	16,179	15,938	7%	7%	6%	6%	-5%	-10%	-1%
Total	**270,891**	**265,009**	**254,215**	**252,901**	**100%**	**100%**	**100%**	**100%**	**-2%**	**-5%**	**-1%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

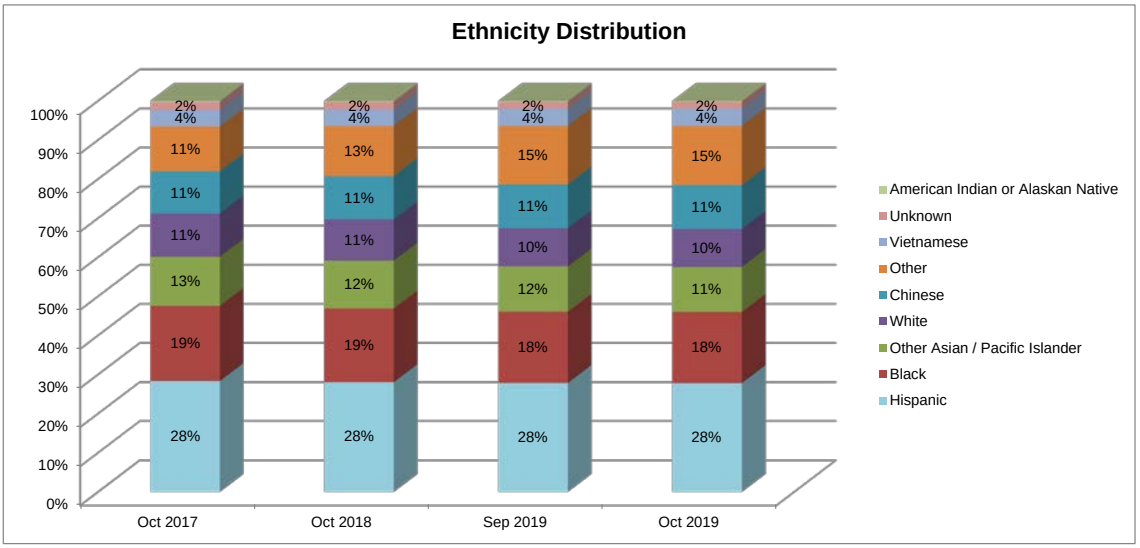
Gender Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Gender	Oct 2017	Oct 2018	Sep 2019	Oct 2019	Oct 2017	Oct 2018	Sep 2019	Oct 2019	Oct 2017 to Oct 2018	Oct 2018 to Oct 2019	Sep 2019 to Oct 2019
F	146,373	143,240	137,500	136,884	54%	54%	54%	54%	-2%	-4%	0%
M	124,518	121,769	116,715	116,017	46%	46%	46%	46%	-2%	-5%	-1%
Total	**270,891**	**265,009**	**254,215**	**252,901**	**100%**	**100%**	**100%**	**100%**	**-2%**	**-5%**	**-1%**



Ethnicity Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Ethnicity	Oct 2017	Oct 2018	Sep 2019	Oct 2019	Oct 2017	Oct 2018	Sep 2019	Oct 2019	Oct 2017 to Oct 2018	Oct 2018 to Oct 2019	Sep 2019 to Oct 2019
Hispanic	76,722	74,330	70,762	70,263	28%	28%	28%	28%	-3%	-5%	-1%
Black	52,153	49,960	46,400	46,116	19%	19%	18%	18%	-4%	-8%	-1%
Other Asian / Pacific Islander	34,022	32,396	29,357	29,039	13%	12%	12%	11%	-5%	-10%	-1%
White	29,936	28,035	24,895	24,652	11%	11%	10%	10%	-6%	-12%	-1%
Chinese	29,234	29,272	28,441	28,313	11%	11%	11%	11%	0%	-3%	0%
Other	31,078	34,058	38,120	38,336	11%	13%	15%	15%	10%	13%	1%
Vietnamese	11,578	11,316	11,151	11,110	4%	4%	4%	4%	-2%	-2%	0%
Unknown	5,394	4,958	4,467	4,461	2%	2%	2%	2%	-8%	-10%	0%
American Indian or Alaskan Native	774	684	622	611	0%	0%	0%	0%	-12%	-11%	-2%
Total	**270,891**	**265,009**	**254,215**	**252,901**	**100%**	**100%**	**100%**	**100%**	**-2%**	**-5%**	**-1%**



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

Medi-Cal By City

City	Oct 2019	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	101,081	41%	11,446	22,595	13,577	43,995	9,468
Hayward	37,594	15%	7,913	7,584	4,527	11,223	6,347
Fremont	21,682	9%	8,830	3,002	634	5,849	3,367
San Leandro	22,038	9%	3,873	3,238	3,240	8,229	3,458
Union City	10,758	4%	4,131	1,485	396	2,796	1,950
Alameda	9,899	4%	1,812	1,522	1,566	3,678	1,321
Berkeley	8,860	4%	1,063	1,523	1,178	3,858	1,238
Livermore	6,997	3%	951	593	1,634	2,614	1,205
Newark	5,706	2%	1,630	1,756	164	1,111	1,045
Castro Valley	5,866	2%	1,182	886	970	1,720	1,108
San Lorenzo	4,974	2%	874	806	653	1,714	927
Pleasanton	3,610	1%	859	357	399	1,408	587
Dublin	3,903	2%	926	346	527	1,408	696
Emeryville	1,500	1%	234	304	222	515	225
Albany	1,417	1%	156	193	322	494	252
Piedmont	252	0%	39	58	23	73	59
Sunol	59	0%	15	10	4	10	20
Antioch	26	0%	8	3	5	9	1
Other	619	0%	145	159	73	183	59
Total	**246,841**	**100%**	**46,087**	**46,420**	**30,114**	**90,887**	**33,333**

Group Care By City

City	Oct 2019	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	2,157	36%	564	380	-	1,213	-
Hayward	664	11%	384	111	-	169	-
Fremont	648	11%	497	49	-	102	-
San Leandro	560	9%	217	73	-	270	-
Union City	344	6%	246	28	-	70	-
Alameda	261	4%	107	27	-	127	-
Berkeley	203	3%	53	23	-	127	-
Livermore	83	1%	37	2	-	44	-
Newark	137	2%	95	25	-	17	-
Castro Valley	186	3%	99	18	-	69	-
San Lorenzo	115	2%	57	18	-	40	-
Pleasanton	56	1%	30	4	-	22	-
Dublin	95	2%	46	5	-	44	-
Emeryville	26	0%	11	3	-	12	-
Albany	14	0%	4	1	-	9	-
Piedmont	11	0%	3	-	-	8	-
Sunol	-	0%	-	-	-	-	-
Antioch	25	0%	10	4	-	11	-
Other	475	8%	206	50	-	219	-
Total	**6,060**	**100%**	**2,666**	**821**	**-**	**2,573**	**-**

Total By City

City	Oct 2019	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	103,238	41%	12,010	22,975	13,577	45,208	9,468
Hayward	38,258	15%	8,297	7,695	4,527	11,392	6,347
Fremont	22,330	9%	9,327	3,051	634	5,951	3,367
San Leandro	22,598	9%	4,090	3,311	3,240	8,499	3,458
Union City	11,102	4%	4,377	1,513	396	2,866	1,950
Alameda	10,160	4%	1,919	1,549	1,566	3,805	1,321
Berkeley	9,063	4%	1,116	1,546	1,178	3,985	1,238
Livermore	7,080	3%	988	595	1,634	2,658	1,205
Newark	5,843	2%	1,725	1,781	164	1,128	1,045
Castro Valley	6,052	2%	1,281	904	970	1,789	1,108
San Lorenzo	5,089	2%	931	824	653	1,754	927
Pleasanton	3,666	1%	889	361	399	1,430	587
Dublin	3,998	2%	972	351	527	1,452	696
Emeryville	1,526	1%	245	307	222	527	225
Albany	1,431	1%	160	194	322	503	252
Piedmont	263	0%	42	58	23	81	59
Sunol	59	0%	15	10	4	10	20
Antioch	51	0%	18	7	5	20	1
Other	1,094		351	209	73	402	59
Total	**252,901**	**100%**	**48,753**	**47,241**	**30,114**	**93,460**	**33,333**

ALAMEDA Alliance FOR HEALTH

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

Fiscal Year 2020 First Quarter Forecast

As of December 10, 2019

2020 First Quarter Forecast
Table of Contents

2020 First Quarter Forecast

Forecast Highlights

- **Highlights**
  - Projected Net Income of $1.2M, representing $1.5M favorability to the approved budget.
  - Forecasted year-end enrollment is 500 members below budget (11,000 member months). Leading categories of aid in this enrollment decline include Child, ACA OE and Adults.
  - PMPM revenue is $4 higher than the approved budget due to rate increases announced after the budget was finalized, 25% Rate Range revenue, higher than anticipated retro-active revenue and BHT Kick Payments. Increases result in $7.7M in additional revenue.
  - PMPM capitation expense is unfavorable due to higher non-medical transportation expense and delayed contract negotiations.
  - PMPM fee-for-service medical expense is unfavorable, mainly due to higher Inpatient expense, particularly for ACA OE population, partially offset by favorable SPD Inpatient expense. Increases result in $9.2M in additional Medical Expense.
  - Administrative department expense is $2.2M favorable, mainly due to anticipated delays until FY2021 for IT projects resulting delays in consulting fees and other project costs.
  - “Other Income or Expense” is $700k favorable to budget primarily due to increased returns on investment.

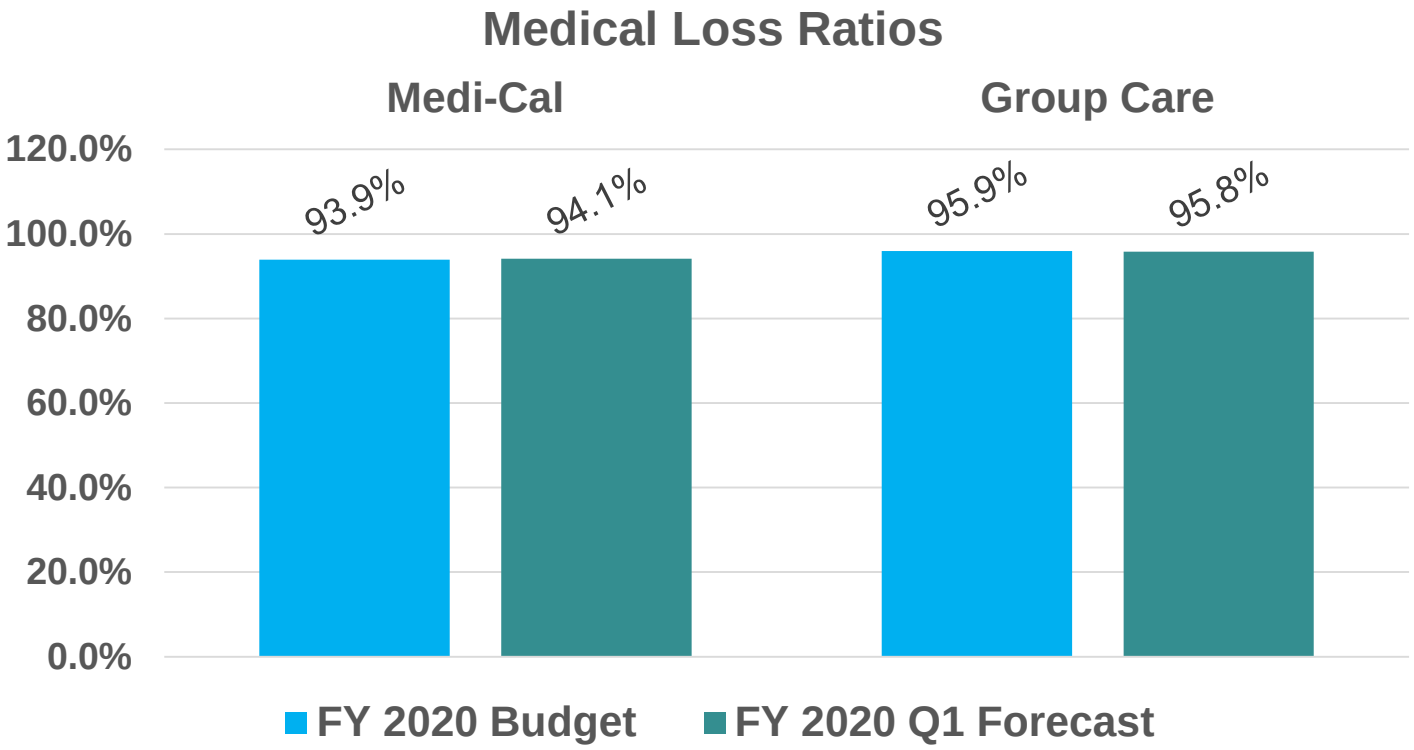
2020 First Quarter Forecast
Forecast versus Budget

Alameda Alliance *for* Health
Operating Forecast Q1-20

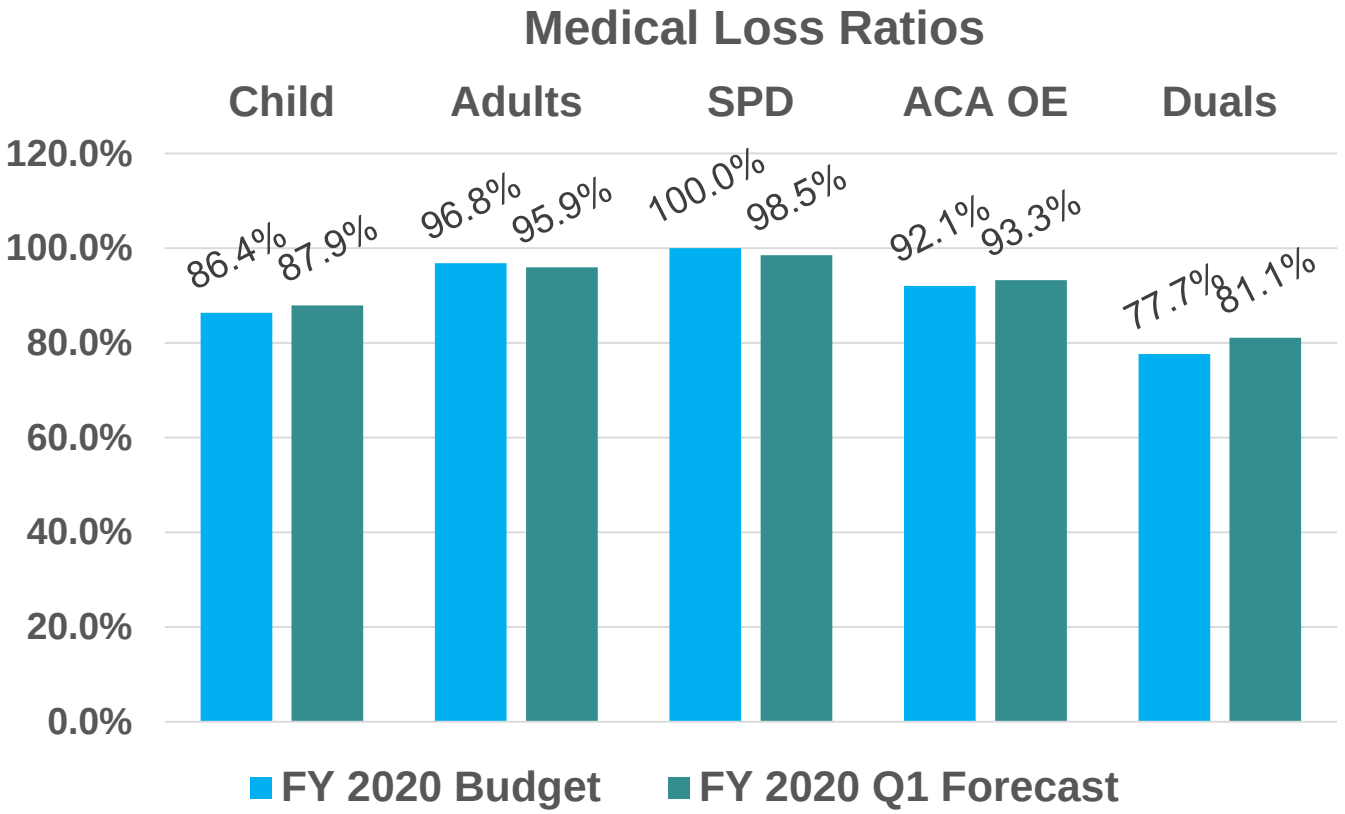
Summary Profit & Loss Statement

$ in Thousands	FY 2020 Q1 Forecast			FY 2020 Budget			Variance F/(U)		
	Medi-Cal	Group Care	Total	Medi-Cal	Group Care	Total	Medi-Cal	Group Care	Total
Enrollment at Year-End	***241,837***	***6,060***	***247,897***	***242,396***	***5,976***	***248,372***	***(559)***	***84***	***(475)***
Member Months	***2,946,596***	***72,559***	***3,019,155***	***2,958,173***	***71,712***	***3,029,885***	***(11,577)***	***847***	***(10,730)***
Revenues	$918,457	$24,715	$943,173	$911,099	$24,384	$935,483	$7,358	$331	$7,689
Medical Expense	864,654	23,686	888,339	855,783	23,391	879,174	(8,871)	(295)	(9,166)
Gross Margin	**53,804**	**1,030**	**54,833**	**55,316**	**993**	**56,310**	**(1,513)**	**36**	**(1,477)**
Administrative Expense	56,739	1,660	58,400	58,921	1,698	60,618	2,181	37	2,219
Operating Margin	**(2,936)**	**(631)**	**(3,567)**	**(3,604)**	**(704)**	**(4,309)**	**668**	**74**	**742**
Other Income / (Expense)	4,600	127	4,727	3,904	109	4,013	696	18	714
Net Income / (Loss)	**$1,664**	**($503)**	**$1,161**	**$299**	**($595)**	**($295)**	**$1,365**	**$92**	**$1,456**
Administrative Expense % of Revenue	**6.2%**	**6.7%**	**6.2%**	**6.5%**	**7.0%**	**6.5%**	**0.3%**	**0.2%**	**0.3%**
Medical Loss Ratio	**94.1%**	**95.8%**	**94.2%**	**93.9%**	**95.9%**	**94.0%**	**-0.2%**	**0.1%**	**-0.2%**
TNE at Year-End			**$181,908**			**$180,450**			**$1,458**
TNE Percent of Required at Year-End			**566.6%**			**564.9%**			**1.7%**

2020 First Quarter Forecast
MLR by Line of Business



2020 First Quarter Forecast
MLR by Category of Aid



2020 First Quarter Forecast

Full-time Equivalent Employees

Alameda Alliance for Health

FTE Cross Walk

YE FY20 Q1 Forecast vs. Budget

Administrative FTEs	FY19 YE Actual	October 2019 Actual	FY20 YE Forecast	FY20 YE Budget
Administrative Vacancy	0.0	0.0	(9.0)	(9.0)
Operations	3.0	3.0	3.0	3.0
Executive	2.0	2.0	3.0	3.0
Finance	19.0	18.0	22.0	22.0
Healthcare Analytics	11.0	10.0	13.0	13.0
Claims	34.0	32.0	37.0	37.0
Information Technology	5.0	4.0	4.0	4.0
IT Infrastructure	11.0	11.0	13.0	13.0
IT Applications	12.0	11.0	13.0	13.0
IT Development	26.0	24.0	28.0	28.0
Member Services	42.8	38.8	43.8	43.0
Provider Relations	14.0	15.0	17.0	17.0
Network Data Validation	7.0	7.0	8.0	8.0
Credentialing	2.0	1.8	2.0	2.0
Clinical Admin	1.0	1.0	1.0	1.0
Human Resources	4.0	3.0	7.0	7.0
Legal	4.0	3.0	5.0	5.0
Facilities	7.0	8.0	8.0	8.0
Community Relations	5.0	6.0	8.0	8.0
Regulatory Compliance	7.0	8.0	10.0	10.0
Delegation Oversight / G&A	9.0	8.0	10.0	10.0
Total Administrative FTEs	**225.8**	**214.6**	**246.8**	**246.0**

Clinical FTEs	FY19 YE Actual	October 2019 Actual	FY20 YE Forecast	FY20 YE Budget
Clinical Vacancy	0.0	0.0	(5.1)	(5.1)
Quality Analytics	3.0	4.0	6.0	6.0
Utilization Management	31.9	30.9	36.9	36.9
Disease Mgmt. / Care Mgmt.	23.0	24.0	27.0	27.0
Medical Services	4.0	5.8	5.5	5.3
Quality Management	14.5	15.5	18.5	18.5
Accreditation	0.0	0.0	0.0	0.0
Pharmacy Services	9.0	11.0	11.0	11.0
Regulatory Readiness	1.0	1.0	2.0	2.0
Total Clinical FTEs	**86.4**	**92.1**	**101.8**	**101.5**

Total FTEs	**312.1**	**306.7**	**348.5**	**347.5**

FTEs on LOAs or Reduced Schedules	**5.7**
Total AAH FTEs per HR	**312.4**

ALAMEDA Alliance FOR HEALTH

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

Operations

Matt Woodruff

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

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

Date: **December 13, 2019**

Subject: **Operations Report**

Member Services

- 12-month Trend Summary:
    - The Member Services Department received a slight increase of 2% in call volume totaling 16,400 in November 2019 compared to 16,002 in November 2018. The abandonment rate for November 2019 was 7%, which was the same for November 2018.
    - The service level for the department was 9% lower in November 2019 (80%), compared to November 2018 (89%). The call center experienced multiple phone issues (outages/downtime) during November that negatively impacted the abandonment rates and service levels. IT is actively working on migrating our current phone systems to a new vendor. See the IT report for further details.
        - The top five call reasons for November 2019 were: 1) Eligibility/Enrollment, 2) Change of PCP, 3) Kaiser, 4) Benefits, 5) ID Card Request. The top call reason for November 2018 was the Change of PCP. The other top four reasons remained the same.
    - The average talk time was eight minutes and fifteen seconds (08:15) for November 2019, compared to seven minutes and fifty-four seconds (07:54) for November 2018. Open enrollment season has contributed to the increase in average talk time as the Member Services Representatives explain plan benefits and services in greater detail.

Claims

- 12-Month Trend Summary:
    - The Claims Department received 122,333 claims in November 2019 compared to 114,709 in November 2018.
    - The Auto Adjudication was 72.3% in November 2019 compared to 72.6% in November 2018.

- Claims Compliance for the 30-day turn-around time was 98.4% in November 2019 compared to 98.8% in November 2018. The 45-day turn-around time was 99.9% in November 2019 compared to 99.8% in November 2018.

- Training:

  - Routine training continues, which consists of group processor training/refresher training by processor level and/or huddles.

- Monthly Analysis:

  - In the month of November, we received a total of 122,333 claims in the HEALTHsuite system.
  - We received 80% of claims via EDI and 20% of claims via paper.
  - During the month of November, 99.9% of our claims were processed within 45 working days.
  - The Auto Adjudication rate was 72.3% for the month of November.

Provider Services

- 12-Month Trend Summary:

  - The Provider Services Department's call volume increased in November 2019 to 5,560 calls compared to 4,822 calls in November 2018.
  - We are anticipating our call volume to increase this year. Provider Services continuously works to achieve first call resolution and reduction of the abandonment rates. Our efforts are to promote the provider's satisfaction is our first priority.
  - The Provider Services department completed 136 visits during November.
  - The Provider Services department answered over 5,560 calls for November and made over 1,200 outbound calls.

Provider Dispute Resolution

- 12-Month Trend Summary:

  - In November 2019, the Provider Dispute Resolution (PDR) department received 821 PDRs versus 770 in November 2018.

- The PDR department resolved 639 cases in November 2019 compared to 664 cases in November 2018.
- In November 2019, the PDR department upheld 75% of cases versus 96% in November 2018.

- Staffing:

  - Training continues for the two PDR Analysts who were promoted earlier in the year.

- Monthly Analysis:

  - AAH received 821 PDRs in November 2019.
  - In the month of November, 639 PDRs were resolved. Out of the 639 PDRs, 157 were overturned.
  - The overturn rate for PDRs was 25%, which met our goal of 25% or less.
  - 615 of 639 cases were resolved within 45 working days resulting in a 96% compliance rate.
  - There are 1,331 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 November 2019 compared to 40 out of 52 events (77% completion rate) in November 2018.
  - The C&O Department reached 816 people in the community in November 2019 compared to 2,053 in November 2018.
  - The C&O Department events were held in 9 cites/unincorporated areas throughout Alameda County in November 2019, compared to 12 cities/unincorporated areas in November 2018.

- Monthly Analysis:

  - In November 2019, the C&O Department completed 26 out of 37 events (70% completion rate).

- In November 2019, the C&O Department reached 816 individuals (393 or 48% self-identified as Alliance members) during outreach events and activities.
- In November 2019, the C&O Department completed events in 9 cities/ unincorporated areas throughout Alameda County.
- Please see attached Addendum A.
- The Fall/Winter 2019 edition of the Alliance Provider Pulse Newsletter was published on Tuesday, November 26, 2019. The newsletter was emailed to providers through Constant Contact and posted on the Alliance website.
- Please see attached Addendum B.

Credentialing Department

- At the Peer Review and Credentialing (PRCC) meeting held on November 19, 2019 there were 32 initial providers approved; 7 primary care providers, 15 specialists, 1 ancillary provider, and 9 midlevel providers. Additionally, 40 providers were re-credentialed at this meeting; 12 primary care providers, 14 specialists, 1 ancillary provider, and 13 midlevel providers.
- For more information, please refer to the Credentialing charts and graphs located in the Operations supporting documentation.

Operations

Supporting Documents

Member Services

Blended Call Results

Blended Results	Nov 2019
Incoming Calls (R/V)	16,400
Abandoned Rate (R/V)	7%
Answered Calls (R/V)	15,320
Average Speed to Answer (ASA)	01:07
Calls Answered in 30 Seconds (R/V)	80%

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

Member Walk-Ins Nov 2019
Eligibility
ID Card Requests
Benefits
Total Walk-Ins: 48

Claims Department

October 2019 Final and November 2019 Final

METRICS

Claims Compliance	Oct-19	Nov-19
90% of clean claims processed within 30 calendar days	98.3%	98.4%
95% of all claims processed within 45 working days	99.9%	99.9%

Claims Volume (Received)	Oct-19	Nov-19
Paper claims	31,223	23,925
EDI claims	94,219	98,408
Claim Volume Total	**125,442**	**122,333**

Percentage of Claims Volume by Submission Method	Oct-19	Nov-19
% Paper	24.89%	19.56%
% EDI	75.11%	80.44%

Claims Processed	Oct-19	Nov-19
HEALTHsuite Paid (original claims)	104,448	90,164
HEALTHsuite Denied (original claims)	28,362	23,044
HEALTHsuite Original Claims Sub-Total	**132,810**	**113,208**
HEALTHsuite Adjustments	1,117	1,119
HEALTHsuite Total	**133,927**	**114,327**

Claims Expense	Oct-19	Nov-19
Medical Claims Paid	$48,973,529	$34,045,885
Interest Paid	$26,121	$18,522

Auto Adjudication	Oct-19	Nov-19
Claims Auto Adjudicated	95,046	81,892
% Auto Adjudicated	71.6%	72.3%

Average Days from Receipt to Payment	Oct-19	Nov-19
HEALTHsuite	23	22

Pended Claim Age	Oct-19	Nov-19
0-29 calendar days		
HEALTHsuite	7,299	13,286
30-59 calendar days		
HEALTHsuite	240	81
Over 60 calendar days		
HEALTHsuite	6	13

Overall Denial Rate	Oct-19	Nov-19
Claims denied in HEALTHsuite	28,362	23,044
% Denied	21.2%	20.2%

Claims Department

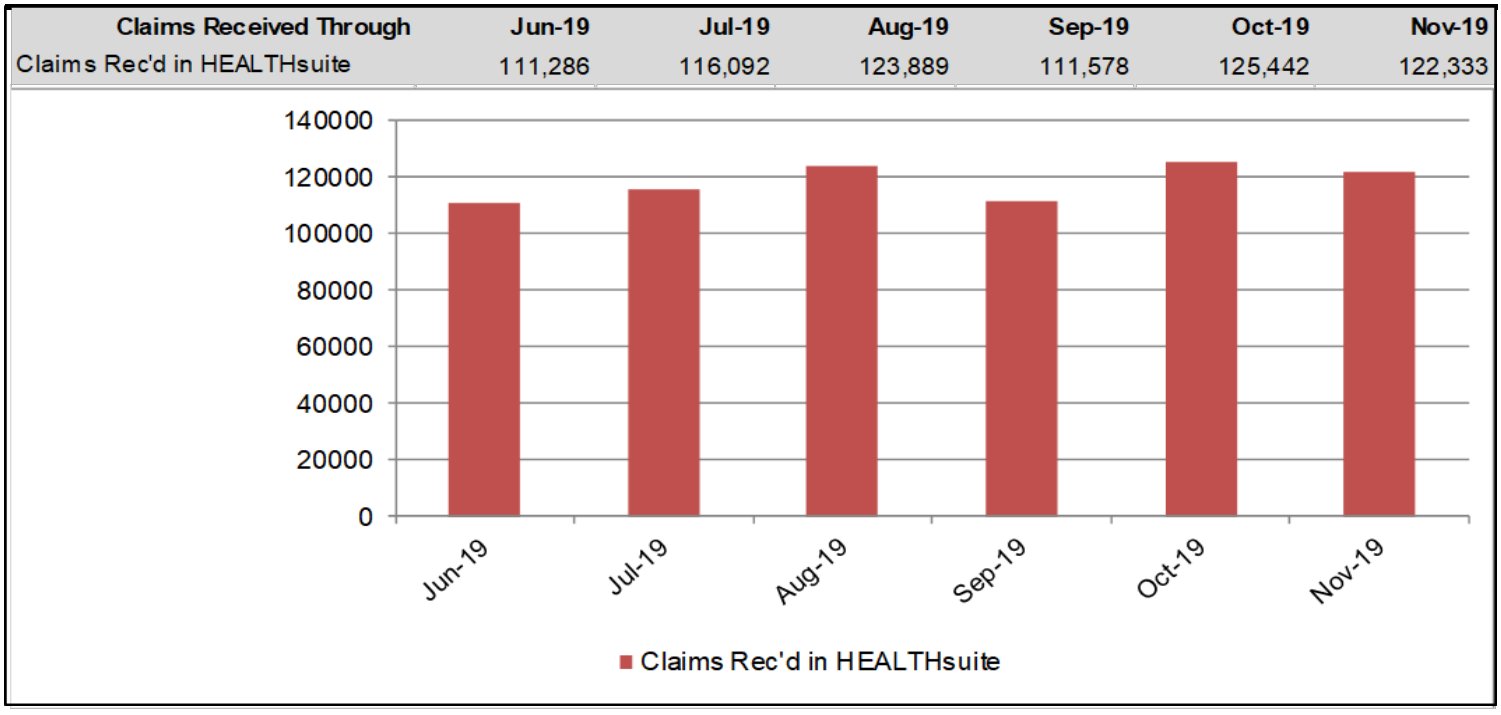
October 2019 Final and November 2019 Final

Oct-19

Top 5 HEALTHsuite Denial Reasons	% of all denials
Responsibility of Provider	25%
Duplicate Claim	11%
Must Submit as a Paper Claim with Copy of Primary Payer EOB	11%
No Benefits Found For Dates of Service	10%
Non-Covered Benefit For This Plan	7%
% Total of all denials	**64%**

Claims Received By Month

Claims Received Through	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Claims Rec'd in HEALTHsuite	111,286	116,092	123,889	111,578	125,442	122,333



Provider Relations Dashboard November 2019

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Incoming Calls (PR)	7386	6262	6811	6997	6926	6077	7307	7175	6001	6716	5560
Abandoned Calls	1718	1146	829	932	863	692	953	1022	955	1282	1366
Answered Calls (PR)	5664	5116	5982	6065	6063	5385	6354	6153	5046	5434	4194
Recordings/Voicemails	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**
Incoming Calls (R/V)	849	644	420	428	410	357	443	513	474	672	591
Abandoned Calls (R/V)											
Answered Calls (R/V)	849	644	420	428	410	357	443	513	474	672	591
Outbound Calls	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**
Outbound Calls	1642	1602	1814	1658	1701	1496	1913	1747	1337	1534	1200
N/A											
Outbound Calls	1642	1602	1814	1658	1701	1496	1913	1747	1337	1534	1200
Totals	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**
Total Incoming, R/V, Outbound Calls	9873	8508	9045	9083	9037	7930	9663	9435	7812	8922	7351
Abandoned Calls	1718	1146	829	932	863	692	953	1022	955	1282	1366
Total Answered Incoming, R/V, Outbound Calls	8155	7362	8216	8151	8174	7238	8710	8413	6857	7640	5985

Provider Relations Dashboard November 2019

Call Reasons (Medi-Cal and Group Care)

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov
Authorizations	4.5%	5.1%	4.9%	5.1%	4.5%	4.7%	4.7%	4.9%	4.8%	5.1%	3.6%
Benefits	2.3%	2.9%	2.6%	2.9%	3.2%	3.3%	3.3%	3.9%	4.2%	3.8%	3.5%
Claims Inquiry	35.4%	37.0%	37.3%	35.6%	35.1%	33.3%	34.1%	36.5%	38.2%	39.6%	41.3%
Change of PCP	2.1%	3.4%	3.1%	3.7%	3.5%	4.4%	5.3%	5.2%	4.5%	3.6%	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%	3.6%
Contracts	0.4%	0.4%	0.5%	0.3%	0.6%	0.4%	0.5%	0.7%	0.5%	0.4%	0.7%
Correspondence Question/Followup	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.0%	0.1%	0.0%
Demographic Change	0.1%	0.1%	0.2%	0.1%	0.1%	0.2%	0.1%	0.2%	0.2%	0.3%	0.2%
Eligibility - Call from Provider	30.5%	30.1%	29.7%	30.1%	29.8%	30.5%	26.9%	24.5%	28.9%	25.1%	24.5%
Exempt Grievance/ G&A	0.1%	0.0%	0.2%	0.0%	0.1%	0.1%	0.0%	0.0%	0.1%	0.0%	0.0%
General Inquiry/Non member	0.1%	0.2%	0.2%	0.1%	0.1%	0.3%	0.3%	0.2%	0.2%	0.2%	0.0%
Health Education	0.0%	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%	2.3%
Kaiser	0.1%	0.2%	0.2%	0.1%	0.2%	0.3%	0.2%	0.2%	0.2%	0.3%	0.2%
Member bill	0.1%	0.1%	0.2%	0.2%	0.3%	0.3%	0.4%	0.4%	0.1%	0.4%	0.0%
Mystery Shopper Call	0.0%	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%	0.1%
Pharmacy	0.8%	1.2%	1.2%	1.5%	1.3%	1.2%	1.4%	1.5%	1.4%	1.4%	2.5%
Provider Network Info	0.1%	0.1%	0.1%	0.2%	0.2%	0.1%	0.2%	0.3%	0.1%	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%	0.0%
All Other Calls	9.2%	12.1%	12.6%	12.5%	12.2%	11.8%	14.7%	11.4%	7.7%	10.4%	13.8%
TOTAL	100.0%	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	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov
Claims Issues	1	1	4	4	4	1	0	5	3	3	0
Contracting/Credentialing	0	1	1	0	0	0	0	0	1	0	2
Drop-ins	0	5	10	10	3	4	4	7	47	20	40
JOM's	3	2	2	3	2	1	3	1	2	3	2
New Provider Orientation	0	3	5	4	2	2	22	14	26	23	18
Quarterly Visits	52	75	44	2	143	50	118	63	45	76	74
UM Issues	2	0	1	0	0	0	0	1	0	1	0
Total Field Visits	58	87	67	23	154	58	147	91	124	126	136

ALLIANCE NETWORK SUMMARY, CURRENTLY CREDENTIALED PRACTITIONERS

Credentialed Practitioners		AHP 405	PCP 369	SPEC 663	PCP/SPEC 19
AAH/AHS/CHCN Breakdown		AAH 428	AHS 206	CHCN 435	COMBINATION OF GROUPS 387
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	25	43	25	Y	Y
Recred Files in Process	85	32	25	Y	Y
Expirables updated Insurance, License, DEA, Board Certifications					Y
Files currently in process	**110**				

CAQH Applications Processed in Novemberber 2019

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

November 2019 Peer Review and Credentialing Committee Approvals

Initial Credentialing	**Number**
PCP	7
SPEC	15
ANCILLARY	1
MIDLEVEL/AHP	9
	32
Recredentialing	
PCP	12
SPEC	14
ANCILLARY	1
MIDLEVEL/AHP	13
	40
TOTAL	**72**

November 2019 Facility Approvals

Initial Credentialing	1
Recredentialing	2
Facility Files in Process	34

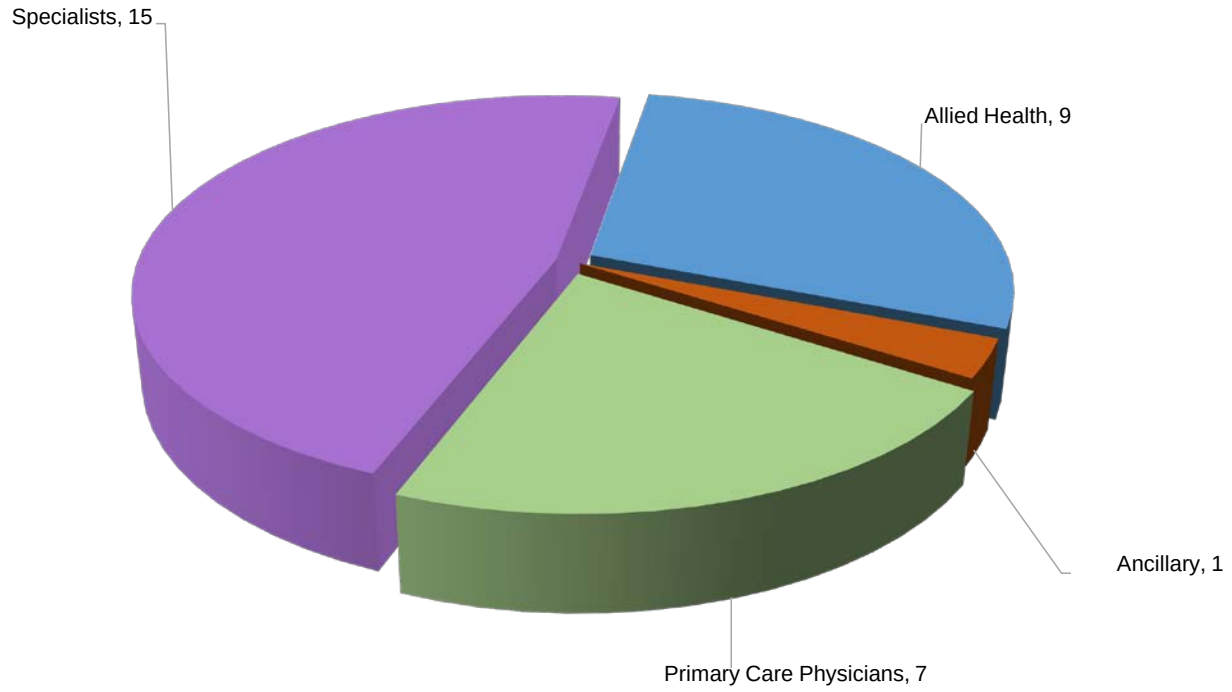
November 2019 Employee Metrics	2.5	
File Processing	Timely processing within 3 days of receipt	Y
Credentialing Accuracy	<3% error rate	Y
DHCS, DMHC, CMS, NCQA Compliant	98%	Y
MBC Monitoring	Timely processing within 3 days of receipt	Y

Initial/Recred				
LAST NAME	FIRST NAME	CATEGORY	INITIAL/RECRED	CRED DATE
Badhesha	Upkar	Allied Health	Initial	11/19/2019
Bedrossian	Edmond	Specialist	Initial	11/19/2019
Bhatia	Nisha	Specialist	Initial	11/19/2019
Bonnington	Adam	Specialist	Initial	11/19/2019
Boudreault	David	Specialist	Initial	11/19/2019
Briones	Eric	Allied Health	Initial	11/19/2019
Cartwright	Joseph	Primary Care Physician	Initial	11/19/2019
Cesar	Analene	Allied Health	Initial	11/19/2019
Chang	Heidi	Specialist	Initial	11/19/2019
Chao	Kuang-Hwa	Specialist	Initial	11/19/2019
Christensen	Spencer	Primary Care Physician	Initial	11/19/2019
Comrie	Frederick	Specialist	Initial	11/19/2019
Freedman	Julie	Specialist	Initial	11/19/2019
Heins	Carroll-Anne	Primary Care Physician	Initial	11/19/2019
Ho	Stephanie	Specialist	Initial	11/19/2019
Laird	Meredith	Specialist	Initial	11/19/2019
Lee	Brian	Specialist	Initial	11/19/2019
Lee	Jenny	Specialist	Initial	11/19/2019
Megorden	Laura	Specialist	Initial	11/19/2019
Montecillo	Theresa	Allied Health	Initial	11/19/2019
Ochoa	Denise	Allied Health	Initial	11/19/2019
Outlaw	Edward	Specialist	Initial	11/19/2019
Ramesh	Radha	Primary Care Physician	Initial	11/19/2019
Spencer	Marcia	Allied Health	Initial	11/19/2019
Stacey	Michael	Primary Care Physician	Initial	11/19/2019
Teves-Sierra	Liliana	Allied Health	Initial	11/19/2019
Thach	Andrea	Primary Care Physician	Initial	11/19/2019
Tinkelenberg	Judith	Allied Health	Initial	11/19/2019
Tsang	Jennifer	Primary Care Physician	Initial	11/19/2019
Wilkinson	Nathan	Allied Health	Initial	11/19/2019
Winkle	Daniel	Specialist	Initial	11/19/2019
Xu	Junhui	Ancillary	Initial	11/19/2019
Aggarwal	Archana	Specialist	Recred	11/19/2019
Anson	Ryan	Allied Health	Recred	11/19/2019
Ardekani-Pourzand	Mahasti	Allied Health	Recred	11/19/2019
Beazley	Douglas	Allied Health	Recred	11/19/2019
Bodnar	Shelli	Primary Care Physician	Recred	11/19/2019
Brooks	Adam	Specialist	Recred	11/19/2019
Bryson-Alderman	Jennifer	Allied Health	Recred	11/19/2019
Bui	Nhat	Allied Health	Recred	11/19/2019
Cheng	Paul	Specialist	Recred	11/19/2019
Chu	Stefanie	Primary Care Physician	Recred	11/19/2019
Dang-Vu	Bay	Primary Care Physician	Recred	11/19/2019
Dexter	Danielle	Allied Health	Recred	11/19/2019

Initial/Recred				
LAST NAME	FIRST NAME	CATEGORY	INITIAL/RECRED	CRED DATE
Diaz	Roberto	Specialist	Recred	11/19/2019
Dominic	Sheila	Allied Health	Recred	11/19/2019
Eaton	Scott	Specialist	Recred	11/19/2019
Ford	Margaret	Primary Care Physician	Recred	11/19/2019
Gagliardi	Erica	Allied Health	Recred	11/19/2019
Henstorf	Jan	Specialist	Recred	11/19/2019
Higginbotham	Caitlin	Allied Health	Recred	11/19/2019
Ho	Chao	Primary Care Physician	Recred	11/19/2019
Javid	Parisa	Allied Health	Recred	11/19/2019
Konda	Satyasree	Primary Care Physician	Recred	11/19/2019
Kreps-Falk	Rachel	Primary Care Physician	Recred	11/19/2019
Marcotrigiano	Leanne	Primary Care Physician	Recred	11/19/2019
Marin	Andres	Primary Care Physician	Recred	11/19/2019
Melnyk	Ostap	Specialist	Recred	11/19/2019
Misra	Sourjya	Specialist	Recred	11/19/2019
Nelson	Lisa	Allied Health	Recred	11/19/2019
Ocampo-Wong	Myla	Ancillary	Recred	11/19/2019
Richmond	Leon	Specialist	Recred	11/19/2019
Saleh	Mark	Specialist	Recred	11/19/2019
Schoenberg	Adriana	Allied Health	Recred	11/19/2019
Scholz	Denise	Allied Health	Recred	11/19/2019
Tian	David	Primary Care Physician	Recred	11/19/2019
Trinh	Denise	Primary Care Physician	Recred	11/19/2019
Vogeli	Kevin	Specialist	Recred	11/19/2019
Welty	Kathryn	Specialist	Recred	11/19/2019
White	Tracy	Primary Care Physician	Recred	11/19/2019
Yang	Xin	Specialist	Recred	11/19/2019
Yogam	Kris	Specialist	Recred	11/19/2019

NOVEMBER PEER REVIEW AND CREDENTIALING
INITIAL APPROVALS BY SPECIALTY

Allied Health	6
Ancillary	1
Primary Care Physician	8
Specialist	7
	32



Provider Dispute Resolution

October 2019 Final and November 2019 Final

METRICS

PDR Compliance	Oct-19	Nov-19
# of PDRs Resolved	787	639
# Resolved Within 45 Working Days	769	615
% of PDRs Resolved Within 45 Working Days	98%	96%

PDRs Received	Oct-19	Nov-19
# of PDRs Received	766	821
PDR Volume Total	**766**	**821**

PDRs Resolved	Oct-19	Nov-19
# of PDRs Upheld	602	482
% of PDRs Upheld	76%	75%
# of PDRs Overturned	185	157
% of PDRs Overturned	24%	25%
Total # of PDRs Resolved	**787**	**639**

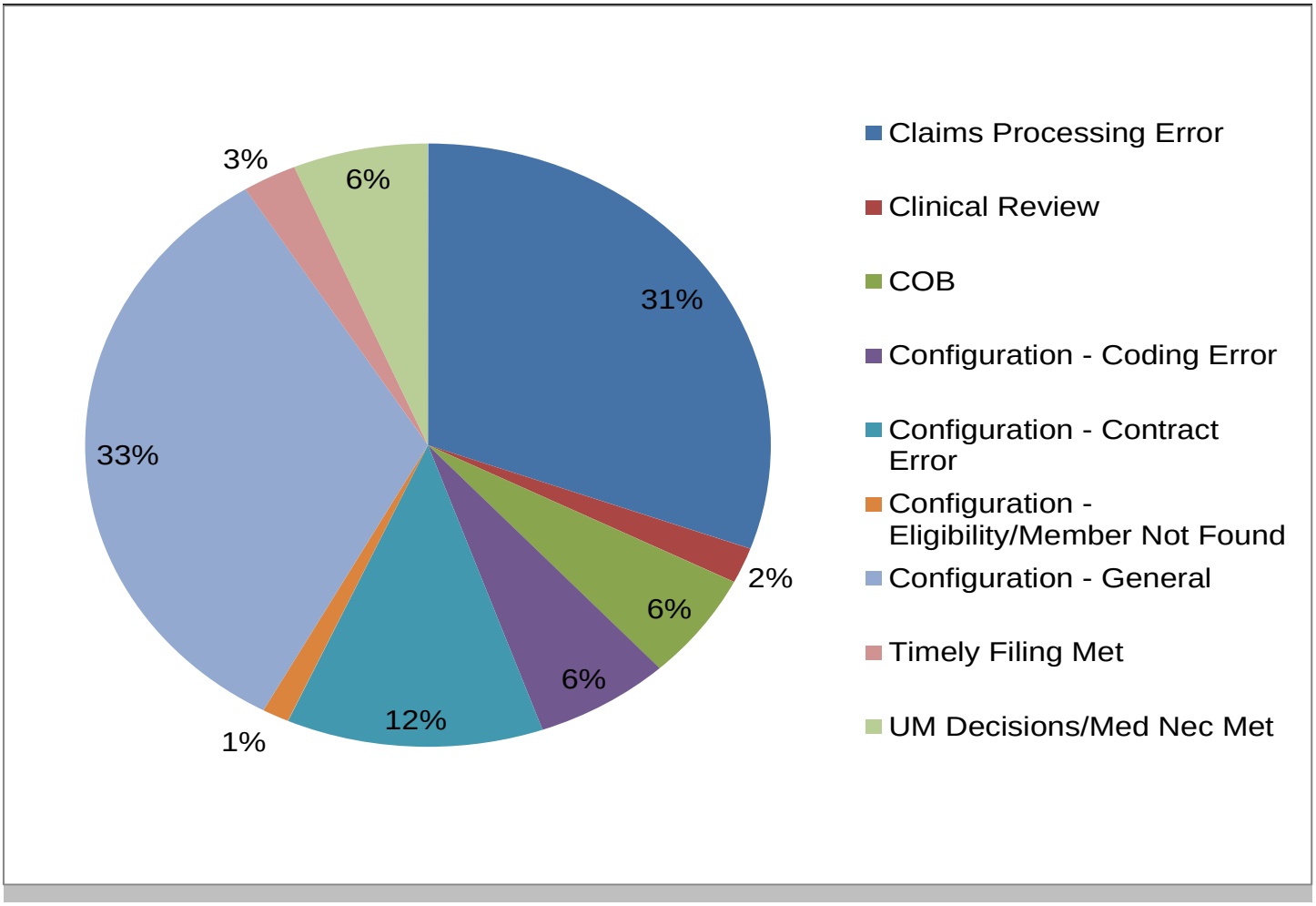
Unresolved PDR Age	Oct-19	Nov-19
0-45 Working Days	1,390	1,331
Over 45 Working Days	3	3
Total # of Unresolved PDRs	**1,393**	**1,334**

Provider Dispute Resolution

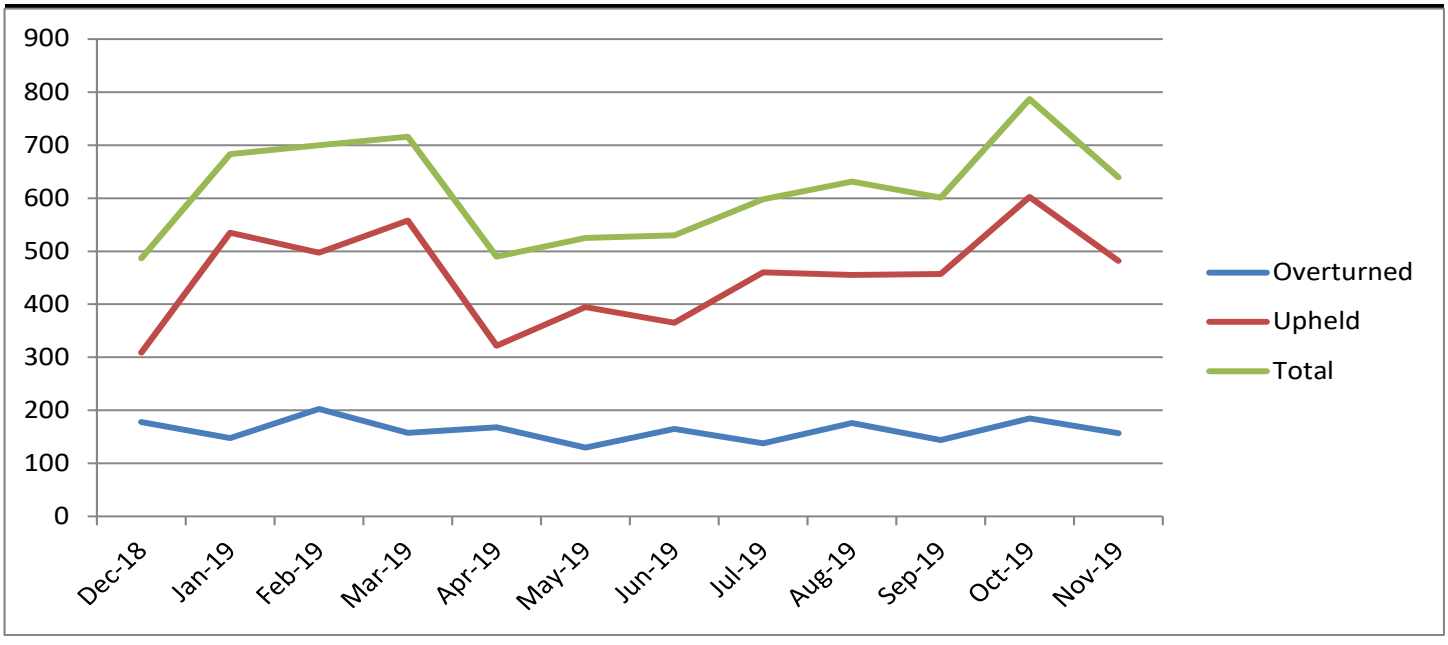
October 2019 Final and November 2019 Final

Nov-19

PDR Resolved Case Overturn Reasons



Rolling 12-Month PDR Trend Line



Project Management Office Portfolio Overview for November 2019

Alliance Portal Redesign Project

- Feb 28 New Go-Live Date -The Alliance Portal Redesign Go-Live Deployment schedule has been pushed out 13 weeks to allow additional time for Authorization Submission development to include the error handling process.
    - 11/18 - Provider feed (Label Name update) Code & delivery, QA, and UAT complete
    - 11/22 - New Provider File Creation (11 extracts) & QA complete
    - Public Portal testing targeted to begin week on 12/9. Testing excludes EOP and Authorization Submission Handling Process scheduled for Jan/Feb test cycle
    - Provider Portal testing in progress. Target completion 12/20
    - HX EOP development 11/26 dev sprint targeted to complete 1/22
    - Auth Submission and error handling UAT targeted to complete 2/14

Contract Database Project

- On hold until Jan 2020

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 workgroup contract pending

COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

FY 2019-2020 | NOVEMBER

During the month of November 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 **816** people, and spent a total of **$2,200** in donation, fees, and/or sponsorships.

The majority of 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, **13,116** 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\2. November 2019**

ALLIANCE IN THE COMMUNITY
FY 2019-2020 | **NOVEMBER**

NOVEMBER **2018** TOTALS

23 COMMUNITY EVENTS
11 MEMBER EDUCATION EVENTS
14 MEMBER ORIENTATIONS
4 MEETINGS/ PRESENTATIONS
52 TOTAL INITIATED/ INVITED EVENTS
40 **TOTAL COMPLETED EVENTS**

12 CITIES
ALAMEDA
BERKELEY
CASTRO VALLEY
FREMONT
HAYWARD
LIVERMORE
NEWARK
OAKLAND
PLEASANTON
SAN LEANDRO
SAN LORENZO
UNION CITY

1144 TOTAL REACHED AT COMMUNITY EVENTS
858 TOTAL REACHED AT MEMBER EDUCATION EVENTS
25 TOTAL REACHED AT MEMBER ORIENTATIONS
26 TOTAL REACHED AT MEETINGS/PRESENTATIONS
545 MEMBERS REACHED AT ALL EVENTS
2053 **TOTAL REACHED AT ALL EVENTS**

$913
TOTAL SPENT IN DONATION, FEES & SPONSORSHIPS*

NOVEMBER **2019** TOTALS

4 COMMUNITY EVENTS
12 MEMBER EDUCATION EVENTS
21 MEMBER ORIENTATIONS
2 MEETINGS/ PRESENTATIONS
37 TOTAL INITIATED/ INVITED EVENTS
26 **TOTAL COMPLETED EVENTS**

9 CITIES
ALAMEDA
BERKELEY
FREMONT
HAYWARD
NEWARK
OAKLAND
PLEASANTON
SAN LEANDRO
UNION CITY

188 TOTAL REACHED AT COMMUNITY EVENTS
442 TOTAL REACHED AT MEMBER EDUCATION EVENTS
97 TOTAL REACHED AT MEMBER ORIENTATIONS
89 TOTAL REACHED AT MEETINGS/PRESENTATIONS
393 MEMBERS REACHED AT ALL EVENTS
816 **TOTAL REACHED AT ALL EVENTS**

$2,200
TOTAL SPENT IN DONATION, FEES & SPONSORSHIPS

** Includes refundable deposit.*

ALAMEDA Alliance FOR HEALTH

PROVIDER PULSE

INSIDE THIS ISSUE

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

Many people may travel around the world with their family and friends to go on a fun vacation, see Mother Teresa, visit the Statue of Liberty, or to move to a new country. Our Alliance provider partner, Dr. Jacob Eapen, M.D., MPH, has traveled around the world from sea to shining sea, to live in other countries and help people live healthier. He has even met Mother Teresa and received an award from her for his work. He has also been a ferry ride away from the Statue of Liberty while receiving the Ellis Island Medal of Honor for his work. Dr. Eapen enjoys partnering with the Alliance to take care of our members because he gets to continue his lifelong commitment and compassion of giving back to the community and serving others.

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

In pursuit of his passion to helping others live healthy, Dr. Eapen received his medical degree and pediatric training

in India. After arriving to the United States, he received his master's degree in public health at UC Berkeley, where he also previously served on the advisory board. He completed his residency at Lucile Salter Packard Children's Hospital at Stanford.

Dr. Eapen has lived in Fremont for more than three (3) decades and has served on many boards and committees throughout Alameda County. Dr. Eapen previously served on the Board of Directors at Kidango – a private nonprofit agency providing child development programs in Alameda, Santa Clara, and San Francisco Counties. Dr. Eapen has been on the Washington Hospital Board for the last 15 years. According to Health Grades and

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

US News and Review, Washington Hospital is ranked among the top 100 best hospitals in the country and California. Dr. Eapen is currently the Medical Director at the Alameda Health System (AHS) - Newark Wellness Center, where he has been a pediatrician for 25 years. AHS is one of the largest public health systems in California and it acts as a safety net for the residents of Alameda County. Dr. Eapen is also an advisor to the Every Child Counts Commission in Alameda County. He received the first physician recognition award by the Medical Board of California and was profiled as one of the 40 most distinguished Stanford Medical School Alumni of the last 60 years.

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

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

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

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

DIABETES PREVENTION PROGRAM (DPP) - **PROVIDER FAQs**

This FAQ explains the Diabetes Prevention Program (DPP) health benefit that we offer to eligible Alliance members.

Q: What is the Diabetes Prevention Program (DPP)? What do participants get?

A: DPP helps participants adopt healthy habits, lose weight, and significantly decrease their risk of developing type 2 diabetes. The year-long program follows an approved curriculum by the Centers for Disease Control and Prevention (CDC). The curriculum teaches participants to make lasting changes by eating healthier, increasing physical activity, and managing the challenges that come with lifestyle change. Alliance members can choose from in-person or digital program formats.

There are many versions of the lifestyle change program, but most include the following components:

- 16 weekly lessons, followed by monthly sessions for the rest of the year.
- A lifestyle health coach to help set goals and keep participants on track.
- Small groups for support and encouragement.
- Helpful tools, like wireless scales and fitness trackers. Members who enroll and complete four (4) weeks of activity will be able to receive a Fitbit*.

Alliance members will also be eligible for a maintenance year if they achieve attendance and weight-loss goals.

Q: How effective is DPP in reducing the risk of type 2 diabetes?

A: DPP has been proven by the National Institutes of Health (NIH) and the CDC to decrease the risk of developing type 2 diabetes by 58% for those who lose 5 – 7% of their body weight via changes in diet and exercise.

Q: Is there a cost to Alliance members for participating?

A: There is no cost to this program. DPP is a covered preventive benefit.

Q: Who can participate in the program?

A: The Alliance will cover this benefit for both Medi-Cal and Group Care (IHSS) members. Members with Kaiser or Medicare can enroll in DPP through their respective plan.

ALL participants must be:

- 18 years of age or older;
- BMI ≥ 25 (≥ 23 if Asian American);
- Not pregnant;
- No previous diagnosis of type 1 or type 2 diabetes; AND
- Identified as having prediabetes or score as high risk for developing type 2 diabetes.
    - There are three (3) options to meet this requirement:

      Option A: Blood test within the past 12 months (one (1) of the following):
        - Hemoglobin A1c of 5.7 – 6.4%
        - Fasting plasma glucose of 100 – 125 mg/dL
        - Two-hour plasma glucose (after a 75 gm glucose load) of 140 – 199 mg/dL

      Option B: Previous diagnosis of gestational diabetes mellitus (GDM)

      Option C: Positive screening for prediabetes on the American Diabetes Association Type 2 Diabetes Risk Test (score of 5 or higher). This test can be found online at **www.diabetes.org/are-you-at-risk/diabetes-risk-test**.

*For participants who complete four (4) weeks of activity according to Diabetes Prevention Program guidelines. Applies to certain activity tracker models. Limited to one (1) per person. Solera Health reserves the right to substitute an alternate activity tracker.

Q: How can my patient sign up for DPP?

A: The Alliance is partnering with Solera Health to help administer the program. Solera will help identify qualified Alliance members and enroll them in a program that best fits their needs.

Health care providers or staff can refer qualified patients using a referral form.

Provider Referral Form:
www.alamedaalliance.org/providers/medical-management/dpp
*Your patient will receive a call from Solera Health (calling from **1.877.486.0141**) within one (1) week to let them know if they are qualified and to help them choose and enroll in a DPP program.*

Alliance members can also self-refer by calling the Alliance Member Services Department or using the online link.

Toll-Free: **1.877.932.2738**
Online Member Quiz:
www.alamedaalliance.org/live-healthy/dpp
The link will direct members to either take a 1-minute risk quiz online or call Solera to complete the quiz over the phone.

Eligible Alliance members will then be matched to a program. Once enrolled, participants will receive a welcome email or letter from Solera with instructions on how to complete the registration process with their matched DPP provider. Members must complete the registration process with their DPP provider to begin the program.

Q: What information will I receive on my patient's progress in the program?

A: Solera will regularly fax reports to physicians who refer Alliance members. This includes engagement, weight loss, and physical activity outcomes.

Q: What if my patient can't make all the sessions?

A: This depends on the digital or in-person program that the patient signed up for. Each program determines if there are opportunities to make up missed classes and sets a number of sessions that the participant can miss and still complete the program.

Before a participant completes nine (9) sessions, they are allowed to switch programs once and can call Solera to do so. They will need to restart the program.

If the participant misses too many sessions or drops out of the program, they may need to restart the program. During the first year of enrollment a participant may restart the program as many times as they wish.

Q: Can my patient reenroll after the first year?

A: In order to reenroll, the doctor must fax a request with clinical notes to Alliance Health Programs to **1.877.813.5151**. Your patient's medical record must indicate that their medical condition or circumstance warrants repeat or additional participation, such as:

- Member switched health plans.
- Member moved to a different county.
- Member experienced a lapse in Medi-Cal enrollment.
- Member has or had medical conditions that hinder DPP session attendance.

Q: Who should I contact if I have questions about the program?

A: If you have questions about DPP, please call:

Solera
Monday – Friday, 6 am – 6 pm
Toll Free: **1.877.486.0141**

For other questions, please call:

Alliance Provider Services Department
Monday – Friday, 7:30 am – 5 pm
Phone Number: **1.510.747.4510**

ALL ABOUT HEALTH HOMES -
THE ALLIANCE HEALTH HOMES PROGRAM (HHP)

HHP works to coordinate care for physical health, behavioral health, and social services for Alliance Medi-Cal members with complex needs and empower them to play an active role in their own care.

We officially launched our Health Homes Program on July 1, 2019. This program is an example of our commitment to improve the quality of life for our members. The federally-funded Health Homes Program, authorized through the Affordable Care Act (ACA), is designed to serve Medi-Cal members who have complex medical needs and multiple chronic conditions – such as asthma, diabetes, or heart failure – who may benefit from member-centered and team-based care coordination. The program provides six (6) core services: comprehensive care management, care coordination (physical health, behavioral health and community-based long-term services and supports), health promotion, comprehensive transitional care, individual and family support, and referrals to community and social support services, like food and housing.

"...As our traditional health care system continues to evolve towards treating both the physical health and supporting individuals in addressing negative social factors that impact their lives, we anticipate that the Health Homes Program will further our ability to improve the health of our members."

As a part of our efforts to prepare for the program launch, we self-funded a health homes pilot at the beginning of 2017. Our $1.5 million investment was designed to serve Alliance members who struggle with multiple chronic conditions and would benefit from enhanced care management and coordination. In July, the Alliance transitioned from the self-funded pilot into the federally-funded Health Homes Program with a primary focus on members who struggle with housing instability, those experiencing homelessness, and individuals in need of palliative care.

"The Alliance's pilot has been instrumental in helping us understand the complexity of our member's health outcomes and allowed us to create a stronger system of care," said Alliance Chief Medical Officer, Dr. Steve O'Brien. "As our traditional health care system continues to evolve towards treating both the physical health and supporting individuals in addressing negative social factors that impact their lives, we anticipate that the Health Homes Program will further our ability to improve the health of our members."

Today, the Alliance has contracts with dozens of organizations at nearly 30 sites throughout Alameda County that are providing care coordination to hundreds of Alliance members.

We have expanded both our internal case management infrastructure and partnerships with community-based care management entities. These care teams can consist of nurse case managers, behavioral health managers, care coordinators, community health workers, and local system navigators. Their primary role is to create plans with Alliance members to meet their physical, mental health and social service needs, as well as to help them better understand and manage their health conditions. Today, the Alliance has contracts with dozens of organizations at nearly 30 sites throughout Alameda County that are providing care coordination to hundreds of Alliance members.

"The Health Homes Program started with a vision to establish linkages between the Alameda County Care Connect Program, administered by the county's Health Care Services Agency, and to integrate a variety of health services to improve our member's experience and quality of life," said Alliance Chief Executive Officer, Scott Coffin. "The Alliance has been transforming for the past 5 years into a whole person care organization, and we stand committed to investing in community-based partnerships and services that fully integrate physical health, mental health, substance use, housing, and other types of social determinants of health. Our network of more than 7,000 physicians and caregivers are better aligned to deliver coordinated services, and advance our mission to improve the quality of life for every resident in the county."

The Alliance Case and Disease Management Department, and Provider Services Department are currently reaching out to members who may qualify for the Health Homes Program, and community providers who may identify and refer individuals.

HEALTH HOMES PROGRAM (HHP) **FAQs**

Q: Why would eligible Alliance members need HHP?

A: Eligible Alliance members need HHP because the treatment process for certain health care needs can be very stressful and hard. Communication and care coordination can be challenging for members who have multiple providers and specialists in different locations, especially for members without stable housing options or other social supports. Sometimes people may rely more heavily on the Emergency Department (ED) to manage their health care needs. This can be more expensive and could also lead to even more health problems.

Q: Is HHP covered by the Alliance?

A: Yes, HHP is a Medi-Cal benefit covered by the Alliance. However, to be eligible, Alliance members must have a certain health care needs and meet other specific criteria.

Q: How does the program offer extra support?

A: The HHP care team may consist of a community health worker or health navigator, a nurse, or a social worker who work closely with the member's primary care provider and health care and mental health care specialists. The care team can support the member by phone, in person, and may even visit the member in the hospital or where the member lives, if necessary.

Q: Will any of the member's existing benefits change or expire because of the new services in this program?

A: No. HHP will not affect any existing benefits. Eligible Alliance members can keep their current doctor and providers. Members may also start or stop HHP services at any time without any change in their benefits.

Q: Where will the HHP care team serve Alliance members?

A: The HHP care team will mostly meet with members at their primary care provider's (PCP) office and over the phone. The HHP care team may also meet with members anywhere within the coverage area, including where they live.

Q: How long can members be in HHP?

A: A member can be in HHP as long as they are eligible for the program.

Q: How do members enroll in the program?

A: The Alliance or HHP provider may contact eligible members directly. Alliance members may also call the Alliance Member Services Department to self-refer.

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

TELEHEALTH AT THE ALLIANCE

In 1996, the California legislature passed the Telemedicine Development Act – making it one of the first telehealth laws in the country. However, since then, technology has outpaced California's telehealth legislation. Over the recent years, the Alliance has been working with our contracted provider Beacon Health Options (Beacon) to explore the efficacy of telepsychiatry. Beacon is working to provide Alliance members with telehealth counseling and telepsychiatry services through video conferencing. Our goal with this partnership is to improve access to certain mental health services through camera-ready devices such as computers, tablets and smart phones.

Through telepsychiatry services, Alliance members can access psychiatrists, psychiatric nurse practitioners, psychologists, therapists, and counselors. This network of mental health professionals can provide behavioral and mental health services using technology for conditions such as anxiety and depression, bipolar disorder, eating disorders, personality disorders, obsessive-compulsive disorders, autism spectrum disorder, substance use, and trauma and abuse. They can also assist with topics related to parenting, marriage and relationships, life coaching and career guidance, LGBT+ issues, and grief.

According to the California Health Care Foundation, nearly 1 in 6 adults statewide experience a mental illness of some kind, while 1 out of every 13 children has an emotional disturbance that limits participation in daily activities. We believe that better access to tele-mental health services can help provide a real solution to a growing need, and improve timely treatment with a behavioral health specialist and treatment adherence, reduce missed appointments, and decrease hospital readmissions and emergency room visits. It is through these services that we hope to continue to improve the overall health and wellbeing in our community. We look forward to reviewing the impact of these services on our member experience, and how they will play a larger role in our long-term system of care delivery strategy.

PROVIDER

TRAINING CORNER

COMMUNITY RESOURCES FOR PROVIDER TRAINING OPPORTUNITIES

To learn more about upcoming training opportunities in our community, please visit the new Community Resources for Providers Training Opportunities section of our website **here**.

EARLY SCREENING AND TREATMENT SERVICES
FOR CALIFORNIA'S YOUNGEST RESIDENTS

On June 27th, Governor Newsom signed his 2019-2020 "California for All" budget with a big focus on our state's youngest residents. Much of the Governor's inaugural budget focuses on supports and services for California's children, including improving the Early and Periodic Screening, Diagnosis and Treatment services (EPSDT) benefit. The EPSDT benefit is designed to ensure that children covered by Medi-Cal receive early detection and preventative care, in addition to medically necessary treatment services, to help improve health outcomes.

The Budget includes approximately $53.9 million in ongoing federal and Proposition 56 funds for developmental screenings and $40.9 million for trauma screenings for children and adults covered by Medi-Cal. The Budget also includes $50 million in federal and Proposition 56 funds for provider training on trauma screening.

Along with increased funding for screenings, the California Department of Health Care Services (DHCS) is also increasing oversight on the delivery of the EPSDT benefit. The increased oversight aims to ensure that required services are being performed, and that health plans are strengthening their coordination with local providers to deliver EPSDT services. Collectively, we are working on our pediatric strategy and internal processes, and with our providers to ensure timely access and delivery of EPSDT services for our members.

WE WANT TO HEAR
FROM YOU!

If you would like to be featured in the Alliance newsletters, have a story idea or a topic that you would like to see covered in the Alliance Provider Pulse newsletter, please contact us.

Alliance Provider Services Department
Phone Number: **1.510.747.4510**
Email: **providerpulse@alamedaalliance.org**

ALL FEEDBACK IS WELCOME!

ALAMEDA Alliance FOR HEALTH

Season's greetings

from Alameda Alliance for Health

The Alameda Alliance for Health (Alliance) office will be closed in observance of the following holidays:

2019

Thanksgiving Day	Thursday, November 28th
Day After Thanksgiving	Friday, November 29th
Christmas Eve	Tuesday, December 24th
Christmas Day	Wednesday, December 25th

2020

New Year's Day	Wednesday, January 1st
Martin Luther King Jr. Day	Monday, January 20th
President's Day	Monday, February 17th
Memorial Day	Monday, May 25th
Independence Day	Friday, July 3rd
Labor Day	Monday, September 7th
Thanksgiving Day	Thursday, November 26th
Day After Thanksgiving	Friday, November 27th
Christmas Eve	Thursday, December 24th
Christmas Day	Friday, December 25th

Best wishes for a happy and healthy holiday season to you and your family and friends.

Compliance

Diana Sekhon

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

From: **Diana Sekhon, Compliance Director**

Date: **December 13, 2019**

Subject: **Compliance Report**

State Audit Updates

- 2019 DMHC Financial Audit
  - The DMHC is currently conducting the Plan's routine financial survey onsite visit that started on 12/09/2019. The audit review period includes a three year look back and the scope includes reviewing the Plan's financial performance, claims processing, and provider dispute resolutions. The DMHC is reviewing the Plan's policies, procedures, monitoring reports, and case files to assess the Plan's compliance with Title 28.

- 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 has submitted documentation to the DMHC as of 12/02/2019 for review and is currently preparing case files for submission. The DMHC has scheduled the onsite or desktop audit to be on 2/04/2020.

Regulatory Updates

- *California Advancing and Innovating Medi-Cal (CalAIM) Initiative*
  - The Department of Health Care Services (DHCS) released its multi-year proposal of the CalAIM initiative on 10/28/2019. The three primary goals of the initiative are to identify and manage member risk through the Whole Person Care model while addressing social determinants of health, improve the Medi-Cal program by reducing complexity and increasing flexibility; and improve quality outcomes and drive delivery system transformation through payment reform. Key areas of focus in the proposal include the following areas: population health management, enhanced case management benefit including in-lieu of services such as housing and meals, behavioral health integration, incarceration/reentry program, value based purchasing incentives, and payment reform. The Plan is working with its trading associations to keep track of DHCS's priorities and guidance for the proposals.

- *Federal Drug Utilization Review Requirements Designed to Reduce Opioid Related Fraud, Misuse and Abuse (DHCS All Plan Letter 19-012)*
    - DHCS revised and updated guidance on 11/15/2019 for Plans to implement the new federal Medicaid Drug Utilization Review (DUR) requirements outlined in section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act. Beginning 10/01/2019, Plans must operate a DUR program that complies with the regulations. Plans must implement set claims review requirements such as safety limits, retrospective review of quantity limits and early fills. Policies must be reviewed by DHCS by 4/1/2020 to demonstrate Plan's compliance with the requirements.

- *Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21 (DHCS All Plan Letter 19-014)*
    - DHCS released updated guidance on 11/12/2019 about the provision of medically necessary Behavioral Health Treatment (BHT) services for members under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit and in accordance with mental health parity requirements. For members under the age of 21, Plans are required to provide and cover, or arrange, as appropriate, all medically necessary EPSDT services, including BHT services, when they are covered under Medicaid, regardless of whether California's Medicaid State Plan covers such services for adults. Guidance of criteria and covered services was updated and behavioral treatment plan requirements.

Compliance Program Updates

- 2020 Code of Conduct (Consent item for approval)
    - The Code of Conduct explains the ethical responsibilities and expectations required for all Alliance employees that are supported by Alliance's CEO, Board of Governors, and Senior Leadership Team. All new Alliance employees are expected to review and attest to the Code of Conduct requirements. The Code of Conduct is reviewed and updated on an annual basis.

- 2020 Anti-Fraud Plan (Consent item for approval)
    - The Plan updated its Anti-Fraud Plan which outlines the practices and procedures for the detection, investigation, prevention, and reporting of fraud by the Plan in compliance with federal and state regulations. The Plan provides fraud awareness education and training to employees, members, and providers to facilitate in the timely detection and investigation of fraud, waste, or abuse; and educates its employees on applicable federal laws including the False Claims Act and whistleblower provisions and various reporting methods of suspected incidents.

Compliance

Supporting Documents

ALL PLAN LETTER (APL) IMPLEMENTATION TRACKING LIST						
#	Regulatory Agency	APL #	Date Released	APL Title	Summary of Key Requirements	Status
1	DMHC	19-001	1/11/2019 Revised - 1/25/2019	Health Plan Profile Webinars	1) Webinars pertaining to the collection of health plan data to occur between January 28th- March 8th 2) Sign up for webinars no later than January 24th 3) DMHC is targeting 05/01/2019 as the date for submission of all completed documents pertaining to the Health Plan Profile	Completed
2	DHCS	19-001	1/17/2019	Medi-Cal Managed Care Health Plan Guidance on Network Provider Status	1) Plans must ensure that providers meet the required characteristics of Network providers effective 07/01/2019 2) Ensure that all Network Provider Agreements comply with current and applicable Medi-Cal managed care contract requirements 3) Must submit within 60 days (March 17th) any Network Provider Agreement boilerplates for hospital providers and 120 days (May 17th) for non-hospital that have been updated in accordance with requirements in this APL for review and approval prior to use 4) Ensure that all Network provider Agreements meet the Network Provider criteria in APL to guarantee eligibility for directed payments for rating periods starting 07/01/2019 5) Communicate to all delegates and subcontractors requirements	Completed
3	DMHC	19-002	1/11/2019	Newly Enacted Statutes Impacting Health Plans	1) Update EOC, disclosure form, provider contracts and/or other plan documents 2) Review relevant plan documents to ensure they comply with newly passed legislation 3) Compliance with 2018 legislation document to be submitted by 03/01/2019	Ongoing
4	DHCS	19-002	1/30/2019	Network Certification Requirements	1) Submit a complete and accurate Annual Network Certification report/template (Attach B) no later than 105 days before the fiscal year begins 2) Submit geographic access maps or accessibility analysis that cover the entire service area 3) Submit alternative access request for each provider type and zip code combination in which neither time nor distance standard were met	Ongoing
5	DMHC	19-003	1/14/2019	SB- 137 Guidance Regarding Provider Directory Annual Findings	1) Submit through the eFiling web portal the compliance information requested in the 2019 Annual Filing Checklist for the annual provider directory filing no later than 03/31/2019	Completed
6	DHCS	19-003	5/2/2019	Providing Informing Materials to Medi-Cal Beneficiaries in an Electronic Format	1) Plan has the option to send member DHCS approved notice informing of how to obtain the Provider Directory, Formulary, and Member Handbook electronically 2) Plan to provide SPDs individuals a notice in place of paper formulary and member handbook. SPDs must receive paper form of Provider Directory- PPD 3) All populations may receive a notice in place of paper Provider Directory, Formulary, and Member Handbook 4) Plan must meet informing materials notice approval process	Ongoing
7	DMHC	19-004	1/23/2019	(OPL) Telehealth/Teledentistry Sample Questions	1) EOC and Disclosure Form should reflect the telehealth services and policies in a clear manner that allows enrollees to know when and how these services are available 2) All contracts with either vendors or providers should be filed as ASA (Exhibit N-1) or provider contracts (Exhibit K-1) 3) Incorporate sample questions into process when working on a filing that mentions telehealth to ensure the services meet the requirements of the Knox-Keene Health Care Service Plan	Completed
8	DHCS	19-004	6/5/2019	Provider Credentialing/Recredentialing And Screening/Enrollment	Plans must screen and enroll providers in a manner consistent with the DHCS FFS enrollment process but may use screening results from other Plans, Medicare, or Medicaid programs to satisfy these requirements. In order to be reimbursed by Medi-Cal FFS, providers must be enrolled with DHCS as Medi-Cal FFS providers. Plans must verify every 3 years that each provider continues to possess valid credentials and must review a new application and re-verify above-mentioned information.	Ongoing
9	DMHC	19-005	1/25/2019	Plan Year 2020 QHO and QDP Filing Requirements	Not applicable to AAH	N/A
10	DHCS	19-005	6/12/2019	Financial Incentives	1) FQHCs and RHCs are to be reimbursed for their costs in providing covered health care services to Medi-Cal beneficiaries through the Prospective Payment System (PPS) methodology 2) Plans may not utilize financial incentives or P4P payments to pay a FQHC or RHC an additional rate per service or visit based exclusively on utilization 3) P4P payments provided to FQHCs or RHCs cannot be included in the calculation of wrap-around or supplemental payments 4) Communicate requirements to all delegated entities and subcontractors	Ongoing
11	DMHC	19-006	2/15/2019	Clinical Quality Improvement	1) Identify how the plan assesses delegates/medical groups' clinical performance 2) identify is the plan has a focused QIP or stewardship program in place 3) identify the clinical measures the plan collects and tracks for each department-regulated line of business 4) identify any additional methods the plans utilizes for data collection and tracking pertaining to the quality measures discussed in APL 5) Complete and submit questionnaire no later than Friday, March 8th	Completed

12	DHCS	19-006	6/13/2019	Prop 56 Physicians Directed Payments for Specified Services for State FY 17-18 & 18-19	1) Plans must make directed payments to contracted providers when they bill for one of 13 specified CPT codes with dates of service between 7/1/17-6/30/18; payment amounts for each CPT code vary from $5 to $50. And 23 specified CPT codes with dates of service between 7/1/18-6/30/19; payment amounts for each CPT code vary from $5 to $107 2) Directed payments to providers must be made no later than 90 calendar days from the date of DHCS's payment to the Plan. From the date the Plan receives DHCS's payment onward, Plans must make directed payment to providers within 90 calendar days of receiving a clean claim or accepted encounter 3) Providers eligible to receive directed payments do not include those at FQHCs, Rural Health Centers, American Indian Health Programs, or Cost-Based Reimbursement Clinics 4) Qualifying services are those billed using one of the 13 specified CPT codes performed by an eligible provider for a member between 7/1/17 and the date the Plan receives payment from DHCS	Ongoing
13	DMHC	19-007	2/28/2019	Governor's Declarations of Emergency	1) State of emergency due to severe thunderstorms for other counties- does not apply to AAH 2) informed Member Services in the event that members from other counties are displaced to Alameda County for services	Completed
14	DHCS	19-007	6/14/2019	Non-Contracted Ground Emergency Medical Transport Payment Obligations for State Fiscal Year 2018-19	1) Plan must provide increased reimbursement rates for specified GEMT services to non-contracted GEMT providers when they bill for one of the three specified CPT codes with dates of service between 7/1/18-6/30/19; increased reimbursement of $339.00 2) Plans have 90 calendar days from the date DHCS issues the capitation payments for GEMT to pay for all qualifying clean claims or accepted encounters 3) Plans are responsible for identifying and satisfying any Medicare crossover payment obligations that result from the increase in GEMT reimbursement obligations 4) Plans are responsible for ensuring that their delegated entities and subcontractors comply with requirements	Ongoing
15	DMHC	19-008	3/8/2019	Timely Access Compliance Reports Measurement Year 2019 (MY 2019)	1) Annual Timely Access Compliance filing for Measurement Year 2019 due by 04/01/2020 2) Plans must engage an external validation vendor to validate the results of the MY 2018 Provider Appointment Availability Survey to validate that a) the required templates were used; b) all required provider types were reported; c) the templates accurately report the Plan's network; d) the rates of compliance were accurately calculated; and e) the survey was administered in accordance with DMHC methodology. 3) Plans must file a Quality Assurance Report written by the external validation vendor, which details findings, issues Plans were unable to correct, deviation from the methodology, and steps taken to remedy issues for future years. 4) Plans may not collaborate through ICE for the MY 2019 Provider Satisfaction Survey and must instead either self-administer the survey or use a vendor not associated with ICE.	Ongoing
16	DHCS	19-008	6/18/2019	Rate Changes for Emergency and Post-Stabilization Services Provided by Out-Of-Network Border Hospitals Under the DRG Payment	1) DRG payment rates are to remain effective as approved under SPA 15-020 for those admissions on or after July 1, 2015 however, APL 13-005 allows Plans to pay a lower negotiated rate agreed by the hospital 2) Plans are responsible for ensuring that delegated entities and subcontractors comply with requirements	Ongoing
17	DMHC	19-009	3/29/2019	2019 Annual Assessment Letter	1) Implementation by 05/15/2019 2) Plans must file the Report of Enrollment Plan in the DMHC portal by 05/15/2019 after filing their 03/31/2019 quarterly financial statements	Completed
18	DHCS	19-009	8/5/2019 Revised- 10/16/2019	Telehealth Services Policy	1) Each telehealth provider must be licensed in the State of California and enrolled as a Medi-Cal rendering provider or non-physician medical practitioner (NMP) 2) Each telehealth provider providing Medi-Cal covered services to an MCP member via a telehealth modality must meet the requirements of BPC Section 2290.5(a)(3), or equivalent requirements under California law in which the provider is considered to be licensed 3) Certain types of services cannot be delivered via telehealth- services that would require the in-person presence of the patient for any reason 4) Telehealth providers are not required to be present with the patient at the originating site unless determined medically necessary by the provider at the distant site 5) Providers must the modifiers defined in the Medi-Cal Provider Manual with the appropriate CPT-4 or HCPCS codes when coding for services delivered via telehealth (synchronous and asynchronous)	Ongoing
19	DMHC	19-010	4/3/2019	Introduction of a New Independent Review Organization	1) Implementation by 04/15/2019 2) DMHC contracted Island Peer Review Organization, Inc (IPRO) to conduct Independent Medical Reviews (IMRs). MAXIMUS and IPRO will work together. 3) Process will remain the same, however, IPRO's rate review schedule is different from DMHC's.	Completed

20	DHCS	19-010	8/14/2019	Requirements for Coverage of EPSDT for Medi-Cal Members Under the Age of 21	1) Plan is required to provide and cover all medically necessary services for members under the age of 21 2) Provide case management and care coordination 3) All members under 21 must receive screenings designed to identify health and developmental issues, including medically necessary diagnostics and treatment services for members with developmental issues 4) Plan must provide appointment scheduling assistance and necessary transportation (emergency and non-emergency) 5) Responsible for providing BHT Services for eligible members under the age of 21 6) Ensure members who eligible for EPSDT services are aware of services (health education)	Ongoing
21	DMHC	19-011	5/9/2019	QIF Plan Regulatory Requirements	1) Notify DMHC and DHCS by July 1st if the Plan intends to maintain or transfer plan products from the QIF to the affiliated plan 2) Attend a pre-filing conference by August 1st if the Plan intends to maintain license or merge with an affiliate 3) File a Notice of Material Modification or an Application of Surrender by September 1st 4)QIF plans will be treated as distinct from affiliate plans and will be subject to the requirements of the Act by January 1, 2020	Ongoing
22	DHCS	19-011	9/30/2019	Health Education and Cultural and Linguistic Population Needs Assessment	1) MCPs are required to conduct a PNA. MCPs must address the special needs of seniors and persons with disabilities (SPDs), children with special health care needs (CSHCN), members with limited English proficiency (LEP), and other member subgroups from diverse cultural and ethnic backgrounds in the PNA findings. MCPs must use the PNA findings to identify and act on opportunities for improvement. MCPs must use reliable data sources to conduct the needs assessment as outlined in the requirements below. 2) MCPs must use multiple data sources, and must include the most recently available CAHPS survey results and DHCS MCP-specific health disparities data. 3) MCPs are required to review and update health education, C&L, and QI activities, in light of the PNA data findings, to develop an action plan that addresses identified member needs. The action plan must outline health education, C&L, and QI efforts taken and planned to improve health outcomes for members. MCPs must identify health education, C&L, and QI program targeted strategies, including those designed to reduce health disparities, and make any necessary adjustments to these strategies annually. 4) MCPs must provide their Community Advisory Committees (CAC) with an opportunity to provide input on the PNA. MCPs must report PNA findings to their CACs, have a process to discuss improvement opportunities, and update CACs on progress with the goals. 5) MCPs must ensure contracted health care providers, practitioners, and allied health care personnel receive pertinent information regarding the PNA findings and the action plan. This information should also be provided to other MCP staff to increase their understanding of members' needs. 6) MCPs must complete a PNA report, which includes a PNA action plan annually and get DHCS approval. 7) MCPs are responsible for ensuring that their delegates comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance materials, including APLs and Policy Letters. These requirements must be communicated	Ongoing
23	DMHC	19-012	6/4/2019	AB 72 Policy and Procedures	1) By August 15, 2019, if the plan is responsible for payment of claims must submit a policy and procedure which determines the average contracted rate 2) Plan must provide delegates that have a the responsibility for payment of claims with a copy of this APL. 3) Delegate's P&P must be submitted to AB72@dmhc.ca.gov 3) If the plan does not have the responsibility for payment of claims an E-1 indicating as such needs to be filed	Ongoing
24	DHCS	19-012	9/30/2019	Federal Drug Utilization Review Requirements Designed to Reduce Opioid Related Fraud, Misuse and Abuse	1) By October 1, 2019 Plans must operate a DUR program. 2) Plans must submit updated policies and procedures that address each of the requirements detailed in the APL no later than December 31, 2019 3) Requirements to address in policies: a) claims review; b) program to monitor antipsychotic medications by children; and c) fraud and abuse identification	Ongoing
25	DMHC	19-013	6/13/2019	Block Transfer Enrollee Transfer Notices	1) Plans must submit their Block Transfer Filings and Continuity of Care policies (and any material changes) to DMHC for review no later than 08/16/2019 2) Plans must complete ETNs to include detailed information when there is a contract termination with a general acute care hospital 3) ETN letters concerning provider group terminations shall include, in addition to the name of the terminating general acute care hospital, brief explanation as to why the redirection to alternate hospitals for future hospital-based services is necessary due to termination, and the date of the contract termination and redirection to alternate hospitals, Sections B.1 through B.6 of the APL 4) Plans must include in their continuity of care policy a description of the health plan's process for the block transfer of enrollees and the template(s) of the plan's ETNs	Ongoing

26	DHCS	19-013	10/21/2019	Proposition 56 Hyde Reimbursement Requirements for Specified Services	1) Plans must, directly or through their delegates entities/subcontractors, pay the individual rendering providers that are qualified to provide and bill for medical pregnancy termination services with dates of services between July 1, 2017- June, 30, 2020, using Prop 56 funds. 2) Plans or their delegated entities/subcontractors must pay the rate for CPT-4 code 59840 in the amount of $400 and 59841 in the amount of $700. 3) Plans must distribute payments within 90 calendar days from the date the Plan begins receiving capitation payments from DHCS. 4) Plans are responsible for ensuring that the specified CPT-4 codes are appropriate for the services being provided and that the information is submitted to DHCS in encounter data that is complete, accurate, reasonable, and timely. 5) Plans must have a formal procedure to accept, acknowledge, and resolve provider grievances related to the processing or non-payment of a Prop 56 directed payment. 6) Plans must communicate the payment process with providers on how to process payments, file a provider grievance, and	Ongoing
27	DMHC	19-014	6/14/2019	Guidance Regarding General Licensure Regulation	1) The regulation applies to any contract entered into, amended, or renewed on or after July 1, 2019 2) Entities that assume global risk must either obtain a license under Knox-Keene or receive an exemption from DMHC 3) During phase-in period, entities that assume global risk must file with DMHC their global risk contracts within 30 days of execution 4) Entity or someone acting on behalf of entity must submit Request for Expedited Exemption to the DMHC 30 days after parties have executed the contract or renewal or 30 days after the effective date of the contract or renewal	Ongoing
28	DMHC	19-015	7/8/2019	Governor's Declarations of Emergency in Kern and San Bernardino Counties- Ridgecrest Earthquakes	1) State of emergency due to severe thunderstorms for other counties- does not apply to AAH 2) Inform Member Services in the event that members from other counties are displaced to Alameda County for services	Completed
29	DHCS	19-014	11/12/2019	Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21	1) Inform members that EPSDT services are available for members under 21 years of age. 2) Provide access to comprehensive screening and prevention services but not limited to: health and development history; comprehensive unclothed physical examination; appropriate immunizations; lab tests and lead toxicity screening; screening services to identify developmental issues as early as possible. 3) Provide access to diagnostic and treatment services, including but not limited to, BHT services, when medically necessary based upon the recommendation of a licensed physician or psychologist.	Ongoing
30	DMHC	19-016	9/6/2019	Amendment to the Risk Bearing Organization Regulations	1) Effective date for the phase-in period for the new requirements is 10/01/2020 2) Plans must review the amended sections 1300.75.4, 1300.75.4.2, 1300.75.4.5, 1300.75.4.5, 1300.75.4.7, 1300.75.4.8, and 1300.76 of Title 28, California Code of Regulations 3) Amended regulations include: a) clarifying definition of an organization; b) update quarterly and annual financial survey report forms and corrective action form; c) submit quarterly and annual financials; d) clarify when an organization and affiliates are to provide financial survey reports on a combined basis; e)define cash-to-claims ration, sponsoring organization, sub-delegating organization, working capital, and TNE; f) restricts organizations use of a "sponsoring organization" for purposes of calculating TNE,	Ongoing
31	DMHC	19-017	10/11/2019	Requirements Pursuant to AB 315 Pharmacy Benefit Management	1) PBMs to notify a purchaser in writing of any of its activities, policies, or practices that present a conflict of interest. 2) PBMs are also required to disclose, on a quarterly basis, certain information with respect to prescription product benefits specific to the purchaser, including the aggregate wholesale acquisition costs from a pharmaceutical manufacturer or labeler for certain therapeutic drugs and any administrative fees received from a pharmaceutical manufacturer or labeler. 3) Plans are prohibited from including in a contract with a pharmacy provider, or its contracting agent, a provision that prohibits the provider from informing a patient of a less costly alternative to a prescribed medication. 4) A Plan that contacts with PBM(s) for management of prescription drug coverage must require its contracted PBMs to register with the DMHC.	Ongoing
32	DMHC	19-018	10/14/2019	Governor's Proclamation of a State of Emergency Due to Fires in Los Angeles and Riverside Counties	1) State of emergency due to effects of fires in the Los Angeles and Riverside counties- does not apply to AAH 2) Inform Member Services in the event that members from other counties are displaced to Alameda County for services	Completed
33	DMHC	19-019	10/14/2019	Requirements Pursuant to SB 546: Large Group Renewal Notice Requirements	1) All commercial full-service health plans are required to deliver written notice indicating changes in premium rates or coverage at least 60 days prior to the contract renewal effective date. 2) Renewal notices shall include a statement comparing the proposed rate change stated in a group health plan service contract to the average rate increases negotiated by CalPERS and by Covered Ca.	Ongoing

34	DMHC	19-020	10/21/2019	Guidance for Sec. 1365 Cancellation Regulations	1) Plans are required to provide an individual who receives the State advance premium assistance subsidy with a "federal grace period," which includes complying with all notice and timing requirements 2) Plans have the authority to implement a premium threshold policy. Plan must indicate so, and affirm in its 2019 Cancellation Regulations Compliance Filing that the Plan's premium payment threshold policy complies with the requirements of Rule 1300.65(a)(21). 3) Plans have the authority to nonrenewal or rescind an enrollment or subscription of an enrollee who received advanced premium assistance or subsidy or advance payments of the federal premium tax credit for nonpayment of premiums after a three-month grace is exhausted and all other requirements are met. Plans are to issue any notices developed by Covered California for this purpose or Federal grace period notices edited to reflect the enrollee is a recipient of only the State subsidy. 4) Templates notices for cancellation, rescissions, or nonrenewal based on nonpayment of premiums for enrollees who receive State APTC must be submitted as Exhibit I-9. 5) Plans are required to submit an Amendment filing demonstrating, at a minimum, certain plan documents meet requirements set forth in the Cancellation Regulations no later than December 2, 2019. 6) Any new or revised Enrollee Subscriber, Group Contract Holder Notices, Grievance Policies, Grievance Policies and Procedures, and Forms and Templates must be submitted by the Plan for the Department to review. 7) Plans must fully implement newly-approved notices no later than April 1, 2020 for any enrollee entitled to a grace period starting on or after April 1, 2020.	Completed
35	DMHC	19-021	10/25/2019	Governor's Proclamation of a State of Emergency	1) State of emergency due to effects of fires in Sonoma and Los Angeles counties- does not apply to AAH 2) Inform Member Services in the event that members from other counties are displaced to Alameda County for services	Completed
36	DMHC	19-022	10/28/2019	Governor's Proclamation of a Statewide State of Emergency	1) State of emergency statewide due to effects of fires and power outages 2) Inform Member Services in the event that members from other counties are displaced to Alameda County for services 3) Plans are to complete an Exhibit J-17 addressing the action plans in place for impacted members.	Completed
37	DMHC	19-023	12/4/2019	rescription Drug Formula	1) Effective October 1, 2019, standard prescription drug formulary template was implemented for Plans to adhere to promote accessibility and transparency in prescription drug coverage. 2) Plans are required to submit via eFiling an Exhibit E-1 acknowledging affirming the plan's intent to comply with the Formulary Regulation requirements. 3) Plan is to review disclosure and coverage documents, including but not limited to its EOC, Disclosure Form, and Schedule of Benefits and other documents, to ensure no inconsistencies exist between these documents and the requirements of the Formulary	Ongoing

ALAMEDA Alliance FOR HEALTH

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: **December 13, 2019**

Subject: **Health Care Services Report**

Utilization Management: Outpatient

Director: Julie Anne Miller
Manager: Hope Desrochers
Medical Director: Bev Juan

- 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.
- Overall outpatient denial rates decreased in November due both to adaptation to the imaging authorizations as well as staffing challenges. Adjustments are being made to workflows to accommodate the volume of authorizations. Increased discussions with high volume providers is aimed at easing and improving clear and complete initial authorization submissions. In order to assist Providers in streamlining authorizations for care, the Outpatient Team is working closely with IT on integrating the Authorization Process into the new HealthX portal.
- The team has collaborated with IT to streamline Prior Authorization request processing through the launch of document imaging.
- NOA Letter processes continue to be monitored by the team to ensure regulatory compliance.

Outpatient Authorization Denial Rates			
Denial Rate Type	**September 2019**	**October 2019**	**November 2019**
Overall Denial Rate	4.7%	4.0%	3.3%
Denial Rate Excluding Partial Denials	4.4%	3.8%	3.1%
Partial Denial Rate	0.3%	0.2%	0.2%

Turn Around Time Compliance			
Line of Business	**September 2019**	**October 2019**	**November 2019**
Overall	98%	99%	97%
Medi-Cal	98%	99%	97%
IHSS	97%	99%	98%
Benchmark	*95%*	*95%*	*95%*

Utilization Management: Inpatient

Director: Julie Anne Miller
Manager: Carla Healy-London
MD Lead: Shani Muhammad

- The inpatient team is working closely with Case Management on the implementation of the Transition of Care bundle for members transitioning out of Alameda Health System. This pilot is developed in conjunction with AHS CM team. Discharge phone calls, discharge appointments, medication reconciliation and home care/DME/transportation needs will targeted working with our care partners.
- The Inpatient Team is also working closely with AHS on patient discharges, particularly focused on challenging members receiving dialysis.
- The Delegation Oversight continues collaboratively 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 Team will be meeting with Sutter to determine shared goals and strategies for LOS and Readmission reduction

Inpatient Utilization Total All Aid Categories **Actuals (excludes Maternity)**			
Metric	**August 2019**	**September 2019**	**October 2019**
Authorized LOS	4.2	4.2	4.1
Admits/1,000	60.0	56.0	59.5
Days/1,000	252.7	233.1	243.2

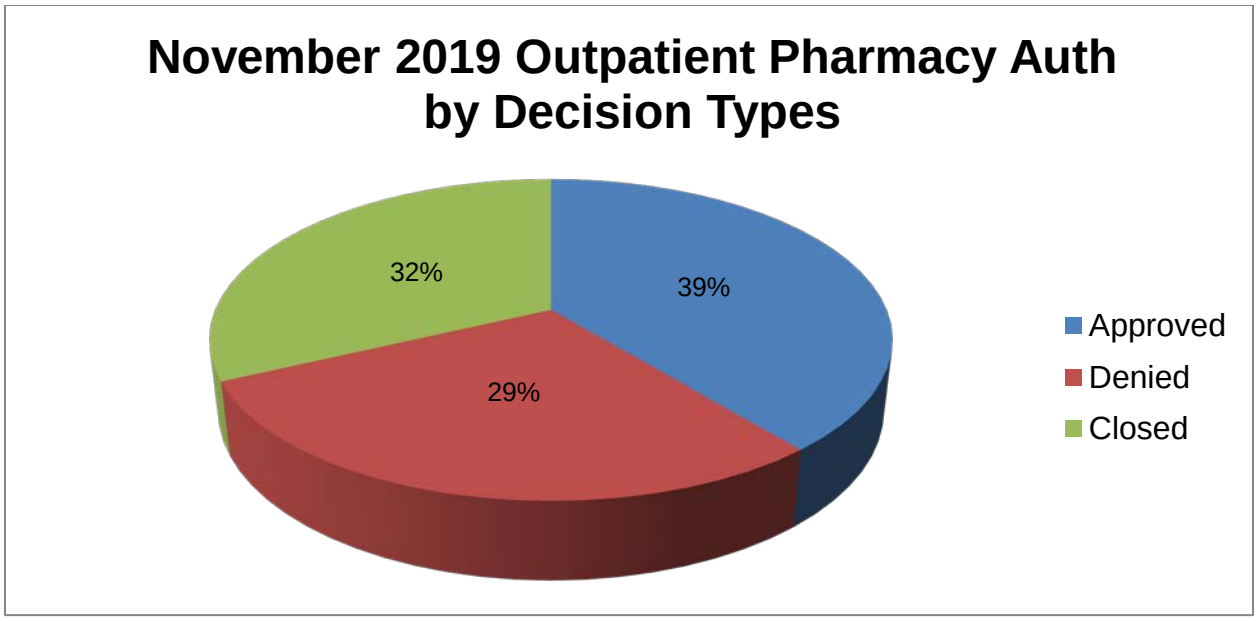
Pharmacy

Senior Director: Helen Lee

- Pharmacy continues to have strong operational performance, including 100% turn-around time compliance for all lines of business.
- Outpatient initial approval rate is 39% and denial rates are 29%. The approval rate was slightly decreased while denial rates also slightly 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.
- A RFP for a single PBM contract was awarded to Magellan, however, there was an appeal made on November 15, 2019, which will make its way through the adjudication process. 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 November 2019

Decisions	Number of PAs Processed
Approved	573
Denied	438
Closed	476
Total	**1487**



Top 10 Drug Categories by Number of Denials

Rank	Drug Name	Common Use	Common Denial Reason
1	LIDOCAINE 5% PATCH	Pain	Criteria for approval not met
2	BREO ELLIPTA 200-25 MCG INH	Asthma or Chronic Obstructive Pulmonary Disease (COPD)	Criteria for approval not met
3	DEXILANT DR 60 MG CAPSULE	Gastroesophageal Reflux(GERD)	Criteria for approval not met
4	FREESTYLE LIBRE 14 DAY SENSOR	Diabetes	Criteria for approval not met
5	JANUVIA 100 MG TABLET	Diabetes	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	TRETINOIN 0.025% CREAM	Acne	Criteria for approval not met
8	JARDIANCE 10MG TABLET	Diabetes	Criteria for approval not met
9	BYDUREON 2 MG PEN INJECT	Diabetes	Criteria for approval not met
10	TRULICITY 0.75 MG/0.5 ML PEN	Diabetes	Criteria for approval not met

Care and Disease Management

Director: Julie Anne Miller
Managers: Lily Hunter & Eva Repert
Medical Director: Shani Muhammad

- 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

  The TOC bundle is being integrated with Inpatient UM Team processes to ensure a smooth handoff and clinical information being used in the outpatient setting.
- 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.
- There have been staffing challenges in the HRA team, so the larger Case Management Team has been trained and are assisting in maintaining regulatory compliance. Discussions are underway with Beacon to optimize the use of the HRA for our members with behavioral health issues.
- Case Management staff have been trained and competency measured in newly developed workflows.
- Social Work practice is being optimized through integration of the social work Assessment with the Case Management Assessment.

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 597 members are in Health Homes, 210 are in AC3. This is a decrease from last month due to issues AHS had experienced submitting encounters.
- Health Homes received approval by DHCS for the launch of the SMI Expansion.
- Housing resources guide being created by the Housing Navigator

Case Type	New Cases Opened in October 2019	Total Open Cases As of October 2019
Care Coordination	281	698
Complex Case Management	26	75

Quality Assurance
Director: Jennifer Karmelich

- Preparation continues for a series of audits including DMHC 2018 follow-up in February, NCQA follow-up and DHCS annual audit in June, 2020. 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.

Grievances & Appeals

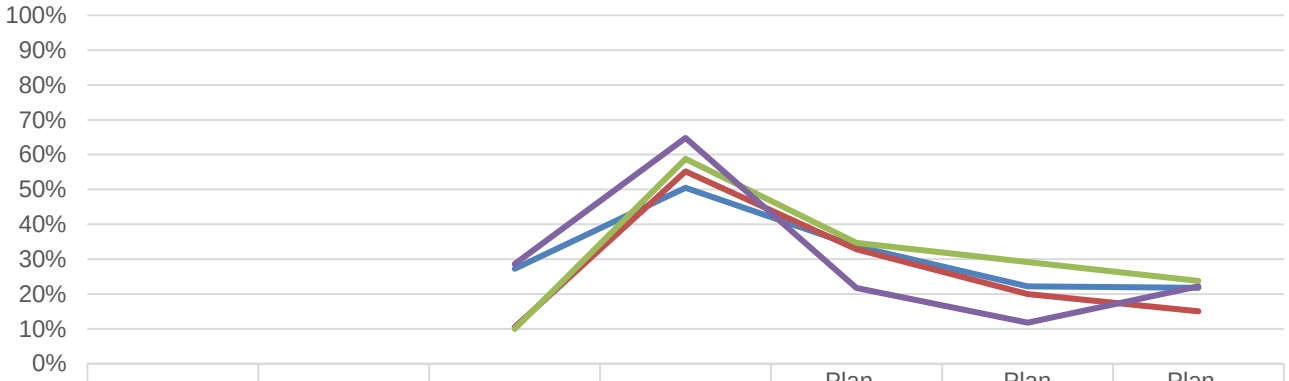
Director: Jennifer Karmelich
Manager: Loren Mariscal

- All cases were resolved within the goal of 95% within regulatory timeframes;
- Total grievances resolved in November went over our goal of less than 1 complaint per 1,000 members at 5.33 complaints per 1,000 members;
- CHME – showed a decrease in overall complaints since Q4 2018. The trend for the last 4 months have averaged around 20 per month, the Alliance will close the CAP by the end of the year with a new baseline of 20 be month.
- The Alliance's goal is to have an overturn rate of less than 25%, for the reporting period of Q3 2019; we are over our goal at 31.7% overturn rate. However, the Alliance has continued to experience a decrease in the overturn rate throughout the quarters.

November 2019 Cases	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	256	30 Calendar Days	95% compliance within standard	254	99.2%	1.01
Expedited Grievance	0	72 Hours	95% compliance within standard	NA	NA	NA
Exempt Grievance	1038	Next Business Day	95% compliance within standard	1036	99.8%	4.15
Standard Appeal	37	30 Calendar Days	95% compliance within standard	37	100.0%	0.15
Expedited Appeal	4	72 Hours	95% compliance within standard	4	100.0%	0.02
Total Cases:	1335		95% compliance within standard	1331	99.7%	5.33

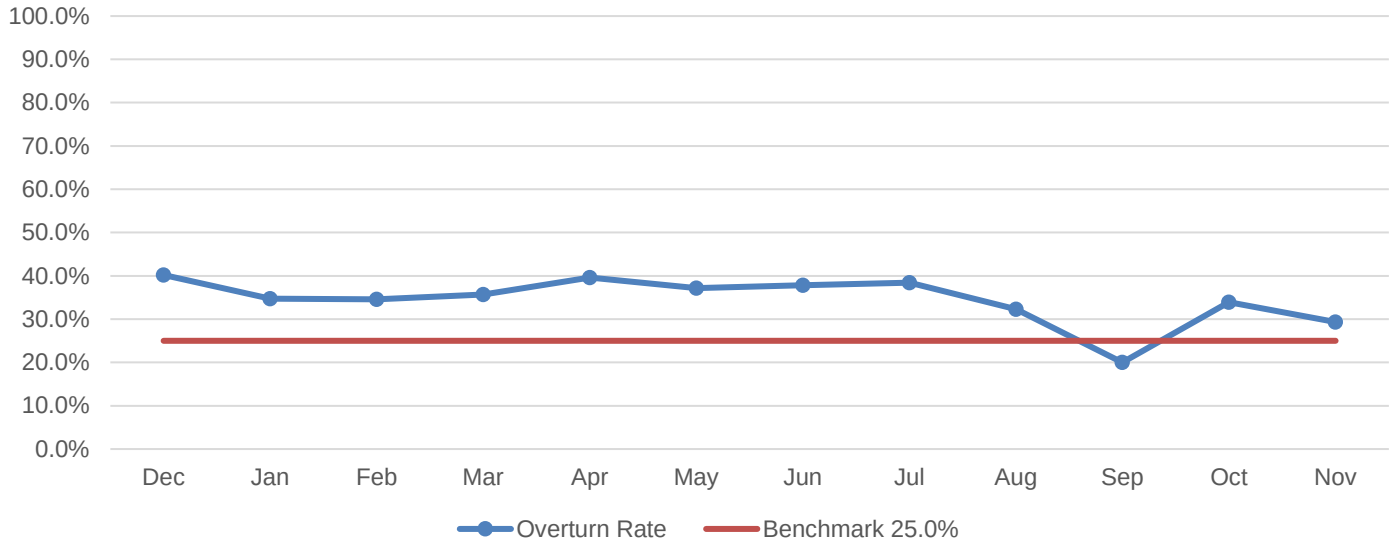
*Goal is to have less than 1 complaint (Grievance and Appeals) per 1,000 members (calculation: the sum of all unique grievances for the month divided by the sum of all enrollment for the month multiplied by 1000.)

Overturn Rate by Decision Maker



	Beacon	CFMG	CHCN	eviCore	Plan - Pharmacy	Plan Retro/Inpatient	Plan - Outpatient
Q4 2018			27.3%	50.5%	33.7%	22.2%	21.8%
Q1 2019	0.0%		10.5%	55.2%	32.9%	20.0%	15.1%
Q2 2019	0.0%		10.0%	58.8%	34.7%	29.2%	23.8%
Q3 2019			28.6%	64.8%	21.8%	11.8%	22.2%

Overall Overturn Rate



Quality

Director: Stephanie Wakefield
Managers: Jessica Pedden [Clinical Quality], Gina Battaglia [A&A], Linda Ayala [C&L/Health Ed])
Medical Director: Sanjay Bhatt

- AAH Quality team, in collaboration with Analytics, continues to identify and engage clinical partners with HEDIS improvement needs and the ability to effectively partner for change and HEDIS score improvements.
- Evaluation of HEDIS results is informing our Quality Improvement strategic planning for the second half of the 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 engage members and schedule clinical appointments. This health plan/provider collaboration in addition to member gift card incentives 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.
- As part of our quality improvement strategy to improve overall care and outcomes for members, as well as, improve collaboration in the community, AAH has partnered with county and community initiatives including, Food as Medicine and Asthma Start (pediatric asthma case management), and 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

ALAMEDA Alliance FOR HEALTH

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

Information Technology

Sasikumar Karaiyan

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

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

Date: **December 13, 2019**

Subject: **Information Technology Report**

Call Center System Availability

- AAH phone systems and call center applications performed at 95% availability during the month of November. There were two call center related incidents during this month and the reason for the outage was due to Vonage circuit carrier migrating the platform without notification. Overall, we are continuing to perform the following activities to optimize the call center eco-system (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 December 16, 2019.

    - In September 2019, implemented the IVR to support Automated Eligibility Verification System (AEVS) IVR. Now, expanding the IVR capability to support outbound dialer, 90% of configuration is complete and testing and validation is in progress.

    - Upgrading the call manager environment (2 Ring, Calabrio, and Finesse software) – Project planning in progress.

Encounter Data

- In the month of November, AAH submitted 64 encounter files to DHCS with a total of 177,079 encounters.

Enrollment

- The Medi-Cal Enrollment file for the month of November was received and processed on time.

HEALTHsuite

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

TruCare

- The TruCare system continued to operate normally with an uptime of 99.99%. There were 7,499 authorization (total authorizations loaded in TruCare production) processed through the system.

- There were 11,069 manually updated authorizations in TruCare.

- OCR-The conversion rate from paper to electronic uploads into TruCare application for the month of November is 80%.

Web Portal

- The web portal usage for the month of November 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 1st quarter of 2020.

    - Provider Portal rebuild and go-live is February 28th, 2020.

Information Security

- All security activity data is based on the current months metrics as a percentage. This is compared to the previous three months average, except as noted.

- Email based metrics currently monitored have decreased with a return to a reputation-based blocks for a total of 264.0K.

- Attempted information leaks detected and blocked at the firewall are slightly higher from 38 to 46 for the month.

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

- Attempted User Privilege Gain is lower at zero 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. Now, we are in the process of standing 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 December 2019.

Information Technology

Supporting Documents

Enrollment

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

Month	Total MC[1]	MC[1] - Add/ Reinstatements	MC[1] - Terminated	Total GC[2]	GC[2] - Add/ Reinstatements	GC[2]- Terminated
November	250,340	4,791	8,159	6,061	158	163

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

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

Auto-Assignments	Member Count
Auto-assignments MC	1,454
Auto-assignments Expansion	954
Auto-assignments GC	66
PCP Changes (PCP Change Tool) Total	2,691

TruCare

- See Table 2-1 “Summary of TruCare Authorizations for the month of November 2019”.
- There were 7,499 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 November 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	4123	239	1	39	9	14	75	377	0	3746
Docustream	2277	0	0	0	0	0	0	0	0	2277
Manual Entry	0	0	0	0	0	0		0	1476	1496
Total										7499

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 October 2019.

Group	Individual User Accounts	Individual User Accounts Accessed	Total Logins	New Users
Provider	2,847	2,481	125,705	270
MCAL	59,785	1,573	3,160	585
IHSS	2,385	72	172	22
AAH Staff	125	43	512	
Total	**64,142**	**4,169**	**129,549**	**877**

- Table 3-2 Top Pages Viewed for the month of October 2019:

Top 25 Pages Viewed		
Category	**Page Name**	**May-19**
Provider	Member Eligibility	592,644
Provider	Member Roster	113,687
Provider	Claim Status	110,646
Provider	Authorization Status	8,214
Member - Eligibility	Member Eligibility	4,485
Member - Help Center	Find a Doctor or Facility	2,923
Member - Claims	Claims - Services	2,535
Member - Help Center	Member ID Card	1,415

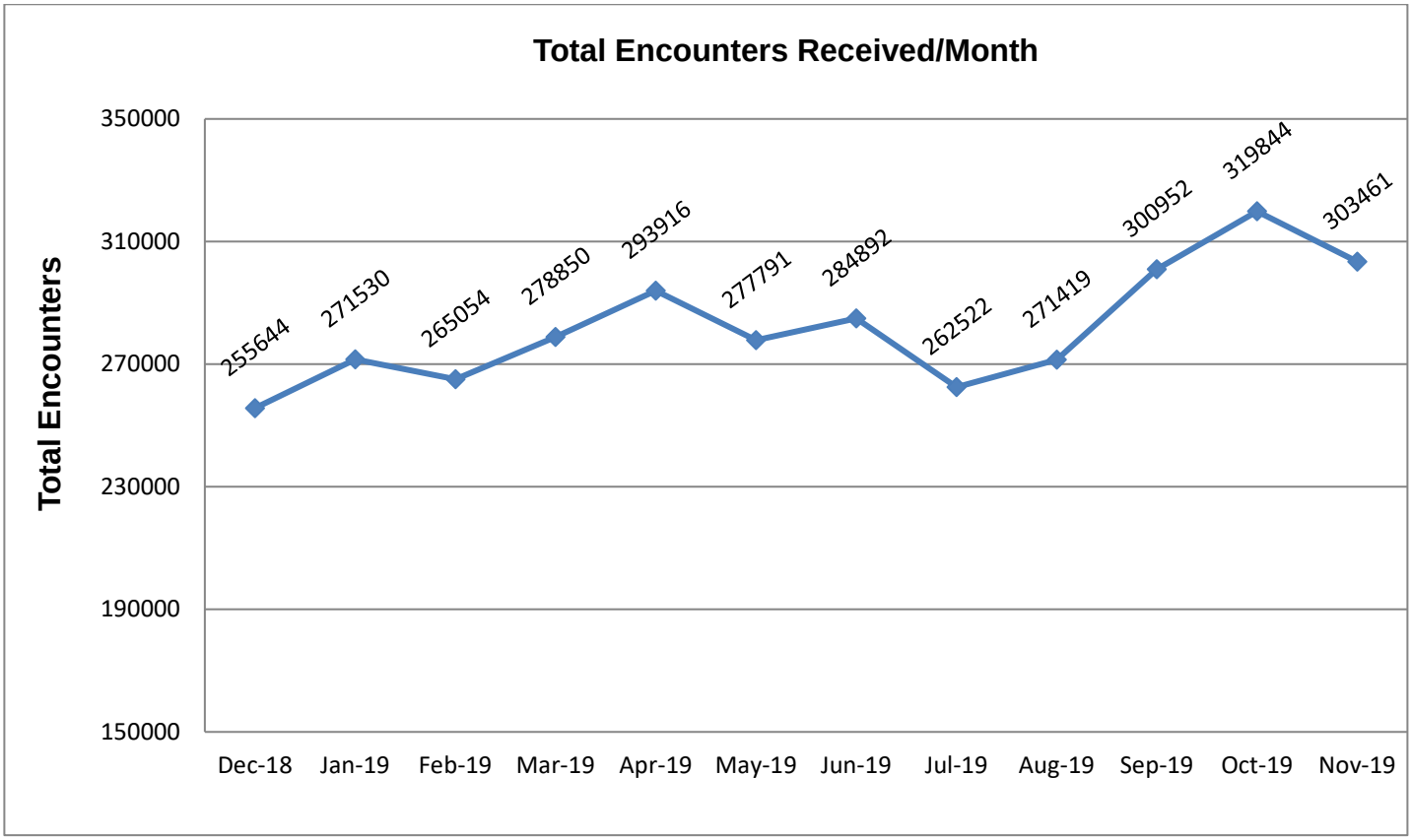
Member - Help Center	Provider Directory PCP/Specialist	653
Provider - Provider Directory	Select/Change PCP	446
Member - Pharmacy	My Pharmacy Claims	388
Member - Help Center	Update My Contact Info	201
Member- Pharmacy	Pharmacy- Drugs	153
Provider - Provider Directory	Attestation	117
Member- Help Center	Contact Us	106
Member - Help Center	Authorizations & Referrals	86
Provider	Pharmacy	81
Member - Pharmacy	Pharmacy	76
Provider- Provider Directory	Provider Directory- facility	72
Member - Health/Wellness	Personal Health Record - Intro	67
Member - Forms/Resources	Authorized Representative Form	58
Member - Health/Wellness	Members Materials	45
Member - Help Center	File a Grievance or Appeal	42
Member - Health/Wellness	Personal Health Record-NoMore Clipboard	38
Member - Pharmacy	Find a Drug	38

Encounter Data from Trading Partners

- AHS:
  - November daily files (2,531 records) were received on time.
- Beacon:
  - November monthly files (8,328 records) were received on time
- CHCN:
  - November weekly files (72,359 records) were received on time.
- CHME:
  - November monthly file (3,928 records) were received on time.
- CFMG:
  - November weekly files (16,604 records) were received on time.
- PerformRx:
  - November monthly files (174,189 records) were received on time.
- Kaiser:
  - November files (44,533 records) were received on time.
  - November monthly Kaiser Pharmacy files (18,812 records) were received on time.
- LogistiCare:
  - November weekly files (16,867 records) were received on time.
- March Vision:
  - November monthly file (3,792 records) was received on time.
- Quest Diagnostics:
  - November weekly files (11,593 records) were received on time.

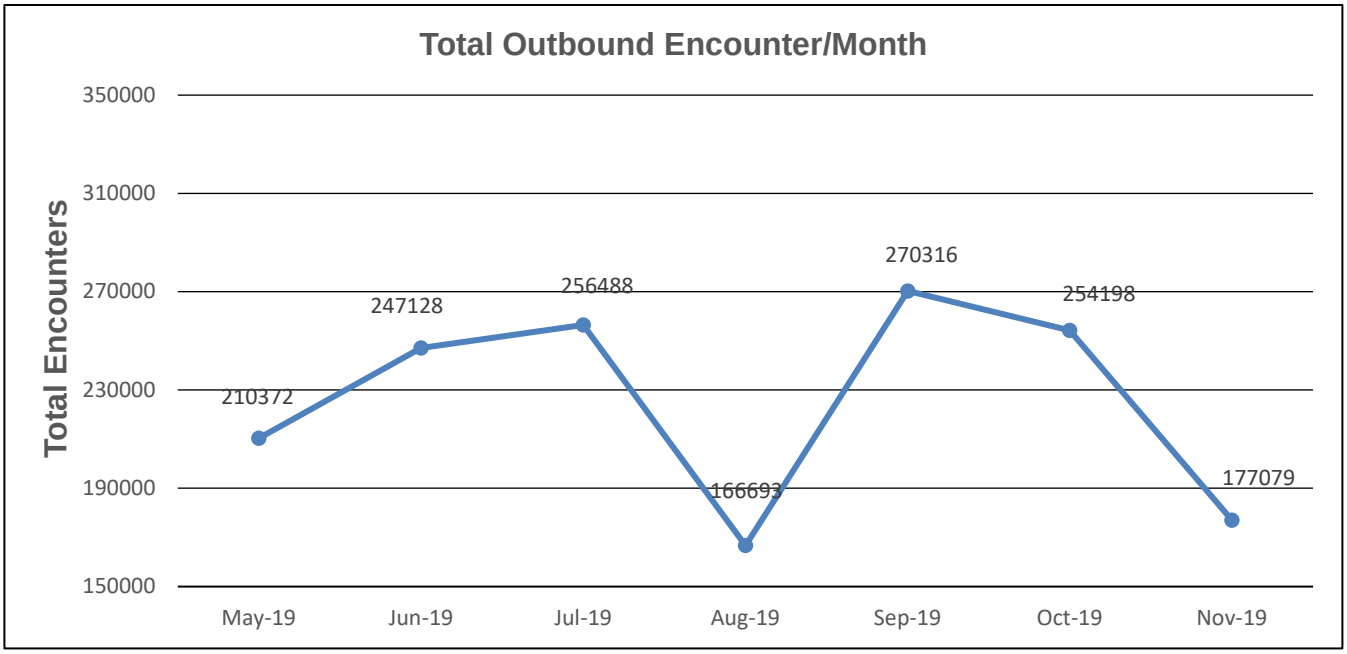
Trading Partner Encounter Submission History:

Trading Partners	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Health Suite	113623	125001	117729	124018	129482	121763	111286	116092	123889	111578	125442	122333
Kaiser	33145	34209	34110	33237	36876	47654	37506	27013	40478	37188	35517	44533
LogistiCare	10598	15026	15917	11401	14416	12392	13945	9831	7109	21036	18411	16867
March Vision	2909	2442	2195	1858	2651	2252	2369	2641	3598	3078	3428	3792
AHS	3088	3497	3835	4952	5595	4835	4857	4886	4741	4802	3347	2531
Beacon	8435	9255	7891	7942	11797	3065	21619	9926	36	21217	12163	8328
CHCN	57864	57578	53219	64510	66233	58976	70192	66286	67396	75665	88478	72359
CHME	2990	3595	3272	3220	4396	3659	4258	4639	4807	4146	2963	3928
Claimsnet	9462	7096	7543	10963	8965	8674	7475	7239	6281	9255	15028	16604
Quest	13530	13831	19343	16749	13505	14521	11385	13969	13084	12987	14539	11593
Docustream										788	528	593
Total	255644	271530	265054	278850	293916	277791	284892	262522	271419	300952	319844	303461



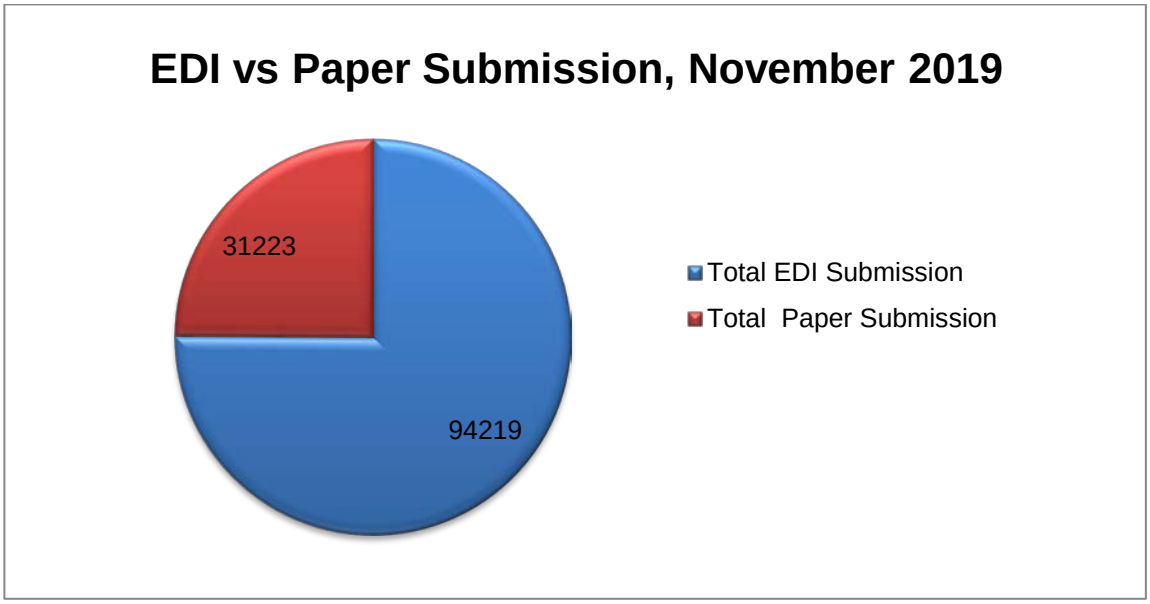
Outbound Encounter Submission

Trading Partners	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Health Suite	84894	95843	72977	29433	112242	87691	34874
Kaiser	37487	67614	30866	38562	37153	35352	44276
LOGISTICARE	14706	13330	14803	2972	14300	21631	12670
MARCHVISION	2193	2185	2077	2629	2277	2531	2845
AHS	3818	5519	4304	13839	4601	5303	3762
Beacon	2722	21303	2885	7083	16718	9557	7204
CHCN	39149	20074	98828	47619	56622	62669	43593
CHME	3300	3785	9009	4080	7628	2589	3493
Claimsnet	8420	8384	4228	3890	7495	10566	11508
Quest	13683	9091	16511	16586	11280	15100	12337
Docustream						1209	517
Total	210372	247128	256488	166693	270316	254198	177079



HEALTHsuite Paper vs EDI breakdown:

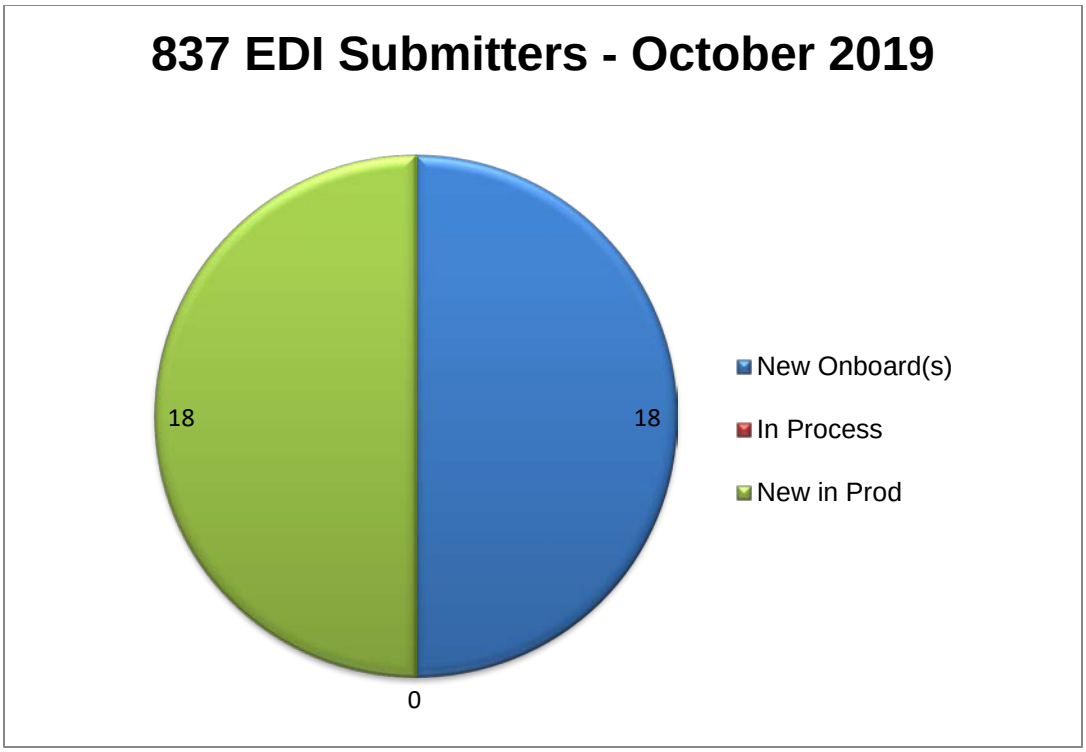
Period	Total EDI Submission	Total Paper Submission	Total claims
19-Nov	98408	23925	122333

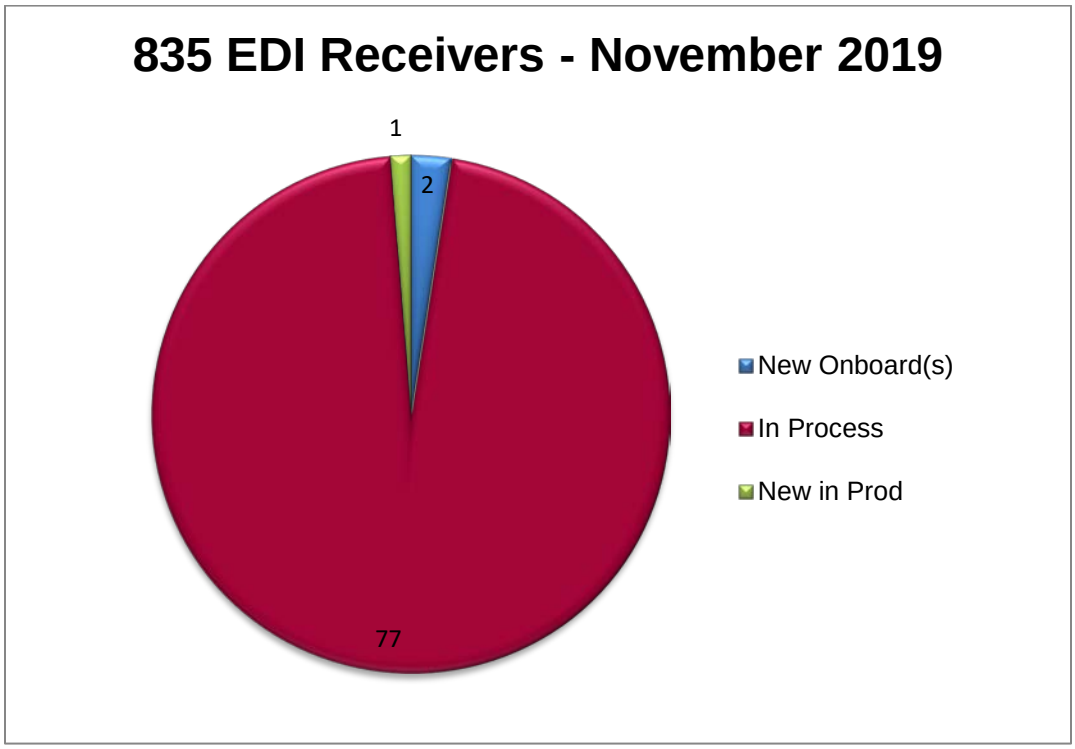


Onboarding EDI Providers - Updates:

- November 2019 EDI Claims:
  - A total of 831 new EDI submitters have been added since October 2015, with 18 added in November 2019.
  - The total number of EDI submitters is 1545 providers.
- November 2019 EDI Remittances (ERA):
  - A total of 179 new ERA receivers have been added since October 2015, with 1 added in November 2019.
  - The total number of ERA receivers is 218 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
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
Nov-19	18	0	18	1563	2	77	1	218


837 EDI Submitters - October 2019
18
18
0
New Onboard(s)
In Process
New in Prod


835 EDI Receivers - November 2019
1
2
77
New Onboard(s)
In Process
New in Prod

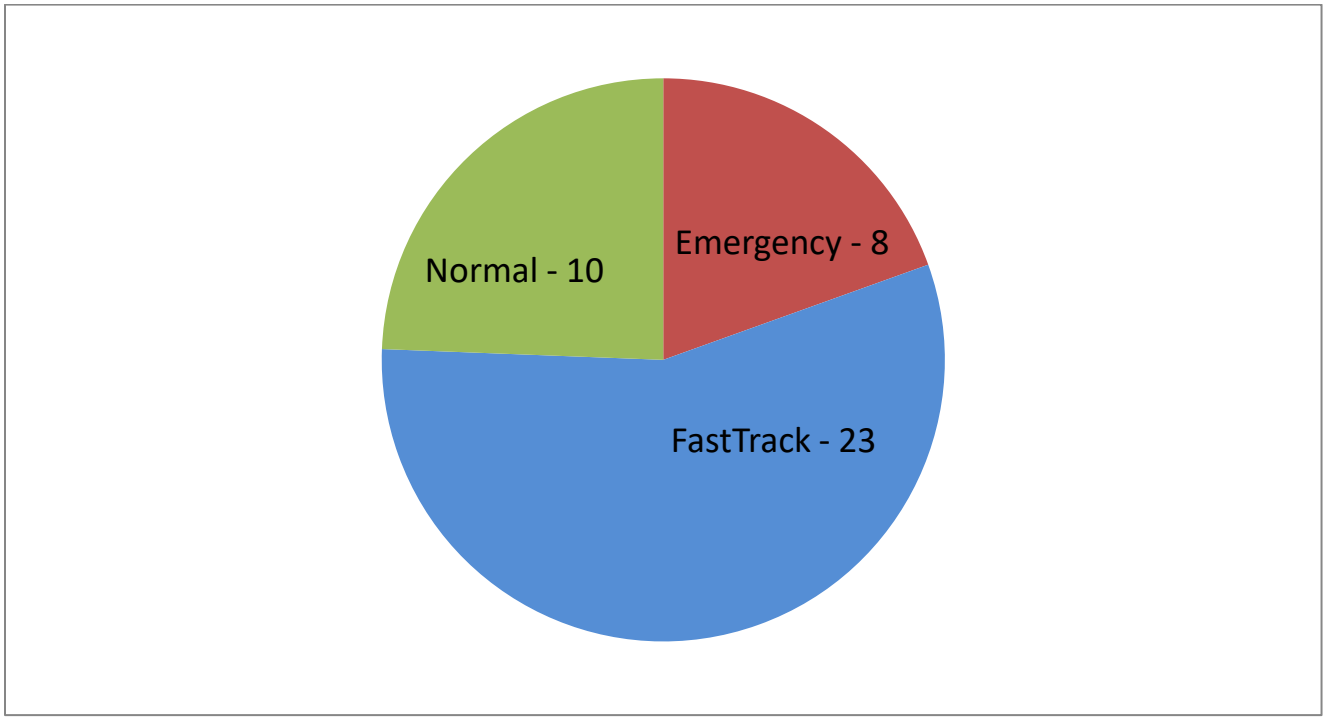
Encounter Lag Time

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%

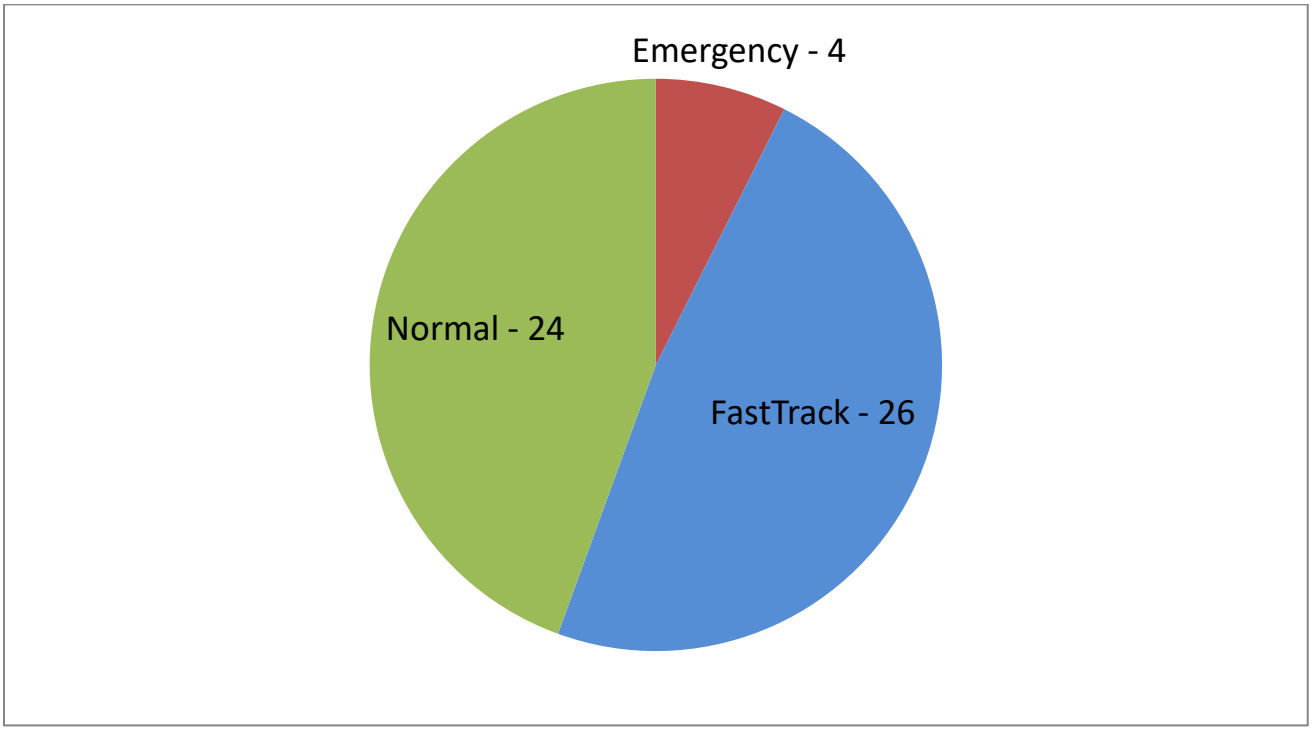
Change Management Key Performance Indicator (KPI):

- Change Request Submitted by Type in the month of November 2019.
- KPI – Overall Summary.
    - 1197 Changes, Submitted.
    - 1100 Changes, Completed, and Closed.
    - 97 Active Changes.
    - 139 Changes Cancelled/Rejected.

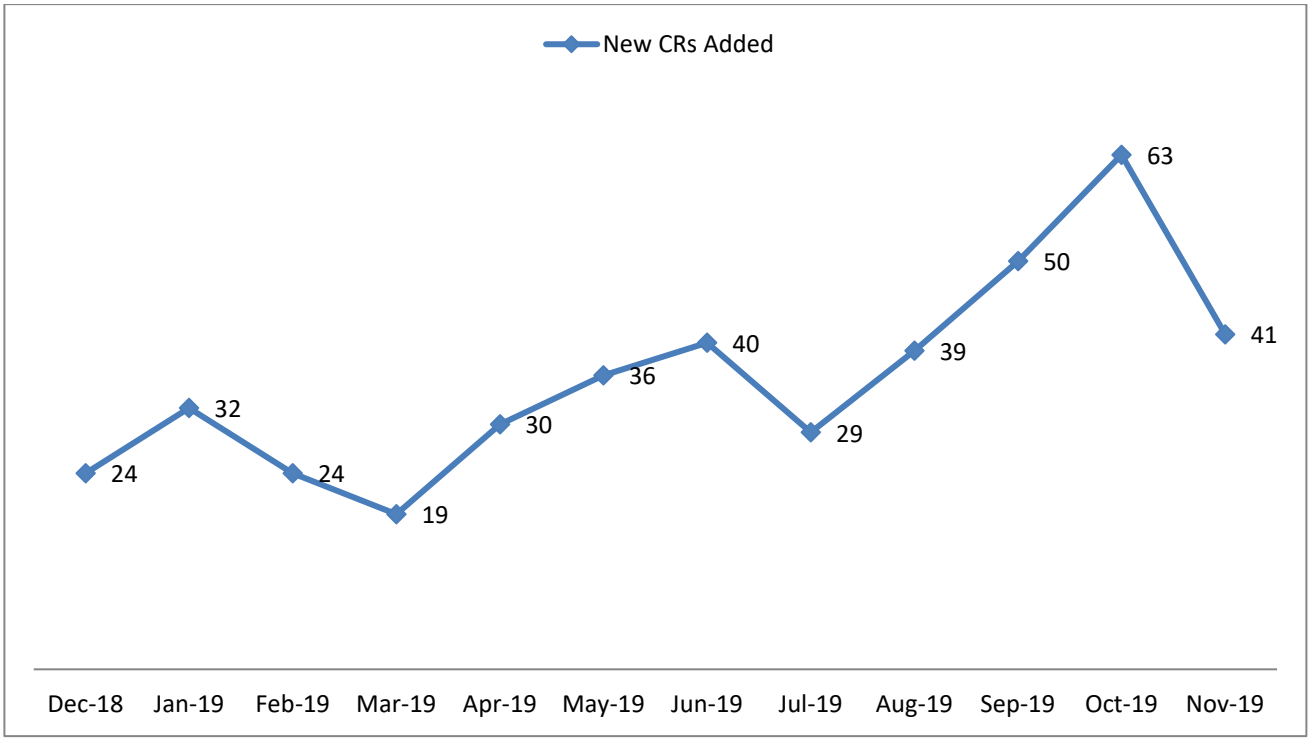
- 41 CRs Submitted/logged in the month of November 2019:



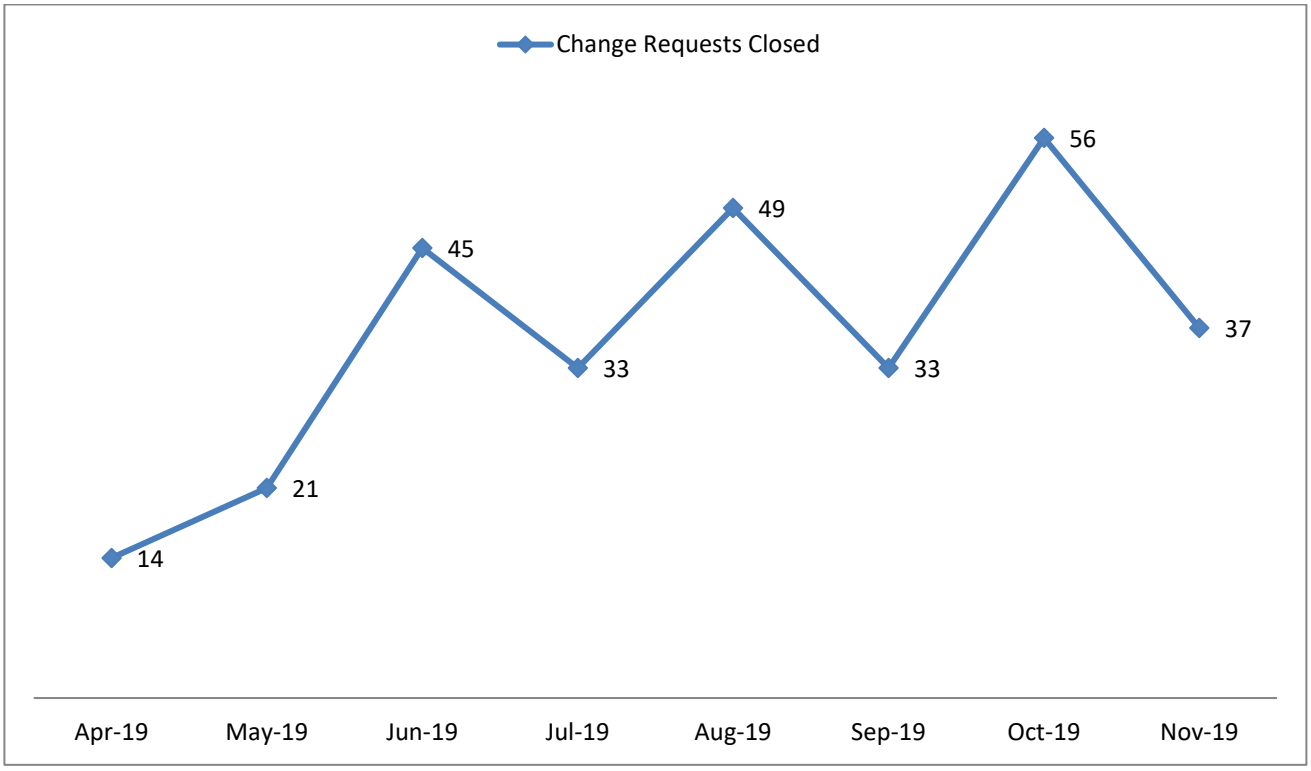
- 37 CRs Closed in the month of November 2019



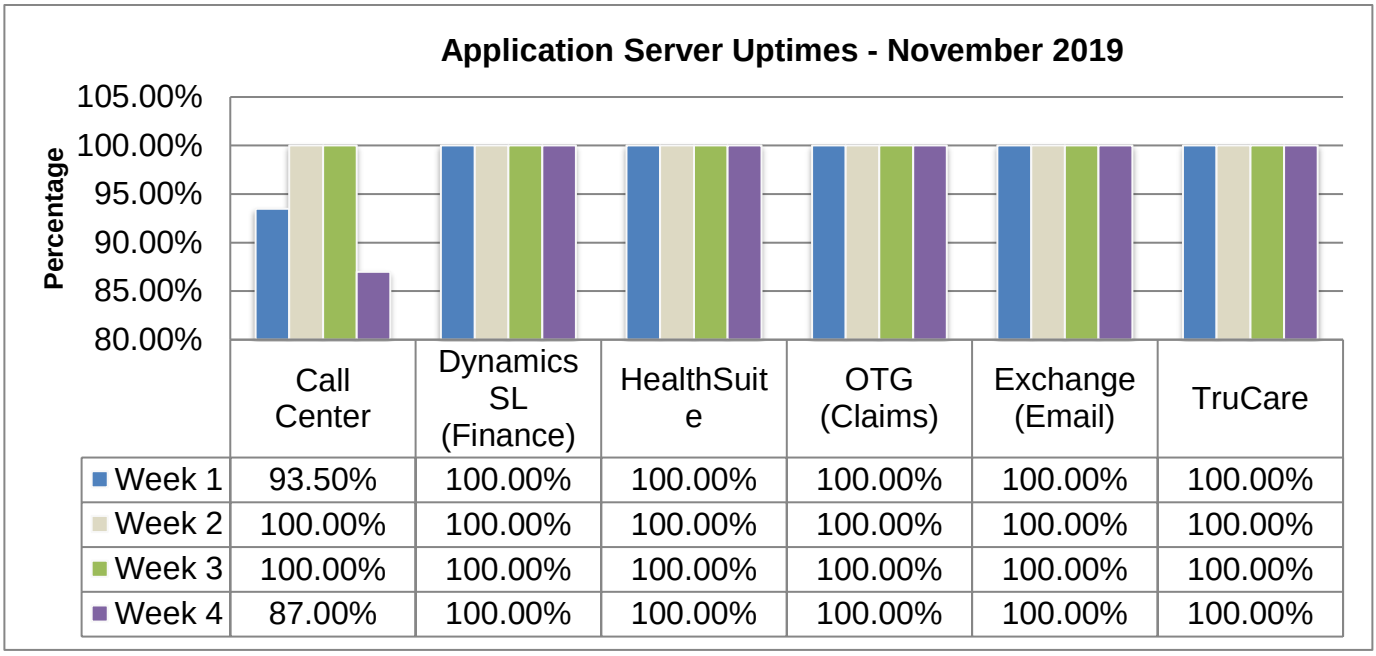
- CRs Submitted: Monthly Trend:



- CRs Closed: Monthly Trend



IT Stats: Infrastructure



	Call Center	Dynamics SL (Finance)	HealthSuite	OTG (Claims)	Exchange (Email)	TruCare
Week 1	93.50%	100.00%	100.00%	100.00%	100.00%	100.00%
Week 2	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Week 3	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Week 4	87.00%	100.00%	100.00%	100.00%	100.00%	100.00%

- All mission critical applications are monitored and managed thoroughly.
- There were 2 call center related incidents that occurred in the month of November
    - November 6th – Circuit Outage that lasted for 3 hours.
    - November 26th – Partial Outage related to the circuit provider platform change that lasted for 6 hours.

Call Center System Availability

- Overall, we are continuing to perform the following activities to optimize the call center eco-system (applications, backend integration, configuration, and network).

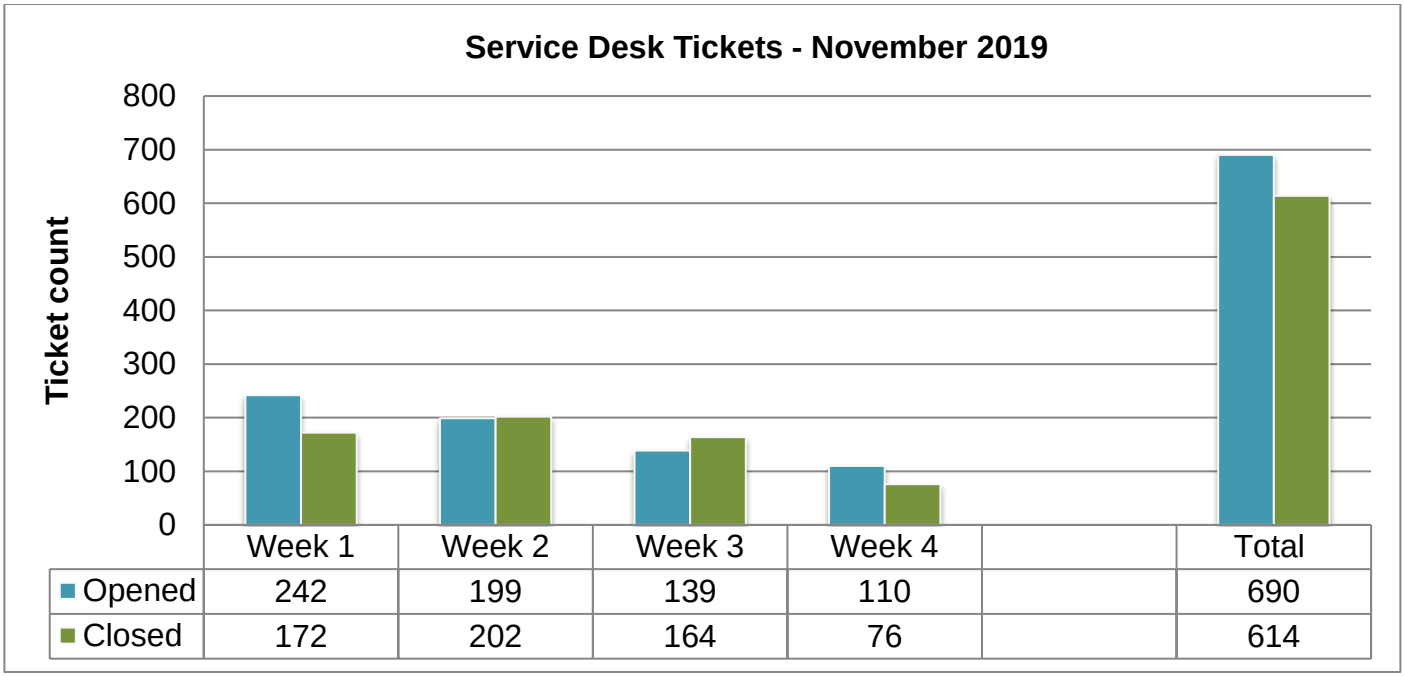
Projects:

Office 365 Project

- Migration of email services to the cloud – In progress.
    - Integration configuration.
    - Pilot testing.
- Migration of Microsoft Office application to the cloud model.

Service Now Project (Service Management)

- Vendor selection – Completed (CDW)
- SOW / Proposal – In-progress

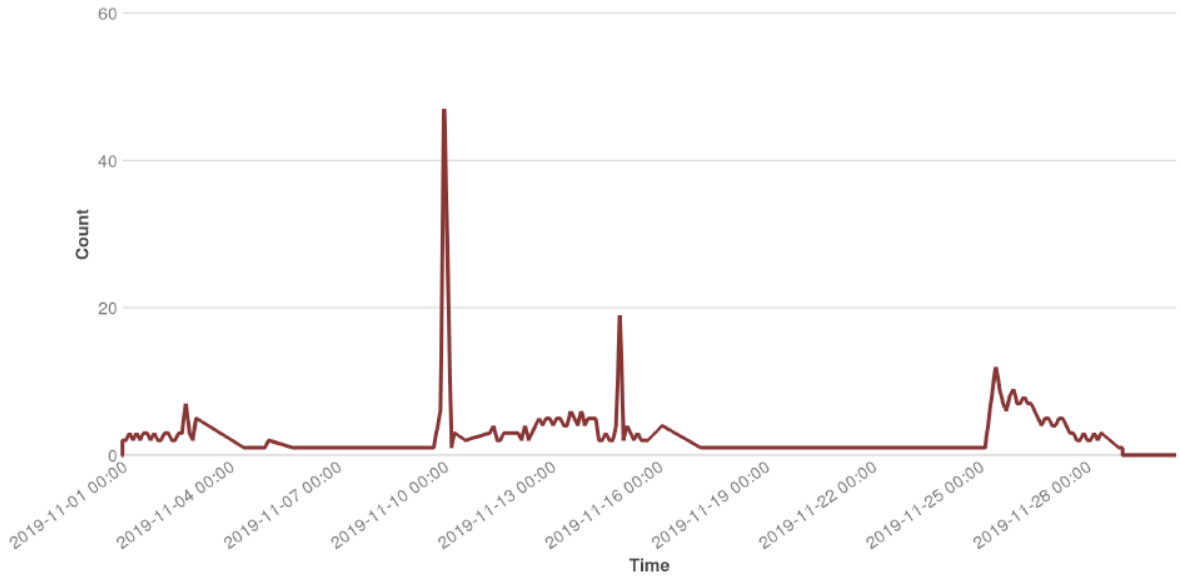


	Week 1	Week 2	Week 3	Week 4		Total
Opened	242	199	139	110		690
Closed	172	202	164	76		614

- 690 Service Desk tickets were opened in the month, which is 19.8% lower than the previous month and 614 Service Desk tickets were closed, which is 30.6% lower than the previous month.

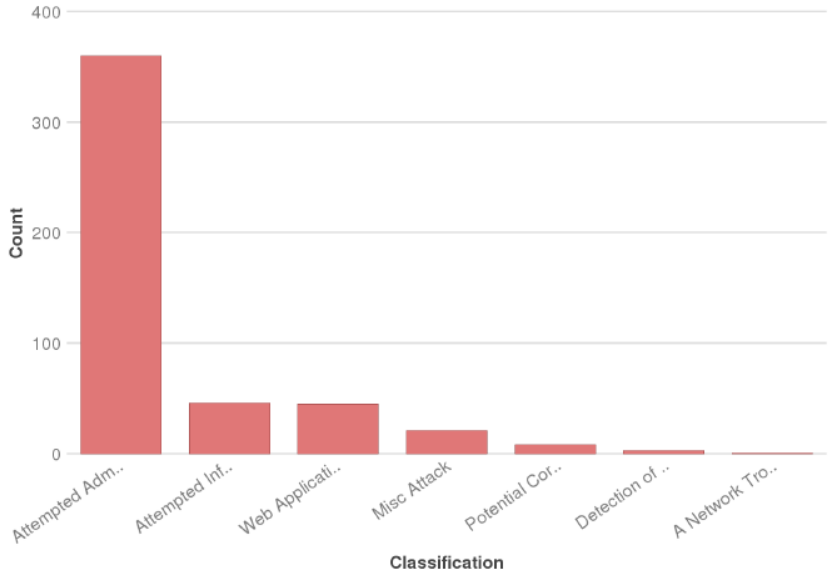
All Intrusion Events

Time Window: *2019-11-01 00:00:00 - 2019-11-30 11:33:00*

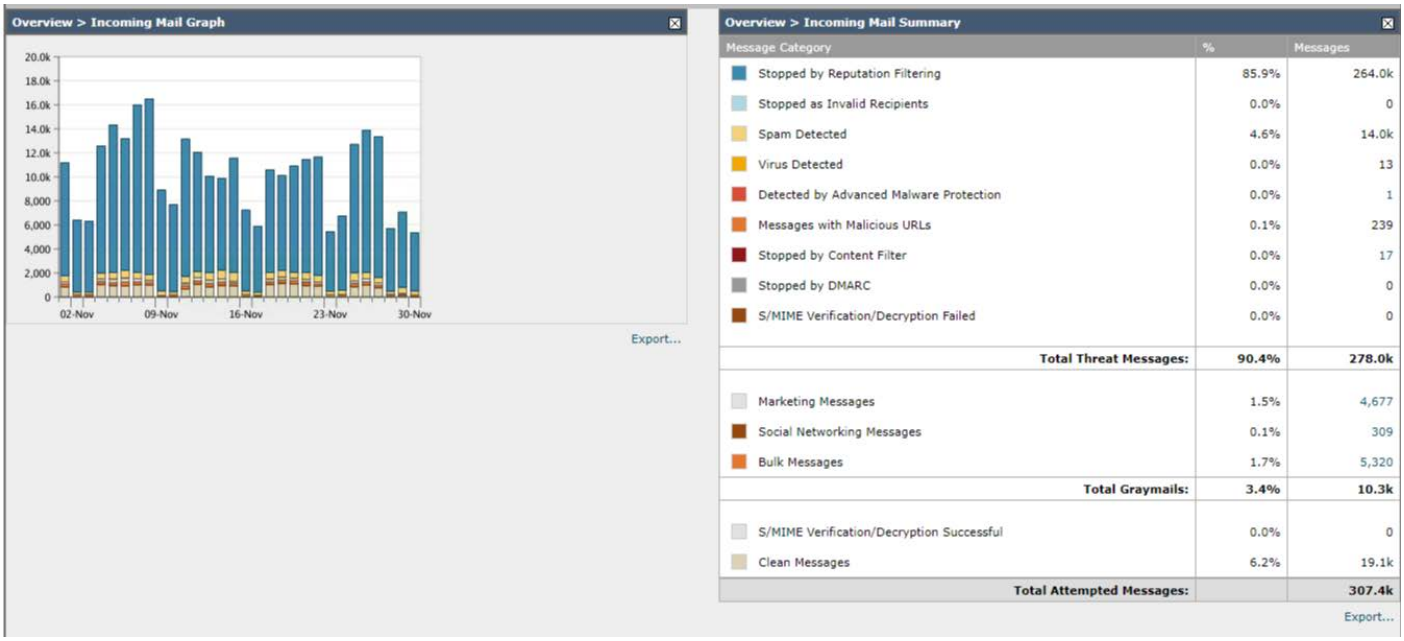


Dropped Intrusion Events

Time Window: *2019-11-01 00:00:00 - 2019-11-30 11:33:00*
Constraints: *Inline Result = dropped*



Classification	Count
Attempted Administrator Privilege Gain	360
Attempted Information Leak	46
Web Application Attack	45
Misc Attack	21
Potential Corporate Policy Violation	8
Detection of a Network Scan	3
A Network Trojan was Detected	1



Item / Date	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Aug-19	Sep-19	Oct-19	***Nov-19***
Stopped By Reputation	1,058K	511.5k	458.0k	14.2K	339.1K	344.7k	339.1K	299.9k	10.7k	293.7k	301.0k	***264.0k***
Invalid Recipients	49	26	37	0	31	33	31	299	0	22	51	***0***
Spam Detected	58.8K	30.0K	29.8k	1,269	24.0K	26.2k	24.0K	23.2k	599	15.5k	17.1k	***14.0k***
Virus Detected	2	0	6	1	0	2	0	2	0	2	3	***13***
Advanced Malware	1	9	4	0	5	2	5	1	1	3	4	***1***
Malicious URLs	1023	284	579	4	174	263	174	86	21	117	140	***239***
Content Filter	2801	7357	1917	1	13	23	13	6	0	14	10	***17***
Marketing Messages	7328	2973	3413	179	4,475	4,347	4,475	3,909	145	1,748	4,606	***4,677***
Attempted Admin Privilege Gain	288	626	626	2,128	1,786	843	1,786	3,029	1,643	971	1,475	***360***
Attempted User Privilege Gain	260	258	348	78	3	84	3	20	116	1	8	***0***
Attempted Information Leak	63	64	44	47	36	54	36	67	46	30	38	***46***
Potential Corp Policy Violation	21	16	8	30	26	34	26	47	59	13	26	***8***
Network Scans Detected	6	5	7	4	2	0	2	5	6	12	18	***3***
Web Application Attack	9	47	80	42	46	22	46	83	111	19	40	***45***
Misc. Attack	4	78	32	18	1	7	1	30	29	7	18	***21***

- 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 264.0k.
- Attempted information leaks detected and blocked at the firewall are slightly higher from 38 to 46 for the month.
- Network scans returned a value of three, which is in line with previous month’s data.
- Attempted User Privilege Gain is lower at zero from a previous six months average of 60.

ALAMEDA Alliance FOR HEALTH

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

Analytics

Tiffany Cheang

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

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

Date: **December 13, 2019**

Subject: **Performance & Analytics Report**

Membership Demographics

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

Member Cost Analysis

The Member Cost Analysis below is based on the following 12 month rolling periods:

Current reporting period: September 2018 – August 2019 dates of service
Prior reporting period: September 2017 – August 2018 dates of service
(Note: Data excludes Kaiser Membership data.)

- For the Current reporting period, the top 7.7% of members account for 81.5% of total costs.

- In comparison, the Prior reporting period was slightly lower at 7.3% of members accounting for 80.5% of total costs.

- Characteristics of the top utilizing population remained fairly consistent between the reporting periods:

    - The SPD (non duals) and ACA OE categories of aid slightly decreased to account for 58.9% of the members, with SPDs accounting for 29.0% and ACA OE's at 29.9%.
    - The percent of members with costs >= $30K has increased slightly from 1.4% to 1.5%.
    - Of those members with costs >= $100K, the percentage of total members has slightly increased at 0.4%.
        - For these members, non-trauma/pregnancy inpatient costs continue to comprise the majority of costs, increasing slightly from 50% to 52%.

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

- However, the age distribution of the top 7.7% is more concentrated in the 45-66 year old category (43%) compared to the overall population (22%).

Analytics

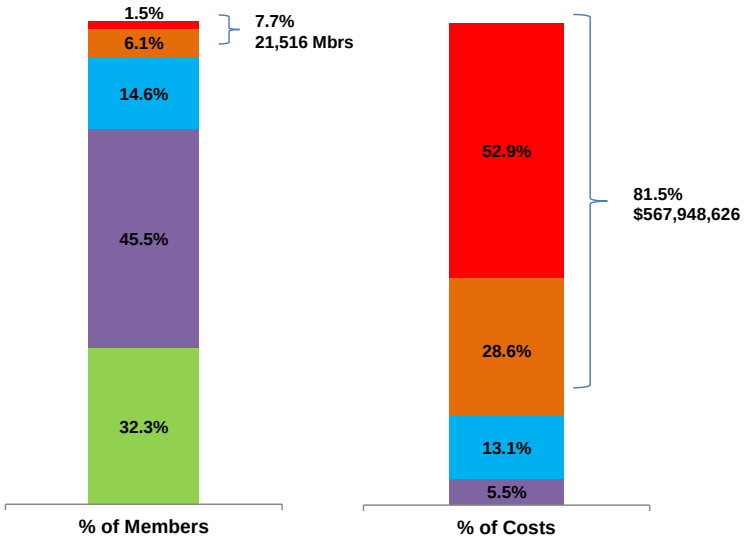
Supporting Documents

Alameda Alliance for Health - Analytics Supporting Documentation: Member - Cost Analysis
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Sep 2018 - Aug 2019

Note: Data incomplete due to claims lag

Run Date: 11/27/19

Member Cost Distribution



Cost Range	Members	% of Members	Costs	% of Costs
$30K+	4,304	1.5%	$ 368,750,636	52.9%
$5K - $30K	17,212	6.1%	$ 199,197,990	28.6%
$1K - $5K	41,067	14.6%	$ 91,012,029	13.1%
< $1K	127,748	45.5%	$ 38,279,634	5.5%
$0	90,685	32.3%	$ -	0.0%
Totals	**281,016**	**100.0%**	**$ 697,240,289**	**100.0%**

Top 7.7% of Members = 81.5% of Costs

Cost Range	Members	% of Total Members	Costs	% of Total Costs
$100K+	1,016	0.4%	$ 194,859,114	27.9%
$75K to $100K	516	0.2%	$ 44,210,233	6.3%
$50K to $75K	1,019	0.4%	$ 62,396,860	8.9%
$40K to $50K	692	0.2%	$ 30,745,578	4.4%
$30K to $40K	1,061	0.4%	$ 36,538,852	5.2%
SubTotal	***4,304***	***1.5%***	***$ 368,750,636***	***52.9%***
$20K to $30K	2,038	0.7%	$ 49,938,263	7.2%
$10K to $20K	6,123	2.2%	$ 84,801,352	12.2%
$5K to $10K	9,051	3.2%	$ 64,458,375	9.2%
SubTotal	***17,212***	***6.1%***	***$ 199,197,990***	***28.6%***
Total	**21,516**	***7.7%***	**$ 567,948,626**	***81.5%***

Enrollment Status	Members	Total Costs
Still Enrolled as of Aug 2019	222,904	$ 602,289,576
Dis-Enrolled During Year	58,112	$ 94,950,713
Totals	**281,016**	**$ 697,240,289**

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 = 81.5% of Costs
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Sep 2018 - Aug 2019
Note: Data incomplete due to claims lag
Run Date: 11/27/19

7.7% of Members = 81.5% of Costs
29.0% of members are SPDs and account for 34.5% of costs.
29.9% of members are ACA OE and account for 29.0% of costs.
9.5% of members disenrolled as of Aug 2019 and account for 14.6% of costs.

Highest Cost Members; Cost Per Member >= $100K
39.1% of members are SPDs and account for 36.9% of costs.
28.7% of members are ACA OE and account for 28.4% of costs.
20.0% of members disenrolled as of Aug 2019 and account for 22.6% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Members	% of Members
IHSS	IHSS	103	577	680	3.2%
MCAL	MCAL - ADULT	434	2,942	3,376	15.7%
	MCAL - BCCTP	3	-	3	0.0%
	MCAL - CHILD	153	1,433	1,586	7.4%
	MCAL - ACA OE	1,268	5,172	6,440	29.9%
	MCAL - SPD	1,651	4,584	6,235	29.0%
	MCAL - DUALS	103	1,039	1,142	5.3%
Not Eligible	Not Eligible	589	1,465	2,054	9.5%
Total		**4,304**	**17,212**	**21,516**	**100.0%**

Member Breakout by LOB

LOB	Eligibility Category	Total Members	% of Members
IHSS	IHSS	19	1.9%
MCAL	MCAL - ADULT	79	7.8%
	MCAL - BCCTP	1	0.1%
	MCAL - CHILD	4	0.4%
	MCAL - ACA OE	292	28.7%
	MCAL - SPD	397	39.1%
	MCAL - DUALS	21	2.1%
Not Eligible	Not Eligible	203	20.0%
Total		**1,016**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Costs	% of Costs
IHSS	IHSS	$ 7,938,858	$ 6,425,820	$ 14,364,678	2.5%
MCAL	MCAL - ADULT	$ 33,242,503	$ 33,180,764	$ 66,423,267	11.7%
	MCAL - BCCTP	$ 385,116	$ -	$ 385,116	0.1%
	MCAL - CHILD	$ 7,865,497	$ 15,758,686	$ 23,624,182	4.2%
	MCAL - ACA OE	$ 106,756,509	$ 57,803,116	$ 164,559,626	29.0%
	MCAL - SPD	$ 140,131,806	$ 56,024,417	$ 196,156,223	34.5%
	MCAL - DUALS	$ 7,261,759	$ 12,424,899	$ 19,686,658	3.5%
Not Eligible	Not Eligible	$ 65,168,588	$ 17,580,288	$ 82,748,876	14.6%
Total		**$ 368,750,636**	**$ 199,197,990**	**$ 567,948,626**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Total Costs	% of Costs
IHSS	IHSS	$ 3,749,411	1.9%
MCAL	MCAL - ADULT	$ 15,413,598	7.9%
	MCAL - BCCTP	$ 209,675	0.1%
	MCAL - CHILD	$ 887,779	0.5%
	MCAL - ACA OE	$ 55,407,070	28.4%
	MCAL - SPD	$ 71,961,191	36.9%
	MCAL - DUALS	$ 3,208,847	1.6%
Not Eligible	Not Eligible	$ 44,021,542	22.6%
Total		**$ 194,859,114**	**100.0%**

% of Total Costs By Service Type

Cost Range	Trauma Costs	Hep C Rx Costs	Pregnancy, Childbirth & Newborn Related Costs	Breakout by Service Type/Location: Pharmacy Costs	Inpatient Costs (POS 21)	ER Costs (POS 23)	Outpatient Costs (POS 22)	Office Costs (POS 11)	Dialysis Costs (POS 65)	Other Costs (All Other POS)
$100K+	7%	0%	1%	11%	59%	1%	12%	7%	2%	8%
$75K to $100K	4%	1%	1%	18%	46%	3%	7%	5%	8%	13%
$50K to $75K	3%	1%	1%	20%	41%	3%	8%	6%	10%	13%
$40K to $50K	4%	2%	2%	17%	46%	4%	8%	8%	3%	15%
$30K to $40K	4%	4%	2%	19%	41%	6%	8%	7%	2%	18%
$20K to $30K	4%	6%	2%	20%	39%	7%	9%	8%	2%	15%
$10K to $20K	1%	0%	1%	18%	36%	6%	13%	11%	3%	12%
$5K to $10K	0%	0%	0%	23%	23%	9%	13%	18%	1%	14%
Total	**4%**	**1%**	**1%**	**17%**	**45%**	**4%**	**11%**	**9%**	**3%**	**12%**

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

ALAMEDA Alliance FOR HEALTH

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: **December 13, 2019**

Subject: **Human Resources Report**

Staffing

- As of December 1, 2019, the Alliance had 304 full time employees and 2-part time employees.
- On December 1, 2019, the Alliance had 41 open positions in which 11 signed offer acceptance letters have been received with start dates in the near future resulting in a total of 30 positions open to date. The Alliance is actively recruiting for the remaining 30 positions and several of these positions are in the interviewing or job offer stage.
- Summary of open positions by department:

Department	Open Positions December 1st	Signed Offers Accepted by Department	Remaining Recruitment Positions
Healthcare Services	13	4	9
Operations	12	4	8
Healthcare Analytics	3		3
Information Technology	4	1	3
Finance	7	1	6
Human Resources	2	1	1
Total	41	11	30

- Our current recruitment rate is 13%.

Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in November 2019 included:
    - 5 years:
        - John Armstrong (Facilities)
    - 6 years:
        - Judy Lee (Utilization Management)
        - Nancy Pun (Healthcare Analytics)
        - Hermelinda Wirth (Finance)
    - 7 years:
        - Erica Meraz (Utilization Management)
        - Patricia Del Rio (Member Services)
    - 8 years:
        - Lynda Fong (Regulatory Compliance)
    - 9 years:
        - Fanita Bryant (Utilization Management)
    - 13 years:
        - Rex Ngov (Utilization Management)

Training

- The Alliance provided the following trainings to Management in the Month of November:
    - Strengthening Your People Skills
    - Breakthrough Critical Thinking and Problem Solving
    - Managed Care 101