Board of Governors

Regular Meeting

Conference Call

Friday, April 10, 2020

12:00 p.m. – 2:00 p.m.

1240 South Loop Road, Alameda, CA 94502

AGENDA

BOARD OF GOVERNORS
Regular Meeting
Friday, April 10, 2020
12:00 p.m. – 2:00 p.m.

Conference Call: 855.842.7954

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 April 10, 2020 at 12:00 p.m. at 1240 South Loop Road, Alameda, California, by Dr. Evan Seevak, Presiding Officer. This meeting to take place by conference call.

2. ROLL CALL

3. AGENDA APPROVAL OR MODIFICATIONS

4. INTRODUCTIONS

5. CONSENT CALENDAR

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

a) REVIEW AND APPROVE MARCH 2020 BOARD OF GOVERNORS MEETING MINUTES

6. BOARD MEMBER REPORTS

a) COMPLIANCE ADVISORY GROUP

b) FINANCE COMMITTEE

7. **CEO UPDATE**

   a) **FEBRUARY 2020 – FINANCIAL PERFORMANCE & OPERATING METRICS**

   b) **COVID-19 OPERATIONAL READINESS**

   c) **POTENTIAL CHANGES TO MEDI-CAL PROGRAM TRANSITIONS**

   d) **BUDGETING AND FORECASTING – FISCAL YEAR 2020/2021**

8. **BOARD BUSINESS**

   a) **REVIEW AND APPROVE FEBRUARY 2020 MONTHLY FINANCIAL STATEMENTS**

9. **STANDING COMMITTEE UPDATES**

   a) **PEER REVIEW AND CREDENTIALING COMMITTEE**

   b) **HEALTH CARE QUALITY COMMITTEE**

   c) **PHARMACY AND THERAPEUTICS COMMITTEE**

   d) **MEMBER ADVISORY COMMITTEE**

10. **STAFF UPDATES**

11. **UNFINISHED BUSINESS**

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

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

14. **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.

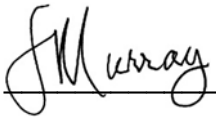
Public Input: If you are interested in addressing the Board, please fill out a form provided at the meeting with your full name and address. These forms are submitted to the Clerk of the Board at the front of the room. The Chair of the Board will call your name to speak when your item is considered. 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 April 7, 2020 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

CONSENT CALENDAR

ALAMEDA Alliance FOR HEALTH

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

Board of Governors Meeting Minutes

ALAMEDA ALLIANCE FOR HEALTH
BOARD OF GOVERNORS
REGULAR MEETING

March 13, 2020
12:00 pm – 2:00 pm
Regular Board Meeting (conference call)
1240 S. Loop Road, Alameda, CA

SUMMARY OF PROCEEDINGS

Board of Governors on Conference Call: Dr. Evan Seevak (Chair), Rebecca Gebhart (Vice Chair), Dr. Noha Aboelata, Aarondeep Basrai, Dr. Rollington Ferguson, Marty Lynch, Feda Almaliti, Delvecchio Finley, David B. Vliet, Dr. Kelley Meade
Excused: Wilma Chan, Nicholas Peraino, Dr. Michael Marchiano
Alliance Staff Present: Scott Coffin, Dr. Steve O'Brien, Gil Riojas, Tiffany Cheang, Diana Sekhon, Sasi Karaiyan, Anastacia Swift, Christine Corpus, Sandra Galindo, Jeanette Murray, Matt Woodruff

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 12:14 PM.	None	None
2. ROLL CALL			
Dr. Seevak	A telephonic roll call was taken of the Board Members, and a quorum was confirmed.	None	None
3. AGENDA APPROVAL OR MODIFICATIONS			
Dr. Seevak	Diane Sekhon will be updating the Board of Governors on the discussion held at the Compliance Advisory Committee, held earlier in the day.	None	None
4. INTRODUCTIONS			
Dr. Seevak	Introduction of Board Members, staff, and guests was completed.	None	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
5. CONSENT CALENDAR			
Dr. Seevak	Motion to approve the February 2020 Board of Governors Meeting Minutes.	Motion: M. Lynch Second: D. Vliet Vote: Yes No opposed or abstained.	None
6. a. BOARD MEMBER REPORT – COMPLIANCE ADVISORY COMMITTEE			
D. Sekhon	The Compliance Advisory Committee met telephonically on March 13, 2020 and discussed the below four (4) compliance dashboards. Diana Sekhon gave the following updates: 2020 DMHC Medical Services Audit (follow up from 2018 audit with 12 deficiencies): • Created a new dashboard to review audit items, added to the existing Corporate Compliance Dashboard for tracking and resolution. • Self-identified seven potential compliance issues. • Three of these were with UM – which the team is working on being more clear and concise. • The Alliance's goal is to resolve issues self-identified in preparation for the October 2020 audit. 2019 DMHC Financial Audit: • Audit started in December 2019 and the Alliance received preliminary audit report on 2/13/20. • The audit includes five findings; three related to claims, no finance issues found. • Examples of these findings are payment accuracy, unclear denial reasons or inappropriate denials, and one issue with mailroom control of stamping and counting each claim. • The Alliance will be providing additional information for DMHC's consideration before the final report.	Informational update to the Board of Governors. Vote not required.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	2019 DHCS Medical Audit from – June 2019: • 25 of 28 Findings are completed; three in progress, Alliance is coordinating with DHCS to close out all items. 2018 DHCS Medical Audit – June 2018: • All 38 Findings completed; 35 of these validated; three remain open to validate. Future Audits: • DHCS Annual Medical Audit – June. • DMHC Medical Routine Audit – October 12th. • NCQA Accreditation Review – June 1-2, will be submitting documentation in April.		
6. b. BOARD MEMBER REPORT – FINANCE COMMITTEE			
Dr. Ferguson	The Finance Committee met telephonically on Tuesday, March 10th, 2020. Finance Issues: • Medi-Cal membership continues to decline by 1,200 to 1,800 per month. • TNE remains around 600 percent. • Discussion related to additional medical costs associated to the COVID-19 virus. The Federal Government and California State are meeting about this issue but no details are available.	Informational update to the Board of Governors. Vote not required.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
7. CEO UPDATE			
S. Coffin	Scott Coffin gave the following updates: **a) COVID-19 Outbreak Preparedness, Readiness, and Response actions (page 29):** • Alliance has taken immediate steps to identify and prepare staff for transition into remote work environments to comply with the shelter-in-place order. • Communications is important, we are communicating with Alameda County Public Health, California Department of Public Health, and the Centers for Disease Control. • The CEO appointed an Incident Commander in February to organize the efforts, and manage the communications with external partners and staff. • The Alliance's Provider Services field staff have been called into the office to support the providers telephonically, and the provider portal is available for online authorizations. • The Alliance member portal is available and up-to-date, and members may contact the Member Services Department, Monday through Friday, 8AM to 5PM. • As of March 16th, the Alliance temporarily suspended the walk-in service for members at the corporate headquarters. Announcements were posted online, and a message is being broadcasted to members calling the service center. **Question:** • Are you coordinating with Alameda County Agencies? **Answer:** • Dr. O'Brien - Alameda County is on point for Public Health, we coordinate with them. **Question:** • Is there a code to use for Telephonic/remote (not Telehealth) visits? **Answer:**	Informational update to the Board of Governors. Vote not required.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• Effective Monday, March 16th thru June 30 any contracted provider can have a telephonic call (not Video) and use Code 99442 - Service 11 which is a Medicare Code we have adopted for this occasion since Medi-Cal does not have a code for this. This service is available to active Alliance members. **b) Department of Health Care Services (DHCS) - CalAIM Updates:** • Formal name change from Medi-CAL Healthier California for All (MCHCA) to CalAIM. **c) Quality Improvement and HEDIS:** • Tiffany will report on HEDIS during Staff Updates.		
8. a. MEDI-CAL UPDATE			
S. Coffin	Scott Coffin explained the following two documents: **a) CalAIM Timeline (page 40).** • The CalAIM deliverables were explained to the Board of Governors, and implementation dates were reviewed. • This document is also being used in meetings with the county and other safety-net partners. **b) CalAIM Activity Report (page 42)** • The Activity Report is a tracking tool dashboard to help keep the Board informed of Alliance CalAIM activities, and contains the milestones, status, and outcomes. • This report will transform into a dashboard report for the Board Members, similar to our corporate operations dashboard.	Informational update to the Board of Governors. Vote not required.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Question: • How does the timeline change due to the COVID-19 situation? Answer: • The DHCS issued a statement earlier this week, stating that dates have not officially changed, and the timeline is current.		
9. a. BOARD BUSINESS – REVIEW AND APPROVE January 2020 MONTHLY FINANCIAL STATEMENTS			
G. Riojas	Gil Riojas gave the following Finance updates: **Net Income and Enrollment (Page 60):** • For the month ending January 31, 2020, the Alliance had enrollment of 246,461 members, a Net Income of $449.000 and Tangible Net Equity is 602%. • For the year-to-date, the Alliance recorded a Net Income of $15.4M. • Our enrollment has decreased about 12,000 members since June 2019. SPDs, Duals, and Group Care Program remain flat. • Reductions continue in the Adult and Child and Optional Expansion categories of aid are consistent over the last 12 months. **Revenue:** • For the month ending January 31, 2020, we reported $2.0M more than what was budgeted. The largest variances are due to higher than anticipated Prop 56 Revenue, and Behavioral Heath Therapy Supplemental Payments. **Medical Expense:** • For the month ending January 31, 2020, actual Medical Expenses were $73.0M vs. our budgeted amount of $72.9M. • For the year-to-date, Medical Expenses are $521.8M vs. budgeted amount of $514.7M. **Medical Loss Ratio:** • For the month ending January 31, 2020, the MLR was 93.3% vs year-to-date of 92.2%. Due to COVID-19, the MLR is forecasted to increase.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Administrative Expense: • For the month ending January 31, 2020, Actual Administrative Expenses were on target with the Budgeted Administrative Expense. • Actual Administrative Expense year-to-date is $31.3M vs budgeted $35.3M. • The second half of the year as we begin delayed projects and hiring hence, the administrative budget should increase and be closer to the actual budgeted amount. **Other Income / (Expense):** • As of January 31, 2020, our YTD interest income from investments is $3.2M, and YTD claims interest expense is $192,000. • A meeting is scheduled with the Alliance investment manager to talk about strategy of the Alliance investments due to COVID-19. **Tangible Net Equity (TNE):** • Tangible net equity results continue to remain healthy, and at the end of January 31, 2020, the TNE was reported at 602% of the required amount, with a surplus of $163.6M. **Cash Position and Assets:** • For the month ending January 31, 2020, we reported $218.3M in cash; $146.5M is uncommitted cash. Our current ratio is above the minimum required at 1.95 compared to the minimum of 1.0. **Motion to approve the January 2020 financial report as presented.**	Motion: Dr. Seevak Second: All Board Motion passed by roll call. Vote: Yes No opposed or abstained.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
9. b. BOARD BUSINESS – REVIEW AND APPROVE FISCAL YEAR 2020 SECOND QUARTER FORECAST			
G. Riojas	The Fiscal Year 2020 Second Quarter Forecast was reviewed. Gil Riojas presented the second quarter forecast (page 98): • Forecast versus budget results. • Medi-Cal Loss Ratio by line of business. • Medi-Cal medical loss ratio by Category of Aid. • Staffing. Question: • What is the extra cost to the Alliance to have employees work at home? Answer: • The Senior Leadership has been discussing a strategic plan for transitioning into a remote working environment and has sufficient budget to cover the costs. Question: • What is the security rick with employees working from home? Answer: • The Alliance has contacted our insurer and we have insurance coverage for such events. • Employees will be connecting into the corporate network through the same infrastructure they use, and it is the same as if they were working from the office. Gil announced Barbara Granieri, the Alliance's Controller for the past 5 years would be leaving the Alliance. Barbara was acknowledged and thanked for her years of service at the Alliance.	Motion: Dr. Seevak Second: F. Almaliti Motion passed by roll call. Vote: Yes No opposed or abstained.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
9. c. BOARD BUSINESS – RESOLUTION NO. 2020-01 TO TERMINATE THE ALLIANCE JOINT POWERS AUTHORITY AGREEMENT			
S. Coffin	Resolution No. 2020-01 To Terminate The Alliance Joint Powers Authority (JPA) Agreement and Notice of Termination (page 45 - 53). Scott Coffin explained in detail the Notice of Termination letter that would be delivered to the Alameda County Board of Supervisors with Resolution No. 2021-01. • Motion to authorize the CEO to execute a notice of termination for the agreement between the Alameda Alliance for Health and the Alameda County Social Services. S. Galindo highlighted the activities related to terminating the JPA in 2020:: • The Notice of termination letter would be hand-delivered to the Alameda County Board of Supervisors by Monday. • Completion of DMHC & DHCS regulatory compliance filings. • Amendment to existing Alliance Bylaws, and voting by the Board of Governors to recommend to the Alameda County Board of Supervisors for approval. • Removal of JPA from financial reports and other public materials.	Motion: S Coffin Second: D. Finley Motion passed by roll call. Vote: Yes No opposed or abstained.	
10. a. STANDING COMMITTEE UPDATES – PEER REVIEW AND CREDENTIALING COMMITTEE			
Dr. O'Brien	The Peer Review and Credentialing Committee (PRCC) was held on February 18, 2020. • Initially Credentialed Providers: 3 Initial. • Re-credentialed Providers: 46.	Informational update to the Board of Governors. Vote not required.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
11. STAFF UPDATES			
T. Cheang	**HEDIS Update Measurement Year (MY) 2019.** An overview of the presentation was presented by Tiffany Cheang (page 176): The presentation consisted of: • What is HEDIS (Healthcare Effectiveness Data and Information Set) is a NCQA standard metrics designed to measure quality improvement and performance. • Current Status – MMR project collection of medical records for services not captured in the administrative data. • DHCS Measure Changes – DHCS introduced the Managed Care Accountability Set (MCAS) and minimum performance level increase. • Measure Comparison between MY 2018 EAS to MY 2019 MCAS. • Risks and Implications – New MCAs measure set, major system conversion to Epic. • Summary of Alliance's HEDIS Performance 2014 – 2019.	Informational update to the Board of Governors. Vote not required.	
Dr. O'Brien	**Pediatric Pilot Update** An overview of the presentation was presented by Dr. Steve O'Brien (page 144): The presentation consisted of: • Pediatric Strategy: Early & Periodic Screening, Diagnosis & Treatment (EPSDT). • Pediatric health is a priority for Governor Newsom and public health officials statewide • Proposition 56 is the expansion of support for trauma and developmental screening. Alliance Pediatric Pilot Goal is to: • Improve access to EPSDT services,		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• Improve Quality of Care, reflected by increased HEDIS scores. • Improve connection/understanding of community EPSDT partners. • Next year we want to continue with our partners. • Lesson learned is when we target immediate specific measures with specific incentives, then our HEDIS scores go up.		
12. UNFINISHED BUSINESS			
Dr. Seevak	**Alliance Next steps:** Question: • Will the April Board meeting be held telephonically due to the COVID-19 shelter in place order? Answer: • Evan and Scott will review the status of the situation by end of March, and communicate to the Board Members.	None	None
13. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS			
Dr. Seevak	None	None	None
14. PUBLIC COMMENTS (NON-AGENDA ITEMS)			
Dr. Seevak	None	None	
15. CLOSED SESSION			
Dr. Seevak	The meeting was adjourned at 1:32 pm and the Board entered into a Closed Session.	None	
16. ADJOURNMENT			

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

ALAMEDA Alliance FOR HEALTH

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

CEO Update

Scott Coffin

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

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

Date: **April 10, 2020**

Subject: **CEO Report**

- **FEBRUARY 2020 – FINANCIAL PERFORMANCE & OPERATING METRICS**
  - February net income reported is $488K, and year-to-date $15.9M;
    - Corporate net income offset by losses in Group Care; net loss $271K in February, $458K year-to-date net loss.
  - Membership reduced by 117 members between January and February 2020, and forecast increased Medi-Cal enrollment through the end of this fiscal year;
  - Monthly average of 18,000 inbound calls from Alliance members, decreased by over 42% in the month of March; average of 6,200 inbound calls from provider services was unchanged. The volume of outbound calls to providers increased due to the shift by the Alliance staff from on-site to telephonic support;
  - Claims processing and inventory within normal range, and average payment turnaround is 23 days; inpatient and outpatient authorization volumes below trend, and more declines experienced in March due to surge planning.
  - Tangible net equity remains above 600%, and financial reserves are $164M above regulatory requirements.

- **COVID-19 OPERATIONAL READINESS**
  - Shelter-in-Place initiated by Alameda County Public Health Officer on March 16th, 2020, and revised by Governor Newsom to extend through end of April;
  - Incident Commandment Center established to coordinate the work efforts and communications (members, providers, staff), resulting in a relocation of nearly 300 staff into remote working. Transition completed in 11 days at an approximate cost of $333 per employee, or total cost of $100K;
  - Revised authorization protocols for COVID-19 related visits and testing, and modified pharmacy approvals for easier access to medications;
  - Nurse advice line with support (24 hours per day, 7 days a week) from local Medical Doctors to assist members with questions about their flu symptoms;

- Established daily reporting of inpatient admissions and positive test cases to the Department of Health Care Services (DHCS);
- Launched implementation of telehealth to prepare for increase in requests for telephonic & video-based clinical support, implement by end of May 2020;
- Corporate policies & procedures are being revised to adjust to working from home (e.g. handling of protected health information and changes to inter-departmental workflows, and other processes as needed);
- HEDIS quality scores are being impacted in CY2020 with data collection from provider offices, and CY2021 scores may be negatively impacted due to the decline in elective procedures this year;
- Alliance is currently maintaining regulatory compliance across enterprise (e.g. response time to answer phones in the call center, claims, authorizations for services, response time for grievances and appeals, and provider payments).

- **POTENTIAL CHANGES TO MEDI-CAL PROGRAM TRANSITIONS**
  - California State fiscal budget severely impacted by unplanned expenses to fight the COVID-19 virus, and may impact funding to implement the CalAIM program;
  - State of California may seek a one-year extension of the 1115 and 1915 Waivers, currently expiring 12/31/2020; Whole Person Care and Health Homes Programs are funded through the 1115 Waiver;
  - DHCS public stakeholder forums cancelled due to the shelter-in-place mandate, and DHCS has not issued guidance for the long-term care & pharmacy shifts.

- **BUDGETING AND FORECASTING – FISCAL YEAR 2020/2021**
  - Fiscal year 2021 budget planning started in late February, and continues through early May, and the preliminary budget is being presented to the Board of Governors in June. Final budget is presented for a vote in September;
  - The financial impact of COVID-19 is being factored into the preliminary budget, and costs will be added in the final budget based on actual results through July;
  - Preliminary budget assumes the CalAIM initiatives and other changes to Medi-Cal (e.g. Pharmacy transition to State of California) occur as indicated on the timeline, and would be adjusted in the final budget based on confirmation from authorized personnel at the State of California.

EXECUTIVE DASHBOARD
APRIL 2020

ALAMEDA Alliance FOR HEALTH

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

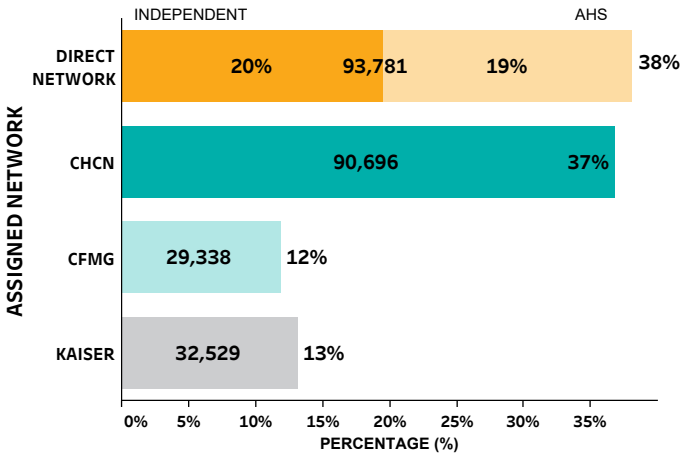
MEMBERSHIP**

246,344

TOTAL MEMBERSHIP

IHSS 6,005 **MEDI-CAL** 240,339

DISTRIBUTION OF ALL MEMBERSHIP BY ASSIGNED NETWORK**



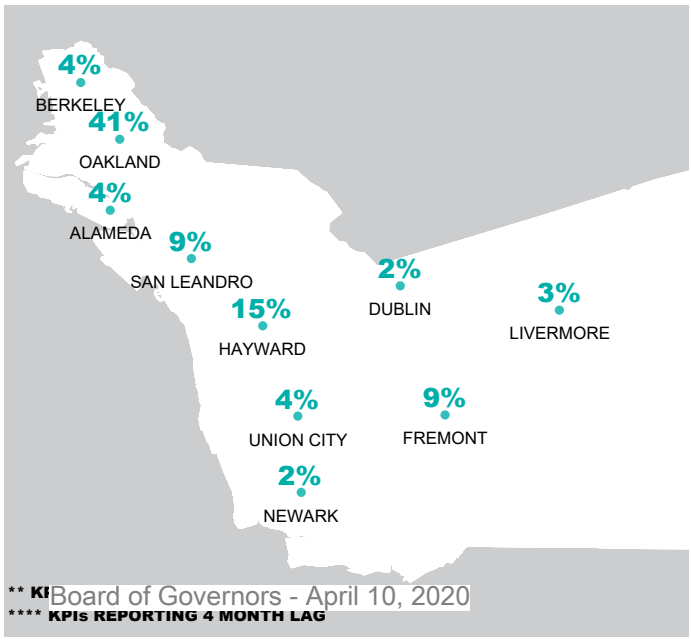
DISTRIBUTION OF MEMBERSHIP BY CITY**

92%

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

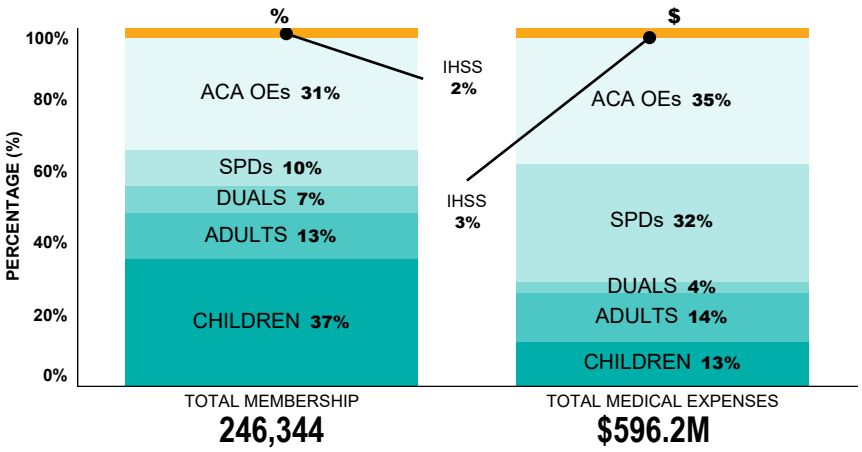
TEN CITIES

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



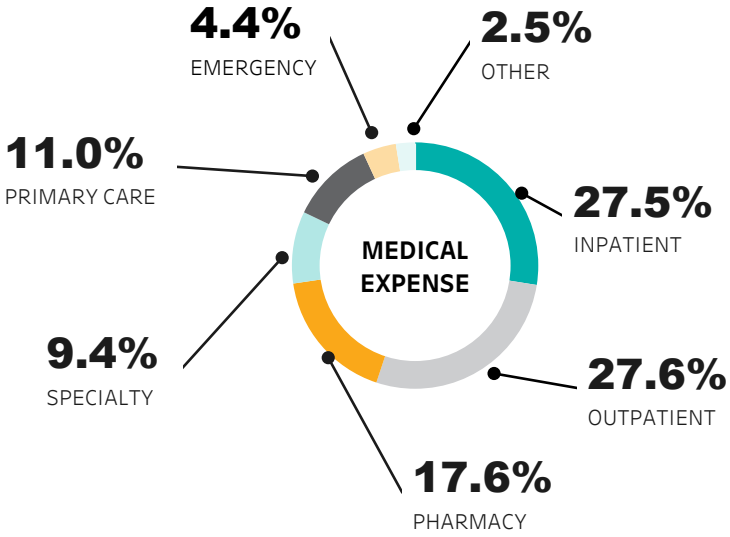
** KI
**** KPIs REPORTING 4 MONTH LAG

DISTRIBUTION OF MEDICAL EXPENSE BY MEMBERSHIP CATEGORY**



REVENUE & EXPENSES**

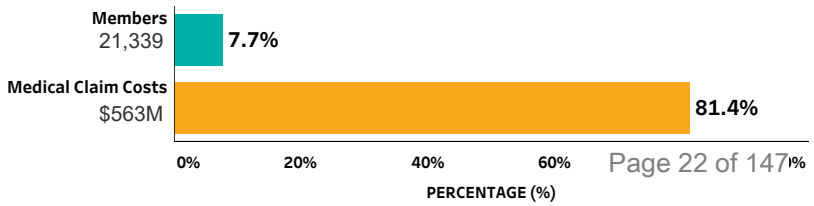
	FEBRUARY 2020	FISCAL YTD
REVENUE	$79.0M	$644.8M
MEDICAL EXPENSE	($74.4M)	($596.2M)
ADMIN EXPENSE	($4.4M)	($35.8M)
OTHER	$327K	$3.0M
NET INCOME	**$487K**	**$15.9M**



TANGIBLE NET EQUITY**

603% $197M

HIGH UTILIZER DISTRIBUTION****



UTILIZATION**

4,392
INPATIENT BED DAYS

7,096
EMERGENCY ROOM VISITS

3.8 DAYS
AVERAGE LENGTH OF STAY

CASE AND DISEASE MANAGEMENT**

	NEW CASES	OPEN CASES
CARE COORDINATION	267	657
COMPLEX CASE MANAGEMENT	40	69
Total	307	726

	NEW CASES	ENROLLED
HEALTH HOMES	19	691
WHOLE PERSON CARE (AC3)	5	223
Total	24	914

TOTAL CASE MANAGEMENT

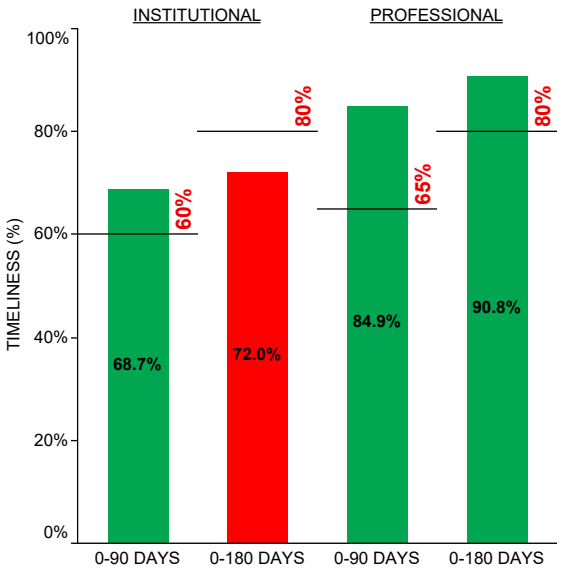
331
TOTAL NEW CASES

1,640
TOTAL OPEN CASES & ENROLLED

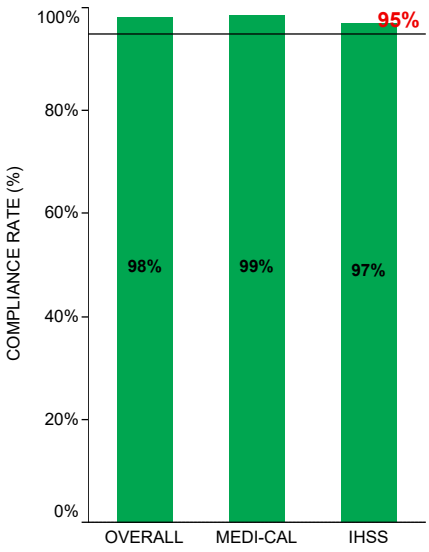
REGULATORY COMPLIANCE

ALL REGULATORY COMPLIANCE MEASURES ARE IN COMPLIANCE WITH THE EXCEPTION OF ENCOUNTER DATA NOT IN COMPLIANCE.

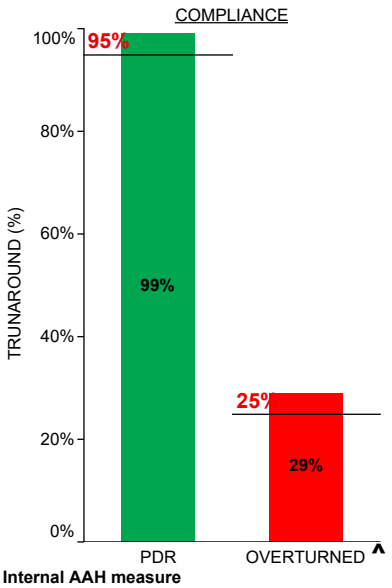
ENCOUNTER DATA



MEDICAL AUTHORIZATIONS



PROVIDER DISPUTES & RESOLUTIONS



^ For Internal AAH measure

CALL CENTER

14,806
CALLS RECEIVED

76%
ANSWERED IN 30 SECONDS

6%
CALLS ABANDONED

CLAIMS

114,519
PROCESSED CLAIMS

77.6%
AUTO ADJUDICATED

23 DAYS
PROCESSED PAYMENTS

STAFF & RECRUITING

314
TOTAL EMPLOYEES

4
HIRED IN THE LAST 30 DAYS

12%
CURRENT VACANCY

2019-2020 Legislative Tracking List

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

This list includes bills that were introduced in 2019 and continue to move through the legislative process as 2-year bills as well as those that have been introduced thus far in the 2020 legislative session.

Medi-Cal (Medicaid)

- **AB 683 (Carillo – D) Medi-Cal Eligibility**
  - **Status:** 1/30/2020-Read third time. Passed. Ordered to the Senate. In Senate. Read first time. To Committee on Rules for assignment.
  - **Summary:** Current law requires Medi-Cal benefits to be provided to individuals eligible for services pursuant to prescribed standards, including a modified adjusted gross income (MAGI) eligibility standard. Current law prohibits the use of an asset or resources test for individuals whose financial eligibility for Medi-Cal is determined based on the application of MAGI. This bill would require the State Department of Health Care Services to disregard, commencing July 1, 2020, specified assets and resources, such as motor vehicles and life insurance policies, in determining the Medi-Cal eligibility for an applicant or beneficiary whose eligibility is not determined using MAGI, subject to federal approval and federal financial participation.

- **AB 1940 (Flora – R) Medi-Cal: Podiatric Services**
  - **Status:** 3/16/2020 – In Committee: Hearing postponed by committee.
  - **Summary:** Would make conforming changes to the provisions that govern applying to be a provider in the Medi-Cal program or for a change of location by an existing provider to include a doctor of podiatric medicine licensed by the California Board of Podiatric Medicine.

- **AB 2032 (Wood – D) Medi-Cal: Medically Necessary Services**
  - **Status:** 3/4/2020 Re-referred to Committee on HEALTH
  - **Summary:** The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under current law, for individuals 21 years of age and older, a service is “medically necessary” if it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain. Current law provides that for individuals under 21 years of age, “medically necessary” or “medical necessity” standards are governed by the definition in federal law. This bill would provide that the above-specified medical necessity standards do not preclude coverage for, and reimbursement of, a clinically appropriate and covered mental health or substance use disorder assessment, screening, or treatment service before a provider renders a diagnosis.

- **AB 2100 (Wood – D) Medi-Cal: Pharmacy Benefits**
  - **Status:** 3/16/2020 – In Committee: Hearing postponed by committee.
  - **Summary:** By executive order, the Governor directed the State Department of Health Care Services to transition pharmacy services for Medi-Cal managed care to a fee-for-service benefit by January 1, 2021. Current law requires the department to convene an advisory group to receive feedback on the changes, modifications, and operational timeframes on the implementation of pharmacy benefits offered in the Medi-Cal program, and to provide regular updates on the

pharmacy transition, including a description of changes in the division of responsibilities between the department and managed care plans relating to the transition of the outpatient pharmacy benefit to fee-for-service. This bill would require the department to establish the Independent Medical Review System (system) for the outpatient pharmacy benefit, and to develop a framework for the system that models the above-described requirements of the Knox-Keene Health Care Service Plan Act.

- **AB 2276 (Reyes – D) Medi-Cal: Blood Lead Screening Tests**
  - **Status:** 2/24/2020 – Referred to Committee on Health
  - **Summary:** Would require the State Department of Health Care Services to ensure that a Medi-Cal beneficiary who is a child receives blood lead screening tests at 12 and 24 months of age, and that a child 2 to 6 years of age, inclusive, receives a blood lead screening test if there is no record of a previous test for that child. The bill would require the department to report its progress toward blood lead screening tests for Medi-Cal beneficiaries who are children, as specified, annually on its internet website, establish a case management monitoring system, and require health care providers to test Medi-Cal beneficiaries who are children. The bill would require the department to notify a child's parent, parents, guardian, or other person charged with their support and maintenance, and the child's health care provider, with specified information, including when a child has missed a required blood lead screening test.

- **AB 2277 (Salas – D) Medi-Cal: Blood Lead Screening Tests**
  - **Status:** 2/24/2020 – Referred to Committee on Health
  - **Summary:** Would require any Medi-Cal managed care health plan contract to impose requirements on the contractor on blood lead screening tests for children, including identifying every enrollee who does not have a record of completing those tests, and reminding the responsible health care provider of the need to perform those tests. The bill would require the State Department of Health Care Services to develop and implement procedures to ensure that a contractor performs those duties, and to notify specified individuals responsible for a Medi-Cal beneficiary who is a child, including the parent or guardian, that their child has missed a required blood lead screening test, as part of an annual notification on preventive services.

- **AB 2692 (Cooper – D) Medi-Cal: Lactation Support**
  - **Status:** 3/2/2020 – Referred to Committee on HEALTH
  - **Summary:** Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Current law requires the department to streamline and simplify Medi-Cal program procedures to improve access to lactation supports and breast pumps among Medi-Cal beneficiaries. This bill would provide that lactation supports include lactation specialists.

- **AB 2729 (Bauer-Kahan – D) Medi-Cal: Presumptive Eligibility**
  - **Status:**3/2/2020 – Referred to Committee on HEALTH
  - **Summary:** Under current law, a minor may consent to pregnancy prevention or treatment services without parental consent. Under existing law, an individual under 21 years of age who qualifies for presumptive eligibility is required to go to a county welfare department office to obtain approval for presumptive eligibility. This bill would expand the presumptive eligibility for pregnant women to all pregnant people, renaming the program "Presumptive Eligibility for Pregnant People" (PE4PP).
- **AB 2871 (Fong – R) Medi-Cal: Substance Use Disorder Services: Reimbursement Rates**

- **Status:** 3/5/2020 – Referred to Committee on HEALTH
- **Summary:** Would require the State Department of Health Care Services, in establishing reimbursement rates for services under Drug Medi-Cal and capitated rates for a Medi-Cal managed care plan contract that covers substance use disorder services to ensure that those rates are equal to the reimbursement rates for similar services provided under the Medi-Cal Specialty Mental Health Services Program.

- **AB 2912 (Gray – D) Medi-Cal Specialty Mental Health Services**
  - **Status:** 3/5/2020 – Referred to Committee on HEALTH
  - **Summary:** Would require, on or before January 1, 2022, the State Department of Health Care Services, in consultation with specified groups, including representatives from the County Welfare Directors Association of California, to identify all forms currently used by each county mental health plan contractor for purposes of determining eligibility and reimbursement for specialty mental health services provided under the Early and Periodic Screening, Diagnostic, and Treatment Program, and to develop standard forms for the intake of, assessment of, and the treatment planning for, Medi-Cal beneficiaries who are eligible for those services to be used by all counties.

- **AB 3118 (Bonta – D) Medically Supportive Food and Nutrition Services**
  - **Status:** 3/9/2020 Referred to Committee on HEALTH
  - **Summary:** Would expand the Medi-Cal schedule of benefits to include medically supportive food and nutrition services, such as medically tailored groceries and meals, and nutrition education. The bill would provide that the benefit include services that link a Medi-Cal beneficiary to community-based food services and transportation for accessing healthy food. The bill would require the department to implement these provisions by various means, including provider bulletins, without taking regulatory action, and would condition the implementation of these provisions to the extent permitted by federal law, the availability of federal financial participation, and the department securing federal approval.

- **SB 29 (Durazno – D) Medi-Cal: Eligibility**
  - **Status:** 1/3/2020 –Read second time. Ordered to third reading. (Set for hearing on 1/6/20)
  - **Summary:** This bill would, subject to an appropriation by the Legislature, extend eligibility for full-scope Medi-Cal benefits to individuals who are 65 years or older, who are otherwise eligible for those benefits but for their immigration status, and would delete provision delaying implementation until the director makes the determination as specified.

- **SB 885 (Pan – D) Sexually Transmitted Diseases**
  - **Status:** 3/18/2020 – March 23 hearing postponed by committee.
  - **Summary:** Would specify that family planning services for which a Medi-Cal managed care plan may not restrict a beneficiary's choice of a qualified provider include sexually transmitted disease (STD) testing and treatment. The bill would, subject to an appropriation by the Legislature, authorize an office visit to a Family PACT waiver provider or Medi-Cal provider for STD-related services for uninsured, income-eligible patients, or patients with health care coverage who have confidentiality concerns and who are not at risk for pregnancy, to be reimbursed at the same rate as comprehensive clinical family planning services.

- **SB 936 (Pan – D) Medi-Cal Managed Care Plans: Contract Procurement**
  - **Status:** 3/16/2020 – Re-referred to Committee on HEALTH

- **Summary:** Would require the Director of Health Care Services to conduct a contract procurement at least once every 5 years if the director contracts with a commercial Medi-Cal managed care plan for the provision of care of Medi-Cal beneficiaries on a state-wide or limited geographic basis, and would authorize the director to extend an existing contract for one year if the director takes specified action, including providing notice to the Legislature, at least one year before exercising that extension. The bill would require the department to establish a stakeholder process in the planning and development of each Medi-Cal managed care contract procurement process, and would provide that the stakeholders include specified individuals, such as health care providers and consumer advocates.

- **SB 1073 Medi-Cal: California Special Supplemental Nutrition Program for WIC**
  - **Status:** 4/3/2020 – From committee with author's amendments. Read second time and amended. Re-referred to Committee on HEALTH.
  - **Summary:** Would require the State Department of Health Care Services to designate the WIC Program and its local WIC agencies as Express Lane agencies, and to use WIC Program eligibility determinations to meet Medi-Cal program eligibility requirements, including financial eligibility and state residence. The bill would require the department, in collaboration with specified entities, such as program offices for the WIC Program and local WIC agencies, to complete various tasks; including receiving eligibility findings and information from WIC records on WIC recipients to process their Medi-Cal program expedited eligibility determination.

Group Care

- **AB1973 (Kamlager – D) Health Care Coverage: Abortion Services: Cost Sharing**
  - **Status:** 3/2/2020 Re-referred to Committee on HEALTH
  - **Summary:** Would prohibit a health care service plan or an individual or group policy of disability insurance that is issued, amended, renewed, or delivered on or after January 1, 2021, from imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement on coverage for all abortion services, as specified, and additionally would prohibit cost sharing from being imposed on a Medi-Cal beneficiary for those services. The bill would apply the same benefits with respect to an enrollee's or insured's covered spouse and covered non-spouse dependents. The bill would not require an individual or group health care service plan contract or disability insurance policy to cover an experimental or investigational treatment. Because a violation of the bill by a health care service plan would be a crime, the bill would impose a state-mandated local program.

- **AB 2144 (Arambula – D) Health Care Coverage: Step Therapy**
  - **Status:** 3/16/2020 Referred to Committee on HEALTH
  - **Summary:** Would clarify that a health care service plan may require step therapy if there is more than one drug that is appropriate for the treatment of a medical condition. The bill would require a health care service plan or health insurer to expeditiously grant a step therapy exception if specified criteria are met. The bill would authorize an enrollee or insured or their designee, guardian, primary care physician, or health care provider to file an appeal of a prior authorization or the denial of a step therapy exception request, and would require a health care service plan or health insurer to designate a clinical peer to review those appeals. The bill would require a health care service plan, health insurer, or utilization review organization to annually report specified information about their step therapy exception requests and prior authorization requests to the Department of Managed Health Care or the Department of Insurance, as appropriate.

- **SB 1033 (Pan – D) Health Care Coverage: Utilization Review Criteria**
  - **Status:** 2/27/2020 – Re-referred to Committee on HEALTH.
  - **Summary:** Would authorize the Department of Managed Health Care and the Insurance Commissioner, as appropriate, to review a plan's or insurer's clinical criteria, guidelines, and utilization management policies to ensure compliance with existing law. If the criteria and guidelines are not in compliance with existing law, the bill would authorize the Director of the Department of Managed Health Care or the commissioner to issue a corrective action and send the matter to enforcement, if necessary.

COVID-19

- **AB 89 (Ting – D) Budget Act of 2019**
  - **Status:** 3/16/2020 From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time and amended and re-referred to committee on Budget.
  - **Summary:** Would amend the Budget Act of 2019 by appropriating $500,000,000 from the General Fund to be used for any purpose related to the Governor's March 4, 2020 proclamation of a state of emergency. This bill would authorize additional appropriations in increments of $50,000,000, up to a total appropriation of $1,000,000,000. The bill would amend the act to state the Legislature's intent that the administration work with stakeholders, including members of the Legislature and legislative staff, to develop strategies to be considered for inclusion in the Budget Act of 2020 to provide assistance related to the impacts of COVID-19. The bill would amend the act by adding an item of appropriation to the Department of Resources Recycling and Recovery.

- **SB 117 (Committee on Budget and Fiscal Review) Education Finance Education Finace: Daily attendance and timeline waivers: protective equipment and cleaning appropriation: COVID-19**
  - **Status:** 3/17/2020 Chaptered by Secretary of State – Chapter 3, Statutes of 2020.
  - **Summary:** Current law requires the governing board of a school district to report to the Superintendent of Public Instruction during each fiscal year the average daily attendance of the school district for all full school months, and describes the period between July 1 and April 15, inclusive, as the "second period" report for the second principal apportionment. Current law requires a county superintendent of schools to report the average daily attendance for the school and classes maintained by the county superintendent and the average daily attendance for the county school tuition fund. For local educational agencies that comply with Executive Order N–26–20, this bill would specify that for purposes of attendance claimed for apportionment purposes pursuant to the provision described above, for the 2019–20 school year average daily attendance reported to the State Department of Education for the second period and the annual period for local educational agencies only includes all full school months from July 1, 2019, to February 29, 2020, inclusive.

- **AB 2887 (Bonta – D) Statewide Emergencies: Mitigation**
  - **Status:** 3/17/2020 – Re-referred to Committee on Accountability & Admin Review.
  - **Summary:** For purposes of state apportionments to public schools, if the average daily attendance of a school district, county office of education, or charter school during a fiscal year has been materially decreased during a fiscal year because of a specified event, including an epidemic, current law requires the Superintendent of Public Instruction to estimate the average daily attendance in a manner that credits to the school district, county office of education, or charter school the total average daily attendance that would have been credited had the emergency not occurred. This bill would revise the above-described triggering event to be an epidemic, pandemic, or outbreak of infectious disease, and would provide that the various

specified triggering events apply to decreases in average daily attendance due to illness, quarantine, social isolation, and social distancing, absences taken as preemptive measures, independent study and distance learning requests, and pupils who are absent due to quarantine, but cannot provide the appropriate documentation.

- **AB 3216 (Kalra – D) Employee Leave: Authorization: Coronavirus**
  - **Status:** 3/17/2020 – In Committee: Hearing postponed by committee.
  - **Summary:** Would make it an unlawful employment practice for an employer, as defined, to refuse to grant a request by an eligible employee to take family and medical leave due to the coronavirus (COVID-19), as specified. The bill would require a request under this provision to be made and granted in a similar manner to that provided under the California Family Rights Act (CFRA). The bill would specify that an employer is not required to pay an employee for the leave taken, but would authorize an employee taking a leave to elect, or an employer to require, a substitution of the employee's accrued vacation or other time off during this period and any other paid or unpaid time off negotiated with the employer.

- **SB 89 (Committee on Budget and Fiscal Review) Budget Act of 2019**
  - **Status:** 3/17/2020 Chaptered by Secretary of State – Chapter 2, Statutes of 2020.
  - **Summary:** Would amend the Budget Act of 2019 by appropriating $500,000,000 from the General Fund to be used for any purpose related to the Governor's March 4, 2020 proclamation of a state of emergency. This bill would authorize additional appropriations in increments of $50,000,000, up to a total appropriation of $1,000,000,000. The bill would amend the act to state the Legislature's intent that the administration work with stakeholders, including members of the Legislature and legislative staff, to develop strategies to be considered for inclusion in the Budget Act of 2020 to provide assistance related to the impacts of COVID-19. The bill would amend the act by adding an item of appropriation to the Department of Resources Recycling and Recovery.

- **SB 943 (Chang – R) Paid Family Leave: School Closures: COVID-19**
  - **Status:** 3/26/2020 – From committee with author's amendments. Read second time and amended. Re-referred to Committee on Rules.
  - **Summary:** Current law establishes within the state disability insurance program a family temporary disability insurance program, also known as the Paid Family Leave program, for the provision of wage replacement benefits to workers who take time off work to care for a seriously ill family member or to bond with a minor child within one year of birth or placement, as specified. This bill would, until January 1, 2021, also authorize wage replacement benefits to workers who take time off work to care for a minor child whose school has been closed due to the COVID-19 virus outbreak.

- **SB 939 (Wiener – D) Emergencies: COVID-19 Evictions**
  - **Status:** 3/25/2020 From committee with author's amendments. Read second time and amended. Re-referred to Committee on Rules.
  - **Summary:** Would prohibit the eviction of tenants of commercial real property, including businesses and non-profit organizations, during the pendency of the state of emergency proclaimed by the Governor on March 4, 2020, related to COVID-19. The bill would make it a misdemeanor, an act of unfair competition, and an unfair business practice to violate the foregoing prohibition. The bill would render void and unenforceable evictions that occurred after the proclamation of the state of emergency but before the effective date of this bill. The bill would not prohibit the continuation of evictions that lawfully began prior to the proclamation of the state of

emergency, and would not preempt local ordinances prohibiting or imposing more severe penalties for the same conduct.

- **SB 1088 (Rubio – D) Homelessness: Domestic Violence Survivors**
  - **Status:** 4/2/2020 – From committee with author's amendments. Read second time and amended. Re-referred to Committee on Rules.
  - **Summary:** Would require a city, county, or continuum of care to use at least 12% of specified homelessness prevention or support moneys for services for domestic violence survivors experiencing or at risk of homelessness. The bill would require local agencies, on or before January 1, 2022, to establish and submit to the Department of Housing and Community Development an actionable plan to address the needs of domestic violence survivors and their children experiencing homelessness. By placing new duties on cities, counties, and continuums of care, the bill would impose a state-mandated local program.

- **SB 1276 (Rubio – D) The Comprehensive Statewide Domestic Violence Program**
  - **Status:** 4/2/2020 – From committee with author's amendments. Read second time and amended. Re-referred to Committee on Rules.
  - **Summary:** Current law requires the Office of Emergency Services to provide financial and technical assistance to local domestic violence centers in implementing specified services. Current law authorizes domestic violence centers to seek, receive, and make use of any funds that may be available from all public and private sources to augment state funds and requires centers receiving funds to provide cash or an in-kind match of at least 10% of the funds received. This bill would remove the requirement for centers receiving funds to provide cash or an in-kind match for the funds received. The bill would make related findings and declarations.

- **SB 1322 (Rubio – D) Remote Online Notarization Act**
  - **Status:** 4/3/2020 – From committee with author's amendments. Read second time and amended. Re-referred to Committee on Rules.
  - **Summary:** Would declare that it is to take effect immediately as an urgency statute.

Other

- **AB 2055 (Wood – D) Specialty Mental Health Services and Substance Use Disorder Treatment**
  - **Status:** 3/17/2020 Re-referred to Committee on HEALTH.
  - **Summary:** Would require the State Department of Health Care Services to establish, implement, and administer the Behavioral Health Quality Improvement Program to assist county mental health plans and counties that administer the Drug Medi-Cal Treatment Program or the Drug Medi-Cal organized delivery system for purposes of preparing those entities for implementation of the behavioral health components included in the Medi-Cal Healthier California for All initiative, and would establish in the State Treasury the Behavioral Health Quality Improvement Account to fund those efforts. The bill would require the department to determine the methodology and distribution of funds appropriated to those entities.

- **AB 2279 (Garcia – D) Childhood Lead Poisoning Prevention**
  - **Status:** 2/24/20 – Referred to Committees on HEALTH and Environmental Safety & Toxic Materials.
  - **Summary:** The Childhood Lead Poisoning Prevention Act of 1991 establishes the Childhood Lead Poisoning Prevention Program and requires the State Department of Public Health to adopt regulations establishing a standard of care, at least as stringent as the most recent federal Centers for Disease Control and Prevention screening guidelines. Current law provides that the

standard of care shall require a child who is determined to be at risk for lead poisoning to be screened. Current law requires the regulations to include the determination of specified risk factors, including a child's time spent in a home, school, or building built before 1978. This bill would add several risk factors to be considered as part of the standard of care specified in regulations, including a child's residency in or visit to a foreign country, or their residency in a high-risk ZIP Code, and would require the department to develop, by January 1, 2021, the regulations on the additional risk factors, in consultation with the specified individuals.

- **AB 2409 (Kalra – D) Medi-Cal: Assisted Living Waiver program**
  - **Status:** 3/17/2020 – In committee: Hearing postponed by committee.
  - **Summary:** Current law requires the State Department of Health Care Services to develop a federal waiver program, known as the Assisted Living Waiver program, to test the efficacy of providing an assisted living benefit to beneficiaries under the Medi-Cal program. Current law requires that the benefit include the care and supervision activities specified for residential care facilities for the elderly, and conditions the implementation of the program to the extent federal financial participation is available and funds are appropriated or otherwise available for the program. This bill would, subject to the department obtaining federal approval and on the availability of federal financial participation, require the department to submit to the federal Centers for Medicare and Medicaid Services a request for an amendment of the Assisted Living Waiver program to increase its provider reimbursement tiers to compensate for mandatory minimum wage increases.

- **AB 2413 (Ting – D) CalFresh: Eligibility and Reporting**
  - **Status:** 2/24/2020 – Referred to Committee on Human Services
  - **Summary:** Would require the State Department of Social Services to establish and require the use of self-attestation by CalFresh applicants and beneficiaries to verify required information to the extent permitted by federal law and to apply for any waivers necessary to simplify verification requirements. The bill would require the department to issue guidance that prohibits a county human services agency from requesting additional documents to verify dependent care expenses, except as specified. The bill would require the department to take specified actions in an effort to expand CalFresh program outreach and retention and improve dual enrollment between the CalFresh and Medi-Cal programs.

- **AB 2464 (Aguilar-Curry – D) Statewide Pediatric Behavioral Telehealth Networks**
  - **Status:** 3/17/2020 – In committee: Hearing postponed by committee.
  - **Summary:** Would establish a grant program for purposes of establishing and funding a statewide pediatric behavioral telehealth network, subject to a competitive grant process. The California Health and Human Services Agency shall implement the grant program. The bill would require funding made available for these purposes to be expended to build the clinical infrastructure to support 10 telehealth hubs, as defined, throughout the state.

- **AB 2535 (Mathis – R) Denti-Cal Provider Pilot Program**
  - **Status:** 3/17/2020 – In committee: Hearing postponed by committee.
  - **Summary:** Current law establishes various pilots and programs, including the Caries Risk Assessment and Disease Management Pilot, a dental integration pilot program in County of San Mateo, and a dental outreach and education program, which address dental services provided under the Medi-Cal program. This bill would require the State Department of Health Care Services to establish and administer a 5-year pilot program to educate and train Denti-Cal providers on how to effectively serve Medi-Cal beneficiaries with intellectual or developmental disabilities who

are regional center consumers, to contract with an independent evaluator, and to utilize an expert to perform specified duties, including advising on the design of the pilot program.

- **AB 2581 (Reyes – D) Department of Early Childhood Development**
  - **Status:** 3/12/2020 – Referred to Committee on Human Services and Education
  - **Summary:** Would establish the Department of Early Child Development within the California Health and Human Services Agency, and would require the new department to consolidate leadership on programs and issues relating to the administration of early learning and care and to centralize and build a coherent and whole person early learning and care system to improve service delivery for children, families, and providers by maximizing federal, state, and local resources. The bill would transfer the duties, powers, functions, jurisdiction, and responsibilities of specified programs and entities relating to early childhood care and learning from various departments, including the State Department of Education and the State Department of Social Services, to the Department of Early Child Development.

- **AB 2807 (Rubio – D) Medically Tailored Meals Pilot Program**
  - **Status:** 3/12/2020 Referred to Committee on HEALTH
  - **Summary:** Current law, until January 1, 2021, or until funding is no longer available, requires the State Department of Health Care Services to establish a 3-year pilot program in specified counties, including the Counties of Alameda and Sonoma, to provide medically tailored meals, as defined, to Medi-Cal participants with specified health conditions, such as cancer and renal disease. Current law requires the department to evaluate, at the conclusion of the program, the impact of the pilot program on specified matters related to participants, including hospital readmission and emergency room utilization rates, and to send a report on the evaluation, on or before January 1, 2021, or within 12 months after the end of the program, to the Legislature. This bill would, commencing January 1, 2021, include the Counties of Fresno and Kern in the program, would extend the program to January 1, 2025, and would make conforming changes.

- **SB 65 (Pan – D): Health Care Coverage: Financial Assistance**
  - **Status: 1/23 –** From committee with author's amendments. Read second time and amended. Re-referred to Committee on Appropriations.
  - **Summary:** This bill would require that Covered California, until January 1, 2023, administer an individual market assistance program to provide health care coverage financial assistance to California residents with household incomes below 600% of the FPL.

- **SB 852 (Pan – D) Health Care: Prescription Drugs**
  - **Status:** 3/16/2020 – From committee with author's amendments. Read second time and amended. Re-referred to Committee on Rules
  - **Summary:** Would state the intent of the Legislature to introduce legislation to require the State of California to manufacture generic prescription drugs for the purposes of controlling prescription drug costs. The bill would also make related findings and declarations.

- **SB 1065 (Hertzberg – D) CalWORKs: Homeless Assistance**
  - **Status:** 3/23/2020 – March 23 hearing postponed by committee.
  - **Summary:** Would require the county welfare department, if a family has secured and been approved for permanent housing assistance, to extend the 16-day temporary homeless assistance until the last day of the month in which the permanent housing is secured, or the date that the family moves into the approved permanent housing, whichever occurs first.

ALAMEDA Alliance FOR HEALTH

Health care you can count on.
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Operations Dashboard

Alameda Alliance for Health
Operations Dashboard
- April-2020 -

ID	Section	Subject Area	Category	Performance Metric					ID
1	1	Financials			Feb-20 FYTD		%	Annual Budget	1
2									2
3			Income & Expenses	Revenue $	$644,842,030		68.9%	$935,483,328	3
4				Medical Expense $	$596,195,881		67.8%	$879,173,524	4
5				*Inpatient (Hospital)*	$164,138,352		*27.5%*	$246,892,599	5
6				*Outpatient/Ancillary*	$164,361,158		*27.6%*	$240,198,558	6
7				*Emergency Department*	$26,032,366		*4.4%*	$38,603,091	7
8				*Pharmacy*	$104,828,757		*17.6%*	$157,323,732	8
9				*Primary Care*	$65,690,865		*11.0%*	$87,881,542	9
10				*Specialty Care*	$56,256,437		*9.4%*	$83,501,269	10
11				*Other*	$14,887,946		*2.5%*	$24,772,732	11
12				Admin Expense $	$35,754,021		59.0%	$60,618,392	12
13				Other Income / (Exp.) $	$2,993,542		4.9%	$4,013,097	13
14				Net Income $	$15,885,670			($295,490)	14
15				Gross Margin %	7.5%			6.0%	15
16			Liquid Reserves	Medical Loss Ratio (MLR) - Net %	92.5%			94.0%	16
17				Tangible Net Equity (TNE) %	603.3%			564.9%	17
18				Tangible Net Equity (TNE) $	$196,632,925			$180,451,765	18
19			Reinsurance Cases	2019-2020 Cases Submitted	7				19
20				2019-2020 New Cases Submitted	1				20
21				2018-2019 Cases Submitted	25				21
22				2018-2019 New Cases Submitted	0				22
23			Balance Sheet	Cash Equivalents	$266,986,524				23
24				Pass-Through Liabilities	$107,503,190				24
25				Uncommitted Cash	$159,483,334				25
26				Working Capital	$186,407,458				26
27				Current Ratio %	180.5%			100%	27
28									28
29	2	Membership			Dec-19	Jan-20	Feb-20	%	Feb-20 Budget	29
30										30
31			Medi-Cal Members	Adults	32,066	31,620	31,635	13%	32,837	31
32				Children	89,056	88,329	88,086	37%	90,110	32
33				Seniors & Persons with Disabilities (SPDs)	25,687	25,571	25,853	10%	25,165	33
34				ACA Optional Expansion (ACA OE)	78,154	77,093	76,921	31%	79,428	34
35				Dual-Eligibles	17,776	17,800	17,844	7%	17,190	35
36										36
37				Total Medi-Cal	242,739	240,413	240,339	98%	244,730	37
38			IHSS Members	IHSS	6,092	6,048	6,005	2%	5,976	38
39			Total Membership	Medi-Cal and IHSS	248,831	246,461	246,344	100%	250,706	39
40										40
41			Members Assigned By Delegate	Direct-contracted network	47,978	47,700	48,187	20%		41
42				Alameda Health System (Direct Assigned)	46,232	45,665	45,594	19%		42
43				Children's First Medical Group	29,654	29,460	29,338	12%		43
44				Community Health Center Network	92,167	91,165	90,696	37%		44
45				Kaiser Permanente	32,800	32,471	32,529	13%		45
46										46

Alameda Alliance for Health
Operations Dashboard
- April-2020 -

ID	Section	Subject Area	Category	Performance Metric						ID
47	3	Claims			Jan-20	Feb-20	Mar-20	%	Performance Goal	47
48										48
49			HEALTHsuite Claims Processing	Number of Claims Received	126,044	118,309	115,716			49
50				Number of Claims Paid	87,935	87,043	88,585			50
51				Number of Claims Denied	27,294	24,901	25,934			51
52				Inventory (Unfinalized Claims)	90,667	93,704	93,882			52
53				Pended Claims (Days)	15,284	17,374	15,090	16%		53
54				*0-29 Calendar Days*	15,094	16,899	14,914	16%		54
55				*30-44 Calendar Days*	179	474	175	0%		55
56				*45-59 Calendar Days*	2	1	0	0%		56
57				*60-89 Calendar Days*	3	0	1	0%		57
58				*90-119 Calendar Days*	6	0	0	0%		58
59				*120 or more Calendar Days*	0	0	0	0%		59
60				Total Claims Paid (dollars)	43,545,887	39,341,688	40,696,062			60
61				Interest Paid (Total Dollar)	25,066	24,268	19,825	0%		61
62				Auto Adjudication Rate (%)	75.8%	79.6%	77.6%		70%	62
63				Average Payment Turnaround (days)	23	23	23		25 days or less	63
64			Claims Auditing	# of Pre-Pay Audited Claims	1,875	1,557	1,303			64
65			Claims Compliance	% of Claims Processed Within 30 Cal Days (DHCS Goal = 90%)	98%	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			Jan-20	Feb-20	Mar-20	%	Performance Goal	69
70										70
71			Member Call Center	Inbound Call Volume	19,841	17,709	14,806			71
72				Calls Answered in 30 Seconds %	74.0%	70.0%	76.0%		80.0%	72
73				Abandoned Call Rate %	7.0%	6.0%	6.0%		5.0% or less	73
74				Average Wait Time	00:53	01:04	00:37			74
75				Average Call Duration	07:55	07:59	08:03			75
76				Outbound Call Volume	11,463	10,126	10,113			76
77										77
78	5	Provider Services			Jan-20	Feb-20	Mar-20	%	Performance Goal	78
79										79
80			Provider Call Center	Inbound Call Volume	6,256	5,179	6,191			80
81										81
82	6	Provider Contracting			Jan-20	Feb-20	Mar-20	%	Performance Goal	82
83										83
84			Provider Network	Primary Care Physician	581	579	583			84
85				Specialist	7,008	7,038	7,021			85
86				Hospital	17	17	17			86
87				Skilled Nursing Facility	58	58	58			87
88				Durable Medical Equipment	Capitated	Capitated	Capitated			88
89				Urgent Care	10	10	10			89
90				Health Centers (FQHCs and Non-FQHCs)	68	68	68			90
91				Transportation	380	380	380			91
92			Provider Credentialing	Number of Providers in Credentialing	1,457	1,409	1,423			92
93				Number of Providers Credentialed	1,457	1,409	1,423			93
94										94

Alameda Alliance for Health
Operations Dashboard
- April-2020 -

ID	Section	Subject Area	Category	Performance Metric						ID
95	7	Human Resources & Recruiting			Jan-20	Feb-20	Mar-20	%	Annual Budget	95
96										96
97			Employees	Total Employees	313	315	314		319	97
98				Full Time Employees	312	314	312	99%		98
99				Part Time Employees	1	1	2	1%		99
100				New Hires	3	4	4			100
101				Separations	3	1	5			101
102				Open Positions	32	36	38	12%	10% or less	102
103				Signed Offer Letters Received	5	6	2			103
104				Recruiting in Process	27	30	36	10%		104
105										105
106			Non-Employee (Temps / Seasonal)		5	5	5			106
107										107
108	8	Compliance			Jan-20	Feb-20	Mar-20	%	Performance Goal	108
109										109
110			Provider Disputes & Resolutions	Turnaround Compliance (45 business days)	97%	99%	99%		95%	110
111				% Overturned	27%	21%	29%		25% or less	111
112										112
113			Member Grievances	Overall Standard Grievance Compliance Rate % (30 calendar days)	99%	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%	98%		95%	116
117				Overall Expedited Appeal Compliance Rate (3 calendar days)	100%	100%	100%		95%	117
118										118
119	9	Encounter Data & Technology			Jan-20	Feb-20	Mar-20		Performance Goal	119
120										120
121			Business Availability	HEALTHsuite (Claims and Membership System)	100.00%	100.00%	100.00%		99.99%	121
122				TruCare (Care Management System)	100.00%	100.00%	100.00%		99.99%	122
123				All Other Applications and Systems	100.00%	100.00%	100.00%		99.99%	123
124										124
125			Encounter Data	Inbound Trading Partners 837 (Trading Partner To AAH)						125
126				Timeliness of file submitted by Due Date	100.00%	100.00%	100.00%		100.0%	126
127										127
128				AAH Outbound 837 (AAH To DHCS)						128
129				Timeliness - % Within Lag Time - Institutional 0-90 days	94.4%	89.2%	68.7%		60.0%	129
130				Timeliness - % Within Lag Time - Institutional 0-180 days	98.7%	98.8%	72.0%		80.0%	130
131				Timeliness - % Within Lag Time - Professional 0-90 days	92.9%	91.2%	84.9%		65.0%	131
132				Timeliness - % Within Lag Time - Professional 0-180 days	98.0%	97.9%	90.8%		80.0%	132
133										133

Alameda Alliance for Health
Operations Dashboard
- April-2020 -

ID	Section	Subject Area	Category	Performance Metric	Jan-20	Feb-20	Mar-20	QTR 1	Performance Goal	ID
134	10	Health Care Services								134
135										135
136			Authorization Turnaround	Overall Authorization Turnaround % Compliant	98%	98%	98%	98%	95%	136
137				Medi-Cal %	98%	98%	99%	98%	95%	137
138				Group Care %	96%	98%	97%	97%	95%	138
139										139
140			Outpatient Authorization Denial Rates	Overall Denial Rate (%)	4.4%	3.9%	2.7%			140
141				Denial Rate Excluding Partial Denials (%)	4.3%	3.8%	2.5%			141
142				Partial Denial Rate (%)	0.1%	0.1%	0.2%			142
143										143
144			Pharmacy Authorizations	Approved Prior Authorizations	666	614	711	40%		144
145				Denied Prior Authorizations	544	528	469	27%		145
146				Closed Prior Authorizations	564	516	579	33%		146
147				Total Prior Authorizations	1,774	1,658	1,759			147
148										148
149					Dec-19	Jan-20	Feb-20			149
150										150
151			Inpatient Utilization	Days / 1000	256.9	286.3	246.3			151
152				Admits / 1000	63.7	67.9	65.3			152
153				Average Length of Stay	4.0	4.2	3.8			153
154										154
155			Emergency Department (ED) Utilization	# ED Visits / 1000	53.27	55.53	39.86			155
156										156
157			Case Management	New Cases						157
158				Care Coordination	235	259	267			158
159				Complex Case Management	18	34	40			159
160				Health Homes	47	23	19			160
161				Whole Person Care (AC3)	11	5	5			161
162				Total New Cases	311	321	331			162
163										163
164				Open Cases						164
165				Care Coordination	653	662	657			165
166				Complex Case Management	40	57	69			166
167				Total Open Cases	693	719	726			167
168										168
169				Enrolled						169
170				Health Homes	704	709	691			170
171				Whole Person Care (AC3)	221	221	223			171
172				Total Enrolled	925	930	914			172
173										173
174				Total Case Management (Open Cases & Enrolled)	1,618	1,649	1,640			174
175										175

Finance

Gil Riojas

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

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

Date: **April 10, 2020**

Subject: **Finance Report**

Executive Summary

- For the month ended February 29, 2020, the Alliance had enrollment of 246,344 members, a Net Income of $487,000, and 603% of required Tangible Net Equity (TNE).

Overall Results: (in Thousands)

	Month	YTD
Revenue	$78,961	$644,842
Medical Expense	74,360	596,196
Admin. Expense	4,441	35,754
Other Inc. / (Exp.)	327	2,994
Net Income	$487	$15,886

Net Income by Program:

	Month	YTD
Medi-Cal	$759	$16,343
Group Care	(271)	(458)
	$487	$15,886

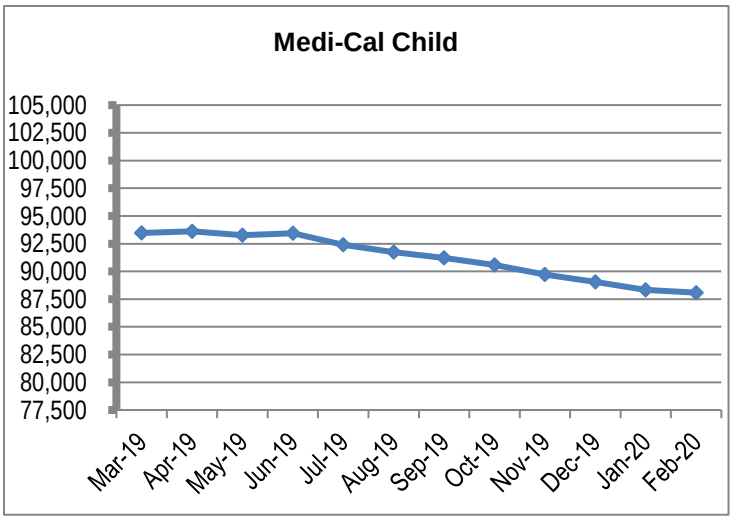
Enrollment

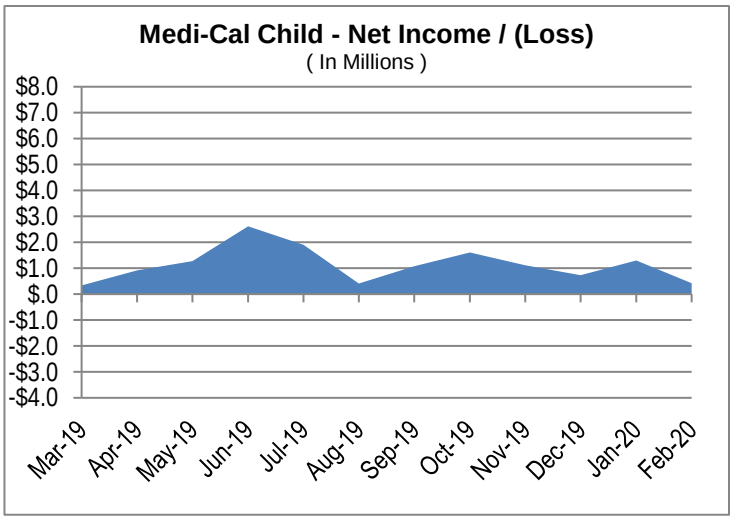
- Total enrollment decreased by 117 members since January 2020.
- Total enrollment decreased by 12,041 members since June 2019.

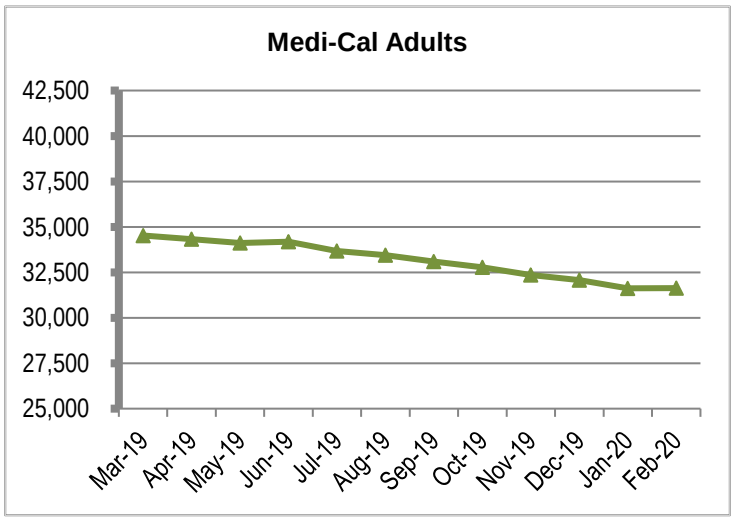
Monthly Membership and YTD Member Months
Actual vs. Budget
For the Month and Fiscal Year-to-Date

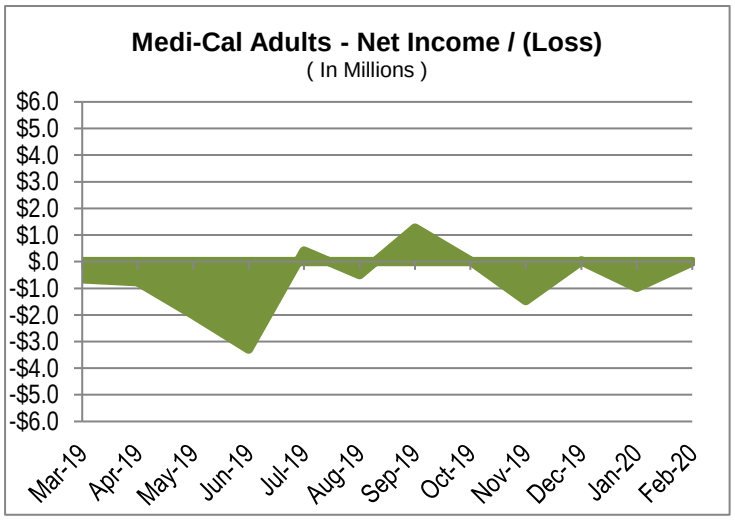
Enrollment					Member Months			
February-2020					Year-to-Date			
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
				Medi-Cal:				
31,636	32,837	(1,201)	-3.7%	Adults	260,661	266,517	(5,856)	-2.2%
88,086	90,110	(2,024)	-2.2%	Child	721,128	731,376	(10,248)	-1.4%
25,853	25,165	688	2.7%	SPD	205,837	204,252	1,585	0.8%
17,843	17,190	653	3.8%	Duals	141,841	139,525	2,316	1.7%
76,921	79,428	(2,507)	-3.2%	ACA OE	633,961	643,425	(9,464)	-1.5%
240,339	244,730	(4,391)	-1.8%	Medi-Cal Total	1,963,428	1,985,095	(21,667)	-1.1%
6,005	5,976	29	0.5%	Group Care	48,280	47,808	472	1.0%
246,344	250,706	(4,362)	-1.7%	Total	2,011,708	2,032,903	(21,195)	-1.0%

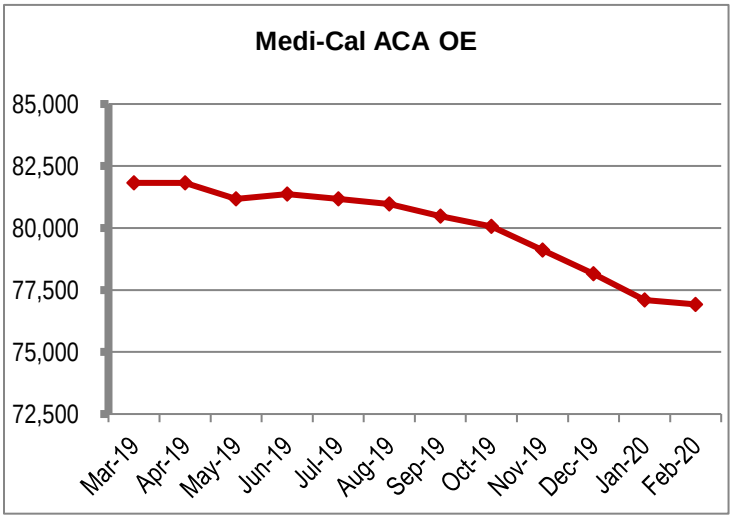
Enrollment and Profitability by Program and Category of Aid

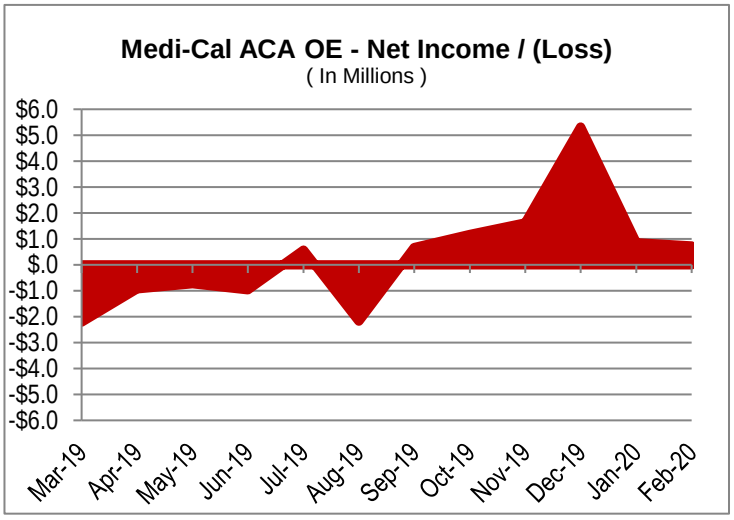




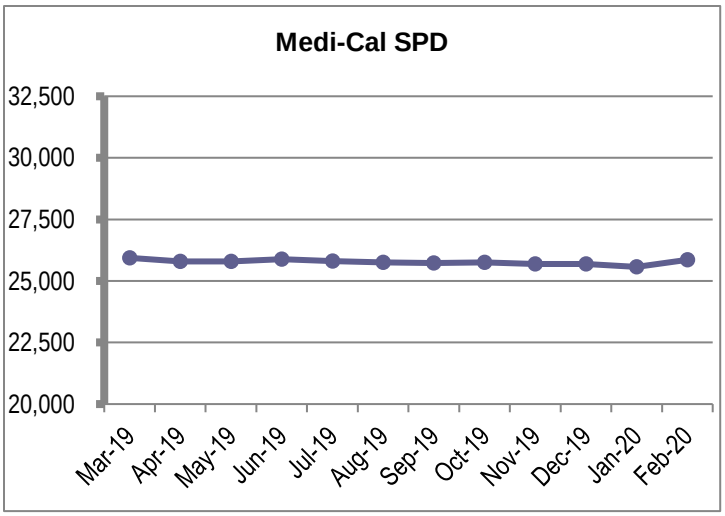


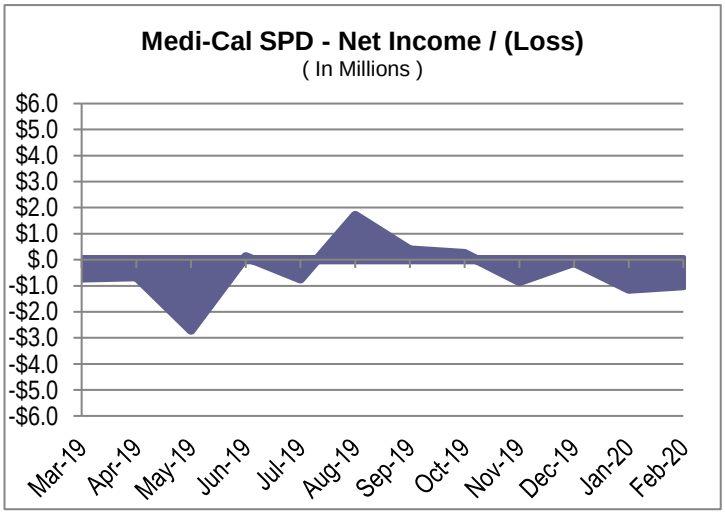


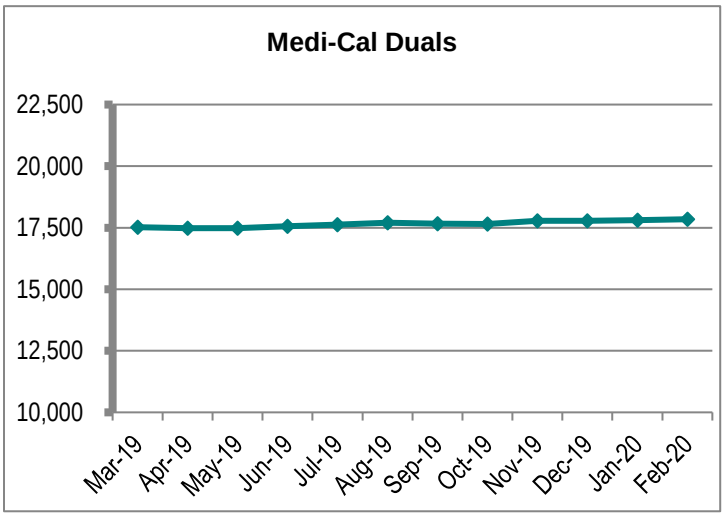


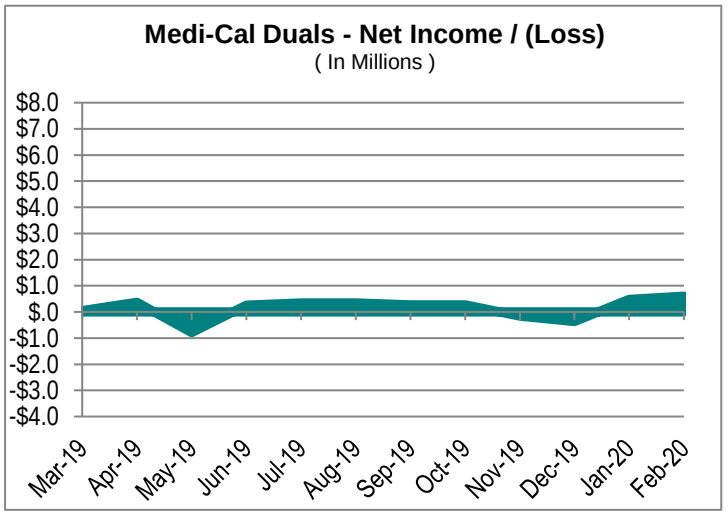


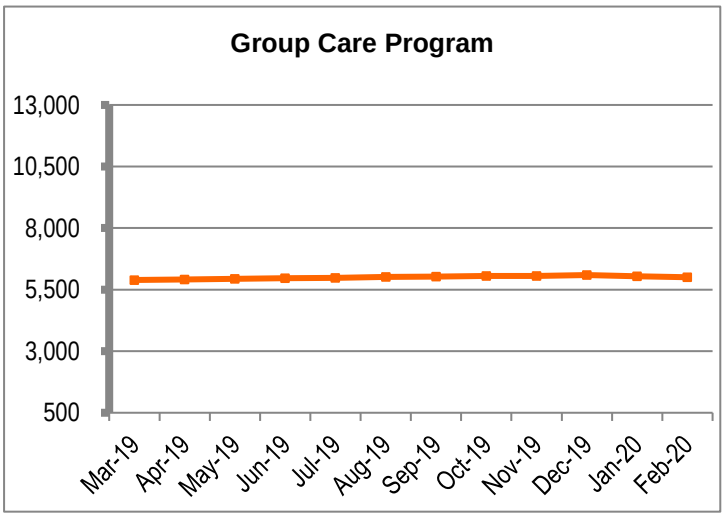
Enrollment and Profitability by Program and Category of Aid

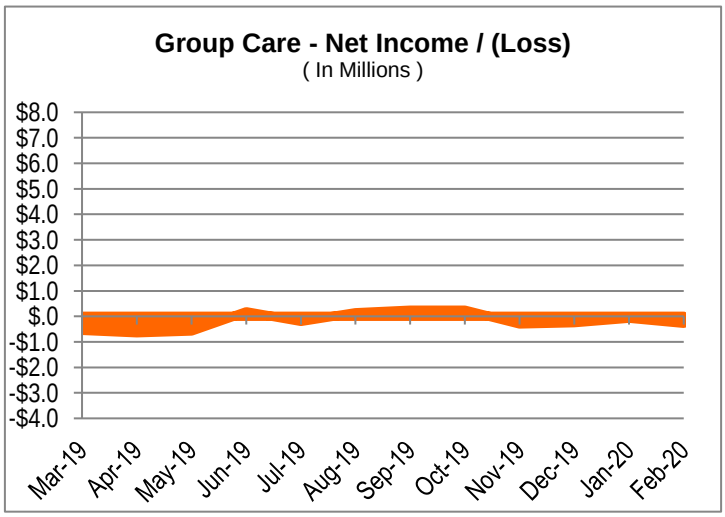








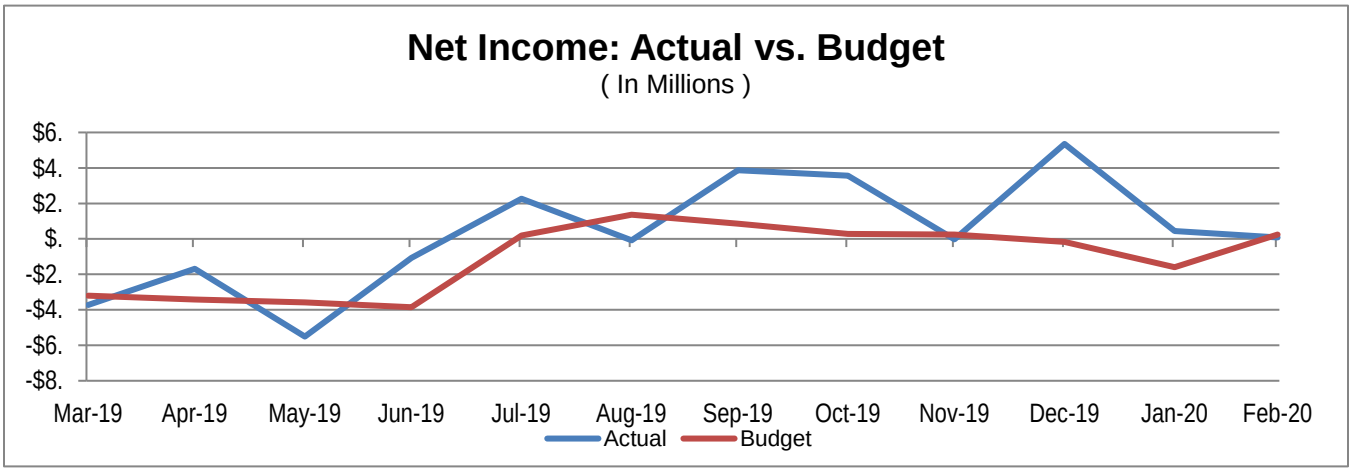




Net Income

- For the month ended February 29, 2020:
  - Actual Net Income: $487,000.
  - Budgeted Net Income: $244,000.

- For the year-to-date (YTD) ended February 29, 2020:
  - Actual YTD Net Income: $15.9 million.
  - Budgeted YTD Net Income: $3.5 million.

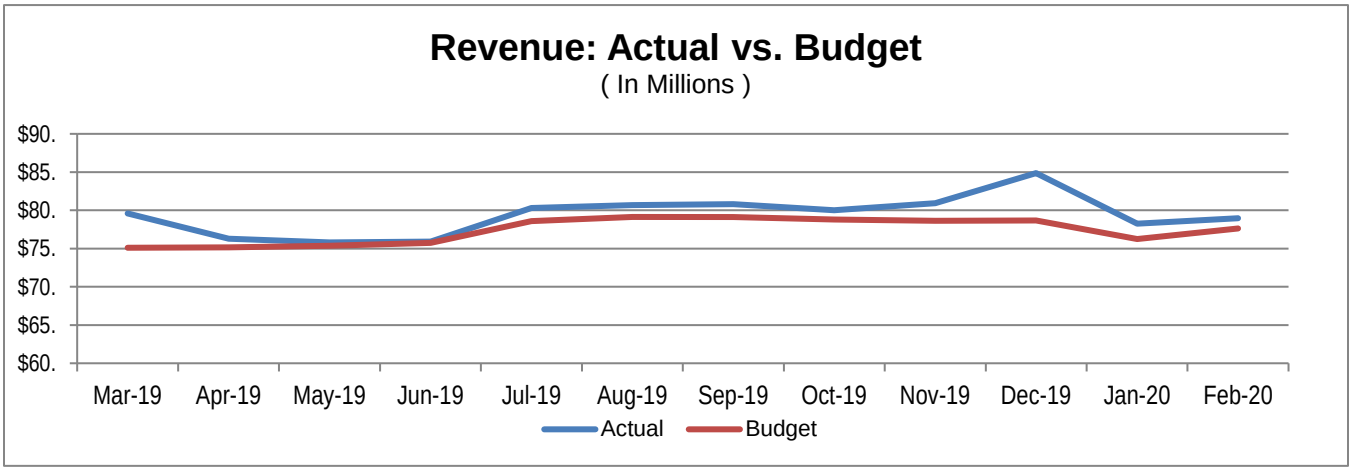


- The favorable variance of $243,000 in the current month is due to:
  - Favorable $1.3 million higher than anticipated Revenue.
  - Unfavorable $1.5 million higher than anticipated Medical Expense.
  - Favorable $450,000 lower than anticipated Administrative Expense.
  - Unfavorable $2,000 lower than anticipated Other Income & Expense.

Revenue

- For the month ended February 29, 2020:
  - Actual Revenue: $79.0 million.
  - Budgeted Revenue: $77.6 million.

- For the fiscal year-to-date ended February 29, 2020:
  - Actual YTD Revenue: $644.8 million.
  - Budgeted YTD Revenue: $628.5 million.

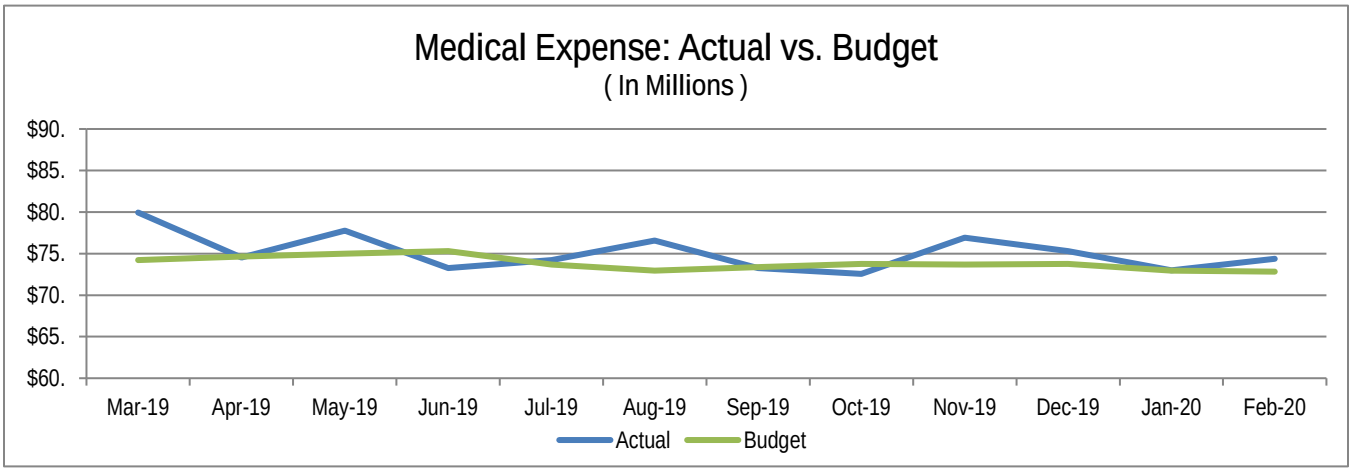


- For the month ended February 29, 2020, the favorable revenue variance of $1.3 million is mainly due to:
  - Favorable $920,000 in higher than expected Prop 56 Revenue. New categories of Prop 56 were announced after the Budget was established. This revenue will be largely offset by enhanced payments to qualified Providers.
  - Favorable $320,000 in higher than expected Behavioral Health Therapy Supplemental payments due to higher utilization.
  - Favorable $249,000 in higher than expected Base Capitation.

Medical Expense

- For the month ended February 29, 2020:
  - Actual Medical Expense: $74.4 million.
  - Budgeted Medical Expense: $72.8 million.

- For the fiscal year-to-date ended February 29, 2020:
  - Actual YTD Medical Expense: $596.2 million.
  - Budgeted YTD Medical Expense: $587.6 million.



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

- For February, updates to Fee-For-Service (FFS) increased the estimate for unpaid Medical Expenses for prior months by $1.3 million. Year-to-date, the estimate for prior years increased by $1.1 million (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	$138,798,155	$0	$138,798,155	$137,702,064	($1,096,091)	-0.8%
Primary Care FFS	30,772,216	190,490	30,962,706	23,879,246	($6,892,969)	-28.9%
Specialty Care FFS	31,538,659	679,769	32,218,428	30,651,091	($887,568)	-2.9%
Outpatient FFS	58,522,668	191,696	58,714,364	57,692,463	($830,205)	-1.4%
Ancillary FFS	25,053,137	561,671	25,614,808	25,331,629	$278,492	1.1%
Pharmacy FFS	103,124,475	1,704,282	104,828,757	105,111,779	$1,987,304	1.9%
ER Services FFS	25,583,883	448,483	26,032,366	25,859,401	$275,518	1.1%
Inpatient Hospital & SNF FFS	166,788,834	(2,650,481)	164,138,353	165,615,608	($1,173,226)	-0.7%
Other Benefits & Services	13,909,364	0	13,909,364	14,250,215	$340,851	2.4%
Net Reinsurance	311,417	0	311,417	802,659	$491,242	61.2%
Provider Incentive	667,165	0	667,165	667,165	($0)	0.0%
	$595,069,971	$1,125,911	$596,195,882	$587,563,321	($7,506,650)	-1.3%

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

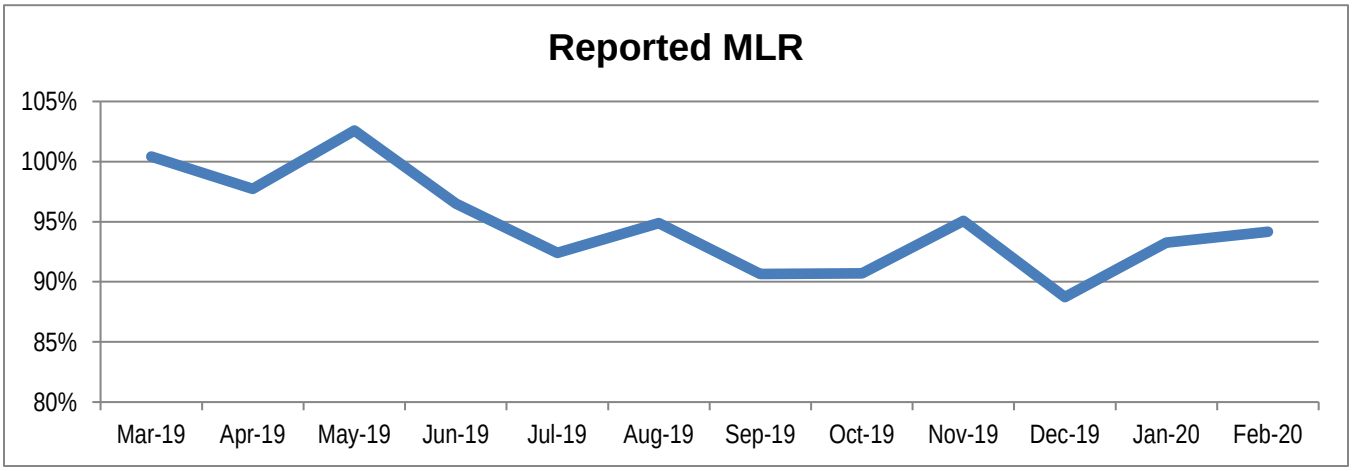
Adjusted to Eliminate the Impact of Prior Year IBNP Estimates

	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Excluding IBNP Change	Change in IBNP	Reported		$	%
Capitated Medical Expense	$69.00	$0.00	$69.00	$67.74	($1.26)	-1.9%
Primary Care FFS	15.30	0.09	15.39	11.75	(3.55)	-30.2%
Specialty Care FFS	15.68	0.34	16.02	15.08	(0.60)	-4.0%
Outpatient FFS	29.09	0.10	29.19	28.38	(0.71)	-2.5%
Ancillary FFS	12.45	0.28	12.73	12.46	0.01	0.1%
Pharmacy FFS	51.26	0.85	52.11	51.71	0.44	0.9%
ER Services FFS	12.72	0.22	12.94	12.72	0.00	0.0%
Inpatient Hospital & SNF FFS	82.91	(1.32)	81.59	81.47	(1.44)	-1.8%
Other Benefits & Services	6.91	0.00	6.91	7.01	0.10	1.4%
Net Reinsurance	0.15	0.00	0.15	0.39	0.24	60.8%
Provider Incentive	0.33	0.00	0.33	0.33	(0.00)	-1.1%
	$295.80	$0.56	$296.36	$289.03	($6.78)	-2.3%

- Excluding the effect of prior year estimates for IBNP, year-to-date medical expense variance is $7.5 million unfavorable to budget. On a PMPM basis, medical expense is unfavorable to budget by 2.3%.
    - Inpatient Expense is higher than budget, due to an increase in hospital days per thousand. Higher costs for the Expansion and Adults categories of aid are slightly offset by savings in other populations.
    - Primary Care Expense is over budget due to the implementation of four new Prop 56 Add-on programs. There is a revenue offset for these expenses.
    - Capitated Expense is over budget due to increased non-medical transportation.
    - PMPM Pharmacy spending through the PBM is favorable in the Expansion, and Adults COAs, primarily due to decreased cost for brand drugs and more rebates received. This is slightly offset by higher than planned expense for drugs delivered in an outpatient setting, particularly for the SPDs.
    - Outpatient Expense is over budget:
        - Behavioral Health: unfavorable due to double digit increases in both unit cost and utilization.
        - Lab / Radiology: unfavorable increase in utilization, partially offset by lower than planned unit cost.
        - Dialysis Expense: unfavorable caused by higher utilization and unit cost.
        - Facility-Other: favorable unit cost partially offset by unfavorable utilization.
    - Specialty Care Expense has unfavorable utilization in the SPD, Expansion and Adults populations.
    - Ancillary Expense is on budget. Favorability in the Other Medical Professional and Hospice categories is offset by higher utilization in the Other Medical Supplies, Home Health, and DME categories.
    - Emergency Room Expense is on budget, with favorable unit cost offset by higher than budgeted utilization. Favorable PMPM expense for Duals, ACA OEs and SPDs are offset by increased utilization in Adults and Child and Group Care.
    - 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 94.2% for the month and 92.5% for the fiscal year-to-date.



Administrative Expense

- For the month ended February 29, 2020:
  - Actual Administrative Expense: $4.4 million.
  - Budgeted Administrative Expense: $4.9 million.

- For the fiscal year-to-date ended February 29, 2020:
  - Actual YTD Administrative Expense: $35.8 million.
  - Budgeted YTD Administrative Expense: $40.2 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 %
$2,319,702	$2,673,154	$353,452	13.2%	Employee Expense	$18,536,626	$20,150,521	$1,613,895	8.0%
573,363	565,118	(8,245)	-1.5%	Medical Benefits Admin Expense	4,571,389	4,581,998	10,609	0.2%
656,914	705,795	48,881	6.9%	Purchased & Professional Services	4,750,918	6,648,178	1,897,260	28.5%
891,077	946,645	55,568	5.9%	Other Admin Expense	7,895,088	8,775,398	880,310	10.0%
$4,441,056	$4,890,712	$449,656	9.2%	Total Administrative Expense	$35,754,021	$40,156,095	$4,402,074	11.0%

- The year-to-date favorable variance is primarily due to:
  - Delay in new staff hiring.
  - Timing of new project start dates and savings in Purchased Services to date.
  - Savings in Printing and Postage Activities, resulting from “Go Green Initiative”.

- Administrative expense represented 5.6% of net revenue for the month and 5.5% of net revenue for the year-to-date.

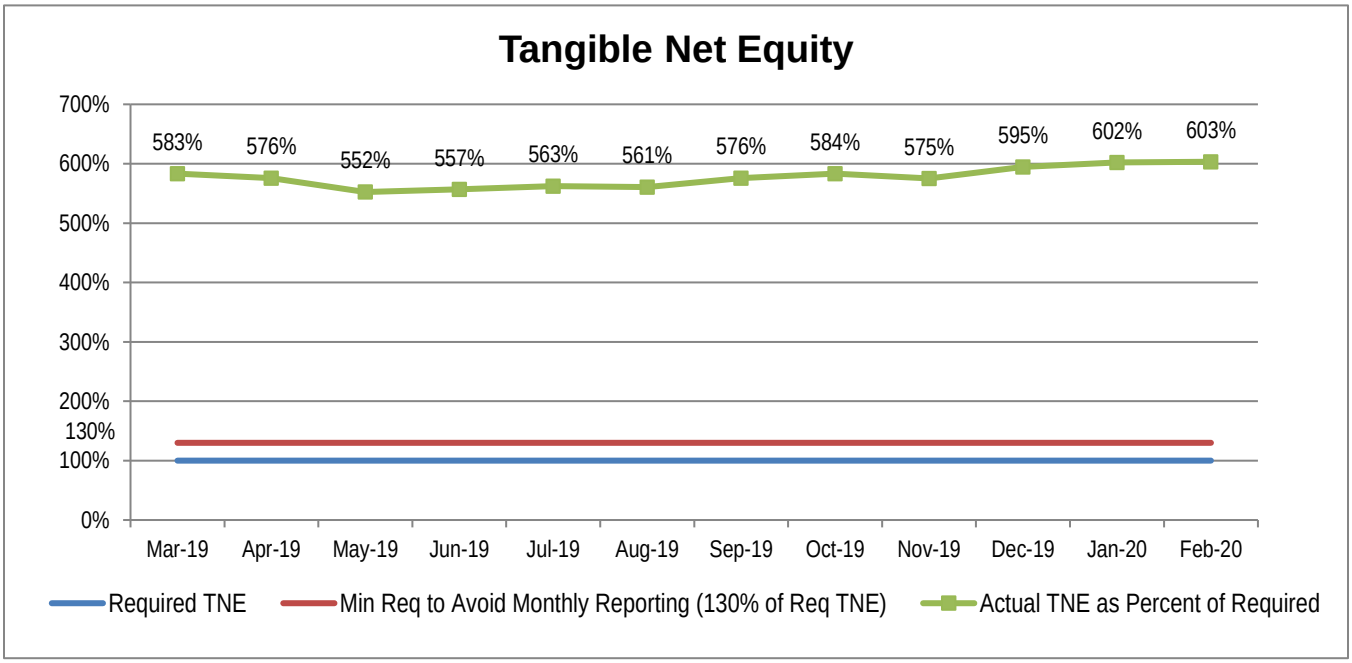
Other Income / (Expense)

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

- Fiscal year-to-date interest income from investments is $3.6 million.
- Fiscal year-to-date claims interest expense, due to delayed payment of certain claims or recalculated interest on previously paid claims is $216,000.

Tangible Net Equity (TNE)

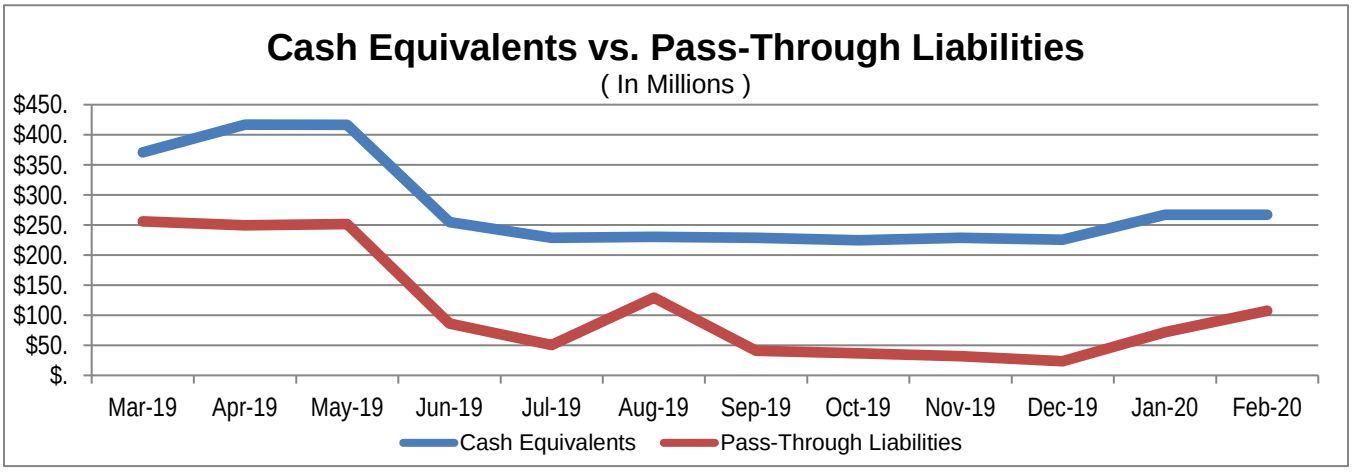
- The Department of Managed Health Care (DMHC) monitors the financial stability of health plans to ensure that they can meet their financial obligations to consumers. TNE is a calculation of a company's total tangible assets minus the company's total liabilities. The Alliance exceeds DMHC's required TNE.
    - Required TNE $32.6 million
    - Actual TNE $196.6 million
    - Surplus TNE $164.0 million
    - TNE as % of Required TNE 603%



- Cash and Liabilities reflect pass-through liabilities and an ACA OE MLR accrual. The ACA OE MLR accrual represents funds that are estimated to be paid back to the Department of Health Care Services (DHCS) / Centers for Medicare & Medicaid Services (CMS) and are a result of ACA OE MLR being less than 85% for the prior fiscal years.

- To ensure appropriate liquidity and limit risk, the majority of Alliance financial assets are kept in short-term investments and highly-liquid money market funds.

- Key Metrics
  - Cash & Cash Equivalents $267.0 million
  - Pass-Through Liabilities $107.5 million
  - Uncommitted Cash $159.5 million
  - Working Capital $186.4 million
  - Current Ratio 1.81 (regulatory minimum is 1.0)



Capital Investment

- Fiscal year-to-date Capital assets acquired: $563,000.

- 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 February 29, 2020

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				MEMBERSHIP				
240,339	244,730	(4,391)	(1.8%)	1 - Medi-Cal	1,963,428	1,985,095	(21,667)	(1.1%)
6,005	5,976	29	0.5%	2 - Group Care	48,280	47,808	472	1.0%
246,344	**250,706**	**(4,362)**	**(1.7%)**	**3 - Total Member Months**	**2,011,708**	**2,032,903**	**(21,195)**	**(1.0%)**
				REVENUE				
$78,961,196	**$77,634,579**	**$1,326,617**	**1.7%**	**4 - TOTAL REVENUE**	**$644,842,030**	**$628,530,043**	**$16,311,987**	**2.6%**
				MEDICAL EXPENSES				
				Capitated Medical Expenses:				
17,130,595	17,115,321	(15,274)	(0.1%)	5 - Capitated Medical Expense	138,798,155	137,702,069	(1,096,086)	(0.8%)
				Fee for Service Medical Expenses:				
21,410,099	20,376,759	(1,033,340)	(5.1%)	6 - Inpatient Hospital & SNF FFS Expense	164,138,352	165,615,608	1,477,256	0.9%
3,718,975	2,937,822	(781,153)	(26.6%)	7 - Primary Care Physician FFS Expense	30,962,705	23,879,245	(7,083,460)	(29.7%)
3,594,010	3,769,787	175,777	4.7%	8 - Specialty Care Physician Expense	32,218,429	30,651,091	(1,567,338)	(5.1%)
2,860,729	3,067,285	206,556	6.7%	9 - Ancillary Medical Expense	25,614,807	25,331,629	(283,178)	(1.1%)
7,003,676	7,305,968	302,292	4.1%	10 - Outpatient Medical Expense	58,714,364	57,692,463	(1,021,901)	(1.8%)
3,233,110	3,209,898	(23,212)	(0.7%)	11 - Emergency Expense	26,032,366	25,859,401	(172,965)	(0.7%)
13,446,791	12,988,567	(458,224)	(3.5%)	12 - Pharmacy Expense	104,828,757	105,111,779	283,022	0.3%
55,267,390	53,656,086	(1,611,304)	(3.0%)	13 - Total Fee for Service Expense	442,509,780	434,141,216	(8,368,564)	(1.9%)
1,749,378	1,915,678	166,301	8.7%	14 - Other Benefits & Services	13,909,363	14,250,215	340,852	2.4%
129,286	58,398	(70,888)	(121.4%)	15 - Reinsurance Expense	311,418	802,660	491,242	61.2%
83,209	83,208	(1)	0.0%	16 - Risk Pool Distribution	667,165	667,164	(1)	0.0%
74,359,858	**72,828,691**	**(1,531,166)**	**(2.1%)**	**17 - TOTAL MEDICAL EXPENSES**	**596,195,881**	**587,563,324**	**(8,632,557)**	**(1.5%)**
4,601,338	**4,805,888**	**(204,549)**	**(4.3%)**	**18 - GROSS MARGIN**	**48,646,150**	**40,966,719**	**7,679,431**	**18.7%**
				ADMINISTRATIVE EXPENSES				
2,319,702	2,673,154	353,452	13.2%	19 - Personnel Expense	18,536,626	20,150,521	1,613,895	8.0%
573,363	565,118	(8,245)	(1.5%)	20 - Benefits Administration Expense	4,571,389	4,581,998	10,609	0.2%
656,914	705,795	48,880	6.9%	21 - Purchased & Professional Services	4,750,918	6,648,178	1,897,260	28.5%
891,077	946,645	55,568	5.9%	22 - Other Administrative Expense	7,895,087	8,775,398	880,311	10.0%
4,441,056	**4,890,712**	**449,655**	**9.2%**	**23 -Total Administrative Expense**	**35,754,021**	**40,156,095**	**4,402,074**	**11.0%**
160,282	**(84,824)**	**245,106**	**289.0%**	**24 - NET OPERATING INCOME / (LOSS)**	**12,892,129**	**810,624**	**12,081,505**	**1,490.4%**
				OTHER INCOME / EXPENSE				
327,192	**329,168**	**(1,976)**	**(0.6%)**	**25 - Total Other Income / (Expense)**	**2,993,541**	**2,696,431**	**297,110**	**11.0%**
$487,474	**$244,344**	**$243,130**	**99.5%**	**26 - NET INCOME / (LOSS)**	**$15,885,670**	**$3,507,055**	**$12,378,615**	**353.0%**
5.6%	6.3%	0.7%	10.7%	27 - Admin Exp % of Revenue	5.5%	6.4%	0.8%	13.2%

ALAMEDA ALLIANCE FOR HEALTH
SUMMARY BALANCE SHEET 2020
CURRENT MONTH VS. PRIOR MONTH
February 29, 2020

	February	January	Difference	% Difference
CURRENT ASSETS:				
Cash & Equivalents				
Cash	$13,888,661	$20,484,789	($6,596,127)	-32.20%
Short-Term Investments	253,097,863	197,787,366	55,310,497	27.96%
Interest Receivable	55,764	51,095	4,669	9.14%
Other Receivables - Net	142,091,342	154,613,985	(12,522,644)	-8.10%
Prepaid Expenses	4,162,067	4,666,026	(503,959)	-10.80%
Prepaid Inventoried Items	4,596	4,596	0	0.00%
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	**417,908,163**	**382,215,727**	**35,692,436**	**9.34%**
OTHER ASSETS:				
Restricted Assets	350,238	350,000	238	0.07%
TOTAL OTHER ASSETS	**350,238**	**350,000**	**238**	**0.07%**
PROPERTY AND EQUIPMENT:				
Land, Building & Improvements	9,575,315	9,543,020	32,295	0.34%
Furniture And Equipment	14,002,760	13,966,724	36,037	0.26%
Leasehold Improvement	924,350	924,350	0	0.00%
Internally-Developed Software	16,824,002	16,824,002	0	0.00%
Fixed Assets at Cost	41,326,427	41,258,095	68,332	0.17%
Less: Accumulated Depreciation	(31,451,198)	(31,268,827)	(182,370)	0.58%
NET PROPERTY AND EQUIPMENT	**9,875,229**	**9,989,268**	**(114,039)**	**-1.14%**
TOTAL ASSETS	**$428,133,630**	**$392,554,995**	**$35,578,635**	**9.06%**
CURRENT LIABILITIES:				
Accounts Payable	$7,190,153	$8,480,722	($1,290,568)	-15.22%
Pass-Through Liabilities	107,503,190	71,803,613	35,699,576	49.72%
Claims Payable	14,775,739	16,800,144	(2,024,405)	-12.05%
IBNP Reserves	93,047,651	90,532,546	2,515,105	2.78%
Payroll Liabilities	3,116,101	2,873,725	242,376	8.43%
CalPERS Deferred Inflow	2,529,197	2,529,197	0	0.00%
Risk Sharing	2,677,102	2,593,893	83,209	3.21%
Provider Grants/ New Health Program	661,573	795,704	(134,132)	-16.86%
TOTAL CURRENT LIABILITIES	**231,500,705**	**196,409,544**	**35,091,161**	**17.87%**
TOTAL LIABILITIES	**231,500,705**	**196,409,544**	**35,091,161**	**17.87%**
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)	15,885,670	15,398,196	487,474	3.17%
TOTAL NET WORTH	**196,632,925**	**196,145,451**	**487,474**	**0.25%**
TOTAL LIABILITIES AND NET WORTH	**$428,133,630**	**$392,554,995**	**$35,578,635**	**9.06%**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 2/29/2020

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received From:				
Capitation Received from State of CA	$89,116,202	$191,626,479	$508,419,074	$671,250,656
Commercial Premium Revenue	2,054,262	6,182,923	12,406,770	16,499,492
Other Income	363,925	2,150,562	3,874,399	3,650,661
Investment Income	353,537	1,079,303	2,489,785	3,684,494
Cash Paid To:				
Medical Expenses	(73,977,376)	(225,711,712)	(442,918,653)	(586,165,609)
Vendor & Employee Expenses	(4,827,188)	(12,872,603)	(25,774,096)	(34,632,117)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	13,083,362	(37,545,048)	58,497,279	74,287,577
Cash Flows from Financing Activities:				
Purchases of Fixed Assets	(68,332)	(178,293)	(255,177)	(563,498)
Net Cash Provided By (Used In) Financing Activities	(68,332)	(178,293)	(255,177)	(563,498)
Cash Flows from Investing Activities:				
Changes in Investments	0	0	0	0
Restricted Cash	35,699,338	75,816,663	(21,737,724)	(61,579,850)
Net Cash Provided By (Used In) Investing Activities	35,699,338	75,816,663	(21,737,724)	(61,579,850)
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Net Change in Cash	**48,714,368**	**38,093,322**	**36,504,378**	**12,144,229**
Cash @ Beginning of Period	218,272,154	228,893,202	230,482,145	254,842,294
Subtotal	$266,986,522	$266,986,524	$266,986,523	$266,986,523
Rounding	2	0	1	1
Cash @ End of Period	**$266,986,524**	**$266,986,524**	**$266,986,524**	**$266,986,524**
RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:				
Net Income / (Loss)	$487,474	$6,289,932	$13,691,812	$15,885,670
Depreciation	182,370	543,996	1,082,821	1,431,477
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	12,517,975	(43,284,711)	38,338,988	47,264,297
Prepaid Expenses	503,959	(341,517)	737,310	73,911
Trade Payables	(1,290,568)	836,901	(590,687)	(410,376)
Claims payable & IBNP	573,909	(1,660,306)	5,351,003	10,238,840
Deferred Revenue	0	0	0	0
Accrued Interest	0	0	0	0
Other Liabilities	108,244	70,656	(113,969)	(196,241)
Subtotal	13,083,363	(37,545,049)	58,497,278	74,287,578
Rounding	(1)	1	1	(1)
Cash Flows from Operating Activities	**$13,083,362**	**($37,545,048)**	**$58,497,279**	**$74,287,577**
Rounding Difference	(1)	1	1	(1)

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 2/29/2020

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	$2,054,262	$6,182,923	$12,406,770	$16,499,492
Total	2,054,262	6,182,923	12,406,770	16,499,492
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	76,536,263	233,691,637	467,523,245	624,285,102
Allowance for Doubtful Accounts	0	0	0	0
Deferred Premium Revenue	0	0	0	0
Premium Receivable	12,579,939	(42,065,158)	40,895,829	46,965,554
Total	89,116,202	191,626,479	508,419,074	671,250,656
Investment & Other Income Cash Flows				
Other Revenue (Grants)	363,925	2,150,562	3,874,399	3,650,661
Interest Income	358,206	1,102,941	2,467,856	3,616,453
Interest Receivable	(4,669)	(23,638)	21,929	68,041
Total	717,462	3,229,865	6,364,184	7,335,155
Medical & Hospital Cash Flows				
Total Medical Expenses	(74,359,858)	(222,649,241)	(445,398,721)	(596,195,881)
Other Receivable	(57,295)	(1,195,915)	(2,578,770)	230,702
Claims Payable	(2,024,405)	(1,501,294)	3,758,135	5,475,431
IBNP Payable	2,515,105	(406,384)	3,883,599	6,884,925
Risk Share Payable	83,209	247,373	(2,290,730)	(2,121,517)
Health Program	(134,132)	(206,250)	(292,165)	(439,270)
Other Liabilities	0	(1)	(1)	1
Total	(73,977,376)	(225,711,712)	(442,918,653)	(586,165,609)
Administrative Cash Flows				
Total Administrative Expenses	(4,465,325)	(14,188,889)	(27,181,736)	(35,970,158)
Prepaid Expenses	503,959	(341,517)	737,310	73,911
CalPERS Pension Asset	0	0	0	0
CalPERS Deferred Outflow	0	0	0	0
Trade Accounts Payable	(1,290,568)	836,901	(590,687)	(410,376)
Other Accrued Liabilities	0	0	0	0
Payroll Liabilities	242,376	276,906	178,196	243,029
Depreciation Expense	182,370	543,996	1,082,821	1,431,477
Total	(4,827,188)	(12,872,603)	(25,774,096)	(34,632,117)
Interest Paid				
Debt Interest Expense	0	0	0	0
Total Cash Flows from Operating Activities	**13,083,362**	**(37,545,048)**	**58,497,279**	**74,287,577**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 2/29/2020

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM INVESTING ACTIVITIES				**CASH I**
Restricted Cash & Other Asset Cash Flows				
Provider Pass-Thru-Liabilities	35,699,576	75,468,028	(21,734,413)	(61,576,539)
Restricted Cash	(238)	348,635	(3,311)	(3,311)
	35,699,338	75,816,663	(21,737,724)	(61,579,850)
Fixed Asset Cash Flows				
Depreciation expense	182,370	543,996	1,082,821	1,431,477
Fixed Asset Acquisitions	(68,332)	(178,293)	(255,177)	(563,498)
Change in A/D	(182,370)	(543,996)	(1,082,821)	(1,431,477)
	(68,332)	(178,293)	(255,177)	(563,498)
Total Cash Flows from Investing Activities	**35,631,006**	**75,638,370**	**(21,992,901)**	**(62,143,348)**
Financing Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Total Cash Flows	**48,714,368**	**38,093,322**	**36,504,378**	**12,144,229**
Rounding	2	0	1	1
Cash @ Beginning of Period	218,272,154	228,893,202	230,482,145	254,842,294
Cash @ End of Period	**$266,986,524**	**$266,986,524**	**$266,986,524**	**$266,986,524**
Difference (rounding)	0	0	0	0

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 2/29/2020

	MONTH	3 MONTHS	6 MONTHS	YTD
NET INCOME RECONCILIATION				
Net Income / (Loss)	$487,474	$6,289,932	$13,691,812	$15,885,670
Add back: Depreciation	182,370	543,996	1,082,821	1,431,477
Receivables				
Premiums Receivable	12,579,939	(42,065,158)	40,895,829	46,965,554
First Care Receivable	0	0	0	0
Family Care Receivable	0	0	0	0
Healthy Kids Receivable	0	0	0	0
Interest Receivable	(4,669)	(23,638)	21,929	68,041
Other Receivable	(57,295)	(1,195,915)	(2,578,770)	230,702
FQHC Receivable	0	0	0	0
Allowance for Doubtful Accounts	0	0	0	0
Total	12,517,975	(43,284,711)	38,338,988	47,264,297
Prepaid Expenses	503,959	(341,517)	737,310	73,911
Trade Payables	(1,290,568)	836,901	(590,687)	(410,376)
Claims Payable, IBNR & Risk Share				
IBNP	2,515,105	(406,384)	3,883,599	6,884,925
Claims Payable	(2,024,405)	(1,501,294)	3,758,135	5,475,431
Risk Share Payable	83,209	247,373	(2,290,730)	(2,121,517)
Other Liabilities	0	(1)	(1)	1
Total	573,909	(1,660,306)	5,351,003	10,238,840
Unearned Revenue				
Total	0	0	0	0
Other Liabilities				
Accrued Expenses	0	0	0	0
Payroll Liabilities	242,376	276,906	178,196	243,029
Health Program	(134,132)	(206,250)	(292,165)	(439,270)
Accrued Sub Debt Interest	0	0	0	0
Total Change in Other Liabilities	108,244	70,656	(113,969)	(196,241)
Cash Flows from Operating Activities	**$13,083,363**	**($37,545,049)**	**$58,497,278**	**$74,287,578**
Difference (rounding)	1	(1)	(1)	1

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE CURRENT MONTH - FEBRUARY 2020

	Medi-Cal							
	Child	Adults	SPD	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Enrollment	88,086	31,636	25,853	76,921	17,843	240,339	6,005	246,344
Net Revenue	$10,620,805	$9,927,959	$25,238,080	$28,154,574	$2,964,960	$76,906,377	$2,054,819	$78,961,196
Medical Expense	$9,782,430	$9,402,155	$24,781,200	$25,974,385	$2,243,333	$72,183,503	$2,176,355	$74,359,858
Gross Margin	$838,375	$525,804	$456,880	$2,180,189	$721,627	$4,722,874	($121,536)	$4,601,338
Administrative Expense	$442,373	$571,680	$1,572,781	$1,563,091	$129,152	$4,279,077	$161,979	$4,441,056
Operating Income / (Expense)	$396,002	($45,877)	($1,115,901)	$617,098	$592,475	$443,797	($283,515)	$160,282
Other Income / (Expense)	$30,616	$42,375	$117,986	$115,902	$7,945	$314,823	$12,369	$327,192
Net Income / (Loss)	$426,618	($3,502)	($997,915)	$732,999	$600,420	$758,620	($271,146)	$487,474
Revenue PMPM	$981.30	$2,642.53	$7,849.73	$366.02	$1,333.64	$319.99	$2,751.31	$320.53
Medical Expense PMPM	$111.06	$297.20	$958.54	$337.68	$125.73	$300.34	$362.42	$301.85
Gross Margin PMPM	$9.52	$16.62	$17.67	$28.34	$40.44	$19.65	($20.24)	$18.68
Administrative Expense PMPM	$5.02	$18.07	$60.84	$20.32	$7.24	$17.80	$26.97	$18.03
Operating Income / (Expense) PMPM	$4.50	($1.45)	($43.16)	$8.02	$33.20	$1.85	($47.21)	$0.65
Other Income / (Expense) PMPM	$0.35	$1.34	$4.56	$1.51	$0.45	$1.31	$2.06	$1.33
Net Income / (Loss) PMPM	$4.84	($0.11)	($38.60)	$9.53	$33.65	$3.16	($45.15)	$1.98
Medical Loss Ratio	92.1%	94.7%	98.2%	92.3%	75.7%	93.9%	105.9%	94.2%
Gross Margin Ratio	7.9%	5.3%	1.8%	0.9%	24.3%	0.8%	-5.9%	5.8%
Administrative Expense Ratio	4.2%	5.8%	6.2%	5.6%	4.4%	5.6%	7.9%	5.6%
Net Income Ratio	0.5%	0.0%	-0.5%	2.6%	2.5%	1.0%	-1.6%	0.6%

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE FISCAL YEAR-TO-DATE - FEBRUARY 2020

	Medi-Cal					Medi-Cal	Group	Grand
	Child	Adults	SPD	ACA OE	Duals	Total	Care	Total
Member Months	721,128	260,661	205,837	633,961	141,841	1,963,428	48,280	2,011,708
Revenue	$86,438,529	$83,598,960	$202,939,094	$231,547,667	$23,796,156	$628,320,407	$16,521,624	$644,842,030
Contra Revenue				$0		$0		$0
Net Revenue	$86,438,529	$83,598,960	$202,939,094	$231,547,667	$23,796,156	$628,320,407	$16,521,624	$644,842,030
Medical Expense	$74,920,438	$80,541,421	$192,964,953	$210,960,036	$20,911,795	$580,298,643	$15,897,237	$596,195,881
Gross Margin	$11,518,091	$3,057,539	$9,974,141	$20,587,631	$2,884,361	$48,021,763	$624,387	$48,646,150
Administrative Expense	$3,290,179	$4,841,930	$12,326,367	$12,928,046	$1,198,442	$34,584,964	$1,169,057	$35,754,021
Operating Income / (Expense)	$8,227,913	($1,784,391)	($2,352,226)	$7,659,585	$1,685,918	$13,436,800	($544,669)	$12,892,129
Other Income / (Expense)	$246,425	$408,015	$1,056,335	$1,104,715	$91,192	$2,906,682	$86,859	$2,993,541
Net Income / (Loss)	$8,474,338	($1,376,376)	($1,295,891)	$8,764,300	$1,777,110	$16,343,482	($457,810)	$15,885,670
Revenue PMPM	$119.87	$320.72	$985.92	$365.24	$167.77	$320.01	$342.20	$320.54
Medical Expense PMPM	$103.89	$308.99	$937.46	$332.77	$147.43	$295.55	$329.27	$296.36
Gross Margin PMPM	$15.97	$11.73	$48.46	$32.47	$20.34	$24.46	$12.93	$24.18
Administrative Expense PMPM	$4.56	$18.58	$59.88	$20.39	$8.45	$17.61	$24.21	$17.77
Operating Income / (Expense) PMPM	$11.41	($6.85)	($11.43)	$12.08	$11.89	$6.84	($11.28)	$6.41
Other Income / (Expense) PMPM	$0.34	$1.57	$5.13	$1.74	$0.64	$1.48	$1.80	$1.49
Net Income / (Loss) PMPM	$11.75	($5.28)	($6.30)	$13.82	$12.53	$8.32	($9.48)	$7.90
Medical Loss Ratio	86.7%	96.3%	95.1%	91.1%	87.9%	92.4%	96.2%	92.5%
Gross Margin Ratio	13.3%	3.7%	4.9%	8.9%	12.1%	7.6%	3.8%	7.5%
Administrative Expense Ratio	3.8%	5.8%	6.1%	5.6%	5.0%	5.5%	7.1%	5.5%
Net Income Ratio	9.8%	-1.6%	-0.6%	3.8%	7.5%	2.6%	-2.8%	2.5%

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED February 29, 2020

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				ADMINISTRATIVE EXPENSE SUMMARY				
$2,319,702	$2,673,154	$353,452	13.2%	Personnel Expenses	$18,536,626	$20,150,521	$1,613,895	8.0%
573,363	565,118	(8,245)	(1.5%)	Benefits Administration Expense	4,571,389	4,581,998	10,609	0.2%
656,914	705,795	48,880	6.9%	Purchased & Professional Services	4,750,918	6,648,178	1,897,260	28.5%
366,797	349,287	(17,510)	(5.0%)	Occupancy	2,870,284	3,010,401	140,117	4.7%
85,698	96,685	10,987	11.4%	Printing Postage & Promotion	1,492,013	1,391,834	(100,178)	(7.2%)
426,166	473,567	47,401	10.0%	Licenses Insurance & Fees	3,417,129	4,174,013	756,884	18.1%
12,416	27,106	14,690	54.2%	Supplies & Other Expenses	115,662	199,150	83,489	41.9%
2,121,354	2,217,558	96,204	4.3%	Total Other Administrative Expense	17,217,394	20,005,574	2,788,179	13.9%
$4,441,056	**$4,890,712**	**$449,655**	**9.2%**	**Total Administrative Expenses**	**$35,754,021**	**$40,156,095**	**$4,402,074**	**11.0%**

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ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED February 29, 2020

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				Personnel Expenses				
$1,557,974	$1,672,204	$114,230	6.8%	Salaries & Wages	$12,132,089	$12,519,713	$387,623	3.1%
160,397	175,477	15,079	8.6%	Paid Time Off	1,136,641	1,242,108	105,467	8.5%
0	7,488	7,488	100.0%	Incentives	8,885	57,422	48,537	84.5%
0	329	329	100.0%	Employee of the Month	1,075	2,303	1,228	53.3%
0	0	0	0.0%	Severance Pay	20,147	0	(20,147)	0.0%
29,252	50,043	20,792	41.5%	Payroll Taxes	293,927	379,924	85,996	22.6%
6,682	8,865	2,183	24.6%	Overtime	83,143	82,093	(1,050)	(1.3%)
124,873	141,181	16,309	11.6%	CalPERS ER Match	924,972	1,045,400	120,428	11.5%
371,294	530,067	158,773	30.0%	Employee Benefits	3,117,737	3,575,835	458,098	12.8%
827	0	(827)	0.0%	Personal Floating Holiday	74,927	85,010	10,084	11.9%
0	0	0	0.0%	Premium Hour Pay	617	0	(617)	0.0%
4,760	4,606	(154)	(3.3%)	Employee Relations	81,991	105,749	23,758	22.5%
2,142	1,771	(372)	(21.0%)	Transportation Reimbursement	11,866	16,567	4,701	28.4%
5,151	5,975	824	13.8%	Travel & Lodging	38,281	98,540	60,259	61.2%
7,440	27,200	19,760	72.6%	Temporary Help Services	206,383	314,068	107,685	34.3%
43,084	37,506	(5,578)	(14.9%)	Staff Development/Training	216,521	410,970	194,449	47.3%
5,826	10,442	4,615	44.2%	Staff Recruitment/Advertising	187,424	214,821	27,397	12.8%
2,319,702	**2,673,154**	**353,452**	**13.2%**	**Total Employee Expenses**	**18,536,626**	**20,150,521**	**1,613,895**	**8.0%**
				Benefit Administration Expense				
354,252	351,855	(2,397)	(0.7%)	RX Administration Expense	2,927,690	2,850,653	(77,037)	(2.7%)
219,111	213,263	(5,848)	(2.7%)	Behavioral Hlth Administration Fees	1,643,699	1,731,345	87,646	5.1%
573,363	**565,118**	**(8,245)**	**(1.5%)**	**Total Employee Expenses**	**4,571,389**	**4,581,998**	**10,609**	**0.2%**
				Purchased & Professional Services				
156,216	268,916	112,701	41.9%	Consulting Services	1,834,971	3,006,430	1,171,458	39.0%
276,685	275,843	(843)	(0.3%)	Computer Support Services	1,753,769	2,379,902	626,133	26.3%
8,750	22,200	13,450	60.6%	Professional Fees-Accounting	70,000	86,150	16,150	18.7%
0	0	0	0.0%	Professional Fees-Medical	552	0	(552)	0.0%
53,480	66,918	13,438	20.1%	Other Purchased Services	353,215	577,161	223,946	38.8%
1,660	6,369	4,709	73.9%	Maint.& Repair-Office Equipment	50,484	59,056	8,573	14.5%
117,448	0	(117,448)	0.0%	HMS Recovery Fees	249,508	0	(249,508)	0.0%
0	0	0	0.0%	MIS Software (Non-Capital)	0	2,830	2,830	100.0%
2,342	3,000	658	21.9%	Hardware (Non-Capital)	30,109	31,211	1,102	3.5%
4,068	7,548	3,480	46.1%	Provider Relations-Credentialing	51,739	59,937	8,198	13.7%
36,265	55,000	18,735	34.1%	Legal Fees	356,571	445,500	88,929	20.0%
656,914	**705,795**	**48,880**	**6.9%**	**Total Purchased & Professional Services**	**4,750,918**	**6,648,178**	**1,897,260**	**28.5%**
				Occupancy				
156,263	178,426	22,163	12.4%	Depreciation	1,222,617	1,302,251	79,634	6.1%
26,107	26,107	0	0.0%	Amortization	208,860	317,676	108,817	34.3%
63,024	63,024	0	0.0%	Building Lease	504,188	504,189	0	0.0%
3,173	3,161	(12)	(0.4%)	Leased and Rented Office Equipment	25,763	25,312	(451)	(1.8%)
12,096	14,466	2,370	16.4%	Utilities	107,832	123,649	15,817	12.8%
91,566	48,870	(42,696)	(87.4%)	Telephone	698,866	608,481	(90,385)	(14.9%)
14,568	15,234	666	4.4%	Building Maintenance	102,158	128,843	26,686	20.7%

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ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED February 29, 2020

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
$366,797	**$349,287**	**($17,510)**	**(5.0%)**	**Total Occupancy**	**$2,870,284**	**$3,010,401**	**$140,117**	**4.7%**
				Printing Postage & Promotion				
24,620	36,344	11,724	32.3%	Postage	251,588	343,012	91,424	26.7%
4,165	3,300	(865)	(26.2%)	Design & Layout	23,120	41,600	18,480	44.4%
42,063	25,850	(16,213)	(62.7%)	Printing Services	340,933	370,496	29,564	8.0%
3,924	4,500	576	12.8%	Mailing Services	34,531	36,000	1,469	4.1%
1,653	2,700	1,047	38.8%	Courier/Delivery Service	19,453	23,493	4,040	17.2%
949	175	(774)	(442.3%)	Pre-Printed Materials and Publications	1,565	6,800	5,234	77.0%
2,000	0	(2,000)	0.0%	Promotional Products	2,863	43,000	40,137	93.3%
0	100	100	100.0%	Promotional Services	0	5,800	5,800	100.0%
362	19,917	19,554	98.2%	Community Relations	774,311	479,833	(294,477)	(61.4%)
5,962	3,800	(2,162)	(56.9%)	Translation - Non-Clinical	43,648	41,800	(1,848)	(4.4%)
85,698	**96,685**	**10,987**	**11.4%**	**Total Printing Postage & Promotion**	**1,492,013**	**1,391,834**	**(100,178)**	**(7.2%)**
				Licenses Insurance & Fees				
0	0	0	0.0%	Regulatory Penalties	0	125,000	125,000	100.0%
16,702	20,700	3,998	19.3%	Bank Fees	140,712	164,832	24,120	14.6%
48,446	49,154	708	1.4%	Insurance	387,565	393,232	5,667	1.4%
303,940	339,184	35,245	10.4%	Licenses, Permits and Fees	2,400,001	2,842,376	442,375	15.6%
57,079	64,529	7,449	11.5%	Subscriptions & Dues	488,851	648,573	159,722	24.6%
426,166	**473,567**	**47,401**	**10.0%**	**Total Licenses Insurance & Postage**	**3,417,129**	**4,174,013**	**756,884**	**18.1%**
				Supplies & Other Expenses				
5,610	6,050	440	7.3%	Office and Other Supplies	45,467	66,700	21,233	31.8%
478	1,375	897	65.2%	Ergonomic Supplies	10,404	16,000	5,596	35.0%
5,358	18,781	13,423	71.5%	Commissary-Food & Beverage	53,371	85,050	31,680	37.2%
970	900	(70)	(7.8%)	Member Incentive Expense	6,420	31,400	24,980	79.6%
12,416	**27,106**	**14,690**	**54.2%**	**Total Supplies & Other Expense**	**115,662**	**199,150**	**83,489**	**41.9%**
$4,441,056	**$4,890,712**	**$449,655**	**9.2%**	**TOTAL ADMINISTRATIVE EXPENSE**	**$35,754,021**	**$40,156,095**	**$4,402,074**	**11.0%**

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ALAMEDA ALLIANCE FOR HEALTH
CAPITAL SPENDING INCLUDING CONSTRUCTION-IN-PROCESS
ACTUAL VS. BUDGET
FOR THE FISCAL YEAR-TO-DATE ENDED FEBRUARY 29, 2020

		Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	$ Variance Fav/(Unf.)
1. Hardware:							
	Laptops	IT-FY20-01	$ 67,244	$ 9,161	**$ 76,405**	$ 60,000	$ (16,405)
	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	$ 4,286		**$ 4,286**	$ 20,000	$ 15,714
	Docking Stations	IT-FY20-09	$ 4,098		**$ 4,098**	$ 20,000	$ 15,902
	Desk Tops	IT-FY20-10	$ 76,823		**$ 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	$ 76,128		**$ 76,128**	$ 50,000	$ (26,128)
	Cisco Wireless Access Points	IT-FY20-16	$ -		**$ -**	$ 20,000	$ 20,000
	Network Cabling (Moves, Construction Projects)	IT-FY20-17	$ -	$ 2,400	**$ 2,400**	$ 150,000	$ 147,600
	Conference Room Upgrades (Projectors / Flat Screen)	IT-FY20-18	$ 32,753	$ 8,907	**$ 41,660**	$ 30,000	$ (11,660)
	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			**$ 395,334**	**$ 20,469**	**$ 415,803**	**$ 1,075,971**	**$ 660,168**
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

		Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	$ Variance Fav/(Unf.)
	Appliances over 1K for 1240, 1320 all suites, if needed to be replaced	FA-FY20-03	$ -		**$ -**	$ 5,000	$ 5,000
	Red Hawk Full Fire Equipment upgrades (carryover from FY19)	FA-FY20-04	$ -		**$ -**	$ 45,000	$ 45,000
	Electrical work for projects, cube re-orgs/requirements, repairs (interior/exterior)	FA-FY20-05	$ -		**$ -**	$ 20,000	$ 20,000
	Construction (projects ad hoc, patch/paint)	FA-FY20-06	$ 6,855		**$ 6,855**	$ 20,000	$ 13,145
	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			**$ 38,937**	**$ -**	**$ 38,937**	**$ 370,000**	**$ 331,063**
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	$ 2,509		**$ 2,509**	$ 5,000	$ 2,491
	Varidesks/ Ergotrons - Ergo	FA-FY20-21	$ 11,787		**$ 11,787**	$ 30,000	$ 18,213
	Tasks Chairs : Various sizes, special order or for Ergo	FA-FY20-22	$ -	$ 15,568	**$ 15,568**	$ 20,000	$ 4,432
	Electrical work (projects, cubes, ad hoc requests)	FA-FY20-23	$ -	$ 32,295	**$ 32,295**	$ -	$ (32,295)
	Carryover from FY19 / unplanned	FA-FY20-24	$ 8,773		**$ 8,773**	$ -	$ (8,773)
Furniture & Equipment Subtotal			**$ 31,197**	**$ 47,863**	**$ 79,060**	**$ 440,000**	**$ 360,940**
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	$ 29,700		**$ 29,700**	$ 45,000	$ 15,300
	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			**$ 29,700**	**$ -**	**$ 29,700**	**$ 170,000**	**$ 140,300**
6. Contingency:							
	Contingency	FA-FY20-29	$ -		**$ -**	$ -	$ -
	Emergency Kits Reorder	FA-FY20-30	$ -		**$ -**	$ -	$ -
	Shelving for Cage (vendor: Uline)	FA-FY20-31	$ -		**$ -**	$ -	$ -
Contingency Subtotal			**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
GRAND TOTAL			**$ 495,168**	**$ 68,332**	**$ 563,500**	**$ 2,488,971**	**$ 1,925,471**

7. Reconciliation to Balance Sheet:

Fixed Assets @ Cost - 2/29/20	**$ 41,326,427**
Fixed Assets @ Cost - 6/30/19	**$ 40,762,929**
Fixed Assets Acquired YTD	**$ 563,499**

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

TANGIBLE NET EQUITY (TNE)	Jul-19	Aug-19	QTR. END Sep-19	Oct-19	Nov-19	QTR. END Dec-19	Jan-20	Feb-20
Current Month Net Income / (Loss)	$2,270,904	($77,046)	$3,868,398	$3,554,356	($20,873)	$5,353,309	$449,148	$487,474
YTD Net Income / (Loss)	$2,270,904	$2,193,857	$6,062,255	$9,616,612	$9,595,739	$14,949,048	$15,398,196	$15,885,670
Actual TNE								
Net Assets	$183,018,159	$182,941,112	$186,809,510	$190,363,867	$190,342,994	$195,696,303	$196,145,451	$196,632,925
Subordinated Debt & Interest	$0	$0	$0	$0	$0	$0	$0	$0
Total Actual TNE	**$183,018,159**	**$182,941,112**	**$186,809,510**	**$190,363,867**	**$190,342,994**	**$195,696,303**	**$196,145,451**	**$196,632,925**
Increase/(Decrease) in Actual TNE	$2,270,904	($77,047)	$3,868,398	$3,554,357	($20,873)	$5,353,309	$449,148	$487,474
Required TNE[(1)]	**$32,534,362**	**$32,625,189**	**$32,459,945**	**$32,622,756**	**$33,091,414**	**$32,903,837**	**$32,583,278**	**$32,592,862**
Min. Req'd to Avoid Monthly Reporting (130% of Required TNE)	$42,294,671	$42,412,745	$42,197,929	$42,409,583	$43,018,838	$42,774,988	$42,358,262	$42,370,720
TNE Excess / (Deficiency)	$150,483,797	$150,315,923	$154,349,565	$157,741,111	$157,251,580	$162,792,466	$163,562,173	$164,040,063
Actual TNE as a Multiple of Required	**5.63**	**5.61**	**5.76**	**5.84**	**5.75**	**5.95**	**6.02**	**6.03**

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	$190,342,994	$195,696,303	$196,145,451	$196,632,925
Fixed Assets at Net Book Value	(10,625,053)	(10,702,873)	(10,533,330)	(10,413,372)	(10,240,933)	(10,127,744)	(9,989,268)	(9,875,229)
CD Pledged to DMHC	(346,927)	(346,927)	(348,873)	(348,873)	(698,873)	(700,000)	(350,000)	(350,238)
Liquid TNE (Liquid Reserves)	**$172,046,179**	**$171,891,312**	**$175,927,307**	**$179,601,622**	**$179,403,188**	**$184,868,559**	**$185,806,183**	**$186,407,458**
Liquid TNE as Multiple of Required	**5.29**	**5.27**	**5.42**	**5.51**	**5.42**	**5.62**	**5.70**	**5.72**

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	89,711	89,056	88,329	88,086					721,128
Adults	33,670	33,448	33,092	32,772	32,357	32,066	31,620	31,636					260,661
SPD	25,804	25,751	25,727	25,753	25,691	25,687	25,571	25,853					205,837
ACA OE	81,171	80,966	80,483	80,069	79,104	78,154	77,093	76,921					633,961
Duals	17,627	17,700	17,666	17,650	17,779	17,776	17,800	17,843					141,841
Medi-Cal Program	250,669	249,593	248,192	246,841	244,642	242,739	240,413	240,339					1,963,428
Group Care Program	5,976	6,020	6,023	6,060	6,056	6,092	6,048	6,005					48,280
Total	**256,645**	**255,613**	**254,215**	**252,901**	**250,698**	**248,831**	**246,461**	**246,344**					**2,011,708**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	(1,039)	(669)	(504)	(627)	(886)	(655)	(727)	(243)					(5,350)
Adults	(505)	(222)	(356)	(320)	(415)	(291)	(446)	16					(2,539)
SPD	(78)	(53)	(24)	26	(62)	(4)	(116)	282					(29)
ACA OE	(201)	(205)	(483)	(414)	(965)	(950)	(1,061)	(172)					(4,451)
Duals	70	73	(34)	(16)	129	(3)	24	43					286
Medi-Cal Program	(1,753)	(1,076)	(1,401)	(1,351)	(2,199)	(1,903)	(2,326)	(74)					(12,083)
Group Care Program	13	44	3	37	(4)	36	(44)	(43)					42
Total	**(1,740)**	**(1,032)**	**(1,398)**	**(1,314)**	**(2,203)**	**(1,867)**	**(2,370)**	**(117)**					**(12,041)**
Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	36.9%	36.8%	36.8%	36.7%	36.7%	36.7%	36.7%	36.7%					36.7%
Adults % of Medi-Cal	13.4%	13.4%	13.3%	13.3%	13.2%	13.2%	13.2%	13.2%					13.3%
SPD % of Medi-Cal	10.3%	10.3%	10.4%	10.4%	10.5%	10.6%	10.6%	10.8%					10.5%
ACA OE % of Medi-Cal	32.4%	32.4%	32.4%	32.4%	32.3%	32.2%	32.1%	32.0%					32.3%
Duals % of Medi-Cal	7.0%	7.1%	7.1%	7.2%	7.3%	7.3%	7.4%	7.4%					7.2%
Medi-Cal Program % of Total	97.7%	97.6%	97.6%	97.6%	97.6%	97.6%	97.5%	97.6%					97.6%
Group Care Program % of Total	2.3%	2.4%	2.4%	2.4%	2.4%	2.4%	2.5%	2.4%					2.4%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**					**100.0%**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 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	48,482	47,978	47,700	48,187					389,314
Alameda Health System	47,759	47,630	47,328	47,241	46,652	46,232	45,665	45,594					374,101
	97,290	97,093	96,548	95,994	95,134	94,210	93,365	93,781					763,415
Delegated:													
CFMG	30,752	30,542	30,214	30,114	29,790	29,654	29,460	29,338					239,864
CHCN	94,820	94,360	93,936	93,460	92,730	92,167	91,165	90,696					743,334
Kaiser	33,783	33,618	33,517	33,333	33,044	32,800	32,471	32,529					265,095
Delegated Subtotal	159,355	158,520	157,667	156,907	155,564	154,621	153,096	152,563					1,248,293
Total	**256,645**	**255,613**	**254,215**	**252,901**	**250,698**	**248,831**	**246,461**	**246,344**					**2,011,708**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	(799)	(197)	(545)	(554)	(860)	(924)	(845)	416					(4,308)
Delegated:													
CFMG	(139)	(210)	(328)	(100)	(324)	(136)	(194)	(122)					(1,553)
CHCN	(509)	(460)	(424)	(476)	(730)	(563)	(1,002)	(469)					(4,633)
Kaiser	(293)	(165)	(101)	(184)	(289)	(244)	(329)	58					(1,547)
Delegated Subtotal	(941)	(835)	(853)	(760)	(1,343)	(943)	(1,525)	(533)					(7,733)
Total	**(1,740)**	**(1,032)**	**(1,398)**	**(1,314)**	**(2,203)**	**(1,867)**	**(2,370)**	**(117)**					**(12,041)**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	37.9%	38.0%	38.0%	38.0%	37.9%	37.9%	37.9%	38.1%					37.9%
Delegated:													
CFMG	12.0%	11.9%	11.9%	11.9%	11.9%	11.9%	12.0%	11.9%					11.9%
CHCN	36.9%	36.9%	37.0%	37.0%	37.0%	37.0%	37.0%	36.8%					37.0%
Kaiser	13.2%	13.2%	13.2%	13.2%	13.2%	13.2%	13.2%	13.2%					13.2%
Delegated Subtotal	62.1%	62.0%	62.0%	62.0%	62.1%	62.1%	62.1%	61.9%					62.1%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**					**100.0%**

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

	Budget Jul-19	Budget Aug-19	Budget Sep-19	Budget Oct-19	Budget Nov-19	Budget Dec-19	Budget Jan-20	Budget Feb-20	Budget Mar-20	Budget Apr-20	Budget May-20	Budget Jun-20	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	92,397	92,166	91,936	91,706	91,477	91,248	90,336	90,110	89,885	89,660	89,436	89,212	1,089,569
Adults	33,670	33,586	33,502	33,418	33,334	33,251	32,919	32,837	32,755	32,673	32,591	32,510	397,046
SPD	25,804	25,739	25,675	25,611	25,547	25,483	25,228	25,165	25,102	25,039	24,976	24,914	304,283
ACA OE	81,171	80,995	80,820	80,645	80,470	80,296	79,600	79,428	79,256	79,084	78,913	78,742	959,420
Duals	17,627	17,583	17,539	17,495	17,451	17,407	17,233	17,190	17,147	17,104	17,061	17,018	207,855
Medi-Cal Program	250,669	250,069	249,472	248,875	248,279	247,685	245,316	244,730	244,145	243,560	242,977	242,396	2,958,173
Group Care Program	5,976	5,976	5,976	5,976	5,976	5,976	5,976	5,976	5,976	5,976	5,976	5,976	71,712
Total	**256,645**	**256,045**	**255,448**	**254,851**	**254,255**	**253,661**	**251,292**	**250,706**	**250,121**	**249,536**	**248,953**	**248,372**	**3,029,885**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	(5,866)	(231)	(230)	(230)	(229)	(229)	(912)	(226)	(225)	(225)	(224)	(224)	(9,051)
Adults	(3,313)	(84)	(84)	(84)	(84)	(83)	(332)	(82)	(82)	(82)	(82)	(81)	(4,473)
SPD	(1,252)	(65)	(64)	(64)	(64)	(64)	(255)	(63)	(63)	(63)	(63)	(62)	(2,142)
ACA OE	(1,792)	(176)	(175)	(175)	(175)	(174)	(696)	(172)	(172)	(172)	(171)	(171)	(4,221)
Duals	710	(44)	(44)	(44)	(44)	(44)	(174)	(43)	(43)	(43)	(43)	(43)	101
Medi-Cal Program	(11,513)	(600)	(597)	(597)	(596)	(594)	(2,369)	(586)	(585)	(585)	(583)	(581)	(19,786)
Group Care Program	68	0	0	0	0	0	0	0	0	0	0	0	68
Total	**(11,445)**	**(600)**	**(597)**	**(597)**	**(596)**	**(594)**	**(2,369)**	**(586)**	**(585)**	**(585)**	**(583)**	**(581)**	**(19,718)**
Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	36.9%	36.9%	36.9%	36.8%	36.8%	36.8%	36.8%	36.8%	36.8%	36.8%	36.8%	36.8%	36.8%
Adults % of Medi-Cal	13.4%	13.4%	13.4%	13.4%	13.4%	13.4%	13.4%	13.4%	13.4%	13.4%	13.4%	13.4%	13.4%
SPD % of Medi-Cal	10.3%	10.3%	10.3%	10.3%	10.3%	10.3%	10.3%	10.3%	10.3%	10.3%	10.3%	10.3%	10.3%
ACA OE % of Medi-Cal	32.4%	32.4%	32.4%	32.4%	32.4%	32.4%	32.4%	32.5%	32.5%	32.5%	32.5%	32.5%	32.4%
Duals % of Medi-Cal	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
Medi-Cal Program % of Total	97.7%	97.7%	97.7%	97.7%	97.6%	97.6%	97.6%	97.6%	97.6%	97.6%	97.6%	97.6%	97.6%
Group Care Program % of Total	2.3%	2.3%	2.3%	2.3%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

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

	Budget Jul-19	Budget Aug-19	Budget Sep-19	Budget Oct-19	Budget Nov-19	Budget Dec-19	Budget Jan-20	Budget Feb-20	Budget Mar-20	Budget Apr-20	Budget May-20	Budget Jun-20	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted	97,290	97,070	96,850	96,630	96,410	96,190	95,318	95,102	94,887	94,672	94,457	94,243	1,149,119
Delegated:													
CFMG	30,752	30,675	30,598	30,521	30,445	30,369	30,067	29,992	29,917	29,842	29,767	29,692	362,637
CHCN	94,820	94,599	94,379	94,159	93,940	93,721	92,849	92,635	92,421	92,207	91,993	91,779	1,119,502
Kaiser	33,783	33,701	33,621	33,541	33,460	33,381	33,058	32,977	32,896	32,815	32,736	32,658	398,627
Delegated Subtotal	159,355	158,975	158,598	158,221	157,845	157,471	155,974	155,604	155,234	154,864	154,496	154,129	1,880,766
Total	**256,645**	**256,045**	**255,448**	**254,851**	**254,255**	**253,661**	**251,292**	**250,706**	**250,121**	**249,536**	**248,953**	**248,372**	**3,029,885**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	(4,564)	(220)	(220)	(220)	(220)	(220)	(872)	(216)	(215)	(215)	(215)	(214)	(7,611)
Delegated:													
CFMG	(2,717)	(77)	(77)	(77)	(76)	(76)	(302)	(75)	(75)	(75)	(75)	(75)	(3,777)
CHCN	(3,197)	(221)	(220)	(220)	(219)	(219)	(872)	(214)	(214)	(214)	(214)	(214)	(6,238)
Kaiser	(967)	(82)	(80)	(80)	(81)	(79)	(323)	(81)	(81)	(81)	(79)	(78)	(2,092)
Delegated Subtotal	(6,881)	(380)	(377)	(377)	(376)	(374)	(1,497)	(370)	(370)	(370)	(368)	(367)	(12,107)
Total	**(11,445)**	**(600)**	**(597)**	**(597)**	**(596)**	**(594)**	**(2,369)**	**(586)**	**(585)**	**(585)**	**(583)**	**(581)**	**(19,718)**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	37.9%	37.9%	37.9%	37.9%	37.9%	37.9%	37.9%	37.9%	37.9%	37.9%	37.9%	37.9%	37.9%
Delegated:													
CFMG	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
CHCN	36.9%	36.9%	36.9%	36.9%	36.9%	36.9%	36.9%	36.9%	37.0%	37.0%	37.0%	37.0%	36.9%
Kaiser	13.2%	13.2%	13.2%	13.2%	13.2%	13.2%	13.2%	13.2%	13.2%	13.2%	13.1%	13.1%	13.2%
Delegated Subtotal	62.1%	62.1%	62.1%	62.1%	62.1%	62.1%	62.1%	62.1%	62.1%	62.1%	62.1%	62.1%	62.1%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

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

	Variance Jul-19	Variance Aug-19	Variance Sep-19	Variance Oct-19	Variance Nov-19	Variance Dec-19	Variance Jan-20	Variance Feb-20	Variance Mar-20	Variance Apr-20	Variance May-20	Variance Jun-20	YTD Member Month Variance
Enrollment Variance by Plan & Aid Category - Favorable/(Unfavorable)													
Medi-Cal Program:													
Child	0	(438)	(712)	(1,109)	(1,766)	(2,192)	(2,007)	(2,024)					(10,248)
Adults	0	(138)	(410)	(646)	(977)	(1,185)	(1,299)	(1,201)					(5,856)
SPD	0	12	52	142	144	204	343	688					1,585
ACA OE	0	(29)	(337)	(576)	(1,366)	(2,142)	(2,507)	(2,507)					(9,464)
Duals	0	117	127	155	328	369	567	653					2,316
Medi-Cal Program	0	(476)	(1,280)	(2,034)	(3,637)	(4,946)	(4,903)	(4,391)					(21,667)
Group Care Program	0	44	47	84	80	116	72	29					472
Total	**0**	**(432)**	**(1,233)**	**(1,950)**	**(3,557)**	**(4,830)**	**(4,831)**	**(4,362)**					**(21,195)**
Current Direct/Delegate Enrollment Variance - Favorable/(Unfavorable)													
Directly-Contracted	0	23	(302)	(636)	(1,276)	(1,980)	(1,953)	(1,321)					(7,445)
Delegated:													
CFMG	0	(133)	(384)	(407)	(655)	(715)	(607)	(654)					(3,555)
CHCN	0	(239)	(443)	(699)	(1,210)	(1,554)	(1,684)	(1,939)					(7,768)
Kaiser	0	(83)	(104)	(208)	(416)	(581)	(587)	(448)					(2,427)
Delegated Subtotal	0	(455)	(931)	(1,314)	(2,281)	(2,850)	(2,878)	(3,041)					(13,750)
Total	**0**	**(432)**	**(1,233)**	**(1,950)**	**(3,557)**	**(4,830)**	**(4,831)**	**(4,362)**					**(21,195)**

ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED February 29, 2020

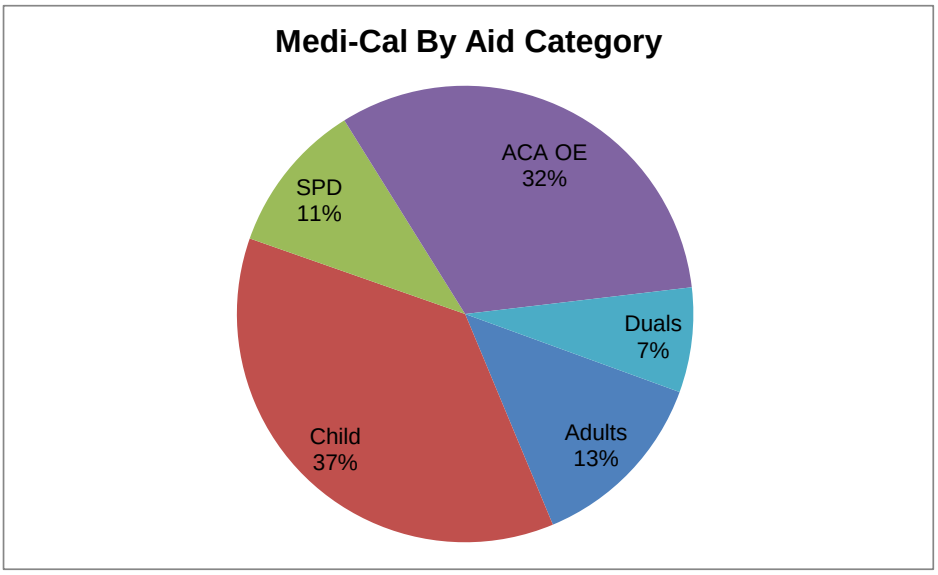
CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				CAPITATED MEDICAL EXPENSES:				
$1,633,351	$1,615,621	($17,730)	(1.1%)	PCP-Capitation	$13,279,575	$13,145,422	($134,153)	(1.0%)
2,626,641	2,722,079	95,438	3.5%	PCP-Capitation - FQHC	21,448,593	21,903,541	454,948	2.1%
257,782	257,027	(755)	(0.3%)	Specialty-Capitation	2,092,496	2,090,748	(1,748)	(0.1%)
2,685,489	2,908,354	222,865	7.7%	Specialty-Capitation FQHC	21,945,509	23,038,160	1,092,651	4.7%
253,053	256,571	3,518	1.4%	Laboratory-Capitation	2,059,847	2,080,261	20,414	1.0%
968,828	626,766	(342,062)	(54.6%)	Transportation (Ambulance)-Cap	7,649,579	5,084,132	(2,565,447)	(50.5%)
185,944	187,997	2,053	1.1%	Vision Cap	1,515,247	1,526,046	10,799	0.7%
74,945	77,107	2,163	2.8%	CFMG Capitation	608,226	624,740	16,514	2.6%
136,388	144,370	7,982	5.5%	Anc IPA Admin Capitation FQHC	1,114,133	1,152,904	38,771	3.4%
6,935,973	6,966,113	30,140	0.4%	Kaiser Capitation	55,249,638	56,831,904	1,582,266	2.8%
508,345	556,985	48,640	8.7%	BHT Supplemental Expense	5,227,334	4,035,372	(1,191,962)	(29.5%)
10,252	6,273	(3,979)	(63.4%)	Hep-C Supplemental Expense	95,565	88,941	(6,624)	(7.4%)
365,055	305,410	(59,645)	(19.5%)	Maternity Supplemental Expense	2,554,865	2,164,948	(389,917)	(18.0%)
488,548	484,648	(3,900)	(0.8%)	DME - Cap	3,957,548	3,934,950	(22,598)	(0.6%)
17,130,595	**17,115,321**	**(15,274)**	**(0.1%)**	**5-TOTAL CAPITATED EXPENSES**	**138,798,155**	**137,702,069**	**(1,096,086)**	**(0.8%)**
				FEE FOR SERVICE MEDICAL EXPENSES:				
1,721,720	0	(1,721,720)	0.0%	IBNP-Inpatient Services	4,549,220	0	(4,549,220)	0.0%
51,651	0	(51,651)	0.0%	IBNP-Settlement (IP)	136,476	0	(136,476)	0.0%
137,738	0	(137,738)	0.0%	IBNP-Claims Fluctuation (IP)	363,938	0	(363,938)	0.0%
17,008,592	20,376,759	3,368,167	16.5%	Inpatient Hospitalization-FFS	136,461,687	165,615,608	29,153,921	17.6%
1,084,300	0	(1,084,300)	0.0%	IP OB - Mom & NB	8,310,956	0	(8,310,956)	0.0%
31,541	0	(31,541)	0.0%	IP Behavioral Health	858,289	0	(858,289)	0.0%
966,591	0	(966,591)	0.0%	IP - Long Term Care	8,654,380	0	(8,654,380)	0.0%
407,967	0	(407,967)	0.0%	IP - Facility Rehab FFS	4,803,406	0	(4,803,406)	0.0%
21,410,099	**20,376,759**	**(1,033,340)**	**(5.1%)**	**6-Inpatient Hospital & SNF FFS Expense**	**164,138,352**	**165,615,608**	**1,477,256**	**0.9%**
(9,409)	0	9,409	0.0%	IBNP-PCP	147,207	0	(147,207)	0.0%
(284)	0	284	0.0%	IBNP-Settlement (PCP)	4,414	0	(4,414)	0.0%
(753)	0	753	0.0%	IBNP-Claims Fluctuation (PCP)	11,773	0	(11,773)	0.0%
1,098,422	1,149,216	50,794	4.4%	Primary Care Non-Contracted FF	9,230,540	9,375,093	144,553	1.5%
32,698	110,523	77,825	70.4%	PCP FQHC FFS	483,524	869,396	385,872	44.4%
1,586,411	1,678,083	91,672	5.5%	Prop 56 Direct Payment Expenses	12,829,825	13,634,756	804,931	5.9%
42,648	0	(42,648)	0.0%	Prop 56-Trauma Expense	346,683	0	(346,683)	0.0%
58,502	0	(58,502)	0.0%	Prop 56-Dev. Screening Exp.	475,241	0	(475,241)	0.0%
472,268	0	(472,268)	0.0%	Prop 56-Fam. Planning Exp.	3,866,583	0	(3,866,583)	0.0%
438,473	0	(438,473)	0.0%	Prop 56-Value Based Purchasing	3,566,916	0	(3,566,916)	0.0%
3,718,975	**2,937,822**	**(781,153)**	**(26.6%)**	**7-Primary Care Physician FFS Expense**	**30,962,705**	**23,879,245**	**(7,083,460)**	**(29.7%)**
(85,523)	0	85,523	0.0%	IBNP-Specialist	453,975	0	(453,975)	0.0%
1,886,025	0	(1,886,025)	0.0%	Specialty Care-FFS	16,302,472	0	(16,302,472)	0.0%
84,650	0	(84,650)	0.0%	Anesthesiology - FFS	995,751	0	(995,751)	0.0%
620,261	0	(620,261)	0.0%	Spec Rad Therapy - FFS	4,985,492	0	(4,985,492)	0.0%
108,628	0	(108,628)	0.0%	Obstetrics-FFS	868,638	0	(868,638)	0.0%
220,298	0	(220,298)	0.0%	Spec IP Surgery - FFS	1,781,505	0	(1,781,505)	0.0%
382,403	0	(382,403)	0.0%	Spec OP Surgery - FFS	3,471,956	0	(3,471,956)	0.0%
350,139	3,656,115	3,305,976	90.4%	Spec IP Physician	2,810,322	29,737,817	26,927,495	90.5%
36,537	113,672	77,135	67.9%	SCP FQHC FFS	498,379	913,274	414,895	45.4%
(2,566)	0	2,566	0.0%	IBNP-Settlement (SCP)	13,623	0	(13,623)	0.0%
(6,842)	0	6,842	0.0%	IBNP-Claims Fluctuation (SCP)	36,317	0	(36,317)	0.0%
3,594,010	**3,769,787**	**175,777**	**4.7%**	**8-Specialty Care Physician Expense**	**32,218,429**	**30,651,091**	**(1,567,338)**	**(5.1%)**
(132,393)	0	132,393	0.0%	IBNP-Ancillary	294,804	0	(294,804)	0.0%
(3,972)	0	3,972	0.0%	IBNP Settlement (ANC)	8,847	0	(8,847)	0.0%
(10,592)	0	10,592	0.0%	IBNP Claims Fluctuation (ANC)	23,586	0	(23,586)	0.0%
176,704	0	(176,704)	0.0%	Acupuncture/Biofeedback	2,104,700	0	(2,104,700)	0.0%
67,842	0	(67,842)	0.0%	Hearing Devices	902,358	0	(902,358)	0.0%
31,862	0	(31,862)	0.0%	Imaging/MRI/CT Global	226,137	0	(226,137)	0.0%
38,187	0	(38,187)	0.0%	Vision FFS	319,009	0	(319,009)	0.0%
16,282	0	(16,282)	0.0%	Family Planning	94,552	0	(94,552)	0.0%
193,261	0	(193,261)	0.0%	Laboratory-FFS	1,870,616	0	(1,870,616)	0.0%
111,195	0	(111,195)	0.0%	ANC Therapist	855,228	0	(855,228)	0.0%
246,638	0	(246,638)	0.0%	Transportation (Ambulance)-FFS	2,096,198	0	(2,096,198)	0.0%
103,958	0	(103,958)	0.0%	Transportation (Other)-FFS	798,986	0	(798,986)	0.0%

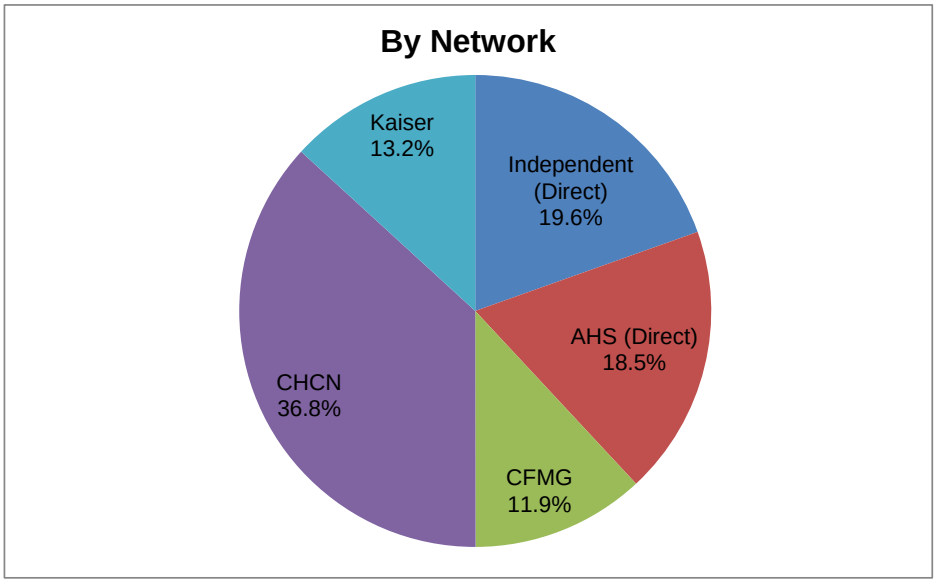
ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED February 29, 2020

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
$267,427	$0	($267,427)	0.0%	Hospice	$2,813,884	$0	($2,813,884)	0.0%
488,777	0	(488,777)	0.0%	Home Health Services	3,962,860	0	(3,962,860)	0.0%
0	2,514,362	2,514,362	100.0%	Other Medical-FFS	0	20,839,233	20,839,233	100.0%
0	0	0	0.0%	Denials	320	0	(320)	0.0%
139,355	0	(139,355)	0.0%	HMS Medical Refunds	(121,664)	0	121,664	0.0%
(352)	0	352	0.0%	Refunds-Medical Payments	(341)	0	341	0.0%
274,646	0	(274,646)	0.0%	DME & Medical Supplies	2,340,946	0	(2,340,946)	0.0%
400,369	552,923	152,554	27.6%	GEMT Direct Payment Expense	3,229,679	4,492,396	1,262,717	28.1%
451,536	0	(451,536)	0.0%	Community Based Adult Services (CBAS)	3,794,101	0	(3,794,101)	0.0%
2,860,729	**3,067,285**	**206,556**	**6.7%**	**9-Ancillary Medical Expense**	**25,614,807**	**25,331,629**	**(283,178)**	**(1.1%)**
(47,264)	0	47,264	0.0%	IBNP-Outpatient	28,864	0	(28,864)	0.0%
(1,419)	0	1,419	0.0%	IBNP Settlement (OP)	862	0	(862)	0.0%
(3,780)	0	3,780	0.0%	IBNP Claims Fluctuation (OP)	2,307	0	(2,307)	0.0%
1,153,331	7,305,968	6,152,637	84.2%	Out-Patient FFS	10,330,788	57,692,463	47,361,675	82.1%
1,087,132	0	(1,087,132)	0.0%	OP Ambul Surgery - FFS	8,315,774	0	(8,315,774)	0.0%
1,026,627	0	(1,026,627)	0.0%	OP Fac Imaging Services-FFS	8,499,301	0	(8,499,301)	0.0%
2,137,562	0	(2,137,562)	0.0%	Behav Health - FFS	16,052,690	0	(16,052,690)	0.0%
421,864	0	(421,864)	0.0%	OP Facility - Lab FFS	2,211,779	0	(2,211,779)	0.0%
82,015	0	(82,015)	0.0%	OP Facility - Cardio FFS	748,610	0	(748,610)	0.0%
27,287	0	(27,287)	0.0%	OP Facility - PT/OT/ST FFS	74,609	0	(74,609)	0.0%
1,120,320	0	(1,120,320)	0.0%	OP Facility - Dialysis FFS	12,448,779	0	(12,448,779)	0.0%
7,003,676	**7,305,968**	**302,292**	**4.1%**	**10-Outpatient Medical Expense Medical Expense**	**58,714,364**	**57,692,463**	**(1,021,901)**	**(1.8%)**
193,498	0	(193,498)	0.0%	IBNP-Emergency	119,182	0	(119,182)	0.0%
5,805	0	(5,805)	0.0%	IBNP Settlement (ER)	3,577	0	(3,577)	0.0%
15,480	0	(15,480)	0.0%	IBNP Claims Fluctuation (ER)	9,537	0	(9,537)	0.0%
526,425	0	(526,425)	0.0%	Special ER Physician-FFS	4,630,542	0	(4,630,542)	0.0%
2,491,902	3,209,898	717,996	22.4%	ER-Facility	21,269,528	25,859,401	4,589,873	17.7%
3,233,110	**3,209,898**	**(23,212)**	**(0.7%)**	**11-Emergency Expense**	**26,032,366**	**25,859,401**	**(172,965)**	**(0.7%)**
625,234	0	(625,234)	0.0%	IBNP-Pharmacy	609,385	0	(609,385)	0.0%
18,757	0	(18,757)	0.0%	IBNP Settlement (RX)	18,279	0	(18,279)	0.0%
50,019	0	(50,019)	0.0%	IBNP Claims Fluctuation (RX)	48,752	0	(48,752)	0.0%
3,978,767	3,067,275	(911,492)	(29.7%)	RX - Non-PBM FFFS	30,086,187	25,545,866	(4,540,321)	(17.8%)
9,580,499	10,328,356	747,857	7.2%	Pharmacy-FFS	78,844,952	82,979,208	4,134,256	5.0%
(399,421)	0	399,421	0.0%	HMS RX Refunds	(399,421)	0	399,421	0.0%
(407,064)	(407,064)	0	0.0%	Pharmacy-Rebate	(4,379,377)	(3,413,295)	966,082	(28.3%)
13,446,791	**12,988,567**	**(458,224)**	**(3.5%)**	**12-Pharmacy Expense**	**104,828,757**	**105,111,779**	**283,022**	**0.3%**
55,267,390	**53,656,086**	**(1,611,304)**	**(3.0%)**	**13-TOTAL FFS MEDICAL EXPENSES**	**442,509,780**	**434,141,216**	**(8,368,564)**	**(1.9%)**
0	(138,153)	(138,153)	100.0%	Clinical Vacancy	0	(1,490,047)	(1,490,047)	100.0%
75,822	120,374	44,552	37.0%	Quality Analytics	541,729	851,016	309,286	36.3%
333,298	402,912	69,614	17.3%	Health Plan Services Department Total	2,949,666	3,294,207	344,541	10.5%
578,701	713,792	135,091	18.9%	Case & Disease Management Department Total	4,629,396	4,941,350	311,954	6.3%
150,809	180,836	30,027	16.6%	Medical Services Department Total	1,109,957	1,351,881	241,924	17.9%
452,989	466,753	13,764	2.9%	Quality Management Department Total	3,514,685	3,948,456	433,771	11.0%
132,174	140,332	8,159	5.8%	Pharmacy Services Department Total	934,951	1,105,988	171,037	15.5%
25,585	28,833	3,248	11.3%	Regulatory Readiness Total	228,979	247,364	18,385	7.4%
1,749,378	**1,915,678**	**166,301**	**8.7%**	**14-Other Benefits & Services**	**13,909,363**	**14,250,215**	**340,852**	**2.4%**
				Reinsurance Expense				
(246,256)	(330,918)	(84,662)	25.6%	Reinsurance Recoveries	(2,760,126)	(2,341,458)	418,668	(17.9%)
375,542	389,316	13,774	3.5%	Stop-Loss Expense	3,071,543	3,144,118	72,575	2.3%
129,286	**58,398**	**(70,888)**	**(121.4%)**	**15-Reinsurance Expense**	**311,418**	**802,660**	**491,242**	**61.2%**
				Preventive Health Services				
83,209	83,208	(1)	0.0%	Risk Sharing PCP	667,165	667,164	(1)	0.0%
83,209	**83,208**	**(1)**	**0.0%**	**16-Risk Pool Distribution**	**667,165**	**667,164**	**(1)**	**0.0%**
74,359,858	**72,828,691**	**(1,531,166)**	**(2.1%)**	**17-TOTAL MEDICAL EXPENSES**	**596,195,881**	**587,563,324**	**(8,632,557)**	**(1.5%)**

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Current Membership by Network By Category of Aid							
Category of Aid	**Feb 2020**	**% of Medi-Cal**	**Independent (Direct)**	**AHS (Direct)**	**CFMG**	**CHCN**	**Kaiser**
Adults	31,635	13%	7,661	6,658	224	11,988	5,104
Child	88,086	37%	8,221	8,085	26,973	29,863	14,944
SPD	25,853	11%	8,640	3,801	1,184	10,321	1,907
ACA OE	76,921	32%	13,832	24,320	956	29,374	8,439
Duals	17,844	7%	7,204	1,910	1	6,594	2,135
Medi-Cal	240,339		45,558	44,774	29,338	88,140	32,529
Group Care	6,005		2,629	820	-	2,556	-
Total	**246,344**	**100%**	**48,187**	**45,594**	**29,338**	**90,696**	**32,529**
Medi-Cal %	97.6%		94.5%	98.2%	100.0%	97.2%	100.0%
Group Care %	2.4%		5.5%	1.8%	0.0%	2.8%	0.0%
	Network Distribution		*19.6%*	*18.5%*	*11.9%*	*36.8%*	*13.2%*
			% Direct:	**38%**		**% Delegated:**	**62%**

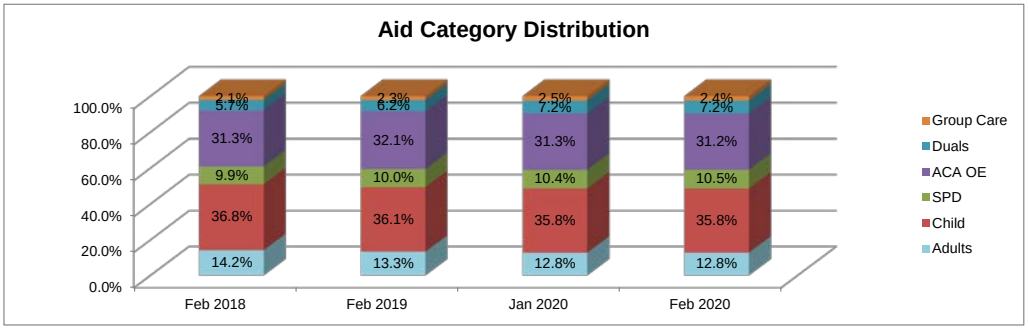




Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

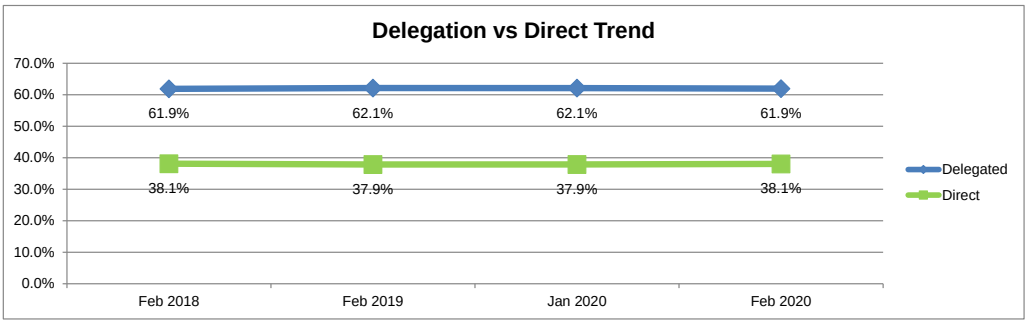
Category of Aid Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Category of Aid	Feb 2018	Feb 2019	Jan 2020	Feb 2020	Feb 2018	Feb 2019	Jan 2020	Feb 2020	Feb 2018 to Feb 2019	Feb 2019 to Feb 2020	Jan 2020 to Feb 2020
Adults	37,979	34,651	31,620	31,635	14.2%	13.3%	12.8%	12.8%	-8.8%	-8.7%	0.0%
Child	98,291	93,809	88,329	88,086	36.8%	36.1%	35.8%	35.8%	-4.6%	-6.1%	-0.3%
SPD	26,348	25,979	25,571	25,853	9.9%	10.0%	10.4%	10.5%	-1.4%	-0.5%	1.1%
ACA OE	83,628	83,493	77,093	76,921	31.3%	32.1%	31.3%	31.2%	-0.2%	-7.9%	-0.2%
Duals	15,238	16,135	17,800	17,844	5.7%	6.2%	7.2%	7.2%	5.9%	10.6%	0.2%
Medi-Cal Total	261,484	254,067	240,413	240,339	97.9%	97.7%	97.5%	97.6%	-2.8%	-5.4%	0.0%
Group Care	5,704	5,854	6,048	6,005	2.1%	2.3%	2.5%	2.4%	2.6%	2.6%	-0.7%
Total	**267,188**	**259,921**	**246,461**	**246,344**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**-2.7%**	**-5.2%**	**0.0%**



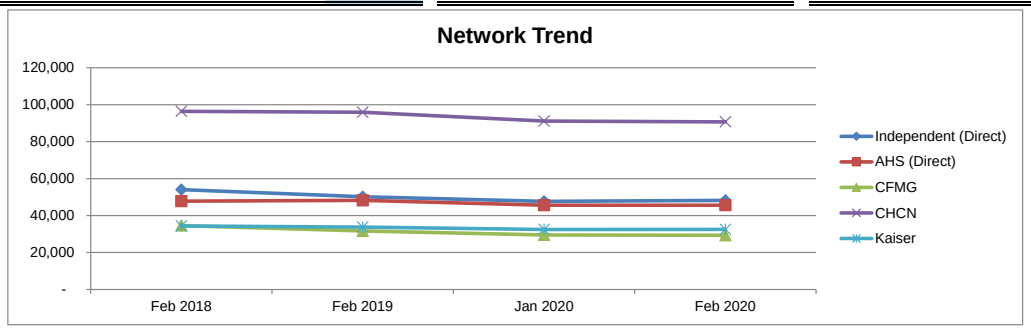
Delegation vs Direct Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Members	Feb 2018	Feb 2019	Jan 2020	Feb 2020	Feb 2018	Feb 2019	Jan 2020	Feb 2020	Feb 2018 to Feb 2019	Feb 2019 to Feb 2020	Jan 2020 to Feb 2020
Delegated	165,337	161,445	153,096	152,563	61.9%	62.1%	62.1%	61.9%	-2.4%	-5.5%	-0.3%
Direct	101,851	98,476	93,365	93,781	38.1%	37.9%	37.9%	38.1%	-3.3%	-4.8%	0.4%
Total	**267,188**	**259,921**	**246,461**	**246,344**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**-2.7%**	**-5.2%**	**0.0%**



Network Trend

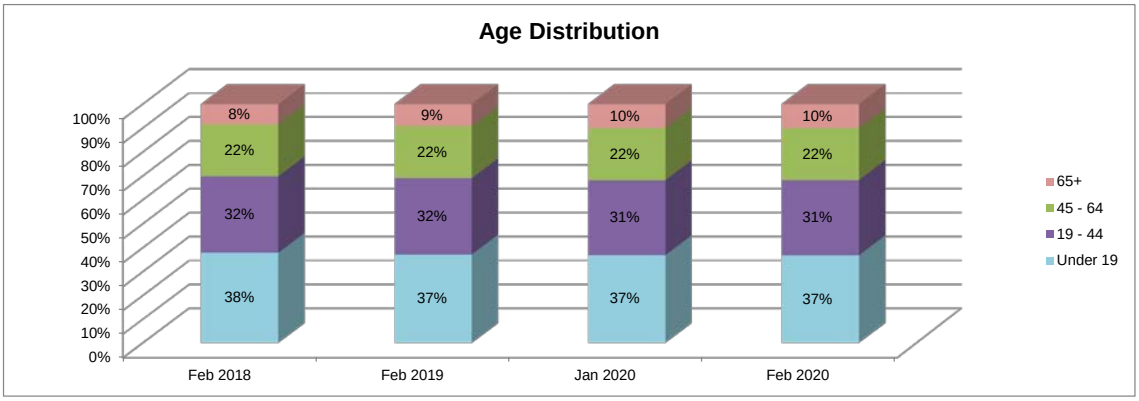
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Network	Feb 2018	Feb 2019	Jan 2020	Feb 2020	Feb 2018	Feb 2019	Jan 2020	Feb 2020	Feb 2018 to Feb 2019	Feb 2019 to Feb 2020	Jan 2020 to Feb 2020
Independent (Direct)	54,046	50,235	47,700	48,187	20.2%	19.3%	19.4%	19.6%	-7.1%	-4.1%	1.0%
AHS (Direct)	47,805	48,241	45,665	45,594	17.9%	18.6%	18.5%	18.5%	0.9%	-5.5%	-0.2%
CFMG	34,563	31,722	29,460	29,338	12.9%	12.2%	12.0%	11.9%	-8.2%	-7.5%	-0.4%
CHCN	96,400	95,906	91,165	90,696	36.1%	36.9%	37.0%	36.8%	-0.5%	-5.4%	-0.5%
Kaiser	34,374	33,817	32,471	32,529	12.9%	13.0%	13.2%	13.2%	-1.6%	-3.8%	0.2%
Total	**267,188**	**259,921**	**246,461**	**246,344**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**-2.7%**	**-5.2%**	**0.0%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

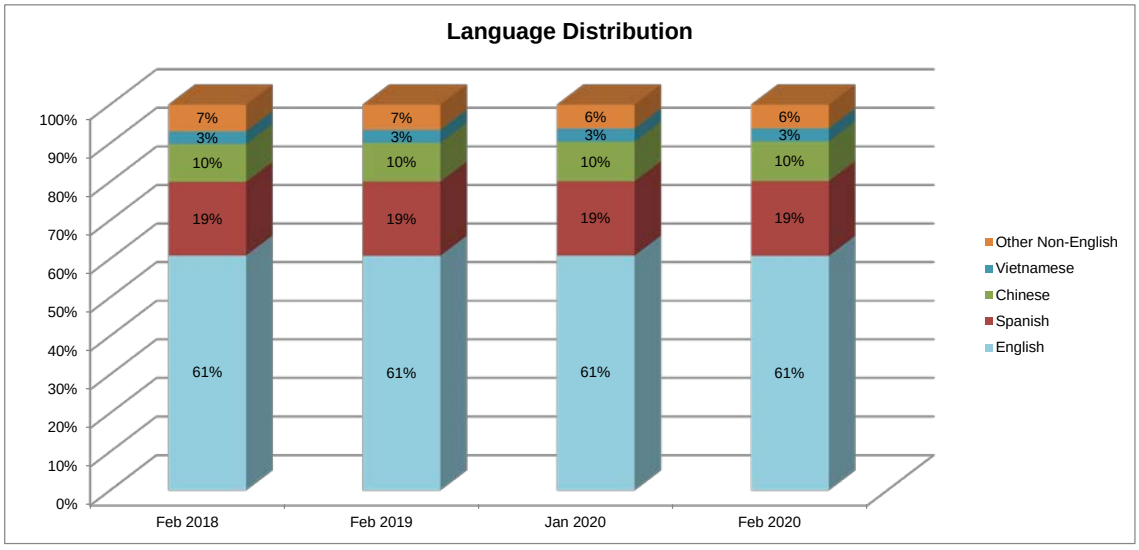
Age Category Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Age Category	Feb 2018	Feb 2019	Jan 2020	Feb 2020	Feb 2018	Feb 2019	Jan 2020	Feb 2020	Feb 2018 to Feb 2019	Feb 2019 to Feb 2020	Jan 2020 to Feb 2020
Under 19	101,188	96,617	90,897	90,651	38%	37%	37%	37%	-5%	-6%	0%
19 - 44	85,322	82,854	77,224	77,479	32%	32%	31%	31%	-3%	-6%	0%
45 - 64	58,177	56,428	53,632	53,449	22%	22%	22%	22%	-3%	-5%	0%
65+	22,501	24,022	24,708	24,765	8%	9%	10%	10%	7%	3%	0%
Total	**267,188**	**259,921**	**246,461**	**246,344**	**100%**	**100%**	**100%**	**100%**	**-3%**	**-5%**	**0%**



Language Trend

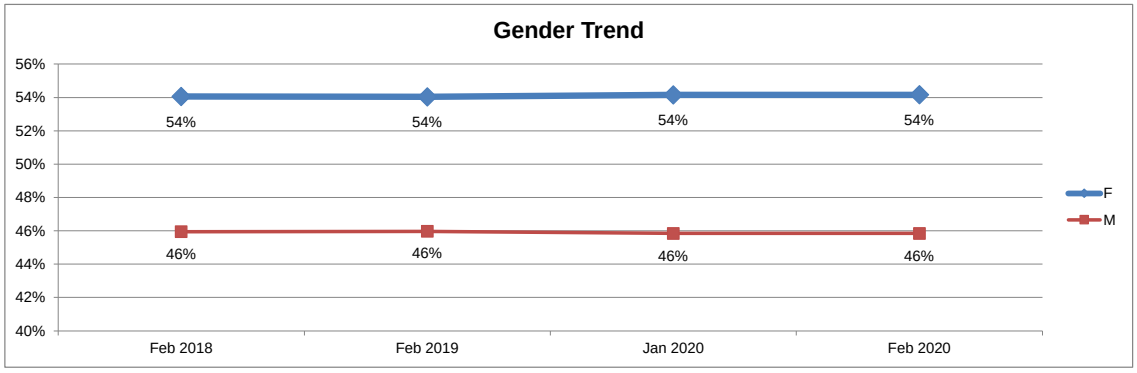
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Language	Feb 2018	Feb 2019	Jan 2020	Feb 2020	Feb 2018	Feb 2019	Jan 2020	Feb 2020	Feb 2018 to Feb 2019	Feb 2019 to Feb 2020	Jan 2020 to Feb 2020
English	162,575	157,949	149,918	149,691	61%	61%	61%	61%	-3%	-5%	0%
Spanish	51,028	49,985	47,516	47,773	19%	19%	19%	19%	-2%	-4%	1%
Chinese	26,232	26,180	25,284	25,291	10%	10%	10%	10%	0%	-3%	0%
Vietnamese	8,796	8,686	8,360	8,322	3%	3%	3%	3%	-1%	-4%	0%
Other Non-English	18,557	17,121	15,383	15,267	7%	7%	6%	6%	-8%	-11%	-1%
Total	**267,188**	**259,921**	**246,461**	**246,344**	**100%**	**100%**	**100%**	**100%**	**-3%**	**-5%**	**0%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

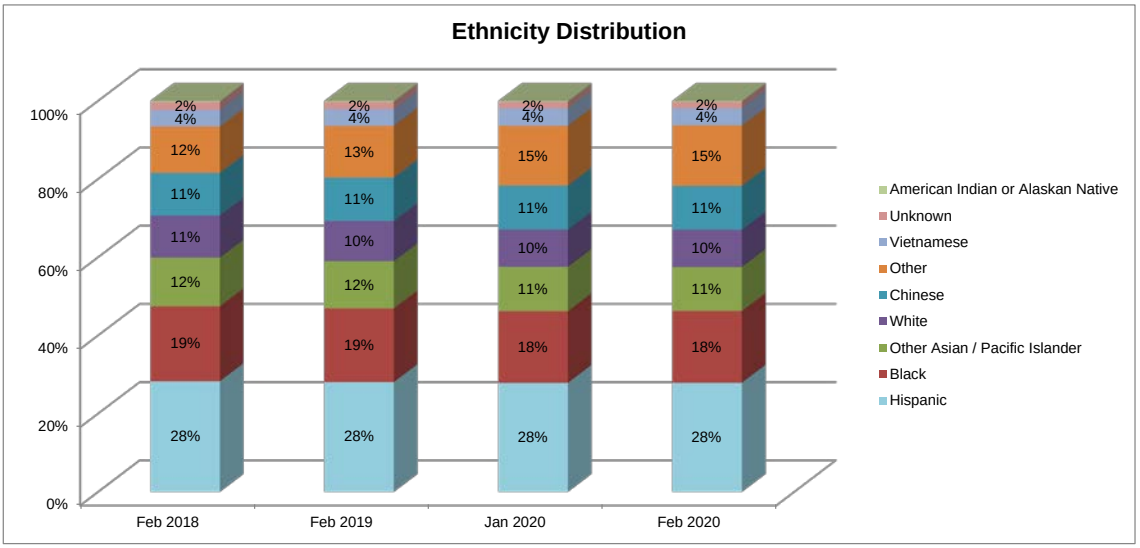
Gender Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Gender	Feb 2018	Feb 2019	Jan 2020	Feb 2020	Feb 2018	Feb 2019	Jan 2020	Feb 2020	Feb 2018 to Feb 2019	Feb 2019 to Feb 2020	Jan 2020 to Feb 2020
F	144,441	140,441	133,472	133,410	54%	54%	54%	54%	-3%	-5%	0%
M	122,747	119,480	112,989	112,934	46%	46%	46%	46%	-3%	-5%	0%
Total	**267,188**	**259,921**	**246,461**	**246,344**	**100%**	**100%**	**100%**	**100%**	**-3%**	**-5%**	**0%**



Ethnicity Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Ethnicity	Feb 2018	Feb 2019	Jan 2020	Feb 2020	Feb 2018	Feb 2019	Jan 2020	Feb 2020	Feb 2018 to Feb 2019	Feb 2019 to Feb 2020	Jan 2020 to Feb 2020
Hispanic	75,548	72,926	68,682	68,723	28%	28%	28%	28%	-3%	-6%	0%
Black	51,248	49,015	45,213	45,209	19%	19%	18%	18%	-4%	-8%	0%
Other Asian / Pacific Islander	33,186	31,329	27,864	27,682	12%	12%	11%	11%	-6%	-12%	-1%
White	28,847	26,750	23,487	23,442	11%	10%	10%	10%	-7%	-12%	0%
Chinese	29,067	28,898	27,859	27,725	11%	11%	11%	11%	-1%	-4%	0%
Other	31,733	34,418	37,693	38,042	12%	13%	15%	15%	8%	11%	1%
Vietnamese	11,454	11,167	10,856	10,813	4%	4%	4%	4%	-3%	-3%	0%
Unknown	5,367	4,721	4,214	4,124	2%	2%	2%	2%	-12%	-13%	-2%
American Indian or Alaskan Native	738	697	593	584	0%	0%	0%	0%	-6%	-16%	-2%
Total	**267,188**	**259,921**	**246,461**	**246,344**	**100%**	**100%**	**100%**	**100%**	**-3%**	**-5%**	**0%**



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

Medi-Cal By City

City	Feb 2020	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	98,642	41%	11,663	21,884	13,093	42,762	9,240
Hayward	36,967	15%	7,874	7,478	4,468	10,867	6,280
Fremont	20,941	9%	8,468	2,924	719	5,573	3,257
San Leandro	21,539	9%	3,766	3,121	3,170	8,098	3,384
Union City	10,315	4%	3,980	1,422	366	2,672	1,875
Alameda	9,456	4%	1,806	1,341	1,484	3,526	1,299
Berkeley	8,502	4%	1,098	1,421	1,142	3,658	1,183
Livermore	6,788	3%	939	557	1,583	2,562	1,147
Newark	5,538	2%	1,610	1,671	183	1,065	1,009
Castro Valley	5,666	2%	1,140	844	931	1,684	1,067
San Lorenzo	4,933	2%	876	787	633	1,711	926
Pleasanton	3,576	1%	868	327	403	1,393	585
Dublin	3,835	2%	908	337	524	1,392	674
Emeryville	1,443	1%	232	280	227	484	220
Albany	1,374	1%	152	187	312	468	255
Piedmont	241	0%	38	58	23	68	54
Sunol	53	0%	10	9	8	9	17
Antioch	26	0%	6	3	7	3	7
Other	504	0%	124	123	62	145	50
Total	**240,339**	**100%**	**45,558**	**44,774**	**29,338**	**88,140**	**32,529**

Group Care By City

City	Feb 2020	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	2,129	35%	554	376	-	1,199	-
Hayward	665	11%	377	119	-	169	-
Fremont	652	11%	507	42	-	103	-
San Leandro	556	9%	216	68	-	272	-
Union City	330	5%	234	29	-	67	-
Alameda	273	5%	111	25	-	137	-
Berkeley	199	3%	54	22	-	123	-
Livermore	85	1%	36	2	-	47	-
Newark	136	2%	92	25	-	19	-
Castro Valley	189	3%	99	21	-	69	-
San Lorenzo	113	2%	51	18	-	44	-
Pleasanton	47	1%	25	3	-	19	-
Dublin	94	2%	43	5	-	46	-
Emeryville	26	0%	12	2	-	12	-
Albany	14	0%	4	3	-	7	-
Piedmont	10	0%	2	1	-	7	-
Sunol	-	0%	-	-	-	-	-
Antioch	21	0%	7	4	-	10	-
Other	466	8%	205	55	-	206	-
Total	**6,005**	**100%**	**2,629**	**820**	**-**	**2,556**	**-**

Total By City

City	Feb 2020	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	100,771	41%	12,217	22,260	13,093	43,961	9,240
Hayward	37,632	15%	8,251	7,597	4,468	11,036	6,280
Fremont	21,593	9%	8,975	2,966	719	5,676	3,257
San Leandro	22,095	9%	3,982	3,189	3,170	8,370	3,384
Union City	10,645	4%	4,214	1,451	366	2,739	1,875
Alameda	9,729	4%	1,917	1,366	1,484	3,663	1,299
Berkeley	8,701	4%	1,152	1,443	1,142	3,781	1,183
Livermore	6,873	3%	975	559	1,583	2,609	1,147
Newark	5,674	2%	1,702	1,696	183	1,084	1,009
Castro Valley	5,855	2%	1,239	865	931	1,753	1,067
San Lorenzo	5,046	2%	927	805	633	1,755	926
Pleasanton	3,623	1%	893	330	403	1,412	585
Dublin	3,929	2%	951	342	524	1,438	674
Emeryville	1,469	1%	244	282	227	496	220
Albany	1,388	1%	156	190	312	475	255
Piedmont	251	0%	40	59	23	75	54
Sunol	53	0%	10	9	8	9	17
Antioch	47	0%	13	7	7	13	7
Other	970	0%	329	178	62	351	50
Total	**246,344**	**100%**	**48,187**	**45,594**	**29,338**	**90,696**	**32,529**

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: **April 10, 2020**

Subject: **Operations Report**

Member Services

- 12-month Trend Summary:
    - The Member Services Department received a twenty-one (21%) percent decrease in calls in March 2020, totaling 14,806 compared to 18,732 in March 2019.
    - The abandonment rate for March 2020 was six percent (6%), which was one percent greater (5%) than in March 2019.
    - The service level for the Department was one percent (1%) higher in March 2020, seventy-six percent (76%), compared to seventy-five percent (75%) in March 2019.
    - The Alliance took proactive steps to protect the health of our community, members, and employees by following the recommendations of the Alameda County Public Health Department (ACPHD) to help protect the general public from the Coronavirus Disease (COVID-19). Member Services temporarily suspended member walk-ins services for members at our office location on March 16, 2020, until further notice.
    - The Department (with support of our IT Department) deployed 100% of the Member Services Representatives to work from home due to the Shelter in Place order in March 2020. Member Services understands the healthcare concerns of our members about the Coronavirus and remains committed to making sure our members and their families stay healthy by providing important information about their benefits and services to meet their care needs, especially during these challenging times.
    - The top five call reasons for March 2020 remained unchanged from March 2019: 1) Eligibility/Enrollment 2). Change of PCP 3). Kaiser, 4). Benefits, 5). ID Card Request.
    - The average talk time (ATT) was eight minutes and three seconds (08:03) for March 2020 compared to seven minutes and nine seconds (07:09) for March 2019.

Claims

- 12-Month Trend Summary:
    - The Claims Department received 115,716 claims in March 2020 compared to 124,018 in March 2019.
    - The Auto Adjudication was 77.6% in March 2020 compared to 73.3% in March 2019.
    - Claims Compliance for the 30-day turn-around time was 98.1% in March 2020 compared to 93.9% in March 2019. The 45-day turn-around time was 99.9% in March 2020 compared to 95.8% in March 2019.

- Staffing:
    - The following open positions were filled internally:
        - Claims Processor I
        - Claims Specialist
    - The Claims Trainer changed roles in March, and recruitment to fill the position will be on hold until staff returns to the office.

- Training:
    - Routine and new hire training will be conducted remotely by the Managers/Supervisors until staff returns to the office.

- Monthly Analysis:
    - In March, we received a total of 115,716 claims in the HEALTHsuite system.
    - We received 77% of claims via EDI and 23% of claims via paper.
    - During March, 99.9% of our claims were processed within 45 working days.
    - The Auto Adjudication rate was 77.6% for March.

Provider Services

- 12-Month Trend Summary:
    - The Provider Services Department's call volume in March 2020 was 6,191 calls compared to 6,811 calls in March 2019.
    - We are anticipating our call volume to increase this year due to the CalAIM initiatives that are forthcoming in 2020 in preparation for 2021. Provider

Services continuously works to achieve first call resolution and reduction of the abandonment rates. Efforts to promote provider satisfaction is our first priority.

- Monthly Analysis:

    - The Provider Services department completed 86 visits during the month of March 2020.
    - The Provider Services department answered over 6,191 calls for the month of March 2020 and made over 1,439 outbound calls.

Credentialing Department

- 12-Month Trend Summary:

    - At the Peer Review and Credentialing (PRCC) meeting held on March 17, 2020, there were twenty-two (22) initial providers approved; seven (7) primary care provider, seven (7) specialists, one (1) ancillary providers, and seven (7) midlevel providers. Additionally, thirty-five (35) providers were re-credentialed at this meeting; eleven (11) primary care providers, twelve (12) specialists, three (3) ancillary provider, and nine (9) midlevel providers.
    - For more information, please refer to the Credentialing charts and graphs located in the Operations supporting documentation.

Provider Dispute Resolution

- 12-Month Trend Summary:

    - In March 2020, the Provider Dispute Resolution (PDR) department received 803 PDRs versus 717 in March 2019.
    - The PDR department resolved 1,110 cases in March 2020 compared to 716 cases in March 2019.
    - In March 2020, the PDR department upheld 71% of cases versus 78% in March 2019.
    - The PDR department resolved 99% of cases within the compliance standard of 95% within 45 working days in March 2020 compared to 99% in March 2019.

- Staffing:

    - The PDR Coordinator was promoted to a Claims Processor I; recruitment to fill the PDR Coordinator position is underway.

- Monthly Analysis:

    - AAH received 803 PDRs in March 2020.
    - In March, 1,110 PDRs were resolved. Out of the 1,110 PDRs, 787 were upheld, and 323 were overturned.
    - The overturn rate for PDRs was 29%, which did not meet our goal of 25% or less.
        - The higher overturn rate is driven by two categories of claims – CES edits and Duplicate denials.
        - One specific CES edit involved 46 claims where the provider was billing with an incorrect modifier combination. Instead of denying the specific line, CES denied the entire claim. Claims were adjusted to pay the payable line(s). The edit has been corrected; the overturned claims are for dates of service in 2019.
        - There were 35 claims involving duplicate denials that were overturned as follows:
            - 27 claims involved a 2nd ambulance trip or ER visit on the same date of service
            - 8 claims were overturned after the provider submitted supporting documentation that demonstrated the claim wasn't a duplicate submission
    - 51% of the overturned PDRs were attributed to "general" configuration issues; the re-design of the PDR database is underway, which will allow for more specificity of these configuration issues going forward.
    - 1,099 out of 1,110 cases were resolved within 45 working days resulting in a 99% compliance rate.
    - There are 935 PDRs currently pending resolution; none are older than 45 working days.

Community Relations and Outreach

- 12-Month Trend Summary:

    - The Communications & Outreach (C&O) Department completed 63 out of 101 events (62% completion rate) in Q3 2020 compared to 108 out of 120 events (90% completion rate) in Q3 2019.

- The C&O Department reached 2,934 people in the community in Q3 2020 compared to 17,244 in Q3 2020.
- The C&O Department events were held in 11 cites/ unincorporated areas throughout Alameda County in Q3 2020 compared to 13 cities/unincorporated areas in Q3 2019.

- Quarterly Analysis:

  - In Q3 2020, the C&O Department completed 63 out of 101 events (62% completion rate).
  - In Q3 2020, the C&O Department reached 2,934 individuals (1,784 or 61% self-identified as Alliance members) during outreach events and activities.
  - In Q3 2020, the C&O Department completed events in 11 cities/unincorporated areas throughout Alameda County.

- Monthly Analysis:

  - In March 2020, the C&O Department completed 10 out of 34 events (29% completion rate). The Outreach team also completed 150 net new member orientation calls.
  - In March 2020, the C&O Department reached 345 individuals (276 or 80% self-identified as Alliance members) during outreach events and activities.
  - In March 2020, the C&O Department completed events in 11 cities/unincorporated areas throughout Alameda County.
  - Please see attached Addendum A.

Operations

Supporting Documents

Member Services

Blended Call Results

Blended Results	March 2020
Incoming Calls (R/V)	14,806
Abandoned Rate (R/V)	6%
Answered Calls (R/V)	13,918
Average Speed to Answer (ASA)	00:37
Calls Answered in 30 Seconds (R/V)	76%
Average Talk Time (ATT)	08:03
Outbound Calls	10,113

Top 5 Call Reasons (Medi-Cal and Group Care) March 2020
Eligibility/Enrollment
Change of PCP
Kaiser
Benefits
ID Card Requests

Member Walk-Ins March 2,2020 Through March 16, 2020
ID Card Request
Change of PCP
Eligibility/Enrollment
Total Walk-Ins: 16

Claims Department
February 2020 Final and March 2020 Final

METRICS		
Claims Compliance	**Feb-20**	**Mar-20**
90% of clean claims processed within 30 calendar days	97.9%	98.1%
95% of all claims processed within 45 working days	99.9%	99.9%
Claims Volume (Received)	**Feb-20**	**Mar-20**
Paper claims	26,834	26,802
EDI claims	91,475	88,914
Claim Volume Total	**118,309**	**115,716**
Percentage of Claims Volume by Submission Method	**Feb-20**	**Mar-20**
% Paper	22.68%	23.16%
% EDI	77.32%	76.84%
Claims Processed	**Feb-20**	**Mar-20**
HEALTHsuite Paid (original claims)	87,043	88,585
HEALTHsuite Denied (original claims)	24,901	25,934
HEALTHsuite Original Claims Sub-Total	**111,944**	**114,519**
HEALTHsuite Adjustments	3,264	12,220
HEALTHsuite Total	**115,208**	**126,739**
Claims Expense	**Feb-20**	**Mar-20**
Medical Claims Paid	$39,341,688	$40,696,062
Interest Paid	$24,268	$19,825
Auto Adjudication	**Feb-20**	**Mar-20**
Claims Auto Adjudicated	89,083	88,874
% Auto Adjudicated	79.6%	77.6%
Average Days from Receipt to Payment	**Feb-20**	**Mar-20**
HEALTHsuite	23	23
Pended Claim Age	**Feb-20**	**Mar-20**
0-29 calendar days		
HEALTHsuite	16,899	14,914
30-59 calendar days		
HEALTHsuite	475	175
Over 60 calendar days		
HEALTHsuite	0	1
Overall Denial Rate	**Feb-20**	**Mar-20**
Claims denied in HEALTHsuite	24,901	25,934
% Denied	21.6%	20.5%

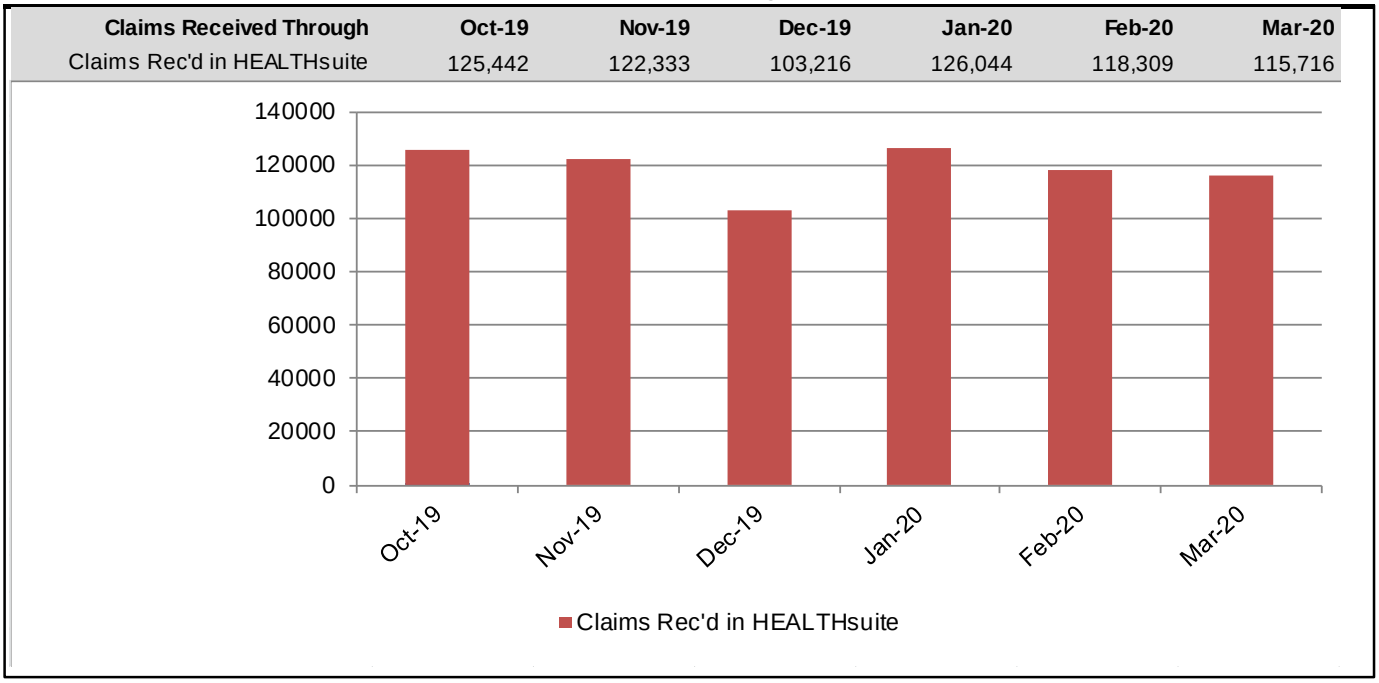
Claims Department
February 2020 Final and March 2020 Final

Mar-20

Top 5 HEALTHsuite Denial Reasons	% of all denials
Responsibility of Provider	26%
Must Submit as a Paper Claim with Copy of Primary Payer EOB	16%
Duplicate Claim	10%
Non-Covered Benefit for this Plan	9%
No Benefits Found For Dates of Service	6%
% Total of all denials	**67%**

Claims Received By Month

Claims Received Through	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Claims Rec'd in HEALTHsuite	125,442	122,333	103,216	126,044	118,309	115,716



Provider Relations Dashboard March 2020

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Incoming Calls (PR)	6256	5179	6191									
Abandoned Calls	1354	566	921									
Answered Calls (PR)	4902	4613	5270									
Recordings/Voicemails	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Incoming Calls (R/V)	680	309	517									
Abandoned Calls (R/V)												
Answered Calls (R/V)	680	309	517									
Outbound Calls	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Outbound Calls	1308	1187	1439									
N/A												
Outbound Calls	1308	1187	1439									
Totals	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Total Incoming, R/V, Outbound Calls	8244	6675	8147									
Abandoned Calls	1354	566	921									
Total Answered Incoming, R/V, Outbound Calls	6890	6109	7226									

Provider Relations Dashboard March 2020

Call Reasons (Medi-Cal and Group Care)

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Authorizations	3.0%	3.3%	3.6%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Benefits	4.7%	6.1%	0.6%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Claims Inquiry	40.7%	39.7%	41.9%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Change of PCP	3.2%	3.5%	3.7%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Complaint/Grievance (includes PDR's)	2.7%	2.9%	2.4%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Contracts	0.2%	0.4%	0.3%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Correspondence Question/Followup	0.0%	0.0%	0.1%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Demographic Change	0.1%	0.1%	0.1%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Eligibility - Call from Provider	27.7%	24.3%	25.3%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Exempt Grievance/ G&A	0.1%	0.0%	0.0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
General Inquiry/Non member	0.2%	0.1%	0.2%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Health Education	0.1%	0.0%	0.0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Intrepreter Services Request	2.0%	2.3%	2.8%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Kaiser	0.1%	0.3%	0.0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Member bill	0.0%	0.0%	0.7%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Mystery Shopper Call	0.0%	0.0%	0.0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Provider Portal Assistance	2.3%	3.4%	6.3%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Pharmacy	0.8%	1.0%	0.7%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Provider Network Info	0.1%	0.3%	0.1%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Transferred Call	0.1%	0.0%	0.1%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
All Other Calls	11.9%	12.1%	11.1%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL	100.0%	100.0%	100.0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Field Visit Activity Details

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Claims Issues	8	3	6									
Contracting/Credentialing	1	2	2									
Drop-ins	12	6	48									
JOM's	2	3	4									
New Provider Orientation	17	3	3									
Quarterly Visits	64	124	23									
UM Issues	0	0	0									
Total Field Visits	104	141	86	0	0	0	0	0	0	0	0	0

ALLIANCE NETWORK SUMMARY, CURRENTLY CREDENTIALED PRACTITIONERS

Credentialed Practitioners		AHP 387	PCP 363	SPEC 654	PCP/SPEC 19
AAH/AHS/CHCN Breakdown		AAH 440	AHS 200	CHCN 407	COMBINATION OF GROUPS 376
Facilities	**242**				

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	40	41	29	Y	N
Recred Files in Process	9	74	25	Y	N
Expirables updated Insurance, License, DEA, Board Certifications					Y
Files currently in process	**49**				

CAQH Applications Processed in March 2020

	Invoice not received
Standard Providers and Allied Health	

March 2020 Peer Review and Credentialing Committee Approvals

Initial Credentialing	Number
PCP	7
SPEC	7
ANCILLARY	1
MIDLEVEL/AHP	7
	22
Recredentialing	
PCP	11
SPEC	12
ANCILLARY	3
MIDLEVEL/AHP	9
	35
TOTAL	**57**

March 2020 Facility Approvals

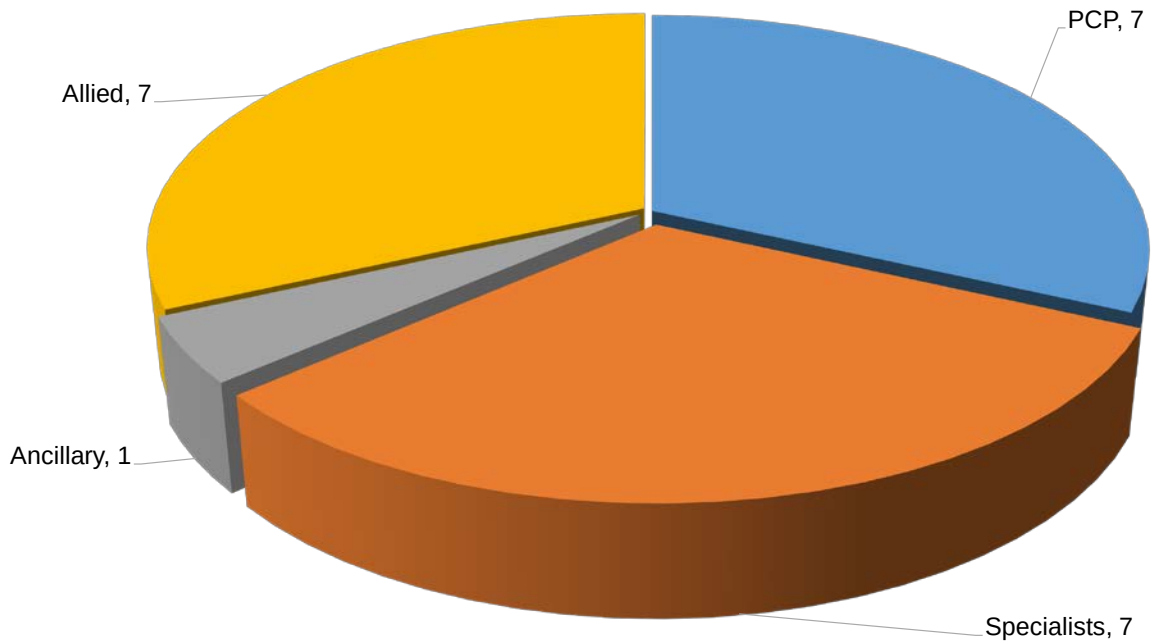
Initial Credentialing	3
Recredentialing	3
Facility Files in Process	38

March 2020 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**
Becerra	Oscar	Primary Care Physician	Initial	3/17/2020
Conolly	Patricia	Primary Care Physician	Initial	3/17/2020
Daniels	Ethan	Primary Care Physician	Initial	3/17/2020
DeSouza	Neha	Specialist	Initial	3/17/2020
DeStefano	Christin	Specialist	Initial	3/17/2020
Ejikeme	Chinyere	Allied Health	Initial	3/17/2020
Fraino	Joan	Allied Health	Initial	3/17/2020
Franks	Ariel	Primary Care Physician	Initial	3/17/2020
Gonzalez	Catalina	Allied Health	Initial	3/17/2020
Gupta	Aarti	Primary Care Physician	Initial	3/17/2020
He	Bo	Specialist	Initial	3/17/2020
Joseph	Sharon	Allied Health	Initial	3/17/2020
Kalami	Maryam	Ancillary	Initial	3/17/2020
Kanani	Astha	Primary Care Physician	Initial	3/17/2020
Keesara	Sirina	Specialist	Initial	3/17/2020
Lauf	Meaghan	Allied Health	Initial	3/17/2020
Leverich	Angela	Allied Health	Initial	3/17/2020
Li	Ben	Specialist	Initial	3/17/2020
Newmark	Jordan	Specialist	Initial	3/17/2020
Pluviose	Gerdy	Allied Health	Initial	3/17/2020
Stephens	Duane	Specialist	Initial	3/17/2020
Taow	Aubrey	Primary Care Physician	Initial	3/17/2020
Bayard	Paul	Primary Care Physician	Recred	3/17/2020
Beers	Benjamin	Primary Care Physician	Recred	3/17/2020
Benn	Andrew	Specialist	Recred	3/17/2020
Butt	Olivia	Specialist	Recred	3/17/2020
Chang	Shurong	Specialist	Recred	3/17/2020
Chen	Xiaochuan	Primary Care Physician	Recred	3/17/2020
Cluff	Sarah	Allied Health	Recred	3/17/2020
Curran	Steven	Primary Care Physician	Recred	3/17/2020
Dela Cruz	Rhodora	Primary Care Physician	Recred	3/17/2020
Gray	Alexandra	Allied Health	Recred	3/17/2020
Grewal	Suneet	Specialist	Recred	3/17/2020
Hewett	Lauren	Allied Health	Recred	3/17/2020
Kaplan	Jerold	Specialist	Recred	3/17/2020
Khan	Muhammad	Allied Health	Recred	3/17/2020
Khine	Khin	Primary Care Physician	Recred	3/17/2020
Khuu	Duke	Specialist	Recred	3/17/2020
Kline	Karen	Allied Health	Recred	3/17/2020
Kochenburger	Richard	Specialist	Recred	3/17/2020
Laine	Ritva	Ancillary	Recred	3/17/2020
Lo	Ernest	Specialist	Recred	3/17/2020
Maxwell	Andrew	Specialist	Recred	3/17/2020
McDonald	Catherine	Primary Care Physician	Recred	3/17/2020
Myint	San-San	Primary Care Physician	Recred	3/17/2020
Netherland	Lisa	Primary Care Physician	Recred	3/17/2020
Nguyen	Anh	Ancillary	Recred	3/17/2020
Ochieng	Rose	Primary Care Physician	Recred	3/17/2020
Pelzer	Hideko	Ancillary	Recred	3/17/2020
Post	Stephen	Specialist	Recred	3/17/2020
Robinson-Osder	Gina	Allied Health	Recred	3/17/2020
Rogers	Sharonne	Allied Health	Recred	3/17/2020
Rosen	Lynne	Primary Care Physician	Recred	3/17/2020
Tan	Fang	Specialist	Recred	3/17/2020
Ton	Amanda	Allied Health	Recred	3/17/2020
Tuan	Ke	Specialist	Recred	3/17/2020
Turner	Barbara	Allied Health	Recred	3/17/2020

MARCH PEER REVIEW AND CREDENTIALING
INITIAL APPROVALS BY SPECIALISTS

Allied Health	7
Primary Care Physicians	7
Ancillary	1
Specialists	7
Total	22



Provider Dispute Resolution
February 2020 Final and March 2020 Final

METRICS

PDR Compliance	Feb-20	Mar-20
# of PDRs Resolved	708	1110
# Resolved Within 45 Working Days	703	1099
% of PDRs Resolved Within 45 Working Days	99%	99%

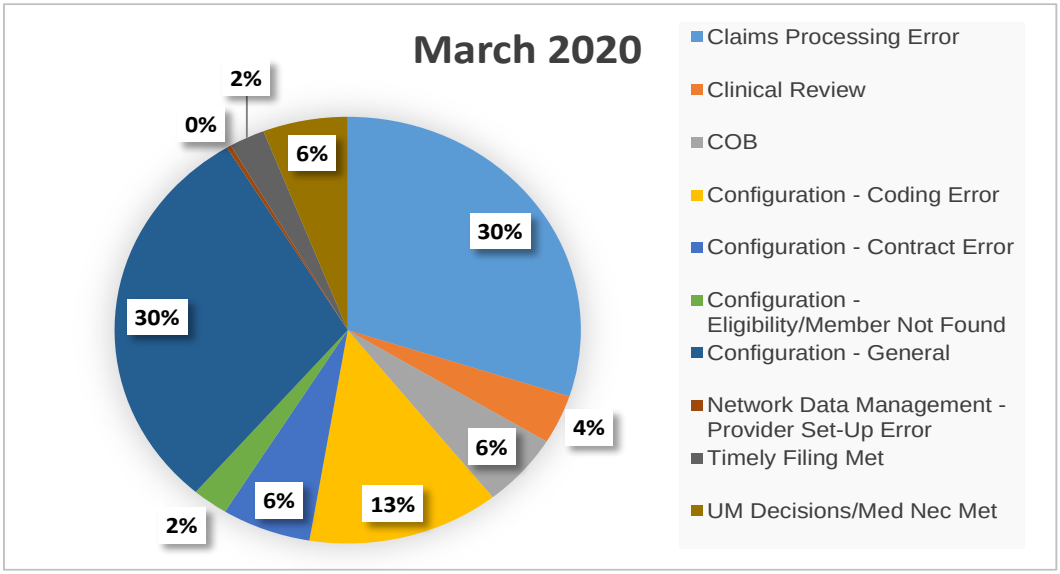
PDRs Received	Feb-20	Mar-20
# of PDRs Received	790	803
PDR Volume Total	**790**	**803**

PDRs Resolved	Feb-20	Mar-20
# of PDRs Upheld	562	787
% of PDRs Upheld	79%	71%
# of PDRs Overturned	146	323
% of PDRs Overturned	21%	29%
Total # of PDRs Resolved	**708**	**1,110**

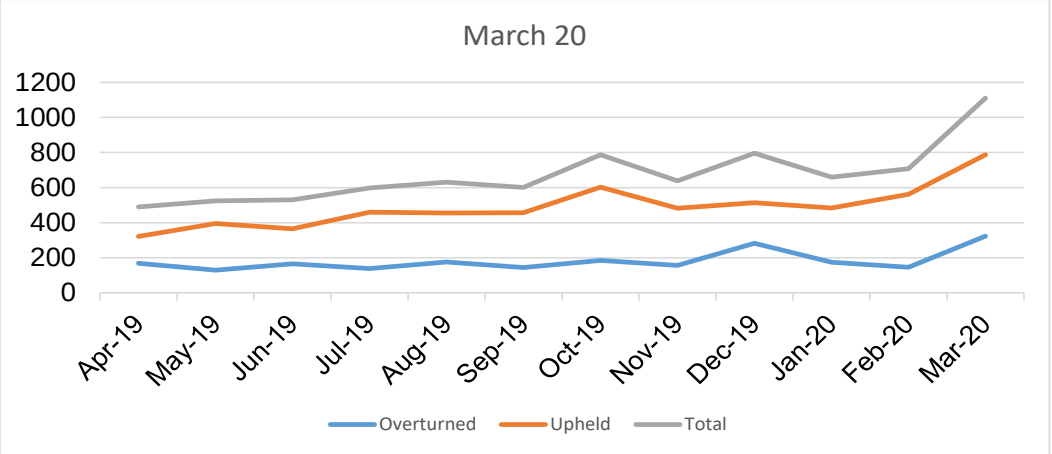
Unresolved PDR Age	Feb-20	Mar-20
0-45 Working Days	1,414	935
Over 45 Working Days	2	0
Total # of Unresolved PDRs	**1,416**	**935**

Mar-20

PDR Resolved Case Overturn Reasons



Rolling 12-Month PDR Trend Line



Project Management Office Portfolio Overview for March 2020

Alliance Portal Redesign Project

- Phase 2 will include a Redesigned Member Portal on the 4.2.7a data spec and the Member Mobile Application. We're in the Initiation Phase

- Phase 2a will include the Member Portal MotionPoint implementation with three languages: Spanish, Vietnamese, and Cantonese.

Contract Database Project

- On hold

Preferred Vendor Project

No update

- 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

Public Affairs External Communications Summary

March 6, 2018 – April 4, 2020

Press Release issued on March 10, 2020:

ALAMEDA ALLIANCE FOR HEALTH AND ALL IN ALAMEDA COUNTY LAUNCH FOOD AS MEDICINE PILOT AT TIBURCIO VASQUEZ HEALTH CENTER

The 'Food as Medicine' pilot aimed at addressing food insecurity and helping improve physical and behavioral health outcomes launched at Tiburcio Vasquez Health Center's clinic in San Leandro.

San Leandro, CA – Alameda Alliance for Health (Alliance) and ALL IN Alameda County (ALL IN) have partnered to launch and expand Food as Medicine efforts at local sites throughout Alameda County, beginning with the Tiburcio Vasquez Health Center (TVHC) primary care clinic in San Leandro, serving the Ashland and Cherryland districts. The Alliance invested $275,000 to support strategies at local clinics, including TVHC that are aimed at improving the health of the Alameda County community by prescribing patients nutrient-dense foods, providing nutrition education, connecting individuals to behavioral supports, and integrating a Food as Medicine model with medical practices that address structural barriers. With funding support and partnership from the Alliance, ALL IN, Open Source Wellness, and Dig Deep Farms will partner to expand prevention and treatment strategies that improve patients' overall health and wellbeing. This first of its kind model provides patients food prescriptions that can be redeemed for regenerative grown, local and nutrient dense produce provided by Dig Deep Farms. In order to amplify the effect of the food prescriptions, participants will also have access to group medical visits facilitated by a TVHC provider and Open Source Wellness that provide support with physical activity, healthy snacks, stress reduction and social support in a culturally relevant and experiential manner.

"Through this innovative program, Alameda County has taken an important step towards ensuring that our most vulnerable families and communities have access to the healthy, fresh food necessary for beneficial long-term health outcomes," said Alameda County Supervisor Wilma Chan. "I am grateful for this invaluable partnership with the Alliance and our other partners that demonstrates a collective commitment to the well-being of our County's residents."

Limited access to nutritious food has been linked to various adverse health outcomes. Today, 70 percent of all Americans are overweight or obese and over 100 million Americans are projected to be diabetic by the year 2050. Through the Food as Medicine pilot, primary care providers and staff will screen patients for food insecurity, and offer four months' worth of locally grown fresh and nutrient-dense vegetables that can be redeemed at an onsite Food Farmacy at TVHC. Additionally, patients will be offered a referral to a 16-week "Behavioral Pharmacy" group medical visit facilitated by Open Source Wellness at TVHC focused on nutrition, physical activity, mindfulness, stress reduction, and social connection.

"Today, more than 130 million Americans are affected by chronic diseases; many that are preventable and reversible," said Dr. Steven Chen, Chief Medical Officer of ALL IN. "This

partnership with the Alliance is the beginning of what we know will advance health equity by transforming our systems of care and addressing structural determinants of poor health."

"The impacts of food insecurity and social isolation in our community are creating higher rates of health disparities including depression, diabetes, obesity, and hypertension" said Alliance Chief Executive Officer Scott Coffin. "The Food as Medicine program connects our members to locally grown, nutritious food, and combines with wellness coaching to create a unique experience that improves a person's quality of life."

The Alliance's initial $275,000 investment funds the Food as Medicine pilot this year at multiple locations across Alameda County, starting with TVHC's San Leandro clinic. Locally grown produce that is harvested by Dig Deep Farms will be delivered to select primary care clinics for distribution to Alliance members. In addition, members are supported by the Open Source Wellness team to experience physical movement and stress reduction classes. The TVHC Farmacy is presently operating Monday through Thursday from 9:00 AM to 4:30 PM and will ultimately operate five days a week. Currently, the Food as Medicine initiative has a site at Hayward Wellness Center and smaller Food Farmacies operate at Native American Health Center, La Clinica de La Raza, Roots Community Health Center and West Oakland Health Center, with efforts to expand at existing and future sites throughout Alameda County.

To learn more about Food as Medicine efforts, visit http://www.acgov.org/allin/ or to learn more about the Alliance, visit us at http://alamedaalliance.org/.

COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

FY 2019-2020 | 3RD QUARTER (Q3) OUTREACH REPORT

ALLIANCE IN THE COMMUNITY

FY 2019-2020 | Q3 OUTREACH REPORT

During the 3rd Quarter (Q3 – January, February, March) of Fiscal Year (FY) 2019-2020, the Alliance initiated and/or was invited to participate in a total of **102** events throughout Alameda County. The Alliance completed **63** out of the **102** events (**62%**). The Alliance reached a total of **2,934** people, and spent a total of **$1,070.00** in donation, fees, and/or sponsorships during Q3.

The majority of people reached at member orientations (MO) are Alliance Members. Approximately 20% of the numbers reached at community events are Medi-Cal Members, of which approximately 82% are 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, **19,742** self-identified Alliance members were also reached at community events, and member education events.

On Monday, March 16th 2020, the Alliance began assisting members by telephone only, in accordance with the Alameda County Public Health Department (ACPHD) guidance to protect the general public from the Coronavirus Disease (COVID-19). As a result, the Alliance proactively postponed all face-to-face member orientations and community events until further notice. On Wednesday, March 18th the Alliance began conducting member orientations by phone. Between Wednesday, March 18th and Tuesday, March 31st, the Alliance completed **150** net new member orientations by phone.

All events details can be reviewed at: **W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Outreach Reports\FY 19-20\Q3\3. March 2020**

ALLIANCE IN THE COMMUNITY

FY 2019-2020 | Q3 OUTREACH REPORT

FY 2018-2019 Q3 TOTALS

42 COMMUNITY EVENTS
44 MEMBER EDUCATION EVENTS
63 MEMBER ORIENTATIONS
12 MEETINGS/ PRESENTATIONS
161 TOTAL INITIATED/ INVITED EVENTS
131 TOTAL COMPLETED **EVENTS**

13 CITIES
ALAMEDA
ASHLAND
BERKELEY
DUBLIN
FREMONT
HAYWARD
LIVERMORE
NEWARK
OAKLAND
PLEASANTON
SAN LEANDRO
SAN LORENZO
UNION CITY

1104 TOTAL REACHED AT COMMUNITY EVENTS
3660 TOTAL REACHED AT MEMBER EDUCATION EVENTS
168 TOTAL REACHED AT MEMBER ORIENTATIONS
342 TOTAL REACHED AT MEETINGS/PRESENTATIONS
1898 MEMBERS REACHED AT ALL EVENTS
5274 **TOTAL REACHED AT ALL EVENTS**

$2,950
TOTAL SPENT IN DONATION, FEES & SPONSORSHIPS*

FY 2019-2020 Q3 TOTALS

14 COMMUNITY EVENTS
19 MEMBER EDUCATION EVENTS
61 MEMBER ORIENTATIONS
7 MEETINGS/ PRESENTATIONS
1 COMMUNITY TRAINING
102 TOTAL INITIATED/ INVITED EVENTS
63 TOTAL COMPLETED **EVENTS**

11 CITIES
ALAMEDA
BERKELEY
DUBLIN
FREMONT
HAYWARD
NEWARK
OAKLAND
PLEASANTON
SAN LEANDRO
SAN LORENZO
UNION CITY

1501 TOTAL REACHED AT COMMUNITY EVENTS
557 TOTAL REACHED AT MEMBER EDUCATION EVENTS
475 TOTAL REACHED AT MEMBER ORIENTATIONS
294 TOTAL REACHED AT MEETINGS/PRESENTATIONS
87 COMMUNITY TRAINING
1658 MEMBERS REACHED AT ALL EVENTS
2934 **TOTAL REACHED AT ALL EVENTS**

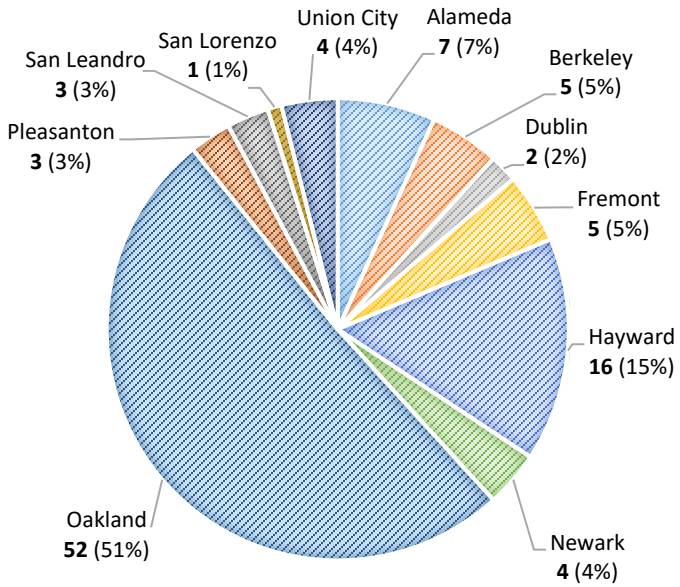
$1,070
TOTAL SPENT IN DONATION, FEES & SPONSORSHIPS*

** Includes refundable deposit.*

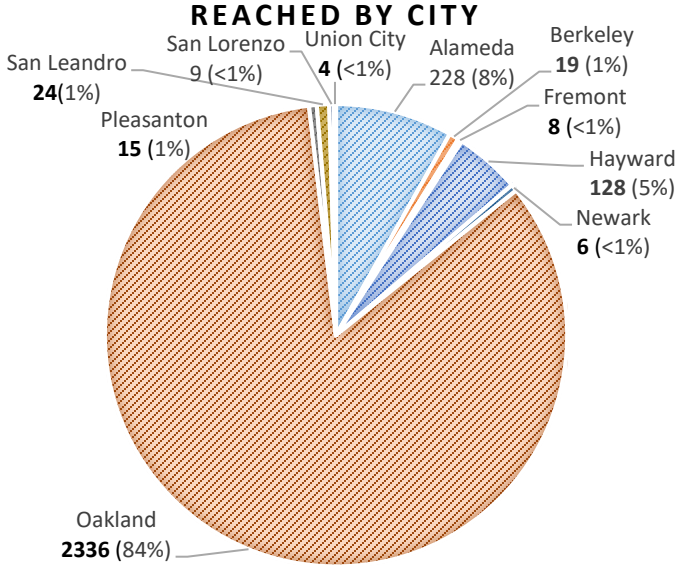
ALLIANCE IN THE COMMUNITY

FY 2019-2020 | Q3 OUTREACH REPORT

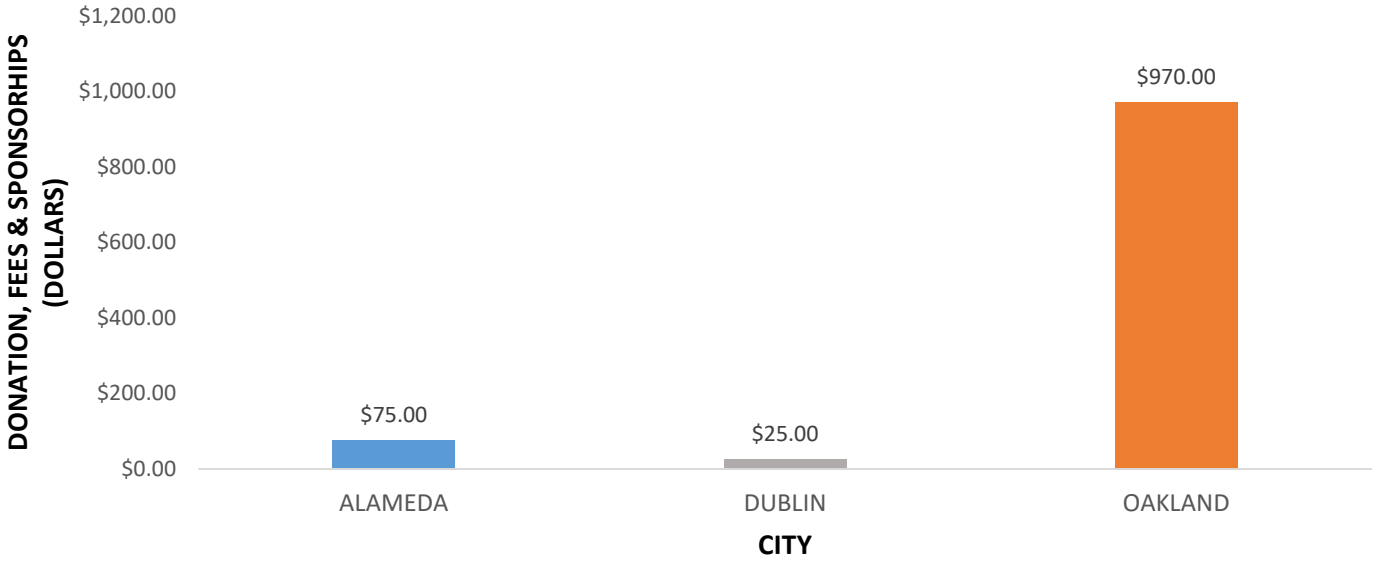
EVENTS BY CITY (%)



APPROXIMATE NUMBERS REACHED BY CITY

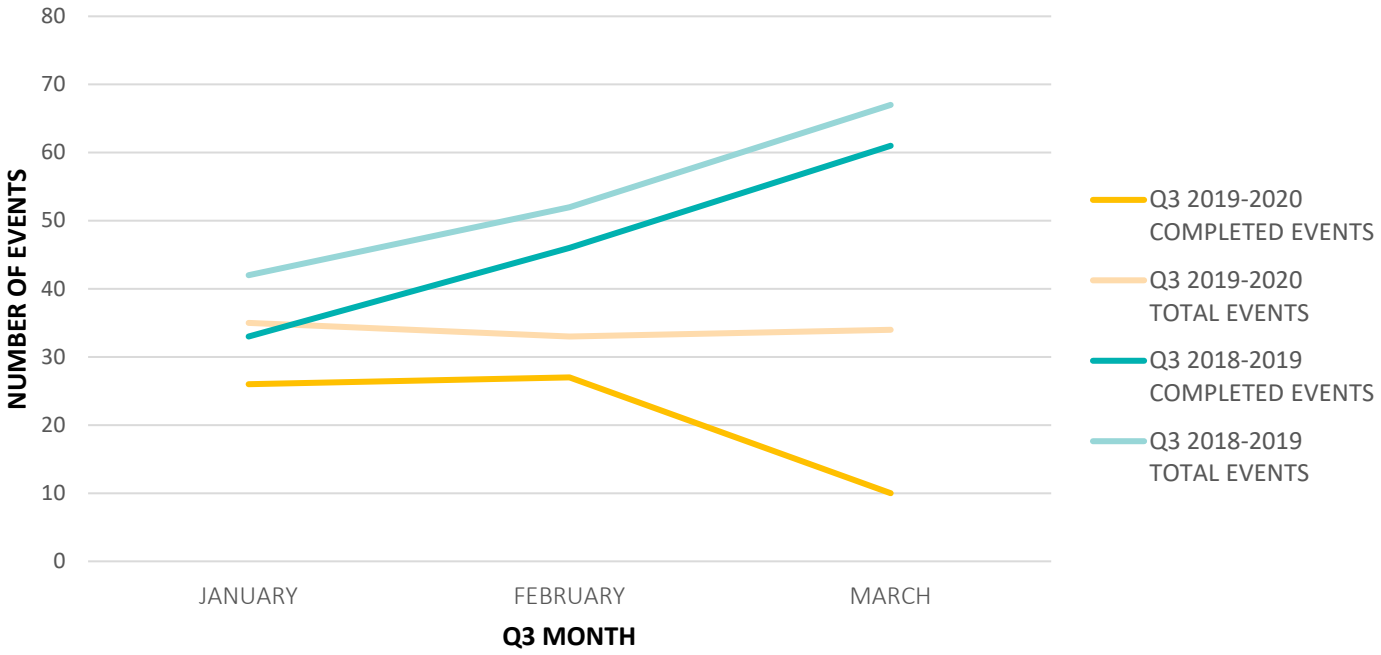


DONATIONS, FEES & SPONSORSHIPS BY CITY*



** Includes refundable deposit.*

EVENTS* BY Q3



	JANUARY	FEBRUARY	MARCH	TOTAL
Q3 2019-2020 – COMPLETED EVENTS	26	27	10	63
Q3 2019-2020 – TOTAL EVENTS	35	33	34	102
Q3 2018-2019 – COMPLETED EVENTS	33	46	52	131
Q3 2018-2019 – TOTAL EVENTS	42	52	67	161

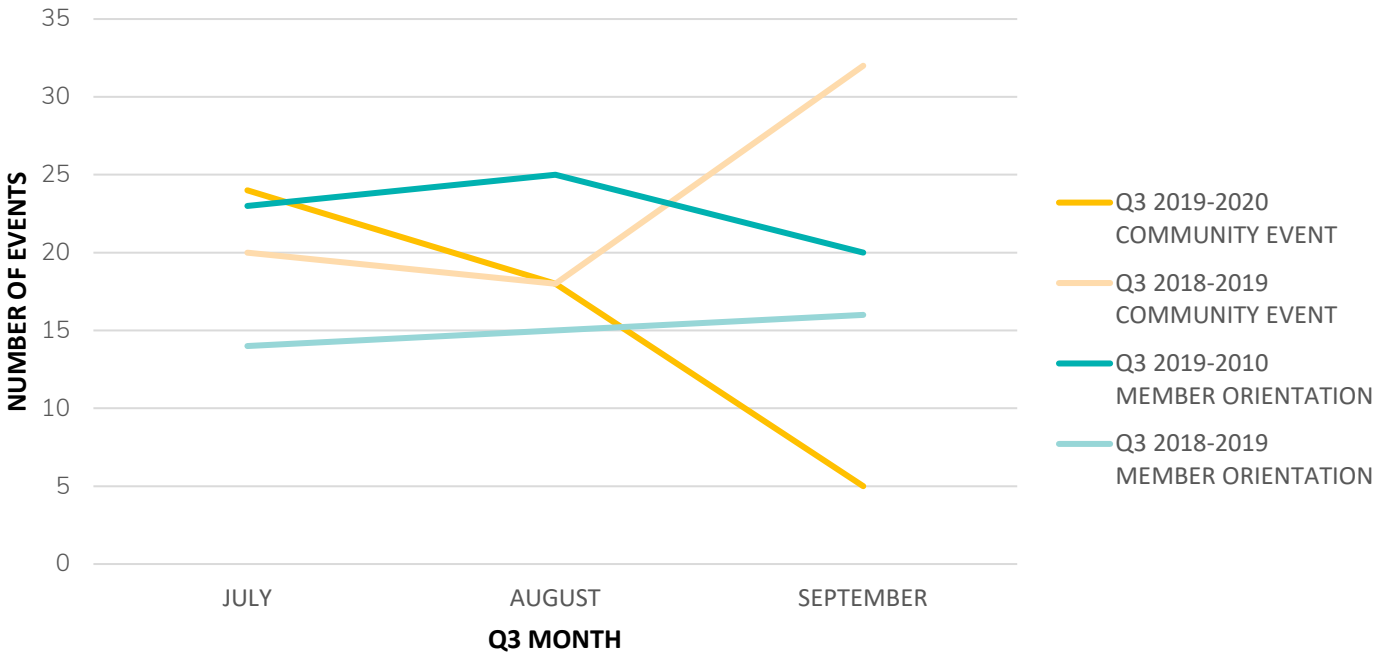
The graph above compares completed events to total events in during Q3 of FY 2018-2019 and FY 2019-2020.

During Q3 of FY 2019-2020, the Alliance completed a total of **63** out of **102** events (62%), compared to 131 out of 161 (81%) during Q3 of FY 2018-2019.

The graph on page **7** compares community events, and member orientations (MOs) in Q3 of FY 2018-2019 and 2019-2020.

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

EVENT TYPE BY Q3



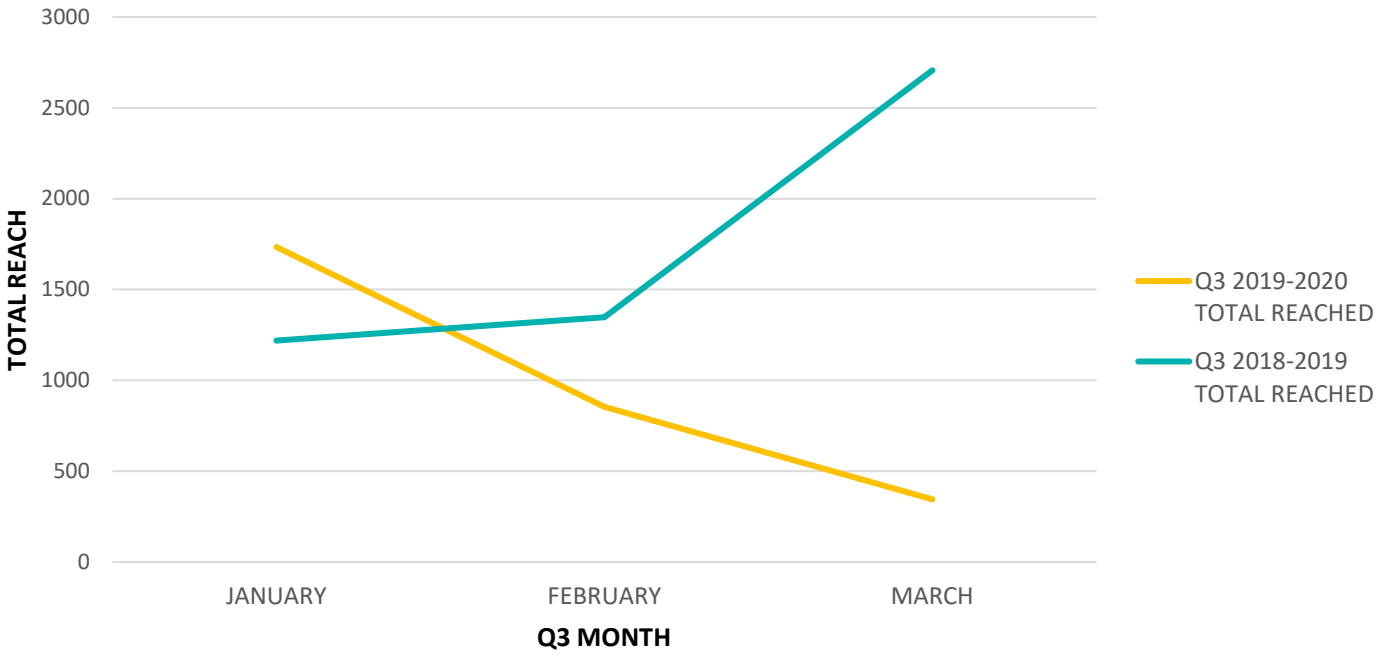
	JANUARY	FEBRUARY	MARCH	TOTAL
Q3 2019-2020 – COMMUNITY EVENT	2	6	6	14
Q3 2018-2019 – COMMUNITY EVENT	15	14	13	42
Q3 2019-2020 – MEMBER ORIENTATION	23	18	20	61
Q3 2018-2019 – MEMBER ORIENTATION	18	20	25	63

In Q3 of FY 2019-2020, the Alliance scheduled a total of 14 community events, compared to the scheduled 42 in Q3 of FY 2018-2019. The Alliance decreased the number of scheduled community events by **66%**.

In Q3 of FY 2019-2020, the number of scheduled MOs decreased by 3%. There was a total of 61 MOs in Q3 of FY 2019-2020, compared to the scheduled 63 in Q3 of FY 2018-2019.

Prior to 2018, the C&O Department measured two (2) event types: community events, and MOs. Since 2018, the C&O Department added three (3) additional categories: member education events, meeting/presentations, and community trainings.

TOTAL REACHED BY Q3



	JANUARY	FEBRUARY	MARCH	TOTAL
Q3 2019-2020 – TOTAL REACHED	1734	855	345	2934
Q3 2018-2019 – TOTAL REACHED	1219	1348	2707	5274

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

During Q3 of FY 2019-2020, the Alliance decreased the total reach by **47%** from 5,274 to 2,784 at all events in Q3 of FY 2018-2019.

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

ALAMEDA Alliance FOR HEALTH

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

Compliance

Diana Sekhon

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

From: **Diana Sekhon, Compliance Director**

Date: **April 10, 2020**

Subject: **Compliance Report**

State Audit Updates

- 2019 DMHC Financial Audit:
  - The DMHC conducted a routine financial audit starting in December that reviewed the Plan's financial performance, claims processing, and provider dispute resolutions (PDR). The DMHC had a preliminary closing conference on 2/11/20 with the Plan to discuss the potential findings. The preliminary audit report was issued on 2/13/20 that included five (5) findings. The Plan submitted its CAP responses to the DMHC on 4/3/20 to address the deficiencies.

- 2020 DMHC Follow Up Medical Audit:
  - The DMHC conducted a follow up audit onsite starting on 2/04/20 for the outstanding deficiencies identified in the 2018 final report of the routine medical audit. There were 12 outstanding findings that were reviewed during the onsite audit. The Plan will receive the preliminary audit report within the next 3-6 months identifying if the findings have been corrected. The Plan continues to track its self-identified potential compliance issues based on the onsite audit through an internal Compliance dashboard.

- 2020 DHCS Medical Audit:
  - The DHCS has confirmed the annual audit onsite dates to be June 22nd to July 2nd 2020. The Plan anticipates receiving the official audit notification and pre-audit document requests sometime in April.

Regulatory Updates

- Since the declaration of the public emergency, the Plan has prioritized tracking daily State guidance for implementation to ensure members have access to medically necessary services and providers are kept up to date with the Plan's operational changes. Since mid-March, the Plan reports any new COVID-19 positive tests and hospitalization daily to DHCS. As of 4/6/20, the Plan has had nine (9) members test positive for COVID-19 and 27 hospital admissions associated with COVID-19.

- Below are key requirements provided by the DMHC and DHCS related to COVID-19 guidance.

- Policy Guidance for Community-Based Adult Services in Response to COVID-19 Public Health Emergency (DHCS All Plan Letter 20-007):
    - DHCS released guidance on 3/30/20 regarding the temporary authorization of Community-Based Adult Services (CBAS) to provide services telephonically, in members' homes, and individually in centers, in lieu of congregate services provided at CBAS centers, during the period of this current public health emergency. This guidance is in accordance with public health stay-at-home and social distancing guidance and directives resulting from the COVID-19 outbreak. CBAS centers are granted time-limited flexibility to reduce day-center activities and to provide CBAS in the home, telephonically, or by live virtual video conferencing. CBAS centers are also permitted to provide or arrange for home-delivered meals, in absence of meals provided at the CBAS center, and may continue to provide transportation services. CBAS centers are eligible to receive their existing per diem rate for the CBAS services. Plans must continue to authorize and reimburse CBAS centers for the delivery of services provided in the member's home, telephonically or via live virtual video conferencing.

- "Social Distancing" Measures in Response to COVID-19 (DMHC All Plan Letter 20-007):
    - The DMHC released guidance on 3/12/20 encouraging health plans to take the actions to help facilitate the delivery of health care services in a manner that decreases the need for in-person visits, for the duration of the state of emergency proclaimed by the Governor. These actions include expanding to telehealth services and waiving applicable cost sharing for those services. In order to decrease in person pharmacy visits, Plans should allow members to receive at least 90 day supply of medications, suspend refill limitations when appropriate, and waive delivery charges for home delivery of prescriptions.

- Provision of Health Care Services During Self Isolation Orders (DMHC All Plan Letter 20-008):
    - The DMHC released guidance on 3/18/20 clarifying that health plans must continue to provide health care services and perform health plan functions under the Counties self-isolation Orders. Health plan operations are exempt from the Orders. The DMHC understands plans may choose to delay some services, such as elective surgeries or other non-urgent procedures, during this time. The DMHC also clarified it is sufficient to communicate to members and providers electronically and/or telephonically if plans cannot mail hard copy notices, as long as the Plan documents record of all communications.

- COVID-19 Screening and Testing Guidance (DHCS Memorandum to Medi-Cal Managed Care Health Plans):
    - The DHCS released guidance on 3/6/20 and updated guidance on 3/16/20 to address the public health emergency declaration. DHCS is actively exploring options to temporarily waive or modify certain Medicaid and Children's Health Insurance Program (CHIP) requirements under Section 1135 of the Social Security Act (called an "1135 Waiver). Plans must continue to comply with utilization review timeframes for approving requests for urgent and non-urgent covered services. Plans must waive prior authorization requests for services such as screening and testing related to COVID-19. Plans must continue to provide members with 24 hour access to the Plan. The Plan has a 24/7 nurse advice line dedicated to its members for both line of businesses to meet these requirements. In addition to existing Medi-Cal telehealth policies, DHCS also allows reimbursement for virtual communication, which includes a brief communication with another practitioner or with a patient, and in the case of COVID-19, who cannot or should not be physically present (face-to-face). Transportation services must be approved and provided to members in a timely manner. Plans are still responsible to determine the appropriate mode of transportation required to meet the members' medical needs. Plans must actively work with their contracted providers to use telehealth services and also waive any prior authorization and/or step therapy requirements if member's prescribing provider recommends the member to take a different drug for treating the member's conductions. Medication access for prescriptions including 90 day supplies and delivery of medications, and call center 24/7 support line are steps DHCS expects Plans to have in place for members to be able to access prescriptions during self-isolation.

- Health Plan Actions to Reach Vulnerable Populations (DMHC All Plan Letter 20-012):
    - The DMHC released guidance on 3/27/20 to health plans stating Plan should be actively engaging with members in vulnerable populations. These populations includes people age 65 and up, those with chronic conditions and disabilities that have an increased risk in developing complications or dying from COVID-19. The Plan is required to submit actions and steps the Plan is taking to actively engage with its members in these populations. The Plan has developed an outreach call campaign for its members in these vulnerable populations (57,000 members) to receive guidance for COVID-19 information and resources. The Plan will be conducting focused outreach to a smaller population later in the month. The Plan's website is updated daily for COVID-19 information and resources such as social distancing and contact information.

Compliance

Supporting Documents

2019-2020 ALL PLAN LETTER (APL) IMPLEMENTATION TRACKING LIST						
#	Regulatory Agency	APL #	Date Released	APL Title	Summary of Key Requirements	Status
2019 APLS						
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	Completed
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	Completed
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	Completed
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	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. 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. Providers eligible to receive directed payments do not include those at FQHCs, Rural Health Centers, American Indian Health Programs, or Cost-Based Reimbursement Clinics. 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	Completed
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 Methodology	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	Completed
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). 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. Certain types of services cannot be delivered via telehealth- services that would require the in-person presence of the patient for any reason	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	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 multiple data sources, and must include the most recently available CAHPS survey results and DHCS MCP-specific health disparities data. MCPs must complete a PNA report, which includes a PNA action plan annually and get DHCS approval.	Completed
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	Completed
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. Plans must complete ETNs to include detailed information when there is a contract termination with a general acute care hospital. 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. 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	Completed
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 determine the payer. 7) Plans are responsible for ensuring delegates/subcontractors comply.	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, working capital, and cash-to-claims ratio	Ongoing
31	DHCS	19-016	12/26/2019	Prop 56 Directed Payments for Developmental Screening Services	1)MCPs are required to ensure that developmental screening services provided for Members as part of the Early and Periodic Screening, Diagnostic, and Treatment benefit, comply with the AAP/Bright Futures periodicity schedule and guidelines. 2)MCPs either directly or through their delegated entities and Subcontractors to make directed payments to eligible Network Providers of $59.90 (was previously $59.50) for each qualifying developmental screening service on or after January 1, 2020, in accordance with the CMS approved preprint which will be made available on the DHCS Directed Payments Program website upon CMS approval.	Ongoing
32	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.	Completed
33	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
34	DHCS	19-018	12/26/2019	Prop 56 Directed Payments for Adverse Childhood Experiences Screening Services	1)Both the ACEs questionnaire and the PEARLS tool are acceptable for use for Members aged 18 or 19 years. The ACEs screening portion (Part 1) of the PEARLS tool is also valid for use to conduct ACEs screenings among adults ages 20 years and older. 2)DHCS will provide and/or authorize ACEs-oriented trauma-informed care training for Providers and their ancillary office staff. DHCS must approve or authorize any other trauma-informed care training that is not provided by DHCS. The training will be available in person, including regional convening's, and online. The training will include both general training about trauma-informed care, as well as specific training on use of the ACEs questionnaire and PEARLS tool. It will also include training on ACEs Screening Clinical Algorithms to help Providers assess patient risk of toxic stress physiology and how to incorporate ACEs screening results into clinical care and follow-up plans. More information about training is available on https://www.acesaware.org/. 3)DHCS will maintain a list of Providers who have self-attested to their completion of the training. MCPs will have access to the list. Beginning July 1, 2020, Network Providers must attest to completing certified ACEs training on the DHCS website to continue receiving directed payments.	Ongoing
35	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

36	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
37	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
38	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
39	DMHC	19-023	12/4/2019	Standard Prescription Drug Formulary Template	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 Regulation.	Ongoing
40	DMHC	19-024	12/9/2019	Association Health Plans	Not applicable to AAH	N/A
2020 APLS						
1	DHCS	20-001	1/3/2020	2020-2021 Medi-Cal Managed Care Health Plan MEDS/834 Cutoff and Processing Schedule	MEDS/834 cutoff and processing schedule covers the period of Dec 2019-Jan 2021. These cutoff dates and timelines are established to ensure timely processing of eligibility files and data. DHCS must receive all enrollments and disenrollments on a daily basis. MCPs must adhere to the cutoff dates and timelines to allow adequate processing time and to ensure timely payments. MCPs must notify the Managed Care Operations Division (MCOD) Systems Support Unit (SSU) of any MCP/MEDS/834 changes prior to the 15th of any given month	Completed
2	DMHC	20-001	1/15/2020	Newly Enacted Statutes Impacting Health Plans	Includes 14 new statutory requirements. 6 of the 14 are not applicable to AAH.	Ongoing
3	DHCS	20-002	1/31/2020	Non-Contract Ground Emergency Medical Transport Payment Obligations (GEMT)	Provides Medi-Cal managed care health plans (MCPs) with pertinent information concerning enhanced reimbursement obligations for Fee-For-Service (FFS) ground emergency medical transport (GEMT) "Rogers Rates" Beginning on July 1, 2019, in addition to the FFS fee schedule base rate for GEMT services, emergency medical transport providers will be entitled to a fixed add-on amount of $220.80 for non-contracted GEMT services provided to MCP Members. The resulting payment amounts will be equal to the sum of the FFS fee schedule base rate and the add-on amount for each CPT Code. The resulting total payment amount for CPT codes A0429, A0427, A0433, and A0434 is $339.00 and for CPT code A0225, it is $400.72.	Ongoing
4	DMHC	20-002	1/21/2020	Enrollment Data Reporting	New template to be used annually to report MEWA and Exchange Enrollment Report as of December 31st. Must be filed by 2/15/20 as an attachment to the 4Q19 Financial Statement via the DMHC's Financial Statements web portal. Subsequent years filing due by 2/15.	Completed
5	DMHC	20-003	1/24/2020	Provider Directory Annual filings 2020	Submit provider directory policies and procedures to the Department annually. Attached are the Department's Provider Directory Checklist – Annual Filing and the Model E-1 Exhibit for Section 1376.27 compliance filings.	Ongoing

6	DHCS	20-003	2/27/2020	Network Certification Requirements	Updated requirements for the annual network certification reporting that demonstrates compliance with network adequacy requirements. The reporting requirements include data for assessing the plan's network capacity, provider to member ratios, mandatory provider types, and time and distance standards. Time and distance standards include primary care, hospitals, adult and pediatric core specialists, mental health providers, and pharmacies that must meet time and distance standards. If any time and distance standards cannot be met at 100% compliance and all reasonable contracting efforts have been exhausted, the plan must file alternative access standards to DHCS for review and approval with the reporting. The annual report is due to DHCS by 3/18/20. Due date extended to 4/20/20.	Ongoing
7	DMHC	20-004	2/7/2020	Federal SBC Template Filing	A new federal template must be used for the Summary of Benefits and Coverage (SBC) to enrollees. The template must be used in connection with Individual and Group contract issued, amended, or renewed for plan or policy years that begin on or after January 1, 2021. Filing is due March 2, 2020.	Completed
8	DHCS	20-005	2/7/2020	Plan Year 2021 QHP an QDP Filing Requirements	Not applicable to AAH	N/A
9	DMHC	20-006	3/5/2020	COVID-19 Screening and Testing	DMHC is taking action to ensure members have access to medically necessary screening and testing services for COVID-19. The DMHC requires plans to immediately waive cost sharing for all medically necessary screening and testing services including hospitals, urgent care visits, and provider office visits. The Plans are required to post this information on their public website and notify their provider network of the changes. DMHC also reminded plans of existing requirements for emergency care that do not require prior authorizations in or out of network	Ongoing
10	DMHC	20-007	3/12/2020	"Social Distancing" Measures in Response to COVID-19	If the health plan has pre-authorization or pre-certification requirements that contracted providers must meet before the plan will cover care delivered via telehealth, as defined in Business and Professions Code section 2290.5, the plan should either expedite the plan's review process or relax those pre-authorization/pre-certification requirements to allow the plan to more quickly approve providers to offer services via telehealth. Plans should waive applicable cost-sharing for care delivered via telehealth, notwithstanding that a cost-share might apply if the provider delivered the care in-person. Plans should allow enrolless to receive at least a 90-day supply of maintenance drugs, as defined in California Code of Regulations section 1300.67.24(d)(3)(D), unless the enrollee's provider has indicated a shorter supply of a drug is appropriate for the enrollee. Plans should suspend prescription drug refill limitations where the enrollee's provider has indicated a refill is appropriate for the enrollee. Plans should waive delivery charges for home delivery of prescription medications.	Ongoing
11	DHCS	20-007	3/30/2020	Policy Guidance for Community-Based Adult Services in Response to COVID-19 Public Health Emergency	Guidance for CBAS providers to provide services via telephonic and telehealth services to members at home. Plans to pay CBAS providers for applicable services at a per diem rate.	Ongoing
12	DMHC	20-008	3/18/2020	Provision of Health Care Services During Self Isolation Orders	On March 16, 2020, seven Bay Area counties (Contra Costa, Santa Clara, San Mateo, San Francisco, Alameda, Santa Cruz and Marin) and the city of Berkeley issued an order (Orders) directing people to self-isolate to the maximum extent possible at their residences through April 7, 2020. The County and City Orders are explicit that health plan personnel whose work is necessary to "avoid any impacts to the delivery of healthcare, broadly defined" are exempt from the Orders and may travel to and from work. Also exempt from the Orders are health plan personnel whose work is necessary to ensure the continued performance of core health plan functions and/or facilitate the remote work of other health plan employees.	Ongoing
13	DMHC	20-009	3/18/2020	Reimbursement for Telehealth Services	1. Health plans shall reimburse providers at the same rate, whether a service is provided in-person or through telehealth, if the service is the same regardless of the modality of delivery, as determined by the provider's description of the service on the claim. For example, if a health plan reimburses a mental health provider $100 for a 50-minute therapy session conducted in-person, the health plan shall reimburse the provider $100 for a 50-minute therapy session done via telehealth. 2. For services provided via telehealth, a health plan may not subject enrollees to cost-sharing greater than the same cost-sharing if the service were provided in-person. 3. Health plans shall provide the same amount of reimbursement for a service rendered via telephone as they would if the service is rendered via video, provided the modality by which the service is rendered (telephone versus video) is medically appropriate for the enrollee.	Ongoing
14	DMHC	20-010	3/18/2020	Special Enrollment Period; Coverage Effective Dates	Not applicable to AAH	N/A
15	DMHC	20-011	3/26/2020	2020 Annual Assessment Letter	File on or before May 15, 2020, the Report of Enrollment Plan, as required by Health and Safety Code section 1356 and the California Code of Regulations, title 28, section 1300.84.6(a). The Report of Enrollment Plan is an online form to be filed electronically, via the Department's eFiling web portal. This form is used to calculate the annual assessment for each health plan.	Ongoing
16	DMHC	20-012	3/27/2020	Health Plan Actions to Reach Vulnerable Populations	The DMHC released guidance to health plans stating Plan should be actively engaging with members in vulnerable populations. These populations includes people age 65 and up, those with chronic conditions and disabilities that have an increased risk in developing complications or dying from COVID-19. The Plan is required to submit actions and steps the Plan is taking to actively engage with its members in these populations by 3/31.	Ongoing

ALAMEDA Alliance FOR HEALTH

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Health Care Services

Steve O'Brien, MD

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

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

Date: **April 10, 2020**

Subject: **Health Care Services Report**

UTILIZATION MANAGEMENT: OUTPATIENT

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

- The Outpatient UM team is now working entirely remotely in compliance with the Shelter In Place orders for the pandemic and continues to maintain Turn-Around-Times (TAT) above benchmark.
- The computer software used by UM, TruCare, has been optimized, staff have been trained, and the team is testing the new functionality. The launch of the next version of the software is set for April 24. This will enable streamlined work and standard reports.
- The UM team has begun to receive authorizations submitted online via the Provider Portal. About 20% of referrals are being received via the Portal, and it is working well. Once optimized, we will begin a reach-out campaign with providers to encourage use of the online portal.
- NOA Letter processes continue to be monitored by the team to ensure regulatory compliance and has resulted in a more consistent and streamlined process.
- The UM team has almost completed work needed to prepare for the launch of access to Stanford oncology for AAH members, but launch date is delayed due to the pandemic focus.

Outpatient Authorization Denial Rates			
Denial Rate Type	**January 2020**	**February 2020**	**March 2020**
Overall Denial Rate	4.4%	3.9%	2.7%
Denial Rate Excluding Partial Denials	4.3%	3.8%	2.5%
Partial Denial Rate	0.1%	0.1%	0.2%

Turn Around Time Compliance			
Line of Business	**January 2020**	**February 2020**	**March 2020**
Overall	98%	98%	98%
Medi-Cal	98%	98%	99%
IHSS	96%	98%	97%
Benchmark	*95%*	*95%*	*95%*

UTILIZATION MANAGEMENT: INPATIENT

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

- The Inpatient UM Team is now working entirely remote due to the Shelter in Place order.
- Standard work and level loading of the concurrent review team has led to more consistent and standardized reviews by the nursing team. Staff audits on standard work is in place to ensure a high level of fidelity to best practices.
- The computer software used by UM, TruCare, has been optimized, staff have been trained, and the team is testing the new functionality. The launch of the next version of the software is set for April 24. This will enable streamlined work and standard reports.
- 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 be targeted working with our care partners.
- Long term care responsibilities for AAH will involve most areas in the organization but the inpatient team will have a key role in approving and monitoring utilization and in interacting with our long term care partners. Planning for the implementation is launching to ensure readiness for the January 1, 2021 start.

Inpatient Utilization Total All Aid Categories **Actuals (excludes Maternity)**			
Metric	**December 2019**	**January 2020**	**February 2020**
Authorized LOS	4.0	4.2	3.8
Admits/1,000	63.7	67.9	65.3
Days/1,000	256.9	286.3	246.3

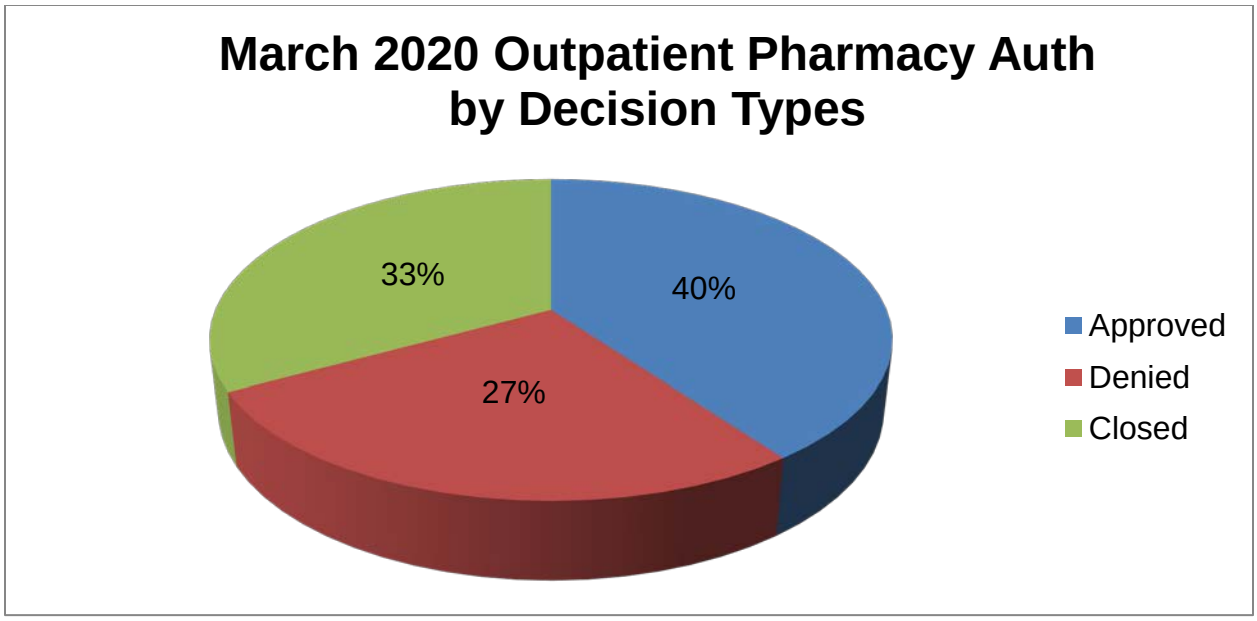
PHARMACY

Senior Director: Helen Lee

- Pharmacy has 100% turn-around time compliance for prior authorization review for all line of business.
    - Outpatient initial approval rate is 40% and denial rates are 27%. The approval rate was slightly increased while denial rates also slightly dropped compared to previous reporting periods. Medications for pain, asthma/COPD, GERD, diabetes, High triglycerides (fats) medications share formulary issues as the most common reason for denials. AAH offers clinically equal and more cost effective formulary alternatives.
- Pharmacy turned on enhanced disaster program effective 3/17/2020. In order to reduce the need for in-person pharmacy visits, we have in place automatic overrides for 90 Day supply fills, refill too soon overrides, waiving home delivery fees (Walgreens, CVS) and waiving of Prior auth, step therapy and quantity limits in the event of a drug shortage.
- DHCS intends to proceed with pharmacy carve-out implementation though acknowledges plan concerns. Magellan and DHCS will send out communication to all enrolled providers. After post carve-out, the State of California will take back many pharmacy responsibilities including drug coverage, rebate, utilization management and 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 and case management to improve drug adherence, disease medication management, and generic utilization. Senior Pharmacy Director Helen Lee is also leading initiatives on PAD, infusion strategy, and HCS special projects and HCS LTC readiness.

Summary Table March 2020

Decisions	Number of PAs Processed
Approved	711
Denied	469
Closed	579
Total	**1759**



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	JANUVIA 100 MG TABLET	Diabetes	Criteria for approval not met
3	JANUVIA 50 MG TABLET	Diabetes	Criteria for approval not met
4	VASCEPA 1 GM CAPSULE	High triglycerides (fats)	Criteria for approval not met
5	OMEGA-3 ETHYL ESTERS 1 GM CAP	High triglycerides (fats)	Criteria for approval not met
6	SYMBICORT 80-4.5 MCG INHALER	Asthma or Chronic Obstructive Pulmonary Disease (COPD)	Criteria for approval not met
7	BREO ELLIPTA 100-25 MCG INH	Asthma or Chronic Obstructive Pulmonary Disease (COPD)	Criteria for approval not met
8	INVOKANA 100 MG TABLET	Asthma or Chronic Obstructive Pulmonary Disease (COPD)	Criteria for approval not met
9	SPIRIVA 18 MCG CP-HANDIHALER	Asthma or Chronic Obstructive Pulmonary Disease (COPD)	Criteria for approval not met
10	JARDIANCE 10MG TABLET	Gastroesophageal Reflux (GERD)	Criteria for approval not met

CASE AND DISEASE MANAGEMENT

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

- The computer software used by Case Management, TruCare, has been optimized, staff have been trained, and the team is testing the new functionality. The launch of the next version of the software is set for April 24. The CM Care Plan process has been streamlined and will facilitate the care of members who need Complex Care Management.
- Care bundles in Oncology and Dialysis are being developed that emphasize using transportation and other benefits as tools to help members more successfully engage in care. Members on dialysis are being assessed to see if they may qualify for additional benefits.
- The Transition of Care (TOC) bundle has been deployed in pilot phase with Alameda Health System's three campuses. 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. TOC will be a focus of our Enhanced Case Management (ECM) program

HEALTH HOMES & ALAMEDA COUNTY CARE CONNECT (AC3)

Director: Julie Anne Miller
Manager: Amy Stevenson

- Enhanced Care Management (ECM) is a new benefit that will launch January 1, 2021 and will encompass much of what is currently in the Health Home and Whole Person Care (Alameda County Care Connect) case management programs. Detailed conversations have begun with our partners at HCSA and CHCN on the scope and content of AAH's ECM program.
- Partnership between AAH HCS, AAH Analytics and AAH finance teams has begun to plan our Population Health based prioritization of our ECM target populations.
- Evaluation of our network adequacy to serve the target populations has begun.
- We will submit a plan to DHCS before 7/1/2020 detailing our plan for our ECM program, which will go live 1/1/2021.

Case Type	New Cases Opened in February 2020	Total Open Cases As of February 2020
Care Coordination	267	657
Complex Case Management	40	65

GRIEVANCES & APPEALS

Director: Jennifer Karmelich
Manager: Loren Mariscal

- All cases were resolved within the goal of 95% within regulatory timeframes;
- Total grievances resolved in March went over our goal of less than 1 complaint per 1,000 members at 6.78 complaints per 1,000 members;
- The Alliance's goal is to have an overturn rate of less than 25%, for the reporting period of February 2020; we are over our goal at 38.6% overturn rate;
- Grievance tracking and trending by quarter:
    - There was an increase of Quality of Care/Service grievances, a majority of the complaints were resolved as exempt grievances. The increase began in Q2 and continued throughout the year. The sub-category that presented with the steady increase was poor provider/staff attitude.
    - There was a decrease over all of cases received in March due to the shelter in place order. We will continue to monitor cases received to see if there are any access related complaints due to providers postponing elective appointments.
    - The Alliance will anticipate a higher number of cases not being resolved within the required timeframe due to providers limiting office hours which makes it more difficult to obtain responses to complaints for resolution.

March 2020 Cases	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	395	30 Calendar Days	95% compliance within standard	392	99.2%	1.60
Expedited Grievance	5	72 Hours	95% compliance within standard	5	100.0%	0.02
Exempt Grievance	1,219	Next Business Day	95% compliance within standard	1,207	99.0%	4.94
Standard Appeal	53	30 Calendar Days	95% compliance within standard	53	100.0%	0.21
Expedited Appeal	1	72 Hours	95% compliance within standard	1	100.0%	0.004
Total Cases:	1,673		95% compliance within standard	1,658	99.1%	6.78

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

QUALITY ASSURANCE

Director: Jennifer Karmelich

- Preparation continues for a series of audits including NCQA follow-up and DHCS annual audit in June, 2020 and DMHC Triennial audit in October 2020. Good progress has been made on the NCQA deliverables, which remain on track
- Quality Assurance is working with compliance to develop an ongoing audit process with chart pulls and review that keep us in a state of audit readiness.

QUALITY IMPROVEMENT

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

- Population Health Management (PHM) and the Population Needs Assessment (PNA) inform the Alliance strategies through data collection to help focus on areas of populations highest need and utilization for enhanced program development. AAH is strengthening our PHM/PNA focus with increased organizational structure, based on NCQA/DHCS standards in addressing member needs across the continuum of care.
- 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 served as an ‘access to care” performance tool for our network and delegate provider office staff to engage members for scheduling clinical appointments. Preliminary HEDIS results indicate that this health plan/provider collaboration, in addition to member gift card incentives resulted in increased GIC closure and service utilization for timely health assessments, screenings and referrals.
- AAH Quality and Data Analytics staff began HEDIS 2020 (MY2019) medical record abstraction and retrievals within network and delegate provider offices. Record abstraction and retrieval data collection are vital components of the Alliance final quality and compliance scores for the reporting year. County & State COVID -19 ‘shelter in place’ mandates required cessation of provider office record retrievals. Providers requested to fax MR to the health plan.
- AAH continues 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.
- DHCS required HPs to paused implementation of a mandated Pediatric Preventive Care Outreach project due to COVID – 19 'shelter in place' mandates. This outbound call campaign will target Alliance beneficiaries under 21 (est. 70K members) who have under-utilized preventive care services available to them as part of their EPSDT benefit. Members will receive letters from DHCS and outbound calls from AAH reminding them to make appointments with their PCP.
- Quality staff began the annual DHCS mandated Encounter Data Validation (EDV) Study medical record retrievals within direct and delegate provider offices. Accurate and complete encounter data are critical to AAH's assessment of quality, monitoring of program integrity, and financial decision making. The goal of the EDV study is to examine, through a review of medical records, the completeness and accuracy of the professional encounter data submitted to DHCS by MCPs. This project is currently on hold by the state due to the COVID – 19 'shelter in place' edict.
- Multiple member and provider 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.

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Information Technology

Sasikumar Karaiyan

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

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

Date: **April 10, 2020**

Subject: **Information Technology Report**

Remote Work Transition

- As part of COVID-19 program, the IT Alliance team deployed laptops, desktops, softphones and other infrastructure to all staff and transitioned 98% of the staff to work remotely.

- Approximately 280 staff members are working remote daily, using our Virtual Private Network infrastructure.

Call Center System Availability

- AAH phone systems and call center applications performed at 100% availability during the month of March despite supporting the staff working remotely.

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

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

Encounter Data

- In the month of March, AAH submitted 66 encounter files to DHCS with a total of 216,695 encounters.

Enrollment

- The Medi-Cal Enrollment file for the month of March 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 7,235 authorizations loaded and processed in TruCare application.

- The Alliance is optimizing TruCare application which shall allow users to configure more business rules and also use the application more efficiently. The TruCare application optimization was scheduled to complete before end of March 2020 but was moved to first week of April. Reason being, a detailed testing need to be executed which requires additional time.

- TruCare upgrade to version 7.0.0.7 has started and the go-live date for this is April 24th. This version has many defect fixes and has new features.

- The conversion rate of authorization from paper to electronic uploads into TruCare application for the month of February is 83%.

Web Portal

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

- The Alliance team started the Member portal redesign which is expected complete before end of December 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 280.8k.

- Attempted information leaks detected and blocked at the firewall are slightly higher from 37 to 59 for the month of March.

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

- Attempted User Privilege Gain is slightly lower at 17 from a previous six months average of 7.

Information Technology

Supporting Documents

Enrollment

- See Table 1-1 “Summary of Medical and Group Care member enrollment in the month of March 2020”.
- Summary of Primary Care Physician (PCP) Auto-assignment in the month of March 2020.
- See Table 1-2 “Summary of Primary Care Physician (PCP) Auto-assignment in the month of March 2020”.
- 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 March 2020”.

Month	Total MC[1]	MC[1] - Add/ Reinstatements	MC[1] - Terminated	Total GC[2]	GC[2] - Add/ Reinstatements	GC[2]- Terminated
March	240,641	5,671	6,501	6,124	236	112

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

Table 1-2 Summary of Primary Care Physician (PCP) Auto-Assignment
For the Month of March 2020

Auto-Assignments	Member Count
Auto-assignments MC	1,702
Auto-assignments Expansion	1,266
Auto-assignments GC	56
PCP Changes (PCP Change Tool) Total	2,718

TruCare

- See Table 2-1 “Summary of TruCare Authorizations for the month of March 2020”.
- There were 7,235 authorizations (total authorizations loaded in TruCare production) processed through the system.
- TruCare Application Uptime – 99.99%.
- OCR-The conversion rate from paper to electronic uploads into TruCare application for the month of March is 83%.
- 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 March 2020

Transaction Type	Inbound EDI Auths	Failed PP-Already In TC	Failed PP-MNF	Failed PP-PNF	Failed PP-Procedure Code	Failed PP-Diagnosis Code	Misc	Total EDI Failure	New Auths Entered	Total Auths Loaded In TruCare Production
EDI-CHCN	3,645	71	0	22	9	9	28	139	0	3,506
Paper to EDI	2,436	0	0	0	0	0	0	0	0	2,436
Manual Entry	0	0	0	0	0	0	0	0	1,293	1,293
Total										7,235

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 February 2020

Group	Individual User Accounts	Individual User Accounts Accessed	Total Logins	New Users
Provider	2,812	2,446	123,109	249
MCAL	61,950	1,539	3,187	535
IHSS	2,456	93	171	22
AAH Staff	131	44	658	2
Total	**67,349**	**4,122**	**127,125**	**808**

Table 3-2 Top Pages Viewed for the month of February 2020

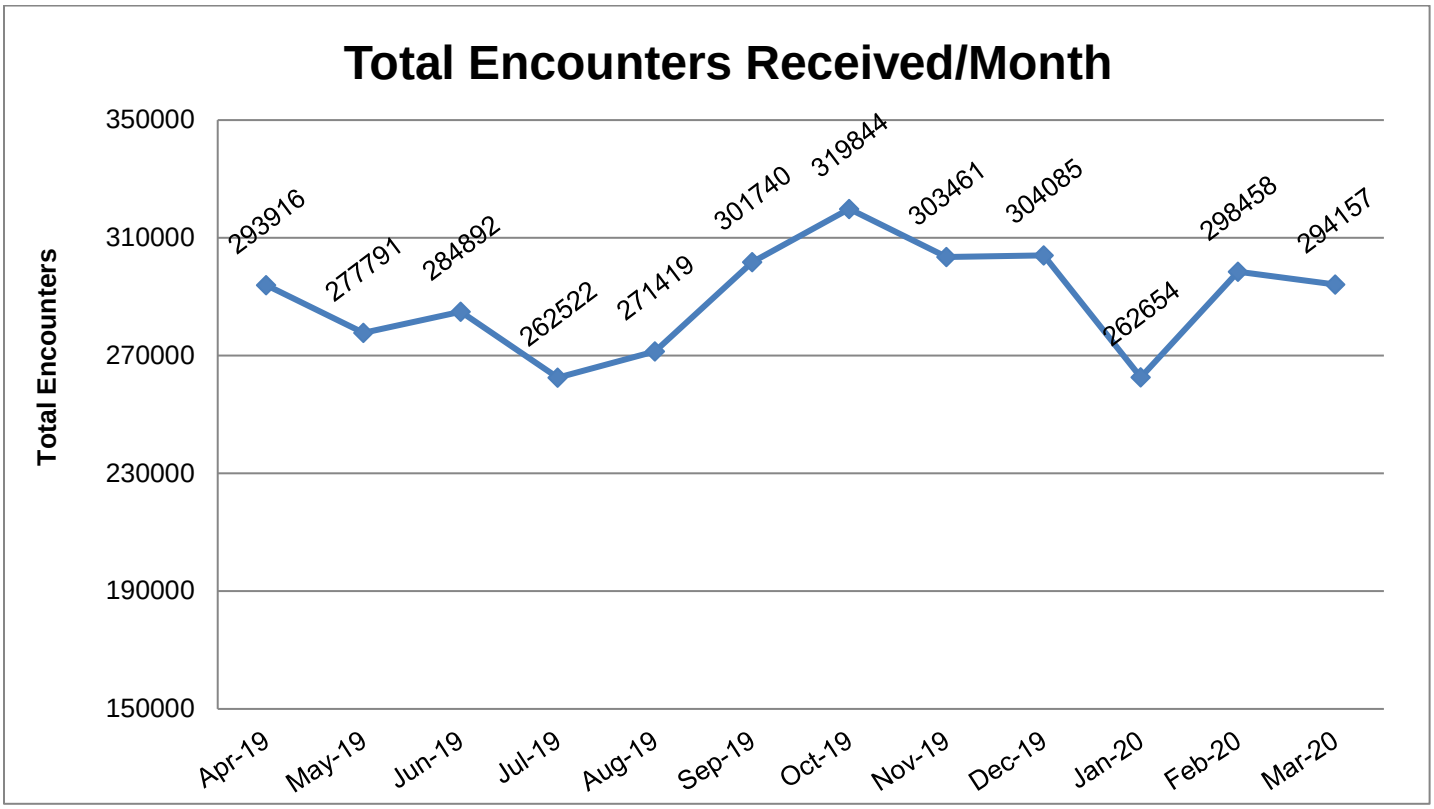
Top 25 Pages Viewed		
Category	**Page Name**	**Feb-20**
Provider	Member Eligibility	586,024
Provider	Claim Status	86,644
Provider	Member Roster	71,649
Provider	Auth Search	8,363
Member - Eligibility	Member Eligibility	5,297
Member - Claims	Claims - Services	3,107
Member - Help Center	Find a Doctor or Facility	2,475
Member - Help Center	Member ID Card	1,923
Provider - Provider Directory	Provider Directory - PCP/Specialist	529
Member - Help Center	Select/Change PCP	486
Member - Pharmacy	My Pharmacy Claims	391
Member - Help Center	Update My Contact Info	189
Member - Pharmacy	Pharmacy - Drugs	184
Member - Help Center	Contact Us	134
Provider - Provider Directory	Attestation	104
Member - Forms/Resources	Authorized Representative Form	87
Member - Help Center	Authorizations & Referrals	87
Member - Health/Wellness	Personal Health Record - intro	83
Provider	Pharmacy	80
Member - Pharmacy	Pharmacy	69
Member - Health/Wellness	Personal Health Record – No More Clipboard	67
Provider - Provider Directory	Provider Directory	61
Member - Health/Wellness	Member Materials	52
Member - Help Center	File a Grievance or Appeal	49
Member - Pharmacy	Find a Drug	48

Encounter Data From Trading Partners 2020

- AHS:
  - March daily files (9,907 records) were received on time.
- Beacon:
  - March monthly files (10,010 records) were received on time
- CHCN:
  - March weekly files (76,884 records) were received on time.
- CHME:
  - March monthly file (3,612 records) were received on time
- CFMG:
  - March weekly files (7,317 records) were received on time.
- Docustream:
  - March weekly files (541 records) were received on time.
- PerformRx:
  - March monthly files (158,404 records) were received on time.
- Kaiser:
  - March monthly files (36,334 records) were received on time.
  - March monthly Kaiser Pharmacy files (18,546 records) were received on time.
- Logisticare:
  - March weekly files (21,375 records) were received on time.
- March Vision:
  - March monthly file (3,127 records) were received on time.
- Quest Diagnostics:
  - March weekly files (7,317 records) were received on time.

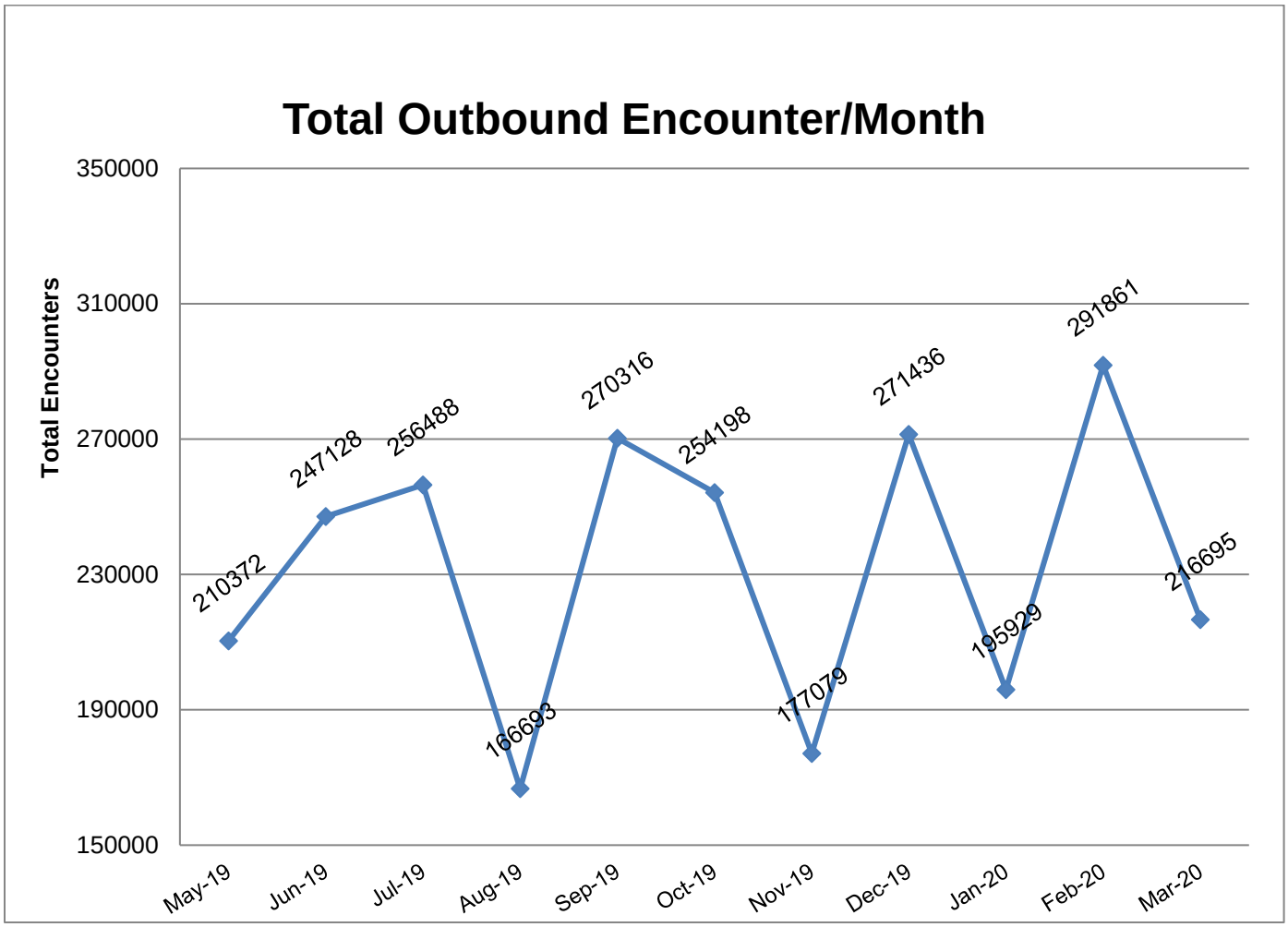
Trading Partner Encounter Inbound Submission History:

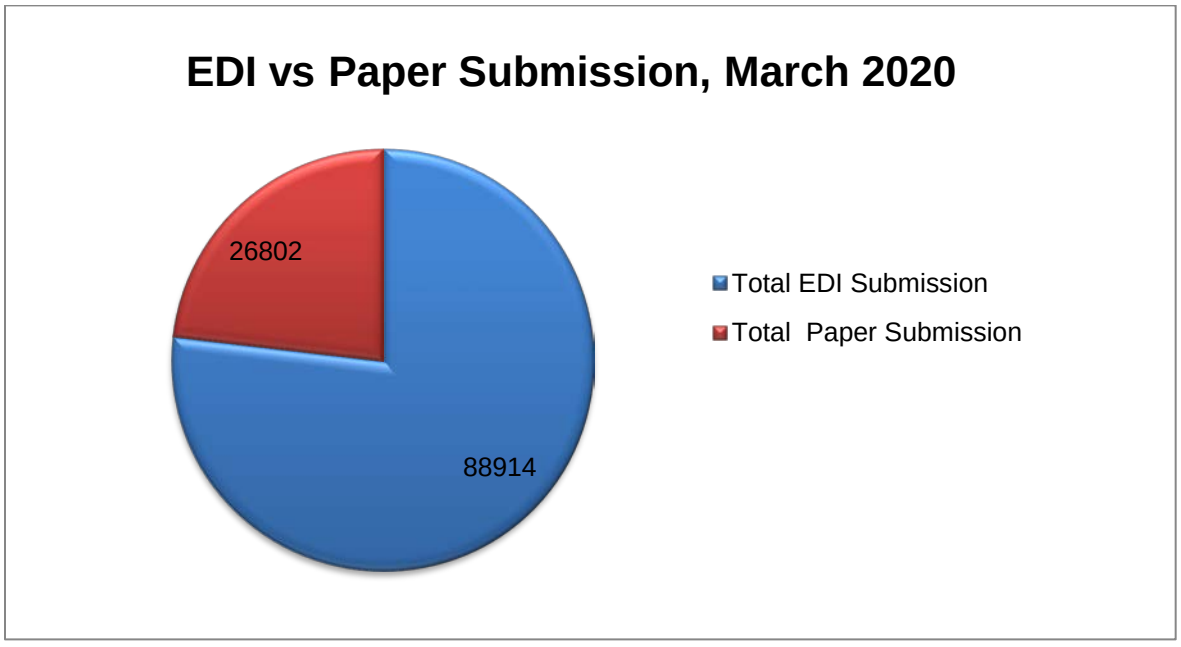
Trading Partners	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
HealthSuite	129482	121763	111286	116092	123889	111578	125442	122333	103132	104147	118309	115716
Kaiser	36876	47654	37506	27013	40478	37188	35517	44533	38079	34890	35167	36334
Logisticare	14416	12392	13945	9831	7109	21036	18411	16867	14261	16911	19665	21375
March Vision	2651	2252	2369	2641	3598	3078	3428	3792	3183	5495	0	3127
AHS	5595	4835	4857	4886	4741	4802	3347	2531	12186	7385	4949	9907
Beacon	11797	3065	21619	9926	36	21217	12163	8328	8843	6407	14626	10010
CHCN	66233	58976	70192	66286	67396	75665	88478	72359	94805	60204	69402	76884
CHME	4396	3659	4258	4639	4807	4146	2963	3928	3090	7201	5604	3612
Claimsnet	8965	8674	7475	7239	6281	9255	15028	16604	13396	9027	16607	7317
Quest	13505	14521	11385	13969	13084	12987	14539	11593	12697	10509	13574	9334
Docustream						788	528	593	413	478	555	541
Total	293916	277791	284892	262522	271419	301740	319844	303461	304085	262654	298458	294157



Outbound Encounter Submission

Trading Partners	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
HealthSuite	84894	95843	72977	29433	112242	87691	34874	78764	62186	141458	81483
Kaiser	37487	67614	30866	38562	37153	35352	44276	37789	34583	34561	35565
Logisticare	14706	13330	14803	2972	14300	21631	12670	21692	11883	24522	22887
March Vision	2193	2185	2077	2629	2277	2531	2845	2564	2150	1672	2118
AHS	3818	5519	4304	13839	4601	5303	3762	11823	8412	4711	8545
Beacon	2722	21303	2885	7083	16718	9557	7204	7369	5392	11058	6
CHCN	39149	20074	98828	47619	56622	62669	43593	83370	51732	49459	43356
CHME	3300	3785	9009	4080	7628	2589	3493	2692	3100	4981	3166
Claimsnet	8420	8384	4228	3890	7495	10566	11508	10283	6295	8835	8788
Quest	13683	9091	16511	16586	11280	15100	12337	14701	9757	10087	10331
Docustream						1209	517	389	439	517	450
Total	210372	247128	256488	166693	270316	254198	177079	271436	195929	291861	216695


Total Outbound Encounter/Month
Total Encounters
350000
310000
270000
230000
190000
150000
210372
247128
256488
166693
270316
254198
177079
271436
195929
291861
216695
May-19
Jun-19
Jul-19
Aug-19
Sep-19
Oct-19
Nov-19
Dec-19
Jan-20
Feb-20
Mar-20


EDI vs Paper Submission, March 2020
26802
88914
Total EDI Submission
Total Paper Submission

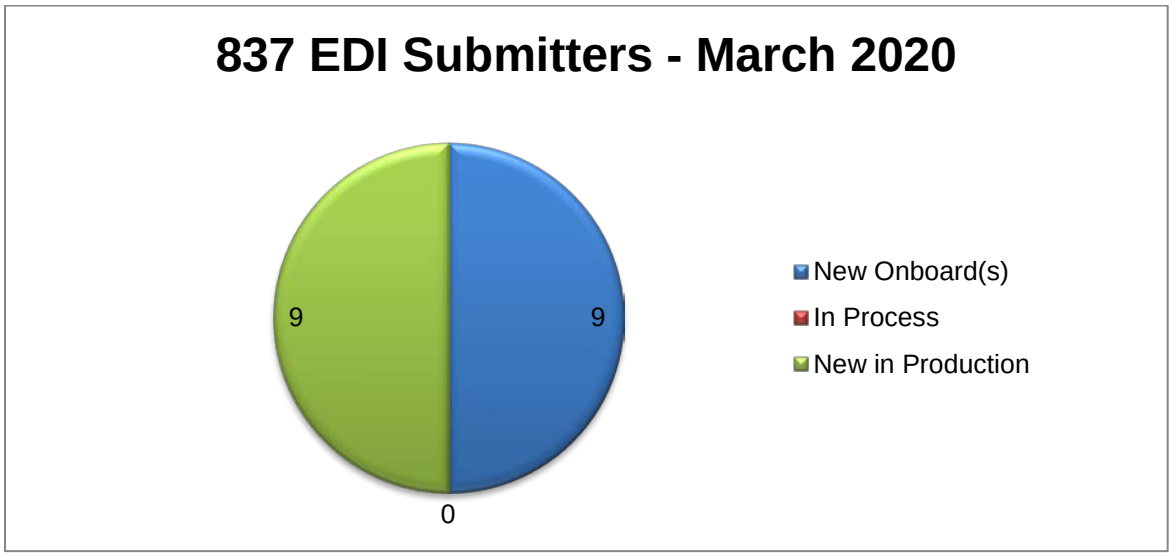
HEALTHsuite Paper vs EDI Breakdown

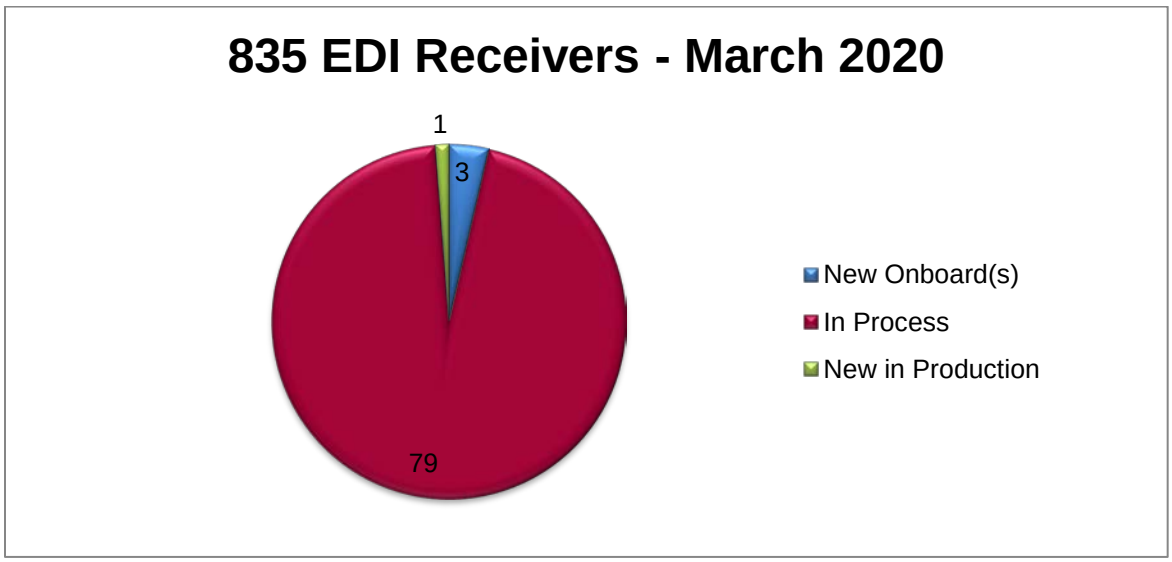
Period	Total EDI Submission	Total Paper Submission	Total claims
20-Mar	88914	26802	115716

Onboarding EDI Providers - Updates

- March 2020 EDI Claims:
  - A total of 876 new EDI submitters have been added since October 2015, with 9 added in March 2020.
  - The total number of EDI submitters is 1608 providers.
- March 2020 EDI Remittances (ERA):
  - A total of 185 new ERA receivers have been added since October 2015, with 1 added in March 2020.
  - The total number of ERA receivers is 224 providers.

	837				835			
	New on boards	In process	New In production	Total in Prod	New on boards	In process	New In production	Total in Prod
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
Dec-19	17	0	17	1580	2	77	2	220
Jan-20	11	2	9	1589	2	77	2	222
Feb-20	8	0	10	1599	1	77	1	223
Mar-20	9	0	9	1608	3	79	1	224





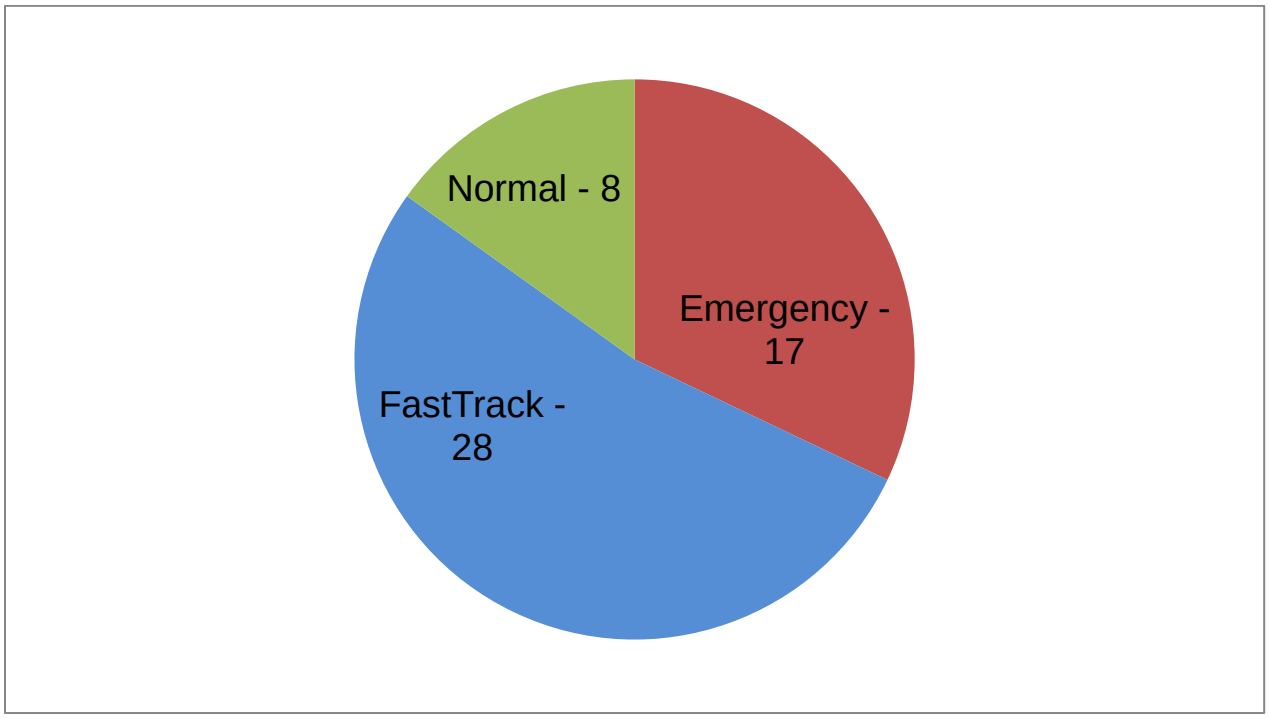
- Lag Time

AAH Encounters: Outbound 837 (AAH to DHCS)	Mar-20	Target
Timeliness-% Within Lag Time - Institutional 0-90 days	69%	60%
Timeliness-% Within Lag Time - Institutional 0-180 days	72%	80%
Timeliness-% Within Lag Time - Professional 0-90 days	85%	73%
Timeliness-% Within Lag Time – Professional 0-180 days	91%	80%

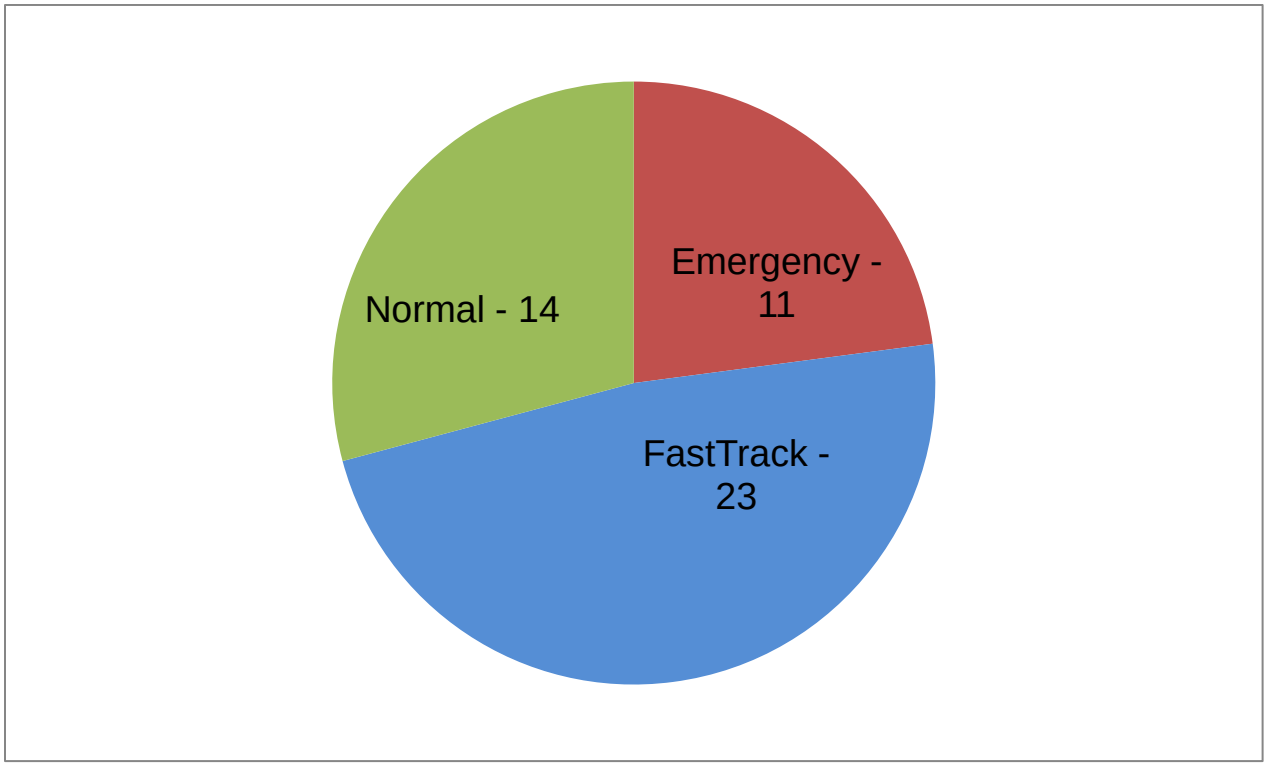
Change Management Key Performance Indicator (KPI)

- Change Request Submitted by Type in the month of March 2020
- KPI – Overall Summary
    - 1,391 Changes, Submitted
    - 1,307 Changes, Completed, and Closed
    - 97 Active Changes
    - 164 Changes Cancelled/Rejected

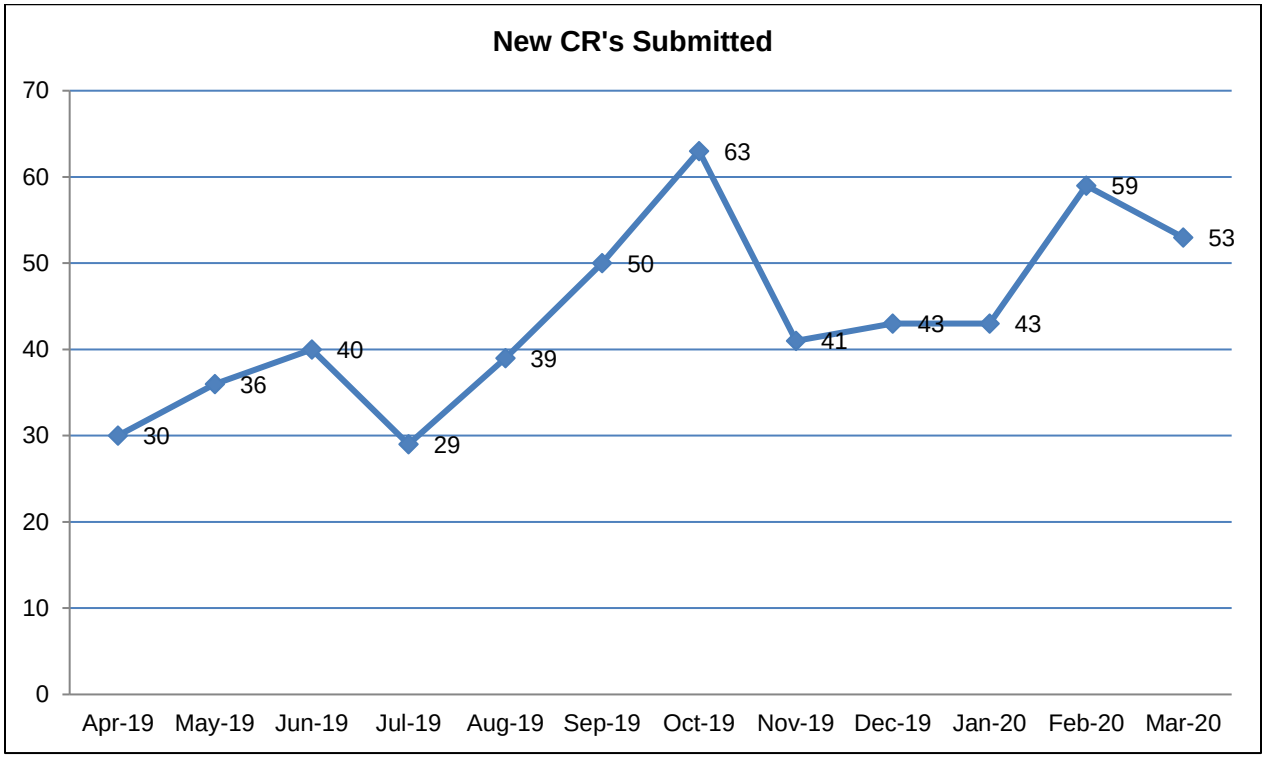
- 53 Change Requests Submitted/logged in the month of March 2020



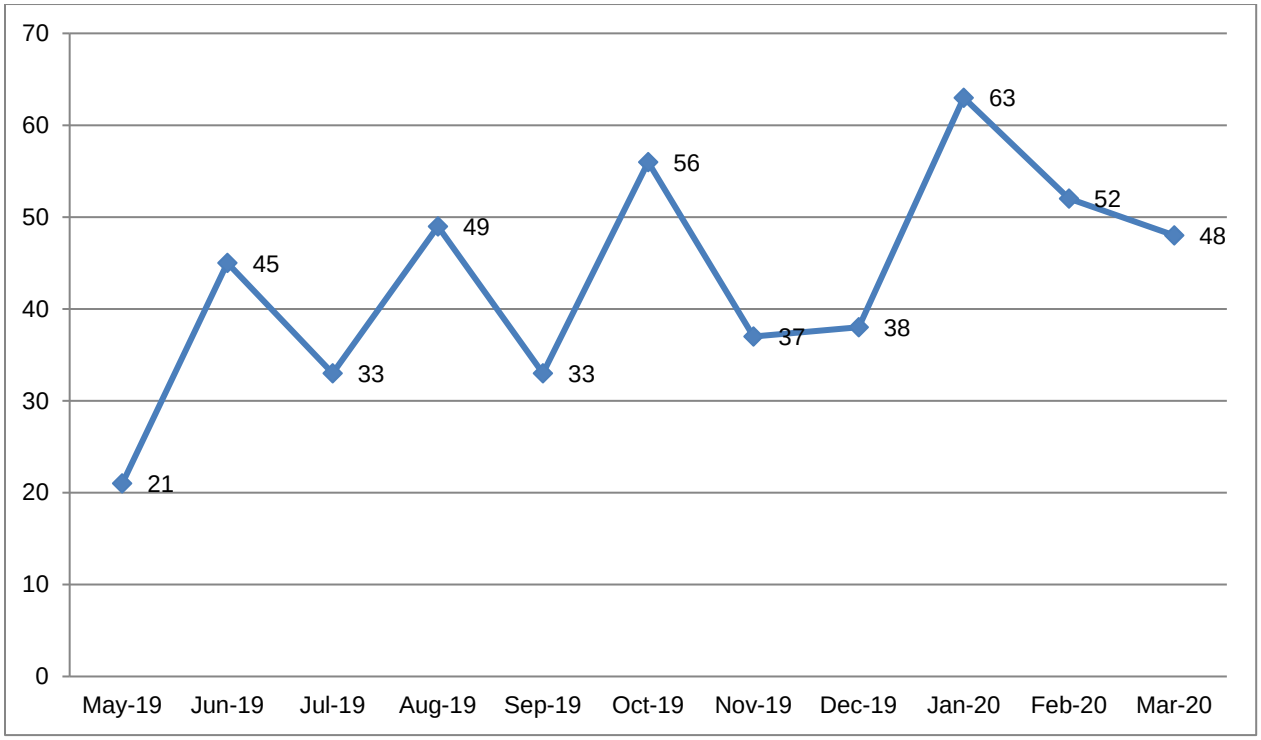
- 48 CRs Closed in the month of March 2020



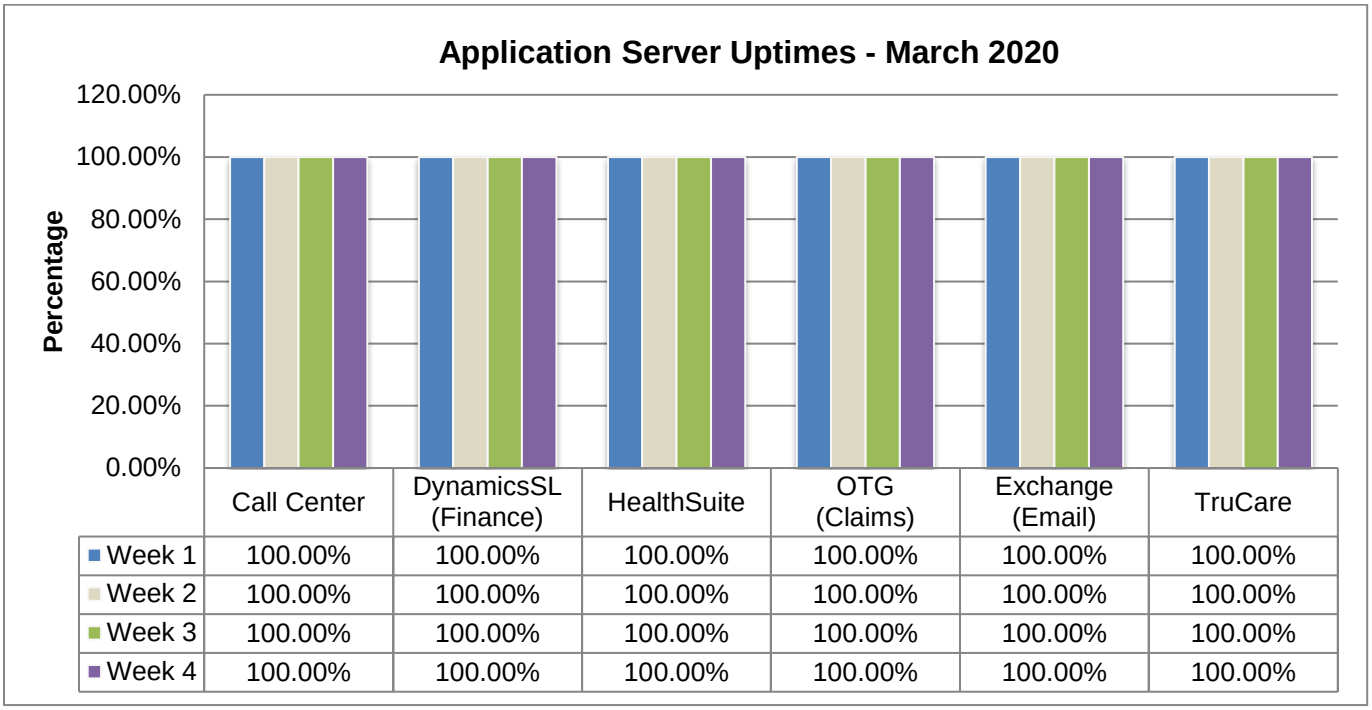
- CRs Submitted: Monthly Trend



- CRs Closed: Monthly Trend

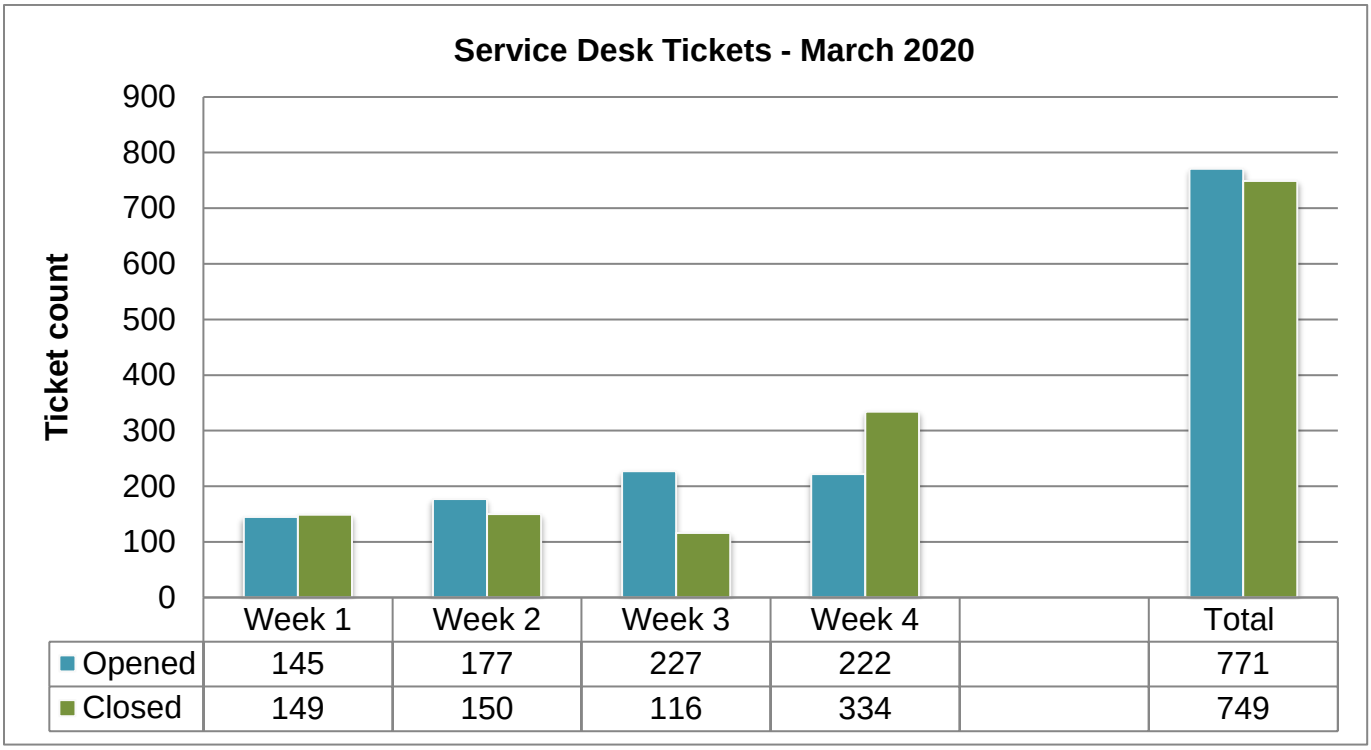


IT Stats: Infrastructure



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

- All mission critical applications are monitored and managed thoroughly.
- There were no outages experienced in the month of March despite supporting 100% of staff working remotely.

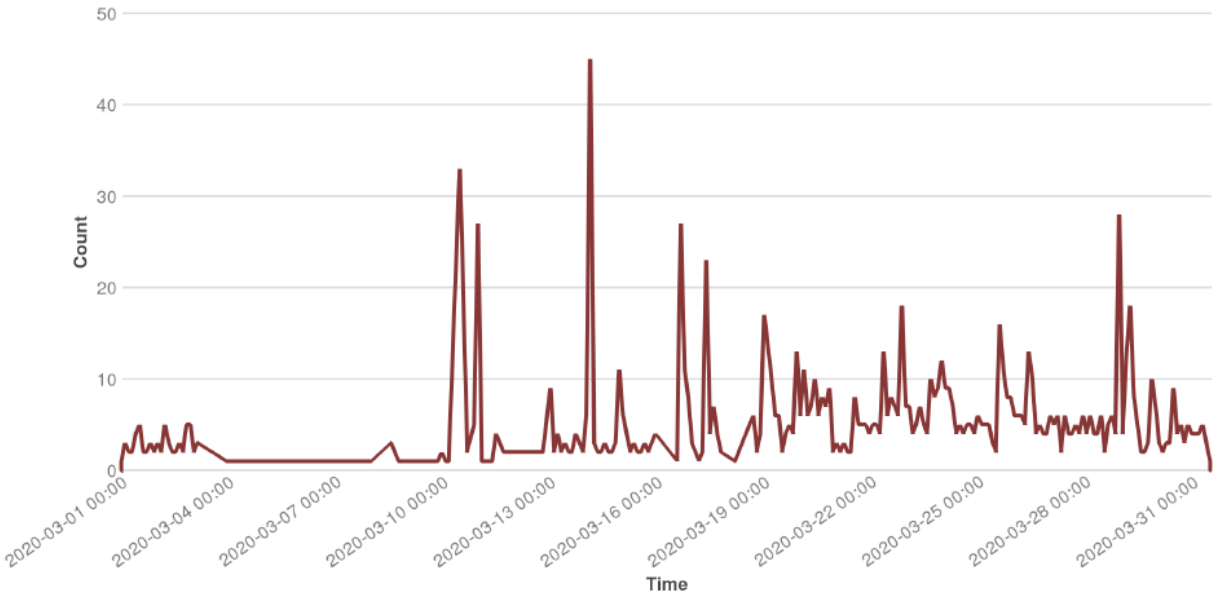


	Week 1	Week 2	Week 3	Week 4		Total
Opened	145	177	227	222		771
Closed	149	150	116	334		749

- 771 Service Desk tickets were opened in the month of March, which is 25.7% higher than the previous month and 749 Service Desk tickets were closed, which is 23.7% higher than the previous month.

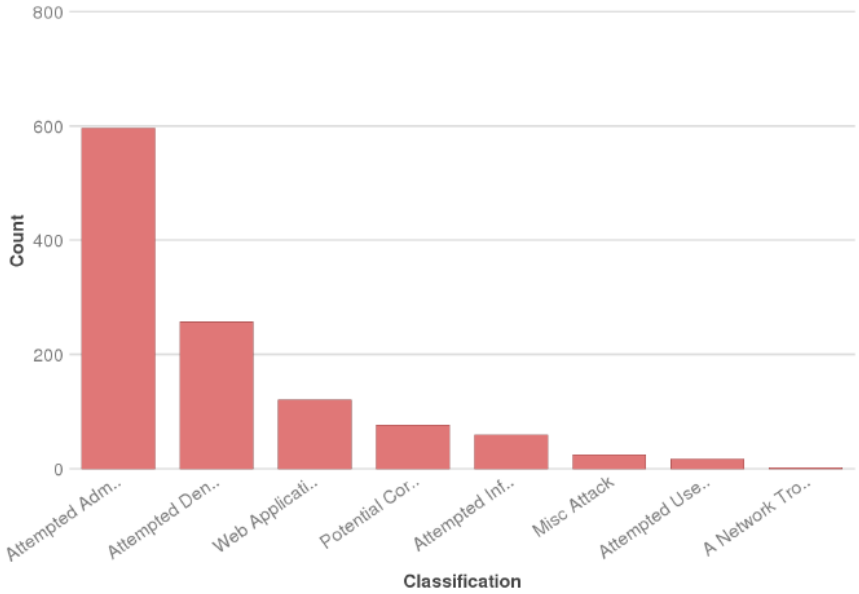
All Intrusion Events

Time Window: *2020-03-01 00:00:00 - 2020-03-31 11:33:00*

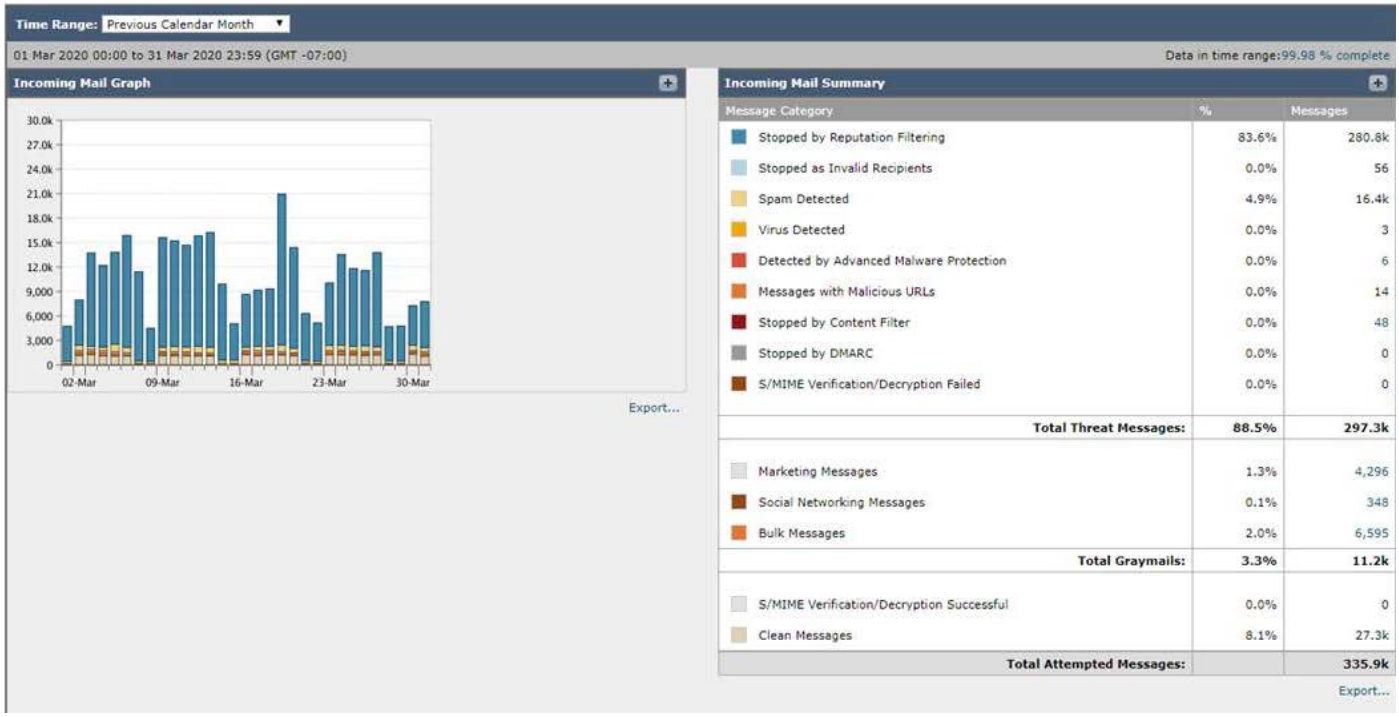


Dropped Intrusion Events

Time Window: *2020-03-01 00:00:00 - 2020-03-31 11:33:00*
Constraints: *Inline Result = dropped*



Classification	Count
Attempted Administrator Privilege Gain	596
Attempted Denial of Service	258
Web Application Attack	121
Potential Corporate Policy Violation	77
Attempted Information Leak	59
Misc Attack	25
Attempted User Privilege Gain	17
A Network Trojan was Detected	3



Item / Date	Mar-19	Apr-19	May-19	Jun-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	***Mar-20***
Stopped By Reputation	339.1K	344.7k	339.1K	299.9k	10.7k	293.7k	301.0k	264.0k	275.3k	306.6k	234.0k	***280.8k***
Invalid Recipients	31	33	31	299	0	22	51	0	4	0	4	***56***
Spam Detected	24.0K	26.2k	24.0K	23.2k	599	15.5k	17.1k	14.0k	12.0k	13.6k	12.8k	***16.4k***
Virus Detected	0	2	0	2	0	2	3	13	0	0	0	***3***
Advanced Malware	5	2	5	1	1	3	4	1	1	0	4	***6***
Malicious URLs	174	263	174	86	21	117	140	239	81	122	91	***14***
Content Filter	13	23	13	6	0	14	10	17	7	4	9	***48***
Marketing Messages	4,475	4,347	4,475	3,909	145	1,748	4,606	4,677	3,854	4,211	3,804	***4,296***
Attempted Admin Privilege Gain	1,786	843	1,786	3,029	1,643	971	1,475	360	1,425	704	518	***596***
Attempted User Privilege Gain	3	84	3	20	116	1	8	0	12	7	27	***17***
Attempted Information Leak	36	54	36	67	46	30	38	46	43	31	37	***59***
Potential Corp Policy Violation	26	34	26	47	59	13	26	8	25	29	10	***77***
Network Scans Detected	2	0	2	5	6	12	18	3	4	1	4	***3***
Web Application Attack	46	22	46	83	111	19	40	45	35	72	45	***121***
Misc. Attack	1	7	1	30	29	7	18	21	1	30	21	***25***

- 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 280.8k.

- Attempted information leaks detected and blocked at the firewall are slightly higher from 37 to 59 for the month of March.

- Network scans returned a value of three, which is in line with previous month's data.
- Attempted User Privilege Gain is slightly lower at 17 from a previous six months average of 7.

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: **April 10, 2020**

Subject: **Performance & Analytics Report**

Membership Demographics

- Membership demographics data is located in the Finance section of this document.

Member Cost Analysis

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

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

- In comparison, the Prior reporting period was slightly lower at 7.4% of members accounting for 80.8% of total costs.

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

    - The SPD (non duals) and ACA OE categories of aid slightly decreased to account for 58.8% of the members, with SPDs accounting for 28.9% and ACA OE's at 29.7%.
    - The percent of members with costs >= $30K has increased slightly from 1.4% to 1.6%.
    - 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 continues to comprise the majority of costs, remaining consistent at 51%.

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

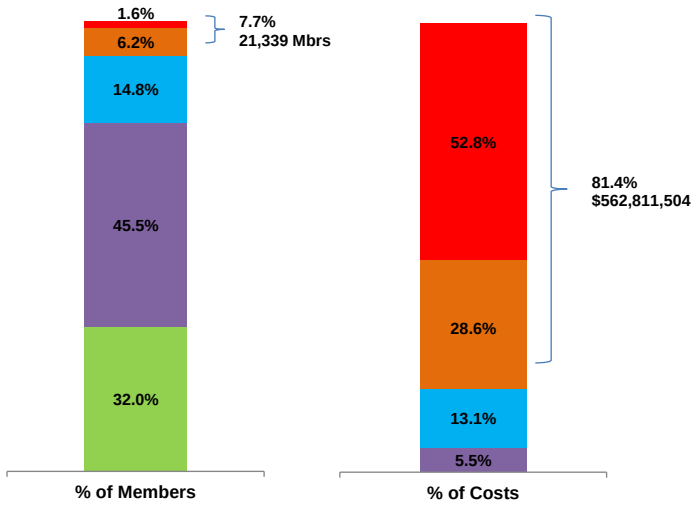
- However, the age distribution of the top 7.8% is more concentrated in the 45-66 year old category (42%) compared to the overall population (22%).

Analytics

Supporting Documents

Alameda Alliance for Health - Analytics Supporting Documentation: Member - Cost Analysis
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Jan 2019 - Dec 2019
Note: Data incomplete due to claims lag
Run Date: 3/31/2020

Member Cost Distribution



Cost Range	Members	% of Members	Costs	% of Costs
$30K+	4,309	1.6%	$ 364,947,465	52.8%
$5K - $30K	17,030	6.2%	$ 197,864,040	28.6%
$1K - $5K	40,829	14.8%	$ 90,270,782	13.1%
< $1K	125,881	45.5%	$ 38,147,541	5.5%
$0	88,686	32.0%	$ -	0.0%
Totals	**276,735**	**100.0%**	**$ 691,229,828**	**100.0%**

Top 7.7% of Members = 81.4% of Costs

Cost Range	Members	% of Total Members	Costs	% of Total Costs
$100K+	981	0.4%	$ 186,967,496	27.0%
$75K to $100K	545	0.2%	$ 46,938,619	6.8%
$50K to $75K	1,074	0.4%	$ 65,350,590	9.5%
$40K to $50K	667	0.2%	$ 29,745,072	4.3%
$30K to $40K	1,042	0.4%	$ 35,945,687	5.2%
SubTotal	***4,309***	***1.6%***	***$ 364,947,465***	***52.8%***
$20K to $30K	2,069	0.7%	$ 50,347,367	7.3%
$10K to $20K	6,085	2.2%	$ 84,416,082	12.2%
$5K to $10K	8,876	3.2%	$ 63,100,591	9.1%
SubTotal	***17,030***	***6.2%***	***$ 197,864,040***	***28.6%***
Total	**21,339**	***7.7%***	**$ 562,811,504**	***81.4%***

Enrollment Status	Members	Total Costs
Still Enrolled as of Dec 2019	217,434	$ 597,832,281
Dis-Enrolled During Year	59,301	$ 93,397,546
Totals	**276,735**	**$ 691,229,828**

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

Alameda Alliance for Health - Analytics Supporting Documentation: Member - Cost Analysis
7.7% of Members = 81.4% of Costs
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Jan 2019 - Dec 2019
Note: Data incomplete due to claims lag
Run Date: 3/31/2020

7.7% of Members = 81.4% of Costs
29.7% of members are SPDs and account for 36.2% of costs.
28.9% of members are ACA OE and account for 27.4% of costs.
9.7% of members disenrolled as of Dec 2019 and account for 14.4% of costs.

Highest Cost Members; Cost Per Member >= $100K
41.5% of members are SPDs and account for 41.0% of costs.
26.1% of members are ACA OE and account for 25.4% of costs.
21.0% of members disenrolled as of Dec 2019 and account for 22.3% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Members	% of Members
IHSS	IHSS	108	560	668	3.1%
MCAL	MCAL - ADULT	433	2,871	3,304	15.5%
	MCAL - BCCTP	3	1	4	0.0%
	MCAL - CHILD	148	1,486	1,634	7.7%
	MCAL - ACA OE	1,229	4,944	6,173	28.9%
	MCAL - SPD	1,689	4,654	6,343	29.7%
	MCAL - DUALS	103	1,038	1,141	5.3%
Not Eligible	Not Eligible	596	1,476	2,072	9.7%
Total		**4,309**	**17,030**	**21,339**	**100.0%**

Member Breakout by LOB

LOB	Eligibility Category	Total Members	% of Members
IHSS	IHSS	17	1.7%
MCAL	MCAL - ADULT	78	8.0%
	MCAL - BCCTP	2	0.2%
	MCAL - CHILD	2	0.2%
	MCAL - ACA OE	256	26.1%
	MCAL - SPD	407	41.5%
	MCAL - DUALS	13	1.3%
Not Eligible	Not Eligible	206	21.0%
Total		**981**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Costs	% of Costs
IHSS	IHSS	$ 7,685,749	$ 6,267,800	$ 13,953,549	2.5%
MCAL	MCAL - ADULT	$ 34,089,349	$ 32,478,109	$ 66,567,457	11.8%
	MCAL - BCCTP	$ 453,560	$ 5,343	$ 458,903	0.1%
	MCAL - CHILD	$ 7,185,243	$ 16,730,894	$ 23,916,137	4.2%
	MCAL - ACA OE	$ 98,858,275	$ 55,189,562	$ 154,047,837	27.4%
	MCAL - SPD	$ 146,502,091	$ 57,083,004	$ 203,585,095	36.2%
	MCAL - DUALS	$ 6,775,328	$ 12,712,951	$ 19,488,279	3.5%
Not Eligible	Not Eligible	$ 63,397,869	$ 17,396,378	$ 80,794,246	14.4%
Total		**$ 364,947,465**	**$ 197,864,040**	**$ 562,811,504**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Total Costs	% of Costs
IHSS	IHSS	$ 2,935,779	1.6%
MCAL	MCAL - ADULT	$ 15,294,604	8.2%
	MCAL - BCCTP	$ 372,765	0.2%
	MCAL - CHILD	$ 336,592	0.2%
	MCAL - ACA OE	$ 47,516,433	25.4%
	MCAL - SPD	$ 76,589,167	41.0%
	MCAL - DUALS	$ 2,238,784	1.2%
Not Eligible	Not Eligible	$ 41,683,370	22.3%
Total		**$ 186,967,496**	**100.0%**

% of Total Costs By Service Type

Breakout by Service Type/Location

Cost Range	Trauma Costs	Hep C Rx Costs	Pregnancy, Childbirth & Newborn Related Costs	Pharmacy Costs	Inpatient Costs (POS 21)	ER Costs (POS 23)	Outpatient Costs (POS 22)	Office Costs (POS 11)	Dialysis Costs (POS 65)	Other Costs (All Other POS)
$100K+	6%	0%	1%	11%	57%	2%	13%	6%	3%	8%
$75K to $100K	4%	0%	2%	17%	45%	2%	8%	7%	8%	13%
$50K to $75K	3%	0%	3%	18%	41%	3%	8%	8%	9%	13%
$40K to $50K	4%	2%	4%	19%	46%	3%	8%	6%	4%	14%
$30K to $40K	4%	3%	4%	19%	43%	6%	9%	8%	1%	15%
$20K to $30K	4%	5%	6%	19%	39%	7%	10%	8%	2%	16%
$10K to $20K	1%	0%	12%	18%	35%	6%	13%	11%	3%	13%
$5K to $10K	0%	0%	11%	23%	23%	9%	13%	18%	1%	14%
Total	**4%**	**1%**	**5%**	**17%**	**44%**	**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: **April 10, 2020**

Subject: **Human Resources Report**

Staffing

- As of April 1, 2020, the Alliance had 312 full time employees and 2-part time employees.

- On April 1, 2020, the Alliance had 38 open positions in which 2 signed offer acceptance letters have been received with start dates in the near future resulting in a total of 36 positions open to date. The Alliance is actively recruiting for the remaining 36 positions and several of these positions are in the interviewing or job offer stage.

- Summary of open positions by department:

Department	Open Positions April 1st	Signed Offers Accepted by Department	Remaining Recruitment Positions
Healthcare Services	12	1	11
Operations	10	1	9
Healthcare Analytics	3		3
Information Technology	8		8
Finance	1		1
Compliance	1		1
Human Resources	3		3
Total	38	2	36

- Our current recruitment rate is 12%.

Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in March 2020 included:
    - 5 years:
        - Daniel Primus (IT Development)
        - Edward Fugaban (IT Development)
    - 6 years:
        - Lisa Calvo (Utilization Management)
    - 8 years:
        - Jeffrey McKenzie (IT Development)
    - 15 years:
        - Crista Tran (IT Applications)
    - 19 years:
        - Anet Quiambao (Claims)
    - 22 years:
        - Brenda Smith (Claims)
    - 24 years:
        - Donna Ceccanti (Credentialing)