



Health care you can count on.
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Board of Governors

Regular Meeting

Friday, November 13, 2020
12:00 p.m. – 2:00 p.m.

Video Conference Call Only

1240 South Loop Road, Alameda, CA 94502



AGENDA

BOARD OF GOVERNORS
Regular Meeting
Friday, November 13, 2020
12:00 p.m. – 2:00 p.m.

Video Conference Call

[Join meeting](#)

Meeting number (access code): 146 980 7782

Meeting password: 53035

1-408-418-9388

1-213-306-3065

Alameda, CA 94502

IMPORTANT PUBLIC HEALTH AND SAFETY MESSAGE REGARDING PARTICIPATION AT ALAMEDA ALLIANCE FOR HEALTH BOARD MEETINGS

AS A RESULT OF THE COVID-19 VIRUS, AND RESULTING ORDERS AND DIRECTION FROM THE PRESIDENT OF THE UNITED STATES, THE GOVERNOR OF THE STATE OF CALIFORNIA, AND THE ALAMEDA COUNTY HEALTH OFFICER, THE PUBLIC WILL NOT BE PERMITTED TO PHYSICALLY ATTEND THE ALAMEDA ALLIANCE FOR HEALTH MEETING TO WHICH THIS AGENDA APPLIES.

YOU MAY SUBMIT COMMENTS ON ANY AGENDA ITEM OR ON ANY ITEM NOT ON THE AGENDA, IN WRITING VIA MAIL TO "ATTN: ALLIANCE BOARD," 1240 SOUTH LOOP ROAD, ALAMEDA, CA 94502; OR THROUGH E-COMMENT AT jmurray@alamedaalliance.org. YOU MAY WATCH THE MEETING LIVE BY LOGGING IN VIA COMPUTER AT THE FOLLOWING LINK <https://alamedaalliance.webex.com/alamedaalliance/j.php?MTID=m28c6194997a289ffab022bdb1250e27a> OR MAY LISTEN TO THE MEETING BY CALLING IN TO THE FOLLOWING TELEPHONE NUMBER: [1-408-418-9388](tel:1-408-418-9388). IF YOU USE THE LINK AND PARTICIPATE VIA COMPUTER, YOU MAY, THROUGH THE USE OF THE CHAT FUNCTION, REQUEST AN OPPORTUNITY TO SPEAK ON ANY AGENDIZED ITEM, INCLUDING GENERAL PUBLIC COMMENT. YOUR REQUEST TO SPEAK MUST BE RECEIVED BEFORE THE ITEM IS CALLED ON THE AGENDA. IF YOU PARTICIPATE BY TELEPHONE, YOU MUST SUBMIT ANY COMMENTS VIA THE E-COMMENT EMAIL ADDRESS DESCRIBED ABOVE.

PLEASE NOTE: THE ALAMEDA ALLIANCE FOR HEALTH IS MAKING EVERY EFFORT TO FOLLOW

THE SPIRIT AND INTENT OF THE BROWN ACT AND OTHER APPLICABLE LAWS REGULATING THE CONDUCT OF PUBLIC MEETINGS, IN ORDER TO MAXIMIZE TRANSPARENCY AND PUBLIC ACCESS. IT WOULD BE APPRECIATED IF COMMUNICATIONS OF PUBLIC COMMENTS RELATED TO ITEMS ON THE AGENDA, OR ITEMS NOT ON THE AGENDA, ARE PROVIDED PRIOR TO THE COMMENCEMENT OF THE MEETING. IF THAT IS NOT POSSIBLE, EVERY EFFORT WILL BE MADE TO ATTEMPT TO REVIEW E-COMMENTS DURING THE COURSE OF THE MEETING. TOWARDS THIS END, THE CHAIR OF THE BOARD WILL ENDEAVOR TO TAKE A BRIEF PAUSE BEFORE ACTION IS TAKEN ON ANY AGENDA ITEM TO ALLOW THE BOARD CLERK TO REVIEW E-COMMENTS, AND SHARE ANY E-COMMENTS RECEIVED DURING THE MEETING.

1. CALL TO ORDER

(A regular meeting of the Alameda Alliance for Health Board of Governors will be called to order on November 13, 2020 at 12:00 p.m. in Alameda County, California, by Dr. Evan Seevak, Presiding Officer. This meeting to take place by video 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) OCTOBER 9, 2020 BOARD OF GOVERNORS MEETING MINUTES

6. BOARD MEMBER REPORTS

a) COMPLIANCE ADVISORY GROUP

b) FINANCE COMMITTEE

7. CEO UPDATE

8. BOARD BUSINESS

a) REVIEW AND APPROVE SEPTEMBER 2020 MONTHLY FINANCIAL STATEMENTS

b) FISCAL YEAR 2021 INVESTMENT STRATEGY UPDATE

9. STANDING COMMITTEE UPDATES

a) PEER REVIEW AND CREDENTIALING COMMITTEE

10. STAFF UPDATES

11. UNFINISHED BUSINESS

12. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS

13. PUBLIC COMMENT (NON-AGENDA ITEMS)

14. CLOSED SESSION:

- a) PUBLIC EMPLOYEE PERFORMANCE EVALUATION (PURSUANT TO GOVERNMENT CODE SECTION 54957). TITLE: CHIEF EXECUTIVE OFFICER.
- b) CONFERENCE WITH LABOR NEGOTIATORS (PURSUANT TO GOVERNMENT CODE SECTION 54957.6). AGENCY NEGOTIATORS: DR. EVAN SEEVAK, CHAIR; REBECCA GEBHART, VICE-CHAIR; DR. ROLLINGTON FERGUSON, FINANCE COMMITTEE CHAIR; DAVID B. VLIET, BOARD MEMBER; MARTY LYNCH, BOARD MEMBER; UNREPRESENTED EMPLOYEE: CHIEF EXECUTIVE OFFICER.
- c) REPORT INVOLVING TRADE SECRET (GOVERNMENT CODE SECTION 37606; HEALTH AND SAFETY CODE SECTION 32106): REPORT WILL INVOLVE NEW SERVICE MODEL.

15. ADDITIONAL BOARD BUSINESS: AGREEMENT FOR THE EMPLOYMENT OF SCOTT COFFIN AS CHIEF EXECUTIVE OFFICER OF THE ALAMEDA ALLIANCE FOR HEALTH.

- a) STAFF REPORT
- b) APPROVE AND AUTHORIZE BOARD CHAIR TO EXECUTE AMENDED AND RESTATED AGREEMENT FOR THE EMPLOYMENT OF SCOTT COFFIN AS CHIEF EXECUTIVE OFFICER OF THE ALAMEDA ALLIANCE FOR HEALTH.

16. 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. Due to Shelter in Place, this meeting is a conference call only. 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. To obtain a document, please call the Clerk of the Board at 510-747-6160.

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.

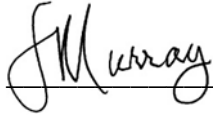
Public Input: If you are interested in addressing the Board, you may submit comments on any agenda item or on any item not on the agenda, in writing via mail to "Attn: Alliance Board," 1240 S. Loop Road, Alameda, CA 94502; or through e-comment at jmurray@alamedaalliance.org.

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. To obtain a document, please call the Clerk of the Board at 510-747-6160.

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 by sending to: Clerk of the Board 1240 S. Loop Road Alameda, CA 94502. This information will be disseminated to the Committee at the time testimony is given.

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

I hereby certify that the agenda for the Board of Governors meeting was posted in the posting book located at 1240 S. Loop Road, Alameda, California on November 9, 2020 by 12:00 p.m. as well as on the Alameda Alliance for Health's web page at www.alamedaalliance.org.

A handwritten signature in black ink, appearing to read "JMurray". The signature is written in a cursive style with a large initial "J" and "M".

_____ Clerk of the Board – Jeanette Murray



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CONSENT CALENDAR



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Board of Governors Meeting Minutes

**ALAMEDA ALLIANCE FOR HEALTH
BOARD OF GOVERNORS
REGULAR MEETING
October 9, 2020
12:00 PM – 2:00 PM
(Video Conference Call)
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, Wilma Chan, Dr. Michael Marchiano, Dr. Kelley Meade, Natalie Williams
Alliance Staff Present: Scott Coffin, Dr. Steve O'Brien, Gil Riojas, Tiffany Cheang, Sasi Karaiyan, Anastacia Swift, Jeanette Murray, Ruth Watson, Richard Golfin, Matt Woodruff
Board Members Excused: Byron Lopez, Nicholas Peraino, David B. Vliet,
Board Members Unexcused: Delvecchio Finley

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 12:00 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	Dr. Ferguson asked for a modification in the agenda to include a minute of silence for Feda Almaliti (Board Member) and her son, who passed away. The Board of Governors and attendees observed a minute of silence.	None	
4. INTRODUCTIONS			
Dr. Seevak	Introductions of the Board Members, Staff, and Guests were completed.	None	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
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5. CONSENT CALENDAR

Dr. Seevak	<p>Dr. Seevak presented the Consent Calendar.</p> <p>a) September 11, 2020 Board Of Governors Meeting Minutes</p> <p>Motion to Approve October 9, 2020 Board Of Governors Consent Calendar.</p> <p>A vote by roll call was taken and the motion passed.</p>	<p><u>Motion to Approve October 9, 2020 Board Of Governors Consent Calendar.</u></p> <p><u>Motion:</u> R. Gebhart <u>Second:</u> Dr. Marchiano.</p> <p><u>Vote:</u> Yes</p> <p>No opposed or abstained.</p>	None
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6. a. BOARD MEMBER REPORT – COMPLIANCE ADVISORY COMMITTEE

R. Gebhart	<p>The Compliance Advisory Committee was held telephonically on October 9, 2020, at 10:30 AM.</p> <p>Rebecca Gebhart updated the Board on the current Compliance Advisory workbook.</p> <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	None
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6. b. BOARD MEMBER REPORT – FINANCE COMMITTEE

Dr. Ferguson	<p>The Finance Committee was held telephonically on Tuesday, October 6, 2020.</p> <p>Dr. Ferguson updated the Board on the Finance Committee Meeting.</p> <p>Informational update to the Board of Governors.</p>	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	None
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AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Vote not required.		
7. CEO UPDATE			
S. Coffin	<p>Scott Coffin presented the following CEO updates.</p> <p>Operating Performance & Metrics:</p> <ul style="list-style-type: none"> • \$4.8 million net loss year-to-date (July, August) • Medi-Cal enrollment continues to increase, nearly 18,000 higher (March to October) • Medical loss ratio in August 97.2%; inpatient & outpatient utilization trending upward • Member call center answering 64% of calls within 30 seconds, 16% below target; abandonment rate meeting performance goal • Overturn rate for provider disputes at 27%, 2% above target • Vacancy factor of 14%, 4% above target • Customer Service Week, October 5-9 <p>Public health emergency extended through January 31, 2021:</p> <ul style="list-style-type: none"> • Federal authorities at Health & Human Services approved the renewal of a determination that a public health crisis exists • Additional guidelines and authorizations are expected by County Officials regarding the continued suspension of the Medi-Cal redetermination process <p>Medi-Cal Rate Development Update:</p> <ul style="list-style-type: none"> • DHCS delivered the preliminary rates for Medi-Cal aid categories, first week in October • Rates are being analyzed and compared to the rate assumptions included in the preliminary budget approved by the Board of Governors in June 2020 • DHCS rate adjustment process is forecasted to complete by January 2021 	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<ul style="list-style-type: none"> • Q1-2021 budget forecast in November, and the Finance Committee approved to accept the Q1 forecast as the final budget for Fiscal Year 2021 <p>1115 Waiver Extension & Whole Person Care:</p> <ul style="list-style-type: none"> • Centers for Medicare & Medicaid (CMS) has approved a 12-month extension, extending the 1115 Waiver funding through December 31, 2020 • Federal comment period ends November 1, 2020 • Whole Person Care pilot is included in the one-year extension, and the Alameda County program (AC3) will continue to operate through calendar year 2020 based on the defined funding allocations <p>Pharmacy transition to DHCS on January 1, 2021:</p> <ul style="list-style-type: none"> • Alliance’s project team is on schedule with DHCS 1/1/2021 go-live • Key milestones include data exchange between the DHCS and contracted pharmacy vendor (Magellan), member communications, and provider communications • Operational readiness phase completes by end of November, 30 days prior to go-live <p>Alameda Health System (AHS):</p> <ul style="list-style-type: none"> • 5-day union strike by SEIU and CNA, starts on October 7th • Impacts staffing at AHS’ acute care hospitals (Highland, San Leandro, Alameda), health clinics, and the psychiatric hospital (John George) • The labor strike results in a public health and safety concern, and maintaining access to health care for our Group Care and Medi-Cal members is a high priority <p>Behavioral Health Integration (BHI) Pilot:</p> <ul style="list-style-type: none"> • Funded by the California State General Funds, administered by DHCS to establish new linkages between primary care and mental health & substance use services • Four projects approved in Alameda County: Lifelong (1), Tri-City Health Center (2), and Community Health Center Network (1) • BHI pilot starts on January 1, 2021, and continues for 2 years • DHCS to release guidance to awarded entities, and to define the role of the managed care health plan • https://www.dhcs.ca.gov/provgovpart/Pages/VBP_BHI_IncProApp.aspx 		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>		
8. a. BOARD BUSINESS – REVIEW AND APPROVE MOSS ADAMS FISCAL YEAR 2020 AUDIT			
<p>Chris Pritchard and Rianne Suico</p>	<p>Moss Adams representatives Chris Pritchard and Rianne Suico presented the Fiscal Year 2020 Audit:</p> <ul style="list-style-type: none"> Moss Adams issued the Alliance an Unmodified Opinion, which is “Combined financial statements are presented fairly and in accordance with generally accepted accounting principles.” This is the highest level of assurance that can be issued from the audit firm. <p>Question:</p> <ul style="list-style-type: none"> Do Moss Adams auditors ever find irregularities in your audits of other Health Plans? <p>Answer:</p> <ul style="list-style-type: none"> From time to time, yes, the auditors do find irregularities. But with the Alliance, there were none and also no adjustments. <p>Motion to approve the Moss Adams Fiscal Year 2020 Audit as presented.</p> <p>A vote by roll call was taken and the motion passed.</p>	<p><u>Motion to approve the Moss Adams Fiscal Year 2020 Audit as presented.</u></p> <p><u>Motion:</u> Dr. Ferguson <u>Second:</u> D. Meade</p> <p>Motion passed by roll call.</p> <p><u>Vote:</u> Yes</p> <p>No opposed or abstained.</p>	<p>None</p>
8. b. BOARD BUSINESS – REVIEW AND APPROVE AUGUST 2020 MONTHLY FINANCIAL REPORT			
<p>G. Riojas</p>	<p>Gil Riojas gave the following August Finance updates:</p> <p>Enrollment:</p>	<p><u>Motion to approve the August 2020 Monthly Financial Reports as presented.</u></p>	<p>None</p>

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<ul style="list-style-type: none"> For the month ending August 31, 2020, the Alliance had an enrollment of 264,058 members, a net loss of \$6.6M, and the tangible net equity is 606%. Our enrollment has increased by 4,140 members since July 2020. <p>Net Income:</p> <ul style="list-style-type: none"> For the month ending August 31, 2020, the actual net loss was \$6.6M, and the budgeted net loss was \$3.1M. The unfavorable variance is due to higher than anticipated medical expenses and lower than anticipated other income and expense. <p>Revenue:</p> <ul style="list-style-type: none"> For the month ending August 31, 2020, the actual revenue was \$82.9M vs. the budgeted revenue of \$80.2M. <p>Medical Expense:</p> <ul style="list-style-type: none"> For the month ending August 31, 2020, actual medical expenses were \$84.6M vs. our budgeted medical expense of \$76.5M. <p>Medical Loss Ratio (MLR):</p> <ul style="list-style-type: none"> For the month ending August 31, 2020, the MLR was 102.1% and the fiscal year-to-date of 97.2%. <p>Administrative Expense:</p> <ul style="list-style-type: none"> For the month ending August 31, 2020, actual administrative expenses were \$4.9M vs. budgeted administrative expense \$7.0M. <p>Other Income / (Expense):</p> <ul style="list-style-type: none"> As of August 31, 2020, our YTD interest income from investments is \$145,000, and YTD claims interest expense is \$62,000. <p>Tangible Net Equity (TNE):</p> <ul style="list-style-type: none"> Tangible net equity results continue to remain healthy, and at the end of August 31, 2020, the TNE was reported at 606% of the required amount. <p>Cash Position and Assets:</p>	<p><u>Motion</u>: N. Williams <u>Second</u>: M. Lynch</p> <p>Motion passed by roll call.</p> <p><u>Vote</u>: Yes</p> <p>No opposed or abstained.</p>	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<ul style="list-style-type: none"> For the month ending August 31, 2020, \$262.3M reported in cash; \$55.1M is uncommitted cash. Our current ratio is above the minimum required at 1.59 compared to the regulatory minimum of 1.0. <p>Question:</p> <ul style="list-style-type: none"> Is there any trend with the volume of telephonic visits? <p>Answer:</p> <ul style="list-style-type: none"> Since March, there has been a large increase in the volume of telephonic visits. The Health Care Quality Department tracks this information. <p>Question:</p> <ul style="list-style-type: none"> What can the Alliance expect from the State regarding rates? <p>Answer:</p> <ul style="list-style-type: none"> The past rates were based on a Fiscal Year, but in 2021 they will be based on a calendar year. The final rates are to be received at the end of December and reported to the Board at that time. The State has discussed lowering our rates, but we will not know until they are received. <p>Motion to approve the August 2020 Monthly Financial Report as presented.</p> <p>A vote by roll call was taken and the motion passed.</p>		
8. c. BOARD BUSINESS – REVIEW AND APPROVE FISCAL YEAR 2021 REVISED BUDGET PROCESS			
S. Coffin	<p>Scott Coffin presented the Fiscal Year 2021 Revised Budget Process:</p> <ul style="list-style-type: none"> COVID-19 has caused delays in the DHCS State rate development this year, which could last possibly through January of next year. Due to the delay, I am recommending to the Board of Governors to use the 2021 First Quarter Forecast as the Final FY2021 Budget. The Alliance would like to adopt the First Quarter 2021 Forecast as the Final Budget for FY2021. 	<p><u>Motion to approve and adopt the First Quarter 2021 Forecast as the Final Budget for FY2021.</u></p> <p><u>Motion:</u> Dr. Ferguson</p>	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>Motion to approve and adopt the First Quarter 2021 Forecast as the Final Budget for FY2021.</p> <p>A vote by roll call was taken and the motion passed.</p>	<p><u>Second:</u> R. Gebhart</p> <p>Motion passed by roll call.</p> <p><u>Vote:</u> Yes</p> <p>No opposed or abstained.</p>	
9. a. STANDING COMMITTEE UPDATES – PEER REVIEW AND CREDENTIALING COMMITTEE			
Dr. O'Brien	<p>The Peer Review and Credentialing Committee (PRCC) was held telephonically on September 15, 2020.</p> <p>Dr. O'Brien gave the following updates:</p> <ul style="list-style-type: none"> • There were twenty-seven (27) initial providers approved; including three (3) Primary Care Providers, ten (10) specialists, four (4) ancillary providers, and ten (10) mid-level providers • Additionally, thirty-five (35) providers were re-credentialed at this meeting; thirteen (13) primary care providers, fifteen (15) specialists, two (2) ancillary providers, and five (5) mid-level providers. <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	None
9. b. STANDING COMMITTEE UPDATES – HEALTH CARE QUALITY COMMITTEE			
Dr. O'Brien	<p>The Health Care Quality Committee (HCQC) was held telephonically on September 17, 2020.</p> <p>Committee Medical Updates:</p> <ul style="list-style-type: none"> • Alliance Delegates and Updates 	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<ul style="list-style-type: none"> • Quality Management, Utilization Management, and Case Management Policy & Procedure discussion and approval • Beacon Health Options summary presentation of the Quality Management Program Description, Work Plan, and the 2019 Annual Program Evaluation • The Alameda County Behavioral Health presentation by CMO and Committee member Dr. A. Chapman – Overview of Behavioral Health System Integration, and COVID-19 Impact <p>Grievance & Appeals:</p> <ul style="list-style-type: none"> • Higher rates of grievances due to: <ul style="list-style-type: none"> ○ Member Services handoff ○ IHSS members having difficulty with co-pays • Patient Needs Assessment (PNA) Report • Quality Improvement Work Plan Activities Update • Introduction of the Alliance New Case Management Medical Director Donna Carey <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>		
9. c. STANDING COMMITTEE UPDATES – PHARMACY AND THERAPEUTICS COMMITTEE			
Dr. O'Brien	<p>The Pharmacy and Therapeutics Committee (P&T) was held telephonically on September 15, 2020.</p> <p>Committee Medical Updates:</p> <ul style="list-style-type: none"> • The P&T Committee reviewed the efficacy, safety, cost, and utilization profiles of thirty (30) therapeutic categories and drug monographs at the September 15, 2020 meeting: • The P&T Committee approved thirteen (13) modifications to the formulary for the Alliance's Medi-Cal and Alliance Group Care programs. • The P&T Committee reviewed twenty (20) PA guidelines and revised fourteen (14) of them, while six (6) PA guidelines had no change. 	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<ul style="list-style-type: none"> • Pharmacy Transition (State Carve-in) is on target for 1/1/2021 <ul style="list-style-type: none"> ○ Data exchange ○ Member & provider communication ○ Operational readiness <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>		
9. d. STANDING COMMITTEE UPDATES – CONSUMER ADVISORY COMMITTEE			
S. Coffin	<p>The Consumer Advisory Committee (MAC) was held telephonically on September 17, 2020.</p> <ul style="list-style-type: none"> • Scott Coffin presented to the Committee Members, and was joined by the COO, CFO, and CMO to report on enrollment, pharmacy transition to DHCS, and financial performance, and “How the Public Health Crisis Effects Utilization.” • Dr. Bhatt updated the MAC on COVID-19 Myths and Facts. • Jennifer Karmelich reported on Grievance and Appeals. • Michelle Lewis updated on Communications and Outreach. • The Committee reviewed the Alliance 2020 Population Needs assessment. <p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	None
10. STAFF UPDATES			
S. Coffin	None	None	None
11. UNFINISHED BUSINESS			
S. Coffin	None	None	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
12. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS			
Dr. Seevak	Information on investments	None	None
13. PUBLIC COMMENTS (NON-AGENDA ITEMS)			
Dr. Seevak	None	None	None
14. CLOSED SESSION			
Dr. Seevak	<p>Dr. Seevak announced a Closed Session.</p> <p>All Guests left the meeting. The Board of Governors, The Alliance Senior Leadership, Dr. Bhatti, and Scott Coffin stayed for the closed session.</p> <ul style="list-style-type: none"> • Public Employee Performance Evaluation (Pursuant To Government Code Section 54957). Title: Chief Executive Officer. • Conference with Labor Negotiators (Pursuant To Government Code Section 54957.6). Agency Negotiators: Dr. Evan Seevak, Chair; Rebecca Gebhart, Vice-Chair; Dr. Rollington Ferguson, Finance Committee Chair; David B. Vliet, Board Member; Marty Lynch, Board Member; Unrepresented Employee: Chief Executive Officer. 	None	None
14. ADJOURNMENT			
Dr. Seevak	Dr. Seevak adjourned the meeting at 2:13 PM.	None	None

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



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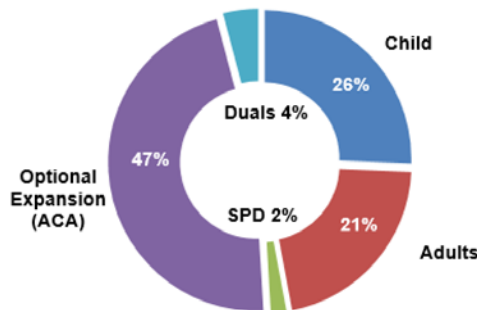
CEO Update

Scott Coffin

To: Alameda Alliance for Health Board of Governors
From: Scott Coffin, Chief Executive Officer
Date: November 13, 2020
Subject: CEO Report

- **Operating Performance & Metrics**

- \$3.2 million net loss in September
- \$8.0 million net loss year-to-date (July, August, September)
- First quarter financial forecast will be distributed to the Board of Governors before end of November, and was approved in October 2020 as the final budget for FY2021
- Medi-Cal enrollment continues to increase, almost 24,000 higher between March through October 2020. The enrollment increase is divided into the following Medi-Cal aid categories:



- Alameda County continues to suspend the Medi-Cal re-determinations, and the number of monthly disenrollments have remained low; following the termination of the public health emergency, Governor Newsom's executive order will be rescinded and Alameda County Social Services will resume processing re-determinations.
- Medical loss ratio in September 97.7%, and 97.4% year-to-date; expenses, Capitated Medical Expense are favorable (due to lower transportation), Other Benefits and Services (this includes Case and Disease Management, Quality, Regulatory Readiness, Quality Analytics) costs are favorable, and Net Reinsurance (payments received minus premium paid) is favorable
- Financial reserves at 605% of required, \$165 million above the requirement

- **Behavioral Health Integration (BHI) Pilot**

- Funded by the California State General Funds, administered by DHCS to establish new linkages between primary care and mental health & substance use services
- Four projects approved in Alameda County: Lifelong (1), Tri-City Health Center (2), and Community Health Center Network (1)
- BHI pilot starts on January 1, 2021, and continues for 2 years
- DHCS to release guidance to awarded entities, CY2021 rates, and to define the role of the managed care health plan

- **Center of Excellence Certification**

- Alameda Alliance for Health received a national distinction for customer service in the month of October 2020 through BenchmarkPortal, an independent organization that surveys and benchmarks organizations in multiple industries.

- **Pharmacy transition to DHCS on January 1, 2021**

- Alliance's project team is on schedule with DHCS 1/1/2021 go-live
- Key milestones include data exchange between the DHCS and contracted pharmacy vendor (Magellan), member communications, and provider communications
- Operational readiness phase completes by end of November, 30 days prior to go-live

- **CalAIM**

- The CalAIM initiatives are being resumed by the State of California
- New Medi-Cal benefits on January 1st, 2022, include Enhanced Care Management and In-Lieu of Services
- Whole Person Care and Health Homes programs end 12/31/2021

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

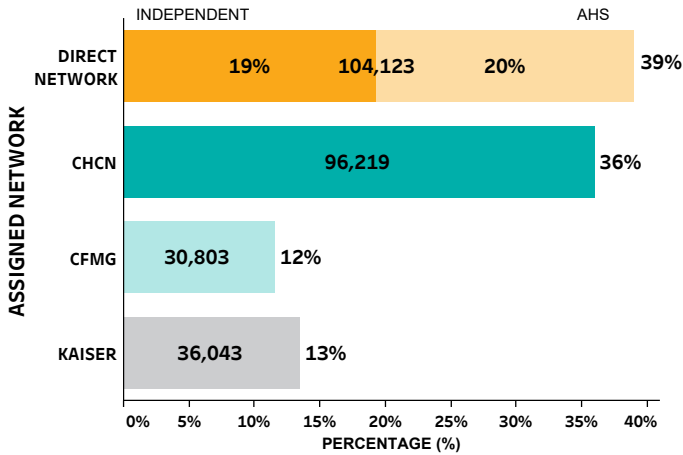
MEMBERSHIP**

267,188

TOTAL MEMBERSHIP

IHSS 6,011 MEDI-CAL 261,177

DISTRIBUTION OF ALL MEMBERSHIP BY ASSIGNED NETWORK**



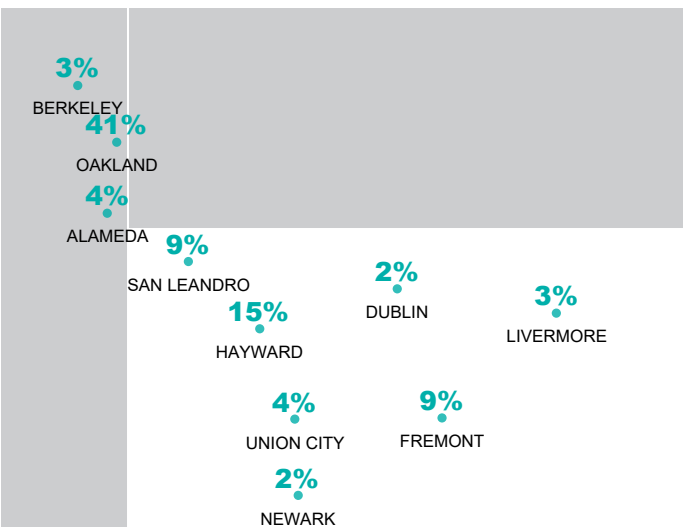
DISTRIBUTION OF MEMBERSHIP BY CITY**

92%

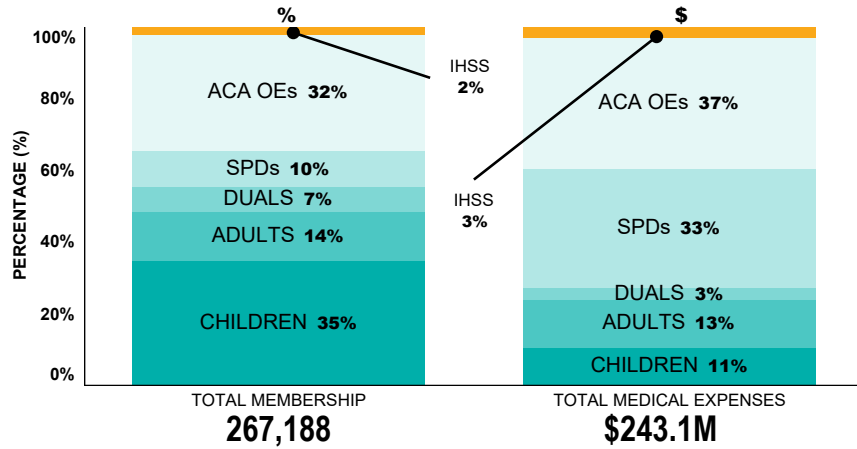
OF ALLIANCE MEMBERS LIVE IN 10 CITIES AND THE REMAINING 8% LIVE IN THE OTHER ALAMEDA COUNTY CITIES AND UNINCORPORATED AREAS

TEN CITIES

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



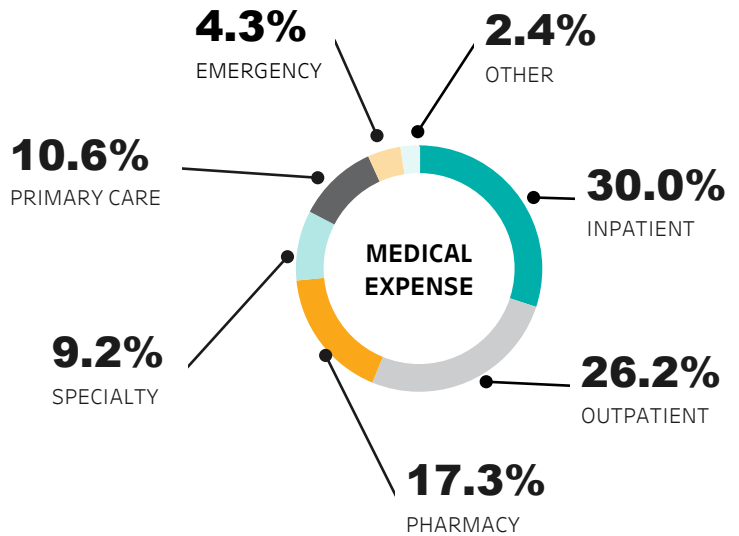
DISTRIBUTION OF MEDICAL EXPENSE BY MEMBERSHIP CATEGORY**



REVENUE & EXPENSES**

	SEPTEMBER 2020	FISCAL YTD
REVENUE	\$85.0M	\$249.7M
MEDICAL EXPENSE	(\$83.0M)	(\$243.1M)
ADMIN EXPENSE	(\$5.2M)	(\$14.7M)
OTHER	(\$3K)	\$113K

NET INCOME **(\$3.2M)** **(\$8.0M)**



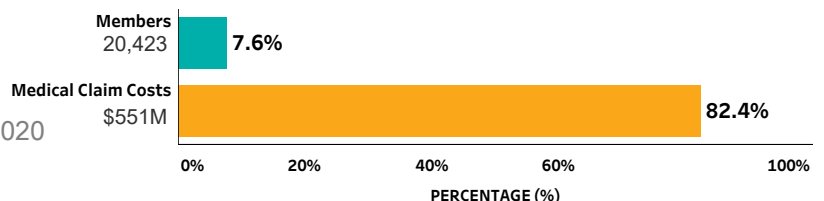
TANGIBLE NET EQUITY**

605%



\$198M

HIGH UTILIZER DISTRIBUTION****



Board of Governors - November 13, 2020

UTILIZATION**



5,730

INPATIENT
BED DAYS



6,316

EMERGENCY
ROOM VISITS



5.4 DAYS

AVERAGE
LENGTH OF STAY

CASE AND DISEASE MANAGEMENT**

	NEW CASES	OPEN CASES
CARE COORDINATION	243	588
COMPLEX CASE MANAGEMENT	33	77
Total	276	665

	NEW CASES	ENROLLED
HEALTH HOMES	18	780
WHOLE PERSON CARE (AC3)	11	244
Total	29	1,024

TOTAL CASE MANAGEMENT

305

TOTAL NEW CASES

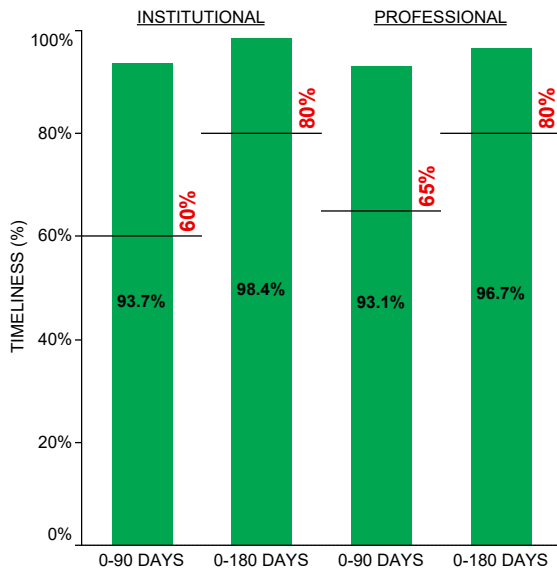
1,689

TOTAL OPEN CASES & ENROLLED

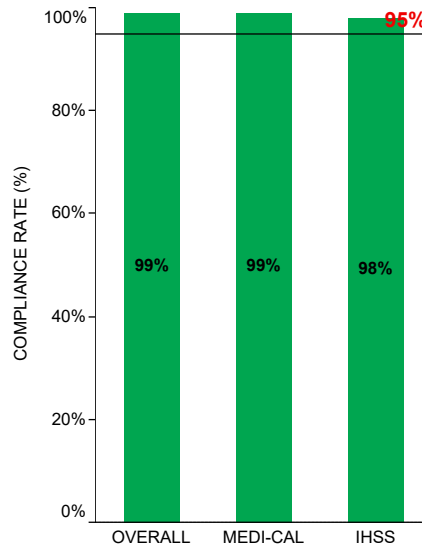
REGULATORY COMPLIANCE

ALL REGULATORY COMPLIANCE MEASURES ARE IN COMPLIANCE.

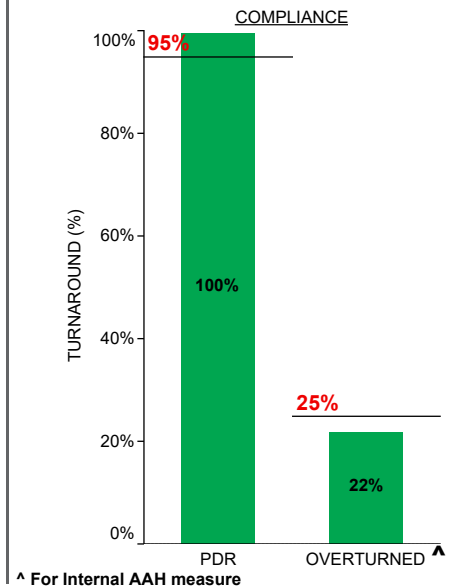
ENCOUNTER DATA



MEDICAL AUTHORIZATIONS



PROVIDER DISPUTES & RESOLUTIONS



CALL CENTER



14,759

CALLS
RECEIVED



65%

ANSWERED IN
30 SECONDS



5%

CALLS
ABANDONED



100,601

PROCESSED
CLAIMS



78.5%

AUTO
ADJUDICATED



18 DAYS

PROCESSED
PAYMENTS

STAFF & RECRUITING



333

TOTAL
EMPLOYEES



4

HIRED IN THE
LAST 30 DAYS



12%

CURRENT
VACANCY

2019-2020 Legislative Tracking List

The following is a list of state bills currently tracked by the Public Affairs Department that were 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 moved through the legislative process as 2-year bills as well as those that were introduced in the 2020 legislative session. This list also includes COVID-19 related bills that were introduced in the 2020 legislative session. This legislative tracking list was last updated on 11/05/2020.

Medi-Cal (Medicaid)

- **AB 890 (Wood – D) Nurse Practitioners: Score of practice: Practice without Standardized Procedures**
 - **Introduced:** 2/20/2019
 - **Status:** 9/29/2020 – Approved by the Governor. Chaptered by Secretary of State.
 - **Summary:** Would establish the Nurse Practitioner Advisory Committee to advise and give recommendations to the Board of Registered Nursing on matters relating to nurse practitioners. The bill would require the committee to provide recommendations or guidance to the board when the board is considering disciplinary action against a nurse practitioner. The bill would require the board, by regulation, to define minimum standards for a nurse practitioner to transition to practice independently. The bill would authorize a nurse practitioner who meets certain education, experience, and certification requirements to perform, in certain settings or organizations, specified functions without standardized procedures, including ordering, performing, and interpreting diagnostic procedures, certifying disability, and prescribing, administering, dispensing, and furnishing controlled substances.

- **AB 1327 (Petrie-Norris – D) Medi-Cal: Reimbursement Rates**
 - **Introduced:** 2/22/2019
 - **Status:** 9/29/2020 – Vetoed by Governor.
 - **Summary:** Current law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including clinical laboratory or laboratory services. The Medi-Cal program is, in part, governed by, and funded pursuant to, federal Medicaid program provisions. Current law requires the department to develop, subject to federal approval, reimbursement rates for clinical or laboratory services according to specified standards, such as requiring that reimbursement to providers for those services not exceed the lowest of enumerated criteria, including 80% of the lowest maximum allowance established by the federal Medicare Program for the same or similar services. This bill would delete provisions relating to the above-specified 80% standard and would make conforming changes.

- **AB 2100 (Wood – D) Medi-Cal: Pharmacy Benefits**
 - **Introduced:** 2/5/2020
 - **Status:** 9/29/2020 – Vetoed by Governor.
 - **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 2157 (Wood – D) Health Care Coverage: Independent Dispute Resolution Process**
 - **Introduced:** 2/10/2020
 - **Status:** 9/29/2020 – Approved by the Governor. Chaptered by Secretary of State
 - **Summary:** Current law requires the Department of Managed Health Care and the Department of Insurance to establish an independent dispute resolution process to resolve a claim dispute between a health care service plan or health insurer, as appropriate, and a noncontracting individual health professional, and sets forth requirements and guidelines for that process, including contracting with an independent organization for the purpose of conducting the review process. Current law requires each department to establish uniform written procedures for the submission, receipt, processing, and resolution of these disputes, as specified. Current law requires the independent organization, in deciding the dispute, to base its decision regarding the appropriate reimbursement on all relevant information. This bill would require the procedures established by each department to include a process for each party to submit into evidence information that will be kept confidential from the other party, in order to preserve the confidentiality of the source contract.

- **AB 2164 (Rivas – D) Telehealth**
 - **Introduced:** 2/11/2020
 - **Status:** 9/26/2020 – Vetoed by Governor.
 - **Summary:** Current law prohibits a requirement of in-person contact between a health care provider and a Medi-Cal patient when the service may be provided by telehealth, and, for purposes of telehealth, prohibits the department from limiting the type of setting where Medi-Cal services are provided. Existing law authorizes, to the extent that federal financial participation is available, the use of health care services by store and forward under the Medi-Cal program, subject to billing and reimbursement policies developed by the department, and prohibits a requirement of in-person contact between a health care provider and a Medi-Cal patient when these services are provided by store and forward. This bill would provide that an FQHC or RHC “visit” includes an encounter between an FQHC or RHC patient and a health care provider using telehealth by synchronous real time or asynchronous store and forward.

- **AB 2276 (Reyes – D) Childhood Lead Poisoning: Screening and Prevention**
 - **Introduced:** 2/14/2020
 - **Status:** 9/28/2020 – Approved by the Governor. Chaptered by Secretary of State
 - **Summary:** Current law establishes the Childhood Lead Poisoning Prevention Program, which is administered by the State Department of Public Health. Current law requires the department to adopt regulations establishing a standard of care that include the determination of specified risk factors for lead exposure, including a child’s time spent in a home, school, or building built before 1978. Current law requires the department to ensure appropriate case management for children who have been identified with lead poisoning, and authorizes the department to contract with any public or private entity, including any local agency, to perform that duty. 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 country. The bill would require the department to update its formula for allocating funds to a local agency that contracts with the department to administer the Childhood Lead Poisoning Prevention Program, and to revise funding allocations before each contract cycle.

- **AB 2277 (Salas – D) Medi-Cal: Blood Lead Screening Tests**
 - **Introduced:** 2/14/2020
 - **Status:** 8/18/2020 – Dead/Failed Deadline pursuant to Rule 6(b)(13).
 - **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 2278 (Quirk – D) Lead Screening**
 - **Introduced:** 3/4/2020
 - **Status:** 6/5/2020 – Dead/Failed Deadline pursuant to Rule 61(b)(6).
 - **Summary:** Current law requires a laboratory that performs a blood lead analysis on human blood drawn in California to report specified information, including the test results and the name, birth date, and address of the person tested, to the department for each analysis on every person tested. Current law authorizes the department to share the information reported by a laboratory with, among other entities, the State Department of Health Care Services for the purpose of determining whether children enrolled in Medi-Cal are being screened for lead poisoning and receiving appropriate related services. This bill also would additionally require a laboratory that performs a blood lead analysis to report to the department, among other things, the Medi-Cal identification number and medical plan identification number, if available, for each analysis on every person tested.

- **AB 2360 (Maienschein – D) Telehealth: Mental Health**
 - **Introduced:** 2/28/2020
 - **Status:** 9/26/2020 – Vetoed by Governor.
 - **Summary:** Would require health care service plans and health insurers, by July 1, 2021, to provide access to a telehealth consultation program that meets specified criteria and provides providers who treat children and pregnant and certain postpartum persons with access to a mental health consultation program, as specified. The bill would require the consultation by a mental health clinician with expertise appropriate for pregnant, postpartum, and pediatric patients to be conducted by telephone or telehealth video, and to include guidance on the range of evidence-based treatment options, screening tools, and referrals. The bill would require health care service plans and insurers to communicate information relating to the telehealth program at least twice a year in writing.

- **AB 2450 (Grayson – D) Air Ambulance Services**
 - **Introduced:** 2/19/2020
 - **Status:** 9/9/2020 – Approved by the Governor. Chaptered by Secretary of State.

- **Summary:** Current law imposes a penalty of \$4 until July 1, 2020, upon every conviction for a violation of the Vehicle Code or a local ordinance adopted pursuant to the Vehicle Code, other than a parking offense. The act requires the county or court that imposed the fine to transfer the revenues collected to the Treasurer for deposit into the Emergency Medical Air Transportation and Children’s Coverage Fund. Current law requires the assessed penalty to continue to be collected, administered, and distributed until exhausted or until December 31, 2021, whichever occurs first. Current law repeals these provisions July 1, 2022. This bill would extend the imposition of the above-described penalty by 1 year and would instead make those provisions inoperative on July 1, 2024, and repeal them on January 1, 2025.

- **AB 3118 (Bonta – D) Medically Supportive Food and Nutrition Services**
 - **Introduced:** 2/21/2020
 - **Status:** 6/5/2020 – Dead/Failed Deadline pursuant to Rule 61(b)(8).
 - **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**
 - **Introduced:** 12/03/2018
 - **Status:** 8/31/2020 – Dead/Failed Deadline pursuant to Rule 61(b)(5).
 - **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 803 (Beall – D) Mental Health Services: Peer Support Specialist Certification**
 - **Introduced:** 1/8/2020
 - **Status:** 9/9/2020 – Approved by the Governor. Chaptered by Secretary of State.
 - **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 persons receive health care benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes a schedule of benefits under the Medi-Cal program and provides for various services, including behavioral and mental health services that are rendered by Medi-Cal enrolled providers. This bill would require the department, by July 1, 2022, to establish statewide requirements for counties to use in developing certification programs for the certification of peer support specialists, who are individuals who self-identify as having lived experience with the process of recovery from mental illness, substance use disorder, or both.

Group Care

- **AB 2118 (Kalra – D)**
 - **Introduced:** 2/6/2020
 - **Status:** 9/29/2020 – Approved by the Governor. Chaptered by Secretary of State.
 - **Summary:** Would require a health care service plan and health insurer, excluding for a specialized health care service plan or specialized health care policy, to report to the Department of Managed Health Care and the Department of Insurance, respectively, by October 1, 2021, and annually thereafter, for products in the individual and small group markets, and for rates effective during the 12-month period ending January 1 of the following year, on specified information, including premiums, cost sharing, benefits, enrollment, and trend factors, and would exclude prescribed information from the reporting requirements until January 1, 2023.

- **AB 2265 (Quirk-Silva – D) Mental Health Services Act – use of funds for substance use disorder treatment**
 - **Introduced:** 2/14/2020
 - **Status:** 9/29/2020 – Approved by the Governor. Chaptered by Secretary of State.
 - **Summary:** The Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, funds a system of county mental health plans for the provision of mental health services, as specified. The act establishes the Mental Health Services Fund, which is continuously appropriated to, and administered by, the State Department of Health Care Services to fund specified county mental health programs. This bill would authorize the services for adults, older adults, and children, as well as innovative programs and prevention and early intervention programs that are provided by counties as part of the MHSA to include substance use disorder treatment for children, adults, and older adults with co-occurring mental health and substance use disorders who are eligible to receive mental health services pursuant to those programs.

COVID-19

- **SB 275 (Pan – D) Health Care and Essential Workers: Personal Protective Equipment**
 - **Introduced:** 2/13/2020
 - **Status:** 9/29/2020 – Approved by the Governor. Chaptered by Secretary of State.
 - **Summary:** Current law establishes the State Department of Public Health to implement various programs throughout the state relating to public health, including licensing and regulating health facilities and control of infectious diseases. This bill would require the State Department of Public Health and the Office of Emergency Services, in coordination with other state agencies, to, upon appropriation and as necessary, establish a personal protective equipment (PPE) stockpile. The bill would require the department to establish guidelines for the procurement, management, and distribution of PPE, taking into account, among other things, the amount of each type of PPE that would be required for all health care workers and essential workers in the state during a 90-day pandemic or other health emergency.

- **AB 2887 (Bonta – D) Statewide Emergencies: Mitigation**
 - **Introduced:** 2/21/2020
 - **Status:** 8/31/2020 – Dead/Failed Deadline pursuant to Rule 61(b)(5).

- **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**
 - **Introduced:** 2/21/2020
 - **Status:** 9/30/2020 – Vetoed by Governor.
 - **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 943 (Chang – R) Paid Family Leave: School Closures: COVID-19**
 - **Introduced:** 2/10/2020
 - **Status:** 8/31/2020 – Dead/Failed Deadline pursuant to Rule 61(b)(5).
 - **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**
 - **Introduced:** 2/6/2020
 - **Status:** 8/31/2020 – Dead/Failed Deadline pursuant to Rule 61(b)(5).
 - **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**
 - **Introduced:** 2/19/2020
 - **Status:** 8/31/2020 – Dead/Failed Deadline pursuant to Rule 61(b)(5).
 - **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**
 - **Introduced:** 2/21/2020
 - **Status:** 9/29/2020 – Approved by the Governor. Chaptered by Secretary of State.
 - **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.

Other

- **AB 1976 (Eggman – D) Mental Health Services: Assisted Outpatient Treatment**
 - **Introduced:** 1/22/2020
 - **Status:** 9/25/2020 – Approved by the Governor. Chaptered by Secretary of State.
 - **Summary:** The Assisted Outpatient Treatment Demonstration Project Act of 2002, known as Laura’s Law, until January 1, 2022, authorizes each county to elect to offer specified mental health programs either through a resolution adopted by the county board of supervisors or through the county budget process, if the county board of supervisors makes a finding that specified mental health programs will not be reduced as a result of participating. Current law authorizes participating counties to pay for the services provided from moneys distributed to the counties from various continuously appropriated funds, including the Mental Health Services Fund, when included in a county plan, as specified. This bill, commencing July 1, 2021, would instead require a county or group of counties to offer those mental health programs, unless a county or group of counties opts out by a resolution passed by the governing body stating the reasons for opting out and any facts or circumstances relied on in making that decision.

- **AB 2279 (Garcia – D) Childhood Lead Poisoning Prevention**
 - **Introduced:** 2/14/2020
 - **Status:** 8/18/2020 – Failed Deadline pursuant to Rule 61(b)(5).
 - **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.

- **SB 1237 (Dodd – D) Nurse-midwives: Scope of practice**
 - **Introduced:** 2/20/2020
 - **Status:** 9/25/2020 – Approved by the Governor. Chaptered by Secretary of State.
 - **Summary:** Would delete the specified provisions defining the practice of nurse-midwifery, would delete the condition that a certified nurse-midwife practice under the supervision of a physician and surgeon, and would instead authorize a certified nurse-midwife to attend cases of low-risk pregnancy, as defined, and childbirth and to provide prenatal, intrapartum, and postpartum care, including family-planning services, interconception care, and immediate care of the newborn, consistent with standards adopted by a specified professional organization, or its successor, as approved by the Board of Registered Nursing.

- **SB 852 (Pan – D) Health Care: Prescription Drugs**
 - **Introduced:** 1/13/2020
 - **Status:** 9/28/2020 – Approved by the Governor. Chaptered by Secretary of State.
 - **Summary:** Would require the California Health and Human Services Agency (CHHSA) to enter into partnerships, in consultation with other state departments as necessary to, among other things, increase patient access to affordable drugs. The bill would require CHHSA to enter into partnerships to produce or distribute generic prescription drugs and at least one form of insulin, provided that a viable pathway for manufacturing a more affordable form of insulin exists at a price that results in savings. The bill would, subject to appropriation by the Legislature, require CHHSA to submit a report to the Legislature on or before July 1, 2023, that, among other things, assesses the feasibility and advantages of directly manufacturing generic prescription drugs and selling generic prescription drugs at a fair price.

- **SB 1065 (Hertzberg – D) CalWORKs: Homeless Assistance**
 - **Introduced:** 2/18/2020
 - **Status:** 9/25/2020 – Approved by the Governor. Chaptered by Secretary of State.
 - **Summary:** Under current law, a family is considered homeless for the purpose of establishing eligibility for homeless assistance benefits if, among other things, the family has received a notice to pay rent or quit. Current law requires the family to demonstrate that the eviction is the result of a verified financial hardship, as specified, and no other lease or rental violations, and that the family is experiencing a financial crisis that may result in homelessness if preventive assistance is not provided. This bill would eliminate the requirement for a family to demonstrate the reason for the eviction and the existence of the financial crisis.



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

Operations Dashboard

Alameda Alliance for Health Operations Dashboard

- November-2020 -

ID	Section	Subject Area	Category	Performance Metric				ID		
1	1	Financials			Sep-20 FYTD	%	Prelim. Annual Budget	1		
2								2		
3			Income & Expenses	Revenue \$	\$249,716,152	27.2%	\$917,492,169	3		
4				Medical Expense \$	\$243,149,773	27.9%	\$871,238,681	4		
5				<i>Inpatient (Hospital)</i>	\$73,054,644	30.0%	\$276,088,226	5		
6				<i>Outpatient/Ancillary</i>	\$63,612,709	26.2%	\$256,550,771	6		
7				<i>Emergency Department</i>	\$10,569,995	4.3%	\$39,849,225	7		
8				<i>Pharmacy</i>	\$41,948,700	17.3%	\$107,885,846	8		
9				<i>Primary Care</i>	\$25,753,079	10.6%	\$71,677,546	9		
10				<i>Specialty Care</i>	\$22,331,310	9.2%	\$89,550,627	10		
11				<i>Other</i>	\$5,879,335	2.4%	\$29,636,441	11		
12				Admin Expense \$	\$14,701,546	19.7%	\$74,626,652	12		
13				Other Income / (Exp.) \$	\$112,797	0.2%	\$1,580,000	13		
14				Net Income \$	(\$8,022,370)		(\$26,793,164)	14		
15				Gross Margin %	2.6%		5.0%	15		
16			Liquid Reserves	Medical Loss Ratio (MLR) - Net %	97.4%		95.0%	16		
17				Tangible Net Equity (TNE) %	604.7%		546.0%	17		
18				Tangible Net Equity (TNE) \$	\$198,152,445		\$174,500,908	18		
19			Reinsurance Cases	2020-2021 Cases Submitted	2			19		
20				2020-2021 New Cases Submitted	1			20		
21				2019-2020 Cases Submitted	21			21		
22				2019-2020 New Cases Submitted	1			22		
23			Balance Sheet	Cash Equivalents	\$375,699,762			23		
24				Pass-Through Liabilities	\$199,882,741			24		
25				Uncommitted Cash	\$175,817,021			25		
26				Working Capital	\$188,031,856			26		
27				Current Ratio %	158.7%		100%	27		
28								28		
29	2	Membership			Jul-20	Aug-20	Sep-20	%	Sep-20 Budget	29
30										30
31			Medi-Cal Members	Adults	34,909	35,689	36,301	14%	36,057	31
32				Children	91,570	92,692	93,378	35%	97,858	32
33				Seniors & Persons with Disabilities (SPDs)	26,044	26,094	26,178	10%	26,024	33
34				ACA Optional Expansion (ACA OE)	82,989	85,081	86,713	32%	86,444	34
35				Dual-Eligibles	18,297	18,495	18,607	7%	17,948	35
36										36
37				Total Medi-Cal	253,809	258,051	261,177	98%	264,331	37
38			IHSS Members	IHSS	6,109	6,007	6,011	2%	6,461	38
39			Total Membership	Medi-Cal and IHSS	259,918	264,058	267,188	100%	270,792	39
40										40
41			Members Assigned By Delegate	Direct-contracted network	50,199	51,057	51,527	19%		41
42				Alameda Health System (Direct Assigned)	50,193	51,312	52,596	20%		42
43				Children's First Medical Group	30,742	31,072	30,803	12%		43
44				Community Health Center Network	94,144	95,194	96,219	36%		44
45				Kaiser Permanente	34,640	35,423	36,043	13%		45
46										46

Alameda Alliance for Health Operations Dashboard

- November-2020 -

ID	Section	Subject Area	Category	Performance Metric	Aug-20	Sep-20	Oct-20	%	Performance Goal	ID
47	3	Claims			Aug-20	Sep-20	Oct-20	%	Performance Goal	47
48										48
49			HEALTHsuite Claims Processing	Number of Claims Received	104,293	111,255	120,149			49
50				Number of Claims Paid	73,816	97,777	78,013			50
51				Number of Claims Denied	23,393	27,980	22,588			51
52				Inventory (Unfinalized Claims)	66,159	47,720	68,938			52
53				Pended Claims (Days)	13,112	8,204	14,349	21%		53
54				0-29 Calendar Days	12,969	8,131	14,240	21%		54
55				30-44 Calendar Days	141	73	107	0%		55
56				45-59 Calendar Days	2	0	2	0%		56
57				60-89 Calendar Days	0	0	0	0%		57
58				90-119 Calendar Days	0	0	0	0%		58
59				120 or more Calendar Days	0	0	0	0%		59
60				Total Claims Paid (dollars)	40,276,246	48,869,310	41,063,626			60
61				Interest Paid (Total Dollar)	22,530	28,629	22,564	0%		61
62				Auto Adjudication Rate (%)	76.2%	74.9%	78.5%		70%	62
63				Average Payment Turnaround (days)	18	18	18		25 days or less	63
64			Claims Auditing	# of Pre-Pay Audited Claims	2,191	1,973	1,814			64
65			Claims Compliance	% of Claims Processed Within 30 Cal Days (DHCS Goal = 90%)	99%	99%	99%		90%	65
66				% of Claims Processed Within 90 Cal Days (DHCS Goal = 99%)	100%	100%	100%		99%	66
67				% of Claims Processed Within 45 Work Days (DMHC Goal = 95%)	100%	100%	100%		95%	67
68										68
69	4	Member Services			Aug-20	Sep-20	Oct-20	%	Performance Goal	69
70										70
71			Member Call Center	Inbound Call Volume	13,024	13,274	14,759			71
72				Calls Answered in 30 Seconds %	66.0%	64.0%	65.0%		80.0%	72
73				Abandoned Call Rate %	6.0%	5.0%	5.0%		5.0% or less	73
74				Average Wait Time	01:18	01:49	01:07			74
75				Average Call Duration	06:54	06:48	06:55			75
76				Outbound Call Volume	8,744	9,342	9,425			76
77										77
78	5	Provider Services			Aug-20	Sep-20	Oct-20	%	Performance Goal	78
79										79
80			Provider Call Center	Inbound Call Volume	5,547	5,584	5,982			80
81										81
82	6	Provider Contracting			Aug-20	Sep-20	Oct-20	%	Performance Goal	82
83										83
84			Provider Network	Primary Care Physician	582	570	567			84
85				Specialist	6,851	6,911	6,933			85
86				Hospital	17	17	17			86
87				Skilled Nursing Facility	62	62	63			87
88				Durable Medical Equipment	Capitated	Capitated	Capitated			88
89				Urgent Care	10	10	10			89
90				Health Centers (FQHCs and Non-FQHCs)	67	67	67			90
91				Transportation	380	380	380			91
92			Provider Credentialing	Number of Providers in Credentialing	0	1,434	1,445			92
93				Number of Providers Credentialed	0	1,434	1,445			93
94										94

Alameda Alliance for Health Operations Dashboard

- November-2020 -

ID	Section	Subject Area	Category	Performance Metric	Aug-20	Sep-20	Oct-20	%	Annual Budget	ID
95	7	Human Resources & Recruiting			Aug-20	Sep-20	Oct-20	%	Annual Budget	95
96										96
97			Employees	Total Employees	331	332	333		354	97
98				Full Time Employees	329	330	331	99%		98
99				Part Time Employees	2	2	2	1%		99
100				New Hires	8	8	4			100
101				Separations	2	5	2			101
102				Open Positions	48	51	43	12%	10% or less	102
103				Signed Offer Letters Received	6	4	4			103
104				Recruiting in Process	42	47	39	10%		104
105										105
106			Non-Employee (Temps / Seasonal)		2	3	3			106
107										107
108	8	Compliance			Aug-20	Sep-20	Oct-20	%	Performance Goal	108
109										109
110			Provider Disputes & Resolutions	Turnaround Compliance (45 business days)	100%	100%	100%		95%	110
111				% Overturned	31%	27%	22%		25% or less	111
112										112
113			Member Grievances	Overall Standard Grievance Compliance Rate % (30 calendar days)	97%	97%	99%		95%	113
114				Overall Expedited Grievance Compliance Rate % (3 calendar days)	79%	67%	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			Aug-20	Sep-20	Oct-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	<u>Inbound Trading Partners 837 (Trading Partner To AAH)</u>						125
126				Timeliness of file submitted by Due Date	100.00%	100.00%	100.00%		100.0%	126
127										127
128				<u>AAH Outbound 837 (AAH To DHCS)</u>						128
129				Timeliness - % Within Lag Time - Institutional 0-90 days	93.9%	95.4%	93.7%		60.0%	129
130				Timeliness - % Within Lag Time - Institutional 0-180 days	97.8%	98.5%	98.4%		80.0%	130
131				Timeliness - % Within Lag Time - Professional 0-90 days	94.7%	90.8%	93.1%		65.0%	131
132				Timeliness - % Within Lag Time - Professional 0-180 days	98.3%	95.5%	96.7%		80.0%	132
133										133

Alameda Alliance for Health Operations Dashboard

- November-2020 -

ID	Section	Subject Area	Category	Performance Metric	Aug-20	Sep-20	Oct-20	Performance Goal	ID
134	10	Health Care Services			Aug-20	Sep-20	Oct-20		134
135									135
136			Authorization Turnaround	Overall Authorization Turnaround % Compliant	99%	99%	99%	95%	136
137				Medi-Cal %	99%	99%	99%	95%	137
138				Group Care %	97%	99%	98%	95%	138
139									139
140			Outpatient Authorization Denial Rates	Overall Denial Rate (%)	4.3%	4.0%	3.1%		140
141				Denial Rate Excluding Partial Denials (%)	4.1%	3.8%	2.9%		141
142				Partial Denial Rate (%)	0.2%	0.2%	0.2%		142
143									143
144			Pharmacy Authorizations	Approved Prior Authorizations	718	743	921	41%	144
145				Denied Prior Authorizations	649	596	689	31%	145
146				Closed Prior Authorizations	523	501	624	28%	146
147				Total Prior Authorizations	1,890	1,840	2,234		147
148									148
149					Jul-20	Aug-20	Sep-20		149
150									150
151			Inpatient Utilization	Days / 1000	321.7	294.4	298.7		151
152				Admits / 1000	52.2	57.8	54.9		152
153				Average Length of Stay	6.2	5.1	5.4		153
154									154
155			Emergency Department (ED) Utilization	# ED Visits / 1000	36.32	36.35	32.99		155
156									156
157			Case Management	<u>New Cases</u>					157
158				Care Coordination	265	194	243		158
159				Complex Case Management	6	38	33		159
160				Health Homes	25	9	18		160
161				Whole Person Care (AC3)	11	5	11		161
162				Total New Cases	307	246	305		162
163									163
164				<u>Open Cases</u>					164
165				Care Coordination	651	577	588		165
166				Complex Case Management	60	63	77		166
167				Total Open Cases	711	640	665		167
168									168
169				<u>Enrolled</u>					169
170				Health Homes	787	695	780		170
171				Whole Person Care (AC3)	235	233	244		171
172				Total Enrolled	1,022	928	1,024		172
173									173
174				Total Case Management (Open Cases & Enrolled)	1,733	1,568	1,689		174
175									175



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

Finance

Gil Riojas

To: Alameda Alliance for Health Board of Governors

From: Gil Riojas, Chief Financial Officer

Date: November 13, 2020

Subject: Finance Report

Executive Summary

- For the month ended September 30, 2020, the Alliance had enrollment of 267,188 members, a Net Loss of \$3.2 million and 605% of required Tangible Net Equity (TNE).

<u>Overall Results: (in Thousands)</u>			
	Month	YTD	
Revenue	\$84,988	\$249,716	
Medical Expense	82,991	243,150	
Admin. Expense	5,231	14,702	
Other Inc. / (Exp.)	(3)	113	
Net Income	(\$3,238)	(\$8,022)	

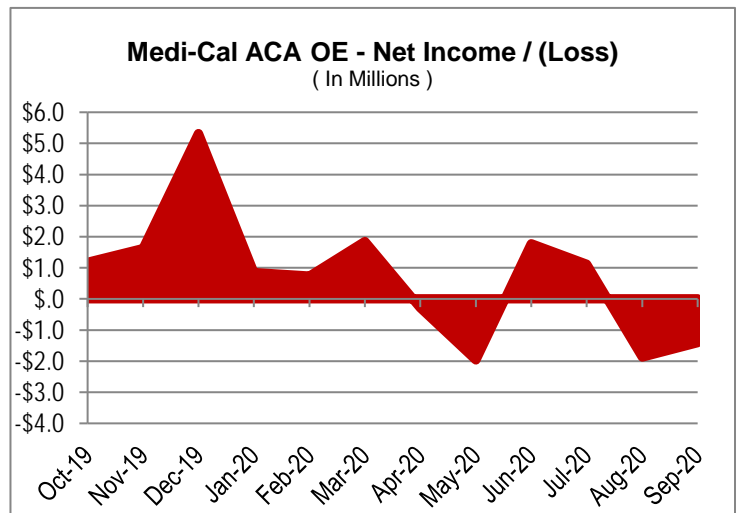
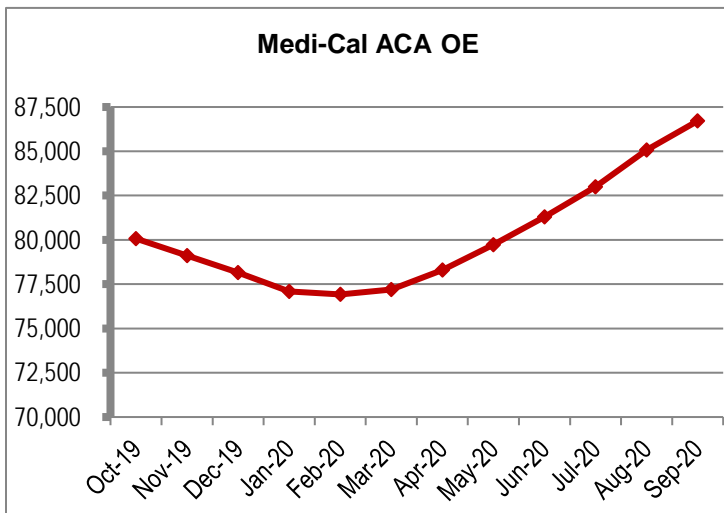
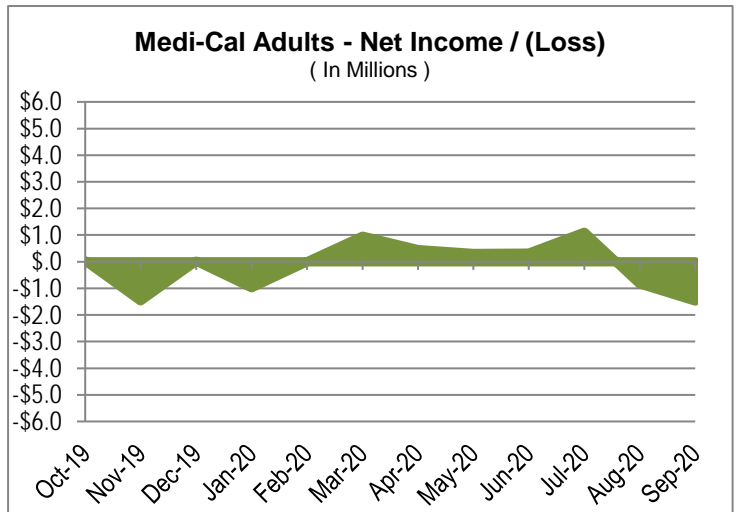
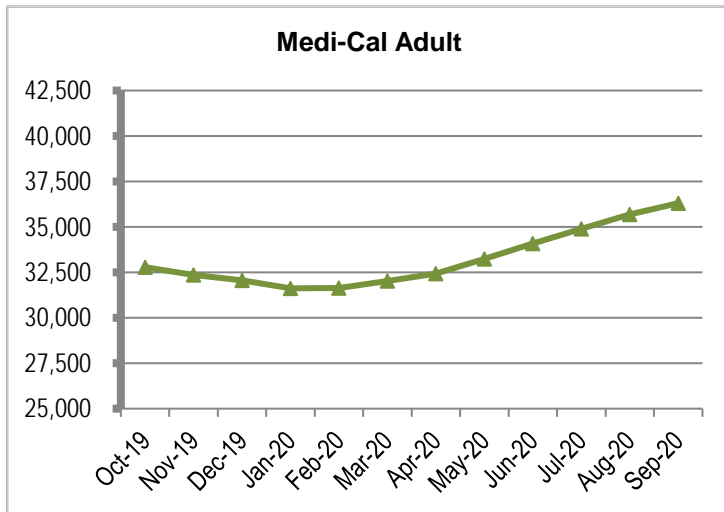
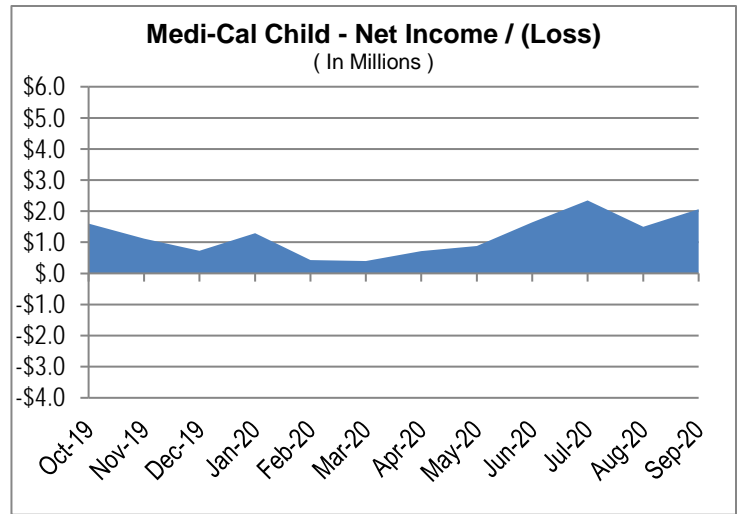
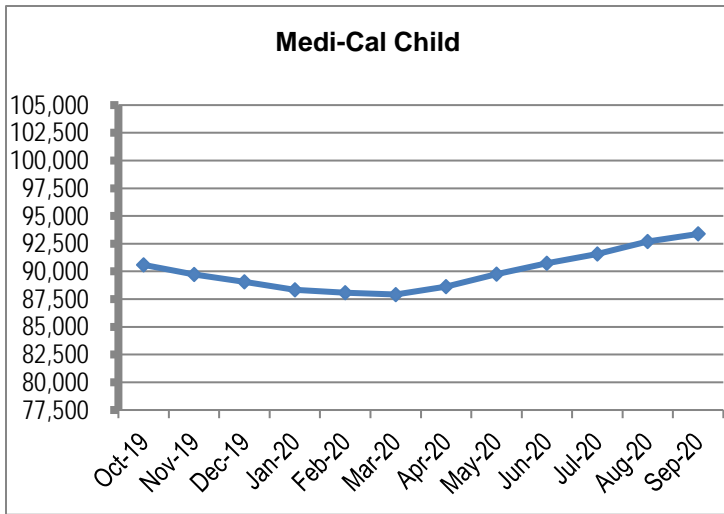
<u>Net Income by Program:</u>			
	Month	YTD	
Medi-Cal	(\$3,707)	(\$7,424)	
Group Care	469	(598)	
	(\$3,238)	(\$8,022)	

Enrollment

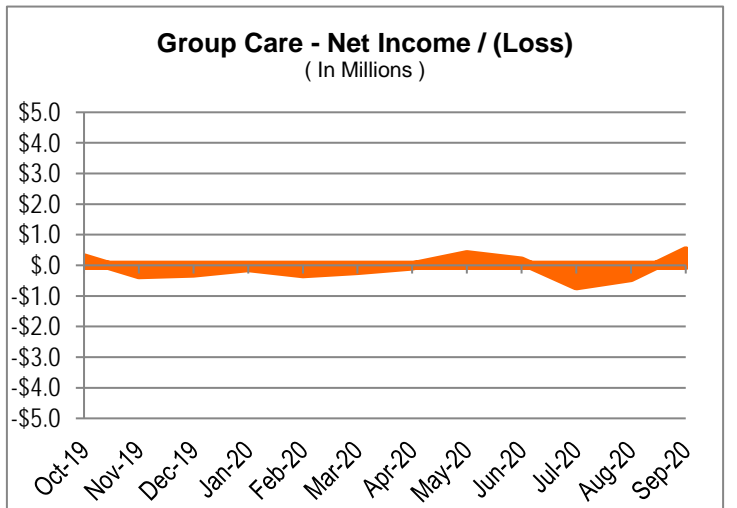
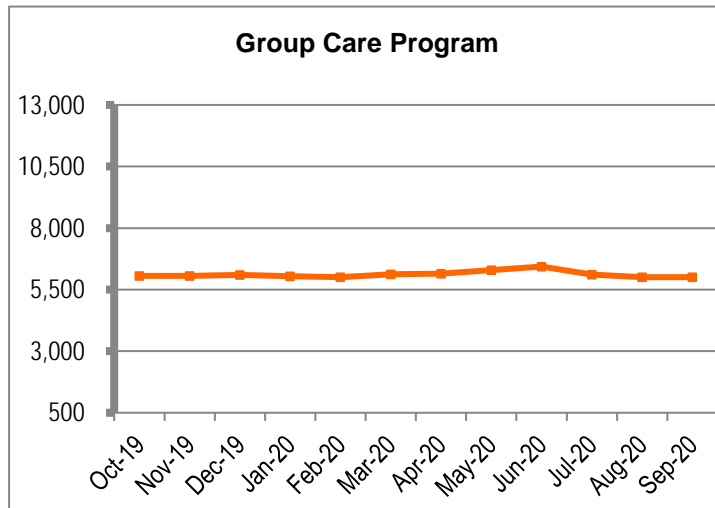
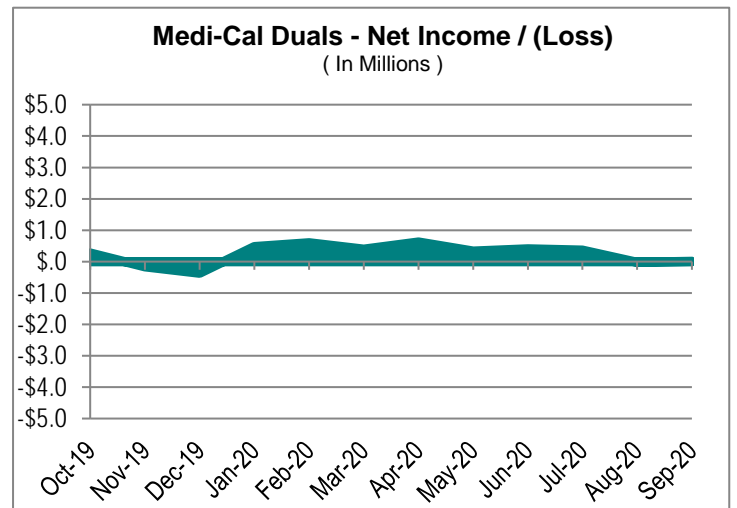
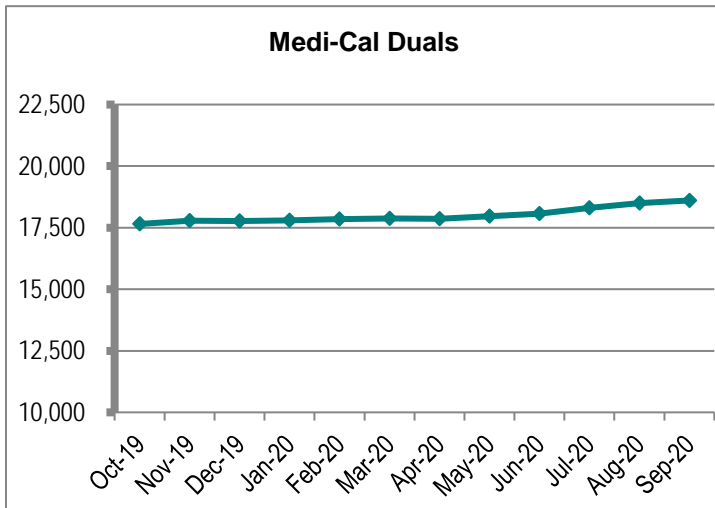
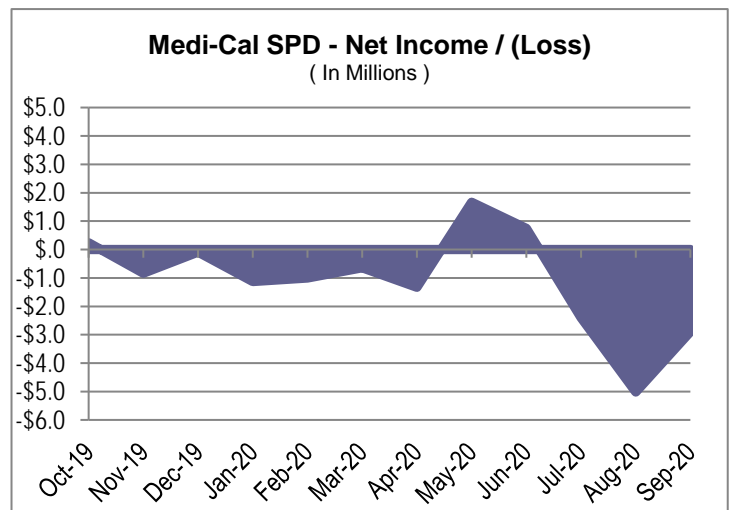
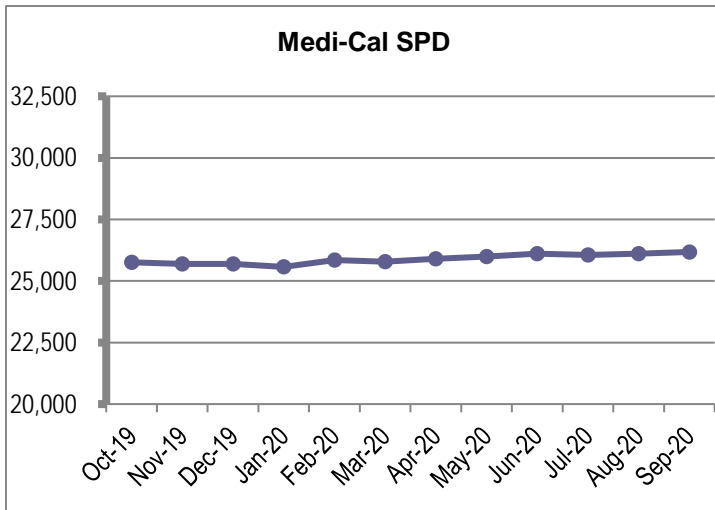
- Total enrollment increased by 3,130 members since August 2020.
- Total enrollment increased by 10,443 members since June 2020.

Monthly Membership and YTD Member Months								
Actual vs. Budget								
For the Month and Fiscal Year-to-Date								
Enrollment					Member Months			
September-2020					Year-to-Date			
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
36,302	36,057	245	0.7%	Medi-Cal:	106,900	106,064	836	0.8%
93,378	97,858	(4,480)	-4.6%	Adult	277,640	287,855	(10,215)	-3.5%
26,178	26,024	154	0.6%	Child	78,316	77,994	322	0.4%
18,606	17,948	658	3.7%	SPD	55,398	53,790	1,608	3.0%
86,713	86,444	269	0.3%	Duals	254,783	254,280	503	0.2%
261,177	264,331	(3,154)	-1.2%	ACA OE	773,037	779,983	(6,946)	-0.9%
6,011	6,461	(450)	-7.0%	Medi-Cal Total	18,127	19,192	(1,065)	-5.5%
267,188	270,792	(3,604)	-1.3%	Group Care	791,164	799,175	(8,011)	-1.0%
				Total				

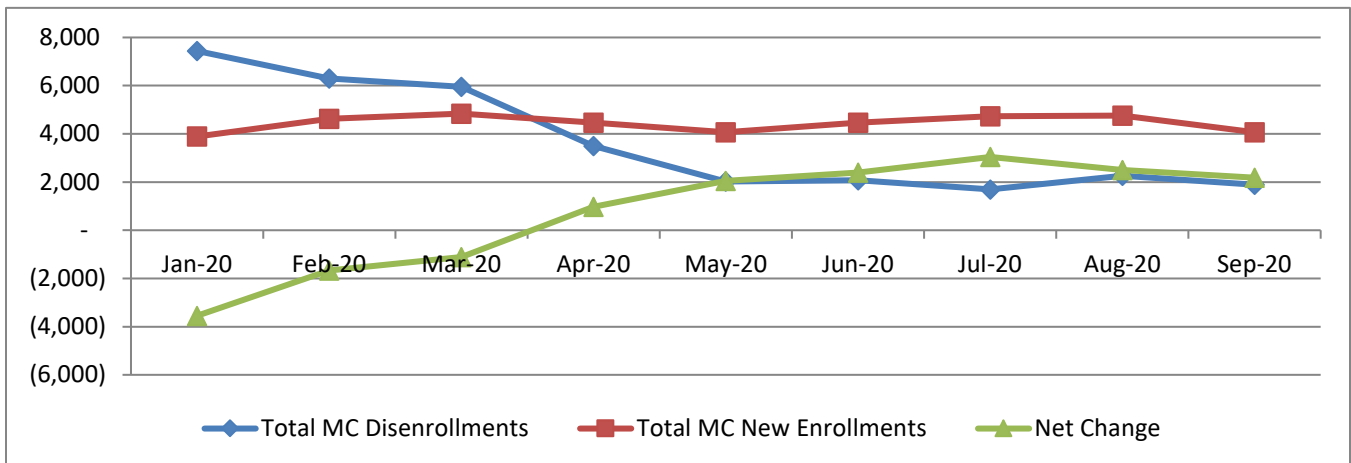
Enrollment and Profitability by Program and Category of Aid



Enrollment and Profitability by Program and Category of Aid



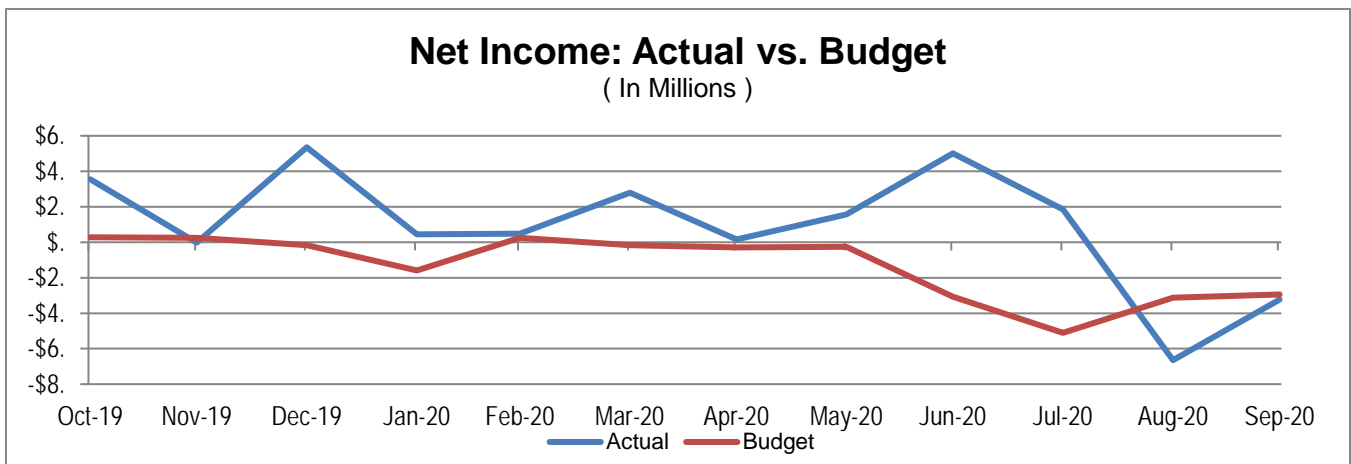
Disenrollment and New Enrollment



- Governor Newsom signed an executive order (EO N-29-20) in March 2020 to suspend redeterminations in the Medi-Cal program during the public health crisis. Guidelines have been issued by DHCS to the County Public Health Directors on two occasions (MEDIL I-20-07, MEDIL I-20-08).
- Disenrollment and new enrollment trends remain consistent with months starting in May.

Net Income

- For the month ended September 30, 2020:
 - Actual Net Loss: \$3.2 million.
 - Budgeted Net Loss: \$2.9 million.
- For the fiscal YTD ended September 30, 2020:
 - Actual Net Loss: \$8.0 million.
 - Budgeted Net Loss: \$11.2 million.



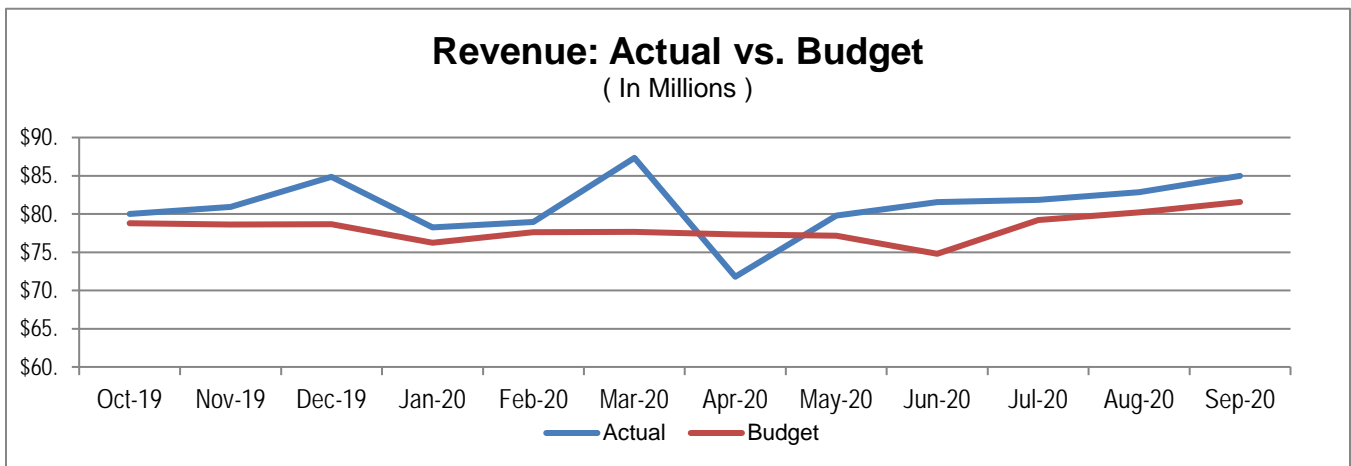
- The unfavorable variance of \$294,000 in the current month is due to:
 - Favorable \$3.4 million higher than anticipated Revenue.

- Unfavorable \$5.5 million higher than anticipated Medical Expense.
- Favorable \$1.9 million lower than anticipated Administrative Expense.
- Unfavorable \$135,000 lower than anticipated Other Income & Expense.

Revenue

- For the month ended September 30,2020:
 - Actual Revenue: \$85.0 million.
 - Budgeted Revenue: \$81.6 million.

- For the fiscal YTD ended September 30,2020:
 - Actual Revenue: \$249.7 million.
 - Budgeted Revenue: \$241.0 million.

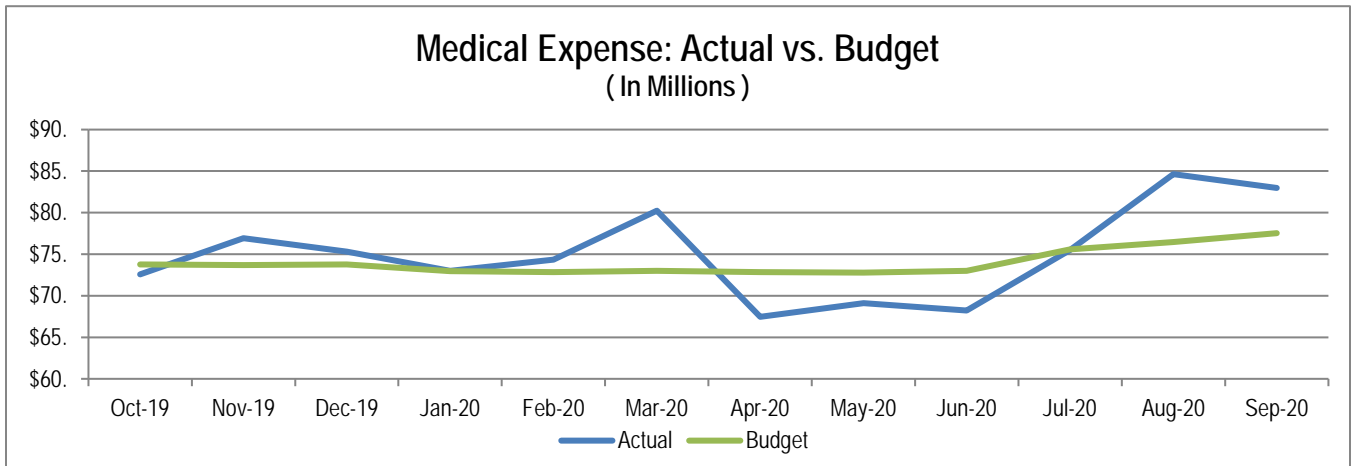


- For the month ended September 30,2020, the favorable revenue variance of \$3.4 million is mainly due to:
 - Favorable \$2.6 million in Prop 56 Revenue. This revenue will be largely offset by enhanced payments to qualified Providers. The Preliminary Budget did not include Prop 56, as the State had informed that Prop 56 would be discontinued.

Medical Expense

- For the month ended September 30,2020:
 - Actual Medical Expense: \$83.0 million.
 - Budgeted Medical Expense: \$77.5 million.

- For the fiscal YTD ended September 30,2020:
 - Actual Medical Expense: \$243.1 million.
 - Budgeted Medical Expense: \$229.6 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 September, updates to Fee-For-Service (FFS) increased the estimate for unpaid Medical Expenses for prior months by \$1.8 million. Year-to-date, the estimate for prior years increased by \$4.6 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)	
	<u>Excluding IBNP Change</u>	<u>Change in IBNP</u>	<u>Reported</u>		\$	%
Capitated Medical Expense	\$52,539,299	\$0	\$52,539,299	\$55,020,163	\$2,480,864	4.5%
Primary Care FFS	12,139,026	200,785	12,339,811	3,835,558	(\$8,303,468)	-216.5%
Specialty Care FFS	12,511,592	652,086	13,163,678	12,052,733	(\$458,858)	-3.8%
Outpatient FFS	23,011,134	(810,662)	22,200,472	22,681,885	(\$329,249)	-1.5%
Ancillary FFS	10,356,097	1,097,724	11,453,821	9,702,177	(\$653,920)	-6.7%
Pharmacy FFS	41,902,444	46,256	41,948,700	40,477,949	(\$1,424,495)	-3.5%
ER Services FFS	10,557,547	12,448	10,569,995	9,784,355	(\$773,192)	-7.9%
Inpatient Hospital & SNF FFS	69,606,202	3,448,441	73,054,643	68,610,257	(\$995,945)	-1.5%
Other Benefits & Services	5,623,768	0	5,623,768	6,695,390	\$1,071,622	16.0%
Net Reinsurance	5,567	0	5,567	462,818	\$457,251	98.8%
Provider Incentive	250,000	0	250,000	249,997	(\$3)	0.0%
	\$238,502,677	\$4,647,078	\$243,149,755	\$229,573,282	(\$8,929,396)	-3.9%

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

Adjusted to Eliminate the Impact of Prior Year IBNP Estimates

	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	<u>Excluding IBNP Change</u>	<u>Change in IBNP</u>	<u>Reported</u>		\$	%
Capitated Medical Expense	\$66.41	\$0.00	\$66.41	\$68.85	\$2.44	3.5%
Primary Care FFS	15.34	0.25	15.60	4.80	(10.54)	-219.7%
Specialty Care FFS	15.81	0.82	16.64	15.08	(0.73)	-4.9%
Outpatient FFS	29.09	(1.02)	28.06	28.38	(0.70)	-2.5%
Ancillary FFS	13.09	1.39	14.48	12.14	(0.95)	-7.8%
Pharmacy FFS	52.96	0.06	53.02	50.65	(2.31)	-4.6%
ER Services FFS	13.34	0.02	13.36	12.24	(1.10)	-9.0%
Inpatient Hospital & SNF FFS	87.98	4.36	92.34	85.85	(2.13)	-2.5%
Other Benefits & Services	7.11	0.00	7.11	8.38	1.27	15.2%
Net Reinsurance	0.01	0.00	0.01	0.58	0.57	98.8%
Provider Incentive	0.32	0.00	0.32	0.31	(0.00)	-1.0%
	\$301.46	\$5.87	\$307.33	\$287.26	(\$14.20)	-4.9%

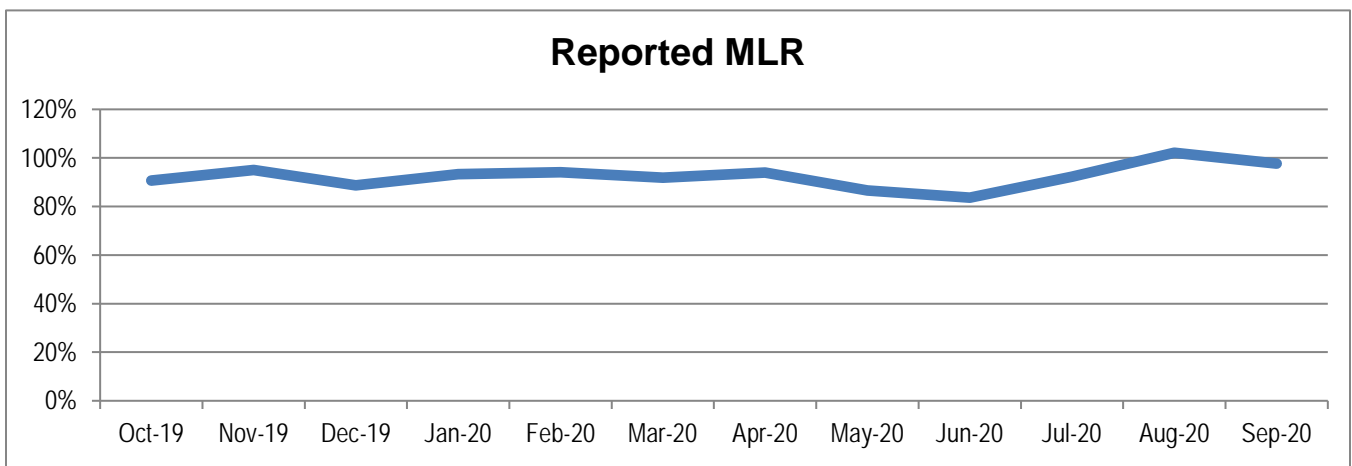
- Excluding the effect of prior year estimates for IBNP, year-to-date medical expense variance is \$8.9 million unfavorable to budget. On a PMPM basis, medical expense is unfavorable to budget by 4.9%.
 - Primary Care Expense is over budget due to State's decision to continue Prop 56 Add-on programs which was announced after the budget was completed. There is a revenue offset for these expenses.
 - Capitated Expense is under budget primarily due to lower Transportation utilization.
 - Pharmacy Expense higher than budget driven by unfavorable PBM and Non-PBM expense. PBM unfavorable expense is driven by unfavorable unit cost across all COAs except for DUALs and Child. Non-PBM unfavorable expense is driven by unfavorable utilization across all COAs except for Child, partially offset by favorable unit cost.
 - Other Benefits & Services is under budget, primarily due to vacancies and Leave of Absences in the Clinical Organization, lower use of temps, delay in hiring consultants, lower Care Connect utilization, lower interpreter services utilization, decrease in advanced medical reviews, and timing of member health education; partially offset by higher payouts for Health Homes driven by a higher % of enrollees in the Peak Tier.
 - Inpatient Expense is over budget, driven by unfavorable utilization, partially offset by favorable unit cost. SPD was substantially unfavorable driven by acute care expenses (unfavorable utilization); ACA OE was unfavorable due to unfavorable utilization; Child was unfavorable due to unfavorable unit cost and utilization. Other COAs were favorable.
 - Emergency Room Expense is higher than planned, due to higher unit costs, slightly offset by favorable utilization. In terms of unit costs variance, ACA OE shows the largest unfavorable variance, followed by Adults and SPD;

Child shows the largest favorable variance, followed by DUALs. In terms of utilization, Child shows the largest favorable variance, whereas Adults shows the largest unfavorable variance, followed by SPD, ACA OE, and DUALs.

- Ancillary Expense is higher than budget, primarily due to Ambulance, Hospice and HHA, DME, and Other Medical Supplies, partially offset by favorable Other Medical Professional Services. Most of the unfavorable variance is driven by unfavorable unit costs for SPD and ACA OE.
- Specialty Care is higher than budget due to unfavorable unit costs and slightly unfavorable utilization. Unfavorable unit costs variance is mostly driven by ACA OE, Adults, and SPD, partially offset by DUALs being favorable.
- Net Reinsurance is lower than budget due to substantial recoveries received, most of which are related to prior year.
- Outpatient Expense is over budget driven by unfavorable rate variance, partially offset by favorable volume.
 - Behavioral Health: unfavorable due to higher utilization, partially offset by favorable unit cost trends.
 - Lab / Radiology: unfavorable due to increase in utilization, partially offset by lower than planned unit cost.
 - Dialysis Expense: unfavorable due to higher unit cost, partially offset by favorable utilization.
 - Facility-Other: favorable due to favorable utilization, partially offset by unfavorable unit cost.

Medical Loss Ratio (MLR)

- The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 97.7% for the month and 97.4% for the fiscal year-to-date.



Administrative Expense

- For the month ended September 30,2020:
 - Actual Administrative Expense: \$5.2 million.
 - Budgeted Administrative Expense: \$7.1 million.
- For the fiscal YTD ended September 30,2020:
 - Actual Administrative Expense: \$14.7 million.
 - Budgeted Administrative Expense: \$23.0 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 %
\$2,589,889	\$2,718,496	\$128,607	4.7%	Employee Expense	\$7,747,705	\$7,868,212	\$120,508	1.5%
633,705	626,131	(7,574)	-1.2%	Medical Benefits Admin Expense	1,885,635	1,860,507	(25,128)	-1.4%
1,098,634	990,531	(108,103)	-10.9%	Purchased & Professional Services	2,375,455	3,162,683	787,228	24.9%
908,913	2,779,008	1,870,095	67.3%	Other Admin Expense	2,692,750	10,095,041	7,402,291	73.3%
\$5,231,141	\$7,114,166	\$1,883,025	26.5%	Total Administrative Expense	\$14,701,545	\$22,986,443	\$8,284,899	36.0%

- The YTD favorable variance is primarily due to the planned Provider Sustainability Fund payout of \$6.6M (discussions with the Board regarding the Sustainability Fund continue, the budget will be moved to begin in January 2021).
- Additional favorable variances include:
 - Delayed timing of new project start dates in Consultants, Computer Support Services and Purchased Services.
 - Savings in Licenses and Subscriptions as the result of the delay in new project starts.
 - Savings in Printing / Postage Activities.
- Administrative expense represented 6.2% of net revenue for the month and 5.7% of net revenue year-to-date.

Other Income / (Expense)

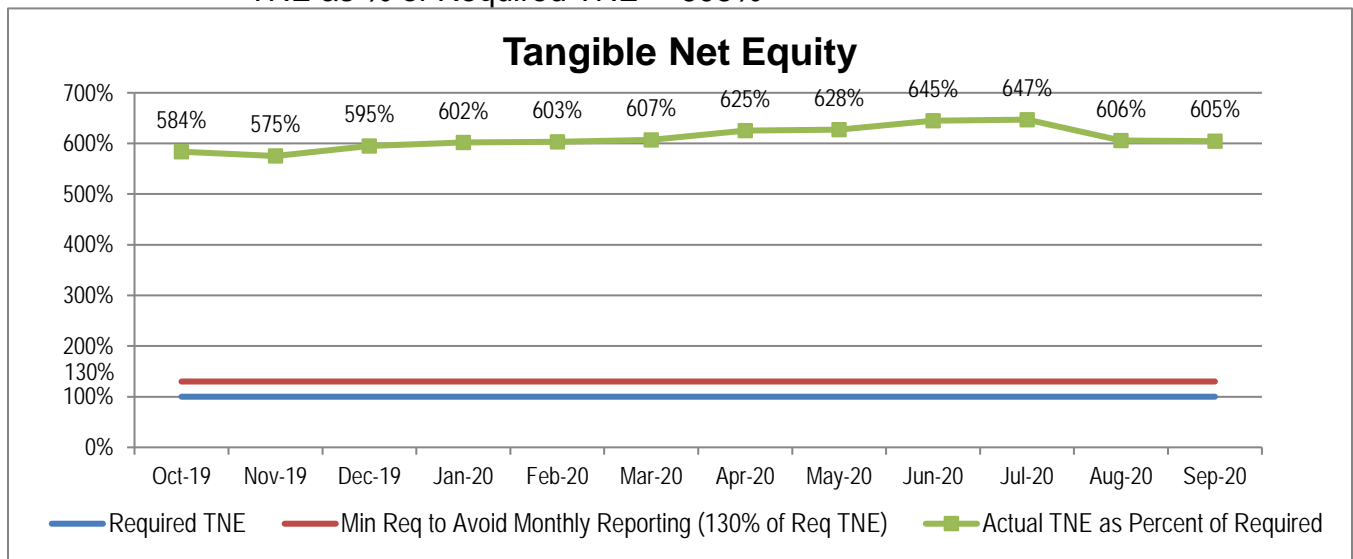
Other Income & Expense is comprised of investment income and claims interest.

- Fiscal year-to-date interest income from investments is \$172,000.
- Fiscal year-to-date claims interest expense, due to delayed payment of certain claims or recalculated interest on previously paid claims is \$90,000.

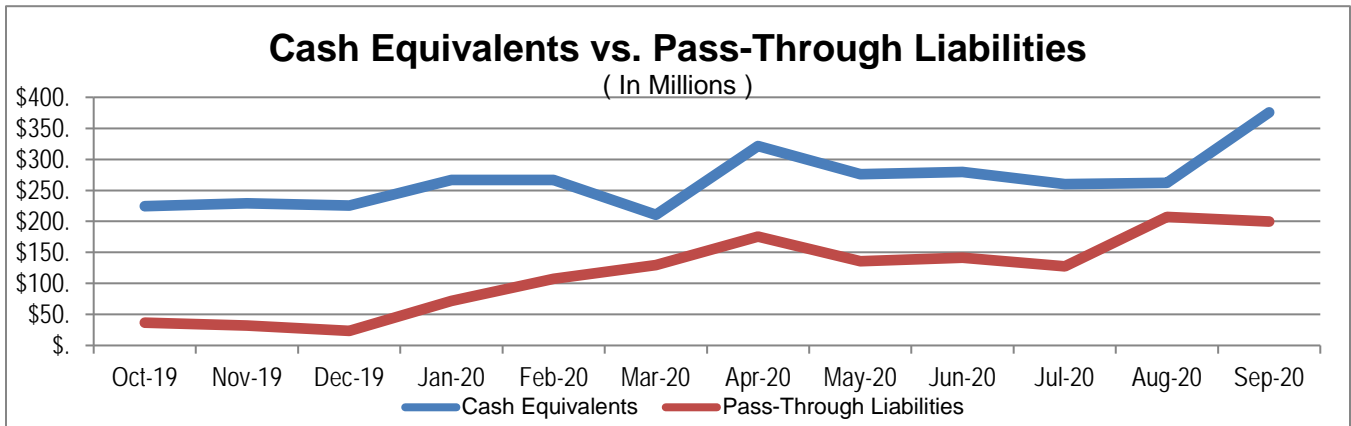
Tangible Net Equity (TNE)

- 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 \$32.8 million
- Actual TNE \$198.2 million
- Excess TNE \$165.4 million
- TNE as % of Required TNE 605%



- 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 result from the 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 \$375.7 million
 - Pass-Through Liabilities \$199.9 million
 - Uncommitted Cash \$175.8 million
 - Working Capital \$188.0 million
 - Current Ratio 1.59 (regulatory minimum is 1.0)



Capital Investment

- Fiscal year-to-date Capital assets acquired: \$327,000.
- Annual capital budget: \$2.5 million.
- A summary of year-to-date capital asset acquisitions is included in this monthly financial statement package.

Caveats to Financial Statements

- We continue to caveat these financial statements that, due to challenges of projecting Medical expense and liabilities based on incomplete claims experience, financial results are subject to revision.
- The full set of financial statements and reports are included in the Board of Governors Report. This is a high-level summary of key components of those statements, which are unaudited.

Finance

Supporting Documents

ALAMEDA ALLIANCE FOR HEALTH
STATEMENT OF REVENUE & EXPENSES
ACTUAL VS. BUDGET (WITH MEDICAL EXPENSE BY PAYMENT TYPE)
COMBINED BASIS (RESTRICTED & UNRESTRICTED FUNDS)
FOR THE MONTH AND FISCAL YTD ENDED September 30, 2020

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
261,177	264,331	(3,154)	(1.2%)	MEMBERSHIP				
6,011	6,461	(450)	(7.0%)	1 - Medi-Cal	773,037	779,983	(6,946)	(0.9%)
				2 - Group Care	18,127	19,192	(1,065)	(5.5%)
267,188	270,792	(3,604)	(1.3%)	3 - Total Member Months	791,164	799,175	(8,011)	(1.0%)
				REVENUE				
\$84,987,983	\$81,571,153	\$3,416,830	4.2%	4 - TOTAL REVENUE	\$249,716,152	\$240,995,507	\$8,720,645	3.6%
				MEDICAL EXPENSES				
				Capitated Medical Expenses:				
18,199,409	18,622,870	423,461	2.3%	5 - Capitated Medical Expense	52,539,310	55,020,116	2,480,806	4.5%
				Fee for Service Medical Expenses:				
24,604,078	23,117,481	(1,486,597)	(6.4%)	6 - Inpatient Hospital & SNF FFS Expense	73,054,644	68,610,256	(4,444,388)	(6.5%)
3,923,680	1,294,901	(2,628,779)	(203.0%)	7 - Primary Care Physician FFS Expense	12,339,810	3,835,563	(8,504,247)	(221.7%)
4,536,070	4,067,415	(468,655)	(11.5%)	8 - Specialty Care Physician Expense	13,163,679	12,052,735	(1,110,944)	(9.2%)
3,878,529	3,259,090	(619,439)	(19.0%)	9 - Ancillary Medical Expense	11,453,819	9,702,176	(1,751,643)	(18.1%)
7,737,145	7,630,010	(107,135)	(1.4%)	10 - Outpatient Medical Expense	22,200,479	22,681,885	481,406	2.1%
3,525,973	3,297,990	(227,983)	(6.9%)	11 - Emergency Expense	10,569,995	9,784,351	(785,644)	(8.0%)
14,684,360	13,663,008	(1,021,352)	(7.5%)	12 - Pharmacy Expense	41,948,699	40,477,945	(1,470,754)	(3.6%)
62,889,837	56,329,895	(6,559,942)	(11.6%)	13 - Total Fee for Service Expense	184,731,125	167,144,911	(17,586,214)	(10.5%)
1,891,392	2,340,594	449,202	19.2%	14 - Other Benefits & Services	5,623,769	6,695,390	1,071,621	16.0%
(72,807)	155,789	228,596	146.7%	15 - Reinsurance Expense	5,570	462,816	457,246	98.8%
83,333	83,333	0	0.0%	16 - Risk Pool Distribution	249,999	249,998	(1)	0.0%
82,991,164	77,532,481	(5,458,683)	(7.0%)	17 - TOTAL MEDICAL EXPENSES	243,149,772	229,573,231	(13,576,541)	(5.9%)
1,996,819	4,038,672	(2,041,853)	(50.6%)	18 - GROSS MARGIN	6,566,380	11,422,276	(4,855,897)	(42.5%)
				ADMINISTRATIVE EXPENSES				
2,589,888	2,718,496	128,609	4.7%	19 - Personnel Expense	7,747,705	7,868,211	120,506	1.5%
633,705	626,132	(7,573)	(1.2%)	20 - Benefits Administration Expense	1,885,634	1,860,507	(25,127)	(1.4%)
1,098,633	990,531	(108,102)	(10.9%)	21 - Purchased & Professional Services	2,375,455	3,162,682	787,227	24.9%
908,914	2,779,007	1,870,094	67.3%	22 - Other Administrative Expense	2,692,751	10,095,042	7,402,291	73.3%
5,231,139	7,114,166	1,883,027	26.5%	23 -Total Administrative Expense	14,701,546	22,986,443	8,284,897	36.0%
(3,234,320)	(3,075,494)	(158,825)	(5.2%)	24 - NET OPERATING INCOME / (LOSS)	(8,135,166)	(11,564,167)	3,429,001	29.7%
				OTHER INCOME / EXPENSE				
(3,380)	131,668	(135,048)	(102.6%)	25 - Total Other Income / (Expense)	112,796	395,003	(282,207)	(71.4%)
(\$3,237,699)	(\$2,943,826)	(\$293,873)	(10.0%)	26 - NET INCOME / (LOSS)	(\$8,022,370)	(\$11,169,164)	\$3,146,794	28.2%
6.2%	8.7%	2.6%	29.4%	27 - Admin Exp % of Revenue	5.9%	9.5%	3.7%	38.3%

**ALAMEDA ALLIANCE FOR HEALTH
SUMMARY BALANCE SHEET 2021
CURRENT MONTH VS. PRIOR MONTH
September 30, 2020**

	<u>September</u>	<u>August</u>	<u>Difference</u>	<u>% Difference</u>
CURRENT ASSETS:				
Cash & Equivalents				
Cash	\$8,574,025	\$23,136,277	(\$14,562,253)	-62.94%
Short-Term Investments	367,125,737	239,115,759	128,009,978	53.53%
Interest Receivable	2,058	1,963	95	4.82%
Other Receivables - Net	124,702,708	247,074,068	(122,371,360)	-49.53%
Prepaid Expenses	4,616,755	4,544,197	72,558	1.60%
Prepaid Inventoried Items	4,201	4,484	(283)	-6.31%
CalPERS Net Pension Asset	(832,801)	(832,801)	0	0.00%
Deferred CalPERS Outflow	4,303,523	4,303,523	0	0.00%
TOTAL CURRENT ASSETS	508,496,205	517,347,471	(8,851,266)	-1.71%
OTHER ASSETS:				
Restricted Assets	350,000	350,000	0	0.00%
TOTAL OTHER ASSETS	350,000	350,000	0	0.00%
PROPERTY AND EQUIPMENT:				
Land, Building & Improvements	9,713,866	9,713,866	0	0.00%
Furniture And Equipment	15,088,671	15,086,033	2,638	0.02%
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	42,550,888	42,548,250	2,638	0.01%
Less: Accumulated Depreciation	(32,780,298)	(32,598,537)	(181,761)	0.56%
NET PROPERTY AND EQUIPMENT	9,770,590	9,949,713	(179,123)	-1.80%
TOTAL ASSETS	\$518,616,795	\$527,647,184	(\$9,030,389)	-1.71%
CURRENT LIABILITIES:				
Accounts Payable	\$3,833,633	\$2,510,064	\$1,323,569	52.73%
Pass-Through Liabilities	199,882,741	207,188,900	(7,306,159)	-3.53%
Claims Payable	16,981,782	15,720,315	1,261,467	8.02%
IBNP Reserves	79,783,034	80,023,728	(240,694)	-0.30%
Payroll Liabilities	3,974,496	3,713,702	260,794	7.02%
CalPERS Deferred Inflow	1,627,670	1,627,670	0	0.00%
Risk Sharing	3,899,851	3,816,518	83,333	2.18%
Provider Grants/ New Health Program	10,481,143	11,656,143	(1,175,000)	-10.08%
TOTAL CURRENT LIABILITIES	320,464,349	326,257,039	(5,792,690)	-1.78%
TOTAL LIABILITIES	320,464,349	326,257,039	(5,792,690)	-1.78%
NET WORTH:				
Contributed Capital	840,233	840,233	0	0.00%
Restricted & Unrestricted Funds	205,334,582	205,334,582	0	0.00%
Year-to Date Net Income / (Loss)	(8,022,370)	(4,784,670)	(3,237,699)	67.67%
TOTAL NET WORTH	198,152,445	201,390,145	(3,237,699)	-1.61%
TOTAL LIABILITIES AND NET WORTH	\$518,616,795	\$527,647,184	(\$9,030,389)	-1.71%

CONFIDENTIAL
For Management and Internal Purposes Only.

BALSHEET 2021

10/28/20
REPORT #3

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 9/30/2020

	<u>MONTH</u>	<u>3 MONTHS</u>	<u>6 MONTHS</u>	<u>YTD</u>
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received From:				
Capitation Received from State of CA	\$204,282,487	\$365,264,931	\$567,239,585	\$365,264,931
Commercial Premium Revenue	2,656,479	6,773,591	13,200,178	6,773,591
Other Income	353,430	1,230,138	2,696,142	1,230,138
Investment Income	25,532	203,889	1,008,804	203,889
Cash Paid To:				
Medical Expenses	(82,995,488)	(236,162,750)	(454,355,427)	(236,162,750)
Vendor & Employee Expenses	(3,565,919)	(12,448,632)	(33,926,957)	(12,448,632)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	<u>120,756,521</u>	<u>124,861,167</u>	<u>95,862,325</u>	<u>124,861,167</u>
Cash Flows from Financing Activities:				
Purchases of Fixed Assets	(2,638)	(326,931)	(1,143,336)	(326,931)
Net Cash Provided By (Used In) Financing Activities	<u>(2,638)</u>	<u>(326,931)</u>	<u>(1,143,336)</u>	<u>(326,931)</u>
Cash Flows from Investing Activities:				
Changes in Investments	0	0	0	0
Restricted Cash	(7,306,159)	(28,509,560)	70,359,439	(28,509,560)
Net Cash Provided By (Used In) Investing Activities	<u>(7,306,159)</u>	<u>(28,509,560)</u>	<u>70,359,439</u>	<u>(28,509,560)</u>
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Net Change in Cash	113,447,724	96,024,676	165,078,428	96,024,676
Cash @ Beginning of Period	262,252,037	279,675,086	210,621,334	279,675,086
Subtotal	\$375,699,761	\$375,699,762	\$375,699,762	\$375,699,762
Rounding	1	0	0	0
Cash @ End of Period	\$375,699,762	\$375,699,762	\$375,699,762	\$375,699,762

RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:				
Net Income / (Loss)	(\$3,237,699)	(\$8,022,369)	(\$1,272,479)	(\$8,022,369)
Depreciation	181,761	568,280	1,144,486	568,280
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	122,371,265	123,093,238	100,299,825	123,093,238
Prepaid Expenses	(72,275)	332,353	976,271	332,353
Trade Payables	1,323,569	958,651	1,105,030	958,651
Claims payable & IBNP	1,104,106	5,817,076	(16,173,389)	5,817,076
Deferred Revenue	0	0	0	0
Accrued Interest	0	0	0	0
Other Liabilities	(914,206)	2,113,939	9,782,581	2,113,939
Subtotal	<u>120,756,521</u>	<u>124,861,168</u>	<u>95,862,325</u>	<u>124,861,168</u>
Rounding	0	(1)	0	(1)
Cash Flows from Operating Activities	\$120,756,521	\$124,861,167	\$95,862,325	\$124,861,167
Rounding Difference	0	(1)	0	(1)

**ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 9/30/2020**

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	\$2,656,479	\$6,773,591	\$13,200,178	\$6,773,591
Total	2,656,479	6,773,591	13,200,178	6,773,591
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	81,977,697	241,710,864	467,367,619	241,710,864
Allowance for Doubtful Accounts	0	0	0	0
Deferred Premium Revenue	0	0	0	0
Premium Receivable	122,304,790	123,554,067	99,871,966	123,554,067
Total	204,282,487	365,264,931	567,239,585	365,264,931
Investment & Other Income Cash Flows				
Other Revenue (Grants)	353,430	1,230,138	2,696,142	1,230,138
Interest Income	25,627	204,664	955,152	204,664
Interest Receivable	(95)	(775)	53,652	(775)
Total	378,962	1,434,027	3,704,946	1,434,027
Medical & Hospital Cash Flows				
Total Medical Expenses	(82,991,164)	(243,149,772)	(448,444,565)	(243,149,772)
Other Receivable	66,570	(460,054)	374,207	(460,054)
Claims Payable	1,261,467	2,377,182	(4,028,174)	2,377,182
IBNP Payable	(240,694)	5,691,659	(13,284,755)	5,691,659
Risk Share Payable	83,333	(2,251,766)	1,139,540	(2,251,766)
Health Program	(1,175,000)	1,630,000	9,888,320	1,630,000
Other Liabilities	0	1	0	1
Total	(82,995,488)	(236,162,750)	(454,355,427)	(236,162,750)
Administrative Cash Flows				
Total Administrative Expenses	(5,259,768)	(14,791,855)	(37,047,005)	(14,791,855)
Prepaid Expenses	(72,275)	332,353	(160,877)	332,353
CalPERS Pension Asset	0	0	940,521	0
CalPERS Deferred Outflow	0	0	196,627	0
Trade Accounts Payable	1,323,569	958,651	1,105,030	958,651
Other Accrued Liabilities	0	0	0	0
Payroll Liabilities	260,794	483,939	(105,739)	483,939
Depreciation Expense	181,761	568,280	1,144,486	568,280
Total	(3,565,919)	(12,448,632)	(33,926,957)	(12,448,632)
Interest Paid				
Debt Interest Expense	0	0	0	0
Total Cash Flows from Operating Activities	120,756,521	124,861,167	95,862,325	124,861,167

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 9/30/2020

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM INVESTING ACTIVITIES				
Restricted Cash & Other Asset Cash Flows				
Provider Pass-Thru-Liabilities	(7,306,159)	(28,509,560)	70,359,439	(28,509,560)
Restricted Cash	0	0	0	0
	<u>(7,306,159)</u>	<u>(28,509,560)</u>	<u>70,359,439</u>	<u>(28,509,560)</u>
Fixed Asset Cash Flows				
Depreciation expense	181,761	568,280	1,144,486	568,280
Fixed Asset Acquisitions	(2,638)	(326,931)	(1,143,336)	(326,931)
Change in A/D	(181,761)	(568,280)	(1,144,486)	(568,280)
	<u>(2,638)</u>	<u>(326,931)</u>	<u>(1,143,336)</u>	<u>(326,931)</u>
Total Cash Flows from Investing Activities	<u>(7,308,797)</u>	<u>(28,836,491)</u>	<u>69,216,103</u>	<u>(28,836,491)</u>
Financing Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Cash Flows	<u>113,447,724</u>	<u>96,024,676</u>	<u>165,078,428</u>	<u>96,024,676</u>
Rounding	1	0	0	0
Cash @ Beginning of Period	<u>262,252,037</u>	<u>279,675,086</u>	<u>210,621,334</u>	<u>279,675,086</u>
Cash @ End of Period	<u>\$375,699,762</u>	<u>\$375,699,762</u>	<u>\$375,699,762</u>	<u>\$375,699,762</u>
Difference (rounding)	0	0	0	0

**ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 9/30/2020**

	MONTH	3 MONTHS	6 MONTHS	YTD
NET INCOME RECONCILIATION				
Net Income / (Loss)	(\$3,237,699)	(\$8,022,369)	(\$1,272,479)	(\$8,022,369)
Add back: Depreciation	181,761	568,280	1,144,486	568,280
Receivables				
Premiums Receivable	122,304,790	123,554,067	99,871,966	123,554,067
First Care Receivable	0	0	0	0
Family Care Receivable	0	0	0	0
Healthy Kids Receivable	0	0	0	0
Interest Receivable	(95)	(775)	53,652	(775)
Other Receivable	66,570	(460,054)	374,207	(460,054)
FQHC Receivable	0	0	0	0
Allowance for Doubtful Accounts	0	0	0	0
Total	<u>122,371,265</u>	<u>123,093,238</u>	<u>100,299,825</u>	<u>123,093,238</u>
Prepaid Expenses	(72,275)	332,353	976,271	332,353
Trade Payables	1,323,569	958,651	1,105,030	958,651
Claims Payable, IBNR & Risk Share				
IBNP	(240,694)	5,691,659	(13,284,755)	5,691,659
Claims Payable	1,261,467	2,377,182	(4,028,174)	2,377,182
Risk Share Payable	83,333	(2,251,766)	1,139,540	(2,251,766)
Other Liabilities	0	1	0	1
Total	<u>1,104,106</u>	<u>5,817,076</u>	<u>(16,173,389)</u>	<u>5,817,076</u>
Unearned Revenue				
Total	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Other Liabilities				
Accrued Expenses	0	0	0	0
Payroll Liabilities	260,794	483,939	(105,739)	483,939
Health Program	(1,175,000)	1,630,000	9,888,320	1,630,000
Accrued Sub Debt Interest	0	0	0	0
Total Change in Other Liabilities	<u>(914,206)</u>	<u>2,113,939</u>	<u>9,782,581</u>	<u>2,113,939</u>
Cash Flows from Operating Activities	<u>\$120,756,521</u>	<u>\$124,861,168</u>	<u>\$95,862,325</u>	<u>\$124,861,168</u>
Difference (rounding)	0	1	0	1

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE MONTH OF SEPTEMBER 2020

	Child	Adults	Medi-Cal SPD	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Enrollment	93,378	36,302	26,178	86,713	18,606	261,177	6,011	267,188
Net Revenue	\$11,227,070	\$11,355,717	\$25,070,474	\$31,531,311	\$3,146,857	\$82,331,430	\$2,656,554	\$84,987,983
Medical Expense	\$8,778,633	\$12,090,226	\$26,180,258	\$30,962,527	\$2,946,891	\$80,958,587	\$2,032,576	\$82,991,164
Gross Margin	\$2,448,436	(\$734,509)	(\$1,109,784)	\$568,784	\$199,965	\$1,372,842	\$623,976	\$1,996,819
Administrative Expense	\$380,802	\$740,089	\$1,787,091	\$1,976,883	\$192,090	\$5,076,955	\$154,184	\$5,231,139
Operating Income / (Expense)	\$2,067,634	(\$1,474,597)	(\$2,896,875)	(\$1,408,099)	\$7,875	(\$3,704,113)	\$469,792	(\$3,234,320)
Other Income / (Expense)	\$614	(\$2,827)	(\$3,351)	\$3,151	(\$513)	(\$2,926)	(\$454)	(\$3,380)
Net Income / (Loss)	\$2,068,248	(\$1,477,424)	(\$2,900,225)	(\$1,404,949)	\$7,362	(\$3,707,039)	\$469,339	(\$3,237,700)
Revenue PMPM	\$120.23	\$312.81	\$957.69	\$363.63	\$169.13	\$315.23	\$441.95	\$318.08
Medical Expense PMPM	\$94.01	\$333.05	\$1,000.09	\$357.07	\$158.38	\$309.98	\$338.14	\$310.61
Gross Margin PMPM	\$26.22	(\$20.23)	(\$42.39)	\$6.56	\$10.75	\$5.26	\$103.81	\$7.47
Administrative Expense PMPM	\$4.08	\$20.39	\$68.27	\$22.80	\$10.32	\$19.44	\$25.65	\$19.58
Operating Income / (Expense) PMPM	\$22.14	(\$40.62)	(\$110.66)	(\$16.24)	\$0.42	(\$14.18)	\$78.16	(\$12.11)
Other Income / (Expense) PMPM	\$0.01	(\$0.08)	(\$0.13)	\$0.04	(\$0.03)	(\$0.01)	(\$0.08)	(\$0.01)
Net Income / (Loss) PMPM	\$22.15	(\$40.70)	(\$110.79)	(\$16.20)	\$0.40	(\$14.19)	\$78.08	(\$12.12)
Medical Loss Ratio	78.2%	106.5%	104.4%	98.2%	93.6%	98.3%	76.5%	97.7%
Gross Margin Ratio	21.8%	-6.5%	-4.4%	1.8%	6.4%	1.7%	23.5%	2.3%
Administrative Expense Ratio	3.4%	6.5%	7.1%	6.3%	6.1%	6.2%	5.8%	6.2%
Net Income Ratio	18.4%	-13.0%	-11.6%	-4.5%	0.2%	-4.5%	17.7%	-3.8%

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

**GAAP BASIS
FOR THE FISCAL YEAR TO DATE - SEPTEMBER 2020**

	Child	Adult	Medi-Cal SPD	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Member Months	277,640	106,900	78,316	254,783	55,398	773,037	18,127	791,164
Net Revenue	\$33,009,049	\$32,991,055	\$75,637,605	\$92,068,509	\$9,236,268	\$242,942,486	\$6,773,666	\$249,716,152
Medical Expense	\$25,983,568	\$32,214,728	\$80,951,122	\$88,734,599	\$8,397,180	\$236,281,197	\$6,868,576	\$243,149,772
Gross Margin	\$7,025,481	\$776,327	(\$5,313,517)	\$3,333,910	\$839,088	\$6,661,289	(\$94,910)	\$6,566,380
Administrative Expense	\$1,127,684	\$1,995,429	\$5,048,450	\$5,537,428	\$487,625	\$14,196,618	\$504,928	\$14,701,546
Operating Income / (Expense)	\$5,897,797	(\$1,219,102)	(\$10,361,967)	(\$2,203,518)	\$351,462	(\$7,535,328)	(\$599,838)	(\$8,135,167)
Other Income / (Expense)	\$11,438	\$13,382	\$45,330	\$47,400	(\$6,322)	\$111,228	\$1,569	\$112,796
Net Income / (Loss)	\$5,909,235	(\$1,205,720)	(\$10,316,637)	(\$2,156,118)	\$345,140	(\$7,424,100)	(\$598,269)	(\$8,022,370)
Revenue PMPM	\$118.89	\$308.62	\$965.80	\$361.36	\$166.73	\$314.27	\$373.68	\$315.63
Medical Expense PMPM	\$93.59	\$301.35	\$1,033.65	\$348.28	\$151.58	\$305.65	\$378.91	\$307.33
Gross Margin PMPM	\$25.30	\$7.26	(\$67.85)	\$13.09	\$15.15	\$8.62	(\$5.24)	\$8.30
Administrative Expense PMPM	\$4.06	\$18.67	\$64.46	\$21.73	\$8.80	\$18.36	\$27.86	\$18.58
Operating Income / (Expense) PMPM	\$21.24	(\$11.40)	(\$132.31)	(\$8.65)	\$6.34	(\$9.75)	(\$33.09)	(\$10.28)
Other Income / (Expense) PMPM	\$0.04	\$0.13	\$0.58	\$0.19	(\$0.11)	\$0.14	\$0.09	\$0.14
Net Income / (Loss) PMPM	\$21.28	(\$11.28)	(\$131.73)	(\$8.46)	\$6.23	(\$9.60)	(\$33.00)	(\$10.14)
Medical Loss Ratio	78.7%	97.6%	107.0%	96.4%	90.9%	97.3%	101.4%	97.4%
Gross Margin Ratio	21.3%	2.4%	-7.0%	3.6%	9.1%	2.7%	-1.4%	2.6%
Administrative Expense Ratio	3.4%	6.0%	6.7%	6.0%	5.3%	5.8%	7.5%	5.9%
Net Income Ratio	17.9%	-3.7%	-13.6%	-2.3%	3.7%	-3.1%	-8.8%	-3.2%

**ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
CURRENT VS. PRIOR PERIOD
FOR THE MONTH AND FISCAL YTD ENDED September 30, 2020**

CURRENT MONTH VS. PRIOR MONTH				CURRENT YEAR VS. PRIOR YEAR				
Current Month	Prior Month	\$ Variance (Unfavorable)	% Variance (Unfavorable)		Current YTD	Prior YTD	\$ Variance (Unfavorable)	% Variance (Unfavorable)
ADMINISTRATIVE EXPENSE SUMMARY								
\$2,589,888	\$2,646,539	\$56,652	2.1%	Personnel Expenses	\$7,747,705	\$6,892,684	(\$855,021)	(12.4%)
1,098,633	715,560	(383,073)	(53.5%)	Purchased & Professional Services	2,375,455	1,689,864	(685,590)	(40.6%)
376,863	381,962	5,100	1.3%	Occupancy	1,137,003	1,056,405	(80,598)	(7.6%)
68,239	115,543	47,304	40.9%	Printing Postage & Promotion	228,623	244,398	15,775	6.5%
451,493	425,435	(26,058)	(6.1%)	Licenses Insurance & Fees	1,299,681	1,241,850	(57,832)	(4.7%)
646,024	620,535	(25,489)	(4.1%)	Supplies & Other Expenses	1,913,078	1,831,851	(81,227)	(4.4%)
2,641,251	2,259,036	(382,216)	(16.9%)	Total Other Administrative Expense	6,953,840	6,064,368	(889,472)	(14.7%)
\$5,231,139	\$4,905,575	(\$325,564)	(6.6%)	Total Administrative Expenses	\$14,701,546	\$12,957,052	(\$1,744,493)	(13.5%)

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**ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
CURRENT VS. PRIOR PERIOD
FOR THE MONTH AND FISCAL YTD ENDED September 30, 2020**

CURRENT MONTH VS. PRIOR MONTH				CURRENT YEAR VS. PRIOR YEAR			
Current Month	Prior Month	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Current YTD	Prior YTD	\$ Variance (Unfavorable)	% Variance (Unfavorable)
Personnel Expenses							
\$1,767,428	\$1,756,145	(\$11,283)	(0.6%)	\$5,188,968	\$4,512,406	(\$676,562)	(15.0%)
164,783	215,156	50,374	23.4%	536,172	427,096	(109,077)	(25.5%)
300	0	(300)	0.0%	766	1,882	1,116	59.3%
0	0	0	0.0%	0	400	400	100.0%
0	7,605	7,605	100.0%	7,605	20,147	12,542	62.3%
28,841	27,518	(1,323)	(4.8%)	83,391	73,779	(9,612)	(13.0%)
24,713	11,907	(12,806)	(107.6%)	60,873	39,728	(21,145)	(53.2%)
134,710	137,692	2,982	2.2%	407,082	346,920	(60,162)	(17.3%)
(536)	2,290	2,826	123.4%	4,097	0	(4,097)	0.0%
428,982	422,537	(6,445)	(1.5%)	1,267,796	1,174,775	(93,021)	(7.9%)
1,086	125	(961)	(771.7%)	1,185	1,127	(59)	(5.2%)
0	0	0	0.0%	0	617	617	100.0%
616	1,312	696	53.1%	2,047	20,892	18,845	90.2%
64	25	(39)	(156.0%)	118	2,824	2,706	95.8%
0	(615)	(615)	100.0%	(615)	11,564	12,179	105.3%
8,263	25,563	17,300	67.7%	69,346	88,816	19,470	21.9%
8,068	4,040	(4,029)	(99.7%)	20,684	80,666	59,982	74.4%
22,571	35,241	12,670	36.0%	98,190	89,044	(9,145)	(10.3%)
2,589,888	2,646,539	56,652	2.1%	7,747,705	6,892,684	(855,021)	(12.4%)
Purchased & Professional Services							
131,333	144,037	12,704	8.8%	395,028	576,729	181,701	31.5%
286,653	551,232	264,579	48.0%	1,049,387	759,200	(290,187)	(38.2%)
7,937	8,750	813	9.3%	25,437	26,250	813	3.1%
25,606	23,309	(2,297)	(9.9%)	69,939	132,880	62,941	47.4%
4,093	25,871	21,778	84.2%	33,748	25,104	(8,645)	(34.4%)
21,063	27,700	6,638	24.0%	96,350	0	(96,350)	0.0%
0	0	0	0.0%	0	554	554	100.0%
44,019	4,080	(39,939)	(978.9%)	40,071	14,553	(25,518)	(175.4%)
11,668	2,264	(9,405)	(415.4%)	20,808	20,604	(204)	(1.0%)
566,262	(71,683)	(637,945)	889.9%	644,687	133,992	(510,696)	(381.1%)
1,098,633	715,560	(383,073)	(53.5%)	2,375,455	1,689,864	(685,590)	(40.6%)
Occupancy							
155,654	166,740	11,086	6.6%	489,958	449,530	(40,428)	(9.0%)
26,107	26,107	0	0.0%	78,322	78,322	0	0.0%
67,855	67,855	0	0.0%	203,565	189,071	(14,495)	(7.7%)
2,780	2,780	0	0.0%	8,339	9,508	1,169	12.3%
12,886	11,357	(1,529)	(13.5%)	36,845	41,908	5,063	12.1%

**ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
CURRENT VS. PRIOR PERIOD
FOR THE MONTH AND FISCAL YTD ENDED September 30, 2020**

CURRENT MONTH VS. PRIOR MONTH					CURRENT YEAR VS. PRIOR YEAR				
Current Month	Prior Month	\$ Variance (Unfavorable)	% Variance (Unfavorable)		Current YTD	Prior YTD	\$ Variance (Unfavorable)	% Variance (Unfavorable)	
89,177	91,240	2,063	2.3%	Telephone	270,878	252,325	(18,552)	(7.4%)	
22,404	15,883	(6,520)	(41.1%)	Building Maintenance	49,095	35,741	(13,355)	(37.4%)	
376,863	381,962	5,100	1.3%	Total Occupancy	1,137,003	1,056,405	(80,598)	(7.6%)	
Printing Postage & Promotion									
14,457	20,957	6,500	31.0%	Postage	43,081	84,976	41,896	49.3%	
2,945	3,740	795	21.3%	Design & Layout	7,025	3,995	(3,030)	(75.8%)	
32,500	48,767	16,267	33.4%	Printing Services	94,051	98,663	4,612	4.7%	
2,473	4,419	1,946	44.0%	Mailing Services	7,440	9,188	1,748	19.0%	
2,093	2,272	179	7.9%	Courier/Delivery Service	6,836	10,229	3,393	33.2%	
8	23	15	64.4%	Pre-Printed Materials and Publications	25	25	0	0.0%	
0	18,221	18,221	100.0%	Promotional Products	18,221	0	(18,221)	0.0%	
9,052	9,455	403	4.3%	Community Relations	34,408	24,266	(10,142)	(41.8%)	
4,711	7,690	2,979	38.7%	Translation - Non-Clinical	17,537	13,057	(4,480)	(34.3%)	
68,239	115,543	47,304	40.9%	Total Printing Postage & Promotion	228,623	244,398	15,775	6.5%	
Licenses Insurance & Fees									
18,654	18,468	(186)	(1.0%)	Bank Fees	56,157	53,787	(2,371)	(4.4%)	
53,007	53,007	0	0.0%	Insurance	159,021	145,337	(13,684)	(9.4%)	
302,110	293,241	(8,869)	(3.0%)	Licenses, Permits and Fees	891,958	859,257	(32,701)	(3.8%)	
77,721	60,719	(17,002)	(28.0%)	Subscriptions & Dues	192,546	183,469	(9,077)	(4.9%)	
451,493	425,435	(26,058)	(6.1%)	Total Licenses Insurance & Postage	1,299,681	1,241,850	(57,832)	(4.7%)	
Supplies & Other Expenses									
1,832	3,188	1,356	42.5%	Office and Other Supplies	5,770	23,131	17,361	75.1%	
0	1,495	1,495	100.0%	Ergonomic Supplies	1,648	4,706	3,058	65.0%	
1,251	354	(898)	(253.9%)	Commissary-Food & Beverage	2,684	18,671	15,987	85.6%	
4,850	0	(4,850)	0.0%	Member Incentive Expense	9,700	2,440	(7,260)	(297.5%)	
381,189	365,502	(15,687)	(4.3%)	RX Administrative Fees	1,139,134	1,166,902	27,768	2.4%	
236,406	231,997	(4,409)	(1.9%)	Behavioral Hlth Admin Fees	698,707	616,000	(82,707)	(13.4%)	
16,110	15,928	(183)	(1.1%)	Telemedicine Admin Fees	47,794	0	(47,794)	0.0%	
2,194	0	(2,194)	0.0%	Covid-19 IT Expenses	3,082	0	(3,082)	0.0%	
2,192	2,072	(120)	(5.8%)	Covid-19 Non IT Expenses	4,559	0	(4,559)	0.0%	
646,024	620,535	(25,489)	(4.1%)	Total Supplies & Other Expense	1,913,078	1,831,851	(81,227)	(4.4%)	
\$5,231,139	\$4,905,575	(\$325,564)	(6.6%)	TOTAL ADMINISTRATIVE EXPENSE	\$14,701,546	\$12,957,052	(\$1,744,493)	(13.5%)	

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ALAMEDA ALLIANCE FOR HEALTH
 CAPITAL SPENDING INCLUDING CONSTRUCTION-IN-PROCESS
 ACTUAL VS. BUDGET
 FOR THE FISCAL YEAR-TO-DATE ENDED SEPTEMBER 30, 2020

	Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	\$ Variance Fav/(Unf.)
1. Hardware:						
Computer Equipment (Laptop, Desktop, Tablets)	IT-FY21-01	\$ 163,787	\$ 2,638	\$ 166,425	\$ 300,000	\$ 133,575
Display Monitors	IT-FY21-02	\$ 30,302		\$ 30,302	\$ 40,000	\$ 9,698
Cisco Phones (Desk phone, Conference phone)	IT-FY21-03	\$ -		\$ -	\$ 30,000	\$ 30,000
Audio / Video Equipment	IT-FY21-04	\$ -		\$ -	\$ 60,000	\$ 60,000
APC UPS Batteries	IT-FY21-05	\$ -		\$ -	\$ 20,000	\$ 20,000
IT Cage Supplies and Tools	IT-FY21-06	\$ -		\$ -	\$ 10,000	\$ 10,000
Cisco Network Hardware (Switches, Routers, Firewalls, Wireless)	IT-FY21-07	\$ -		\$ -	\$ 350,000	\$ 350,000
Cisco UCS Blade RAM	IT-FY21-08	\$ -		\$ -	\$ 140,000	\$ 140,000
Pure Storage Shelf	IT-FY21-09	\$ -		\$ -	\$ 250,000	\$ 250,000
Security Hardware	IT-FY21-10	\$ -		\$ -	\$ 80,000	\$ 80,000
Call Center Hardware	IT-FY21-11	\$ -		\$ -	\$ 40,000	\$ 40,000
Computer Components (Memory, Hard drives)	IT-FY21-16	\$ -		\$ -	\$ 15,000	\$ 15,000
Computer Peripherals (Keyboards, Mouse, Speakers, Docks ,Headsets)	IT-FY21-17	\$ -		\$ -	\$ 30,000	\$ 30,000
Network / AV Cabling	IT-FY21-18	\$ -		\$ -	\$ 250,000	\$ 250,000
Carryover from FY20 / unplanned	IT-FY21-19	\$ 111,868		\$ 111,868	\$ -	\$ (111,868)
Hardware Subtotal		\$ 305,957	\$ 2,638	\$ 308,595	\$ 1,615,000	\$ 1,306,405
2. Software:						
Security Software (SIEM Tool)	AC-FY21-01	\$ -		\$ -	\$ -	\$ -
Monitoring Software	AC-FY21-02	\$ -		\$ -	\$ 60,000	\$ 60,000
Windows Server OS (3rd payment)	AC-FY21-03	\$ -		\$ -	\$ 80,000	\$ 80,000
Carryover from FY20 / unplanned	AC-FY21-05	\$ 16,616		\$ 16,616	\$ -	\$ (16,616)
Software Subtotal		\$ 16,616	\$ -	\$ 16,616	\$ 140,000	\$ 123,384
3. Building Improvement:						
Appliances over 1k new/replacement (all buildings/suites)	FA-FY21-01	\$ -		\$ -	\$ 5,000	\$ 5,000
ACME Security: Readers, HID boxes, Cameras, Doors (planned/unplanned Maintenance repairs)	FA-FY21-02	\$ -		\$ -	\$ 50,000	\$ 50,000
Seismic Improvements (Carryover from FY20)	FA-FY21-03	\$ -		\$ -	\$ 150,000	\$ 150,000
HVAC: Replace VAV boxes, duct work, replace old equipment	FA-FY21-04	\$ -		\$ -	\$ 65,000	\$ 65,000
Electrical work for projects, workstations requirement	FA-FY21-05	\$ -		\$ -	\$ 20,000	\$ 20,000
Construction work for various projects	FA-FY21-06	\$ -		\$ -	\$ 20,000	\$ 20,000
Building Improvement Subtotal		\$ -	\$ -	\$ -	\$ 310,000	\$ 310,000

	Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	\$ Variance Fav/(Unf.)
4. Furniture & Equipment:						
Office desks, cabinets, shelvings (all building/suites: new or replacement)	FA-FY21-19	\$ 1,721		\$ 1,721	\$ 100,000	\$ 98,279
Ergonomic Equipment - Sit/Stand desks	FA-FY21-20	\$ -		\$ -	\$ 40,000	\$ 40,000
Task Chairs: Various sizes, special order for Ergo/WC	FA-FY21-21	\$ -		\$ -	\$ 50,000	\$ 50,000
Replace, reconfigure, re-design workstations	FA-FY21-22	\$ -		\$ -	\$ 150,000	\$ 150,000
Furniture & Equipment Subtotal		\$ 1,721	\$ -	\$ 1,721	\$ 340,000	\$ 338,279
5. Leasehold Improvement:						
Electrical work for projects, workstations requirement	FA-FY21-26	\$ -		\$ -	\$ 50,000	\$ 50,000
Leasehold Improvement Subtotal		\$ -	\$ -	\$ -	\$ 50,000	\$ 50,000
6. Contingency:						
Carryover from FY20 / Unplanned/ Contingency	FA-FY21-28	\$ -		\$ -	\$ -	\$ -
Contingency Subtotal		\$ -	\$ -	\$ -	\$ -	\$ -
GRAND TOTAL		\$ 324,294	\$ 2,638	\$ 326,932	\$ 2,455,000	\$ 2,128,068

7. Reconciliation to Balance Sheet:		
Fixed Assets @ Cost -9/30/20		\$ 42,550,888
Fixed Assets @ Cost - 6/30/20		\$ 42,223,957
Fixed Assets Acquired YTD		\$ 326,931

**ALAMEDA ALLIANCE FOR HEALTH
TANGIBLE NET EQUITY (TNE) AND LIQUID TNE ANALYSIS
SUMMARY - FISCAL YEAR 2021**

<u>TANGIBLE NET EQUITY (TNE)</u>	Jul-20	Aug-20	QTR. END Sep-20
Current Month Net Income / (Loss)	\$1,862,425	(\$6,647,096)	(\$3,237,699)
YTD Net Income / (Loss)	\$1,862,425	(\$4,784,670)	(\$8,022,369)
Actual TNE			
Net Assets	\$208,037,240	\$201,390,145	\$198,152,445
Subordinated Debt & Interest	\$0	\$0	\$0
Total Actual TNE	\$208,037,240	\$201,390,145	\$198,152,445
Increase/(Decrease) in Actual TNE	\$1,862,425	(\$6,647,095)	(\$3,237,700)
Required TNE⁽¹⁾	\$32,152,830	\$33,226,635	\$32,768,500
Min. Req'd to Avoid Monthly Reporting (130% of Required TNE)	\$41,798,679	\$43,194,626	\$42,599,050
TNE Excess / (Deficiency)	\$175,884,410	\$168,163,510	\$165,383,945
Actual TNE as a Multiple of Required	6.47	6.06	6.05

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	\$208,037,240	\$201,390,145	\$198,152,445
Fixed Assets at Net Book Value	9,978,158	9,949,713	9,770,590
CD Pledged to DMHC	350,000	350,000	350,000
Liquid TNE (Liquid Reserves)	\$218,365,398	\$211,689,858	\$208,273,035
Liquid TNE as Multiple of Required	6.79	6.37	6.36

**ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2021**

	Actual Jul-20	Actual Aug-20	Actual Sep-20	Actual Oct-20	Actual Nov-20	Actual Dec-20	Actual Jan-21	Actual Feb-21	Actual Mar-21	Actual Apr-21	Actual May-21	Actual Jun-21	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	91,570	92,692	93,378										277,640
Adults*	34,909	35,689	36,302										106,900
SPD*	26,044	26,094	26,178										78,316
ACA OE	82,989	85,081	86,713										254,783
Duals	18,297	18,495	18,606										55,398
Medi-Cal Program	253,809	258,051	261,177										773,037
Group Care Program	6,109	6,007	6,011										18,127
Total	259,918	264,058	267,188										791,164

Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	825	1,122	686										2,633
Adults*	822	780	613										2,215
SPD*	(67)	50	84										67
ACA OE	1,693	2,092	1,632										5,417
Duals	228	198	111										537
Medi-Cal Program	3,501	4,242	3,126										10,869
Group Care Program	(328)	(102)	4										(426)
Total	3,173	4,140	3,130										10,443

Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	36.1%	35.9%	35.8%										35.9%
Adults % of Medi-Cal	13.8%	13.8%	13.9%										13.8%
SPD % of Medi-Cal	10.3%	10.1%	10.0%										10.1%
ACA OE % of Medi-Cal	32.7%	33.0%	33.2%										33.0%
Duals % of Medi-Cal	7.2%	7.2%	7.1%										7.2%
Medi-Cal Program % of Total	97.6%	97.7%	97.8%										97.7%
Group Care Program % of Total	2.4%	2.3%	2.2%										2.3%
Total	100.0%	100.0%	100.0%										100.0%

**ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2021**

	Actual Jul-20	Actual Aug-20	Actual Sep-20	Actual Oct-20	Actual Nov-20	Actual Dec-20	Actual Jan-21	Actual Feb-21	Actual Mar-21	Actual Apr-21	Actual May-21	Actual Jun-21	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted													
Directly Contracted (DCP)	50,199	51,057	51,527										152,783
Alameda Health System	50,193	51,312	52,596										154,101
	100,392	102,369	104,123										306,884
Delegated:													
CFMG	30,742	31,072	30,803										92,617
CHCN	94,144	95,194	96,219										285,557
Kaiser	34,640	35,423	36,043										106,106
Delegated Subtotal	159,526	161,689	163,065										484,280
Total	259,918	264,058	267,188										791,164
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	1,402	1,977	1,754										5,133
Delegated:													
CFMG	317	330	(269)										378
CHCN	752	1,050	1,025										2,827
Kaiser	702	783	620										2,105
Delegated Subtotal	1,771	2,163	1,376										5,310
Total	3,173	4,140	3,130										10,443
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	38.6%	38.8%	39.0%										38.8%
Delegated:													
CFMG	11.8%	11.8%	11.5%										11.7%
CHCN	36.2%	36.1%	36.0%										36.1%
Kaiser	13.3%	13.4%	13.5%										13.4%
Delegated Subtotal	61.4%	61.2%	61.0%										61.2%
Total	100.0%	100.0%	100.0%										100.0%

* Clarified guidance received from DHCS. BCCTP will not be included with SPD category of aid until January 2020. BCCTP was included in SPD for July and August 2020. This worksheet includes retroactive adjustment to reclassify BCCTP from SPD to Adults for July and August 2020.

**ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2021**

	Budget Jul-20	Budget Aug-20	Budget Sep-20	Budget Oct-20	Budget Nov-20	Budget Dec-20	Budget Jan-21	Budget Feb-21	Budget Mar-21	Budget Apr-21	Budget May-21	Budget Jun-21	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	94,058	95,939	97,858	98,837	99,825	100,823	100,319	99,817	98,819	97,831	96,853	95,884	1,176,863
Adult	34,657	35,350	36,057	36,418	36,782	37,150	36,964	36,779	36,411	36,047	35,687	35,330	433,632
SPD	25,972	25,998	26,024	26,050	26,076	26,102	26,128	26,154	26,180	26,206	26,232	26,258	313,380
ACA OE	83,087	84,749	86,444	87,308	88,181	89,063	88,618	88,175	87,293	86,420	85,556	84,700	1,039,594
Duals	17,912	17,930	17,948	17,966	17,984	18,002	18,020	18,038	18,056	18,074	18,092	18,110	216,132
Medi-Cal Program	255,686	259,966	264,331	266,579	268,848	271,140	270,049	268,963	266,759	264,578	262,420	260,282	3,179,601
Group Care Program	6,334	6,397	6,461	6,493	6,525	6,558	6,565	6,572	6,579	6,586	6,593	6,600	78,263
Total	262,020	266,363	270,792	273,072	275,373	277,698	276,614	275,535	273,338	271,164	269,013	266,882	3,257,864

Month Over Month Enrollment Change:

Medi-Cal Monthly Change													
Child	(1,826)	1,881	1,919	979	988	998	(504)	(502)	(998)	(988)	(978)	(969)	0
Adult	(26,931)	693	707	361	364	368	(186)	(185)	(368)	(364)	(360)	(357)	(26,258)
SPD	25,972	26	26	26	26	26	26	26	26	26	26	26	26,258
ACA OE	83,087	1,662	1,695	864	873	882	(445)	(443)	(882)	(873)	(864)	(856)	84,700
Duals	(198)	18	18	18	18	18	18	18	18	18	18	18	0
Medi-Cal Program	80,104	4,280	4,365	2,248	2,269	2,292	(1,091)	(1,086)	(2,204)	(2,181)	(2,158)	(2,138)	84,700
Group Care Program	(29,021)	63	64	32	32	33	7	7	7	7	7	7	(28,755)
Total	51,083	4,343	4,429	2,280	2,301	2,325	(1,084)	(1,079)	(2,197)	(2,174)	(2,151)	(2,131)	55,945

Enrollment Percentages:

Medi-Cal Program:													
Child % of Medi-Cal	36.8%	36.9%	37.0%	37.1%	37.1%	37.2%	37.1%	37.1%	37.0%	37.0%	36.9%	36.8%	37.0%
Adult % of Medi-Cal	13.6%	13.6%	13.6%	13.7%	13.7%	13.7%	13.7%	13.7%	13.6%	13.6%	13.6%	13.6%	13.6%
SPD % of Medi-Cal	10.2%	10.0%	9.8%	9.8%	9.7%	9.6%	9.7%	9.7%	9.8%	9.9%	10.0%	10.1%	9.9%
ACA OE % of Medi-Cal	32.5%	32.6%	32.7%	32.8%	32.8%	32.8%	32.8%	32.8%	32.7%	32.7%	32.6%	32.5%	32.7%
Duals % of Medi-Cal	7.0%	6.9%	6.8%	6.7%	6.7%	6.6%	6.7%	6.7%	6.8%	6.8%	6.9%	7.0%	6.8%
Medi-Cal Program % of Total	97.6%	97.6%	97.6%	97.6%	97.6%	97.6%	97.6%	97.6%	97.6%	97.6%	97.5%	97.5%	97.6%
Group Care Program % of Total	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.5%	2.5%	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 2021**

	Budget Jul-20	Budget Aug-20	Budget Sep-20	Budget Oct-20	Budget Nov-20	Budget Dec-20	Budget Jan-21	Budget Feb-21	Budget Mar-21	Budget Apr-21	Budget May-21	Budget Jun-21	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted	99,847	101,395	102,975	103,790	104,613	105,445	105,072	104,700	103,934	103,177	102,428	101,686	1,239,062
Delegated:													
CFMG	31,364	31,969	32,586	32,901	33,219	33,541	33,380	33,220	32,901	32,585	32,273	31,963	391,902
CHCN	96,094	97,666	99,270	100,095	100,929	101,771	101,381	100,994	100,202	99,420	98,645	97,878	1,194,345
Kaiser	34,715	35,332	35,962	36,286	36,612	36,941	36,781	36,621	36,300	35,982	35,667	35,355	432,554
Delegated Subtotal	162,173	164,968	167,817	169,282	170,760	172,253	171,542	170,835	169,404	167,987	166,585	165,196	2,018,802
Total	262,020	266,363	270,792	273,072	275,373	277,698	276,614	275,535	273,338	271,164	269,013	266,882	3,257,864
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	(167,035)	1,549	1,579	816	823	832	(374)	(372)	(765)	(757)	(749)	(742)	(165,196)
Delegated:													
CFMG	31,364	605	617	315	318	321	(161)	(160)	(319)	(316)	(313)	(310)	31,963
CHCN	96,094	1,572	1,603	826	833	842	(390)	(388)	(791)	(783)	(775)	(767)	97,878
Kaiser	34,715	618	630	323	326	330	(160)	(160)	(322)	(318)	(315)	(312)	35,355
Delegated Subtotal	162,173	2,794	2,850	1,464	1,478	1,493	(710)	(707)	(1,432)	(1,417)	(1,402)	(1,389)	165,196
Total	(4,862)	4,343	4,429	2,280	2,301	2,325	(1,084)	(1,079)	(2,197)	(2,174)	(2,151)	(2,131)	(0)
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	38.1%	38.1%	38.0%	38.0%	38.0%	38.0%	38.0%	38.0%	38.0%	38.0%	38.1%	38.1%	38.0%
Delegated:													
CFMG	12.0%	12.0%	12.0%	12.0%	12.1%	12.1%	12.1%	12.1%	12.0%	12.0%	12.0%	12.0%	12.0%
CHCN	36.7%	36.7%	36.7%	36.7%	36.7%	36.6%	36.7%	36.7%	36.7%	36.7%	36.7%	36.7%	36.7%
Kaiser	13.2%	13.3%	13.3%	13.3%	13.3%	13.3%	13.3%	13.3%	13.3%	13.3%	13.3%	13.2%	13.3%
Delegated Subtotal	61.9%	61.9%	62.0%	62.0%	62.0%	62.0%	62.0%	62.0%	62.0%	62.0%	61.9%	61.9%	62.0%
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 2021

	Variance Jul-20	Variance Aug-20	Variance Sep-20	Variance Oct-20	Variance Nov-20	Variance Dec-20	Variance Jan-21	Variance Feb-21	Variance Mar-21	Variance Apr-21	Variance May-21	Variance Jun-21	YTD Member Month Variance
Enrollment Variance by Plan & Aid Category - Favorable/(Unfavorable)													
Medi-Cal Program:													
Child	(2,488)	(3,247)	(4,480)										(10,215)
Adults*	252	339	245										836
SPD*	72	96	154										322
ACA OE	(98)	332	269										503
Duals	385	565	658										1,608
Medi-Cal Program	(1,877)	(1,915)	(3,154)										(6,946)
Group Care Program	(225)	(390)	(450)										(1,065)
Total	(2,102)	(2,305)	(3,604)										(8,011)
Current Direct/Delegate Enrollment Variance - Favorable/(Unfavorable)													
Directly-Contracted	545	974	1,148										2,667
Delegated:													
CFMG	(622)	(897)	(1,783)										(3,302)
CHCN	(1,950)	(2,472)	(3,051)										(7,473)
Kaiser	(75)	91	81										97
Delegated Subtotal	(2,647)	(3,279)	(4,752)										(10,678)
Total	(2,102)	(2,305)	(3,604)										(8,011)

* Clarified guidance received from DHCS. BCCTP will not be included with SPD category of aid until January 2020. BCCTP was included in SPD for July and August 2020. This worksheet includes retroactive adjustment to reclassify BCCTP from SPD to Adults for July and August 2020.

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

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
\$1,762,498	\$1,805,913	\$43,415	2.4%	CAPITATED MEDICAL EXPENSES:	\$5,226,179	\$5,320,147	\$93,968	1.8%
2,755,765	2,856,751	100,986	3.5%	PCP-Capitation	8,187,091	8,434,289	247,198	2.9%
269,273	286,109	16,836	5.9%	PCP-Capitation - FQHC	806,397	842,174	35,777	4.2%
2,817,887	2,897,409	79,522	2.7%	Specialty-Capitation	8,361,235	8,564,373	203,138	2.4%
309,426	274,452	(34,974)	(12.7%)	Specialty-Capitation FQHC	917,542	810,363	(107,179)	(13.2%)
378,702	1,041,607	662,905	63.6%	Laboratory-Capitation	1,117,573	3,074,045	1,956,472	63.6%
200,665	258,189	57,524	22.3%	Transportation (Ambulance)-Cap	592,876	761,936	169,060	22.2%
78,367	83,162	4,795	5.8%	Vision Cap	234,618	244,792	10,174	4.2%
143,105	147,744	4,639	3.1%	CFMG Capitation	424,881	436,455	11,574	2.7%
7,681,904	7,418,221	(263,683)	(3.6%)	Anc IPA Admin Capitation FQHC	22,501,034	21,925,962	(575,072)	(2.6%)
817,089	623,881	(193,208)	(31.0%)	Kaiser Capitation	2,126,510	1,848,156	(278,354)	(15.1%)
(51,260)	11,311	62,571	553.2%	BHT Supplemental Expense	0	33,394	33,394	100.0%
527,302	362,795	(164,507)	(45.3%)	Hep-C Supplemental Expense	527,302	1,067,185	539,883	50.8%
508,685	555,326	46,641	8.4%	Maternity Supplemental Expense	1,516,072	1,656,845	140,773	8.5%
18,199,409	18,622,870	423,461	2.3%	DME - Cap	52,539,310	55,020,116	2,480,806	4.5%
				5-TOTAL CAPITATED EXPENSES				
				FREE FOR SERVICE MEDICAL EXPENSES:				
1,056,087	0	(1,056,087)	0.0%	IBNP-Inpatient Services	4,019,046	0	(4,019,046)	0.0%
31,683	0	(31,683)	0.0%	IBNP-Settlement (IP)	120,573	0	(120,573)	0.0%
84,487	0	(84,487)	0.0%	IBNP-Claims Fluctuation (IP)	321,524	0	(321,524)	0.0%
20,077,113	21,999,318	1,922,205	8.7%	Inpatient Hospitalization-FFS	58,910,683	65,286,070	6,375,387	9.8%
1,419,974	0	(1,419,974)	0.0%	IP OB - Mom & NB	3,717,257	0	(3,717,257)	0.0%
308,970	0	(308,970)	0.0%	IP Behavioral Health	654,160	0	(654,160)	0.0%
1,001,325	1,118,163	116,838	10.4%	IP - Long Term Care	2,878,629	3,324,186	445,557	13.4%
624,440	0	(624,440)	0.0%	IP - Facility Rehab FFS	2,432,772	0	(2,432,772)	0.0%
24,604,078	23,117,481	(1,486,597)	(6.4%)	6-Inpatient Hospital & SNF FFS Expense	73,054,644	68,610,256	(4,444,388)	(6.5%)
(30,289)	0	30,289	0.0%	IBNP-PCP	177,397	0	(177,397)	0.0%
(909)	0	909	0.0%	IBNP-Settlement (PCP)	5,321	0	(5,321)	0.0%
(2,423)	0	2,423	0.0%	IBNP-Claims Fluctuation (PCP)	14,192	0	(14,192)	0.0%
966	0	(966)	0.0%	Telemedicine FFS	3,360	0	(3,360)	0.0%
1,238,825	1,171,046	(67,779)	(5.8%)	Primary Care Non-Contracted FF	3,589,118	3,470,082	(119,036)	(3.4%)
54,190	74,120	19,930	26.9%	PCP FQHC FFS	143,915	219,025	75,110	34.3%
1,692,826	49,735	(1,643,091)	(3,303.7%)	Prop 56 Direct Payment Expenses	5,015,818	146,456	(4,869,362)	(3,324.8%)
(42,120)	0	42,120	0.0%	Prop 56-Trauma Expense	101,548	0	(101,548)	0.0%
(67,059)	0	67,059	0.0%	Prop 56-Dev. Screening Exp.	126,526	0	(126,526)	0.0%
570,816	0	(570,816)	0.0%	Prop 56-Fam. Planning Exp.	1,666,933	0	(1,666,933)	0.0%
508,856	0	(508,856)	0.0%	Prop 56-Value Based Purchasing	1,495,680	0	(1,495,680)	0.0%
3,923,680	1,294,901	(2,628,779)	(203.0%)	7-Primary Care Physician FFS Expense	12,339,810	3,835,563	(8,504,247)	(221.7%)
(1,865)	0	1,865	0.0%	IBNP-Specialist	750,456	0	(750,456)	0.0%
2,255,787	0	(2,255,787)	0.0%	Specialty Care-FFS	6,034,851	0	(6,034,851)	0.0%
198,268	0	(198,268)	0.0%	Anesthesiology - FFS	488,608	0	(488,608)	0.0%
796,034	0	(796,034)	0.0%	Spec Rad Therapy - FFS	2,160,861	0	(2,160,861)	0.0%
127,685	0	(127,685)	0.0%	Obstetrics-FFS	364,625	0	(364,625)	0.0%
286,162	0	(286,162)	0.0%	Spec IP Surgery - FFS	783,401	0	(783,401)	0.0%
405,457	0	(405,457)	0.0%	Spec OP Surgery - FFS	1,180,271	0	(1,180,271)	0.0%
428,453	3,967,373	3,538,920	89.2%	Spec IP Physician	1,211,991	11,756,297	10,544,306	89.7%
40,294	100,042	59,748	59.7%	SCP FQHC FFS	106,066	296,438	190,372	64.2%
(57)	0	57	0.0%	IBNP-Settlement (SCP)	22,512	0	(22,512)	0.0%
(149)	0	149	0.0%	IBNP-Claims Fluctuation (SCP)	60,036	0	(60,036)	0.0%
4,536,070	4,067,415	(468,655)	(11.6%)	8-Specialty Care Physician Expense	13,163,679	12,052,735	(1,110,944)	(9.2%)
(95,808)	0	95,808	0.0%	IBNP-Ancillary	476,873	0	(476,873)	0.0%
(2,875)	0	2,875	0.0%	IBNP Settlement (ANC)	14,305	0	(14,305)	0.0%
(7,663)	0	7,663	0.0%	IBNP Claims Fluctuation (ANC)	38,155	0	(38,155)	0.0%
263,391	0	(263,391)	0.0%	Acupuncture/Biofeedback	650,711	0	(650,711)	0.0%
83,674	0	(83,674)	0.0%	Hearing Devices	179,179	0	(179,179)	0.0%
33,083	0	(33,083)	0.0%	Imaging/MRI/CT Global	115,555	0	(115,555)	0.0%
53,483	0	(53,483)	0.0%	Vision FFS	116,531	0	(116,531)	0.0%
19,037	0	(19,037)	0.0%	Family Planning	57,835	0	(57,835)	0.0%
365,162	0	(365,162)	0.0%	Laboratory-FFS	818,198	0	(818,198)	0.0%
111,144	0	(111,144)	0.0%	ANC Therapist	273,962	0	(273,962)	0.0%
3,696	0	(3,696)	0.0%	Transportation (Ambulance)-FFS	901,418	0	(901,418)	0.0%
82,337	0	(82,337)	0.0%	Transportation (Other)-FFS	255,841	0	(255,841)	0.0%

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MED FFS CAP 21

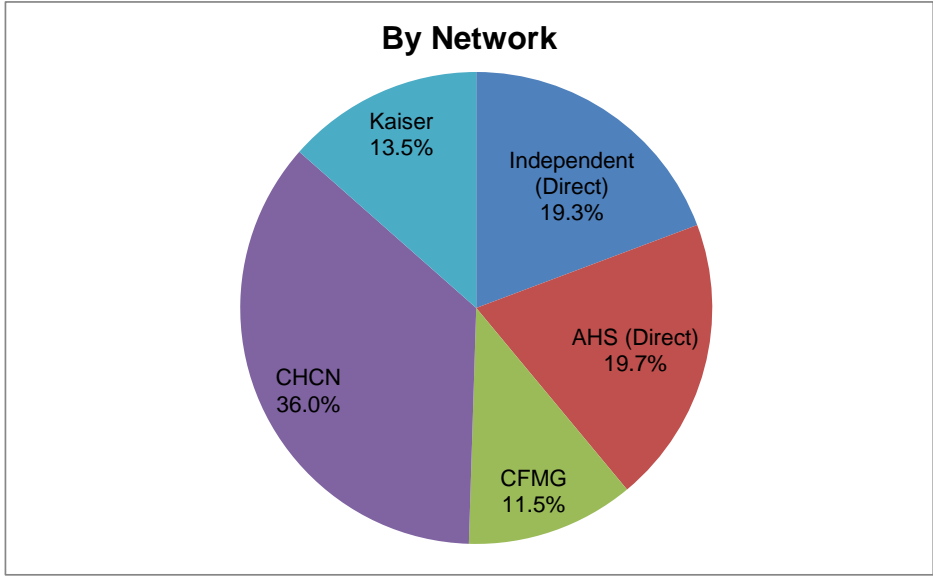
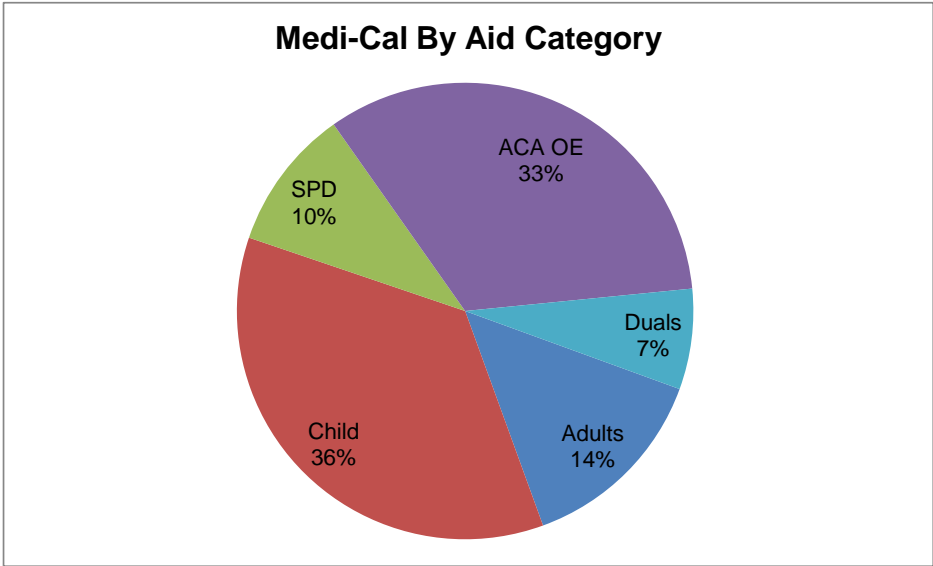
10/29/20
REPORT #8A

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

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
\$585,957	\$0	(\$585,957)	0.0%	Hospice	\$1,499,303	\$0	(\$1,499,303)	0.0%
725,929	0	(725,929)	0.0%	Home Health Services	1,837,739	0	(1,837,739)	0.0%
0	2,726,865	2,726,865	100.0%	Other Medical-FFS	0	8,124,080	8,124,080	100.0%
0	0	0	0.0%	Denials	3,885	0	(3,885)	0.0%
79,818	0	(79,818)	0.0%	HMS Medical Refunds	3,907	0	(3,907)	0.0%
278,078	0	(278,078)	0.0%	DME & Medical Supplies	851,663	0	(851,663)	0.0%
552,939	532,225	(20,714)	(3.9%)	GEMT Direct Payment Expense	1,630,753	1,578,096	(52,657)	(3.3%)
747,149	0	(747,149)	0.0%	Community Based Adult Services (CBAS)	1,728,007	0	(1,728,007)	0.0%
3,878,529	3,259,090	(619,439)	(19.0%)	9-Ancillary Medical Expense	11,453,819	9,702,176	(1,751,643)	(18.1%)
(339,739)	0	339,739	0.0%	IBNP-Outpatient	(325,621)	0	325,621	0.0%
(10,192)	0	10,192	0.0%	IBNP Settlement (OP)	(9,770)	0	9,770	0.0%
(27,176)	0	27,176	0.0%	IBNP Claims Fluctuation (OP)	(26,049)	0	26,049	0.0%
1,145,968	7,630,010	6,484,042	85.0%	Out-Patient FFS	2,965,862	22,681,885	19,716,003	86.9%
1,416,223	0	(1,416,223)	0.0%	OP Ambul Surgery - FFS	3,299,393	0	(3,299,393)	0.0%
1,322,378	0	(1,322,378)	0.0%	OP Fac Imaging Services-FFS	3,332,371	0	(3,332,371)	0.0%
1,741,060	0	(1,741,060)	0.0%	Behav Health - FFS	6,464,818	0	(6,464,818)	0.0%
469,601	0	(469,601)	0.0%	OP Facility - Lab FFS	1,186,906	0	(1,186,906)	0.0%
90,171	0	(90,171)	0.0%	OP Facility - Cardio FFS	246,958	0	(246,958)	0.0%
35,181	0	(35,181)	0.0%	OP Facility - PT/OT/ST FFS	85,518	0	(85,518)	0.0%
1,893,673	0	(1,893,673)	0.0%	OP Facility - Dialysis FFS	4,980,074	0	(4,980,074)	0.0%
7,737,145	7,630,010	(107,135)	(1.4%)	10-Outpatient Medical Expense Medical Expense	22,200,479	22,681,885	481,406	2.1%
(553,527)	0	553,527	0.0%	IBNP-Emergency	63,899	0	(63,899)	0.0%
(16,607)	0	16,607	0.0%	IBNP Settlement (ER)	1,918	0	(1,918)	0.0%
(44,283)	0	44,283	0.0%	IBNP Claims Fluctuation (ER)	5,110	0	(5,110)	0.0%
606,137	0	(606,137)	0.0%	Special ER Physician-FFS	1,634,857	0	(1,634,857)	0.0%
3,534,254	3,297,990	(236,264)	(7.2%)	ER-Facility	8,864,211	9,784,351	920,140	9.4%
3,525,973	3,297,990	(227,983)	(6.9%)	11-Emergency Expense	10,569,995	9,784,351	(785,644)	(8.0%)
(251,701)	0	251,701	0.0%	IBNP-Pharmacy	(34,432)	0	34,432	0.0%
(7,550)	0	7,550	0.0%	IBNP Settlement (RX)	(1,033)	0	1,033	0.0%
(20,136)	0	20,136	0.0%	IBNP Claims Fluctuation (RX)	(2,753)	0	2,753	0.0%
4,636,224	3,851,663	(784,561)	(20.4%)	RX - Non-PBM FFS	12,374,175	11,420,087	(954,088)	(8.4%)
10,855,939	10,317,859	(538,080)	(5.2%)	Pharmacy-FFS	31,151,135	30,557,983	(593,152)	(1.9%)
(21,901)	0	21,901	0.0%	HMS RX Refunds	(38,270)	0	38,270	0.0%
(506,514)	(506,514)	0	0.0%	Pharmacy-Rebate	(1,500,123)	(1,500,125)	(2)	0.0%
14,684,360	13,663,008	(1,021,352)	(7.5%)	12-Pharmacy Expense	41,948,699	40,477,945	(1,470,754)	(3.6%)
62,889,837	56,329,895	(6,559,942)	(11.6%)	13-TOTAL FFS MEDICAL EXPENSES	184,731,125	167,144,911	(17,586,214)	(10.5%)
0	(89,827)	(89,827)	100.0%	Clinical Vacancy	0	(246,864)	(246,864)	100.0%
68,011	100,613	32,602	32.4%	Quality Analytics	193,280	299,347	106,066	35.4%
368,968	495,767	126,799	25.6%	Health Plan Services Department Total	1,050,740	1,482,830	432,090	29.1%
649,153	899,404	250,251	27.8%	Case & Disease Management Department Total	2,119,115	2,352,354	233,240	9.9%
161,551	189,466	27,915	14.7%	Medical Services Department Total	504,765	568,349	63,583	11.2%
487,170	552,959	65,789	11.9%	Quality Management Department Total	1,271,276	1,688,745	417,469	24.7%
124,027	150,712	26,685	17.7%	Pharmacy Services Department Total	397,186	431,608	34,422	8.0%
32,511	41,500	8,989	21.7%	Regulatory Readiness Total	87,406	119,021	31,615	26.6%
1,891,392	2,340,594	449,202	19.2%	14-Other Benefits & Services	5,623,769	6,695,390	1,071,621	16.0%
(511,288)	(332,758)	178,530	(53.7%)	Reinsurance Expense	(1,296,925)	(985,730)	311,195	(31.6%)
438,481	488,547	50,066	10.2%	Reinsurance Recoveries	1,302,495	1,448,546	146,051	10.1%
(72,807)	155,789	228,596	146.7%	15-Reinsurance Expense	5,570	462,816	457,246	98.8%
83,333	83,333	0	0.0%	Preventive Health Services	249,999	249,998	(1)	0.0%
83,333	83,333	0	0.0%	16-Risk Pool Distribution	249,999	249,998	(1)	0.0%
82,991,164	77,532,481	(5,458,683)	(7.0%)	17-TOTAL MEDICAL EXPENSES	243,149,772	229,573,231	(13,576,541)	(5.9%)

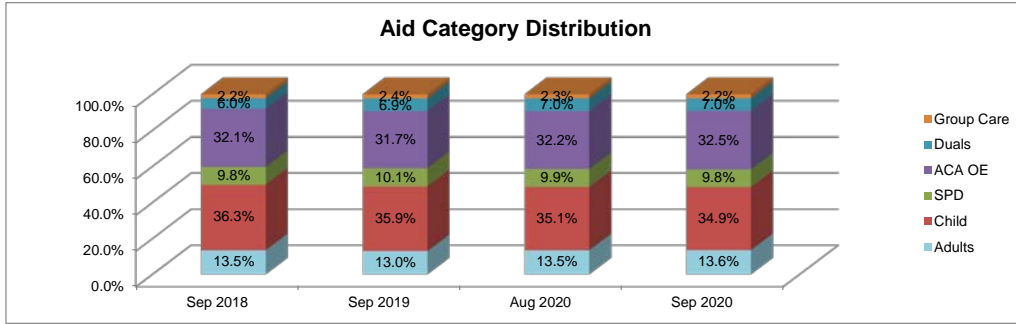
Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Current Membership by Network By Category of Aid							
Category of Aid	Sep 2020	% of Medi-Cal	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Adults	36,301	14%	8,668	8,034	324	13,347	5,928
Child	93,378	36%	9,335	8,554	28,234	31,369	15,886
SPD	26,178	10%	8,688	3,940	1,128	10,482	1,940
ACA OE	86,713	33%	14,727	29,189	1,115	31,706	9,976
Duals	18,607	7%	7,488	1,984	2	6,820	2,313
Medi-Cal			48,906	51,701	30,803	93,724	36,043
Group Care			2,621	895	-	2,495	-
Total			51,527	52,596	30,803	96,219	36,043
Medi-Cal %			94.9%	98.3%	100.0%	97.4%	100.0%
Group Care %			5.1%	1.7%	0.0%	2.6%	0.0%
<i>Network Distribution</i>			<i>19.3%</i>	<i>19.7%</i>	<i>11.5%</i>	<i>36.0%</i>	<i>13.5%</i>
			% Direct: 39%	% Delegated: 61%			

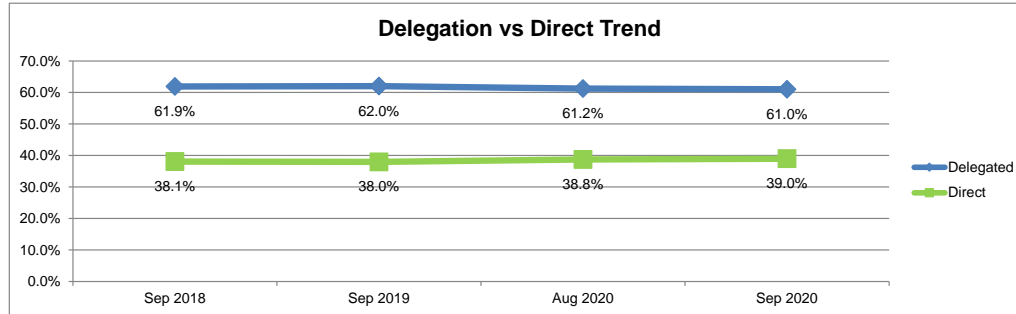


Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

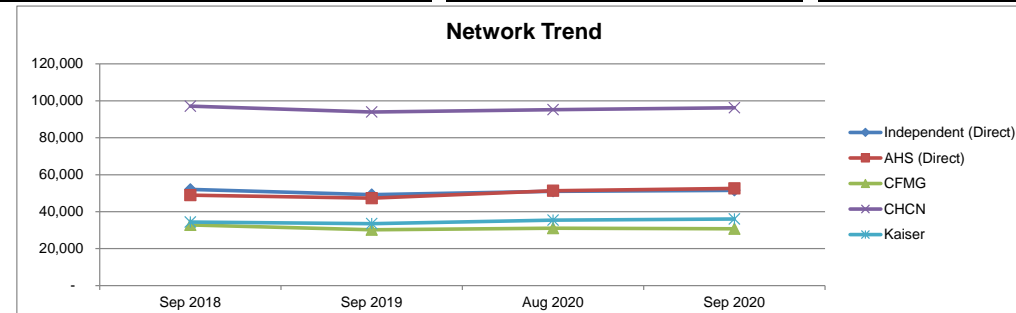
Category of Aid Trend												
Category of Aid	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Sep 2018	Sep 2019	Aug 2020	Sep 2020	Sep 2018	Sep 2019	Aug 2020	Sep 2020	Sep 2018 to Sep 2019	Sep 2019 to Sep 2020	Aug 2020 to Sep 2020	
Adults	35,922	33,092	35,689	36,301	13.5%	13.0%	13.5%	13.6%	-7.9%	9.7%	1.7%	
Child	96,457	91,224	92,692	93,378	36.3%	35.9%	35.1%	34.9%	-5.4%	2.4%	0.7%	
SPD	26,116	25,727	26,094	26,178	9.8%	10.1%	9.9%	9.8%	-1.5%	1.8%	0.3%	
ACA OE	85,152	80,483	85,081	86,713	32.1%	31.7%	32.2%	32.5%	-5.5%	7.7%	1.9%	
Duals	15,865	17,666	18,495	18,607	6.0%	6.9%	7.0%	7.0%	11.4%	5.3%	0.6%	
Medi-Cal Total	259,512	248,192	258,051	261,177	97.8%	97.6%	97.7%	97.8%	-4.4%	5.2%	1.2%	
Group Care	5,856	6,023	6,007	6,011	2.2%	2.4%	2.3%	2.2%	2.9%	-0.2%	0.1%	
Total	265,368	254,215	264,058	267,188	100.0%	100.0%	100.0%	100.0%	-4.2%	5.1%	1.2%	



Delegation vs Direct Trend												
Members	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Sep 2018	Sep 2019	Aug 2020	Sep 2020	Sep 2018	Sep 2019	Aug 2020	Sep 2020	Sep 2018 to Sep 2019	Sep 2019 to Sep 2020	Aug 2020 to Sep 2020	
Delegated	164,343	157,667	161,689	163,065	61.9%	62.0%	61.2%	61.0%	-4.1%	3.4%	0.9%	
Direct	101,025	96,548	102,369	104,123	38.1%	38.0%	38.8%	39.0%	-4.4%	7.8%	1.7%	
Total	265,368	254,215	264,058	267,188	100.0%	100.0%	100.0%	100.0%	-4.2%	5.1%	1.2%	

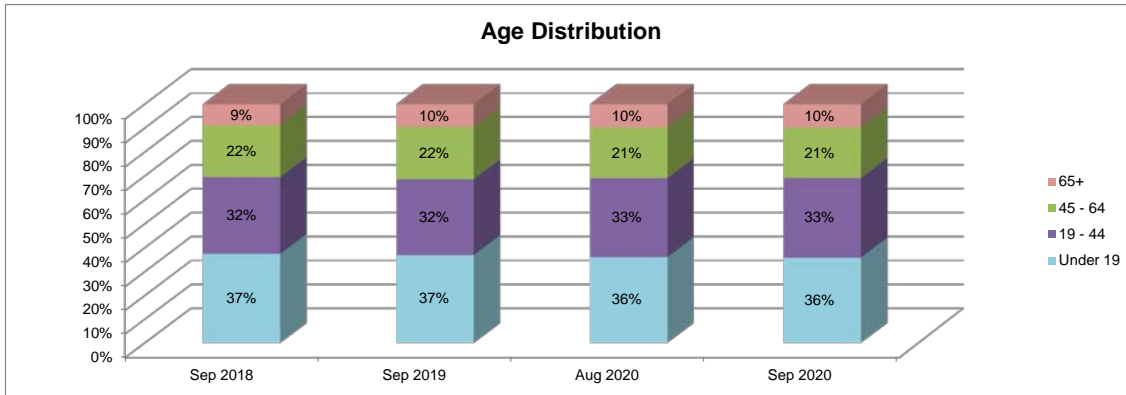


Network Trend												
Network	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Sep 2018	Sep 2019	Aug 2020	Sep 2020	Sep 2018	Sep 2019	Aug 2020	Sep 2020	Sep 2018 to Sep 2019	Sep 2019 to Sep 2020	Aug 2020 to Sep 2020	
Independent												
(Direct)	52,066	49,220	51,057	51,527	19.6%	19.4%	19.3%	19.3%	-5.5%	4.7%	0.9%	
AHS (Direct)	48,959	47,328	51,312	52,596	18.4%	18.6%	19.4%	19.7%	-3.3%	11.1%	2.5%	
CFMG	32,836	30,214	31,072	30,803	12.4%	11.9%	11.8%	11.5%	-8.0%	1.9%	-0.9%	
CHCN	97,120	93,936	95,194	96,219	36.6%	37.0%	36.1%	36.0%	-3.3%	2.4%	1.1%	
Kaiser	34,387	33,517	35,423	36,043	13.0%	13.2%	13.4%	13.5%	-2.5%	7.5%	1.8%	
Total	265,368	254,215	264,058	267,188	100.0%	100.0%	100.0%	100.0%	-4.2%	5.1%	1.2%	

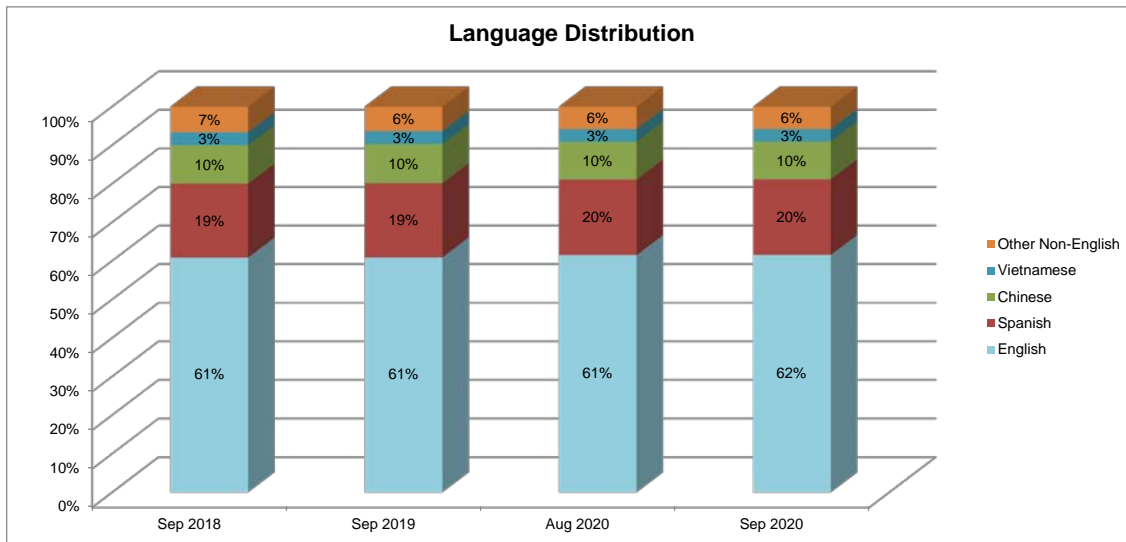


Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Age Category Trend												
Age Category	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Sep 2018	Sep 2019	Aug 2020	Sep 2020	Sep 2018	Sep 2019	Aug 2020	Sep 2020	Sep 2018 to Sep 2019	Sep 2019 to Sep 2020	Aug 2020 to Sep 2020	
Under 19	99,321	93,853	95,188	95,849	37%	37%	36%	36%	-6%	2%	1%	
19 - 44	84,982	80,429	87,011	88,702	32%	32%	33%	33%	-5%	10%	2%	
45 - 64	57,616	55,417	55,910	56,396	22%	22%	21%	21%	-4%	2%	1%	
65+	23,449	24,516	25,949	26,241	9%	10%	10%	10%	5%	7%	1%	
Total	265,368	254,215	264,058	267,188	100%	100%	100%	100%	-4%	5%	1%	



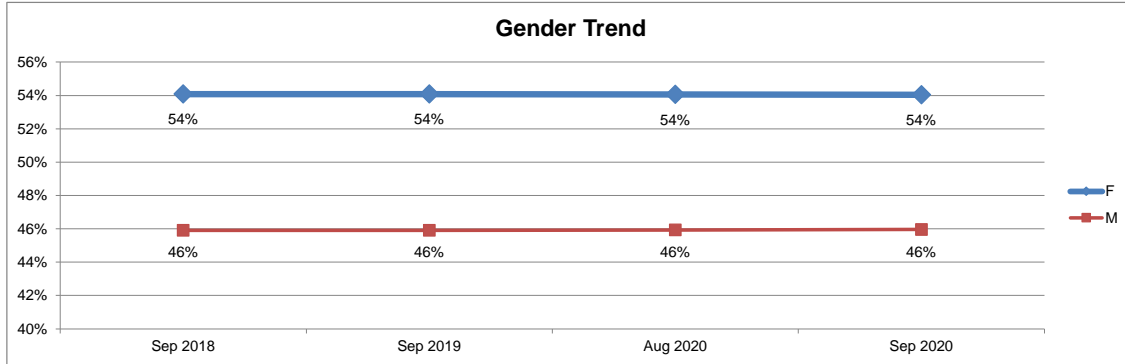
Language Trend												
Language	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Sep 2018	Sep 2019	Aug 2020	Sep 2020	Sep 2018	Sep 2019	Aug 2020	Sep 2020	Sep 2018 to Sep 2019	Sep 2019 to Sep 2020	Aug 2020 to Sep 2020	
English	161,447	154,792	162,321	164,335	61%	61%	61%	62%	-4%	6%	1%	
Spanish	50,844	48,868	51,725	52,447	19%	19%	20%	20%	-4%	7%	1%	
Chinese	26,486	25,789	25,941	26,167	10%	10%	10%	10%	-3%	1%	1%	
Vietnamese	8,768	8,587	8,470	8,561	3%	3%	3%	3%	-2%	0%	1%	
Other Non-English	17,823	16,179	15,601	15,678	7%	6%	6%	6%	-9%	-3%	0%	
Total	265,368	254,215	264,058	267,188	100%	100%	100%	100%	-4%	5%	1%	



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

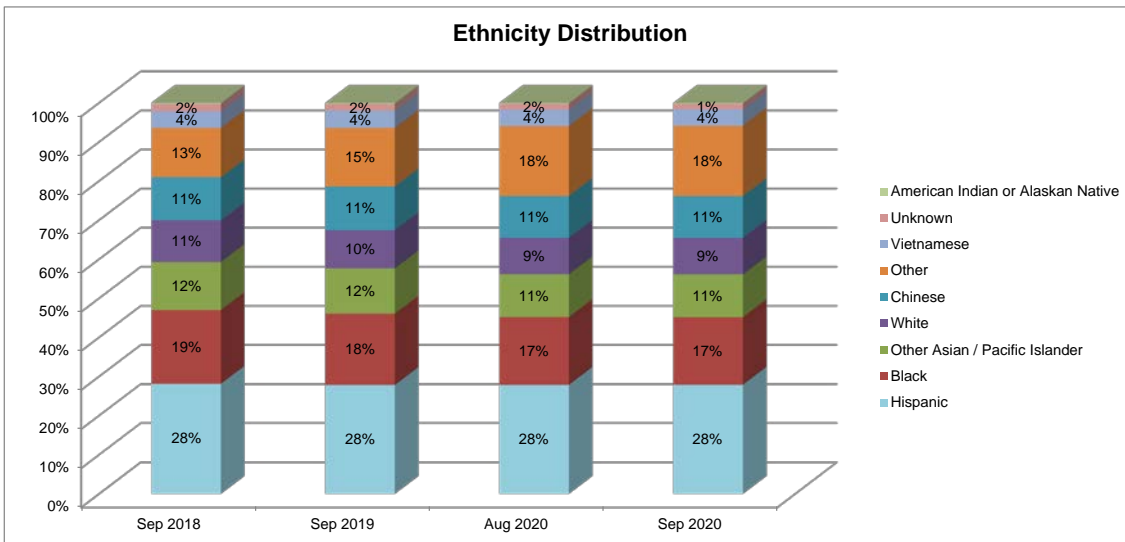
Gender Trend

Gender	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Sep 2018	Sep 2019	Aug 2020	Sep 2020	Sep 2018	Sep 2019	Aug 2020	Sep 2020	Sep 2018 to Sep 2019	Sep 2019 to Sep 2020	Aug 2020 to Sep 2020
F	143,524	137,500	142,759	144,383	54%	54%	54%	54%	-4%	5%	1%
M	121,844	116,715	121,299	122,805	46%	46%	46%	46%	-4%	5%	1%
Total	265,368	254,215	264,058	267,188	100%	100%	100%	100%	-4%	5%	1%



Ethnicity Trend

Ethnicity	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Sep 2018	Sep 2019	Aug 2020	Sep 2020	Sep 2018	Sep 2019	Aug 2020	Sep 2020	Sep 2018 to Sep 2019	Sep 2019 to Sep 2020	Aug 2020 to Sep 2020
Hispanic	74,634	70,762	73,556	74,516	28%	28%	28%	28%	-5%	5%	1%
Black	50,125	46,400	45,864	46,219	19%	18%	17%	17%	-7%	0%	1%
Other Asian / Pacific Islander	32,600	29,357	28,805	29,208	12%	12%	11%	11%	-10%	-1%	1%
White	28,186	24,895	24,655	25,003	11%	10%	9%	9%	-12%	0%	1%
Chinese	29,250	28,441	28,346	28,577	11%	11%	11%	11%	-3%	0%	1%
Other	33,589	38,120	47,252	48,054	13%	15%	18%	18%	13%	26%	2%
Vietnamese	11,304	11,151	10,987	11,084	4%	4%	4%	4%	-1%	-1%	1%
Unknown	4,994	4,467	3,991	3,924	2%	2%	2%	1%	-11%	-12%	-2%
American Indian or Alaskan Native	686	622	602	603	0%	0%	0%	0%	-9%	-3%	0%
Total	265,368	254,215	264,058	267,188	100%	100%	100%	100%	-4%	5%	1%



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

Medi-Cal By City								
City	Sep 2020	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser	
Oakland	106,483	41%	12,008	25,067	13,852	45,216	10,340	
Hayward	40,454	15%	8,566	8,663	4,648	11,759	6,818	
Fremont	22,798	9%	9,118	3,379	728	6,038	3,535	
San Leandro	23,130	9%	4,196	3,565	3,108	8,547	3,714	
Union City	11,220	4%	4,229	1,646	349	2,901	2,095	
Alameda	10,047	4%	1,954	1,505	1,592	3,565	1,431	
Berkeley	9,102	3%	1,261	1,633	1,196	3,700	1,312	
Livermore	7,639	3%	1,008	768	1,747	2,790	1,326	
Newark	6,055	2%	1,690	1,934	176	1,171	1,084	
Castro Valley	6,246	2%	1,331	986	947	1,789	1,193	
San Lorenzo	5,406	2%	916	905	675	1,878	1,032	
Pleasanton	4,030	2%	944	424	433	1,534	695	
Dublin	4,319	2%	980	432	589	1,549	769	
Emeryville	1,649	1%	280	330	260	513	266	
Albany	1,519	1%	214	214	353	467	271	
Piedmont	303	0%	49	73	29	78	74	
Sunol	50	0%	9	9	6	12	14	
Antioch	31	0%	10	4	11	3	3	
Other	696	0%	143	164	104	214	71	
Total	261,177	100%	48,906	51,701	30,803	93,724	36,043	

Group Care By City								
City	Sep 2020	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser	
Oakland	2,082	35%	547	377	-	1,158	-	
Hayward	662	11%	373	130	-	159	-	
Fremont	651	11%	499	53	-	99	-	
San Leandro	556	9%	219	77	-	260	-	
Union City	324	5%	229	32	-	63	-	
Alameda	273	5%	104	29	-	140	-	
Berkeley	185	3%	57	20	-	108	-	
Livermore	79	1%	30	-	-	49	-	
Newark	142	2%	92	33	-	17	-	
Castro Valley	193	3%	99	25	-	69	-	
San Lorenzo	123	2%	52	17	-	54	-	
Pleasanton	47	1%	26	4	-	17	-	
Dublin	100	2%	45	5	-	50	-	
Emeryville	32	1%	13	5	-	14	-	
Albany	14	0%	4	1	-	9	-	
Piedmont	10	0%	2	1	-	7	-	
Sunol	-	0%	-	-	-	-	-	
Antioch	25	0%	9	5	-	11	-	
Other	513	9%	221	81	-	211	-	
Total	6,011	100%	2,621	895	-	2,495	-	

Total By City								
City	Sep 2020	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser	
Oakland	108,565	41%	12,555	25,444	13,852	46,374	10,340	
Hayward	41,116	15%	8,939	8,793	4,648	11,918	6,818	
Fremont	23,449	9%	9,617	3,432	728	6,137	3,535	
San Leandro	23,686	9%	4,415	3,642	3,108	8,807	3,714	
Union City	11,544	4%	4,458	1,678	349	2,964	2,095	
Alameda	10,320	4%	2,058	1,534	1,592	3,705	1,431	
Berkeley	9,287	3%	1,318	1,653	1,196	3,808	1,312	
Livermore	7,718	3%	1,038	768	1,747	2,839	1,326	
Newark	6,197	2%	1,782	1,967	176	1,188	1,084	
Castro Valley	6,439	2%	1,430	1,011	947	1,858	1,193	
San Lorenzo	5,529	2%	968	922	675	1,932	1,032	
Pleasanton	4,077	2%	970	428	433	1,551	695	
Dublin	4,419	2%	1,025	437	589	1,599	769	
Emeryville	1,681	1%	293	335	260	527	266	
Albany	1,533	1%	218	215	353	476	271	
Piedmont	313	0%	51	74	29	85	74	
Sunol	50	0%	9	9	6	12	14	
Antioch	56	0%	19	9	11	14	3	
Other	1,209	0%	364	245	104	425	71	
Total	267,188	100%	51,527	52,596	30,803	96,219	36,043	

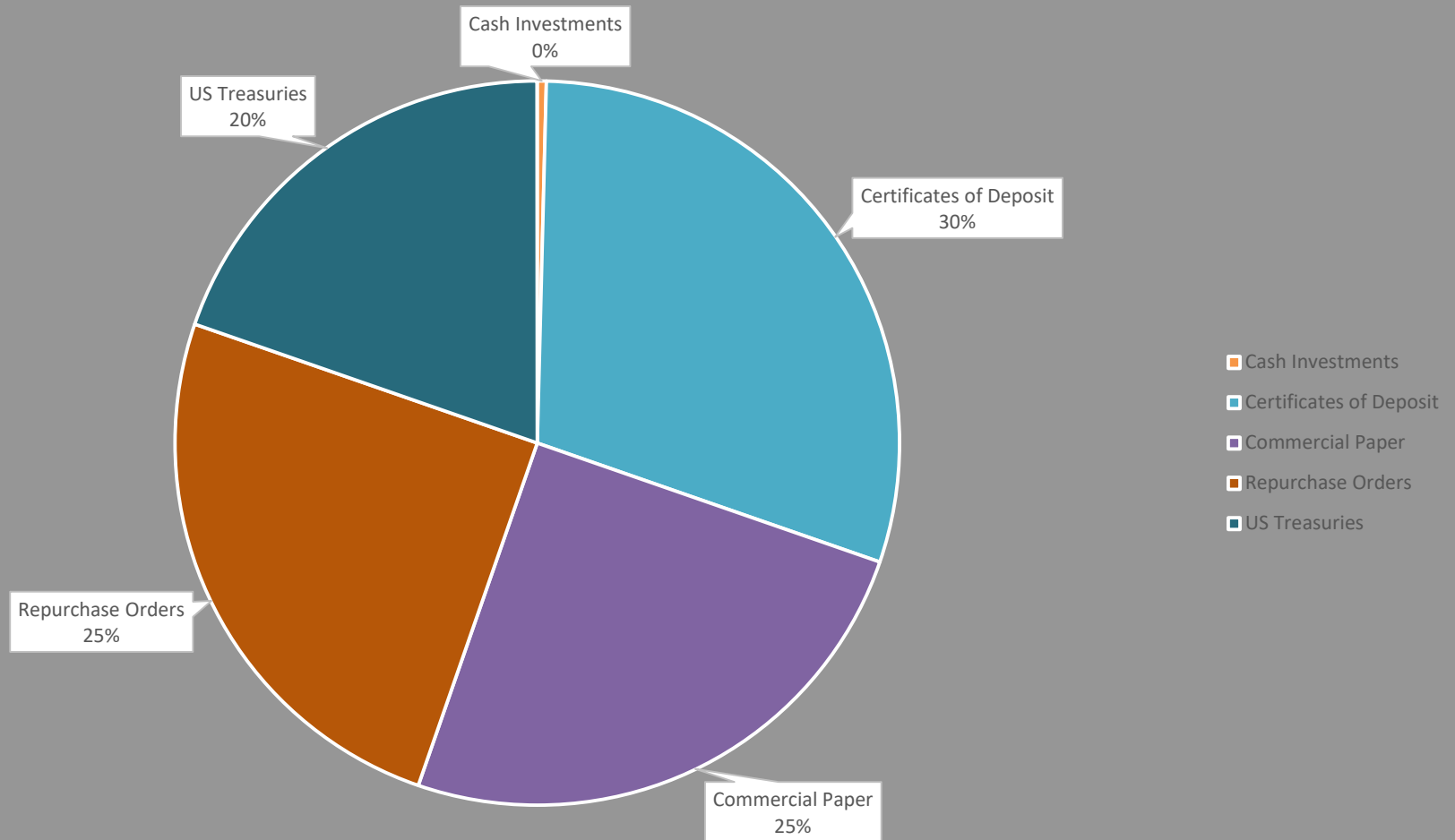


FY2021 Investment Strategy Update

Current Investment Portfolio

- Total funds of \$248.3M invested at the end of October.
- 100% of investments maturing within 0-60 days.
- Average Yield to Maturity-0.16%.
- Estimated annual return approximately \$400K.
- Average monthly return in Fiscal Year 2020 was \$350K.
- All investments compliant with California Government Code 53600.

Current Investment Portfolio Makeup



Proposed Investment Portfolio

- Total funds of \$248.3M invested at the end of October.
- 76% of investments maturing in 0-60 days.
- 24% of investments maturing in 90-180 days.
- Average Yield to Maturity estimated to increase five basis points from 0.16% to 0.21%.
- Estimated annual return of \$430K. \$30K more than current portfolio.
- All investments remain compliant with California Government Code 53600.

Questions?



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

Operations

Matt Woodruff

To: Alameda Alliance for Health Board of Governors
From: Matthew Woodruff, Chief Operating Officer
Date: November 13, 2020
Subject: Operations Report

Member Services

- 12-month Trend Summary:
 - The Member Services Department received a four percent (4%) increase in calls in October 2020, totaling 14,759 compared to 14,208 in October 2019.
 - The abandonment rate for October 2020 was five percent (5%), compared to two percent (2%) in October 2019.
 - The Department's service level was sixty-five percent (65%) in October 2020, compared to ninety-one percent (91%) in October 2019. Staffing challenges impact service levels. The Department continues to actively recruit to fill open positions. Two new hires are scheduled to start in November.
 - The Department continues to service members via multiple non-contact communication channels (telephonic, email, web-based requests) while honoring the 'shelter in place" order. The Department responded to 620 web-based requests in October 2020 compared to 451 in October 2019. The top three web requests were: 1). ID Card Requests; 2). Change of PCP 3). Update contact information.
 - The top five call reasons for October 2020 were: 1. Change of PCP, 2). Kaiser, 3). Eligibility/Enrollment, 4). Benefits, 5). ID Card Request. The top five call reasons for October 2019 were: 1) Eligibility/Enrollment, 2). Change of PCP, 3). Kaiser, 4). Benefits, 5). ID Card Request. Requests for Change of PCP call reason was higher in October 2020 compared to October 2019.
 - The average talk time (ATT) was six minutes and fifty-five seconds (06:55) for October 2020 compared to seven minutes and two seconds (07:02) for October 2019.

- Training:
 - New hire training is being conducted via a hybrid (remote/in-person) model by the managers/supervisors until staff returns to the office. IT is exploring alternative training applications to support full remote new hire call center

training. IT is exploring alternative training applications to support full remote new hire call center training. Routine training is conducted remotely by managers and supervisors.

Claims

- 12-Month Trend Summary:
 - The Claims Department received 120,149 claims in October 2020 compared to 125,442 in October 2019.
 - The Auto Adjudication was 78.5% in October 2020 compared to 71.6% in October 2019.
 - Claims compliance for the 30-day turnaround time was 99.1% in October 2020 compared to 98.3% in October 2019. The 45-day turnaround time was 99.9% in October 2020 compared to 99.9% in October 2019.

- Training:
 - Routine and new hire training is still being conducted remotely by the managers and supervisors until staff returns to the office.

- Monthly Analysis:
 - In October, we received a total of 120,149 claims in the HEALTHsuite system. This represents an increase of 8% from September and still remains lower, albeit by 5,293 claims, than the number of claims received in October 2019; the lower volume of received claims remains attributed to COVID-19.
 - We received 77% of claims via EDI and 23% of claims via paper.
 - During October, 99.9% of our claims were processed within 45 working days.
 - The Auto Adjudication rate was 78.5% for October.

Provider Services

- 12-Month Trend Summary:
 - The Provider Services Department's call volume in October 2020 was 5,982 calls compared to 6,716 calls in October 2019.

- Provider Services continuously works to achieve first call resolution and reduction of the abandonment rates. Efforts to promote provider satisfaction is our first priority.
- The Provider Services department completed 232 visits /calls/mailings during October 2020.
- The Provider Services department answered over 4,099 calls for October 2020 and made over 915 outbound calls.

Credentialing

- 12-Month Trend Summary:
 - At the Peer Review and Credentialing (PRCC) meeting held on October 20, 2020, there were forty (40) initial providers approved; thirteen (13) primary care providers, fourteen (14) specialists, zero (0) ancillary providers, and thirteen (13) midlevel providers. Additionally, twenty-six (26) providers were re-credentialed at this meeting; five (5) primary care providers, seventeen (17) specialists, zero (0) ancillary providers, and four (4) 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 October 2020, the Provider Dispute Resolution (PDR) team received 680 PDRs versus 766 in October 2019.
 - The PDR team resolved 898 cases in October 2020, compared to 787 cases in October 2019.
 - In October 2020, the PDR team upheld 78% of cases versus 76% in October 2019.
 - The PDR team resolved 99.6% of cases within the compliance standard of 95% within 45 working days in October 2020 compared to 98% in October 2019.

- Monthly Analysis:
 - AAH received 680 PDRs in October 2020.
 - In October, 898 PDRs were resolved. Out of the 898 PDRs, 702 were upheld, and 196 were overturned.

- The overturn rate for PDRs was 22%, which meet our goal of 25% or less.
- 894 out of 898 cases were resolved within 45 working days resulting in a 99.6% compliance rate.
- The average turnaround time for resolving PDRs in October was 43 days.
- There were 1,424 PDRs pending resolution as of 10/30/2020; with no cases older than 45 working days.

Community Relations and Outreach

- 12-Month Trend Summary:
 - The C&O Department reached 273 members through our member orientation outreach call campaign in October 2020 compared to 1,188 people in October 2019.
 - The C&O Department reached members in 19 cities*/unincorporated areas throughout Alameda County and the Bay Area in October 2020 compared to 10 cities/unincorporated areas in October 2019.

- Monthly Analysis:
 - The Outreach team completed 890 outreach calls and conducted 273 member orientations.
 - In October 2020, the C&O Department reached 273 individuals (273 or 100% self-identified as Alliance members) during outreach events and activities.
 - In October 2020, the C&O Department reached members in 19 cities*/unincorporated areas throughout Alameda County and the Bay Area.
 - Please see the attached **Addendum A**.

**Cities represent the mailing addresses for members who completed a Member Orientation by phone. The C&O Department started including these cities in the Q4 of FY20 Outreach Report.*

Operations

Supporting Documents

Member Services

Blended Call Results

Blended Results	October 2020
Incoming Calls (R/V)	14,759
Abandoned Rate (R/V)	5%
Answered Calls (R/V)	14,003
Average Speed to Answer (ASA)	01:07
Calls Answered in 30 Seconds (R/V)	65%
Average Talk Time (ATT)	06:55
Outbound Calls	9,425

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

Top 3 Web-Based Request Reasons (Medi-Cal and Group Care) October 2020
ID Card Request
Change of PCP
Update Contact Info

**Claims Department
September 2020 Final and October 2020 Final**

METRICS		
Claims Compliance	Sep-20	Oct-20
90% of clean claims processed within 30 calendar days	98.6%	99.1%
95% of all claims processed within 45 working days	99.9%	99.9%
Claims Volume (Received)	Sep-20	Oct-20
Paper claims	28,325	27,938
EDI claims	82,930	92,211
Claim Volume Total	111,255	120,149
Percentage of Claims Volume by Submission Method	Sep-20	Oct-20
% Paper	25.46%	23.25%
% EDI	74.54%	76.75%
Claims Processed	Sep-20	Oct-20
HEALTHsuite Paid (original claims)	97,777	78,013
HEALTHsuite Denied (original claims)	27,980	22,588
HEALTHsuite Original Claims Sub-Total	125,757	100,601
HEALTHsuite Adjustments	804	1,025
HEALTHsuite Total	126,561	101,626
Claims Expense	Sep-20	Oct-20
Medical Claims Paid	\$48,869,310	\$41,063,626
Interest Paid	\$28,629	\$22,564
Auto Adjudication	Sep-20	Oct-20
Claims Auto Adjudicated	94,167	79,000
% Auto Adjudicated	74.9%	78.5%
Average Days from Receipt to Payment	Sep-20	Oct-20
HEALTHsuite	18	18
Pended Claim Age	Sep-20	Oct-20
0-29 calendar days		
HEALTHsuite	8,131	14,240
30-59 calendar days		
HEALTHsuite	73	109
Over 60 calendar days		
HEALTHsuite	0	0
Overall Denial Rate	Sep-20	Oct-20
Claims denied in HEALTHsuite	27,980	22,588
% Denied	22.1%	22.2%

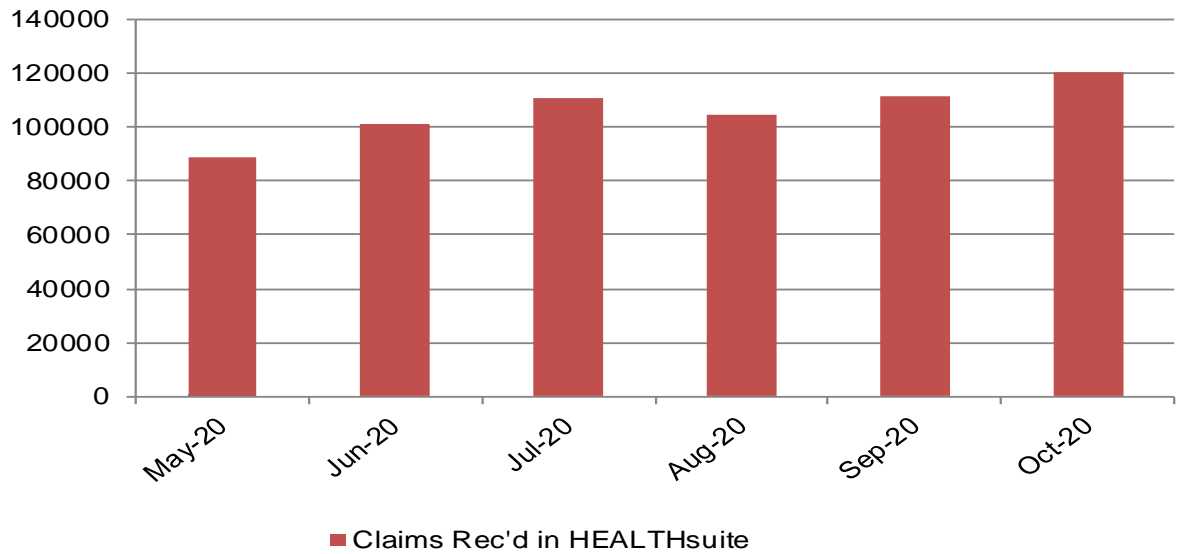
**Claims Department
September 2020 Final and October 2020 Final**

Oct-20

Top 5 HEALTHsuite Denial Reasons	% of all denials
Responsibility of Provider	23%
Must Submit as a Paper Claim with Copy of Primary Payer EOB	13%
Duplicate Claim	11%
Non-Covered Benefit for this Plan	9%
No Benefits Found For Dates of Service	6%
% Total of all denials	62%

Claims Received By Month

Run Date	6/1/2020	7/1/2020	8/3/2020	9/1/2020	10/1/2020	11/2/2020
Claims Received Through	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Claims Rec'd in HEALTHsuite	89,063	101,083	110,462	104,293	111,255	120,149



Provider Relations Dashboard October 2020

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Incoming Calls (PR)	6256	5179	6191	5630	5740	6281	6467	5547	5584	5982
Abandoned Calls	1354	566	921	981	781	1158	1612	889	1188	1883
Answered Calls (PR)	4902	4613	5270	4649	4959	5123	4855	4658	4396	4099
Recordings/Voicemails	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Incoming Calls (R/V)	680	309	517	563	376	588	747	405	632	1090
Abandoned Calls (R/V)										
Answered Calls (R/V)	680	309	517	563	376	588	747	405	632	1090
Outbound Calls	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Outbound Calls	1308	1187	1439	948	1032	1035	996	923	840	915
N/A										
Outbound Calls	1308	1187	1439	948	1032	1035	996	923	840	915
Totals	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Total Incoming, R/V, Outbound Calls	8244	6675	8147	7141	7148	7904	8210	6875	7056	7987
Abandoned Calls	1354	566	921	981	781	1158	1612	889	1188	1883
Total Answered Incoming, R/V, Outbound Calls	6890	6109	7226	6160	6367	6746	6598	5986	5868	6104

Provider Relations Dashboard October 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%	2.1%	2.1%	1.6%	2.6%	1.9%	2.0%	2.0%		
Benefits	4.7%	6.1%	0.6%	5.2%	4.3%	4.4%	7.2%	5.1%	2.5%	2.7%		
Claims Inquiry	40.7%	39.7%	41.9%	51.7%	54.8%	46.2%	49.7%	46.6%	47.8%	46.0%		
Change of PCP	3.2%	3.5%	3.7%	1.7%	2.1%	2.0%	2.5%	3.3%	2.3%	1.9%		
Complaint/Grievance (includes PDR's)	2.7%	2.9%	2.4%	2.5%	2.9%	2.3%	0.0%	2.5%	2.6%	3.3%		
Contracts	0.2%	0.4%	0.3%	0.3%	0.4%	0.4%	0.5%	0.5%	0.4%	0.4%		
Correspondence Question/Followup	0.0%	0.0%	0.1%	0.0%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%		
Demographic Change	0.1%	0.1%	0.1%	0.0%	0.1%	0.1%	0.1%	0.0%	0.1%	0.1%		
Eligibility - Call from Provider	27.7%	24.3%	25.3%	14.0%	14.8%	15.0%	18.7%	20.2%	24.1%	24.3%		
Exempt Grievance/ G&A	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%		
General Inquiry/Non member	0.2%	0.1%	0.2%	0.1%	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%		
Health Education	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
Intrepreter Services Request	2.0%	2.3%	2.8%	1.4%	1.6%	1.6%	2.3%	1.2%	1.7%	1.4%		
Kaiser	0.1%	0.3%	0.0%	0.3%	0.2%	0.2%	0.1%	0.0%	0.2%	0.2%		
Member bill	0.0%	0.0%	0.7%	0.8%	1.0%	0.9%	0.8%	0.7%	0.7%	3.2%		
Mystery Shopper Call	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
Provider Portal Assistance	2.3%	3.4%	6.3%	7.6%	6.4%	3.7%	4.2%	3.9%	4.5%	6.2%		
Pharmacy	0.8%	1.0%	0.7%	0.8%	0.8%	0.7%	0.5%	0.9%	0.8%	0.9%		
Provider Network Info	0.1%	0.3%	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%	0.2%	1.5%		
Transferred Call	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%		
All Other Calls	11.9%	12.1%	11.1%	11.2%	8.2%	20.7%	10.5%	12.7%	10.2%	5.9%		
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

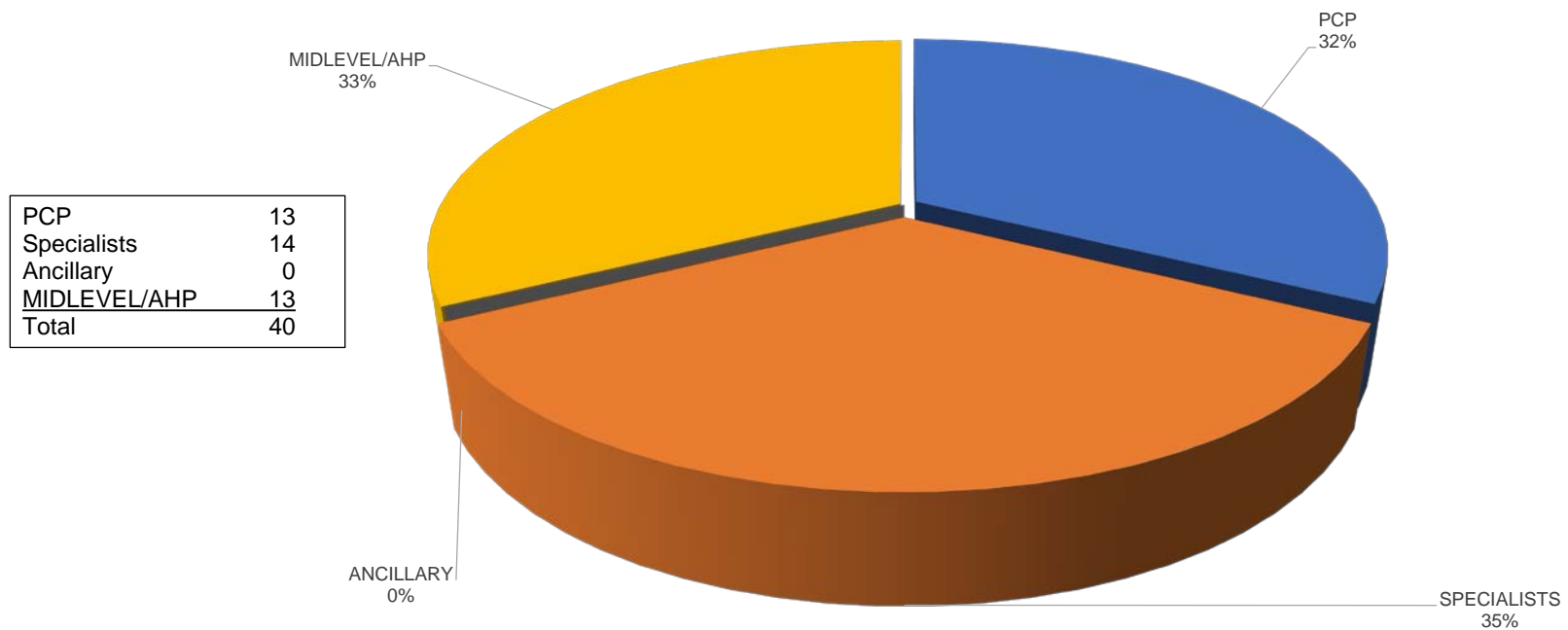
Field Visit Activity Details

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Claims Issues	8	3	6	31	33	11	4	4	12	13		
Contracting/Credentialing	1	2	2	22	24	9	1	3	7	10		
Drop-ins	12	6	48	6	0	0	0	0	0	0		
JOM's	2	3	4	3	1	4	2	4	2	3		
New Provider Orientation	17	3	3	22	23	11	4	7	1	27		
Quarterly Visits	64	124	23	177	145	147	204	281	162	173		
UM Issues	0	0	0	0	4	1	0	0	1	6		
Total Field Visits	104	141	86	261	230	183	215	299	185	232		

ALLIANCE NETWORK SUMMARY, CURRENTLY CREDENTIALLED PRACTITIONERS					
Practitioners	AHP 407	PCP 362	SPEC 658	PCP/SPEC 18	
					COMBINATION OF GROUPS
AAH/AHS/CHCN Breakdown	AAH 448	AHS 206	CHCN 429	362	
Facilities	262				
VENDOR SUMMARY					
Credentialing Verification Organization, Symply CVO					
	Number	Average Calendar Days in Process	Goal - Business Days	Goal - 98% Accuracy	Compliant
Initial Files in Process	20	32	25	Y	Y
Recred Files in Process	29	18	25	Y	Y
Expirables updated					
Insurance, License, DEA, Board Certifications					Y
Files currently in process	49				
CAQH Applications Processed in October 2020					
Standard Providers and Allied Health	Invoice not received				
October 2020 Peer Review and Credentialing Committee Approvals					
Initial Credentialing		Number			
	PCP	13			
	SPEC	14			
	ANCILLARY	0			
	MIDLEVEL/AHP	13			
		40			
Recredentialing					
	PCP	5			
	SPEC	17			
	ANCILLARY	0			
	MIDLEVEL/AHP	4			
		26			
TOTAL		66			
October 2020 Facility Approvals					
Initial Credentialing	0				
Recredentialing	4				
Facility Files in Process	37				
October 2020 Employee Metrics					
File Processing	Timely processing within 3 days of receipt	Y			
Credentialing Accuracy	<3% error rate	Y			
DHCS, DMHC, CMS, NCQA Compliant	98%	Y			
MBC Monitoring	Timely processing within 3 days of receipt	Y			

Initial/Recred				
LAST NAME	FIRST NAME	CATEGORY	INITIAL/RECRD	CRED DATE
Adachi	Marie	Primary Care Physician	Initial	10/20/2020
Adejumo	Oluwayemisi	Specialist	Initial	10/20/2020
Berry	Deborah	Allied Health	Initial	10/20/2020
Bradley	Lisa	Allied Health	Initial	10/20/2020
Chan	Tiffany	Allied Health	Initial	10/20/2020
Cheng	Debra	Primary Care Physician	Initial	10/20/2020
Chow	David	Specialist	Initial	10/20/2020
Davidson	Alyson	Primary Care Physician	Initial	10/20/2020
DeQuattro	Kimberly	Specialist	Initial	10/20/2020
Eelkema	Melissa	Primary Care Physician	Initial	10/20/2020
Garcia	Cora	Allied Health	Initial	10/20/2020
Grewal	Khushdeep	Primary Care Physician	Initial	10/20/2020
Hoffman	Robert	Specialist	Initial	10/20/2020
Huang	Lee-May	Allied Health	Initial	10/20/2020
Lai	Jennifer	Specialist	Initial	10/20/2020
Mays	Aisha	Primary Care Physician	Initial	10/20/2020
Mei	Yuyang	Primary Care Physician	Initial	10/20/2020
Miller	Daphne	Primary Care Physician	Initial	10/20/2020
Paryani	Rahul	Primary Care Physician	Initial	10/20/2020
Ponte	Sarah	Primary Care Physician	Initial	10/20/2020
Romanov	Rebecca	Primary Care Physician	Initial	10/20/2020
Saghezchi	Sohail	Specialist	Initial	10/20/2020
Scott	Karen	Allied Health	Initial	10/20/2020
Sekhon	Simranjit	Primary Care Physician	Initial	10/20/2020
Shah	Jay	Primary Care Physician	Initial	10/20/2020
Shah	Rajan	Specialist	Initial	10/20/2020
Sims	Yvette	Allied Health	Initial	10/20/2020
Sung	Nina	Specialist	Initial	10/20/2020
Tang	Sai Ying	Allied Health	Initial	10/20/2020
Taylor	Joan	Allied Health	Initial	10/20/2020
Thompson	Stephanie	Allied Health	Initial	10/20/2020
Tsui	Cynthia	Specialist	Initial	10/20/2020
Uche	An	Specialist	Initial	10/20/2020
Van Sickle	Alexis	Allied Health	Initial	10/20/2020
Vieaux	Jules	Specialist	Initial	10/20/2020
Walker	Erin	Allied Health	Initial	10/20/2020
Walton	Paulette	Allied Health	Initial	10/20/2020
Weeks	Andrew	Specialist	Initial	10/20/2020
Wright	Courtney	Specialist	Initial	10/20/2020
Zaman	Warda	Specialist	Initial	10/20/2020
Chavez-Johnson	Christina	Primary Care Physician	Recrd	10/20/2020
Chen	Cheng-I	Allied Health	Recrd	10/20/2020
Curtis	Valerie	Specialist	Recrd	10/20/2020
Cushman	James	Specialist	Recrd	10/20/2020
Demartini	David	Specialist	Recrd	10/20/2020
Dinh	Thanh	Allied Health	Recrd	10/20/2020
Furer	Jessica	Primary Care Physician	Recrd	10/20/2020
Gold	Karen	Allied Health	Recrd	10/20/2020
Kaur	Parveen	Primary Care Physician	Recrd	10/20/2020
Lance	Simone	Allied Health	Recrd	10/20/2020
Litwin	Richard	Specialist	Recrd	10/20/2020
Liu	Chaplin	Specialist	Recrd	10/20/2020
Murphy	John	Primary Care Physician	Recrd	10/20/2020
Plotkin	Mindy	Specialist	Recrd	10/20/2020
Ray	Subhransu	Specialist	Recrd	10/20/2020
Reinganum	Sara	Specialist	Recrd	10/20/2020
Roark	John	Specialist	Recrd	10/20/2020
Shih	Chuanfang	Primary Care Physician	Recrd	10/20/2020
Tay	David	Specialist	Recrd	10/20/2020
Turzan	Charles	Specialist	Recrd	10/20/2020
Uhl	Valery	Specialist	Recrd	10/20/2020
Virk	Bhupinder	Specialist	Recrd	10/20/2020
Wong	Robert	Specialist	Recrd	10/20/2020
Wu	Danny	Specialist	Recrd	10/20/2020
Wulff	Christopher	Specialist	Recrd	10/20/2020
Yu	Jenny	Specialist	Recrd	10/20/2020

OCTOBER PEER REVIEW AND CREDENTIALING INITIAL APPROVALS BY SPECIALISTS



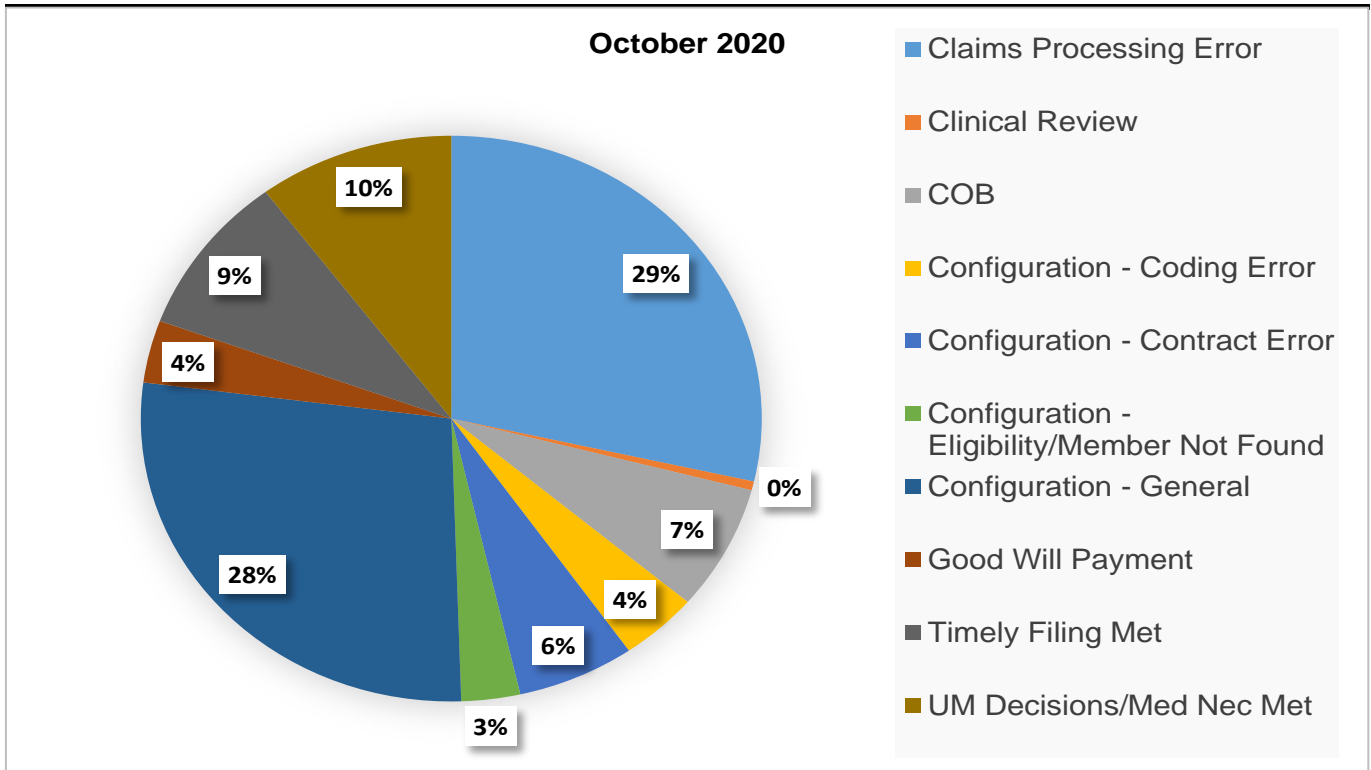
**Provider Dispute Resolution
September 2020 Final and October 2020**

METRICS			
PDR Compliance		Sep-20	Oct-20
# of PDRs Resolved		564	898
# Resolved Within 45 Working Days		562	894
% of PDRs Resolved Within 45 Working Days		99.6%	99.6%
PDRs Received		Sep-20	Oct-20
# of PDRs Received		780	680
PDR Volume Total		780	680
PDRs Resolved		Sep-20	Oct-20
# of PDRs Upheld		414	702
% of PDRs Upheld		73%	78%
# of PDRs Overturned		150	196
% of PDRs Overturned		27%	22%
Total # of PDRs Resolved		564	898
Average Turnaround Time		Sep-20	Oct-20
Average # of Days to Resolve PDRs		38	43
Oldest Unresolved PDR in Days		44	45
Unresolved PDR Age		Sep-20	Oct-20
0-45 Working Days		1,642	1,424
Over 45 Working Days		0	0
Total # of Unresolved PDRs		1,642	1,424

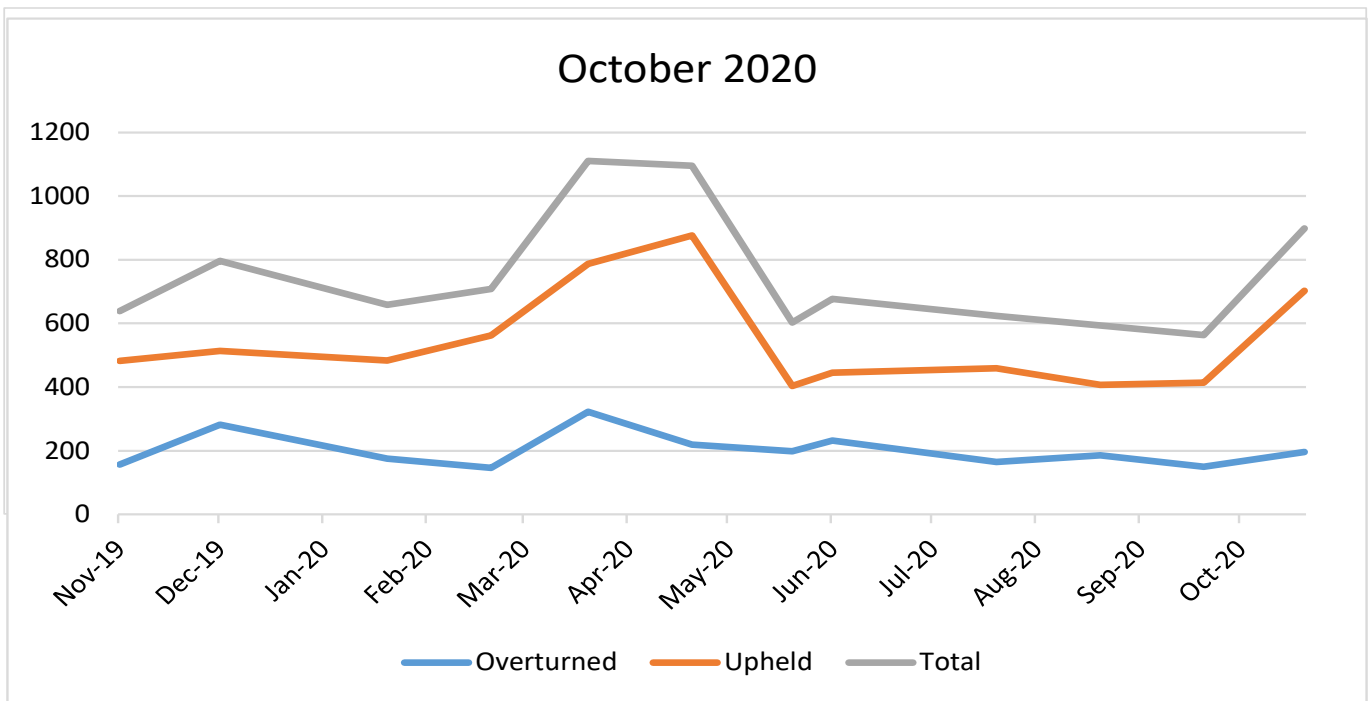
Provider Dispute Resolution September 2020 Final and October 2020

Oct-20

PDR Resolved Case Overturn Reasons



Rolling 12-Month PDR Trend Line



COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

FY 2020-2021 | **OCTOBER 2020** OUTREACH REPORT

ALLIANCE IN THE COMMUNITY

FY 2020-2021 | OCTOBER 2020 OUTREACH REPORT

During October 2020, the Alliance completed **890** member orientation outreached calls and conducted **273** member orientations (**31%** member participation rate).

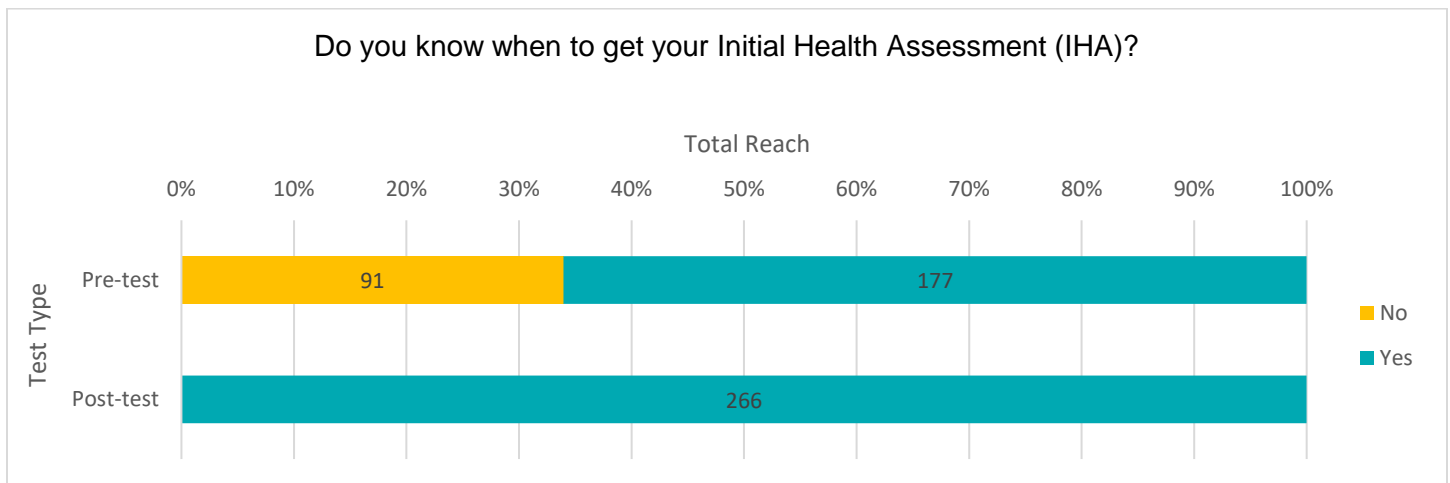
The majority of people reached at member orientations (MO) are Alliance Members. Approximately 20% of the people reached during community events are Medi-Cal Members, of which approximately 82% are Alliance members based on Managed Care Enrollment Reports. Additionally, the Outreach Team began tracking Alliance members at community events in late February 2018. Since July 2018, **21, 695** self-identified Alliance members were reached during outreach activities.

On **Monday, March 16, 2020**, the Alliance began assisting members by telephone only, in accordance with the statewide Shelter-in-Place (SIP) 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 18, 2020**, the Alliance began conducting member orientations by phone.

The Alliance Member Orientation (MO) program has been in place since August 2016. In 2019, the program was recognized as a promising practice to increase member knowledge and awareness about the Initial Health Assessment (IHA), by the Department of Health Care Services (DHCS), Managed Care Quality and Monitoring Division (MCQMD). We have steadily increased program participation. Our 2019 6-month average participation rate was **111** members per month. Between October 1, through October 31, 2020 (22 working days) – **273** net new members completed a MO by phone.

After completing a MO **100%** of members who completed the post-test survey in October 2020 reported knowing when to get their IHA, compared to only **66%** of members who completed the pre-test knowing when to get their IHA.




All report details can be reviewed at: **W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Outreach Reports\FY 20-21\Q2\1. October 2020**

ALLIANCE IN THE COMMUNITY

FY 2020-2021 | OCTOBER 2020 OUTREACH REPORT


FY 2019-2020 OCTOBER 2019 TOTALS



7 COMMUNITY EVENTS
MEMBER EDUCATION
8 EDUCATION EVENTS
MEMBER ORIENTATIONS
20 MEETINGS/
PRESENTATIONS
37 TOTAL INITIATED/
INVITED EVENTS
TOTAL
26 COMPLETED
EVENTS



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




184 TOTAL REACHED AT
COMMUNITY EVENTS
930 TOTAL REACHED AT
MEMBER EDUCATION
EVENTS
74 TOTAL REACHED AT
MEMBER ORIENTATIONS
0 TOTAL REACHED AT
MEETINGS/PRESENTATIONS
319 MEMBERS REACHED AT
ALL EVENTS
1188 TOTAL REACHED
AT ALL EVENTS



\$5,325.00
TOTAL SPENT IN
DONATIONS,
FEES &
SPONSORSHIPS*

FY 2020-2021 OCTOBER 2020 TOTALS



0 COMMUNITY
EVENTS
MEMBER
EDUCATION
3 EDUCATION
EVENTS
18 MEMBER
ORIENTATIONS
MEETINGS/
PRESENTATIONS
0 COMMUNITY
TRAINING
21 TOTAL INITIATED/
INVITED EVENTS
TOTAL
0 COMPLETED
EVENTS



*
19 CITIES
Alameda
Berkeley
Brentwood
Castro Valley
Dublin
Emeryville
Fairfield
Fremont
Hayward
Livermore
Newark
Oakland
Pleasanton
San Jose
San Leandro
San Lorenzo
Union City
Visalia
Westminster



0 TOTAL REACHED AT
COMMUNITY EVENTS
0 TOTAL REACHED AT
MEMBER EDUCATION
EVENTS
273 TOTAL REACHED AT
MEMBER ORIENTATIONS
0 TOTAL REACHED AT
MEETINGS/PRESENTATIONS
0 COMMUNITY TRAINING
273 MEMBERS REACHED AT
ALL EVENTS
273 TOTAL REACHED
AT ALL EVENTS



\$0
TOTAL SPENT IN
DONATIONS,
FEES &
SPONSORSHIPS*

*Cities represent the mailing addresses for members who completed a Member Orientation by phone. The italicized cities are outside of Alameda County. The C&O Department started including these cities in the Q4 FY20 Outreach Report.



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Compliance

Richard Golfin, III

To: Alameda Alliance for Health Board of Governors

From: Richard Golfin III, Chief Compliance & Privacy Officer

Date: November 13, 2020

Subject: Compliance & Legal Report

State Audit Updates

- 2020 DHCS Focused Audit:
 - On October 23, 2020, the DHCS sent notice to the Plan of a focused audit involving the Plan's delegate, CHCN. This focused audit was triggered by complaints lodged with DHCS by Kindred Hospital. The review period for the audit is two years, from October 1, 2018, through September 30, 2020. The scope of the audit includes Administration, Utilization Management, Concurrent Review, Quality, Claims and Provider Disputes. The entrance conference is scheduled for November 10, 2020. The Alliance submitted requested file universes on October 30, 2020. The remaining requested documents will be submitted by November 9, 2020.

Regulatory Updates

- COVID-19 Network Metrics and Reporting to State Regulators:
 - Since mid-March, the Plan has reported to the DHCS, daily metrics of new COVID-19 positive tests and COVID-19 related hospitalizations. The most recent report listed 1018 hospital admissions associated with COVID-19 since tracking began. On October 13, elementary schools throughout Alameda County were permitted to open (56 schools, Grades K-6), and the County remains in the Orange-tier regarding COVID-19 spread. The Plan monitors information from the Alameda County Department of Public Health to ensure it remains responsive to its members and staff during the COVID-19 Public Health Emergency.
- Behavioral Health Integration (BHI) Incentive Program:
 - The BHI Incentive program is an element of the State's efforts to expand fully-integrated care in the Medi-Cal managed care program. The program provides Prop 56 funding to incentivize improvement of physical and behavioral health outcomes, care delivery and patient experience within the provider network. Providers approved in the program were required to submit applications to the Plan in early 2020. On November 2, 2020, the State approved the Plan's BHI Incentive Program beginning January 1, 2021 – December 31, 2022. Following approval, the Plan has mobilized to prepare its participating network providers for enhanced care delivery under the program. Staff from the Compliance and Legal Departments will assist

in contract development and review to ensure all necessary processes are in place prior to the program launch on January 1.

- Compliance with AB2207 Plan Dental Liaison:
 - In recent weeks the DHCS flagged a concern raised by advocacy groups regarding requirements in AB 2207 (Chapter 613, Statutes of 2016). The bill requires Plans to identify liaisons that are able to coordinate care with managed Denti-Cal and dental FFS members. There is sentiment within the Medi-Cal space that Plans are not properly operating in compliance with AB 2207. Compliance Staff are leading an internal evaluation of current processes to determine compliance with AB 2207. Given this is an issue raised to the DHCS from advocacy groups across the State, the Compliance Staff work proactively to identify potential risks. Proactive preparation in this manner will ensure the Plan is best situated to respond, if necessary, in the event the Department follow-up their concerns with an APL or focused audit.

Plan Policy Development

- Development of the Delegation Oversight Committee (DOC):
 - The Plan has completed its re-development of the DOC, a committee tasked with oversight of delegation agreements, delegated responsibilities, and delegate performance of subcontracted downstream entities. Staff are pleased to release an updated charter, revised membership, and new governance structure meant to provide a platform for review and decision-making in one of the most complex areas of Medi-Cal managed care delivery. Currently, activity surrounding delegates is discussed in the Compliance Committee. Those reports and updates will transition to the DOC and summaries of the activity discussed in the DOC will be provided, in-turn, to the Compliance Committee. This change will ensure discussion surrounding the Plan's delegation programs are afforded time and subject matter expertise in a committee setting.
- Development of the Alameda Alliance Privacy Office and Privacy Program:
 - Compliance Staff have partnered with the Security Team to develop the foundation for an enterprise-wide Privacy and Security program. Through collaboration between the Chief Compliance & Privacy Officer and the Chief Information Security Officer, new processes are under development to establish the Privacy and Security Offices and bring information safety and security to the forefront of our business. In development of the Privacy Program specifically, the Privacy Office is recruiting a dedicated FTE to handle, report, investigate and triage privacy referrals. In addition, meetings have been held to coordinate privacy notifications and privacy protocol across the Plan, and monthly strategy sessions start in December between the Privacy and Security teams. The final step in establishing the Privacy Office will be to build a complete catalog of policies and procedures to define the Plan's steps in managing privacy compliance across the network and within the Plan.



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Health Care Services

Steve O'Brien, MD

To: Alameda Alliance for Health Board of Governors

From: Dr. Steve O'Brien, Chief Medical Officer

Date: November 13, 2020

Subject: Health Care Services Report

Utilization Management: Outpatient

The Outpatient UM team continues to maintain Turn-Around-Times (TAT) above benchmark.

- TruCare, the computer software used by the UM team, will be upgraded to the web-based version in December, following the successful upgrade to 8.0. The team is working with IT and TruCare on training staff and testing the system in preparation for the change.
- The UM team is receiving authorizations submitted online via the Provider Portal. About 30% of referrals are being received via the Portal, and plans will be developed to increase usage by providers. Use of the Provider Portal is expected to increase satisfaction of providers and improve productivity in the UM team.
- NOA (Notice of Action) Letter monitoring is continuing, in order maintain regulatory compliance and have consistent processes. Engagement with delegates on monitoring their NOAs is going well.
- The UM team is working with Stanford Oncology, which gives our members access to clinical oncology care and clinical trials at Stanford.
- OP UM is sharing data with CHCN to align processes and work collaboratively on initiatives.

Outpatient Authorization Denial Rates			
Denial Rate Type	August 2020	September 2020	October 2020
Overall Denial Rate	4.3%	4.0%	3.1%
Denial Rate Excluding Partial Denials	4.1%	3.8%	2.9%
Partial Denial Rate	0.2%	0.2%	0.2%

Turn Around Time Compliance			
Line of Business	August 2020	September 2020	October 2020
Overall	99%	99%	99%
Medi-Cal	99%	99%	99%
IHSS	97%	99%	98%
<i>Benchmark</i>	<i>95%</i>	<i>95%</i>	<i>95%</i>

Utilization Management: Inpatient

The impact of the pandemic is affecting the Inpatient hospitalization rates: The rate of hospitalization was at the start of the pandemic was 30% down, but most recently has gone to only 10% below normal levels.

- Inpatient UM continues to place members with Bay Area Community Services, (BACS) respite beds at the Henry Robinson center. This provides homeless members a safe place to recuperate from a hospitalization instead of going directly back to the street after a hospitalization. We also have multiple members in the Alameda County run COVID hotels.
- TruCare, the software used by UM, successfully launched to the 8.0 version on September 26th, and are now preparing for the web-based upgrade in December.
- The clinical criteria used by UM, called MCG, was upgraded to the latest version in October, to ensure that the Alliance uses the most up to date evidenced based criteria to review and approve care.
- The inpatient team works with Case Management on the Transition of Care bundle for members transitioning out of Alameda Health System, and for any members discharging with a diagnosis of COVID.
- IP UM is working actively with CHCN to further align processes and collaboratively work on initiatives such as NOAs and safe discharges of complex members.

Inpatient Utilization			
Total All Aid Categories			
Actuals (excludes Maternity)			
Metric	July 2020	August 2020	September 2020
Authorized LOS	6.2	5.1	5.4
Admits/1,000	52.2	57.8	54.9
Days/1,000	321.7	294.4	298.7

Pharmacy

Pharmacy has 99.9% turn-around time compliance for Medical line of business and 100% turn-around time compliance for Group Care line of business.

- Outpatient initial approval rate is 41% and denial rates are 28%. The approval rate was increased while denial rates decreased compared to previous reporting periods. Medications for pain, acne, diabetes, high triglyceride levels, and chronic kidney disease medications share formulary issues as the most common reason for denials. AAH offers clinically equal and more cost-effective formulary alternatives.
- DHCS intends to proceed with pharmacy carve-out implementation effective 1/1/2021. Magellan and DHCS sent out communication to all enrolled providers and members. After post carve-out, the State of California will take back many pharmacy responsibilities including drug coverage, rebate, utilization management

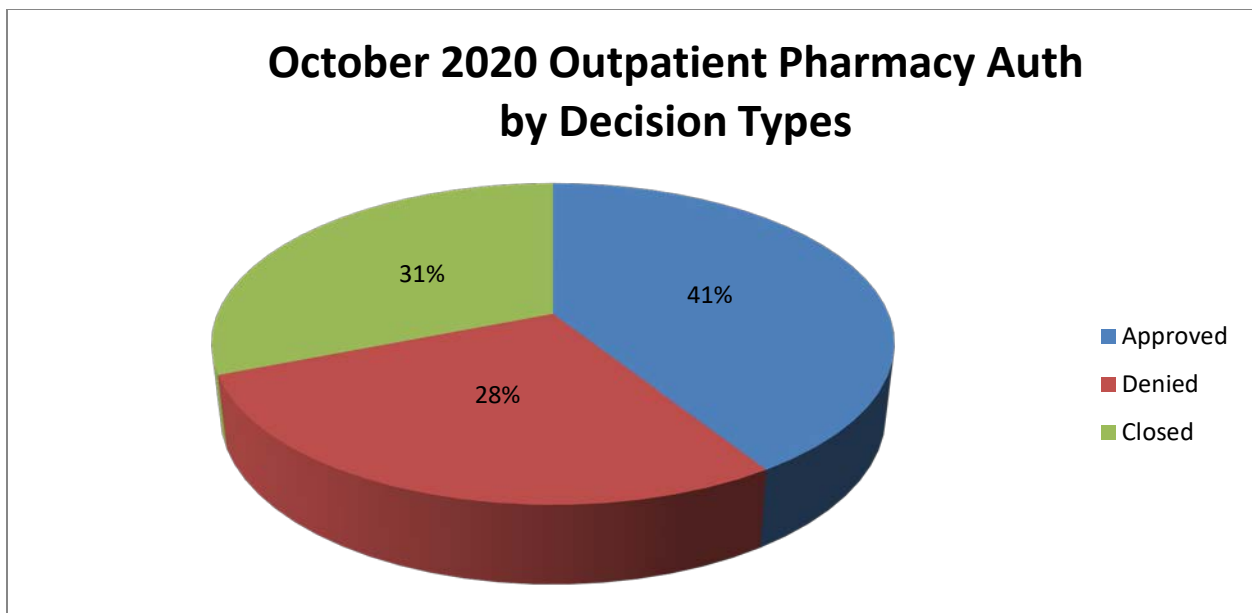
and pharmacy provider network. AAH is to maintain beneficiary care coordination, drug adherence, disease and medication management, in authorization, denial & appeals of physician administered drugs (PAD) and outpatient infusion drugs. The pharmacy team has worked closely with Project Management and other departments to prepare for the transition. Mailings informing members will be sent out toward the end of November.

- 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 and medication management, and generic utilization. Senior Pharmacy Director Helen Lee is also leading initiatives on Asthma Affinity Work Group, biosimilar optimization, PAD focused partnership, and channel management, site of care and infusion strategy.

Outpatient Pharmacy Prior Authorization Request Summary October 2020

Summary Table

Decisions	Number of PAs Processed
Approved	921
Denied	689
Closed	624
Total	2234



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	TRETINOIN 0.05% CREAM	Acne	Criteria for approval not met
3	VASCEPA 1 GM CAPSULE	High triglyceride levels	Criteria for approval not met
4	TRETINOIN 0.025% CREAM	Acne	Criteria for approval not met
5	JANUVIA 100 MG TABLET	Diabetes	Criteria for approval not met
6	FREESTYLE LIBRE 14 DAY READER	Diabetes	Criteria for approval not met
7	ADAPALENE 0.1% GEL	Acne	Criteria for approval not met
8	FREESTYLE LIBRE 14 DAY SENSOR	Diabetes	Criteria for approval not met
9	SEVELAMER CARBONATE 800 MG TAB	Chronic kidney disease	Criteria for approval not met

Case and Disease Management

The TruCare, the computer software used by the CM team, was upgraded to the latest version, 8.0, on September 26th and is now preparing for the next upgrade to the web-based version in December.

- A focus for Medical Expense Reduction is reducing Readmissions, and the CM department has launched focused work in this area, now working with both AHS and Sutter.
 - One outcome expected from the Transition of Care (TOC) bundle deployed in pilot phase with Alameda Health System's three campuses is a reduction in readmission rates.
- CM is working with the AAH HHP on developing an internal CB-CME staffed by the CCM staff, in order to provide HHP services to more of the AAH's most vulnerable members.
- The care bundle in Oncology has launched, emphasizing using AAH member benefits, such as transportation, as tools to help members more successfully engage in care.

- The Health Information Form and Member Evaluation Tool (HIFMET) is now being managed by Case Management in order to better understand and intervene on the health issues reported by individual members.

Health Homes & Alameda County Care Connect (AC3)

- Monitoring of our HHP network performance is a focus for FY19/20, both for medical CB-CMEs and CB-CMEs for Severe Mental Illness, (SMI).
- A quality improvement project for services to members who are homeless has launched, with the goal for the CB-CMEs are using best practice interventions for this vulnerable set of members.
- Bay Area Community Services, (BACS) has launched as a CB-CME for people with SMI.
- A second SMI-focused CB-CME is in contract discussions.
- Work is moving forward with CM on developing an internal CB-CME in order to serve more members in our HHP that are not associated with an existing CB-CMEs.
- A team from AAH HCS, Analytics and Finance is planning our Population Health strategy, based on prioritization of our target populations.

Case Type	New Cases Opened in September 2020	Total Open Cases As of September 2020
Care Coordination	243	588
Complex Case Management	33	77
Transitions of Care	244	485

Grievances & Appeals

All cases were resolved within the goal of 95% within regulatory timeframes;

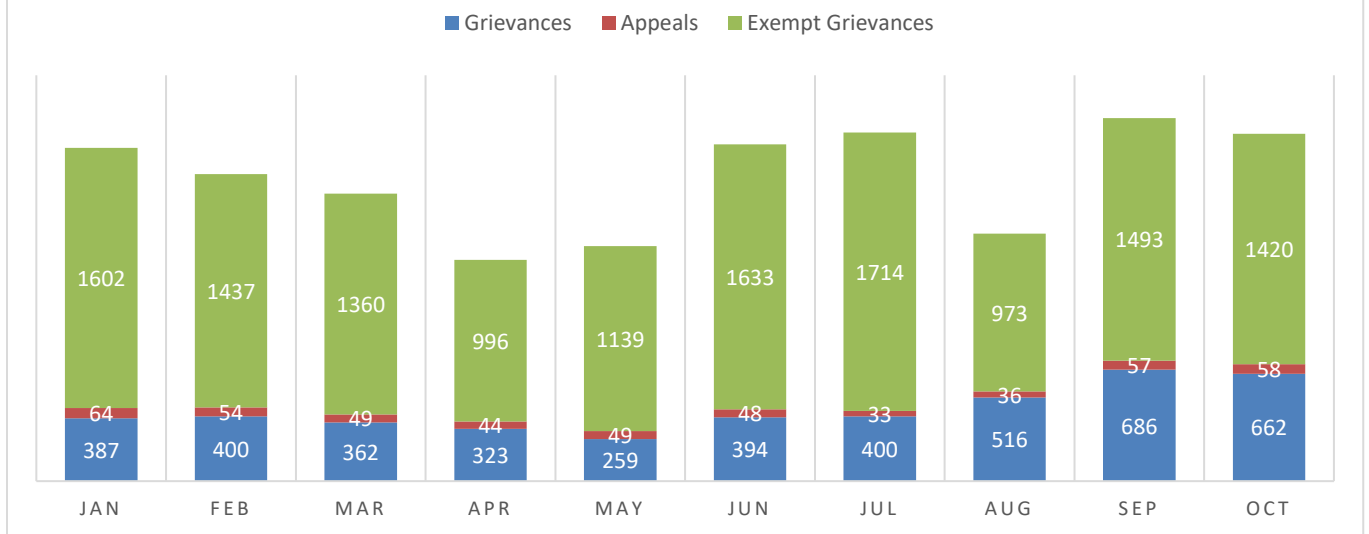
- Total grievances resolved in September went over our goal of less than 1 complaint per 1,000 members at 8.13 complaints per 1,000 members;
- The Alliance’s goal is to have an overturn rate of less than 25%, for the reporting period of October 2020; we did not meet our goal at 36.0% overturn rate;

October 2020 Cases	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	718	30 Calendar Days	95% compliance within standard	708	98.6%	2.65
Expedited Grievance	4	72 Hours	95% compliance within standard	4	100.0%	0.01
Exempt Grievance	1,427	Next Business Day	95% compliance within standard	1,415	99.2%	5.27
Standard Appeal	47	30 Calendar Days	95% compliance within standard	46	97.9%	0.17
Expedited Appeal	3	72 Hours	95% compliance within standard	3	100.0%	0.01
Total Cases:	2,199		95% compliance within standard	2,176	98.9%	8.13

*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.)

- Grievance tracking and trending by quarter:
 - There has been an overall increase of standard grievances in the month of October due to a change in process with Member Services.
 - Process change for coverage disputes, all cases that fall under that category have to be forwarded to the G&A Department for written correspondence even if they could be resolved within the next business day, examples include:
 - Member calling to ask for reimbursement of monies paid, we used to capture as exempt and refer them to the website to complete the reimbursement form.
 - Member calling with regards to being balanced billed, member services used to contacted the provider to bill the Alliance.
 - Denied pharmacy services at point of sale, member services used to educate the member that they were either OON or the medication required a PA and close as an exempt grievance.
 - IHSS Copays, we have had an increase of grievances related to IHSS members calling to complain about copays. The Alliance waived copays for IHSS members due to COVID-19, it was effective from 3/16 through 7/31, and members are upset that they now have to pay when they have not been paying since March. These complaints fall under coverage disputes and are being handled by the G&A Department.

TOTAL GRIEVANCES - 2020 BY RECEIVED MONTH



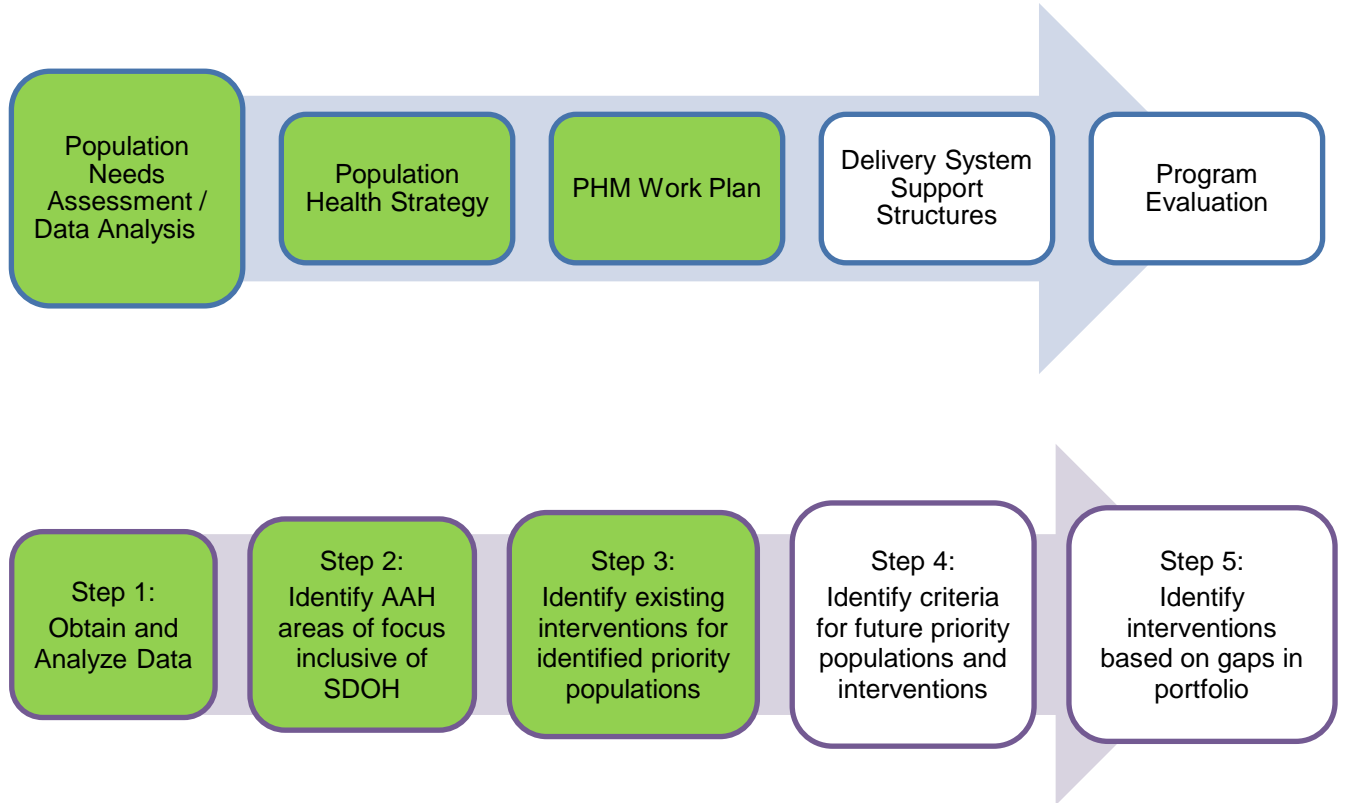
- Coverage disputes accounted for 53.9% of the total of standard grievances resolved in September; coverage disputes are separated into two categories, billing and benefit disputes. Under billing, cases that involve members being billed, members being balanced billed, and members requesting reimbursement for monies paid. Under benefit, cases that involve members being denied services; for example, when a member goes to a pharmacy out of county and gets denied a fill/refill because they are not within network.

Quality Assurance

- The Alliance is currently in the process of preparing for our upcoming audits with DMHC, DHCS and NCQA. NCQA will conduct their review of UM 7B in February 2021, we are conducted routine monthly audits of NOAs both internally and with our delegates to ensure that we are meeting the requirements outlined in Element UM 7B.

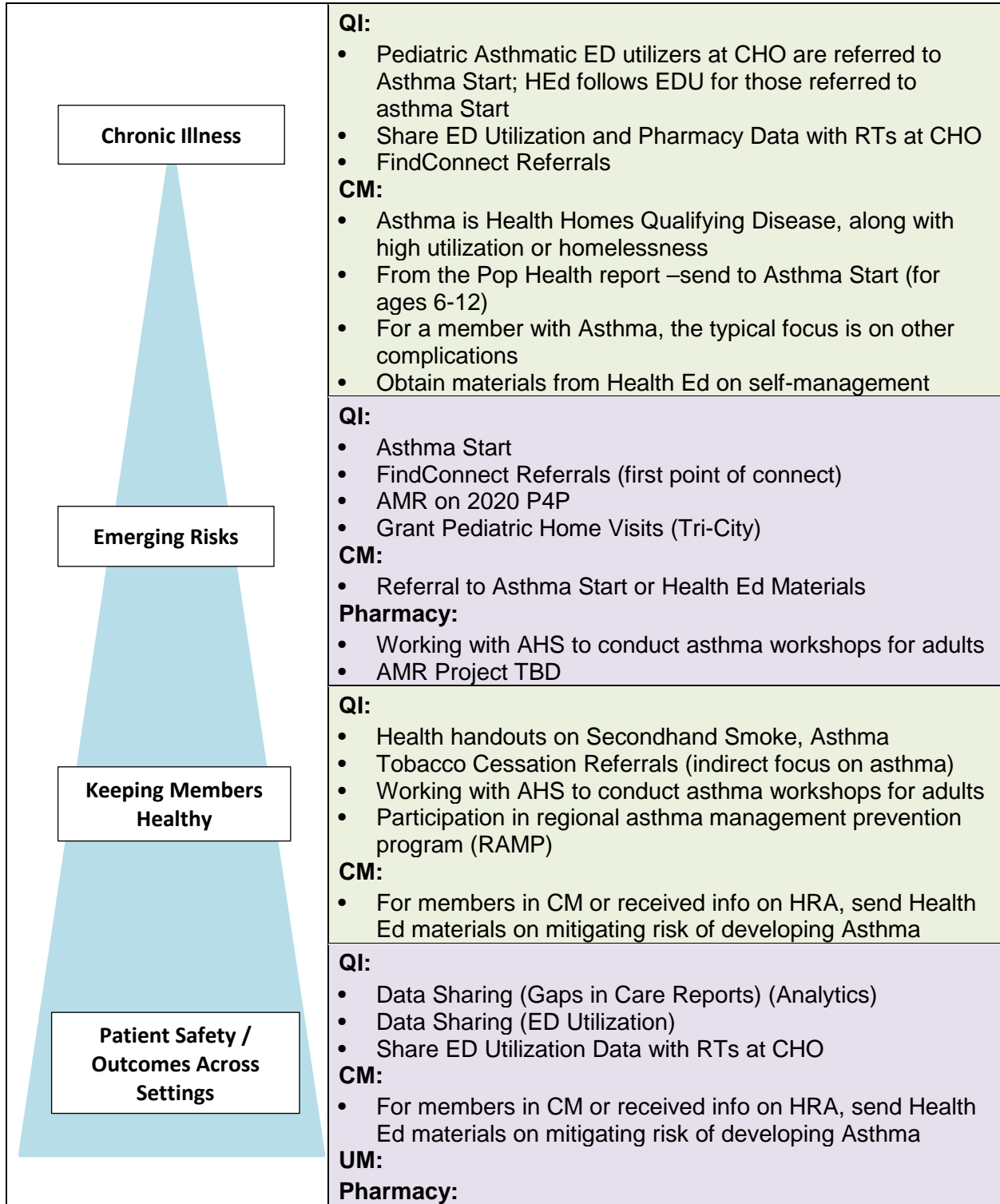
Quality

Population Health Management (PHM) and the Population Needs Assessment (PNA) informs the Alliance strategies for managing the engagement, treatment, and clinical outcomes of selected populations. 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. Work Plan execution through related initiative and activities is currently underway.

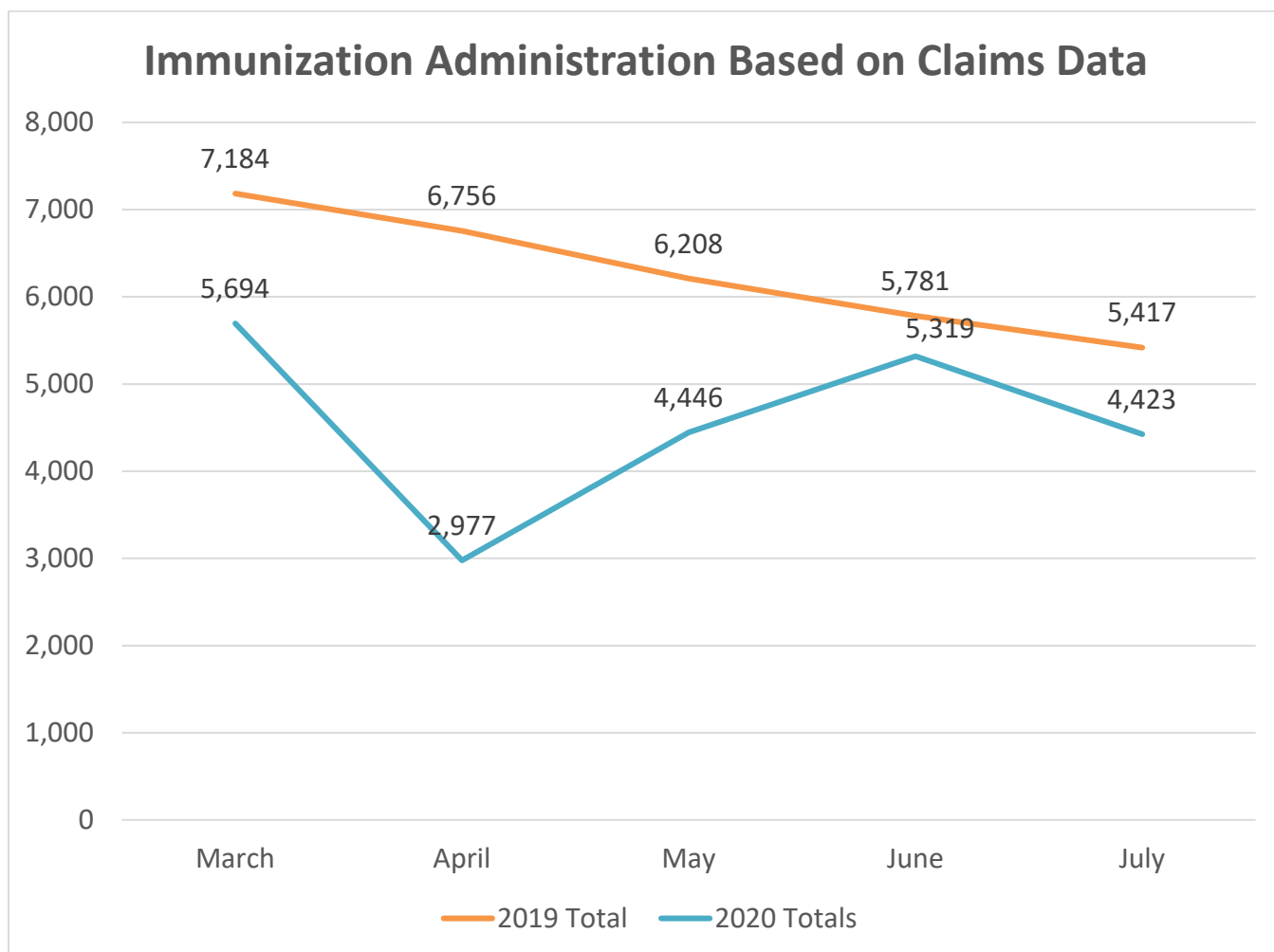


NCQA targeted focus goals for population health management include:

Figure 1: Example of Goals by Acuity



- AAH continues its commitment to Pediatric Care Coordination (PCC), as part of our pediatric strategy in FY21. 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 targeted 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, remains a focus of this exciting pilot for FY21. Targeted focus for campaign Well Child and Adolescent Care Visits including 1) IZ and 2) Blood Lead Screening. There has been a 27.09% decrease in the number of vaccines given 2020 compared to 2019 as well as a decrease in pediatric well-child visits. Quality, Health Education, and Communications & Outreach departments continue outreach efforts to promote preventive care PCP visits for exams and screenings.



HEDIS Measure	2019 Compliance Rate	2020 Compliance Rate	Variance
W15 - well child visits for ages 0-15mo	33.92%	33.72%	-0.20%
W34 - well child visits for up to age 6	43.44%	26.61%	-16.82%
AWC - adolescent visits for ages 12-21	25.49%	14.71%	-10.78%

- The Alliance launched its Pediatric Preventive Care Outreach mailer campaign. This outreach campaign targets Alliance beneficiaries 0 up to age 7, who have not utilized or, under-utilized preventive care services available to them as part of their EPSDT benefit. *Phase 1* of the campaign, began on November 2 and ends December 31, 2020, outreaches to members 0 up to age 3. *Phase 2* of the campaign begins February 1 and ends March 31, 2020 targets members 3 up to age 7. The Alliance also has Pediatric Care Coordination Pilots in place with Alameda County First Five and Community Health Center Network designed to assist us with outreach to our members promoting preventive care service exams and screenings via Well Child visits with an emphasis on receiving Immunizations and Blood Lead Level screenings.
- CBO Partnerships As part of our quality improvement strategy to improve overall care and outcomes for members, as well as, improve collaboration in the community, AAH is continuing its partnership with county and community initiatives including, Food as Medicine and Asthma Start (pediatric asthma case management), and Alameda County First 5 for FY21.
- Quality Improvement Projects As part of our quality improvement strategy to improve our HEDIS rates, the QI Department has actively been developing interventions to improve health outcomes for our members for the following HEDIS measures:
 - Controlling Blood Pressure (CBP) - Reach 100 Asian members with hypertension assigned to Asian Health Services and have a controlled BP of <140/90 by December 31, 2020.
 - Well-Child Visits for Children (WCV) 3-21 years old - Currently working with 9 providers to improve WCV compliance rates by offering a member incentive.

- Comprehensive Diabetic Care (CDC) - Targeted mailer and outreach to noncompliant African American male members to encourage them to receive their annual HbA1c test by offering a member incentive.
- Access to Care: Multiple member and provider surveys are completed throughout the year to assess member Access to Care. Access standards are established by state/federal regulations and outlined within AAH internal Policy & Procedures. Policy requires the plan to issue Corrective Action Plans to providers found to be non-compliant with access standards. The Alliance understands that COVID-19 has changed the landscape of office visit care delivery with a shift to telephonic/telehealth visits as a new norm. Like many local and national HPs the Alliance has seen a decline in members accessing care, due to safety concerns on part of the members and providers, as well as, office staff shortages. The Quality department has revised its CAP tool and process to support and minimize administrative burden on provider office resources while maintaining expected regulatory compliance with access standards.
- 2019 CAHPS Members Consumer Assessment of Healthcare Providers and Systems Survey and the 2019 Provider Satisfaction Survey
 - Survey Goals:
 - To measure how well plans meet their members' expectations and goals
 - To determine which area of service have the greatest effect on members' overall satisfaction
 - To identify the areas of opportunity for improvement

Improvement Strategies:

- Discussion of improvement strategies using data and the PDSA quality improvement model resulted in the development of cross functional stakeholder work groups.
- "Did you know" Provider Outreach and Education Campaign initiated in August. 8 weeks of provider engagement and education about provider focused initiatives currently in existence with the plan
- Provider office staff focus groups also being considered

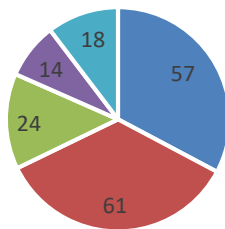
Potential Quality Issues (PQI) Aging Report

- A PQI is defined as a suspected deviation from expected provider performance, clinical care or outcome of care that requires further investigation to determine whether an actual quality issue exists. Recent extension of PQI TAT from 90 days to 120 days (from receipt to resolution date) has afforded the department additional time to achieve maintain compliance for 1) continued development and deployment of operation efficiencies, 2) procurement medical records from provider offices with staffing shortages and 3) timely internal investigation and resolution in light of department staffing shortages. The Quality team has recently added another Quality Review nurse to our team. This addition will support the department in managing regulatory compliance for PQIs.

As of Oct 1, 2020, the Alliance transition of Telephonic Interpreter Services via CyraCom vendor is complete. A small group of provider offices are needing assistance with video capability. Updated guides for accessing interpreter services and Interpreter Services Request form are available for providers.

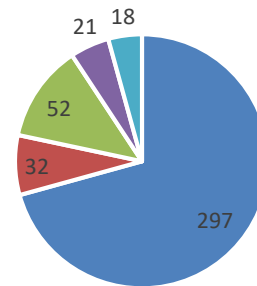
- Quality Award and Recognitions – The Alliance
 - Dr. Bertram Lubin Award – To recognize and honor a community Pediatrician who demonstrates high quality of care in their practice and dedication to inclusive community health care serve delivery, with the fervor exhibited by Dr. Lubin. We are pleased to have BOG member Dr. Kelley Meade as a physician champion providing input into criteria for this prestigious award. The award framework has been developed and

PQI Aging Report as of 9/30/20
n=174



■ <=30 ■ >30<=60 ■ >60<=90 ■ >90<=120 ■ >120

PQI Aging Report as of 10/30/20
n=420



■ <=30 ■ >30<=60 ■ >60<=90 ■ >90<=120 ■ >120

nomination and selection committee seated to begin the candidate selection and vetting process.



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Information Technology

Sasikumar Karaiyan

To: Alameda Alliance for Health Board of Governors
From: Sasi Karaiyan, Chief Information & Information Security Officer
Date: November 13, 2020
Subject: Information Technology Report

Call Center System Availability

- AAH phone systems and call center applications performed at 100% availability during the month of October despite supporting 95% of 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 Center Application Environment:
 - Calabrio, Cisco Call Manager and Cisco Unity has been upgraded successfully.
 - 2 Ring and Cisco Unified Contact Center are now in progress.

Office 365 Project

- The Alliance completed the migration of all 340 staff members to the Office 365 Microsoft cloud platform. The scope of the Office 365 project includes migration of our current corporate email Outlook and mobile device infrastructure to the Microsoft cloud services. Currently, we are rehydrating 80% of the archive email to the Microsoft O365, and soon the corporate email Outlook will be retired.

Encounter Data

- In the month of October, AAH submitted 76 encounter files to DHCS with a total of 241,336 encounters.

Enrollment

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

HealthSuite

- The HealthSuite application continued to operate normally with an uptime of 99.99%.

- The HealthSuite system is currently being upgraded to version 20.xx from version 16.03. This upgrade will enable the Alliance to use new capabilities and will match the current market version. This is expected to be complete before the end of December 2020.

TruCare

- The TruCare application continued to operate normally with an uptime of 99.99%. A total of 8,775 authorizations were loaded and processed in the TruCare application.
- TruCare V8.0 is being upgraded to the latest version of HTML (Hypertext Markup Language) version 5. This is expected to be enabled during the month of December after end users get trained. HTML 5 enables a new look and feel with a better user experience of the TruCare application.

Web Portal

- The web portal usage for the month of October among our group providers and members remains consistent with prior months.
- With the Provider portal redesign, the authorization submission through the Provider portal is growing by approximately 16% each month and it has almost doubled in last 5 months.
- The Alliance team started the Member portal redesign which is expected to be complete before December 2020.

Information Security

- All security activity data is based on the current month's metrics as a percentage. This is compared to the previous three month's average, except as noted.
- Email based metrics currently monitored have increased with a return to a reputation-based block for a total of 74.7k.
- Attempted information leaks detected and blocked at the firewall are slightly lower from 64 to 52 for the month of **October**.
- Network scans returned a value of 9, which is in line with previous month's data.
- Attempted User Privilege Gain is much higher at 1,948 from a previous six month average of 85.5.

Data Warehouse

- The Data Warehouse project is aimed at bringing all critical health care data domains to the Data Warehouse and enabling the Data Warehouse to be the single source of truth for all reporting needs.
- In the month of October, the Alliance continued to work on adding the Authorization data domain to the Data Warehouse. Due to the complexity in design solution and other critical priorities, the project team was dedicated to put the Authorization data domain on hold and restart the work in the third quarter of FY 2021. Meanwhile, the team has realigned to start the Magellan Pharmacy data domain which is projected to be completed before the end of January 2021.
- As part of the fiscal year 2021, the Alliance's strategic plan is to add Authorization, Case and Disease Management, ADT (Admit, Discharge and Transfer), Credentialing and Pharmacy data to the Data Warehouse.

Data Governance

- As part of our Data Governance initiative, the Alliance is in the process of de-identifying PHI (Protected Health Information) data in a development environment for external vendors. Only the development environment is accessible to external vendors. This process shall reduce the risk of exposing PHI data to our external vendors and will stay in compliance with the regulatory terms. We are planning to complete this process before the end of March 2021.

Information Technology

Supporting Documents

Enrollment

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

Month	Total MC¹	MC¹ - Add/ Reinstatements	MC¹ - Terminated	Total GC²	GC² - Add/ Reinstatements	GC²- Terminated
October	270,405	4,737	1,777	6,010	139	142

1. MC – Medical Member

2. GC – Group Care Member

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

Auto-Assignments	Member Count
Auto-assignments MC	1,749
Auto-assignments Expansion	1,314
Auto-assignments GC	39
PCP Changes (PCP Change Tool) Total	3,201

TruCare

- See Table 2-1 “Summary of TruCare Authorizations for the month of October 2020”.
- There were 8,775 authorizations (total authorizations loaded in TruCare production) processed through the system.
- TruCare Application Uptime – 99.99%.
- The following table 2-1 is a supporting document from the TruCare summary section.

Table 2-1 Summary of TruCare Authorizations for the Month of October 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	4739	118	2	16	1	8	2	147	0	4592
Paper to EDI	2,960	0	0	0	0	0	0	0	0	2,960
Manual Entry	0	0	0	0	0	0	0	0	1,223	1,223
Total										8,775

Key: PP=Pre-Processor; MNF=Member Not Found; PNF=Provider Not Found; TC=TruCare

Web Portal

- The following table 3-1 is a supporting document from the Web Portal summary section.

Table 3-1 Web Portal Usage for the Month of September 2020

Group	Individual User Accounts	Individual User Accounts Accessed	Total Logins	New Users
Provider	3,144	2,713	112,084	314
MCAL	66,201	2,123	4,367	781
IHSS	2,594	70	137	25
AAH Staff	162	43	737	-
Total	72,101	4,949	117,325	1,120

Table 3-2 Top Pages Viewed for the Month of September 2020

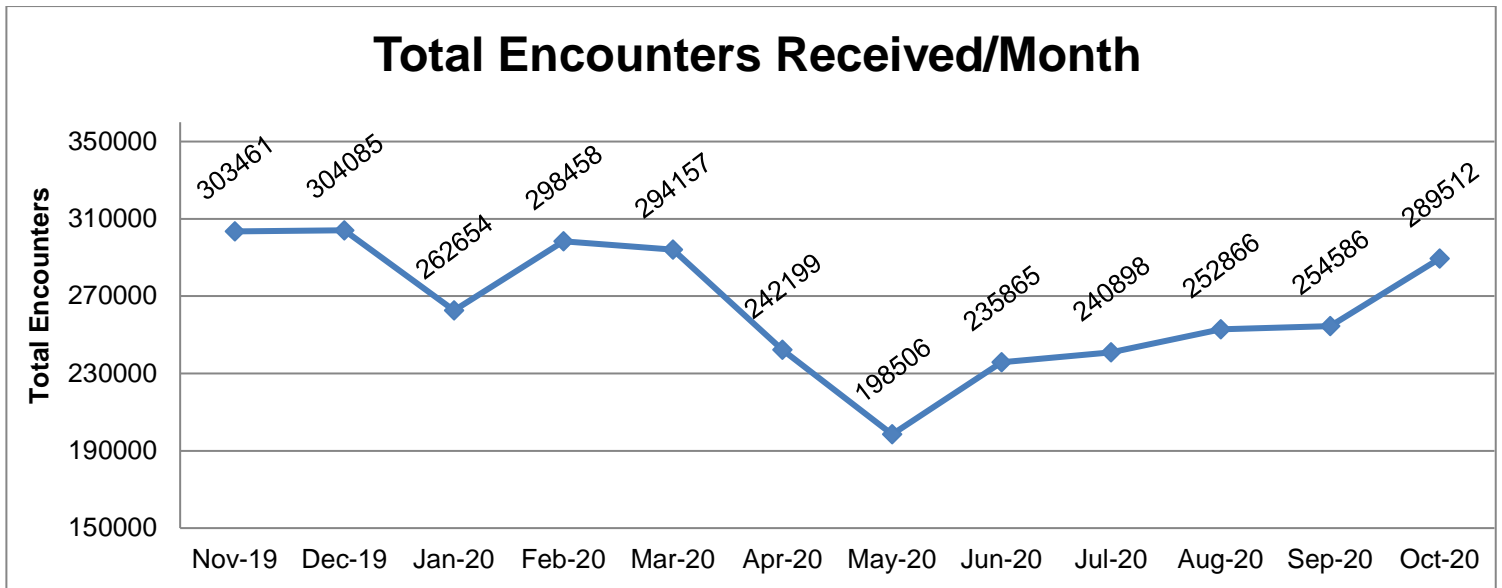
Top 25 Pages Viewed		
Category	Page Name	September-20
Provider	Member Eligibility	548,916
Provider	Claim Status	83,972
Member - Eligibility	Member Eligibility	6,572
Member - Claims	Claims - Services	4,871
Provider - authorizations	Auth Submit	4,383
Member - Help Center	Member ID Card	2,566
Provider - authorizations	Auth Search	2,141
Provider	Member Roster	1,569
Member - Help Center	Find a Doctor or Facility	1,200
Member - Help Center	Select/Change PCP	1,115
Provider	Pharmacy	940
Provider - Provider Directory	Provider Directory	522
Member - Pharmacy	My Pharmacy Claims	521
Provider - Home	Forms	335
Member - Help Center	Update My Contact Info	262
Member - Pharmacy	Pharmacy - Drugs	229
Provider - Provider Directory	Instruction Guide	223
Member - Help Center	Contact Us	176
Provider - Provider Directory	Manual	163
Member - Help Center	Authorizations & Referrals	138
Member - Forms/Resources	Authorized Representative Form	114
Member - Health/Wellness	Personal Health Record - Intro	114
Member - Pharmacy	Pharmacy	97
Member - Health/Wellness	Personal Health Record – No More Clipboard	93
Member - Health/Wellness	Member Materials	90

Encounter Data From Trading Partners 2020

- AHS:
October daily files (12,762 records) were received on time.
- Beacon:
October monthly files (14,637 records) were received on time
- CHCN:
October weekly files (65,094 records) were received on time.
- CHME:
October monthly file (5,814 records) were received on time
- CFMG:
October weekly files (11,018 records) were received on time.
- Docustream:
October weekly files (926 records) were received on time.
- PerformRx:
October monthly files (164,470 records) were received on time.
- Kaiser:
October monthly files (29,431 records) were received on time.
October monthly Kaiser Pharmacy files (19,240 records) were received on time.
- LogistiCare:
October weekly files (11,599 records) were received on time.
- March Vision:
October monthly file (3,012 records) were received on time.
- Quest Diagnostics:
October weekly files (15,047 records) were received on time.
- Teladoc:
October weekly files (23 records) were received on time.

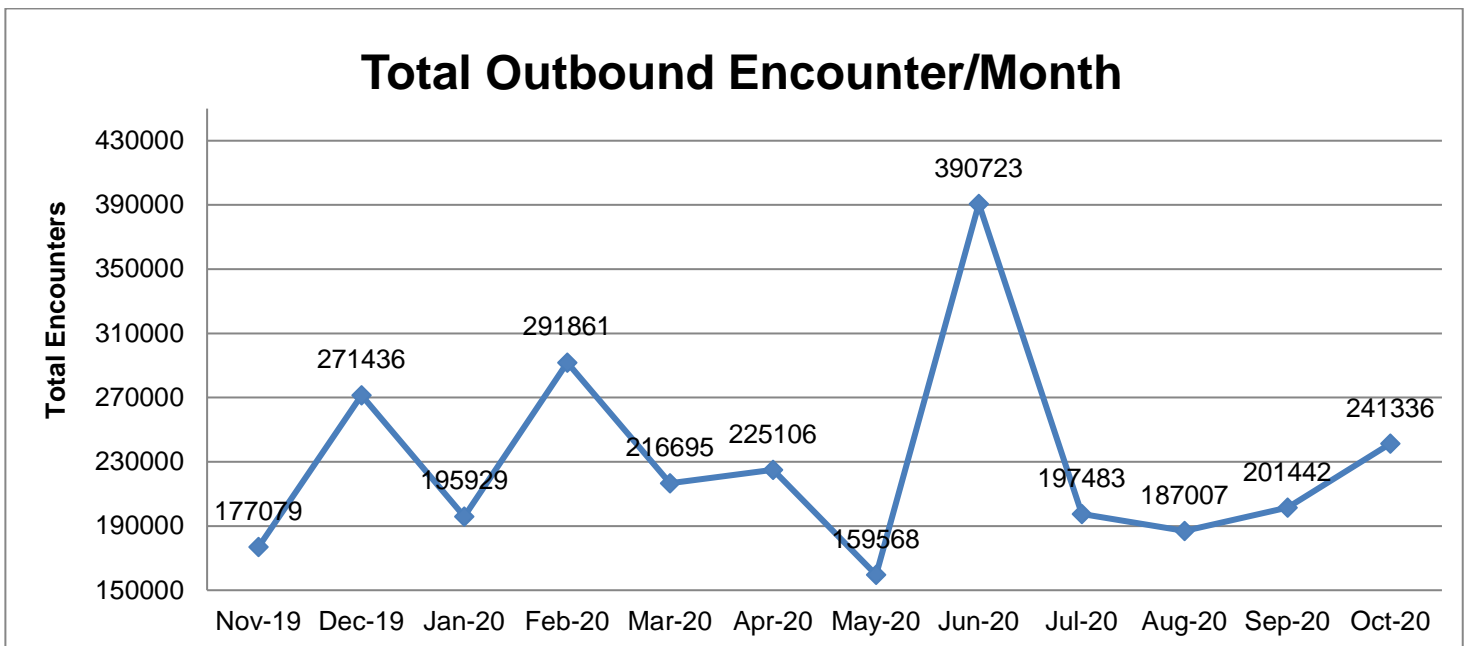
Trading Partner Encounter Inbound Submission History

Trading Partners	19-Nov	19-Dec	20-Jan	20-Feb	20-Mar	20-Apr	20-May	20-Jun	20-Jul	20-Aug	20-Sep	20-Oct
HealthSuite	122333	103132	104147	118309	115716	86578	89063	95735	107093	104293	111255	120149
Kaiser	44533	38079	34890	35167	36334	33670	16030	19364	22508	26057	25829	29431
Logisticare	16867	14261	16911	19665	21375	10812	10893	10857	12865	10145	14821	11599
March Vision	3792	3183	5495	0	3127	3389	1395	1336	1839	2568	2270	3012
AHS	2531	12186	7385	4949	9907	9040	7698	7129	10154	9353	849	12762
Beacon	8328	8843	6407	14626	10010	12606	8546	9612	11413	10193	20434	14637
CHCN	72359	94805	60204	69402	76884	64623	45221	73144	53049	64935	54812	65094
CHME	3928	3090	7201	5604	3612	4346	7241	4903	4344	4987	3832	5814
Claimsnet	16604	13396	9027	16607	7317	12653	5484	6154	6545	6608	8787	11018
Quest	11593	12697	10509	13574	9334	3803	6072	6809	10135	12783	11005	15047
Docustream	593	413	478	555	541	679	863	822	912	919	640	926
Teladoc									41	25	52	23
Total	303461	304085	262654	298458	294157	242199	198506	235865	240898	252866	254586	289512



Outbound Encounter Submission

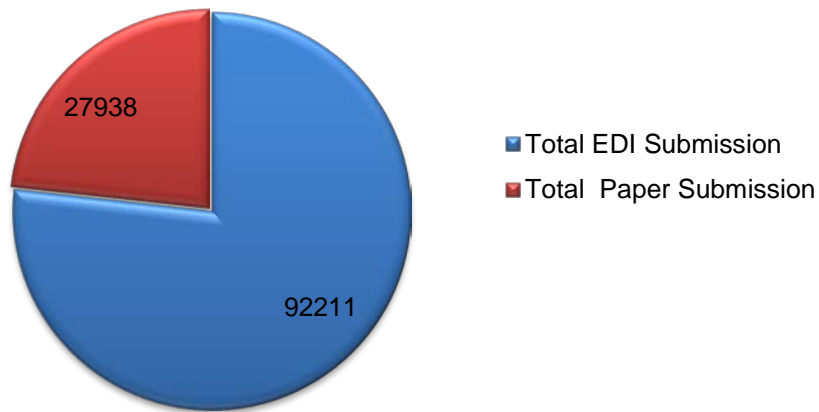
Trading Partners	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
HealthSuite	24746	78764	62186	141458	81483	79506	72631	60932	76561	73815	71394	97258
Kaiser	13947	37789	34583	34561	35565	32223	15191	15545	21968	25720	25666	29031
Logisticare	8299	21692	11883	24522	22887	12988	10513	10438	14934	9924	11134	14600
March Vision	2826	2564	2150	1672	2118	2362	813	803	1121	1909	1687	2665
AHS	2328	11823	8412	4711	8545	7880	8708	6727	10662	8083	353	11922
Beacon	7204	7369	5392	11058	6	19228	8464	7377	9507	7620	17466	13291
CHCN	19042	83370	51732	49459	43356	54436	27819	270473	43686	38537	52622	48065
CHME	3493	2692	3100	4981	3166	3847	6860	4640	4081	4663	3632	5232
Claimsnet	3892	10283	6295	8835	8788	7468	3266	5643	4792	6110	6611	7398
Quest	4829	14701	9757	10087	10331	4579	4566	7425	9331	9789	10236	11002
Docustream	510	389	439	517	450	589	737	720	799	812	609	849
Teladoc									41	25	32	23
Total	177079	271436	195929	291861	216695	225106	159568	390723	197483	187007	201442	241336



HealthSuite Paper vs EDI Breakdown

Period	Total EDI Submission	Total Paper Submission	Total claims
20-OCT	92211	27938	120149

EDI vs Paper Submission, October 2020

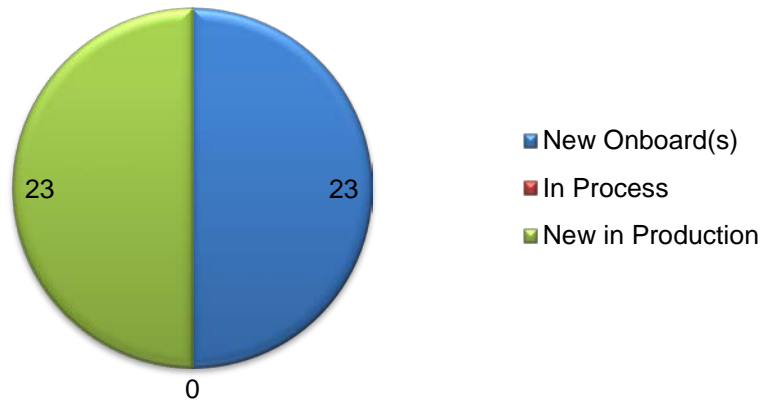


Onboarding EDI Providers - Updates

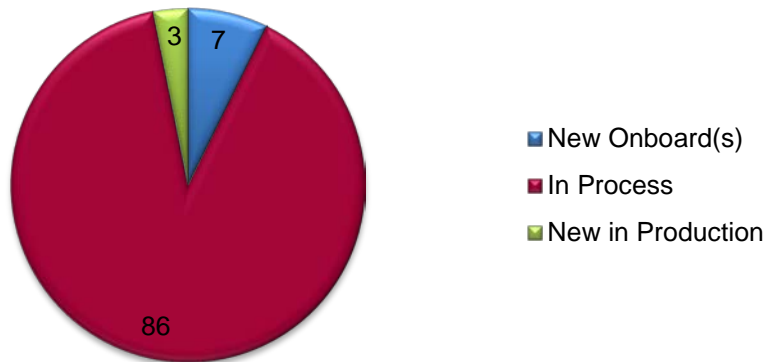
- October 2020 EDI Claims:
 - A total of 1002 new EDI submitters have been added since October 2015, with 23 added in October 2020.
 - The total number of EDI submitters is 1734 providers.
- October 2020 EDI Remittances (ERA):
 - A total of 193 new ERA receivers have been added since October 2015, with 3 added in October 2020.
 - The total number of ERA receivers is 232 providers.

	837				835			
	New On Boards	In Process	New In Production	Total In Production	New On Boards	In Process	New In Production	Total In Production
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
Apr-20	40	0	40	1648	2	80	1	225
May-20	15	0	15	1663	2	81	1	226
Jun-20	17	0	17	1680	2	82	1	227
Jul-20	11	0	11	1691	1	82	1	228
Aug-20	12	0	12	1703	0	82	0	228
Sep-20	8	0	8	1711	1	82	1	229
Oct-20	23	0	23	1734	7	86	3	232

837 EDI Submitters - October 2020



835 EDI Receivers - October 2020



EDSRF/Reconciliations

- EDSRF Submission: Below is the total number of encounter files that AAH submitted in the month of October 2020.

File Type	Oct-20
837 I Files	16
837 P Files	60
NCPDP	9
Total Files	85

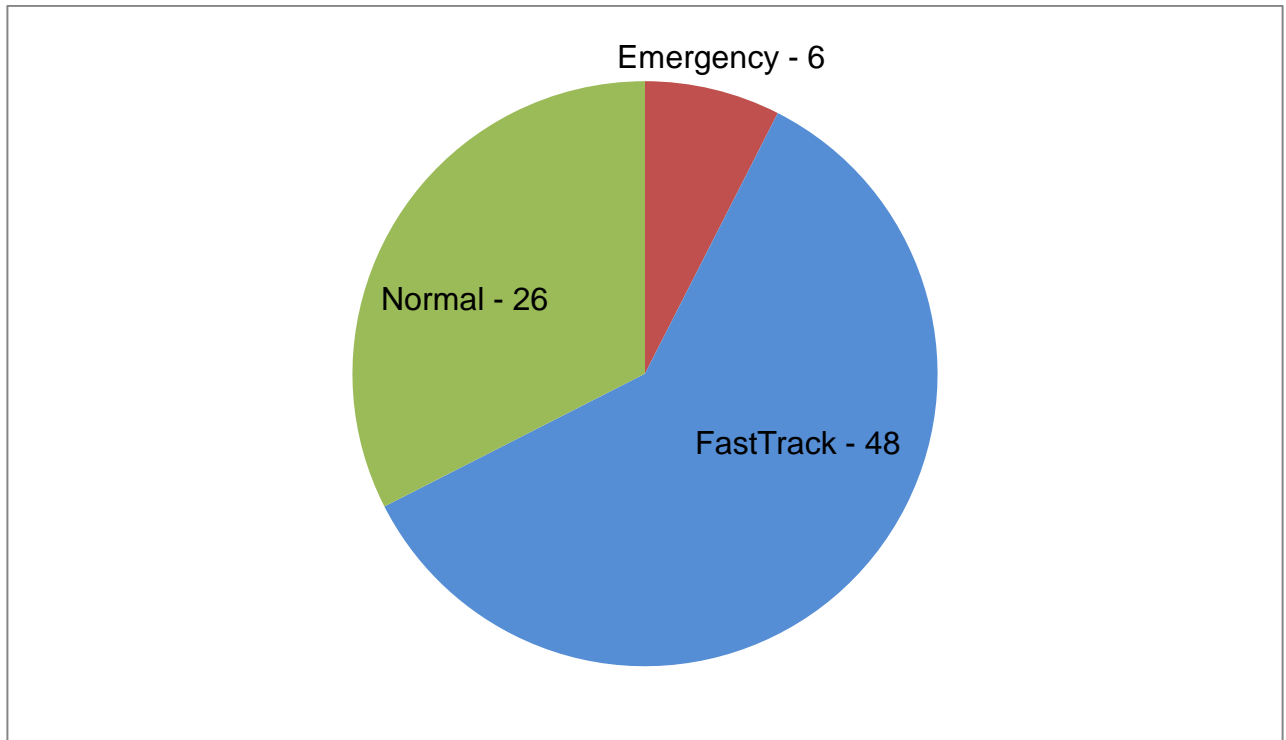
Lag-time Metrics/KPI's

AAH Encounters: Outbound 837	Oct-20	Target
Timeliness-% Within Lag Time - Institutional 0-90 days	94%	60%
Timeliness-% Within Lag Time - Institutional 0-180 days	98%	80%
Timeliness-% Within Lag Time - Professional 0-90 days	93%	73%
Timeliness-% Within Lag Time – Professional 0-180 days	97%	80%

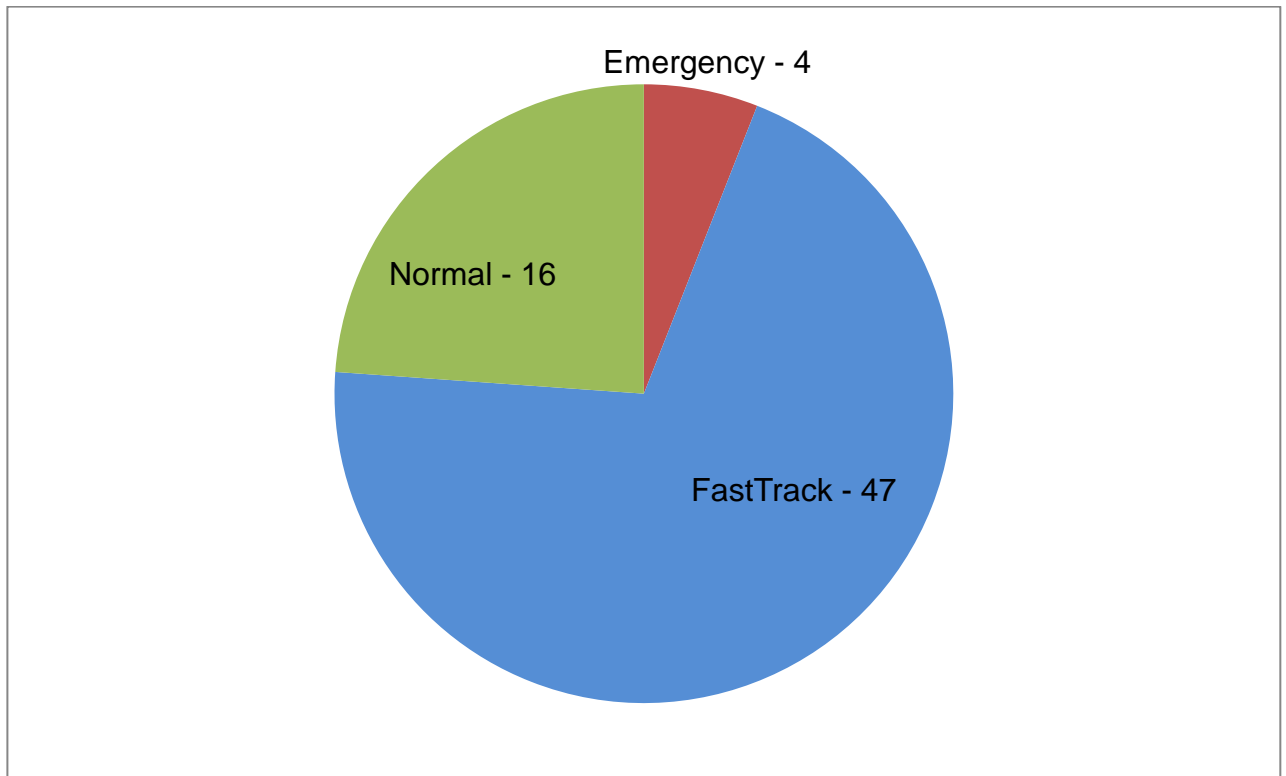
Change Management Key Performance Indicator (KPI)

- Change Request Submitted by Type in the month of October 2020 KPI – Overall Summary.
 - 1,814 Changes Submitted.
 - 1,704 Changes, Completed, and Closed.
 - 107 Active Changes.
 - 195 Changes Cancelled and Rejected.

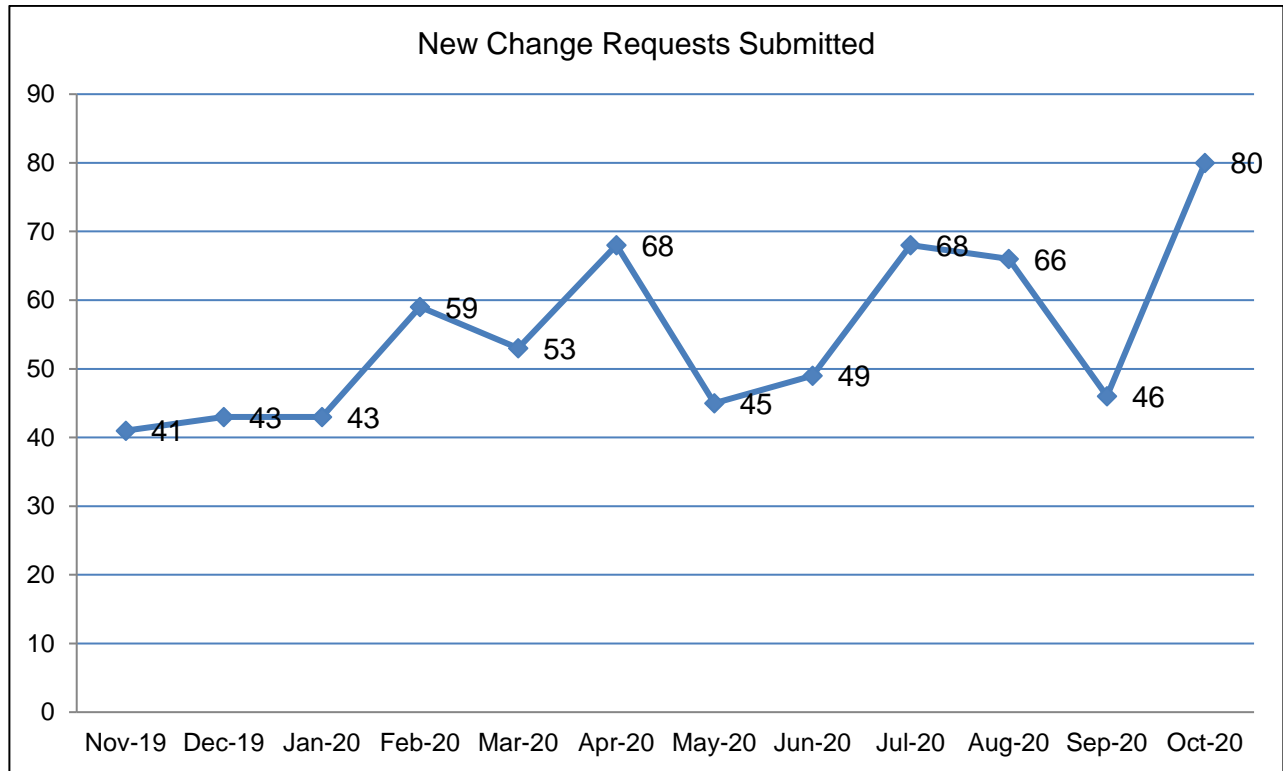
- 80 Change Requests Submitted/logged in the month of October 2020



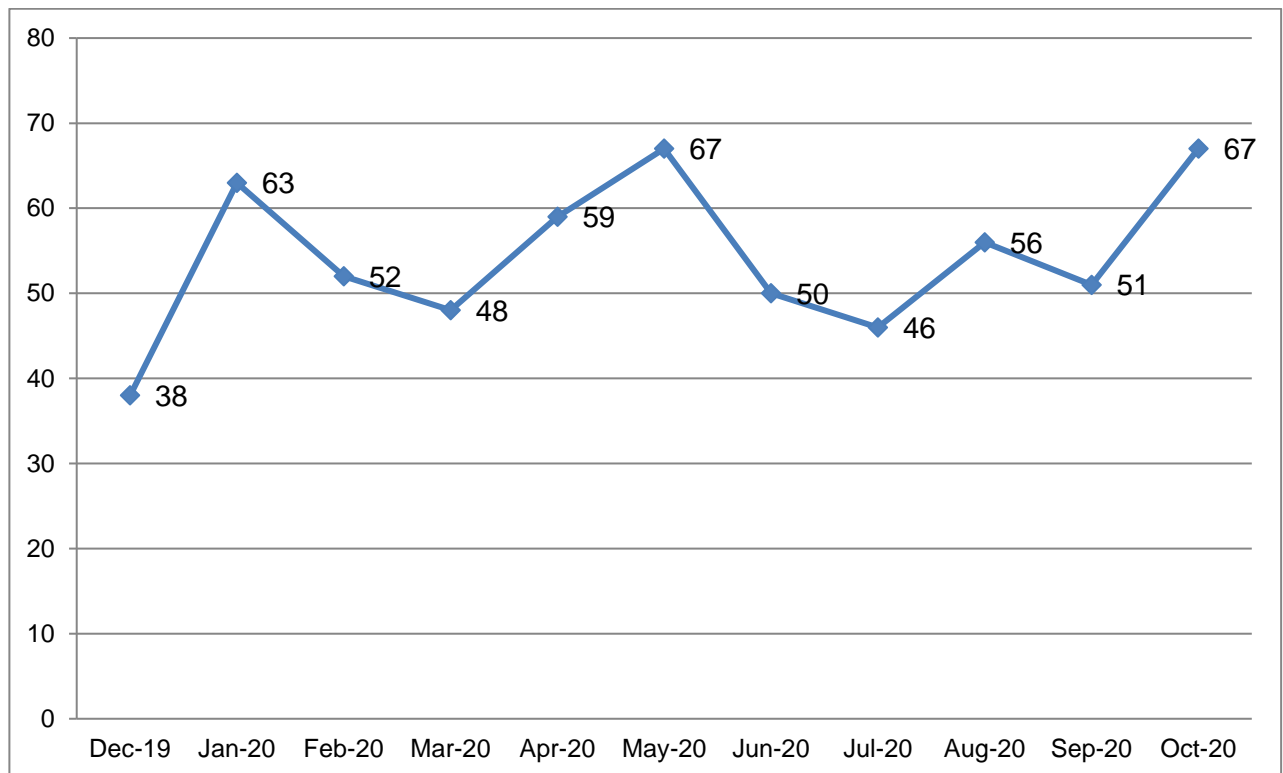
- 67 Change Requests Closed in the month of October 2020



- Change Requests Submitted: Monthly Trend

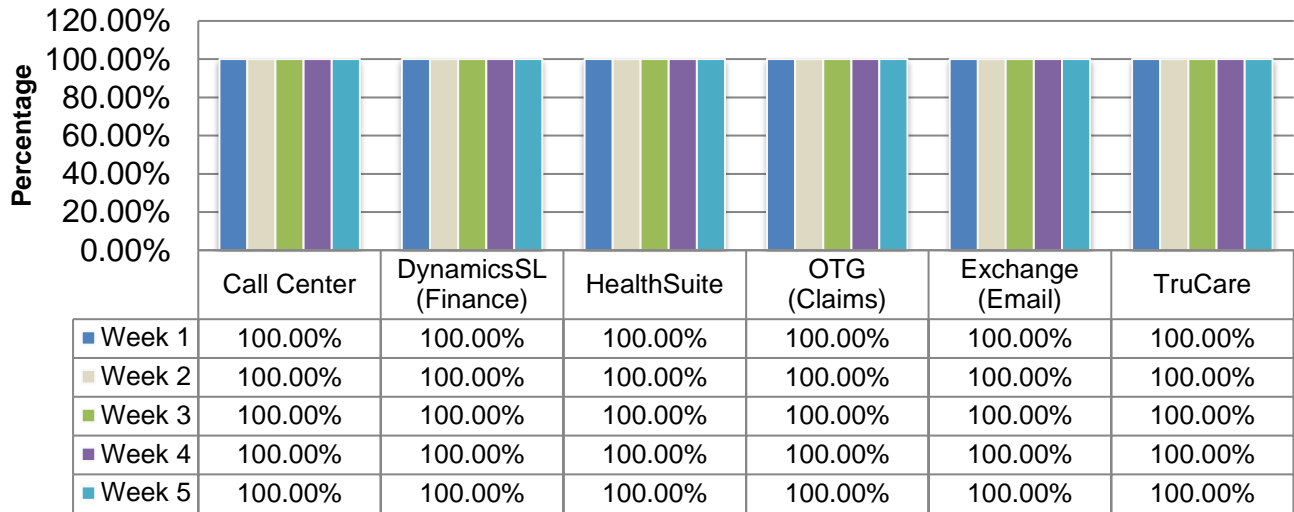


- Change Requests Closed: Monthly Trend



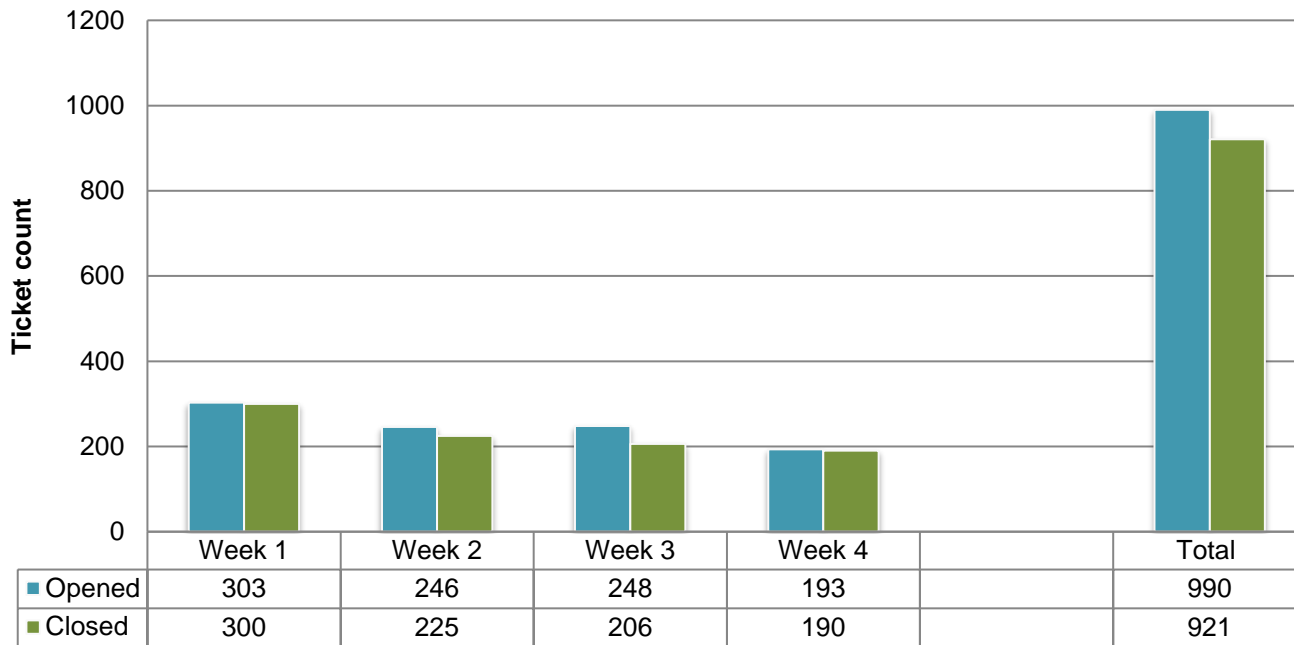
IT Stats: Infrastructure

Application Server Uptimes - October 2020



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

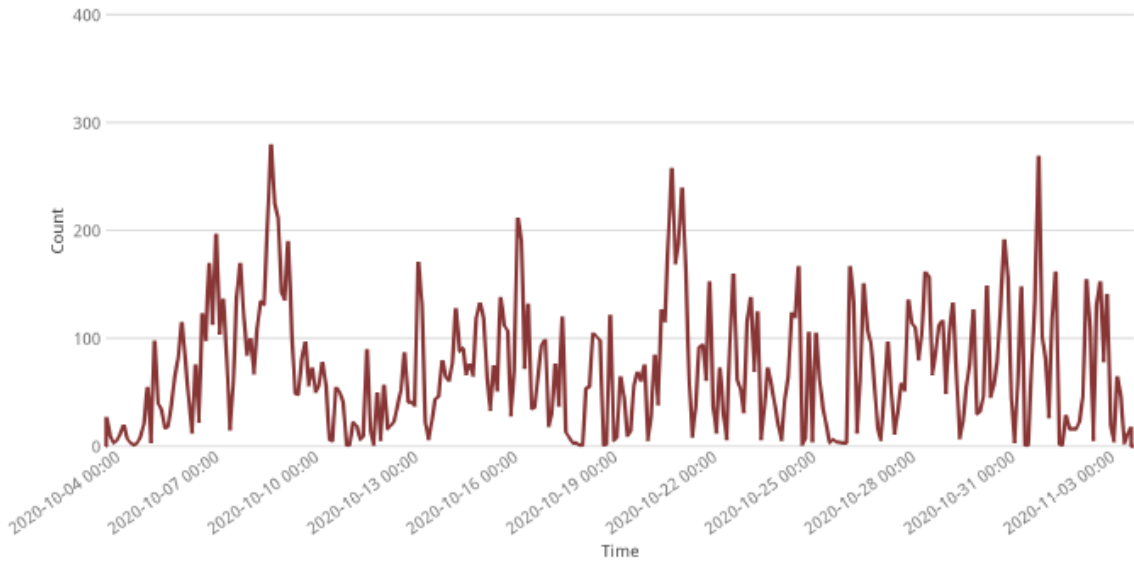
Service Desk Tickets - October 2020



- 990 Service Desk tickets were opened in the month of October, which is 0.9% higher than the previous month and 921 Service Desk tickets were closed, which is 13.3% lower than the previous month.

All Intrusion Events

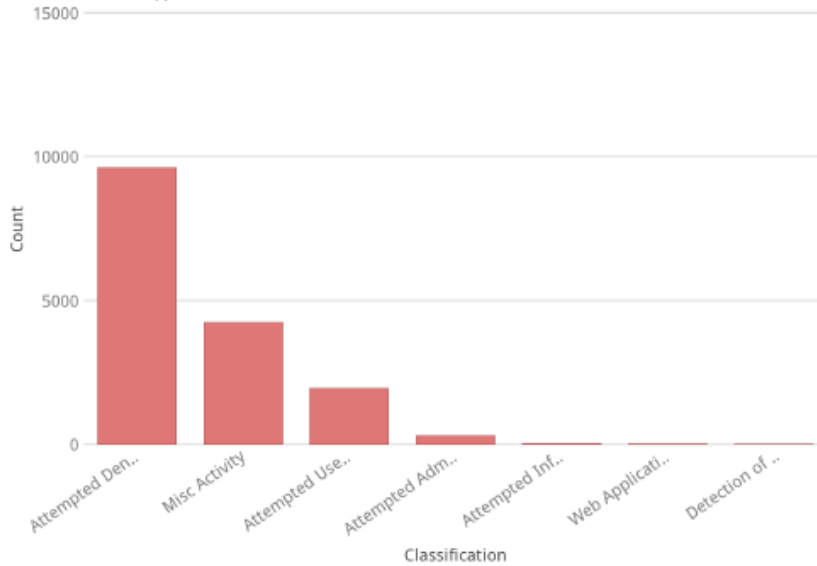
Time Window: 2020-10-03 10:06:44 - 2020-11-03 09:06:44



Dropped Intrusion Events

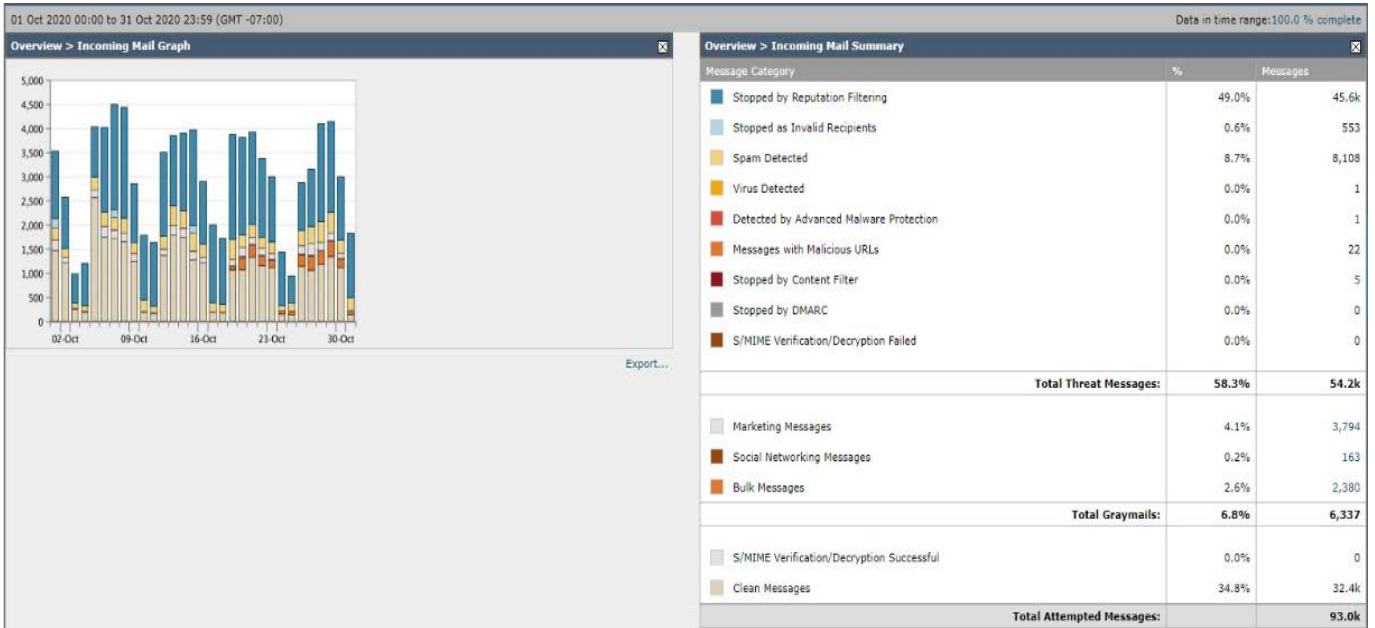
Time Window: 2020-10-03 10:06:44 - 2020-11-03 09:06:44

Constraints: Inline Result = dropped

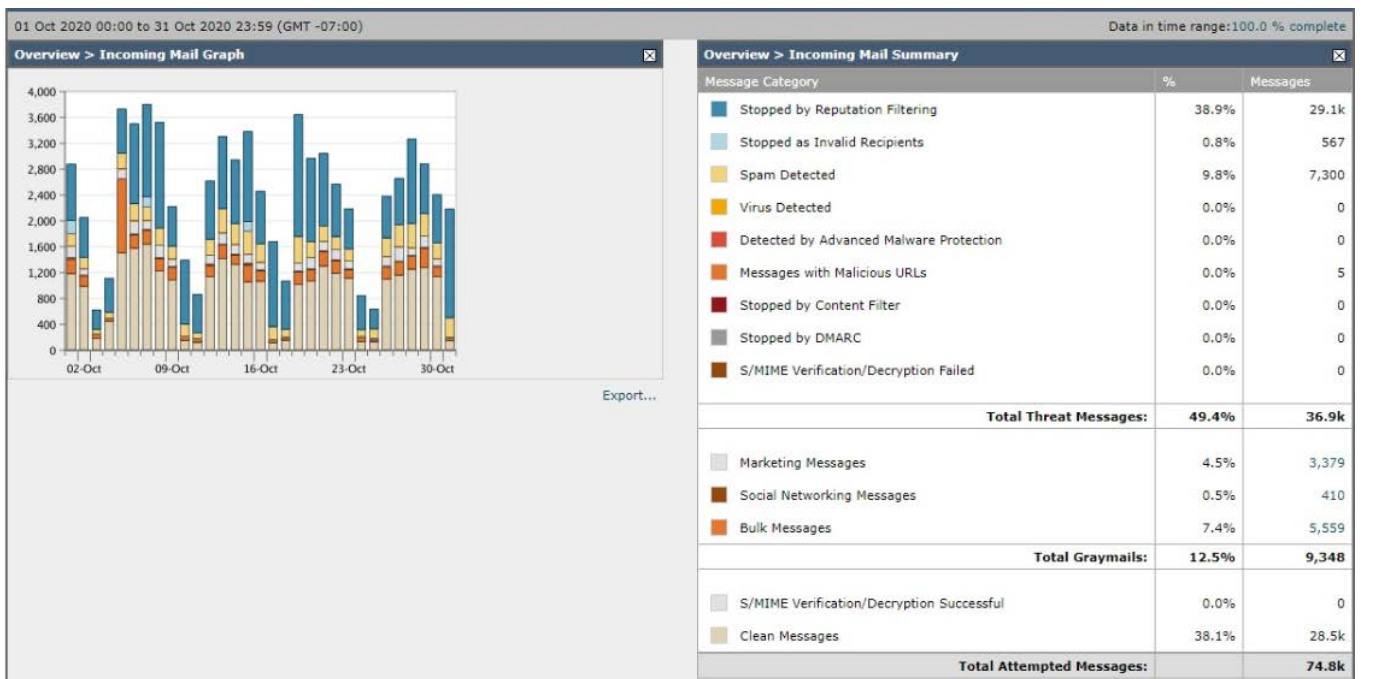


Classification	Count
Attempted Denial of Service	9,621
Misc Activity	4,242
Attempted User Privilege Gain	1,948
Attempted Administrator Privilege Gain	314
Attempted Information Leak	52
Web Application Attack	25
Detection of a Network Scan	9

MX4



MX9



Item / Date	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Aug-20	Sep-20	Oct-20
Stopped By Reputation	301.0k	264.0k	275.3k	306.6k	234.0k	280.8k	249.7k	278.0k	322.6k	237.0k	129.0k	74.7k
Invalid Recipients	51	0	4	0	4	56	39	55	50	612	2,582	1,120
Spam Detected	17.1k	14.0k	12.0k	13.6k	12.8k	16.4k	11.4k	17.1k	15.9k	16.9k	11.2k	15.4k
Virus Detected	3	13	0	0	0	3	4	3	1	2	2	1
Advanced Malware	4	1	1	0	4	6	0	0	1	0	1	1
Malicious URLs	140	239	81	122	91	14	36	43	47	50	33	22
Content Filter	10	17	7	4	9	48	9	23	14	10	26	5
Marketing Messages	4,606	4,677	3,854	4,211	3,804	4,296	3,730	3,834	4,024	3,715	4,127	3,794
Attempted Admin Privilege Gain	1,475	360	1,425	704	518	596	1,064	1,292	2,573	33	1,865	314
Attempted User Privilege Gain	8	0	12	7	27	17	18	23	94	22	339	1,948
Attempted Information Leak	38	46	43	31	37	59	63	48	64	88	18	52
Potential Corp Policy Violation	26	8	25	29	10	77	21	32	19	59	210	0
Network Scans Detected	18	3	4	1	4	3	15	2	2	1	1	9
Web Application Attack	40	45	35	72	45	121	47	124	42	0	65	25
Misc. Attack	18	21	1	30	21	25	18	56	18	0	14	4,242

- All security activity data is based on the current month's metrics as a percentage. This is compared to the previous three month's average, except as noted.
- Email based metrics currently monitored have increased with a return to a reputation-based blocks for a total of 74.7k.
- Attempted information leaks detected and blocked at the firewall are slightly lower from 64 to 52 for the month of October.
- Network scans returned a value of 9, which is in line with previous month's data.
- Attempted User Privilege Gain is much higher at 1,948 from a previous six-month average of 85.5.



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

Projects and Programs

Ruth Watson

To: Alameda Alliance for Health Board of Governors

From: Ruth Watson, Chief Projects and Programs Officer

Date: November 13, 2020

Subject: Projects & Programs Report

Project Management Office

- Completed initial project portfolio ranking and prioritization
 - 42 projects currently on the Alliance enterprise-wide portfolio (includes PMO managed and department managed projects)
 - 19 active projects
 - 8 projects inactive
 - 5 department initiatives
 - 10 designated as future
- Key projects currently in-flight:
 - Pharmacy Carve-out – transition of the pharmacy benefit for Medi-Cal members from managed care plans to the State; go-live date is January 1, 2021
 - Alliance.org Phase 2 – rebuild of the Member portal; target go-live is Q1-2021
 - HealthSuite Upgrade – annual core system upgrade; go-live date is December 11, 2020
 - Transportation Policy Change – changing advance notice for requesting a non-standing non-medical transportation ride from 1 day to 3 days
- Projects completed in October:
 - CMS Coordination of Benefits Agreement (COBA) Phase 1 – implementation of the COBA file from CMS; first production file received and loaded on October 30, 2020
- Key projects commencing soon:
 - Human Resources Information System (HRIS) – replacement of current HRIS system; target go-live is mid-April 2021
 - Interoperability Phase 1 – regulatory mandate to implement the following:
 - Patient Access API – provide members with the ability to access their claims and encounter information, including cost, as well as a defined sub-set of their clinical information through third-party applications of their choice
 - Provider Directory API – requires payers to make provider directory information publicly
 - Enforcement date is July 1, 2021
 - RFP and vendor selection completed mid-October

Integrated Planning

- Behavioral Health Integration (BHI) Incentive Program Implementation – Department of Health Care Service's (DHCS) program starting January 1, 2021 and continuing through December 31, 2022. DHCS approved four projects with three of the Alliance's provider partners – Community Health Center Network (CHCN), LifeLong Medical Care, and Tri-City Health Care

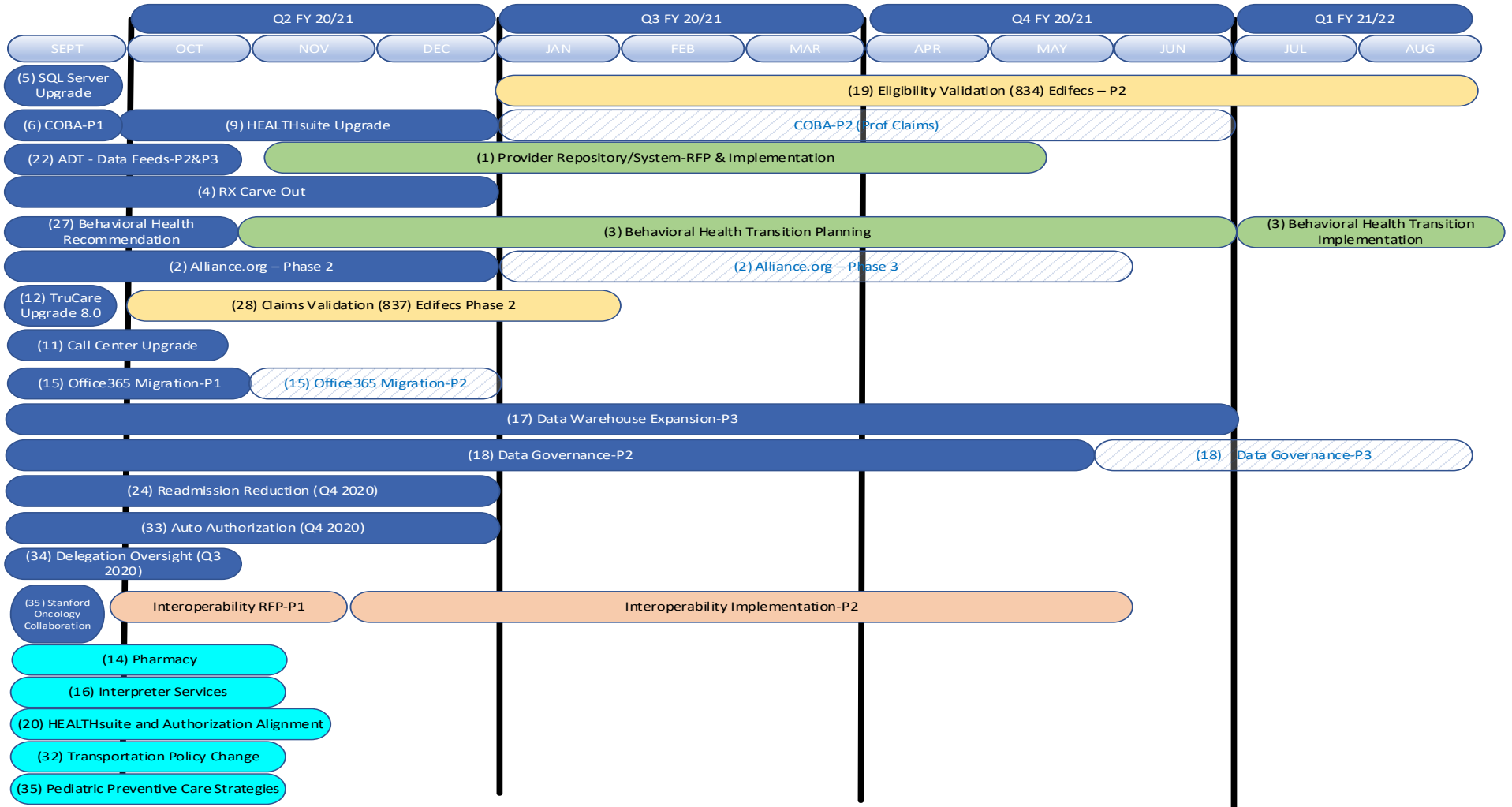
Recruiting and Staffing

- Completed recruitment for Director, Portfolio Management and Service Excellence; start date is November 9, 2020
- Project Management Open position(s):
 - Senior Project Manager; recruitment will begin once new Director is on board
 - Project Manager (Technical); recruitment will begin once new Director is on board

Projects and Programs

Supporting Documents

AAH Project Portfolio - Active +





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: November 13, 2020
Subject: Performance & Analytics Report

Member Cost Analysis

- The Member Cost Analysis below is based on the following 12 month rolling periods:
 - Current reporting period: August 2019 – July 2020 dates of service
 - Prior reporting period: August 2018 – July 2019 dates of service
(Note: Data excludes Kaiser Membership data.)
- For the Current reporting period, the top 7.6% of members account for 82.4% of total costs.
- In comparison, the Prior reporting period was slightly higher at 7.7% of members accounting for 81.6% of total costs.
- Characteristics of the top utilizing population remained fairly consistent between the reporting periods:
 - The SPD (non duals) and ACA OE categories of aid slightly decreased to account for 58.9% of the members, with SPDs accounting for 29.3% and ACA OE's at 29.6%.
 - The percent of members with costs \geq \$30K slightly increased from 1.5% to 1.6%.
 - Of those members with costs \geq \$100K, the percentage of total members remained consistent at 0.4%.
 - For these members, non-trauma/pregnancy inpatient costs continue to comprise the majority of costs, decreasing to 46.9%
- Demographics for member city and gender for members with costs \geq \$30K follow the same distribution as the overall Alliance population.
- However, the age distribution of the top 7.6% is more concentrated in the 45-66 year old category (41.0%) compared to the overall population (21.3%).

Analytics

Supporting Documents

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

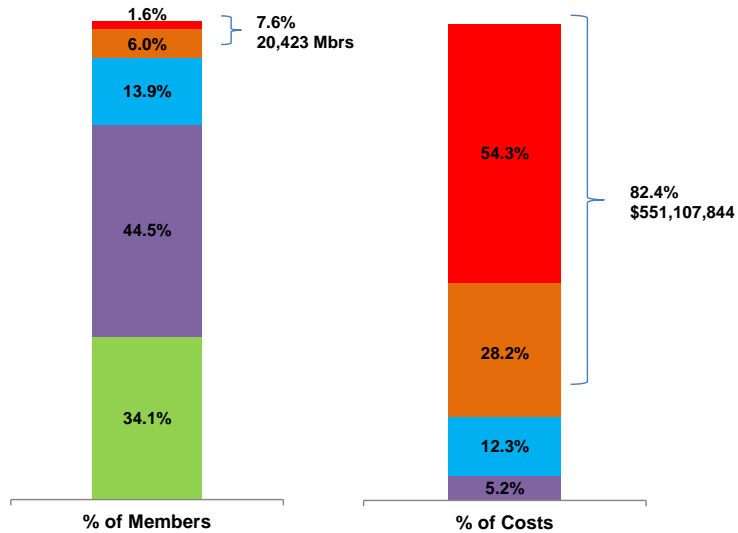
Lines of Business: MCAL, IHSS; Excludes Kaiser Members

Dates of Service: Aug 2019 - Jul 2020

Note: Data incomplete due to claims lag

Run Date: 10/30/2020

Member Cost Distribution



Cost Range	Members	% of Members	Costs	% of Costs
\$30K+	4,279	1.6%	\$ 362,807,060	54.3%
\$5K - \$30K	16,144	6.0%	\$ 188,300,784	28.2%
\$1K - \$5K	37,457	13.9%	\$ 82,452,623	12.3%
< \$1K	120,075	44.5%	\$ 35,060,843	5.2%
\$0	92,156	34.1%	\$ -	0.0%
Totals	270,111	100.0%	\$ 668,621,310	100.0%

Top 7.6% of Members = 82.4% of Costs

Cost Range	Members	% of Total Members	Costs	% of Total Costs
\$100K+	956	0.4%	\$ 184,597,012	27.6%
\$75K to \$100K	534	0.2%	\$ 46,013,544	6.9%
\$50K to \$75K	1,103	0.4%	\$ 67,355,647	10.1%
\$40K to \$50K	651	0.2%	\$ 29,122,427	4.4%
\$30K to \$40K	1,035	0.4%	\$ 35,718,431	5.3%
SubTotal	4,279	1.6%	\$ 362,807,060	54.3%
\$20K to \$30K	1,952	0.7%	\$ 47,711,411	7.1%
\$10K to \$20K	5,868	2.2%	\$ 81,271,052	12.2%
\$5K to \$10K	8,324	3.1%	\$ 59,318,321	8.9%
SubTotal	16,144	6.0%	\$ 188,300,784	28.2%
Total	20,423	7.6%	\$ 551,107,844	82.4%

Enrollment Status	Members	Total Costs
Still Enrolled as of Jul 2020	226,139	\$ 589,702,260
Dis-Enrolled During Year	43,972	\$ 78,919,050
Totals	270,111	\$ 668,621,310

Notes:

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

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

7.6% of Members = 82.4% of Costs

Lines of Business: MCAL, IHSS; Excludes Kaiser Members

Dates of Service: Aug 2019 - Jul 2020

Note: Data incomplete due to claims lag

Run Date: 10/30/2020

7.6% of Members = 82.4% of Costs

29.3% of members are SPDs and account for 35.7% of costs.

29.6% of members are ACA OE and account for 29.0% of costs.

7.8% of members disenrolled as of Jul 2020 and account for 12.8% of costs.

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

41.8% of members are SPDs and account for 40.9% of costs.

27.0% of members are ACA OE and account for 27.6% of costs.

19.2% of members disenrolled as of Jul 2020 and account for 20.4% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Members with Costs >=\$30K	Members with Costs \$5K-\$30K	Total Members	% of Members
IHSS	IHSS	115	530	645	3.2%
MCAL	MCAL - ADULT	428	2,981	3,409	16.7%
	MCAL - BCCTP	2	3	5	0.0%
	MCAL - CHILD	165	1,448	1,613	7.9%
	MCAL - ACA OE	1,291	4,752	6,043	29.6%
	MCAL - SPD	1,641	4,342	5,983	29.3%
	MCAL - DUALS	94	1,041	1,135	5.6%
Not Eligible	Not Eligible	543	1,047	1,590	7.8%
Total		4,279	16,144	20,423	100.0%

Member Breakout by LOB

LOB	Eligibility Category	Total Members	% of Members
IHSS	IHSS	25	2.6%
MCAL	MCAL - ADULT	69	7.2%
	MCAL - BCCTP	2	0.2%
	MCAL - CHILD	6	0.6%
	MCAL - ACA OE	258	27.0%
	MCAL - SPD	400	41.8%
	MCAL - DUALS	12	1.3%
Not Eligible	Not Eligible	184	19.2%
Total		956	100.0%

Cost Breakout by LOB

LOB	Eligibility Category	Members with Costs >=\$30K	Members with Costs \$5K-\$30K	Total Costs	% of Costs
IHSS	IHSS	\$ 9,076,379	\$ 5,702,887	\$ 14,779,266	2.7%
MCAL	MCAL - ADULT	\$ 31,176,860	\$ 33,462,434	\$ 64,639,294	11.7%
	MCAL - BCCTP	\$ 302,161	\$ 32,509	\$ 334,669	0.1%
	MCAL - CHILD	\$ 8,083,964	\$ 16,414,692	\$ 24,498,656	4.4%
	MCAL - ACA OE	\$ 106,399,236	\$ 53,435,087	\$ 159,834,323	29.0%
	MCAL - SPD	\$ 143,376,443	\$ 53,540,174	\$ 196,916,617	35.7%
	MCAL - DUALS	\$ 6,638,316	\$ 12,846,642	\$ 19,484,958	3.5%
	Not Eligible	Not Eligible	\$ 57,753,701	\$ 12,866,359	\$ 70,620,061
Total		\$ 362,807,060	\$ 188,300,784	\$ 551,107,844	100.0%

Cost Breakout by LOB

LOB	Eligibility Category	Total Costs	% of Costs
IHSS	IHSS	\$ 4,449,659	2.4%
MCAL	MCAL - ADULT	\$ 12,354,377	6.7%
	MCAL - BCCTP	\$ 302,161	0.2%
	MCAL - CHILD	\$ 1,134,718	0.6%
	MCAL - ACA OE	\$ 50,929,296	27.6%
	MCAL - SPD	\$ 75,482,155	40.9%
	MCAL - DUALS	\$ 2,289,911	1.2%
	Not Eligible	Not Eligible	\$ 37,654,736
Total		\$ 184,597,012	100.0%

% of Total Costs By Service Type

Cost Range	Trauma Costs	Hep C Rx Costs	Pregnancy, Childbirth & Newborn Related Costs
\$100K+	7%	0%	1%
\$75K to \$100K	6%	1%	3%
\$50K to \$75K	5%	0%	3%
\$40K to \$50K	5%	0%	3%
\$30K to \$40K	6%	1%	5%
\$20K to \$30K	5%	4%	5%
\$10K to \$20K	1%	0%	12%
\$5K to \$10K	0%	0%	12%
Total	5%	1%	5%

Breakout by Service Type/Location

Pharmacy Costs	Inpatient Costs (POS 21)	ER Costs (POS 23)	Outpatient Costs (POS 22)	Office Costs (POS 11)	Dialysis Costs (POS 65)	Other Costs (All Other POS)
13%	55%	2%	14%	6%	2%	8%
18%	46%	3%	9%	4%	8%	12%
21%	39%	2%	8%	7%	10%	11%
17%	47%	3%	8%	8%	3%	14%
17%	43%	7%	9%	7%	1%	17%
19%	38%	8%	10%	7%	2%	17%
20%	35%	6%	13%	9%	3%	14%
24%	23%	9%	13%	15%	0%	16%
17%	43%	4%	12%	8%	4%	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



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, Chief Human Resource Officer

Date: November 13, 2020

Subject: Human Resources Report

Staffing

- As of November 1, 2020, the Alliance had 331 full time employees and 2-part time employees.
- On November 1, 2020, the Alliance had 43 open positions in which 4 signed offer acceptance letters have been received with start dates in the near future resulting in a total of 39 positions open to date. The Alliance is actively recruiting for the remaining 39 positions and several of these positions are in the interviewing or job offer stage.
- Summary of open positions by department:

Department	Open Positions November 1st	Signed Offers Accepted by Department	Remaining Recruitment Positions
Healthcare Services	12	0	12
Operations	13	1	12
Healthcare Analytics	2	0	2
Information Technology	4	0	4
Finance	5	2	3
Compliance	2	0	2
Human Resources	2	0	2
Projects & Programs	3	1	2
Total	43	4	39

- Our current recruitment rate is 12%.

Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in October 2020 included:
 - 5 years:
 - Katrina Madriz (Provider Services)
 - Alma Reynoso (Provider Services)
 - 6 years:
 - Cynthia Ngo (Claims)
 - 8 years:
 - Soniya Gupta (IT Applications)
 - 12 years:
 - Gia DeGrano (Member Services)
 - 14 years:
 - Esperanza Lopez (Member Services)