Board of Governors

Regular Meeting

Friday, May 8, 2020
12:00 p.m. – 2:00 p.m.

Video Conference Meeting

Alameda, CA 94502

AGENDA

BOARD OF GOVERNORS
Regular Meeting
Friday, May 8, 2020
12:00 p.m. – 2:00 p.m.

Video Conference Meeting

https://zoom.us/j/3187167937

Meeting ID: 318 716 7937

Dial in Conference numbers

(Please mute your phones)

(669) 900-6833

(408) 638-0968

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://zoom.us/j/3187167937 , OR MAY LISTEN TO THE MEETING BY CALLING IN TO THE

FOLLOWING TELEPHONE NUMBER: (669) 900-6833. 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 May 8, 2020 at 12:00 p.m. in Alameda, 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) **APPROVE APRIL 10, 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 MARCH 2020 MONTHLY FINANCIAL STATEMENTS**

   b) **SAFETY- NET SUSTAINABILITY FUND**

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 COMMENTS (NON-AGENDA ITEMS)

14. ADJOURNMENT

NOTICE TO THE PUBLIC

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

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

NOTICE TO THE PUBLIC

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

The Board meets regularly on the second Friday of each month. 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.

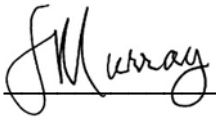
Public Input: If you are interested in addressing the Board, you may submit comments on any agenda item or on any item not on the agenda, in writing via mail to "Attn: Alliance Board," 1240 S. Loop Road, Alameda, CA 94502; or through e-comment at jmurray@alamedaalliance.org.

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 May 5, 2020 by 12:00 p.m. as well as on the Alameda Alliance for Health's web page at www.alamaedaalliance.org.



_____Clerk of the Board – Jeanette Murray

CONSENT CALENDAR

ALAMEDA Alliance FOR HEALTH

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

Board of Governors Meeting Minutes

ALAMEDA ALLIANCE FOR HEALTH
BOARD OF GOVERNORS
REGULAR MEETING

April 10, 2020
12:00 PM – 2:00 PM
Regular Board Meeting (conference call)
1240 S. Loop Road, Alameda, CA

SUMMARY OF PROCEEDINGS

Board of Governors on Conference Call: Dr. Evan Seevak (Chair), Rebecca Gebhart (Vice Chair), Dr. Noha Aboelata, Aarondeep Basrai, Dr. Rollington Ferguson, Marty Lynch, Delvecchio Finley, David B. Vliet, Wilma Chan, Nicholas Peraino, Dr. Michael Marchiano, Feda Almaliti
Excused: Dr. Kelley Meade
Alliance Staff Present: Scott Coffin, Dr. Steve O'Brien, Gil Riojas, Tiffany Cheang, Diana Sekhon, Sasi Karaiyan, Anastacia Swift, Jeanette Murray, Matt Woodruff
Guest Speakers: None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
1. CALL TO ORDER			
Dr. Seevak	The regular board meeting was called to order by Dr. Seevak at 12:00 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		None	None
4. INTRODUCTIONS			
Dr. Seevak	Introduction of Board Members, staff, and guests was completed.	None	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
5. CONSENT CALENDAR - MARCH 2020 BOARD OF GOVERNORS MEETING MINUTES			
Dr. Seevak	Motion to approve the March 2020 Board of Governors Meeting Minutes as presented.	Motion: M. Lynch Second: W. Chan Vote: Yes No opposed or abstained.	None
6. a. BOARD MEMBER REPORT – COMPLIANCE ADVISORY COMMITTEE			
R. Gebhart	The Compliance Advisory Committee was held telephonically on April 10, 2020 at 10:30am and discussed the below compliance dashboards. Rebecca Gebhart gave the following updates: Dr. Evan Seevak also attended the meeting. 2020 DMHC Medical Services Audit (follow up from 2018 audit): • The Alliance has not received any audit findings back from DMHC but we have found 7 self-identified issues that we are correcting. • The issues were: o PQIs were being misclassified. o Failure to accurately identify grievances. o Utilization Management notification issues: Lack of clear denial reasons, phone number, and all regulatory statements are attached to documents. o Access to emergency services: The Alliance needs to make sure all hospitals across the state have our correct contact information. 2019 DHCS Medical Audit correction action plan. • The final report should be received from DHCS after June 30. 2019 DMHC Financial Audit: • 3 corrective items are being reviewed.	Informational update to the Board of Governors. Vote not required.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Future Audits: • DHCS Annual Medical Audit – June. • DMHC Medical Routine Audit – October 12. • NCQA Accreditation Review – June 1-2, will be submitting documentation in April.		
6. b. BOARD MEMBER REPORT – FINANCE COMMITTEE			
Dr. Ferguson	The Finance Committee was held telephonically on Tuesday, April 7, 2020. Dr. Ferguson gave the following updates: Finance Issues: • The financial health of the Alliance continues to be positive. • Medi-Cal membership enrollment continues to decline and continues to be an issue. • MLR is above target at 94.2% for the month and 92.5% for the year to date. • TNE is 603% which is the highest it has been in the last 12 months.	Informational update to the Board of Governors. Vote not required.	
7. CEO UPDATE			
S. Coffin	Scott Coffin gave the following CEO updates (pages 20 and 21): **February 2020 – Financial Performance & Operating Metrics** • The Alliance financial forecast is positive but the decline in membership has continued. Due to COVID-19 there could be an increase in Medi-Cal Membership. • Operations Dashboard – there are five measures in red and 4 are below our internal standards. The one regulatory measure that is in	Informational update to the Board of Governors. Vote not required.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	red status is encounter data. We received 5,000 claims and 80% came from Kaiser Permanente, 20% were corrected and resubmitted claims. Question: • Why was there a large amount of claims from Kaiser? Answer: • The large amount of claims from Kaiser could be a clean-up process that they do and then submit all at once. There was a discussion around contacting Anthem and working with them to let the public know that they might be available to apply for Medi-Cal. Instead of Anthem, Covered California was another suggestion. Scott is going to consider the information and determine next steps. **COVID – 19 Operational Readiness** • An Incident Commandment Center was established to coordinate the work efforts and communications (members, providers, staff), resulting in a relocation of nearly 300 staff into remote working. The transition was completed in 11 days at an approximate cost of $333 per employee, which added up to $100K in unbudgeted costs. • A group of local doctors have been contracted to support the Nurse Advice line, assisting members with questions about their flu or COVID – 19 symptoms. Members would speak to a Nurse first and then be escalated to an on-call physician (24 hours per day, 7 days a week). • The Alliance is in process of implementing a long-term telehealth solution which was requested by the DHCS and is to be completed by the end of May. • Current outbound personal wellness call campaign starting today and continues for the next 3 weeks to members 65 and over that are at a high risk of catching COVID-19 due to age and underlying medical conditions. The phone calls will be automated and in the English and Spanish language. The calls will provide resources such as, the Nurse Advice Line and food delivery resources. This is a non-budgeted new service and is funded by the Alliance. • The Alliance is working on supporting and helping our community		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	partners by finding ways to help with the short falls that might happen. We will review with the DHCS and report back to the Board. **POTENTIAL CHANGES TO MEDI-CAL PROGRAM TRANSITIONS** • The California State fiscal budget has been severely impacted by unplanned expenses to fight the COVID-19 virus, and may impact the funding to implement the CalAIM program. The Pharmacy transition is proceeding, due date 1/2021. • The State of California may seek a one-year extension of the 1115 and 1915 Waivers from CMS, which are currently expiring 12/31/2020. **BUDGETING AND FORECASTING – FISCAL YEAR 2020/2021** • The Alliance team is in the middle of the Fiscal Year 2021 budget planning which will continue through early May. The preliminary budget is being presented to the Board of Governors at the June Board Meeting and the final budget will be presented for a vote at the September Board Meeting. • The financial impact of COVID-19 will be factored into the preliminary budget, and COVID-19 costs will be added in the final budget. • The preliminary budget assumes the CalAIM initiatives and other changes to Medi-Cal (e.g. Pharmacy transition to State of California) occur as indicated on the timeline, and would be adjusted in the final budget based on confirmation from authorized personnel at the State of California. The Death Audit was discussed in regards to the proactive steps the Alliance could take to be ahead of the issue if it should occur again. The concern was due to COVID-19, where there might be a number of member's deaths that would not be recorded or removed from our enrollment until a later time and this again would affect our financials.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
8. BOARD BUSINESS – REVIEW AND APPROVE FEBRUARY 2020 MONTHLY FINANCIAL STATEMENTS			
G. Riojas	Gil Riojas gave the following Finance updates: **Enrollment (Page 39):** • For the month ending February 29, 2020, the Alliance had enrollment of 246,344 members, a Net Income of $487,000 and Tangible Net Equity is 603%. • Comment: Going forward for the rest of the year there could be a potential change in enrollment and medical expenses. • Our enrollment has decreased about 117 members since January 2020. • Reductions continue in the Adult and Child and Optional Expansion categories of aid are consistent over the last 12 months. SPDs, Duals, and Group Care Program remain flat. **Net Income: (Page 42):** • For the month ending February 29, 2020, the Actual Net Income was $487,000 and the Budged Net Income was $244,000. • For the year-to-date (YTD) ending February 29, 2020 the Actual YTD Net Income was $15.9M and the Budgeted YTD Net Income was $3.5M. The Alliance is well above the Year to Date Income. • The Favorable variance is due to higher than anticipated Revenue, lower Administrative Expenses. **Revenue:** • For the month ending February 29, 2020, the Actual Revenue was $79.0M vs the Budgeted Revenue of $77.6M. • The Favorable variance is due to higher than anticipated Prop 56 Revenue, Behavioral Health Supplemental payments, and Base Capitation. **Medical Expense (Page 43):** • For the month ending February 29, 2020, Actual Medical Expenses were $74.40M vs. our Budgeted Medical Expense of $72.8M.	Motion: Dr. Ferguson Second: Feda Almaliti Motion passed by roll call. Vote: Yes No opposed or abstained.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• For the year-to-date, Actual YTD Medical Expenses was $596.2M vs. Budgeted YTD Medical Expense amount of $587.6M. • Page 45 of the Financials points out the variances that were discussed at the meeting. **Medical Loss Ratio (Page 45):** • For the month ending February 29, 2020, the MLR was 94.2% vs year-to-date of 92.5%. Due to COVID-19, the MLR is forecasted to decrease. **Administrative Expense (Page 46):** • For the month ending February 29, 2020, Actual Administrative Expenses were $4.4M vs Budgeted Administrative Expense $4.9M. • Actual Administrative Expense year-to-date is $35.8M vs budgeted $40.2M. • With the COVID – 19 Work from Home deployment, overtime expenses, and other expenses our administrative budget should increase and be closer to the actual budgeted amount. **Other Income / (Expense) (Page 47):** • As of February 29, 2020, our YTD interest income from investments is $3.6M, and YTD claims interest expense is $216,000. • With the market interest change due to COVID -19, we anticipate our investments to go down. The Alliance is working with an investment banker. **Tangible Net Equity (TNE) (Page 47):** • Tangible net equity results continue to remain healthy, and at the end of February 29, 2020, the TNE was reported at 603% of the required amount, which is the highest in the last 12 months. **Cash Position and Assets (page 48):** • For the month ending February 29, 2020, we reported $267.0M in cash; $159.5M is uncommitted cash. Our current ratio is above the minimum required at 1.81 compared to the regulatory minimum of		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	1.0. **Question:** The Alliance is anticipating in March for expenses to be down because of fewer medical expenses. **Answer:** Yes, anticipating this to be in March, April, and maybe May. **Motion to approve the January 2020 financial report as presented.**		
9. a. STANDING COMMITTEE UPDATES – PEER REVIEW AND CREDENTIALING COMMITTEE			
Dr. O'Brien	The Peer Review and Credentialing Committee (PRCC) was held telephonically on March 17, 2020. Dr. O'Brien gave the following updates: • At the Peer Review and Credentialing (PRCC) meeting held on March 17, 2020, there were twenty-two (22) initial providers approved; seven (7) primary care provider, seven (7) specialists, one (1) ancillary providers, and seven (7) midlevel providers. • Additionally, thirty-five (35) providers were re-credentialed at this meeting; eleven (11) primary care providers, twelve (12) specialists, three (3) ancillary provider, and nine (9) midlevel providers.	Informational update to the Board of Governors. Vote not required.	
9. b. STANDING COMMITTEE UPDATES – HEALTH CARE QUALITY COMMITTEE			
Dr. O'Brien	The Health Care Quality Committee (HCQC) was held telephonically on March 19, 2020. Dr. O'Brien gave the following updates: • Dr. Florey, Dr. Chapman, and Dr. Lisker (CFMG, County BH, and Kaiser) updated committee on active measures in handling COVID -	Informational update to the Board of Governors. Vote not required.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	19 impact. The Committee shared the experience of remote working, observance of social distancing, use of telemedicine, with ongoing need for PPE and masks for frontline staff. • 26 Policy & Procedure's (P&Ps) were submitted for committee review and approval for HCS Quality (A&A, HE, QI) and UM departments. P&Ps required regulatory compliance and minor formatting updates. • Pediatric Preventative Care Member Outreach Call Campaign: DHCS initiative is on hold given the current COVID - 19 pandemic. The Alliance will resume this effort once DHCS gives the directive with a projected outreach to about 70,000 pediatric members. • PQI IRR: January DMHC site visit, the Plan acknowledged an opportunity for improvement in the initial classification and review process of PQIs. QI Department developed and implemented a standardize PQI classification and nurse documentation systems. • Encounter Data Validation (EDV): EDV - annual study conducted by DHCS to validate claims submission data against MR encounter notes. Initiative placed on hold by DHCS due to COVID – 19 shelter in place edict. • HEDIS Record Retrieval: the Alliance has stopped all in person record retrieval due to COVID - 19. Plan requested providers to submit requested medical records via fax. • Translation Services - Alliance shifting translation services away from in-person services to telephonic services except for ASL and end-of-life discussions. Staged implementation to begin post lifting of 'shelter in place' edict.		
9. c. STANDING COMMITTEE UPDATES – PHARMACY AND THERAPEUTICS COMMITTEE			

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
Dr. O'Brien	The Pharmacy and Therapeutics (P&T) Committee was held telephonically on March 17, 2020. Dr. O'Brien gave the following updates: • The P&T Committee reviewed the efficacy, safety, cost, and utilization profiles of the following therapeutic categories and drug monographs at the March 17, 2020 meeting: o 32 Therapeutic/Monograph Class Reviews. o 25 prior authorization guideline updates. o 7 prior authorization guidelines reviewed but there were no updates. o Modifications to the formulary were made for 65 drug products.	Informational update to the Board of Governors. Vote not required.	
9. d. STANDING COMMITTEE UPDATES – MEMBER ADVISORY COMMITTEE			
S. Coffin	The Member Advisory Committee (MAC) was held telephonically on March 19, 2020. Scott Coffin gave the following updates: • The meeting was a 30 minute call, Chaired by Melinda Mellow and Co-Chaired by Natalie Williams. • The CEO presented on COVID – 19, best practices to stay healthy, such as: social distancing, face masks, and hand washing. Recourses were discussed such as, the Nurse Advise line. • The MAC members were asked for their input on the Annual Population Needs Assessment which is due the end of June. The assessment will be discussed at the next MAC meeting on June 18.	Informational update to the Board of Governors. Vote not required.	
10. STAFF UPDATES			
S. Coffin	None	None	
11. UNFINISHED BUSINESS			

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
S. Coffin	**Alliance Next steps:** None	None	None
12. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS			
Dr. Seevak	• The decision for the Board of Governors to meet remotely in May will be communicated to the Board Members by the end of April. • CPT – Board Members would like a formal report and follow-up.	None	None
13. PUBLIC COMMENTS (NON-AGENDA ITEMS)			
Dr. Seevak	None	None	
14. ADJOURNMENT			
Dr. Seevak	Dr. Seevak adjourned the meeting at 1:50 PM.	None	

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

ALAMEDA Alliance FOR HEALTH

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

CEO Update

Scott Coffin

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

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

Date: **May 8, 2020**

Subject: **CEO Report**

- **MARCH 2020 – FINANCIAL PERFORMANCE & OPERATING METRICS**
  - March net income reported is $2.8 million, and year-to-date $18.7 million
    - Corporate net income offset by losses in Group Care; net loss $170K in February, $628K year-to-date net loss
  - Medi-Cal membership almost the same between February and March 2020, and forecasting 5% growth in Medi-Cal enrollment by June 30, 2020
  - Tangible net equity remains above 600%, and excess reserves are $166.6 million

- **POTENTIAL CHANGES TO MEDI-CAL PROGRAM TRANSITIONS**
  - California State fiscal budget severely impacted by unplanned expenses to fight the COVID-19 virus, and may impact funding to implement the CalAIM program
  - State of California may seek a one-year extension of the 1115 and 1915 Waivers, currently expiring 12/31/2020; Whole Person Care and Health Homes Programs are funded through this 1115 Waiver
  - DHCS has confirmed the pharmacy transition is tracking to 1/1/2021 completion
  - Internal planning underway for the pharmacy services, and teams started planning for the Long-Term Care transition on 1/1/2021 – pending confirmation from DHCS on the actual go-live dates for CalAIM initiatives

- **COVID-19 OPERATIONS**
  - Core operations metrics (emergency department, inpatient, outpatient, transportation, ancillary, pharmacy, and other services) reduced significantly in the months of March and April; the Alliance's customer service operations are experiencing an increase in member and provider calls, authorizations for health services, and the volume of prescriptions

- Outbound calling to older adults, 65 years and older. More than 50,000 automated calls completed to Alliance's membership (Medi-Cal and Group Care) in the month of April, and second phase of personalized calling to 4,000 high-risk older adults started in the month of May; wellness calls are being placed to these high-risk older adults by our contracted health centers, the Alliance's outbound call center staff, and other community partners
- Shelter-in-Place initiated by Alameda County Public Health Officer on March 16th, 2020, and revised by Governor Newsom to extend through May 2020
- Approximately 90% of staff are working remotely and operating metrics are steady, volumes of member and provider services increasing
- Telehealth service provider "Teladoc" launched on May 1, 2020; includes 24x7 telephonic & video-based clinical support
- Data collection for HEDIS being conducted remotely, approximately 91% of records gathered; the HEDIS chase season ends on Friday, May 8th, and the quality rates are locked in June
- Celebration of National Nurses Week, and the Alliance employs approximately 30 Registered Nurses. The theme this year is "compassion, expertise, and trust"

- **SAFETY-NET SUSTAINABILITY FUND**
  - Proposal to the Alameda Alliance Board of Governors to establish an emergency crisis fund for Alameda County safety-net providers
  - Grant funding of $16.6 million dollars allocated from excess TNE, approximately 10% of the $166.6 million
  - 6-month funding program, starts in May and continues through October 2020
  - Additional $4.8 million dollars in accelerated quality incentive payments (currently budgeted)
  - Accelerated claims payments to providers for improving cash flow, paying claims that are ready for payment within 12-15 business days (effective May 1st)

- **BUDGETING AND FORECASTING – FISCAL YEAR 2020/2021**
  - Fiscal year 2021 preliminary budget on track for presentation at the June 2020 Board of Governors meeting

- DHCS is delaying the release of rates for next year until September (typically receive in June each year)
    - Revision to the presentation of the final budget for a vote in October or November, depending on when the DHCS delivers the rates
- The financial impact of COVID-19 is being factored into the preliminary budget, costs will be added in the final budget based on actual results through July 2020;
- Preliminary budget assumes the CalAIM initiatives and other changes to Medi-Cal (e.g. Pharmacy transition to State of California) implement on schedule, and would be adjusted in the final budget based on confirmation from authorized personnel at the State of California.

EXECUTIVE DASHBOARD
MAY 2020

ALAMEDA Alliance FOR HEALTH

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

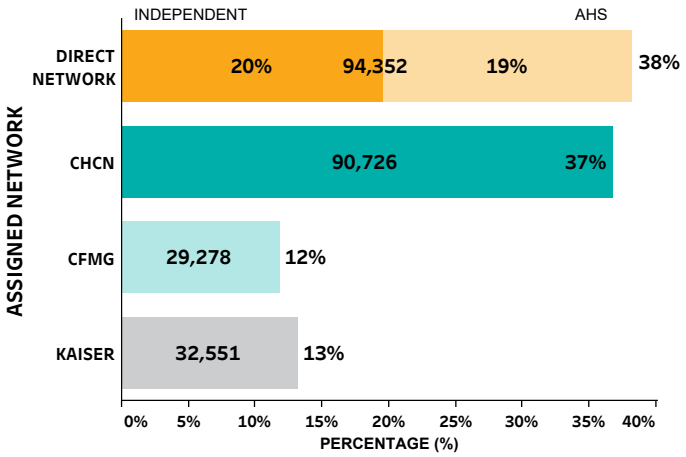
MEMBERSHIP**

246,907

TOTAL MEMBERSHIP

IHSS 6,125 **MEDI-CAL** 240,782

DISTRIBUTION OF ALL MEMBERSHIP BY ASSIGNED NETWORK**



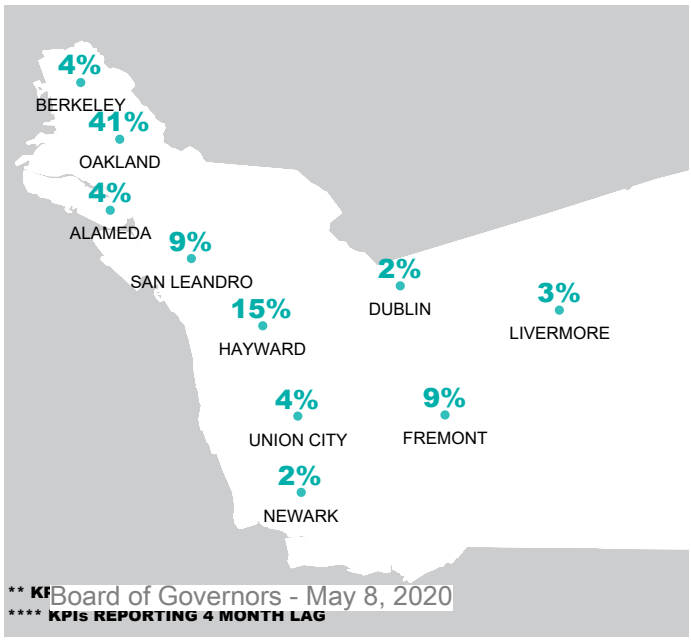
DISTRIBUTION OF MEMBERSHIP BY CITY**

92%

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

TEN CITIES

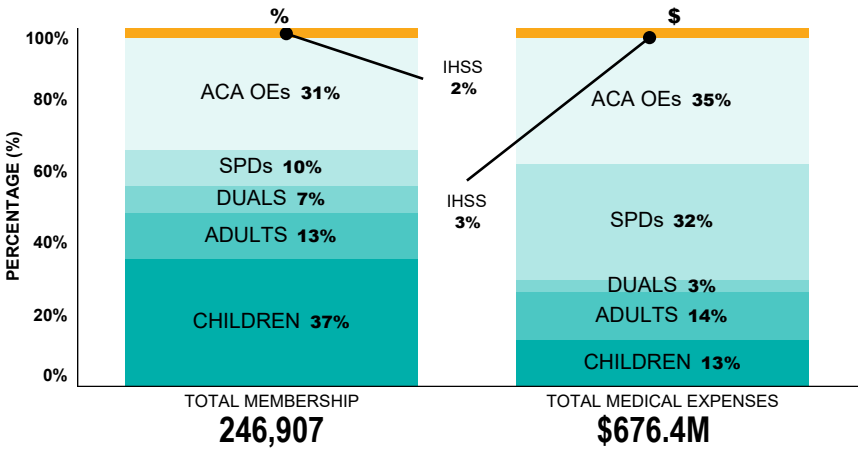
- ALAMEDA
- BERKELEY
- DUBLIN
- FREMONT
- HAYWARD
- LIVERMORE
- NEWARK
- OAKLAND
- SAN LEANDRO
- UNION CITY



** KPIs Board of Governors - May 8, 2020

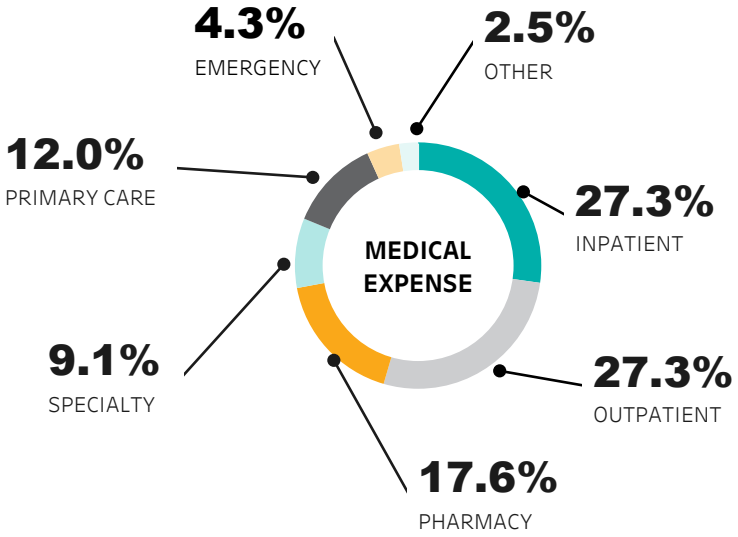
**** KPIs REPORTING 4 MONTH LAG

DISTRIBUTION OF MEDICAL EXPENSE BY MEMBERSHIP CATEGORY**



REVENUE & EXPENSES**

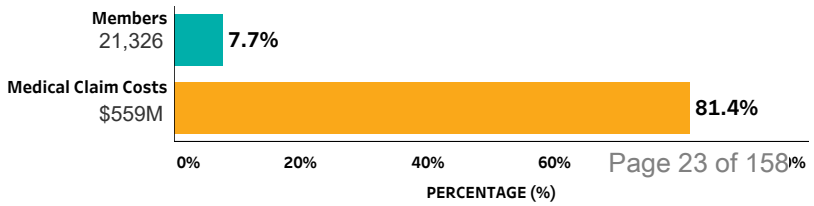
	MARCH 2020	FISCAL YTD
REVENUE	$87.3M	$732.2M
MEDICAL EXPENSE	($80.2M)	($676.4M)
ADMIN EXPENSE	($4.6M)	($40.3M)
OTHER	$254K	$3.2M
NET INCOME	**$2.8M**	**$18.7M**



TANGIBLE NET EQUITY**

607% **$199M**

HIGH UTILIZER DISTRIBUTION****



UTILIZATION**

4,248
INPATIENT BED DAYS

6,705
EMERGENCY ROOM VISITS

4.3 DAYS
AVERAGE LENGTH OF STAY

CASE AND DISEASE MANAGEMENT**

	NEW CASES	OPEN CASES
CARE COORDINATION	219	632
COMPLEX CASE MANAGEMENT	29	71
Total	248	703

	NEW CASES	ENROLLED
HEALTH HOMES	30	681
WHOLE PERSON CARE (AC3)	2	219
Total	32	900

TOTAL CASE MANAGEMENT

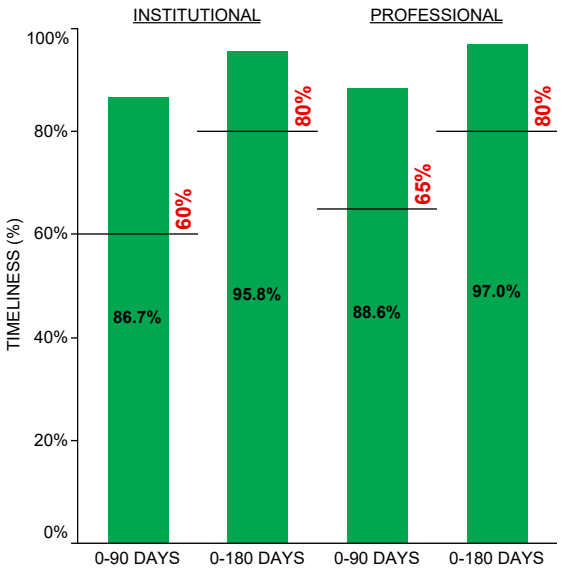
280
TOTAL NEW CASES

1,603
TOTAL OPEN CASES & ENROLLED

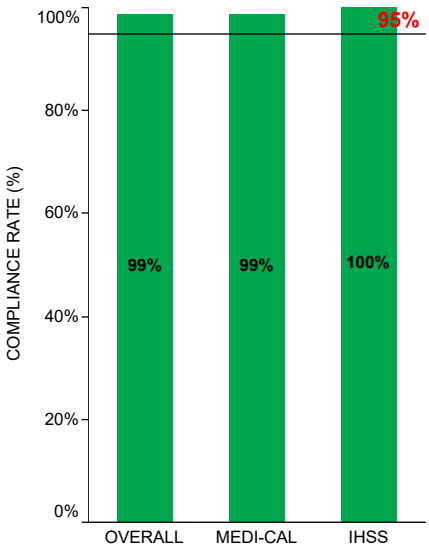
REGULATORY COMPLIANCE

ALL REGULATORY COMPLIANCE MEASURES ARE IN COMPLIANCE.

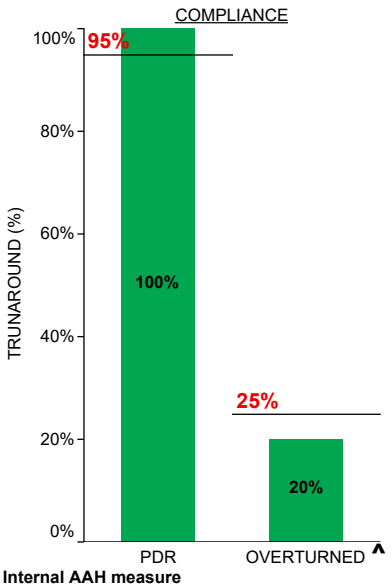
ENCOUNTER DATA



MEDICAL AUTHORIZATIONS



PROVIDER DISPUTES & RESOLUTIONS



^ For Internal AAH measure

CALL CENTER

9,892
CALLS RECEIVED

89%
ANSWERED IN 30 SECONDS

3%
CALLS ABANDONED

CLAIMS

122,522
PROCESSED CLAIMS

74.7%
AUTO ADJUDICATED

24 DAYS
PROCESSED PAYMENTS

STAFF & RECRUITING

319
TOTAL EMPLOYEES

7
HIRED IN THE LAST 30 DAYS

11%
CURRENT VACANCY

2019-2020 Legislative Tracking List

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

This list includes bills that were introduced in 2019 and continue to move through the legislative process as 2-year bills as well as those that have been introduced thus far in the 2020 legislative session. This list also include COVID-19 related bills that were introduced in the 2020 legislative session.

Medi-Cal (Medicaid)

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

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

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

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

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

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

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

- **AB 2278 (Quirk – D) Lead Screening**
  - **Status:** 3/4/2020 – Referred to Committee on Health
  - **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 2348 (Wood – D) Pharmacy Benefit Manager**
  - **Status:** 5/4/2020 – From committee chair, with author's amendments: Amend, and re-refer to Committee on Health

- **Summary:** Current law provides for the registration and regulation of pharmacy benefit managers, as defined, that contract with health care service plans to manage their prescription drug coverage. Under existing law, a pharmacy benefit manager is required to submit specified information to the department to apply to register with the department. This bill would require a pharmacy benefit manager to, beginning October 1, 2021, annually report specified information to the department regarding the covered drugs dispensed at a pharmacy and specified information about the pharmacy benefit manager's revenue, expenses, health care service plan contracts, the scope of services provided to the health care service plan, and the number of enrollees that the pharmacy benefit manager serves.

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

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

- **AB 2871 (Fong – R) Medi-Cal: Substance Use Disorder Services: Reimbursement Rates**
  - **Status:** 3/5/2020 – Referred to Committee on HEALTH
  - **Summary:** Would require the State Department of Health Care Services, in establishing reimbursement rates for services under Drug Medi-Cal and capitated rates for a Medi-Cal managed care plan contract that covers substance use disorder services to ensure that those rates are equal to the reimbursement rates for similar services provided under the Medi-Cal Specialty Mental Health Services Program.

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

- **AB 3118 (Bonta – D) Medically Supportive Food and Nutrition Services**
  - **Status:** 4/6/2020 - In committee: Hearing postponed by committee.
  - **Summary:** Would expand the Medi-Cal schedule of benefits to include medically supportive food and nutrition services, such as medically tailored groceries and meals, and nutrition education. The bill would provide that the benefit include services that link a Medi-Cal beneficiary to community-based food services and transportation for accessing healthy food. The bill would require the department to implement these provisions by various means, including provider bulletins, without taking regulatory action, and would condition the implementation of these provisions to the extent permitted by federal law, the availability of federal financial participation, and the department securing federal approval.

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

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

- **SB 936 (Pan – D) Medi-Cal Managed Care Plans: Contract Procurement**
  - **Status:** 3/16/2020 – Re-referred to Committee on HEALTH
  - **Summary:** Would require the Director of Health Care Services to conduct a contract procurement at least once every 5 years if the director contracts with a commercial Medi-Cal managed care plan for the provision of care of Medi-Cal beneficiaries on a state-wide or limited geographic basis, and would authorize the director to extend an existing contract for one year if the director takes specified action, including providing notice to the Legislature, at least one year before exercising that extension. The bill would require the department to establish a stakeholder process in the planning and development of each Medi-Cal managed care contract procurement process, and would provide that the stakeholders include specified individuals, such as health care providers and consumer advocates.

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

Group Care

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

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

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

COVID-19

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

Act of 2020 to provide assistance related to the impacts of COVID-19. The bill would amend the act by adding an item of appropriation to the Department of Resources Recycling and Recovery.

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

- **AB 2887 (Bonta – D) Statewide Emergencies: Mitigation**
  - **Status:** 3/17/2020 – Re-referred to Committee on Accountability & Admin Review
  - **Summary:** For purposes of state apportionments to public schools, if the average daily attendance of a school district, county office of education, or charter school during a fiscal year has been materially decreased during a fiscal year because of a specified event, including an epidemic, current law requires the Superintendent of Public Instruction to estimate the average daily attendance in a manner that credits to the school district, county office of education, or charter school the total average daily attendance that would have been credited had the emergency not occurred. This bill would revise the above-described triggering event to be an epidemic, pandemic, or outbreak of infectious disease, and would provide that the various specified triggering events apply to decreases in average daily attendance due to illness, quarantine, social isolation, and social distancing, absences taken as preemptive measures, independent study and distance learning requests, and pupils who are absent due to quarantine, but cannot provide the appropriate documentation.

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

- **SB 89 (Committee on Budget and Fiscal Review) Budget Act of 2019**
  - **Status:** 3/17/2020 - Chaptered by Secretary of State – Chapter 2, Statutes of 2020
  - **Summary:** Would amend the Budget Act of 2019 by appropriating $500,000,000 from the General Fund to be used for any purpose related to the Governor's March 4, 2020 proclamation of a state

of emergency. This bill would authorize additional appropriations in increments of $50,000,000, up to a total appropriation of $1,000,000,000. The bill would amend the act to state the Legislature's intent that the administration work with stakeholders, including members of the Legislature and legislative staff, to develop strategies to be considered for inclusion in the Budget Act of 2020 to provide assistance related to the impacts of COVID-19. The bill would amend the act by adding an item of appropriation to the Department of Resources Recycling and Recovery.

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

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

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

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

This bill would remove the requirement for centers receiving funds to provide cash or an in-kind match for the funds received. The bill would make related findings and declarations.

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

Other

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

- **AB 2279 (Garcia – D) Childhood Lead Poisoning Prevention**
  - **Status:** 2/24/20 – Referred to Committees on HEALTH and Environmental Safety & Toxic Materials
  - **Summary:** The Childhood Lead Poisoning Prevention Act of 1991 establishes the Childhood Lead Poisoning Prevention Program and requires the State Department of Public Health to adopt regulations establishing a standard of care, at least as stringent as the most recent federal Centers for Disease Control and Prevention screening guidelines. Current law provides that the standard of care shall require a child who is determined to be at risk for lead poisoning to be screened. Current law requires the regulations to include the determination of specified risk factors, including a child's time spent in a home, school, or building built before 1978. This bill would add several risk factors to be considered as part of the standard of care specified in regulations, including a child's residency in or visit to a foreign country, or their residency in a high-risk ZIP Code, and would require the department to develop, by January 1, 2021, the regulations on the additional risk factors, in consultation with the specified individuals.

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

- **AB 2413 (Ting – D) CalFresh: Eligibility and Reporting**
  - **Status:** 5/4/2020 – From committee chair, with author's amendments: Amend, re-refer to Committee on Human Services. Read second time and amended.
  - **Summary:** Would require the State Department of Social Services to establish and require the use of self-attestation by CalFresh applicants and beneficiaries to verify required information to the extent permitted by federal law and to apply for any waivers necessary to simplify verification requirements. The bill would require the department to issue guidance that prohibits a county human services agency from requesting additional documents to verify dependent care expenses, except as specified. The bill would require the department to take specified actions in an effort to expand CalFresh program outreach and retention and improve dual enrollment between the CalFresh and Medi-Cal programs.

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

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

- **AB 2581 (Reyes – D) Department of Early Childhood Development**
  - **Status:** 4/6/2020 – In committee: Hearing postponed by committee.
  - **Summary:** Would establish the Department of Early Child Development within the California Health and Human Services Agency, and would require the new department to consolidate leadership on programs and issues relating to the administration of early learning and care and to centralize and build a coherent and whole person early learning and care system to improve service delivery for children, families, and providers by maximizing federal, state, and local resources. The bill would transfer the duties, powers, functions, jurisdiction, and responsibilities of specified programs and entities relating to early childhood care and learning from various departments, including the State Department of Education and the State Department of Social Services, to the Department of Early Child Development.

- **AB 2817 (Wood – D) Office of Health Care Quality and Affordability**
  - **Status:** 3/4/2020 – Referred to Committee on HEALTH.
  - **Summary:** Would create the Office of Health Care Quality and Affordability to analyze the health care market for cost trends and drivers of spending, develop data-informed policies for lowering health care costs, and create a strategy to control health care costs. The bill would require the office to be governed by a board with specified

membership, and would require the board to hire an executive director to organize, administer, and manage the operations of the office.

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

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

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

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

Safety-Net Sustainability Fund

Alameda Alliance Board of Governors

Presented by Scott Coffin, Chief Executive Officer

May 8, 2020

Overview

- Establish an emergency crisis fund for the Alameda County safety-net
- Grant funding of $16.6 million dollars allocated from excess TNE, approximately 10% of the $166.6 million
- Expand current COVID-19 testing capacity in Alameda County (city and county, health centers, hospitals)
- 6-month program, May through October
- Additional $4.8 million dollars in accelerated quality incentive payments (currently budgeted)
- Accelerated claims payments to providers for improving cash flow

Eligibility

Safety-Net providers are defined by the mission and vision of their organization, and earning a majority of their revenue through serving the underserved and uninsured residents in Alameda County

- Frontline safety-net providers treating or supporting COVID-19 patients
- Safety-net hospitals, health centers, directly-contracted primary care providers, other safety-net service entities (e.g. skilled nursing, food banks, family services, aging adult services), and public agencies
- Funding applies to providers being paid through fee-for-service
- Contracted providers that are funded through capitation continue to receive payments

Grant Methodology

- Applies to eligible fee-for-service providers, and encourages more use of Alliance's telehealth services

- External funding from county, state, and federal sources is considered, and allocations are based on highest needs of the requesting entity

- Alliance calculates a baseline from previous 12 months of paid claims (February 2019 to February 2020)

- Alliance compares to the current month claims paid amount to the 12-month historical average, pays 80% of the difference

Example: average 12-month average is $100, in May 2020 the provider is paid $50. Grant funding pays 80% of the difference, or $40.

Funding the Frontline Safety-Net

Safety-Net Hospitals

50%, or $8.3 million

COVID-19 Testing

20%, or $3.3 million

Direct-contracted Primary Care Physicians (PCPs)

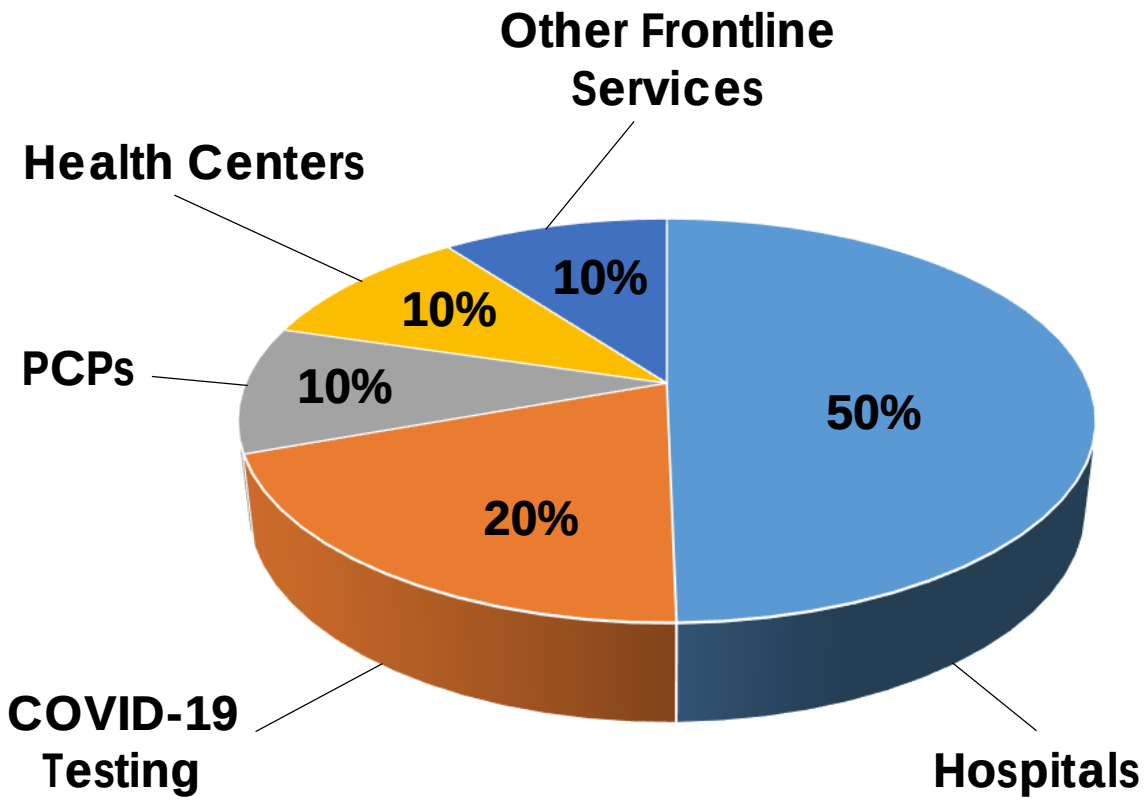
10%, or $1.7 million

Safety-Net Health Centers

10%, or $1.7 million

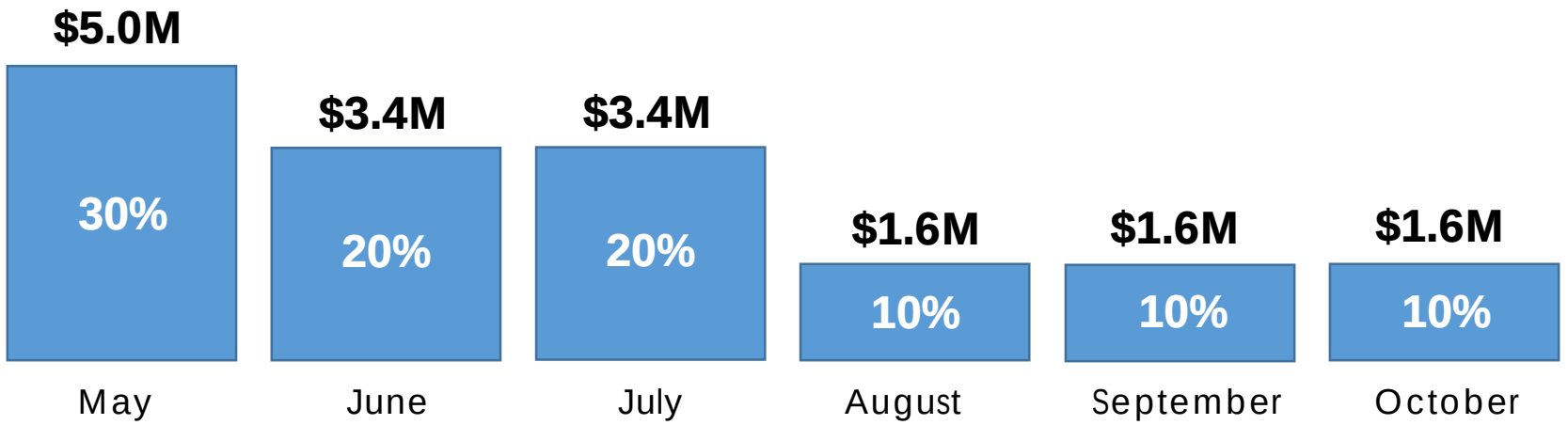
Other Safety-Net Services

10%, or $1.7 million



Payment timeline: May – October 2020

- Selection committee reviews requests for funding, comprised of five members of the Alliance's Executive Team.
- Payments to eligible providers begin following Board of Governor's approval and continues through the end of October
- Grants and accelerated payments are reported to the Finance Committee and Board of Governors
- More than 70% of $16.6M is paid in the first 3 months



Accelerated Payments

- Accelerated payments are intended to assist providers with improving their cash flow
- Average payment of fee-for-service claims is 23 calendar days
- $4.8 million dollars is budgeted for the MY2019 pay-for performance quality incentive program

Proposed Actions:

- Pay claims that are ready to be paid in 12-15 business days
- Pay quality incentives to providers in July 2020, two months ahead of the normal annual payout

Considerations

- DHCS may not recognize the $16.6 million in grant funding for rates in calendar year 2023; most of the COVID-19 testing expenses are allowable expenses, and the accelerated payments would be included in rate development

- Due to the COVID-19 crisis, actual expenses in calendar year 2020 may not be used by DHCS to calculate rates for next fiscal year

Next Steps

- Approval from the Board of Governors
- Notification to the contracted providers
- Deployment of an online application, posted publicly on the Alliance website
- Document the evaluation process and criteria, and form the selection committee
- Develop reports for distribution of funding, subject to public reporting each month at Finance Committee and Board of Governors

Board Motions

- Motion to authorize CEO to create an emergency crisis fund, allocating $16.6 million dollars from the financial reserves, and distribute to eligible safety-net providers between May and October of 2020

- Motion to authorize CEO to accelerate a budgeted payment of up to $4.8 million dollars in quality incentives, paying to eligible providers in July 2020

ALAMEDA Alliance FOR HEALTH

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Operations Dashboard

Alameda Alliance for Health
Operations Dashboard
- May-2020 -

ID	Section	Subject Area	Category	Performance Metric					ID
1	1	Financials			Mar-20 FYTD		%	Annual Budget	1
2									2
3			Income & Expenses	Revenue $	$732,182,703		78.3%	$935,483,328	3
4				Medical Expense $	$676,445,022		76.9%	$879,173,524	4
5				*Inpatient (Hospital)*	$184,374,978		*27.3%*	$246,892,599	5
6				*Outpatient/Ancillary*	$184,397,346		*27.3%*	$240,198,558	6
7				*Emergency Department*	$29,030,506		*4.3%*	$38,603,091	7
8				*Pharmacy*	$118,859,855		*17.6%*	$157,323,732	8
9				*Primary Care*	$81,442,796		*12.0%*	$87,881,542	9
10				*Specialty Care*	$61,764,443		*9.1%*	$83,501,269	10
11				*Other*	$16,575,098		*2.5%*	$24,772,732	11
12				Admin Expense $	$40,307,630		66.5%	$60,618,392	12
13				Other Income / (Exp.) $	$3,247,619		5.4%	$4,013,097	13
14				Net Income $	$18,677,670			($295,490)	14
15				Gross Margin %	7.6%			6.0%	15
16			Liquid Reserves	Medical Loss Ratio (MLR) - Net %	92.4%			94.0%	16
17				Tangible Net Equity (TNE) %	607.2%			564.9%	17
18				Tangible Net Equity (TNE) $	$199,424,924			$180,451,765	18
19			Reinsurance Cases	2019-2020 Cases Submitted	8				19
20				2019-2020 New Cases Submitted	1				20
21				2018-2019 Cases Submitted	25				21
22				2018-2019 New Cases Submitted	0				22
23			Balance Sheet	Cash Equivalents	$210,621,334				23
24				Pass-Through Liabilities	$129,523,303				24
25				Uncommitted Cash	$81,098,031				25
26				Working Capital	$189,303,184				26
27				Current Ratio %	174.1%			100%	27
28									28
29	2	Membership			Jan-20	Feb-20	Mar-20	Mar-20 Budget	29
30									30
31			Medi-Cal Members	Adults	31,620	31,635	32,017	13%	32,755	31
32				Children	88,329	88,086	87,919	37%	89,885	32
33				Seniors & Persons with Disabilities (SPDs)	25,571	25,853	25,778	10%	25,102	33
34				ACA Optional Expansion (ACA OE)	77,093	76,921	77,199	31%	79,256	34
35				Dual-Eligibles	17,800	17,844	17,869	7%	17,147	35
36										36
37				Total Medi-Cal	240,413	240,339	240,782	98%	244,145	37
38			IHSS Members	IHSS	6,048	6,005	6,125	2%	5,976	38
39			Total Membership	Medi-Cal and IHSS	246,461	246,344	246,907	100%	250,121	39
40										40
41			Members Assigned By Delegate	Direct-contracted network	47,700	48,187	48,546	20%		41
42				Alameda Health System (Direct Assigned)	45,665	45,594	45,806	19%		42
43				Children's First Medical Group	29,460	29,338	29,278	12%		43
44				Community Health Center Network	91,165	90,696	90,726	37%		44
45				Kaiser Permanente	32,471	32,529	32,551	13%		45
46										46

Alameda Alliance for Health
Operations Dashboard
- May-2020 -

ID	Section	Subject Area	Category	Performance Metric						ID
47	3	Claims			Feb-20	Mar-20	Apr-20	%	Performance Goal	47
48										48
49			HEALTHsuite Claims Processing	Number of Claims Received	118,309	115,716	86,578			49
50				Number of Claims Paid	87,043	88,585	93,013			50
51				Number of Claims Denied	24,901	25,934	29,509			51
52				Inventory (Unfinalized Claims)	93,704	93,882	56,156			52
53				Pended Claims (Days)	17,374	15,090	9,059	16%		53
54				*0-29 Calendar Days*	16,899	14,914	8,970	16%		54
55				*30-44 Calendar Days*	474	175	89	0%		55
56				*45-59 Calendar Days*	1	0	0	0%		56
57				*60-89 Calendar Days*	0	1	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)	39,341,688	40,696,062	48,392,341			60
61				Interest Paid (Total Dollar)	24,268	19,825	30,207	0%		61
62				Auto Adjudication Rate (%)	79.6%	77.6%	74.7%		70%	62
63				Average Payment Turnaround (days)	23	23	24		25 days or less	63
64			Claims Auditing	# of Pre-Pay Audited Claims	1,557	1,303	297			64
65			Claims Compliance	% of Claims Processed Within 30 Cal Days (DHCS Goal = 90%)	98%	98%	97%		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			Feb-20	Mar-20	Apr-20	%	Performance Goal	69
70										70
71			Member Call Center	Inbound Call Volume	17,709	14,806	9,892			71
72				Calls Answered in 30 Seconds %	70.0%	76.0%	89.0%		80.0%	72
73				Abandoned Call Rate %	6.0%	6.0%	3.0%		5.0% or less	73
74				Average Wait Time	01:04	00:37	00:21			74
75				Average Call Duration	07:59	08:03	08:24			75
76				Outbound Call Volume	10,126	10,113	8,424			76
77										77
78	5	Provider Services			Feb-20	Mar-20	Apr-20	%	Performance Goal	78
79										79
80			Provider Call Center	Inbound Call Volume	5,179	6,191	5,630			80
81										81
82	6	Provider Contracting			Feb-20	Mar-20	Apr-20	%	Performance Goal	82
83										83
84			Provider Network	Primary Care Physician	579	583	584			84
85				Specialist	7,038	7,021	7,021			85
86				Hospital	17	17	17			86
87				Skilled Nursing Facility	58	58	62			87
88				Durable Medical Equipment	Capitated	Capitated	Capitated			88
89				Urgent Care	10	10	10			89
90				Health Centers (FQHCs and Non-FQHCs)	68	68	68			90
91				Transportation	380	380	380			91
92			Provider Credentialing	Number of Providers in Credentialing	1,409	1,423	1,437			92
93				Number of Providers Credentialed	1,409	1,423	1,437			93
94										94

Alameda Alliance for Health
Operations Dashboard
- May-2020 -

ID	Section	Subject Area	Category	Performance Metric						ID
95	7	Human Resources & Recruiting			Feb-20	Mar-20	Apr-20	%	Annual Budget	95
96										96
97			Employees	Total Employees	315	314	319		347	97
98				Full Time Employees	314	312	317	99%		98
99				Part Time Employees	1	2	2	1%		99
100				New Hires	4	4	7			100
101				Separations	1	5	2			101
102				Open Positions	36	38	37	11%	10% or less	102
103				Signed Offer Letters Received	6	2	3			103
104				Recruiting in Process	30	36	34	9%		104
105										105
106			Non-Employee (Temps / Seasonal)		5	5	7			106
107										107
108	8	Compliance			Feb-20	Mar-20	Apr-20	%	Performance Goal	108
109										109
110			Provider Disputes & Resolutions	Turnaround Compliance (45 business days)	99%	99%	100%		95%	110
111				% Overturned	21%	29%	20%		25% or less	111
112										112
113			Member Grievances	Overall Standard Grievance Compliance Rate % (30 calendar days)	99%	99%	95%		95%	113
114				Overall Expedited Grievance Compliance Rate % (3 calendar days)	100%	100%	100%		95%	114
115										115
116			Member Appeals	Overall Standard Appeal Compliance Rate (30 calendar days)	100%	98%	100%		95%	116
117				Overall Expedited Appeal Compliance Rate (3 calendar days)	100%	100%	75%		95%	117
118										118
119	9	Encounter Data & Technology			Feb-20	Mar-20	Apr-20		Performance Goal	119
120										120
121			Business Availability	HEALTHsuite (Claims and Membership System)	100.00%	100.00%	100.00%		99.99%	121
122				TruCare (Care Management System)	100.00%	100.00%	100.00%		99.99%	122
123				All Other Applications and Systems	100.00%	100.00%	100.00%		99.99%	123
124										124
125			Encounter Data	Inbound Trading Partners 837 (Trading Partner To AAH)						125
126				Timeliness of file submitted by Due Date	100.00%	100.00%	100.00%		100.0%	126
127										127
128				AAH Outbound 837 (AAH To DHCS)						128
129				Timeliness - % Within Lag Time - Institutional 0-90 days	89.2%	68.7%	86.7%		60.0%	129
130				Timeliness - % Within Lag Time - Institutional 0-180 days	98.8%	72.0%	95.8%		80.0%	130
131				Timeliness - % Within Lag Time - Professional 0-90 days	91.2%	84.9%	88.6%		65.0%	131
132				Timeliness - % Within Lag Time - Professional 0-180 days	97.9%	90.8%	97.0%		80.0%	132
133										133

Alameda Alliance for Health
Operations Dashboard
- May-2020 -

ID	Section	Subject Area	Category	Performance Metric						ID
134	10	Health Care Services			Feb-20	Mar-20	Apr-20	QTR 1	Performance Goal	134
135										135
136			Authorization Turnaround	Overall Authorization Turnaround % Compliant	98%	98%	99%		95%	136
137				Medi-Cal %	98%	99%	99%		95%	137
138				Group Care %	98%	97%	100%		95%	138
139										139
140			Outpatient Authorization Denial Rates	Overall Denial Rate (%)	4.3%	3.0%	2.7%			140
141				Denial Rate Excluding Partial Denials (%)	4.2%	2.8%	2.5%			141
142				Partial Denial Rate (%)	0.1%	0.2%	0.2%			142
143										143
144			Pharmacy Authorizations	Approved Prior Authorizations	614	711	766	39%		144
145				Denied Prior Authorizations	528	469	588	30%		145
146				Closed Prior Authorizations	516	579	630	32%		146
147				Total Prior Authorizations	1,658	1,759	1,984			147
148										148
149					Jan-20	Feb-20	Mar-20			149
150										150
151			Inpatient Utilization	Days / 1000	300.9	261.9	238.2			151
152				Admits / 1000	67.6	64.0	55.2			152
153				Average Length of Stay	4.5	4.1	4.3			153
154										154
155			Emergency Department (ED) Utilization	# ED Visits / 1000	58.71	52.95	37.66			155
156										156
157			Case Management	New Cases						157
158				Care Coordination	259	267	219			158
159				Complex Case Management	34	41	29			159
160				Health Homes	23	19	30			160
161				Whole Person Care (AC3)	5	5	2			161
162				Total New Cases	321	332	280			162
163										163
164				Open Cases						164
165				Care Coordination	666	662	632			165
166				Complex Case Management	60	74	71			166
167				Total Open Cases	726	736	703			167
168										168
169				Enrolled						169
170				Health Homes	711	701	681			170
171				Whole Person Care (AC3)	221	225	219			171
172				Total Enrolled	932	926	900			172
173										173
174				Total Case Management (Open Cases & Enrolled)	1,658	1,662	1,603			174
175										175

ALAMEDA Alliance FOR HEALTH

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Finance

Gil Riojas

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

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

Date: **May 8, 2020**

Subject: **Finance Report**

Executive Summary

- For the month ended March 31, 2020, the Alliance had enrollment of 246,907 members, a Net Income of $2.8 million and 607% of required Tangible Net Equity (TNE).

Overall Results: (in Thousands)

	Month	YTD
Revenue	$87,341	$732,183
Medical Expense	80,249	676,445
Admin. Expense	4,554	40,308
Other Inc. / (Exp.)	254	3,248
Net Income	$2,792	$18,678

Net Income by Program:

	Month	YTD
Medi-Cal	$2,962	$19,306
Group Care	(170)	(628)
	$2,792	$18,678

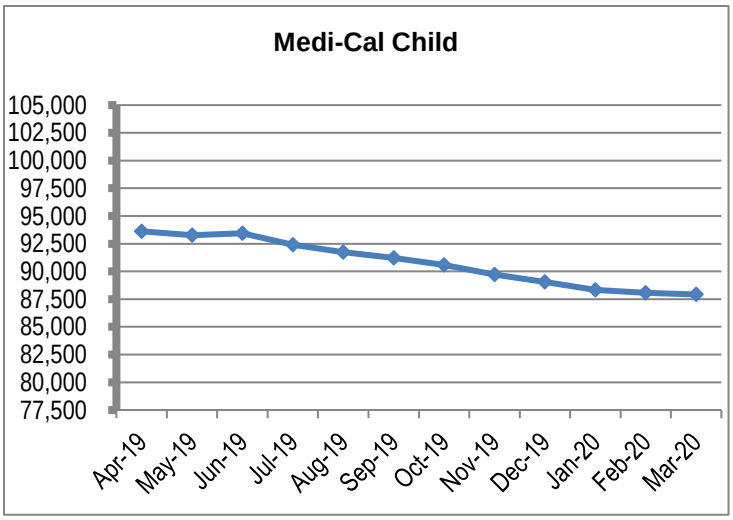
Enrollment

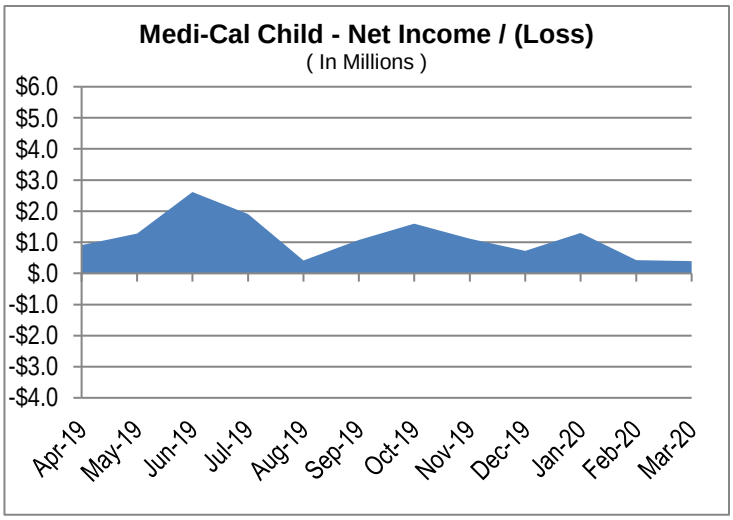
- Total enrollment increased by 563 members since February 2020.
- Total enrollment decreased by 11,478 members since June 2019.

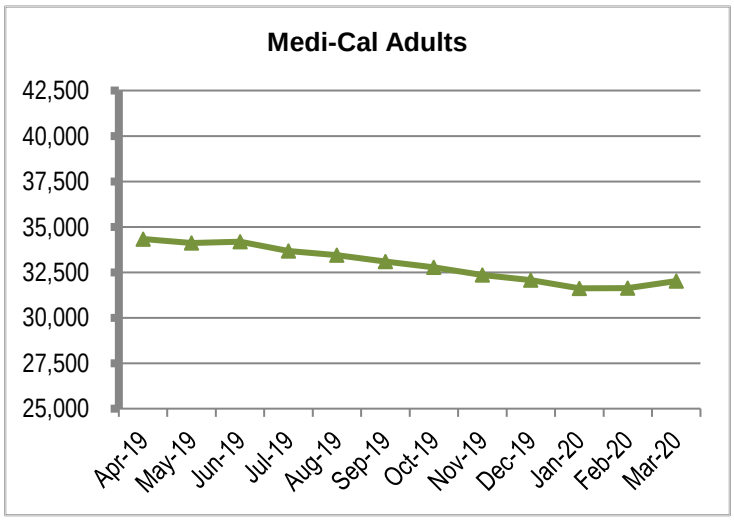
Monthly Membership and YTD Member Months
Actual vs. Budget
For the Month and Fiscal Year-to-Date

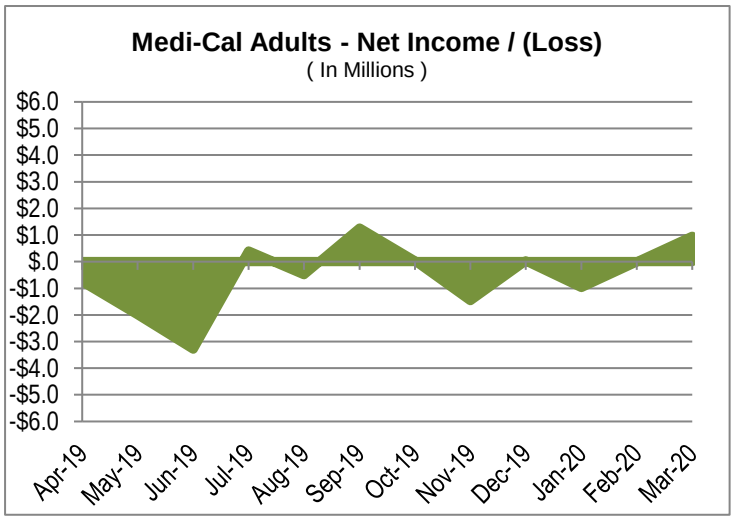
Enrollment					Member Months			
March-2020					Year-to-Date			
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
				Medi-Cal:				
32,018	32,755	(737)	-2.3%	Adults	292,679	299,272	(6,593)	-2.2%
87,919	89,885	(1,966)	-2.2%	Child	809,047	821,261	(12,214)	-1.5%
25,778	25,102	676	2.7%	SPD	231,615	229,354	2,261	1.0%
17,868	17,147	721	4.2%	Duals	159,709	156,672	3,037	1.9%
77,199	79,256	(2,057)	-2.6%	ACA OE	711,160	722,681	(11,521)	-1.6%
240,782	244,145	(3,363)	-1.4%	Medi-Cal Total	2,204,210	2,229,240	(25,030)	-1.1%
6,125	5,976	149	2.5%	Group Care	54,405	53,784	621	1.2%
246,907	250,121	(3,214)	-1.3%	Total	2,258,615	2,283,024	(24,409)	-1.1%

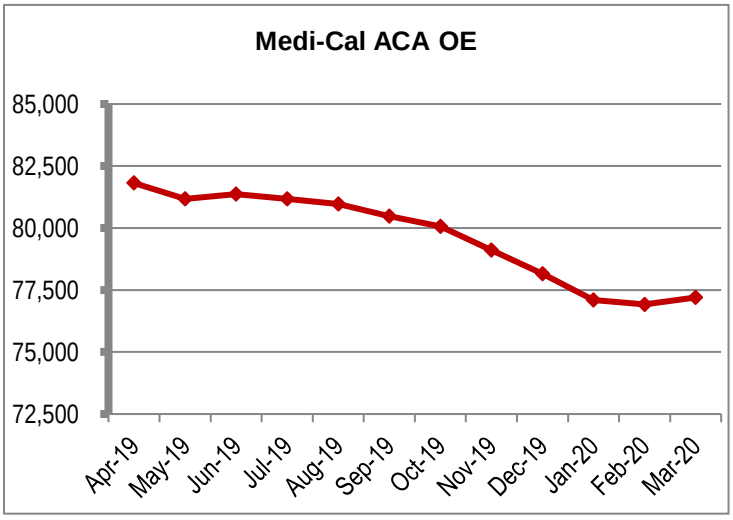
Enrollment and Profitability by Program and Category of Aid

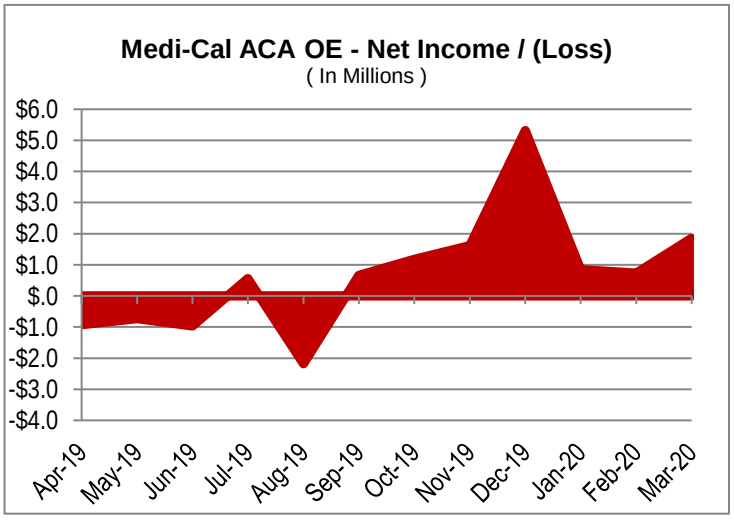




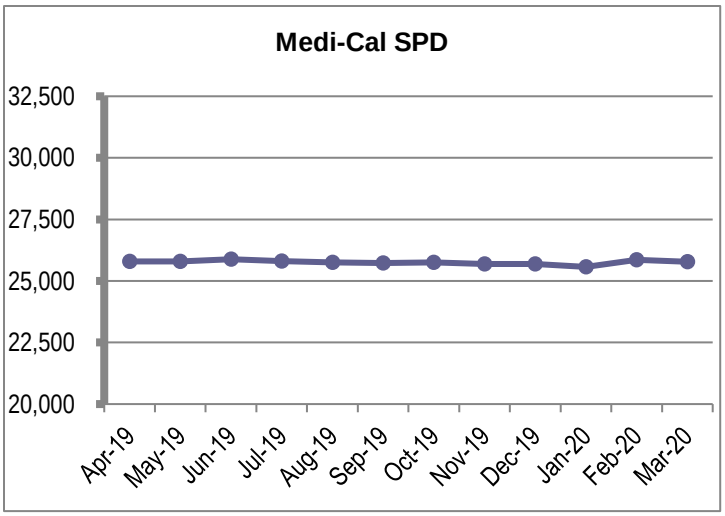


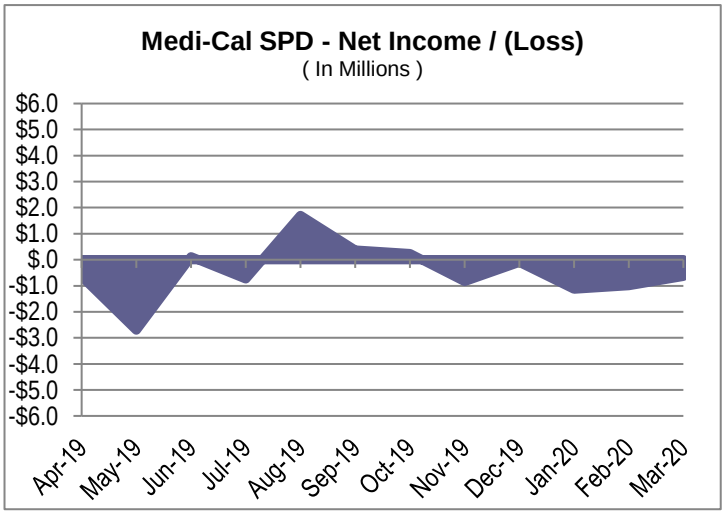


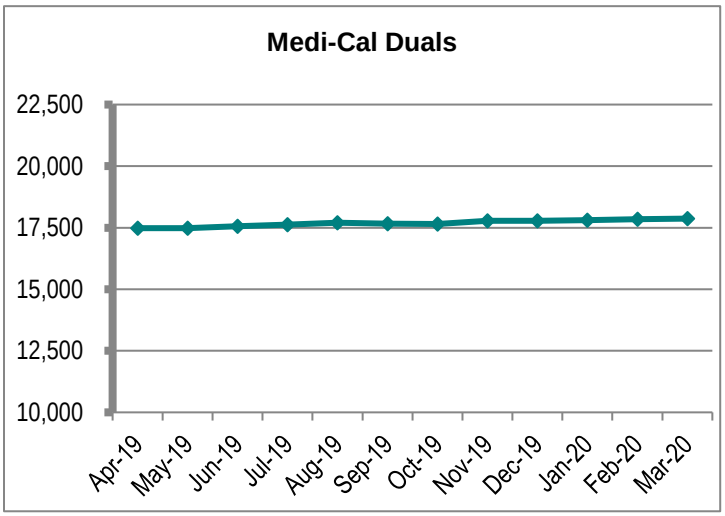


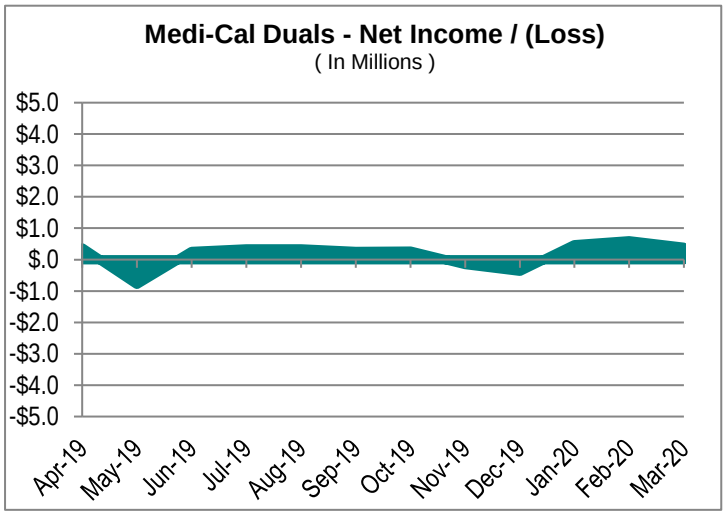


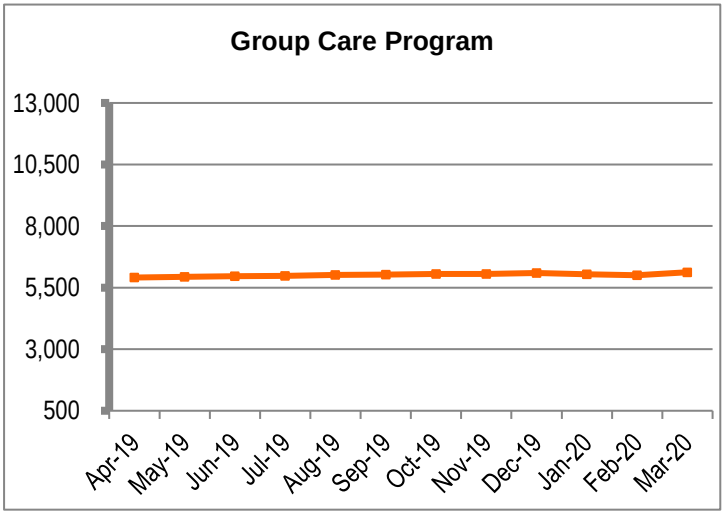
Enrollment and Profitability by Program and Category of Aid

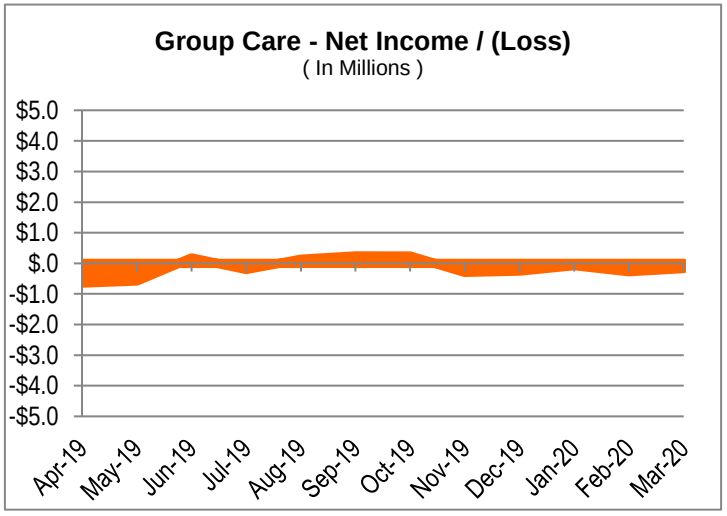








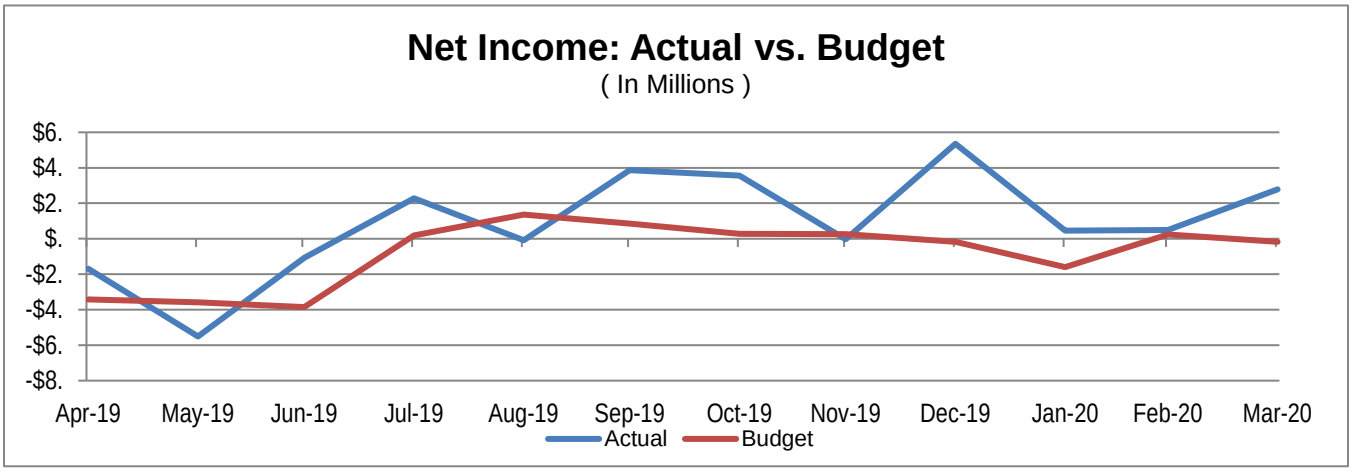




Net Income

- For the month ended March 31, 2020:
  - Actual Net Income: $2.8 million.
  - Budgeted Net Loss: $168,000.

- For the year-to-date (YTD) ended March 31, 2020:
  - Actual YTD Net Income: $18.7 million.
  - Budgeted YTD Net Income: $3.3 million.

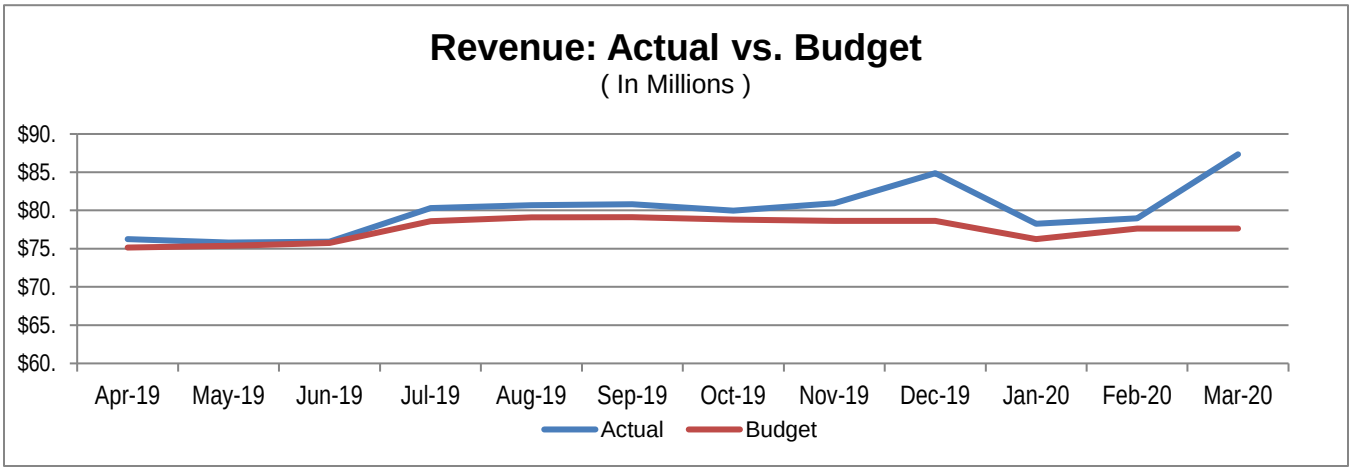


- The favorable variance of $3.0 million in the current month is due to:
  - Favorable $9.7 million higher than anticipated Revenue.
  - Unfavorable $7.2 million higher than anticipated Medical Expense.
  - Favorable $590,000 lower than anticipated Administrative Expense.
  - Unfavorable $75,000 lower than anticipated Other Income & Expense.

Revenue

- For the month ended March 31, 2020:
  - Actual Revenue: $87.3 million.
  - Budgeted Revenue: $77.7 million.

- For the fiscal year-to-date ended March 31, 2020:
  - Actual YTD Revenue: $732.2 million.
  - Budgeted YTD Revenue: $706.2 million.

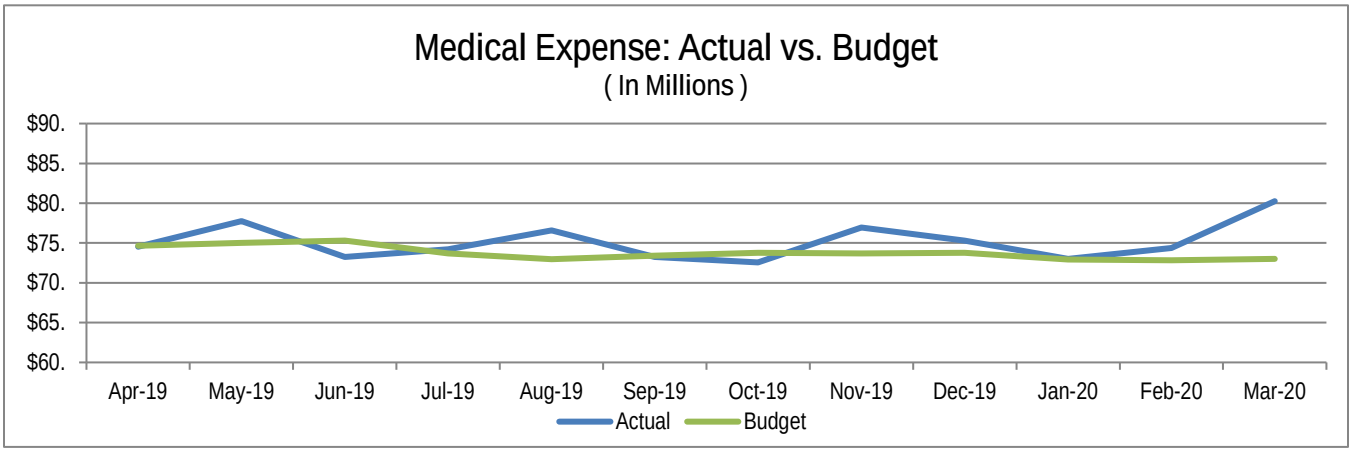


- For the month ended March 31, 2020, the favorable revenue variance of $9.7 million is mainly due to:
  - Favorable $8.9 million in higher than expected Prop 56 Revenue. This revenue will be largely offset by enhanced payments to qualified Providers. March includes payments for Prop 56 new programs, retroactive to July 2019.
  - Favorable $535,000 in higher than expected Behavioral Health Therapy Supplemental payments due to higher utilization.
  - Favorable $323,000 in higher than expected Base Capitation.

Medical Expense

- For the month ended March 31, 2020:
  - Actual Medical Expense: $80.2 million.
  - Budgeted Medical Expense: $73.0 million.

- For the fiscal year-to-date ended March 31, 2020:
  - Actual YTD Medical Expense: $676.4 million.
  - Budgeted YTD Medical Expense: $660.6 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 March, updates to Fee-For-Service (FFS) expenses increased the estimate for unpaid Medical Expenses for prior months by $1.0 million. Year-to-date, the estimate for prior years increased by $1.6 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)	
	Excluding IBNP Change	Change in IBNP	Reported		$	%
Capitated Medical Expense	$155,716,024	$0	$155,716,024	$154,776,605	($939,419)	-0.6%
Primary Care FFS	42,270,137	196,234	42,466,371	26,812,245	(15,457,892)	-57.7%
Specialty Care FFS	34,110,783	688,675	34,799,458	34,426,159	315,377	0.9%
Outpatient FFS	66,234,909	538,251	66,773,160	64,995,793	(1,239,116)	-1.9%
Ancillary FFS	27,296,711	552,862	27,849,573	28,395,699	1,098,988	3.9%
Pharmacy FFS	117,163,818	1,696,037	118,859,855	118,126,111	962,293	0.8%
ER Services FFS	28,584,383	446,123	29,030,506	29,059,694	475,311	1.6%
Inpatient Hospital & SNF FFS	186,864,189	(2,489,210)	184,374,979	185,993,174	(871,015)	-0.5%
Other Benefits & Services	16,115,668	0	16,115,668	16,372,088	256,420	1.6%
Net Reinsurance	(290,945)	0	(290,945)	860,936	1,151,881	133.8%
Provider Incentive	750,374	0	750,374	750,373	(1)	0.0%
	$674,816,049	$1,628,973	$676,445,022	$660,568,877	($14,247,172)	-2.2%

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

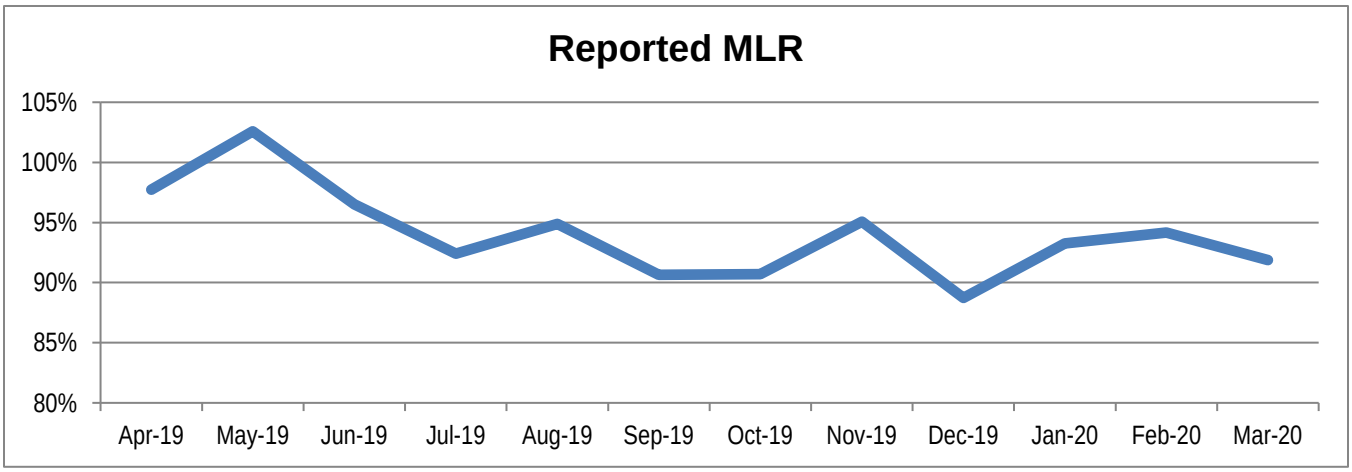
Adjusted to Eliminate the Impact of Prior Year IBNP Estimates

	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Excluding IBNP Change	Change in IBNP	Reported		$	%
Capitated Medical Expense	$68.94	$0.00	$68.94	$67.79	($1.15)	-1.7%
Primary Care FFS	18.72	0.09	18.80	11.74	(6.97)	-59.4%
Specialty Care FFS	15.10	0.30	15.41	15.08	(0.02)	-0.2%
Outpatient FFS	29.33	0.24	29.56	28.47	(0.86)	-3.0%
Ancillary FFS	12.09	0.24	12.33	12.44	0.35	2.8%
Pharmacy FFS	51.87	0.75	52.63	51.74	(0.13)	-0.3%
ER Services FFS	12.66	0.20	12.85	12.73	0.07	0.6%
Inpatient Hospital & SNF FFS	82.73	(1.10)	81.63	81.47	(1.27)	-1.6%
Other Benefits & Services	7.14	0.00	7.14	7.17	0.04	0.5%
Net Reinsurance	(0.13)	0.00	(0.13)	0.38	0.51	134.2%
Provider Incentive	0.33	0.00	0.33	0.33	(0.00)	-1.1%
	$298.77	$0.72	$299.50	$289.34	($9.43)	-3.3%

- Excluding the effect of prior year estimates for IBNP, year-to-date medical expense variance is $14.2 million unfavorable to budget. On a PMPM basis, medical expense is unfavorable to budget by 3.3%.
    - Primary Care Expense is over budget due to the implementation of four new Prop 56 Add-on programs. There is a revenue offset for these expenses. March includes retroactive payments for Prop 56 new programs.
    - Inpatient Expense is higher than budget, due to an increase in hospital days per thousand. Higher costs for the Expansion, Adults and Duals categories of aid have offsets in savings in other populations.
    - Capitated Expense is over budget due to increased non-medical transportation.
    - PMPM Pharmacy spending through the PBM is favorable in the Expansion, and Adults COAs, primarily due to decreased cost for brand drugs and more rebates received. This is offset by higher than planned expense for drugs delivered in an outpatient setting, particularly for the SPDs.
    - Outpatient Expense is over budget:
        - Behavioral Health: unfavorable due to double digit increases in both unit cost and utilization.
        - Lab / Radiology: unfavorable increase in utilization, partially offset by lower than planned unit cost.
        - Dialysis Expense: unfavorable caused by higher utilization and unit cost.
        - Facility-Other: favorable unit cost partially offset by unfavorable utilization.
    - Specialty Care is close to budget. Higher expense for Adults and ACA OE COAs is offset by savings in other populations.
    - Ancillary Expense is favorable to budget. Favorability in the Other Medical Professional and Hospice categories is offset by higher utilization in the Other Medical Supplies, Home Health, and DME categories.
    - Emergency Room Expense is close to budget, with favorable unit cost offset by higher than budgeted utilization. Favorable PMPM expense for Duals, ACA OEs and SPDs are offset by increased utilization in Adults, Child and Group Care.
    - Net Reinsurance is favorable due to timing of recoveries form prior year.

Medical Loss Ratio (MLR)

- The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 91.9% for the month and 92.4% for the fiscal year-to-date.



Administrative Expense

- For the month ended March 31, 2020:
  - Actual Administrative Expense: $4.6 million.
  - Budgeted Administrative Expense: $5.1 million.

- For the fiscal year-to-date ended March 31, 2020:
  - Actual YTD Administrative Expense: $40.3 million.
  - Budgeted YTD Administrative Expense: $45.3 million.

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

Month					Year-to-Date			
Actual	Budget	Variance $	Variance %		Actual	Budget	Variance $	Variance %
$2,425,816	$2,795,143	$369,327	13.2%	Employee Expense	$20,962,442	$22,945,664	$1,983,222	8.6%
565,530	563,939	(1,591)	-0.3%	Medical Benefits Admin Expense	5,136,919	5,145,937	9,018	0.2%
704,720	739,670	34,950	4.7%	Purchased & Professional Services	5,455,638	7,387,848	1,932,210	26.2%
857,543	1,045,211	187,668	18.0%	Other Admin Expense	8,752,631	9,820,609	1,067,978	10.9%
$4,553,609	$5,143,963	$590,354	11.5%	Total Administrative Expense	$40,307,630	$45,300,058	$4,992,428	11.0%

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

- Administrative expense represented 5.2% of net revenue for the month and 5.5% of net revenue for the year-to-date.

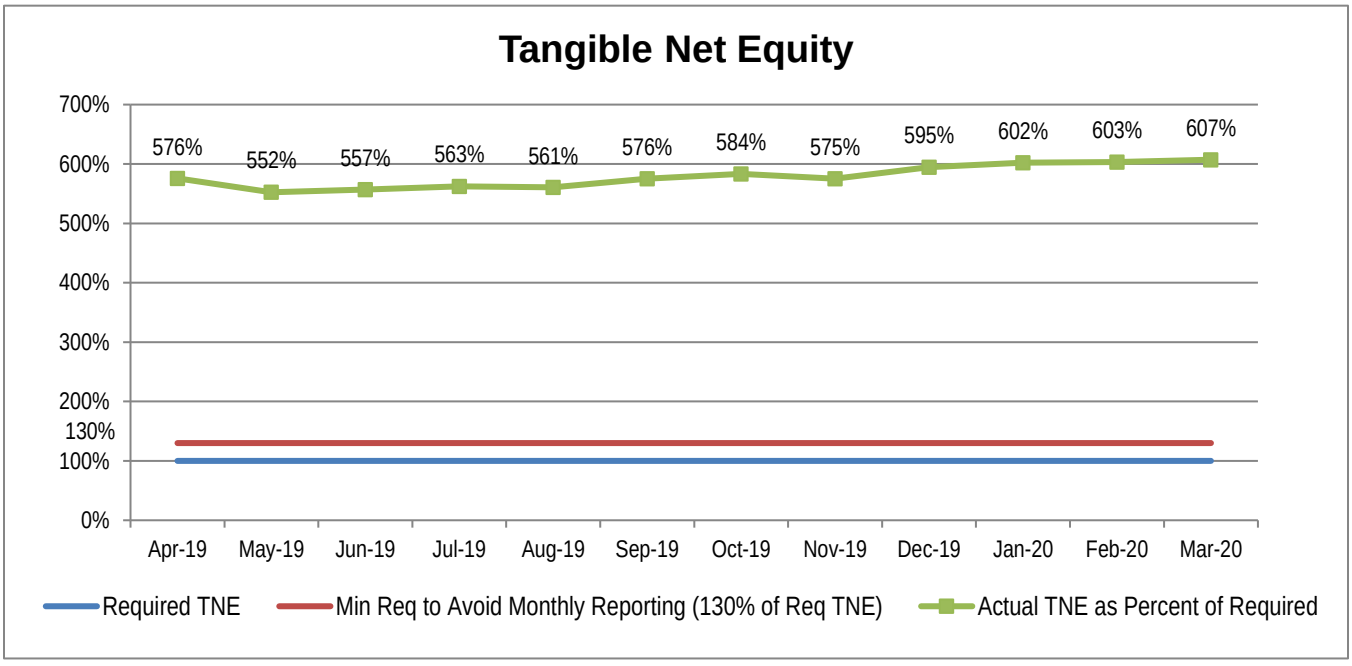
Other Income / (Expense)

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

- Fiscal year-to-date interest income from investments is $3.9 million.
- Fiscal year-to-date claims interest expense, due to delayed payment of certain claims or recalculated interest on previously paid claims is $236,000.

Tangible Net Equity (TNE)

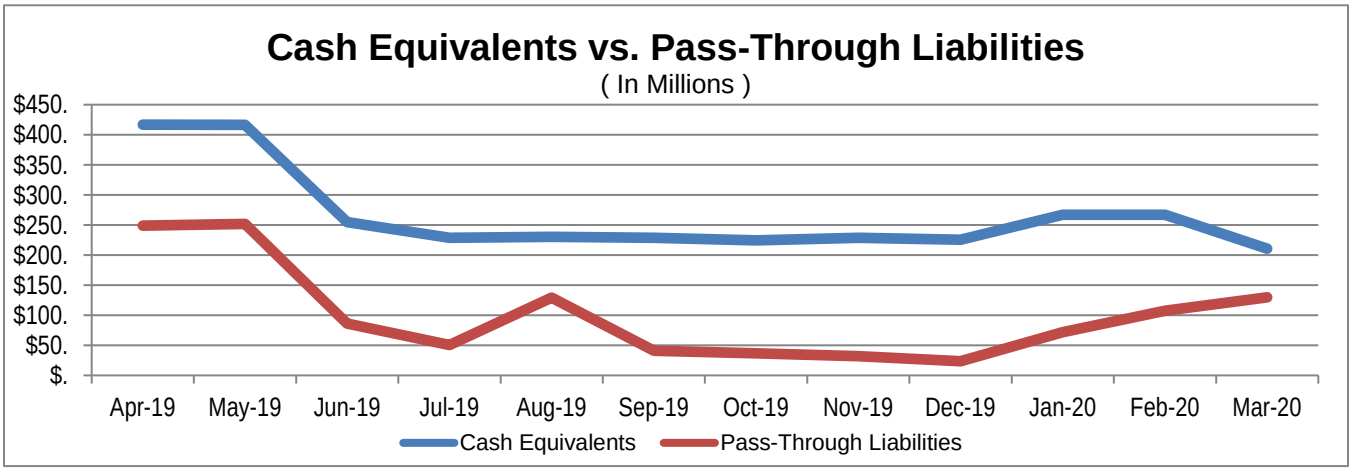
- The Department of Managed Health Care (DMHC) monitors the financial stability of health plans to ensure that they can meet their financial obligations to consumers. TNE is a calculation of a company's total tangible assets minus the company's total liabilities. The Alliance exceeds DMHC's required TNE.
    - Required TNE $32.8 million
    - Actual TNE $199.4 million
    - Excess TNE $166.6 million
    - TNE as % of Required TNE 607%



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

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

- Key Metrics
  - Cash & Cash Equivalents $210.6 million
  - Pass-Through Liabilities $129.5 million
  - Uncommitted Cash $81.1 million
  - Working Capital $189.3 million
  - Current Ratio 1.74 (regulatory minimum is 1.0)



Capital Investment

- Fiscal year-to-date Capital assets acquired: $645,000.

- 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 March 31, 2020

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				MEMBERSHIP				
240,782	244,145	(3,363)	(1.4%)	1 - Medi-Cal	2,204,210	2,229,240	(25,030)	(1.1%)
6,125	5,976	149	2.5%	2 - Group Care	54,405	53,784	621	1.2%
246,907	**250,121**	**(3,214)**	**(1.3%)**	**3 - Total Member Months**	**2,258,615**	**2,283,024**	**(24,409)**	**(1.1%)**
				REVENUE				
$87,340,672	**$77,652,399**	**$9,688,273**	**12.5%**	**4 - TOTAL REVENUE**	**$732,182,703**	**$706,182,442**	**$26,000,261**	**3.7%**
				MEDICAL EXPENSES				
				Capitated Medical Expenses:				
16,917,870	17,074,546	156,676	0.9%	5 - Capitated Medical Expense	155,716,025	154,776,615	(939,410)	(0.6%)
				Fee for Service Medical Expenses:				
20,236,626	20,377,566	140,940	0.7%	6 - Inpatient Hospital & SNF FFS Expense	184,374,978	185,993,174	1,618,196	0.9%
11,503,665	2,933,000	(8,570,665)	(292.2%)	7 - Primary Care Physician FFS Expense	42,466,370	26,812,245	(15,654,125)	(58.4%)
2,581,030	3,775,067	1,194,037	31.6%	8 - Specialty Care Physician Expense	34,799,459	34,426,158	(373,301)	(1.1%)
2,234,767	3,064,070	829,303	27.1%	9 - Ancillary Medical Expense	27,849,574	28,395,699	546,125	1.9%
8,058,795	7,303,330	(755,465)	(10.3%)	10 - Outpatient Medical Expense	66,773,159	64,995,793	(1,777,366)	(2.7%)
2,998,140	3,200,294	202,154	6.3%	11 - Emergency Expense	29,030,505	29,059,695	29,190	0.1%
14,031,098	13,014,332	(1,016,766)	(7.8%)	12 - Pharmacy Expense	118,859,855	118,126,111	(733,744)	(0.6%)
61,644,120	53,667,659	(7,976,461)	(14.9%)	13 - Total Fee for Service Expense	504,153,900	487,808,875	(16,345,025)	(3.4%)
2,206,304	2,121,873	(84,431)	(4.0%)	14 - Other Benefits & Services	16,115,667	16,372,088	256,421	1.6%
(602,362)	58,277	660,639	1,133.6%	15 - Reinsurance Expense	(290,944)	860,937	1,151,881	133.8%
83,209	83,208	(1)	0.0%	16 - Risk Pool Distribution	750,374	750,372	(2)	0.0%
80,249,141	**73,005,563**	**(7,243,578)**	**(9.9%)**	**17 - TOTAL MEDICAL EXPENSES**	**676,445,022**	**660,568,887**	**(15,876,135)**	**(2.4%)**
7,091,531	**4,646,836**	**2,444,695**	**52.6%**	**18 - GROSS MARGIN**	**55,737,681**	**45,613,555**	**10,124,126**	**22.2%**
				ADMINISTRATIVE EXPENSES				
2,425,816	2,795,143	369,327	13.2%	19 - Personnel Expense	20,962,442	22,945,664	1,983,222	8.6%
565,530	563,939	(1,591)	(0.3%)	20 - Benefits Administration Expense	5,136,919	5,145,937	9,018	0.2%
704,720	739,670	34,950	4.7%	21 - Purchased & Professional Services	5,455,638	7,387,848	1,932,209	26.2%
857,544	1,045,212	187,668	18.0%	22 - Other Administrative Expense	8,752,631	9,820,610	1,067,979	10.9%
4,553,609	**5,143,963**	**590,354**	**11.5%**	**23 -Total Administrative Expense**	**40,307,630**	**45,300,058**	**4,992,428**	**11.0%**
2,537,922	**(497,127)**	**3,035,049**	**610.5%**	**24 - NET OPERATING INCOME / (LOSS)**	**15,430,051**	**313,497**	**15,116,554**	**4,821.9%**
				OTHER INCOME / EXPENSE				
254,077	**329,167**	**(75,090)**	**(22.8%)**	**25 - Total Other Income / (Expense)**	**3,247,618**	**3,025,598**	**222,020**	**7.3%**
$2,791,999	**($167,960)**	**$2,959,959**	**1,762.3%**	**26 - NET INCOME / (LOSS)**	**$18,677,670**	**$3,339,095**	**$15,338,574**	**459.4%**
5.2%	6.6%	1.4%	21.3%	27 - Admin Exp % of Revenue	5.5%	6.4%	0.9%	14.2%

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

	March	February	Difference	% Difference
CURRENT ASSETS:				
Cash & Equivalents				
Cash	$23,290,991	$13,888,661	$9,402,330	67.70%
Short-Term Investments	187,330,343	253,097,863	(65,767,520)	-25.99%
Interest Receivable	55,710	55,764	(54)	-0.10%
Other Receivables - Net	224,948,880	142,091,342	82,857,539	58.31%
Prepaid Expenses	4,455,437	4,162,067	293,370	7.05%
Prepaid Inventoried Items	4,642	4,596	46	1.00%
CalPERS Net Pension Asset	107,720	107,720	0	0.00%
Deferred CalPERS Outflow	4,500,150	4,500,150	0	0.00%
TOTAL CURRENT ASSETS	**444,693,873**	**417,908,163**	**26,785,710**	**6.41%**
OTHER ASSETS:				
Restricted Assets	350,000	350,238	(238)	-0.07%
TOTAL OTHER ASSETS	**350,000**	**350,238**	**(238)**	**-0.07%**
PROPERTY AND EQUIPMENT:				
Land, Building & Improvements	9,576,631	9,575,315	1,316	0.01%
Furniture And Equipment	14,082,570	14,002,760	79,810	0.57%
Leasehold Improvement	924,350	924,350	0	0.00%
Internally-Developed Software	16,824,002	16,824,002	0	0.00%
Fixed Assets at Cost	41,407,553	41,326,427	81,125	0.20%
Less: Accumulated Depreciation	(31,635,813)	(31,451,198)	(184,615)	0.59%
NET PROPERTY AND EQUIPMENT	**9,771,740**	**9,875,229**	**(103,490)**	**-1.05%**
TOTAL ASSETS	**$454,815,613**	**$428,133,630**	**$26,681,983**	**6.23%**
CURRENT LIABILITIES:				
Accounts Payable	$2,728,602	$7,190,153	($4,461,551)	-62.05%
Pass-Through Liabilities	129,523,303	107,503,190	22,020,113	20.48%
Claims Payable	21,009,956	14,775,739	6,234,217	42.19%
IBNP Reserves	93,067,789	93,047,651	20,138	0.02%
Payroll Liabilities	3,178,708	3,116,101	62,607	2.01%
CalPERS Deferred Inflow	2,529,197	2,529,197	0	0.00%
Risk Sharing	2,760,311	2,677,102	83,209	3.11%
Provider Grants/ New Health Program	592,823	661,573	(68,750)	-10.39%
TOTAL CURRENT LIABILITIES	**255,390,689**	**231,500,705**	**23,889,983**	**10.32%**
TOTAL LIABILITIES	**255,390,689**	**231,500,705**	**23,889,983**	**10.32%**
NET WORTH:				
Contributed Capital	840,233	840,233	0	0.00%
Restricted & Unrestricted Funds	179,907,022	179,907,022	0	0.00%
Year-to Date Net Income / (Loss)	18,677,670	15,885,670	2,791,999	17.58%
TOTAL NET WORTH	**199,424,924**	**196,632,925**	**2,791,999**	**1.42%**
TOTAL LIABILITIES AND NET WORTH	**$454,815,613**	**$428,133,630**	**$26,681,983**	**6.23%**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 3/31/2020

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received From:				
Capitation Received from State of CA	$1,965,634	$112,330,439	$351,219,609	$673,216,291
Commercial Premium Revenue	2,092,915	6,207,314	12,423,441	18,592,407
Other Income	795,807	2,159,154	3,786,257	4,446,468
Investment Income	284,343	1,142,749	2,225,236	3,968,836
Cash Paid To:				
Medical Expenses	(74,361,937)	(229,497,839)	(450,620,790)	(660,527,545)
Vendor & Employee Expenses	(9,081,179)	(13,411,850)	(25,197,968)	(43,713,293)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	(78,304,417)	(121,070,033)	(106,164,215)	(4,016,836)
Cash Flows from Financing Activities:				
Purchases of Fixed Assets	(81,125)	(193,230)	(326,650)	(644,624)
Net Cash Provided By (Used In) Financing Activities	(81,125)	(193,230)	(326,650)	(644,624)
Cash Flows from Investing Activities:				
Changes in Investments	0	0	0	0
Restricted Cash	22,020,351	106,363,575	88,474,259	(39,559,499)
Net Cash Provided By (Used In) Investing Activities	22,020,351	106,363,575	88,474,259	(39,559,499)
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Net Change in Cash	**(56,365,191)**	**(14,899,688)**	**(18,016,606)**	**(44,220,959)**
Cash @ Beginning of Period	266,986,525	225,521,023	228,637,941	254,842,294
Subtotal	$210,621,334	$210,621,335	$210,621,335	$210,621,335
Rounding	0	(1)	(1)	(1)
Cash @ End of Period	**$210,621,334**	**$210,621,334**	**$210,621,334**	**$210,621,334**
RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:				
Net Income / (Loss)	$2,792,000	$3,728,622	$12,615,414	$18,677,668
Depreciation	184,615	549,235	1,088,239	1,616,092
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	(82,857,485)	(124,661,076)	(125,064,507)	(35,593,188)
Prepaid Expenses	(293,416)	87,216	172,143	(219,505)
Trade Payables	(4,461,551)	(107,625)	642,518	(4,871,926)
Claims payable & IBNP	6,337,564	(703,436)	4,262,972	16,576,405
Deferred Revenue	0	0	0	0
Accrued Interest	0	0	0	0
Other Liabilities	(6,143)	37,031	119,005	(202,384)
Subtotal	(78,304,416)	(121,070,033)	(106,164,216)	(4,016,838)
Rounding	(1)	0	1	2
Cash Flows from Operating Activities	**($78,304,417)**	**($121,070,033)**	**($106,164,215)**	**($4,016,836)**
Rounding Difference	(1)	0	1	2

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 3/31/2020

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	$2,092,915	$6,207,314	$12,423,441	$18,592,407
Total	2,092,915	6,207,314	12,423,441	18,592,407
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	84,441,563	236,063,400	474,053,132	708,726,666
Allowance for Doubtful Accounts	0	0	0	0
Deferred Premium Revenue	0	0	0	0
Premium Receivable	(82,475,929)	(123,732,961)	(122,833,523)	(35,510,375)
Total	1,965,634	112,330,439	351,219,609	673,216,291
Investment & Other Income Cash Flows				
Other Revenue (Grants)	795,807	2,159,154	3,786,257	4,446,468
Interest Income	284,289	1,148,537	2,238,905	3,900,741
Interest Receivable	54	(5,788)	(13,669)	68,095
Total	1,080,150	3,301,903	6,011,493	8,415,304
Medical & Hospital Cash Flows				
Total Medical Expenses	(80,249,141)	(227,597,076)	(452,391,447)	(676,445,022)
Other Receivable	(381,610)	(922,327)	(2,217,315)	(150,908)
Claims Payable	6,234,217	(2,442,299)	3,397,009	11,709,649
IBNP Payable	20,138	1,489,236	368,752	6,905,063
Risk Share Payable	83,209	249,627	497,211	(2,038,308)
Health Program	(68,750)	(275,000)	(275,000)	(508,020)
Other Liabilities	0	0	0	1
Total	(74,361,937)	(229,497,839)	(450,620,790)	(660,527,545)
Administrative Cash Flows				
Total Administrative Expenses	(4,573,434)	(14,252,707)	(27,494,873)	(40,543,590)
Prepaid Expenses	(293,416)	87,216	172,143	(219,505)
CalPERS Pension Asset	0	0	0	0
CalPERS Deferred Outflow	0	0	0	0
Trade Accounts Payable	(4,461,551)	(107,625)	642,518	(4,871,926)
Other Accrued Liabilities	0	0	0	0
Payroll Liabilities	62,607	312,031	394,005	305,636
Depreciation Expense	184,615	549,235	1,088,239	1,616,092
Total	(9,081,179)	(13,411,850)	(25,197,968)	(43,713,293)
Interest Paid				
Debt Interest Expense	0	0	0	0
Total Cash Flows from Operating Activities	**(78,304,417)**	**(121,070,033)**	**(106,164,215)**	**(4,016,836)**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 3/31/2020

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM INVESTING ACTIVITIES				**CASH I**
Restricted Cash & Other Asset Cash Flows				
Provider Pass-Thru-Liabilities	22,020,113	106,013,575	88,475,386	(39,556,426)
Restricted Cash	238	350,000	(1,127)	(3,073)
	22,020,351	106,363,575	88,474,259	(39,559,499)
Fixed Asset Cash Flows				
Depreciation expense	184,615	549,235	1,088,239	1,616,092
Fixed Asset Acquisitions	(81,125)	(193,230)	(326,650)	(644,624)
Change in A/D	(184,615)	(549,235)	(1,088,239)	(1,616,092)
	(81,125)	(193,230)	(326,650)	(644,624)
Total Cash Flows from Investing Activities	**21,939,226**	**106,170,345**	**88,147,609**	**(40,204,123)**
Financing Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Total Cash Flows	**(56,365,191)**	**(14,899,688)**	**(18,016,606)**	**(44,220,959)**
Rounding	0	(1)	(1)	(1)
Cash @ Beginning of Period	266,986,525	225,521,023	228,637,941	254,842,294
Cash @ End of Period	**$210,621,334**	**$210,621,334**	**$210,621,334**	**$210,621,334**
Difference (rounding)	0	0	0	0

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 3/31/2020

	MONTH	3 MONTHS	6 MONTHS	YTD
NET INCOME RECONCILIATION				
Net Income / (Loss)	$2,792,000	$3,728,622	$12,615,414	$18,677,668
Add back: Depreciation	184,615	549,235	1,088,239	1,616,092
Receivables				
Premiums Receivable	(82,475,929)	(123,732,961)	(122,833,523)	(35,510,375)
First Care Receivable	0	0	0	0
Family Care Receivable	0	0	0	0
Healthy Kids Receivable	0	0	0	0
Interest Receivable	54	(5,788)	(13,669)	68,095
Other Receivable	(381,610)	(922,327)	(2,217,315)	(150,908)
FQHC Receivable	0	0	0	0
Allowance for Doubtful Accounts	0	0	0	0
Total	(82,857,485)	(124,661,076)	(125,064,507)	(35,593,188)
Prepaid Expenses	(293,416)	87,216	172,143	(219,505)
Trade Payables	(4,461,551)	(107,625)	642,518	(4,871,926)
Claims Payable, IBNR & Risk Share				
IBNP	20,138	1,489,236	368,752	6,905,063
Claims Payable	6,234,217	(2,442,299)	3,397,009	11,709,649
Risk Share Payable	83,209	249,627	497,211	(2,038,308)
Other Liabilities	0	0	0	1
Total	6,337,564	(703,436)	4,262,972	16,576,405
Unearned Revenue				
Total	0	0	0	0
Other Liabilities				
Accrued Expenses	0	0	0	0
Payroll Liabilities	62,607	312,031	394,005	305,636
Health Program	(68,750)	(275,000)	(275,000)	(508,020)
Accrued Sub Debt Interest	0	0	0	0
Total Change in Other Liabilities	(6,143)	37,031	119,005	(202,384)
Cash Flows from Operating Activities	**($78,304,416)**	**($121,070,033)**	**($106,164,216)**	**($4,016,838)**
Difference (rounding)	1	0	(1)	(2)

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE CURRENT MONTH - MARCH 2020

	Child	Adults	Medi-Cal SPD	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Enrollment	87,919	32,018	25,778	77,199	17,868	240,782	6,125	246,907
Net Revenue	$12,662,015	$13,110,852	$25,871,524	$30,538,165	$3,064,866	$85,247,422	$2,093,250	$87,340,672
Medical Expense	$11,723,882	$11,494,663	$25,157,990	$27,210,441	$2,531,154	$78,118,130	$2,131,011	$80,249,141
Gross Margin	$938,133	$1,616,189	$713,534	$3,327,724	$533,712	$7,129,292	($37,761)	$7,091,531
Administrative Expense	$574,521	$706,058	$1,427,963	$1,561,999	$142,835	$4,413,376	$140,233	$4,553,609
Operating Income / (Expense)	$363,612	$910,131	($714,430)	$1,765,725	$390,877	$2,715,916	($177,994)	$2,537,922
Other Income / (Expense)	$35,723	$42,936	$77,641	$84,161	$5,673	$246,133	$7,944	$254,077
Net Income / (Loss)	$399,335	$953,067	($636,789)	$1,849,886	$396,550	$2,962,049	($170,050)	$2,791,999
Revenue PMPM	$144.02	$409.48	$1,003.63	$395.58	$171.53	$354.04	$341.76	$353.74
Medical Expense PMPM	$133.35	$359.01	$975.95	$352.47	$141.66	$324.44	$347.92	$325.02
Gross Margin PMPM	$10.67	$50.48	$27.68	$43.11	$29.87	$29.61	($6.17)	$28.72
Administrative Expense PMPM	$6.53	$22.05	$55.39	$20.23	$7.99	$18.33	$22.90	$18.44
Operating Income / (Expense) PMPM	$4.14	$28.43	($27.71)	$22.87	$21.88	$11.28	($29.06)	$10.28
Other Income / (Expense) PMPM	$0.41	$1.34	$3.01	$1.09	$0.32	$1.02	$1.30	$1.03
Net Income / (Loss) PMPM	$4.54	$29.77	($24.70)	$23.96	$22.19	$12.30	($27.76)	$11.31
Medical Loss Ratio	92.6%	87.7%	97.2%	89.1%	82.6%	91.6%	101.8%	91.9%
Gross Margin Ratio	7.4%	12.3%	2.8%	10.9%	17.4%	8.4%	-1.8%	8.1%
Administrative Expense Ratio	4.5%	5.4%	5.5%	5.1%	4.7%	5.2%	6.7%	5.2%
Net Income Ratio	3.2%	7.3%	-2.5%	6.1%	12.9%	3.5%	-8.1%	3.2%

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

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

	Medi-Cal					Medi-Cal	Group	Grand
	Child	Adults	SPD	ACA OE	Duals	Total	Care	Total
Member Months	809,047	292,679	231,615	711,160	159,709	2,204,210	54,405	2,258,615
Net Revenue	$99,100,544	$96,709,812	$228,810,619	$262,085,832	$26,861,022	$713,567,829	$18,614,874	$732,182,703
Medical Expense	$86,644,320	$92,036,084	$218,122,944	$238,170,476	$23,442,949	$658,416,773	$18,028,249	$676,445,022
Gross Margin	$12,456,224	$4,673,728	$10,687,675	$23,915,356	$3,418,073	$55,151,055	$586,626	$55,737,681
Administrative Expense	$3,864,699	$5,547,988	$13,754,331	$14,490,045	$1,341,278	$38,998,340	$1,309,289	$40,307,630
Operating Income / (Expense)	$8,591,525	($874,260)	($3,066,656)	$9,425,311	$2,076,795	$16,152,715	($722,663)	$15,430,051
Other Income / (Expense)	$282,148	$450,951	$1,133,976	$1,188,876	$96,865	$3,152,815	$94,803	$3,247,618
Net Income / (Loss)	$8,873,673	($423,309)	($1,932,679)	$10,614,186	$2,173,660	$19,305,531	($627,860)	$18,677,670
Revenue PMPM	$122.49	$330.43	$987.89	$368.53	$168.19	$323.73	$342.15	$324.17
Medical Expense PMPM	$107.09	$314.46	$941.75	$334.90	$146.79	$298.71	$331.37	$299.50
Gross Margin PMPM	$15.40	$15.97	$46.14	$33.63	$21.40	$25.02	$10.78	$24.68
Administrative Expense PMPM	$4.78	$18.96	$59.38	$20.38	$8.40	$17.69	$24.07	$17.85
Operating Income / (Expense) PMPM	$10.62	($2.99)	($13.24)	$13.25	$13.00	$7.33	($13.28)	$6.83
Other Income / (Expense) PMPM	$0.35	$1.54	$4.90	$1.67	$0.61	$1.43	$1.74	$1.44
Net Income / (Loss) PMPM	$10.97	($1.45)	($8.34)	$14.93	$13.61	$8.76	($11.54)	$8.27
Medical Loss Ratio	87.4%	95.2%	95.3%	90.9%	87.3%	92.3%	96.8%	92.4%
Gross Margin Ratio	12.6%	4.8%	4.7%	9.1%	12.7%	7.7%	3.2%	7.6%
Administrative Expense Ratio	3.9%	5.7%	6.0%	5.5%	5.0%	5.5%	7.0%	5.5%
Net Income Ratio	9.0%	-0.4%	-0.8%	4.0%	8.1%	2.7%	-3.4%	2.6%

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED March 31, 2020

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				ADMINISTRATIVE EXPENSE SUMMARY				
$2,425,816	$2,795,143	$369,327	13.2%	Personnel Expenses	$20,962,442	$22,945,664	$1,983,222	8.6%
565,530	563,939	(1,591)	(0.3%)	Benefits Administration Expense	5,136,919	5,145,937	9,018	0.2%
704,720	739,670	34,950	4.7%	Purchased & Professional Services	5,455,638	7,387,848	1,932,209	26.2%
356,476	356,371	(105)	0.0%	Occupancy	3,226,760	3,366,772	140,012	4.2%
73,197	118,699	45,502	38.3%	Printing Postage & Promotion	1,565,210	1,510,533	(54,677)	(3.6%)
411,727	538,240	126,513	23.5%	Licenses Insurance & Fees	3,828,856	4,712,254	883,397	18.7%
16,143	31,901	15,758	49.4%	Supplies & Other Expenses	131,805	231,051	99,246	43.0%
2,127,793	2,348,820	221,027	9.4%	Total Other Administrative Expense	19,345,188	22,354,394	3,009,206	13.5%
$4,553,609	**$5,143,963**	**$590,354**	**11.5%**	**Total Administrative Expenses**	**$40,307,630**	**$45,300,058**	**$4,992,428**	**11.0%**

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ADMIN YTD 2020
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ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED March 31, 2020

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				Personnel Expenses				
$1,617,276	$1,707,495	$90,220	5.3%	Salaries & Wages	$13,749,365	$14,227,208	$477,843	3.4%
126,557	180,246	53,689	29.8%	Paid Time Off	1,263,198	1,422,355	159,157	11.2%
1,691	7,491	5,800	77.4%	Incentives	10,576	64,913	54,337	83.7%
0	329	329	100.0%	Employee of the Month	1,075	2,632	1,557	59.2%
0	0	0	0.0%	Severance Pay	20,147	0	(20,147)	0.0%
13,607	27,804	14,196	51.1%	Payroll Taxes	307,535	407,727	100,193	24.6%
40,773	12,040	(28,733)	(238.6%)	Overtime	123,916	94,133	(29,783)	(31.6%)
128,037	144,242	16,205	11.2%	CalPERS ER Match	1,053,009	1,189,642	136,633	11.5%
444,722	540,939	96,217	17.8%	Employee Benefits	3,562,458	4,116,774	554,315	13.5%
226	0	(226)	0.0%	Personal Floating Holiday	75,153	85,010	9,857	11.6%
0	0	0	0.0%	Premium Hour Pay	617	0	(617)	0.0%
2,831	22,361	19,530	87.3%	Employee Relations	84,823	128,110	43,288	33.8%
478	2,597	2,119	81.6%	Transportation Reimbursement	12,344	19,164	6,820	35.6%
2,178	7,225	5,047	69.9%	Travel & Lodging	40,459	105,765	65,306	61.7%
24,480	20,000	(4,480)	(22.4%)	Temporary Help Services	230,863	334,068	103,205	30.9%
17,198	95,756	78,557	82.0%	Staff Development/Training	233,720	506,726	273,007	53.9%
5,760	26,617	20,856	78.4%	Staff Recruitment/Advertising	193,184	241,437	48,253	20.0%
2,425,816	**2,795,143**	**369,327**	**13.2%**	**Total Employee Expenses**	**20,962,442**	**22,945,664**	**1,983,222**	**8.6%**
				Benefit Administration Expense				
345,778	351,160	5,382	1.5%	RX Administration Expense	3,273,468	3,201,813	(71,655)	(2.2%)
219,752	212,779	(6,973)	(3.3%)	Behavioral Hlth Administration Fees	1,863,451	1,944,124	80,673	4.1%
565,530	**563,939**	**(1,591)**	**(0.3%)**	**Total Employee Expenses**	**5,136,919**	**5,145,937**	**9,018**	**0.2%**
				Purchased & Professional Services				
178,583	296,956	118,374	39.9%	Consulting Services	2,013,554	3,303,386	1,289,832	39.0%
297,393	280,477	(16,916)	(6.0%)	Computer Support Services	2,051,162	2,660,379	609,217	22.9%
8,750	9,200	450	4.9%	Professional Fees-Accounting	78,750	95,350	16,600	17.4%
0	0	0	0.0%	Professional Fees-Medical	552	0	(552)	0.0%
44,881	79,789	34,908	43.8%	Other Purchased Services	398,096	656,951	258,855	39.4%
12,608	6,369	(6,239)	(97.9%)	Maint.& Repair-Office Equipment	63,091	65,426	2,334	3.6%
66,709	0	(66,709)	0.0%	HMS Recovery Fees	316,217	0	(316,217)	0.0%
295	1,310	1,015	77.5%	MIS Software (Non-Capital)	295	4,140	3,845	92.9%
3,754	3,000	(754)	(25.1%)	Hardware (Non-Capital)	33,863	34,211	348	1.0%
4,652	7,568	2,916	38.5%	Provider Relations-Credentialing	56,391	67,505	11,114	16.5%
87,095	55,000	(32,095)	(58.4%)	Legal Fees	443,667	500,500	56,833	11.4%
704,720	**739,670**	**34,950**	**4.7%**	**Total Purchased & Professional Services**	**5,455,638**	**7,387,848**	**1,932,209**	**26.2%**
				Occupancy				
158,508	181,132	22,624	12.5%	Depreciation	1,381,125	1,483,383	102,258	6.9%
26,107	26,107	0	0.0%	Amortization	234,967	343,783	108,816	31.7%
63,024	63,024	0	0.0%	Building Lease	567,212	567,212	0	0.0%
2,408	3,161	753	23.8%	Leased and Rented Office Equipment	28,171	28,473	301	1.1%
13,423	16,664	3,241	19.4%	Utilities	121,255	140,313	19,058	13.6%
79,997	48,870	(31,127)	(63.7%)	Telephone	778,863	657,351	(121,512)	(18.5%)
13,009	17,414	4,405	25.3%	Building Maintenance	115,167	146,257	31,090	21.3%

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ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED March 31, 2020

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
$356,476	**$356,371**	**($105)**	**0.0%**	**Total Occupancy**	**$3,226,760**	**$3,366,772**	**$140,012**	**4.2%**
				Printing Postage & Promotion				
17,465	32,444	14,978	46.2%	Postage	269,054	375,456	106,402	28.3%
1,320	3,300	1,980	60.0%	Design & Layout	24,440	44,900	20,460	45.6%
22,642	37,714	15,072	40.0%	Printing Services	363,575	408,210	44,635	10.9%
0	4,500	4,500	100.0%	Mailing Services	34,531	40,500	5,969	14.7%
2,534	3,200	666	20.8%	Courier/Delivery Service	21,987	26,693	4,706	17.6%
9	825	816	98.9%	Pre-Printed Materials and Publications	1,574	7,625	6,050	79.4%
396	1,500	1,104	73.6%	Promotional Products	3,259	44,500	41,241	92.7%
0	100	100	100.0%	Promotional Services	0	5,900	5,900	100.0%
12,475	21,117	8,642	40.9%	Community Relations	786,786	500,950	(285,836)	(57.1%)
(62)	0	62	0.0%	Health Education-Member	(62)	0	62	0.0%
16,418	14,000	(2,418)	(17.3%)	Translation - Non-Clinical	60,066	55,800	(4,266)	(7.6%)
73,197	**118,699**	**45,502**	**38.3%**	**Total Printing Postage & Promotion**	**1,565,210**	**1,510,533**	**(54,677)**	**(3.6%)**
				Licenses Insurance & Fees				
0	62,500	62,500	100.0%	Regulatory Penalties	0	187,500	187,500	100.0%
18,220	20,700	2,480	12.0%	Bank Fees	158,932	185,532	26,600	14.3%
48,446	49,154	708	1.4%	Insurance	436,011	442,386	6,375	1.4%
288,396	341,643	53,247	15.6%	Licenses, Permits and Fees	2,688,397	3,184,019	495,622	15.6%
56,665	64,243	7,578	11.8%	Subscriptions & Dues	545,516	712,816	167,300	23.5%
411,727	**538,240**	**126,513**	**23.5%**	**Total Licenses Insurance & Postage**	**3,828,856**	**4,712,254**	**883,397**	**18.7%**
				Supplies & Other Expenses				
8,620	7,650	(970)	(12.7%)	Office and Other Supplies	54,088	74,350	20,262	27.3%
804	4,375	3,571	81.6%	Ergonomic Supplies	11,208	20,375	9,167	45.0%
5,263	6,676	1,413	21.2%	Commissary-Food & Beverage	58,634	91,726	33,092	36.1%
1,455	13,200	11,745	89.0%	Member Incentive Expense	7,875	44,600	36,725	82.3%
16,143	**31,901**	**15,758**	**49.4%**	**Total Supplies & Other Expense**	**131,805**	**231,051**	**99,246**	**43.0%**
$4,553,609	**$5,143,963**	**$590,354**	**11.5%**	**TOTAL ADMINISTRATIVE EXPENSE**	**$40,307,630**	**$45,300,058**	**$4,992,428**	**11.0%**

CONFIDENTIAL
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ADMIN YTD 2020
04/28/20
REPORT #6

ALAMEDA ALLIANCE FOR HEALTH
CAPITAL SPENDING INCLUDING CONSTRUCTION-IN-PROCESS
ACTUAL VS. BUDGET
FOR THE FISCAL YEAR-TO-DATE ENDED MARCH 31, 2020

		Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	$ Variance Fav/(Unf.)
1. Hardware:							
	Laptops	IT-FY20-01	$ 76,405		**$ 76,405**	$ 60,000	$ (16,405)
	Tablets, Surfaces, Macs	IT-FY20-02	$ -		**$ -**	$ 30,000	$ 30,000
	Monitors-(Dual per User)	IT-FY20-03	$ 7,210		**$ 7,210**	$ 33,971	$ 26,761
	Cisco IP Phone	IT-FY20-04	$ -		**$ -**	$ 20,000	$ 20,000
	Conference Phones	IT-FY20-05	$ -		**$ -**	$ 10,000	$ 10,000
	Cage Equipment (Racks, Bins, Tools)	IT-FY20-06	$ -		**$ -**	$ 10,000	$ 10,000
	Data Center Equipment (Cables, Interface cards, KVM)	IT-FY20-07	$ -		**$ -**	$ 10,000	$ 10,000
	Headsets (Wired and Wireless)	IT-FY20-08	$ 4,286		**$ 4,286**	$ 20,000	$ 15,714
	Docking Stations	IT-FY20-09	$ 4,098		**$ 4,098**	$ 20,000	$ 15,902
	Desk Tops	IT-FY20-10	$ 76,823		**$ 76,823**	$ 112,000	$ 35,177
	Cisco UCS Blade Servers	IT-FY20-11	$ 99,906		**$ 99,906**	$ 150,000	$ 50,094
	Veeam Backup (Additional Shelf)	IT-FY20-12	$ -		**$ -**	$ 50,000	$ 50,000
	Pure Storage Upgrade (Additional Shelf)	IT-FY20-13	$ -		**$ -**	$ 90,000	$ 90,000
	DLP Hardware (Security - Data Loss Prevention)	IT-FY20-14	$ -		**$ -**	$ 160,000	$ 160,000
	Cisco Networking Equipment Upgrades (DR)	IT-FY20-15	$ 76,128		**$ 76,128**	$ 50,000	$ (26,128)
	Cisco Wireless Access Points	IT-FY20-16	$ -		**$ -**	$ 20,000	$ 20,000
	Network Cabling (Moves, Construction Projects)	IT-FY20-17	$ 2,400	$ 35,119	**$ 37,519**	$ 150,000	$ 112,481
	Conference Room Upgrades (Projectors / Flat Screen)	IT-FY20-18	$ 41,660		**$ 41,660**	$ 30,000	$ (11,660)
	Keyboards, Mouse, Speakers	IT-FY20-19	$ -		**$ -**	$ 50,000	$ 50,000
	Unplanned Hardware	IT-FY20-20	$ -		**$ -**	$ -	$ -
	Carryover from FY19	IT-FY20-21	$ 26,887		**$ 26,887**	$ -	$ (26,887)
Hardware Subtotal			**$ 415,803**	**$ 35,119**	**$ 450,922**	**$ 1,075,971**	**$ 625,049**
2. Software:							
	Service Now (New Ticketing System)	AC-FY20-01	$ -		**$ -**	$ -	$ -
	IBM (HealthSuite) Backup Solution	AC-FY20-02	$ -	$ 31,745	**$ 31,745**	$ 130,000	$ 98,255
	Veeam Backup Licenses (for new backup shelf)	AC-FY20-03	$ -		**$ -**	$ -	$ -
	Computer Imaging Software	AC-FY20-04	$ -		**$ -**	$ 3,000	$ 3,000
	Window VDI	AC-FY20-05	$ -		**$ -**	$ 10,000	$ 10,000
	Windows Server OS (2nd payment)	AC-FY20-06	$ -		**$ -**	$ 80,000	$ 80,000
	Calabrio (Version Upgrade)	AC-FY20-07	$ -		**$ -**	$ -	$ -
	Cisco Alien Vault (Security - Anti-Virus)	AC-FY20-08	$ -		**$ -**	$ 40,000	$ 40,000
	File Access Monitoring (Security)	AC-FY20-09	$ -		**$ -**	$ 20,000	$ 20,000
	Application Monitoring Software	AC-FY20-10	$ -		**$ -**	$ -	$ -
	Microsoft Office 365	AC-FY20-11	$ -		**$ -**	$ -	$ -
	VMWare NSX Data Center (Extending Network)	AC-FY20-12	$ -		**$ -**	$ 100,000	$ 100,000
	VMWare vRealize (Monitoring)	AC-FY20-13	$ -		**$ -**	$ 50,000	$ 50,000
	VMWare Licensing (for new blades)	AC-FY20-14	$ -		**$ -**	$ -	$ -
	Carryover from FY19 / unplanned	AC-FY20-15	$ -		**$ -**	$ -	$ -
Software Subtotal			**$ -**	**$ 31,745**	**$ 31,745**	**$ 433,000**	**$ 401,255**
3. Building Improvement:							
	1240 HVAC - Air Balance Trane 50 Ton & 400K Furnace unit, 42 VAV boxes, 6 AC package units, and 2 AC split systems	FA-FY20-01	$ -		**$ -**	$ 30,000	$ 30,000
	ACME Security Readers, Cameras, Doors, HD Boxes, if needed or repairs	FA-FY20-02	$ -		**$ -**	$ 20,000	$ 20,000

		Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	$ Variance Fav/(Unf.)
	Appliances over 1K for 1240, 1320 all suites, if needed to be replaced	FA-FY20-03	$ -		**$ -**	$ 5,000	$ 5,000
	Red Hawk Full Fire Equipment upgrades (carryover from FY19)	FA-FY20-04	$ -		**$ -**	$ 45,000	$ 45,000
	Electrical work for projects, cube re-orgs/requirements, repairs (interior/exterior)	FA-FY20-05	$ -		**$ -**	$ 20,000	$ 20,000
	Construction (projects ad hoc, patch/paint)	FA-FY20-06	$ 6,855		**$ 6,855**	$ 20,000	$ 13,145
	Seismic Improvements (as per Seismic Evaluation reports)	FA-FY20-07	$ -		**$ -**	$ 150,000	$ 150,000
	ACME Security Readers, Cameras, Doors, HD Boxes, if needed or repairs	FA-FY20-08	$ -		**$ -**	$ -	$ -
	ACME Badge printer, supplies, sofwares/extra security (est.)	FA-FY20-09	$ -		**$ -**	$ 80,000	$ 80,000
	Red Hawk Full Fire Equipment upgrades (est.)	FA-FY20-10	$ -		**$ -**	$ -	$ -
	Appliances over 1K for 1240, 1320 all suites, if needed to be replaced	FA-FY20-11	$ -		**$ -**	$ -	$ -
	Upgrade the Symmetry system	FA-FY20-12	$ -		**$ -**	$ -	$ -
	1240 Lighting: sensors, energy efficient bulbs (est.)	FA-FY20-13	$ -		**$ -**	$ -	$ -
	1240 (3) Water heater replacements (est.)	FA-FY20-14	$ -		**$ -**	$ -	$ -
	Unplanned Building Improvements	FA-FY20-15	$ -	$ 1,316	**$ 1,316**	$ -	$ (1,316)
	Carryover from FY19	FA-FY20-16	$ 32,082		**$ 32,082**	$ -	$ (32,082)
Building Improvement Subtotal			**$ 38,937**	**$ 1,316**	**$ 40,253**	**$ 370,000**	**$ 329,747**
4. Furniture & Equipment:							
	Office Desks, cabinets, box files/ shelves old/broken	FA-FY20-17	$ 1,427	$ 12,946	**$ 14,373**	$ 100,000	$ 85,627
	Reconfigure Cubicles and Workstations (MS area)	FA-FY20-18	$ 6,700		**$ 6,700**	$ 250,000	$ 243,300
	Facilities/Warehouse Shelvings, for re-organization	FA-FY20-19	$ -		**$ -**	$ 35,000	$ 35,000
	Mailroom shelvings, re-organization	FA-FY20-20	$ 2,509		**$ 2,509**	$ 5,000	$ 2,491
	Varidesks/ Ergotrons - Ergo	FA-FY20-21	$ 11,787		**$ 11,787**	$ 30,000	$ 18,213
	Tasks Chairs : Various sizes, special order or for Ergo	FA-FY20-22	$ 15,568		**$ 15,568**	$ 20,000	$ 4,432
	Electrical work (projects, cubes, ad hoc requests)	FA-FY20-23	$ 32,295		**$ 32,295**	$ -	$ (32,295)
	Carryover from FY19 / unplanned	FA-FY20-24	$ 8,773		**$ 8,773**	$ -	$ (8,773)
Furniture & Equipment Subtotal			**$ 79,060**	**$ 12,946**	**$ 92,006**	**$ 440,000**	**$ 347,994**
5. Leasehold Improvement:							
	1320, Suite 100 Carpet Replacement & Paint (est.)	FA-FY20-25	$ -		**$ -**	$ 80,000	$ 80,000
	1320, Suite 100 Construction, Kitchenette renovation	FA-FY20-26	$ 29,700		**$ 29,700**	$ 45,000	$ 15,300
	1320, Suite 100 Patch/paint, Kitchenette renovation	FA-FY20-27	$ -		**$ -**	$ 5,000	$ 5,000
	Carryover from FY19 / unplanned	FA-FY20-28	$ -		**$ -**	$ 40,000	$ 40,000
Leasehold Improvement Subtotal			**$ 29,700**	**$ -**	**$ 29,700**	**$ 170,000**	**$ 140,300**
6. Contingency:							
	Contingency	FA-FY20-29	$ -		**$ -**	$ -	$ -
	Emergency Kits Reorder	FA-FY20-30	$ -		**$ -**	$ -	$ -
	Shelving for Cage (vendor: Uline)	FA-FY20-31	$ -		**$ -**	$ -	$ -
Contingency Subtotal			**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
GRAND TOTAL			**$ 563,500**	**$ 81,125**	**$ 644,625**	**$ 2,488,971**	**$ 1,844,346**

7. Reconciliation to Balance Sheet:

Fixed Assets @ Cost - 3/31/20	**$ 41,407,552**
Fixed Assets @ Cost - 6/30/19	**$ 40,762,929**
Fixed Assets Acquired YTD	**$ 644,625**

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

TANGIBLE NET EQUITY (TNE)	**Jul-19**	**Aug-19**	**QTR. END Sep-19**	**Oct-19**	**Nov-19**	**QTR. END Dec-19**	**Jan-20**	**Feb-20**	**QTR. END Mar-20**
Current Month Net Income / (Loss)	$2,270,904	($77,046)	$3,868,398	$3,554,356	($20,873)	$5,353,309	$449,148	$487,474	$2,791,999
YTD Net Income / (Loss)	$2,270,904	$2,193,857	$6,062,255	$9,616,612	$9,595,739	$14,949,048	$15,398,196	$15,885,670	$18,677,670
Actual TNE									
Net Assets	$183,018,159	$182,941,112	$186,809,510	$190,363,867	$190,342,994	$195,696,303	$196,145,451	$196,632,925	$199,424,924
Subordinated Debt & Interest	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total Actual TNE	**$183,018,159**	**$182,941,112**	**$186,809,510**	**$190,363,867**	**$190,342,994**	**$195,696,303**	**$196,145,451**	**$196,632,925**	**$199,424,924**
Increase/(Decrease) in Actual TNE	$2,270,904	($77,047)	$3,868,398	$3,554,357	($20,873)	$5,353,309	$449,148	$487,474	$2,791,999
Required TNE[1]	**$32,534,362**	**$32,625,189**	**$32,459,945**	**$32,622,756**	**$33,091,414**	**$32,903,837**	**$32,583,278**	**$32,592,862**	**$32,844,736**
Min. Req'd to Avoid Monthly Reporting (130% of Required TNE)	$42,294,671	$42,412,745	$42,197,929	$42,409,583	$43,018,838	$42,774,988	$42,358,262	$42,370,720	$42,698,157
TNE Excess / (Deficiency)	$150,483,797	$150,315,923	$154,349,565	$157,741,111	$157,251,580	$162,792,466	$163,562,173	$164,040,063	$166,580,188
Actual TNE as a Multiple of Required	**5.63**	**5.61**	**5.76**	**5.84**	**5.75**	**5.95**	**6.02**	**6.03**	**6.07**

Note 1: Required TNE reflects quarterly DMHC calculations for quarter-end months (underlined) and monthly DMHC calculations (not underlined). Quarterly and Monthly Required TNE calculations differ slightly in calculation methodology.

LIQUID TANGIBLE NET EQUITY									
Net Assets	$183,018,159	$182,941,112	$186,809,510	$190,363,867	$190,342,994	$195,696,303	$196,145,451	$196,632,925	$199,424,924
Fixed Assets at Net Book Value	(10,625,053)	(10,702,873)	(10,533,330)	(10,413,372)	(10,240,933)	(10,127,744)	(9,989,268)	(9,875,229)	(9,771,740)
CD Pledged to DMHC	(346,927)	(346,927)	(348,873)	(348,873)	(698,873)	(700,000)	(350,000)	(350,238)	(350,000)
Liquid TNE (Liquid Reserves)	**$172,046,179**	**$171,891,312**	**$175,927,307**	**$179,601,622**	**$179,403,188**	**$184,868,559**	**$185,806,183**	**$186,407,458**	**$189,303,184**
Liquid TNE as Multiple of Required	**5.29**	**5.27**	**5.42**	**5.51**	**5.42**	**5.62**	**5.70**	**5.72**	**5.76**

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

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

	Actual Jul-19	Actual Aug-19	Actual Sep-19	Actual Oct-19	Actual Nov-19	Actual Dec-19	Actual Jan-20	Actual Feb-20	Actual Mar-20	Actual Apr-20	Actual May-20	Actual Jun-20	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	92,397	91,728	91,224	90,597	89,711	89,056	88,329	88,086	87,919				809,047
Adults	33,670	33,448	33,092	32,772	32,357	32,066	31,620	31,636	32,018				292,679
SPD	25,804	25,751	25,727	25,753	25,691	25,687	25,571	25,853	25,778				231,615
ACA OE	81,171	80,966	80,483	80,069	79,104	78,154	77,093	76,921	77,199				711,160
Duals	17,627	17,700	17,666	17,650	17,779	17,776	17,800	17,843	17,868				159,709
Medi-Cal Program	250,669	249,593	248,192	246,841	244,642	242,739	240,413	240,339	240,782				2,204,210
Group Care Program	5,976	6,020	6,023	6,060	6,056	6,092	6,048	6,005	6,125				54,405
Total	**256,645**	**255,613**	**254,215**	**252,901**	**250,698**	**248,831**	**246,461**	**246,344**	**246,907**				**2,258,615**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	(1,039)	(669)	(504)	(627)	(886)	(655)	(727)	(243)	(167)				(5,517)
Adults	(505)	(222)	(356)	(320)	(415)	(291)	(446)	16	382				(2,157)
SPD	(78)	(53)	(24)	26	(62)	(4)	(116)	282	(75)				(104)
ACA OE	(201)	(205)	(483)	(414)	(965)	(950)	(1,061)	(172)	278				(4,173)
Duals	70	73	(34)	(16)	129	(3)	24	43	25				311
Medi-Cal Program	(1,753)	(1,076)	(1,401)	(1,351)	(2,199)	(1,903)	(2,326)	(74)	443				(11,640)
Group Care Program	13	44	3	37	(4)	36	(44)	(43)	120				162
Total	**(1,740)**	**(1,032)**	**(1,398)**	**(1,314)**	**(2,203)**	**(1,867)**	**(2,370)**	**(117)**	**563**				**(11,478)**
Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	36.9%	36.8%	36.8%	36.7%	36.7%	36.7%	36.7%	36.7%	36.5%				36.7%
Adults % of Medi-Cal	13.4%	13.4%	13.3%	13.3%	13.2%	13.2%	13.2%	13.2%	13.3%				13.3%
SPD % of Medi-Cal	10.3%	10.3%	10.4%	10.4%	10.5%	10.6%	10.6%	10.8%	10.7%				10.5%
ACA OE % of Medi-Cal	32.4%	32.4%	32.4%	32.4%	32.3%	32.2%	32.1%	32.0%	32.1%				32.3%
Duals % of Medi-Cal	7.0%	7.1%	7.1%	7.2%	7.3%	7.3%	7.4%	7.4%	7.4%				7.2%
Medi-Cal Program % of Total	97.7%	97.6%	97.6%	97.6%	97.6%	97.6%	97.5%	97.6%	97.5%				97.6%
Group Care Program % of Total	2.3%	2.4%	2.4%	2.4%	2.4%	2.4%	2.5%	2.4%	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%**

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

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

	Actual Jul-19	Actual Aug-19	Actual Sep-19	Actual Oct-19	Actual Nov-19	Actual Dec-19	Actual Jan-20	Actual Feb-20	Actual Mar-20	Actual Apr-20	Actual May-20	Actual Jun-20	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted													
Directly Contracted (DCP)	49,531	49,463	49,220	48,753	48,482	47,978	47,700	48,187	48,546				437,860
Alameda Health System	47,759	47,630	47,328	47,241	46,652	46,232	45,665	45,594	45,806				419,907
	97,290	97,093	96,548	95,994	95,134	94,210	93,365	93,781	94,352				857,767
Delegated:													
CFMG	30,752	30,542	30,214	30,114	29,790	29,654	29,460	29,338	29,278				269,142
CHCN	94,820	94,360	93,936	93,460	92,730	92,167	91,165	90,696	90,726				834,060
Kaiser	33,783	33,618	33,517	33,333	33,044	32,800	32,471	32,529	32,551				297,646
Delegated Subtotal	159,355	158,520	157,667	156,907	155,564	154,621	153,096	152,563	152,555				1,400,848
Total	**256,645**	**255,613**	**254,215**	**252,901**	**250,698**	**248,831**	**246,461**	**246,344**	**246,907**				**2,258,615**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	(799)	(197)	(545)	(554)	(860)	(924)	(845)	416	571				(3,737)
Delegated:													
CFMG	(139)	(210)	(328)	(100)	(324)	(136)	(194)	(122)	(60)				(1,613)
CHCN	(509)	(460)	(424)	(476)	(730)	(563)	(1,002)	(469)	30				(4,603)
Kaiser	(293)	(165)	(101)	(184)	(289)	(244)	(329)	58	22				(1,525)
Delegated Subtotal	(941)	(835)	(853)	(760)	(1,343)	(943)	(1,525)	(533)	(8)				(7,741)
Total	**(1,740)**	**(1,032)**	**(1,398)**	**(1,314)**	**(2,203)**	**(1,867)**	**(2,370)**	**(117)**	**563**				**(11,478)**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	37.9%	38.0%	38.0%	38.0%	37.9%	37.9%	37.9%	38.1%	38.2%				38.0%
Delegated:													
CFMG	12.0%	11.9%	11.9%	11.9%	11.9%	11.9%	12.0%	11.9%	11.9%				11.9%
CHCN	36.9%	36.9%	37.0%	37.0%	37.0%	37.0%	37.0%	36.8%	36.7%				36.9%
Kaiser	13.2%	13.2%	13.2%	13.2%	13.2%	13.2%	13.2%	13.2%	13.2%				13.2%
Delegated Subtotal	62.1%	62.0%	62.0%	62.0%	62.1%	62.1%	62.1%	61.9%	61.8%				62.0%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**				**100.0%**

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

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

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

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

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

	Variance Jul-19	Variance Aug-19	Variance Sep-19	Variance Oct-19	Variance Nov-19	Variance Dec-19	Variance Jan-20	Variance Feb-20	Variance Mar-20	Variance Apr-20	Variance May-20	Variance Jun-20	YTD Member Month Variance
Enrollment Variance by Plan & Aid Category - Favorable/(Unfavorable)													
Medi-Cal Program:													
Child	0	(438)	(712)	(1,109)	(1,766)	(2,192)	(2,007)	(2,024)	(1,966)				(12,214)
Adults	0	(138)	(410)	(646)	(977)	(1,185)	(1,299)	(1,201)	(737)				(6,593)
SPD	0	12	52	142	144	204	343	688	676				2,261
ACA OE	0	(29)	(337)	(576)	(1,366)	(2,142)	(2,507)	(2,507)	(2,057)				(11,521)
Duals	0	117	127	155	328	369	567	653	721				3,037
Medi-Cal Program	0	(476)	(1,280)	(2,034)	(3,637)	(4,946)	(4,903)	(4,391)	(3,363)				(25,030)
Group Care Program	0	44	47	84	80	116	72	29	149				621
Total	**0**	**(432)**	**(1,233)**	**(1,950)**	**(3,557)**	**(4,830)**	**(4,831)**	**(4,362)**	**(3,214)**				**(24,409)**
Current Direct/Delegate Enrollment Variance - Favorable/(Unfavorable)													
Directly-Contracted	0	23	(302)	(636)	(1,276)	(1,980)	(1,953)	(1,321)	(535)				(7,980)
Delegated:													
CFMG	0	(133)	(384)	(407)	(655)	(715)	(607)	(654)	(639)				(4,194)
CHCN	0	(239)	(443)	(699)	(1,210)	(1,554)	(1,684)	(1,939)	(1,695)				(9,463)
Kaiser	0	(83)	(104)	(208)	(416)	(581)	(587)	(448)	(345)				(2,772)
Delegated Subtotal	0	(455)	(931)	(1,314)	(2,281)	(2,850)	(2,878)	(3,041)	(2,679)				(16,429)
Total	**0**	**(432)**	**(1,233)**	**(1,950)**	**(3,557)**	**(4,830)**	**(4,831)**	**(4,362)**	**(3,214)**				**(24,409)**

ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED March 31, 2020

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				CAPITATED MEDICAL EXPENSES:				
$1,633,305	$1,611,817	($21,488)	(1.3%)	PCP-Capitation	$14,912,880	$14,757,239	($155,641)	(1.1%)
2,614,961	2,715,828	100,867	3.7%	PCP-Capitation - FQHC	24,063,554	24,619,369	555,815	2.3%
257,031	256,383	(648)	(0.3%)	Specialty-Capitation	2,349,528	2,347,131	(2,397)	(0.1%)
2,669,945	2,901,785	231,840	8.0%	Specialty-Capitation FQHC	24,615,455	25,939,945	1,324,490	5.1%
253,398	255,974	2,576	1.0%	Laboratory-Capitation	2,313,245	2,336,235	22,990	1.0%
971,213	625,304	(345,909)	(55.3%)	Transportation (Ambulance)-Cap	8,620,791	5,709,436	(2,911,355)	(51.0%)
186,305	187,547	1,242	0.7%	Vision Cap	1,701,552	1,713,593	12,041	0.7%
74,720	76,915	2,195	2.9%	CFMG Capitation	682,946	701,655	18,709	2.7%
135,689	144,040	8,351	5.8%	Anc IPA Admin Capitation FQHC	1,249,823	1,296,944	47,121	3.6%
6,970,259	6,949,032	(21,227)	(0.3%)	Kaiser Capitation	62,219,897	63,780,936	1,561,039	2.4%
455,758	555,515	99,757	18.0%	BHT Supplemental Expense	5,683,092	4,590,887	(1,092,205)	(23.8%)
41,008	6,258	(34,750)	(555.3%)	Hep-C Supplemental Expense	136,573	95,199	(41,374)	(43.5%)
162,247	304,675	142,428	46.7%	Maternity Supplemental Expense	2,717,112	2,469,623	(247,489)	(10.0%)
492,030	483,473	(8,557)	(1.8%)	DME - Cap	4,449,578	4,418,423	(31,155)	(0.7%)
16,917,870	**17,074,546**	**156,676**	**0.9%**	**5-TOTAL CAPITATED EXPENSES**	**155,716,025**	**154,776,615**	**(939,410)**	**(0.6%)**
				FEE FOR SERVICE MEDICAL EXPENSES:				
1,472,567	0	(1,472,567)	0.0%	IBNP-Inpatient Services	6,021,787	0	(6,021,787)	0.0%
44,177	0	(44,177)	0.0%	IBNP-Settlement (IP)	180,653	0	(180,653)	0.0%
117,805	0	(117,805)	0.0%	IBNP-Claims Fluctuation (IP)	481,743	0	(481,743)	0.0%
15,913,339	20,377,566	4,464,227	21.9%	Inpatient Hospitalization-FFS	152,375,026	185,993,174	33,618,148	18.1%
989,231	0	(989,231)	0.0%	IP OB - Mom & NB	9,300,187	0	(9,300,187)	0.0%
72,855	0	(72,855)	0.0%	IP Behavioral Health	931,144	0	(931,144)	0.0%
1,056,967	0	(1,056,967)	0.0%	IP - Long Term Care	9,711,346	0	(9,711,346)	0.0%
569,685	0	(569,685)	0.0%	IP - Facility Rehab FFS	5,373,091	0	(5,373,091)	0.0%
20,236,626	**20,377,566**	**140,940**	**0.7%**	**6-Inpatient Hospital & SNF FFS Expense**	**184,374,978**	**185,993,174**	**1,618,196**	**0.9%**
(241,995)	0	241,995	0.0%	IBNP-PCP	(94,788)	0	94,788	0.0%
(7,261)	0	7,261	0.0%	IBNP-Settlement (PCP)	(2,847)	0	2,847	0.0%
(19,360)	0	19,360	0.0%	IBNP-Claims Fluctuation (PCP)	(7,587)	0	7,587	0.0%
1,175,780	1,148,418	(27,362)	(2.4%)	Primary Care Non-Contracted FF	10,406,320	10,523,511	117,192	1.1%
62,481	110,518	48,037	43.5%	PCP FQHC FFS	546,005	979,914	433,909	44.3%
736,400	1,674,064	937,664	56.0%	Prop 56 Direct Payment Expenses	13,566,225	15,308,820	1,742,595	11.4%
411,895	0	(411,895)	0.0%	Prop 56-Trauma Expense	758,578	0	(758,578)	0.0%
564,960	0	(564,960)	0.0%	Prop 56-Dev. Screening Exp.	1,040,200	0	(1,040,200)	0.0%
4,593,830	0	(4,593,830)	0.0%	Prop 56-Fam. Planning Exp.	8,460,413	0	(8,460,413)	0.0%
4,226,935	0	(4,226,935)	0.0%	Prop 56-Value Based Purchasing	7,793,851	0	(7,793,851)	0.0%
11,503,665	**2,933,000**	**(8,570,665)**	**(292.2%)**	**7-Primary Care Physician FFS Expense**	**42,466,370**	**26,812,245**	**(15,654,125)**	**(58.4%)**
(894,929)	0	894,929	0.0%	IBNP-Specialist	(440,954)	0	440,954	0.0%
1,819,057	0	(1,819,057)	0.0%	Specialty Care-FFS	18,121,529	0	(18,121,529)	0.0%
96,486	0	(96,486)	0.0%	Anesthesiology - FFS	1,092,237	0	(1,092,237)	0.0%
574,887	0	(574,887)	0.0%	Spec Rad Therapy - FFS	5,560,379	0	(5,560,379)	0.0%
96,118	0	(96,118)	0.0%	Obstetrics-FFS	964,755	0	(964,755)	0.0%
174,577	0	(174,577)	0.0%	Spec IP Surgery - FFS	1,956,082	0	(1,956,082)	0.0%
391,810	0	(391,810)	0.0%	Spec OP Surgery - FFS	3,863,766	0	(3,863,766)	0.0%
368,496	3,661,252	3,292,756	89.9%	Spec IP Physician	3,178,817	33,399,069	30,220,252	90.5%
52,969	113,815	60,846	53.5%	SCP FQHC FFS	551,348	1,027,089	475,741	46.3%
(26,847)	0	26,847	0.0%	IBNP-Settlement (SCP)	(13,224)	0	13,224	0.0%
(71,594)	0	71,594	0.0%	IBNP-Claims Fluctuation (SCP)	(35,277)	0	35,277	0.0%
2,581,030	**3,775,067**	**1,194,037**	**31.6%**	**8-Specialty Care Physician Expense**	**34,799,459**	**34,426,158**	**(373,301)**	**(1.1%)**
(248,076)	0	248,076	0.0%	IBNP-Ancillary	46,728	0	(46,728)	0.0%
(7,442)	0	7,442	0.0%	IBNP Settlement (ANC)	1,405	0	(1,405)	0.0%
(19,847)	0	19,847	0.0%	IBNP Claims Fluctuation (ANC)	3,739	0	(3,739)	0.0%
207,755	0	(207,755)	0.0%	Acupuncture/Biofeedback	2,312,455	0	(2,312,455)	0.0%
94,244	0	(94,244)	0.0%	Hearing Devices	996,602	0	(996,602)	0.0%
22,971	0	(22,971)	0.0%	Imaging/MRI/CT Global	249,108	0	(249,108)	0.0%
32,813	0	(32,813)	0.0%	Vision FFS	351,822	0	(351,822)	0.0%
9,556	0	(9,556)	0.0%	Family Planning	104,109	0	(104,109)	0.0%
184,287	0	(184,287)	0.0%	Laboratory-FFS	2,054,902	0	(2,054,902)	0.0%
129,857	0	(129,857)	0.0%	ANC Therapist	985,085	0	(985,085)	0.0%
251,770	0	(251,770)	0.0%	Transportation (Ambulance)-FFS	2,347,969	0	(2,347,969)	0.0%
38,081	0	(38,081)	0.0%	Transportation (Other)-FFS	837,067	0	(837,067)	0.0%

ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED March 31, 2020

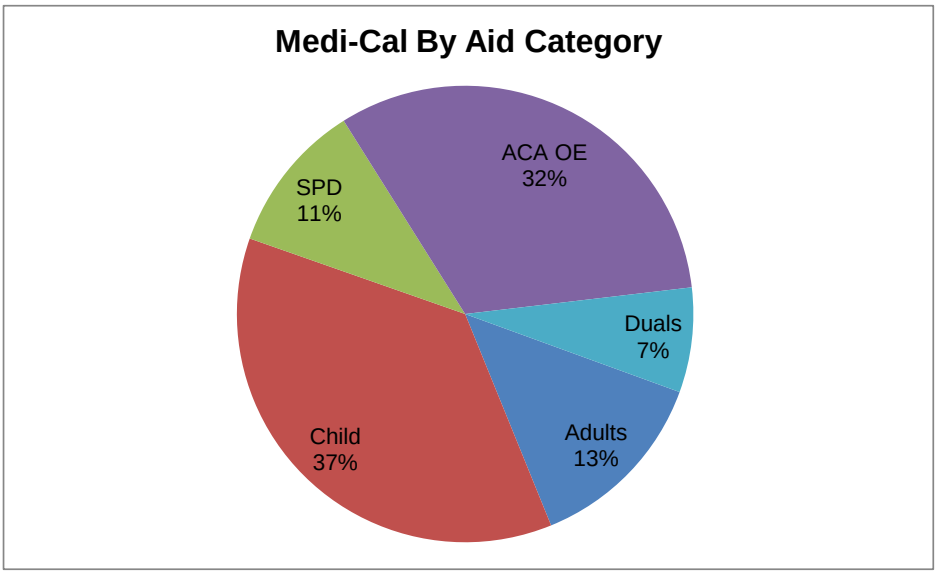
CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
$415,477	$0	($415,477)	0.0%	Hospice	$3,229,362	$0	($3,229,362)	0.0%
393,233	0	(393,233)	0.0%	Home Health Services	4,356,093	0	(4,356,093)	0.0%
0	2,512,462	2,512,462	100.0%	Other Medical-FFS	0	23,351,695	23,351,695	100.0%
0	0	0	0.0%	Denials	320	0	(320)	0.0%
(54,093)	0	54,093	0.0%	HMS Medical Refunds	(175,757)	0	175,757	0.0%
(4,346)	0	4,346	0.0%	Refunds-Medical Payments	(4,687)	0	4,687	0.0%
234,235	0	(234,235)	0.0%	DME & Medical Supplies	2,575,182	0	(2,575,182)	0.0%
92,595	551,608	459,013	83.2%	GEMT Direct Payment Expense	3,322,274	5,044,004	1,721,730	34.1%
461,695	0	(461,695)	0.0%	Community Based Adult Services (CBAS)	4,255,796	0	(4,255,796)	0.0%
2,234,767	**3,064,070**	**829,303**	**27.1%**	**9-Ancillary Medical Expense**	**27,849,574**	**28,395,699**	**546,125**	**1.9%**
(67,884)	0	67,884	0.0%	IBNP-Outpatient	(39,020)	0	39,020	0.0%
(2,037)	0	2,037	0.0%	IBNP Settlement (OP)	(1,175)	0	1,175	0.0%
(5,433)	0	5,433	0.0%	IBNP Claims Fluctuation (OP)	(3,126)	0	3,126	0.0%
1,110,356	7,303,330	6,192,974	84.8%	Out-Patient FFS	11,441,144	64,995,793	53,554,649	82.4%
1,227,243	0	(1,227,243)	0.0%	OP Ambul Surgery - FFS	9,543,017	0	(9,543,017)	0.0%
940,432	0	(940,432)	0.0%	OP Fac Imaging Services-FFS	9,439,733	0	(9,439,733)	0.0%
2,366,307	0	(2,366,307)	0.0%	Behav Health - FFS	18,418,997	0	(18,418,997)	0.0%
323,672	0	(323,672)	0.0%	OP Facility - Lab FFS	2,535,451	0	(2,535,451)	0.0%
81,727	0	(81,727)	0.0%	OP Facility - Cardio FFS	830,337	0	(830,337)	0.0%
36,029	0	(36,029)	0.0%	OP Facility - PT/OT/ST FFS	110,638	0	(110,638)	0.0%
2,048,384	0	(2,048,384)	0.0%	OP Facility - Dialysis FFS	14,497,163	0	(14,497,163)	0.0%
8,058,795	**7,303,330**	**(755,465)**	**(10.3%)**	**10-Outpatient Medical Expense Medical Expense**	**66,773,159**	**64,995,793**	**(1,777,366)**	**(2.7%)**
(267,112)	0	267,112	0.0%	IBNP-Emergency	(147,930)	0	147,930	0.0%
(8,014)	0	8,014	0.0%	IBNP Settlement (ER)	(4,437)	0	4,437	0.0%
(21,369)	0	21,369	0.0%	IBNP Claims Fluctuation (ER)	(11,832)	0	11,832	0.0%
631,456	0	(631,456)	0.0%	Special ER Physician-FFS	5,261,998	0	(5,261,998)	0.0%
2,663,179	3,200,294	537,115	16.8%	ER-Facility	23,932,707	29,059,695	5,126,988	17.6%
2,998,140	**3,200,294**	**202,154**	**6.3%**	**11-Emergency Expense**	**29,030,505**	**29,059,695**	**29,190**	**0.1%**
265,575	0	(265,575)	0.0%	IBNP-Pharmacy	874,960	0	(874,960)	0.0%
7,968	0	(7,968)	0.0%	IBNP Settlement (RX)	26,247	0	(26,247)	0.0%
21,246	0	(21,246)	0.0%	IBNP Claims Fluctuation (RX)	69,998	0	(69,998)	0.0%
3,047,361	3,076,494	29,133	0.9%	RX - Non-PBM FFFS	33,133,548	28,622,360	(4,511,188)	(15.8%)
11,264,467	10,344,902	(919,565)	(8.9%)	Pharmacy-FFS	90,109,419	93,324,110	3,214,691	3.4%
(168,455)	0	168,455	0.0%	HMS RX Refunds	(567,876)	0	567,876	0.0%
(407,064)	(407,064)	0	0.0%	Pharmacy-Rebate	(4,786,441)	(3,820,359)	966,082	(25.3%)
14,031,098	**13,014,332**	**(1,016,766)**	**(7.8%)**	**12-Pharmacy Expense**	**118,859,855**	**118,126,111**	**(733,744)**	**(0.6%)**
61,644,120	**53,667,659**	**(7,976,461)**	**(14.9%)**	**13-TOTAL FFS MEDICAL EXPENSES**	**504,153,900**	**487,808,875**	**(16,345,025)**	**(3.4%)**
0	(112,457)	(112,457)	100.0%	Clinical Vacancy	0	(1,602,504)	(1,602,504)	100.0%
76,451	124,466	48,016	38.6%	Quality Analytics	618,180	975,482	357,302	36.6%
375,998	402,274	26,276	6.5%	Health Plan Services Department Total	3,325,664	3,696,481	370,817	10.0%
1,063,449	734,879	(328,570)	(44.7%)	Case & Disease Management Department Total	5,692,846	5,676,229	(16,617)	(0.3%)
144,557	180,861	36,304	20.1%	Medical Services Department Total	1,254,514	1,532,742	278,229	18.2%
394,499	604,789	210,290	34.8%	Quality Management Department Total	3,909,184	4,553,245	644,061	14.1%
123,739	157,818	34,079	21.6%	Pharmacy Services Department Total	1,058,689	1,263,806	205,117	16.2%
27,611	29,242	1,631	5.6%	Regulatory Readiness Total	256,590	276,606	20,016	7.2%
2,206,304	**2,121,873**	**(84,431)**	**(4.0%)**	**14-Other Benefits & Services**	**16,115,667**	**16,372,088**	**256,421**	**1.6%**
				Reinsurance Expense				
(985,724)	(330,235)	655,489	(198.5%)	Reinsurance Recoveries	(3,745,849)	(2,671,693)	1,074,156	(40.2%)
383,362	388,512	5,150	1.3%	Stop-Loss Expense	3,454,905	3,532,630	77,725	2.2%
(602,362)	**58,277**	**660,639**	**1,133.6%**	**15-Reinsurance Expense**	**(290,944)**	**860,937**	**1,151,881**	**133.8%**
				Preventive Health Services				
83,209	83,208	(1)	0.0%	Risk Sharing PCP	750,374	750,372	(2)	0.0%
83,209	**83,208**	**(1)**	**0.0%**	**16-Risk Pool Distribution**	**750,374**	**750,372**	**(2)**	**0.0%**
80,249,141	**73,005,563**	**(7,243,578)**	**(9.9%)**	**17-TOTAL MEDICAL EXPENSES**	**676,445,022**	**660,568,887**	**(15,876,135)**	**(2.4%)**

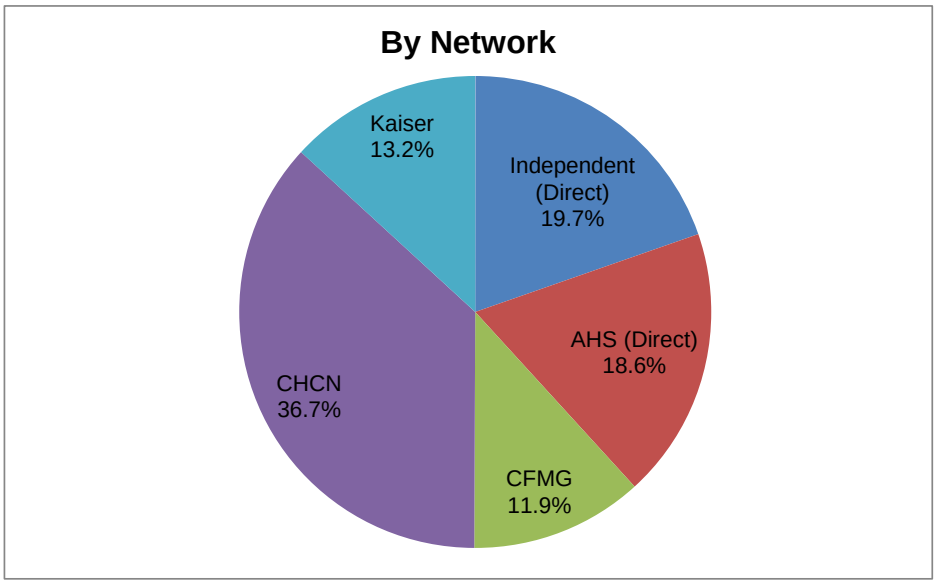
ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED March 31, 2020

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Current Membership by Network By Category of Aid							
Category of Aid	**Mar 2020**	**% of Medi-Cal**	**Independent (Direct)**	**AHS (Direct)**	**CFMG**	**CHCN**	**Kaiser**
Adults	32,017	13%	8,012	6,696	222	11,987	5,100
Child	87,919	37%	7,995	8,093	26,919	29,951	14,961
SPD	25,778	11%	8,607	3,766	1,183	10,322	1,900
ACA OE	77,199	32%	13,999	24,515	953	29,273	8,459
Duals	17,869	7%	7,233	1,906	1	6,598	2,131
Medi-Cal	240,782		45,846	44,976	29,278	88,131	32,551
Group Care	6,125		2,700	830	-	2,595	-
Total	**246,907**	**100%**	**48,546**	**45,806**	**29,278**	**90,726**	**32,551**
Medi-Cal %	97.5%		94.4%	98.2%	100.0%	97.1%	100.0%
Group Care %	2.5%		5.6%	1.8%	0.0%	2.9%	0.0%
	Network Distribution		*19.7%*	*18.6%*	*11.9%*	*36.7%*	*13.2%*
			% Direct:	**38%**		**% Delegated:**	**62%**

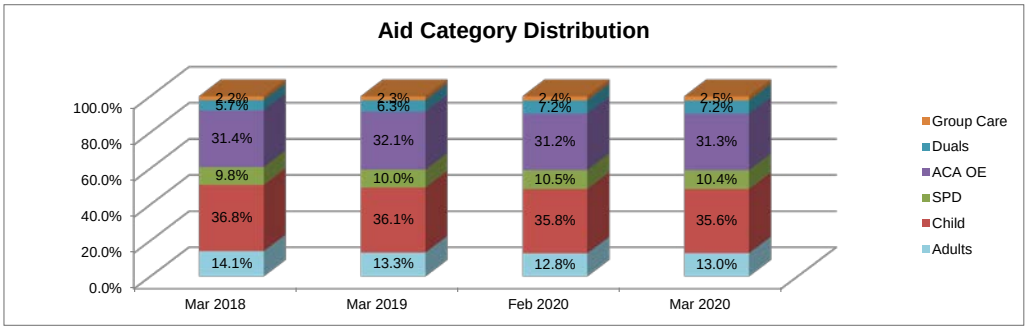




Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

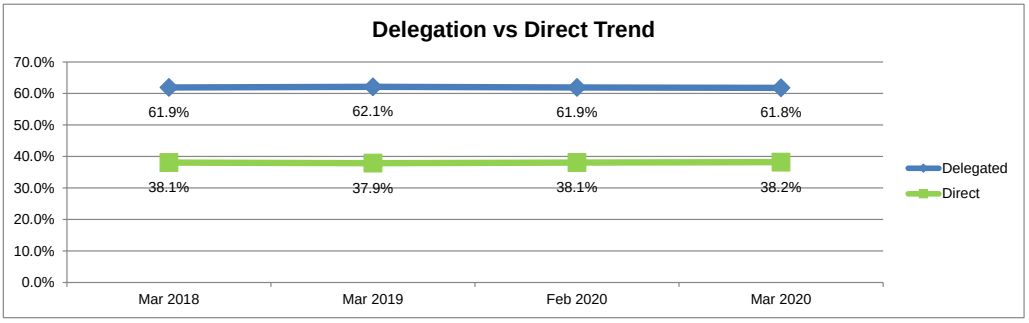
Category of Aid Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Category of Aid	Mar 2018	Mar 2019	Feb 2020	Mar 2020	Mar 2018	Mar 2019	Feb 2020	Mar 2020	Mar 2018 to Mar 2019	Mar 2019 to Mar 2020	Feb 2020 to Mar 2020
Adults	37,691	34,525	31,635	32,017	14.1%	13.3%	12.8%	13.0%	-8.4%	-7.3%	1.2%
Child	98,112	93,457	88,086	87,919	36.8%	36.1%	35.8%	35.6%	-4.7%	-5.9%	-0.2%
SPD	26,221	25,855	25,853	25,778	9.8%	10.0%	10.5%	10.4%	-1.4%	-0.3%	-0.3%
ACA OE	83,883	83,189	76,921	77,199	31.4%	32.1%	31.2%	31.3%	-0.8%	-7.2%	0.4%
Duals	15,275	16,229	17,844	17,869	5.7%	6.3%	7.2%	7.2%	6.2%	10.1%	0.1%
Medi-Cal Total	261,182	253,255	240,339	240,782	97.8%	97.7%	97.6%	97.5%	-3.0%	-4.9%	0.2%
Group Care	5,774	5,892	6,005	6,125	2.2%	2.3%	2.4%	2.5%	2.0%	4.0%	2.0%
Total	**266,956**	**259,147**	**246,344**	**246,907**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**-2.9%**	**-4.7%**	**0.2%**



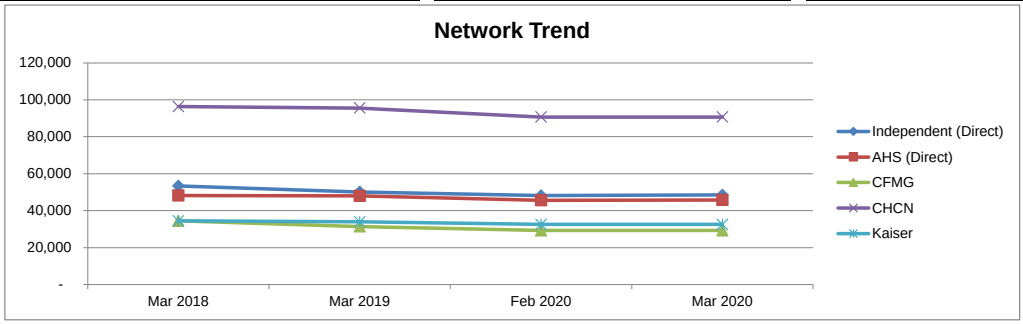
Delegation vs Direct Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Members	Mar 2018	Mar 2019	Feb 2020	Mar 2020	Mar 2018	Mar 2019	Feb 2020	Mar 2020	Mar 2018 to Mar 2019	Mar 2019 to Mar 2020	Feb 2020 to Mar 2020
Delegated	165,308	160,993	152,563	152,555	61.9%	62.1%	61.9%	61.8%	-2.6%	-5.2%	0.0%
Direct	101,648	98,154	93,781	94,352	38.1%	37.9%	38.1%	38.2%	-3.4%	-3.9%	0.6%
Total	**266,956**	**259,147**	**246,344**	**246,907**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**-2.9%**	**-4.7%**	**0.2%**



Network Trend

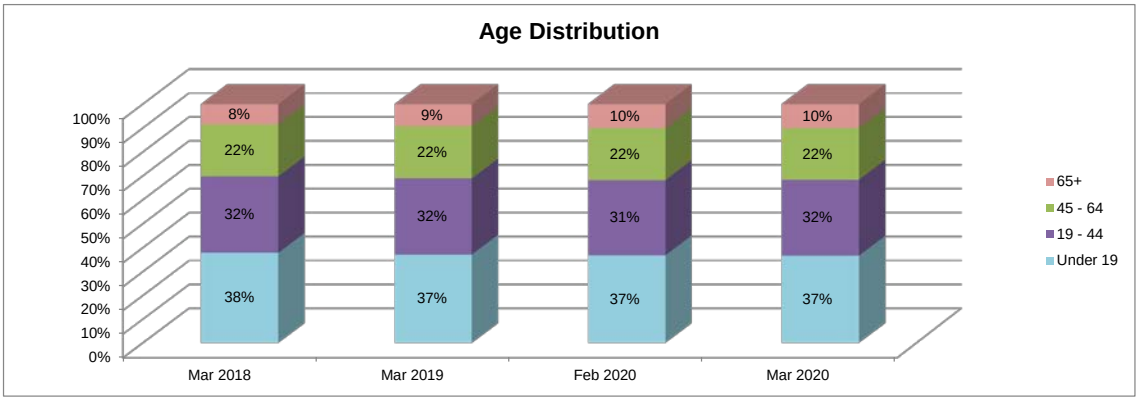
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Network	Mar 2018	Mar 2019	Feb 2020	Mar 2020	Mar 2018	Mar 2019	Feb 2020	Mar 2020	Mar 2018 to Mar 2019	Mar 2019 to Mar 2020	Feb 2020 to Mar 2020
Independent (Direct)	53,449	50,169	48,187	48,546	20.0%	19.4%	19.6%	19.7%	-6.1%	-3.2%	0.7%
AHS (Direct)	48,199	47,985	45,594	45,806	18.1%	18.5%	18.5%	18.6%	-0.4%	-4.5%	0.5%
CFMG	34,480	31,480	29,338	29,278	12.9%	12.1%	11.9%	11.9%	-8.7%	-7.0%	-0.2%
CHCN	96,337	95,566	90,696	90,726	36.1%	36.9%	36.8%	36.7%	-0.8%	-5.1%	0.0%
Kaiser	34,491	33,947	32,529	32,551	12.9%	13.1%	13.2%	13.2%	-1.6%	-4.1%	0.1%
Total	**266,956**	**259,147**	**246,344**	**246,907**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**-2.9%**	**-4.7%**	**0.2%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

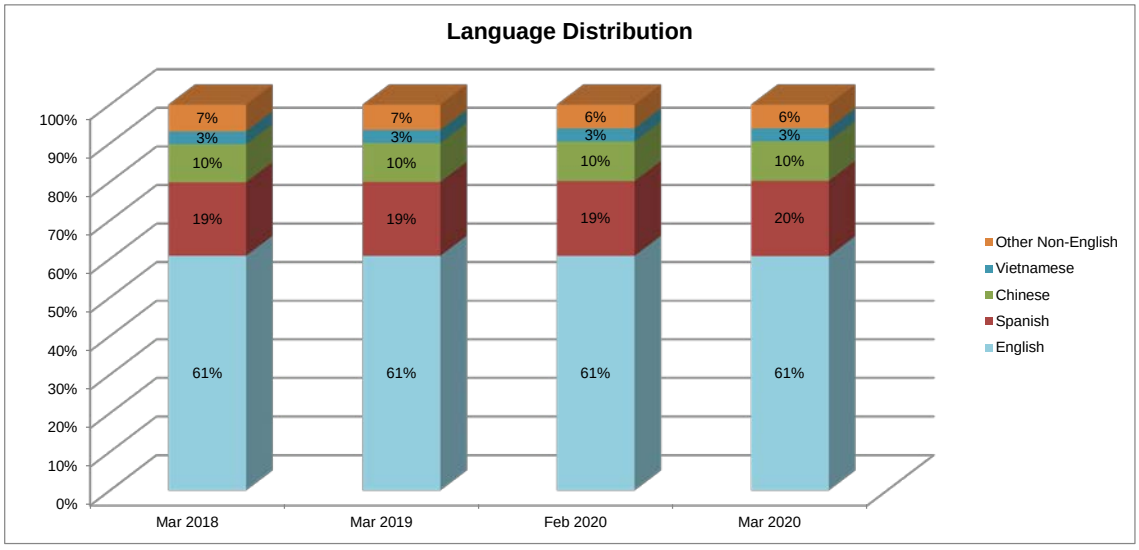
Age Category Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Age Category	Mar 2018	Mar 2019	Feb 2020	Mar 2020	Mar 2018	Mar 2019	Feb 2020	Mar 2020	Mar 2018 to Mar 2019	Mar 2019 to Mar 2020	Feb 2020 to Mar 2020
Under 19	101,002	96,240	90,651	90,475	38%	37%	37%	37%	-5%	-6%	0%
19 - 44	85,315	82,436	77,479	78,297	32%	32%	31%	32%	-3%	-5%	1%
45 - 64	58,094	56,392	53,449	53,374	22%	22%	22%	22%	-3%	-5%	0%
65+	22,545	24,079	24,765	24,761	8%	9%	10%	10%	7%	3%	0%
Total	**266,956**	**259,147**	**246,344**	**246,907**	**100%**	**100%**	**100%**	**100%**	**-3%**	**-5%**	**0%**



Language Trend

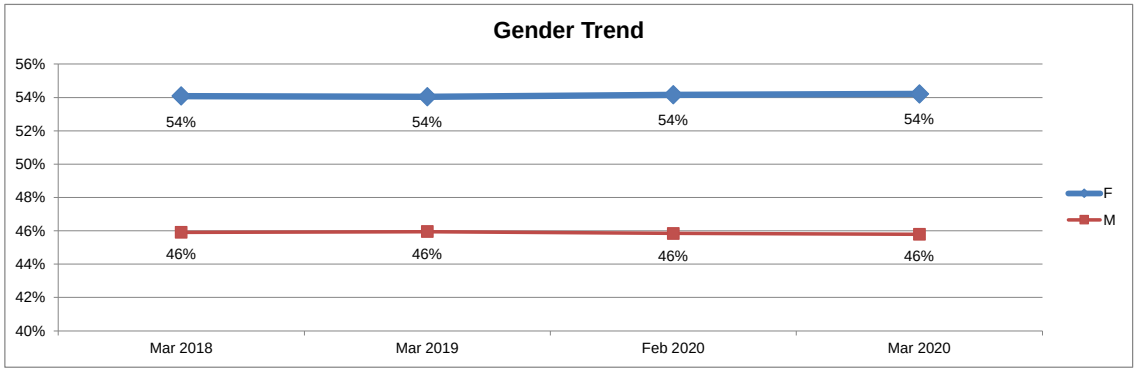
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Language	Mar 2018	Mar 2019	Feb 2020	Mar 2020	Mar 2018	Mar 2019	Feb 2020	Mar 2020	Mar 2018 to Mar 2019	Mar 2019 to Mar 2020	Feb 2020 to Mar 2020
English	162,270	157,481	149,691	149,817	61%	61%	61%	61%	-3%	-5%	0%
Spanish	50,932	49,653	47,773	48,269	19%	19%	19%	20%	-3%	-3%	1%
Chinese	26,330	26,190	25,291	25,274	10%	10%	10%	10%	-1%	-3%	0%
Vietnamese	8,841	8,736	8,322	8,259	3%	3%	3%	3%	-1%	-5%	-1%
Other Non-English	18,583	17,087	15,267	15,288	7%	7%	6%	6%	-8%	-11%	0%
Total	**266,956**	**259,147**	**246,344**	**246,907**	**100%**	**100%**	**100%**	**100%**	**-3%**	**-5%**	**0%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

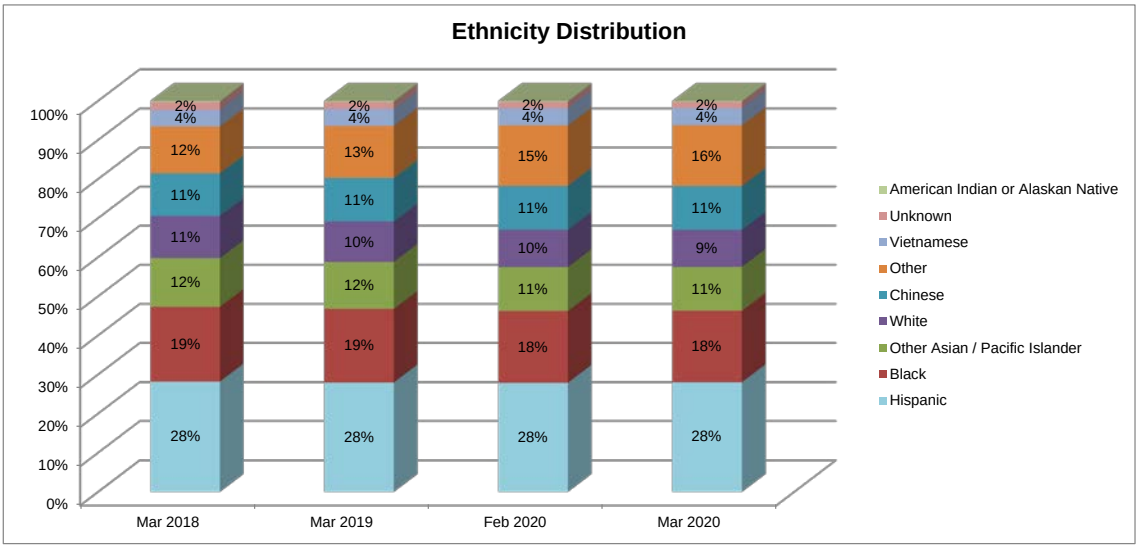
Gender Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Gender	Mar 2018	Mar 2019	Feb 2020	Mar 2020	Mar 2018	Mar 2019	Feb 2020	Mar 2020	Mar 2018 to Mar 2019	Mar 2019 to Mar 2020	Feb 2020 to Mar 2020
F	144,381	140,059	133,410	133,844	54%	54%	54%	54%	-3%	-4%	0%
M	122,575	119,088	112,934	113,063	46%	46%	46%	46%	-3%	-5%	0%
Total	**266,956**	**259,147**	**246,344**	**246,907**	**100%**	**100%**	**100%**	**100%**	**-3%**	**-5%**	**0%**



Ethnicity Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Ethnicity	Mar 2018	Mar 2019	Feb 2020	Mar 2020	Mar 2018	Mar 2019	Feb 2020	Mar 2020	Mar 2018 to Mar 2019	Mar 2019 to Mar 2020	Feb 2020 to Mar 2020
Hispanic	75,249	72,470	68,723	69,186	28%	28%	28%	28%	-4%	-5%	1%
Black	51,033	48,784	45,209	45,120	19%	19%	18%	18%	-4%	-8%	0%
Other Asian / Pacific Islander	33,179	31,190	27,682	27,695	12%	12%	11%	11%	-6%	-11%	0%
White	28,833	26,649	23,442	23,400	11%	10%	10%	9%	-8%	-12%	0%
Chinese	29,145	28,913	27,725	27,724	11%	11%	11%	11%	-1%	-4%	0%
Other	32,033	34,595	38,042	38,390	12%	13%	15%	16%	8%	11%	1%
Vietnamese	11,478	11,211	10,813	10,722	4%	4%	4%	4%	-2%	-4%	-1%
Unknown	5,278	4,647	4,124	4,103	2%	2%	2%	2%	-12%	-12%	-1%
American Indian or Alaskan Native	728	688	584	567	0%	0%	0%	0%	-5%	-18%	-3%
Total	**266,956**	**259,147**	**246,344**	**246,907**	**100%**	**100%**	**100%**	**100%**	**-3%**	**-5%**	**0%**



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

Medi-Cal By City

City	Mar 2020	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	98,883	41%	11,855	22,013	13,093	42,687	9,235
Hayward	37,082	15%	7,968	7,509	4,438	10,870	6,297
Fremont	20,956	9%	8,457	2,938	705	5,598	3,258
San Leandro	21,469	9%	3,753	3,088	3,169	8,093	3,366
Union City	10,291	4%	3,980	1,418	354	2,664	1,875
Alameda	9,447	4%	1,799	1,354	1,492	3,504	1,298
Berkeley	8,499	4%	1,075	1,421	1,161	3,647	1,195
Livermore	6,805	3%	917	572	1,594	2,578	1,144
Newark	5,537	2%	1,600	1,683	177	1,074	1,003
Castro Valley	5,684	2%	1,157	857	911	1,670	1,089
San Lorenzo	4,919	2%	860	783	627	1,723	926
Pleasanton	3,588	1%	872	323	393	1,419	581
Dublin	3,853	2%	930	332	524	1,390	677
Emeryville	1,479	1%	252	275	234	486	232
Albany	1,385	1%	162	187	316	471	249
Piedmont	250	0%	44	59	20	70	57
Sunol	49	0%	9	8	6	9	17
Antioch	21	0%	2	5	6	6	2
Other	585	0%	154	151	58	172	50
Total	**240,782**	**100%**	**45,846**	**44,976**	**29,278**	**88,131**	**32,551**

Group Care By City

City	Mar 2020	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	2,159	35%	567	380	-	1,212	-
Hayward	682	11%	392	117	-	173	-
Fremont	663	11%	514	45	-	104	-
San Leandro	560	9%	218	69	-	273	-
Union City	327	5%	233	29	-	65	-
Alameda	284	5%	121	25	-	138	-
Berkeley	200	3%	54	21	-	125	-
Livermore	87	1%	36	1	-	50	-
Newark	143	2%	97	27	-	19	-
Castro Valley	191	3%	101	20	-	70	-
San Lorenzo	114	2%	51	18	-	45	-
Pleasanton	48	1%	26	3	-	19	-
Dublin	97	2%	43	5	-	49	-
Emeryville	28	0%	12	3	-	13	-
Albany	14	0%	5	2	-	7	-
Piedmont	11	0%	3	1	-	7	-
Sunol	-	0%	-	-	-	-	-
Antioch	24	0%	9	4	-	11	-
Other	493	8%	218	60	-	215	-
Total	**6,125**	**100%**	**2,700**	**830**	**-**	**2,595**	**-**

Total By City

City	Mar 2020	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	101,042	41%	12,422	22,393	13,093	43,899	9,235
Hayward	37,764	15%	8,360	7,626	4,438	11,043	6,297
Fremont	21,619	9%	8,971	2,983	705	5,702	3,258
San Leandro	22,029	9%	3,971	3,157	3,169	8,366	3,366
Union City	10,618	4%	4,213	1,447	354	2,729	1,875
Alameda	9,731	4%	1,920	1,379	1,492	3,642	1,298
Berkeley	8,699	4%	1,129	1,442	1,161	3,772	1,195
Livermore	6,892	3%	953	573	1,594	2,628	1,144
Newark	5,680	2%	1,697	1,710	177	1,093	1,003
Castro Valley	5,875	2%	1,258	877	911	1,740	1,089
San Lorenzo	5,033	2%	911	801	627	1,768	926
Pleasanton	3,636	1%	898	326	393	1,438	581
Dublin	3,950	2%	973	337	524	1,439	677
Emeryville	1,507	1%	264	278	234	499	232
Albany	1,399	1%	167	189	316	478	249
Piedmont	261	0%	47	60	20	77	57
Sunol	49	0%	9	8	6	9	17
Antioch	45	0%	11	9	6	17	2
Other	1,078	0%	372	211	58	387	50
Total	**246,907**	**100%**	**48,546**	**45,806**	**29,278**	**90,726**	**32,551**

ALAMEDA Alliance FOR HEALTH

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

Operations

Matt Woodruff

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

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

Date: **May 8, 2020**

Subject: **Operations Report**

Member Services

- 12-month Trend Summary:
    - The Member Services Department received a forty-four (44%) percent decrease in calls in April 2020, totaling 9,892 compared to 17,655 in April 2019.
    - The abandonment rate for April 2020 was three percent (3%), which was one percent greater (2%) than in April 2019.
    - The service level for the Department was six percent (6%) higher in April 2020, eighty-nine percent (89%), compared to eighty-three percent (83%) in April 2019.
    - 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 top five call reasons for April 2020 changed slightly from that of April 2019: 1). Eligibility/Enrollment, **2). Kaiser,** 3). Change of PCP, 4). Benefits, 5). **Pharmacy.** Member calls related to Kaiser assignment requests and pharmacy inquiries were higher in April 2020 compared to the Change of PCP and ID Card requests in 2019.
    - The average talk time (ATT) was eight minutes and twenty-four seconds (08:24) for April 2020 compared to seven minutes and nineteen seconds (07:19) for April 2019.

Claims

- 12-Month Trend Summary:
    - The Claims Department received 86,578 claims in April 2020 compared to 129,482 in April 2019.

- The Auto Adjudication rate was 74.7% in April 2020 compared to 75.1% in April 2019.
- Claims Compliance for the 30-day turnaround time was 96.7% in April 2020 compared to 96.9% in April 2019. The 45-day turn-around time was 99.9% in April 2020 compared to 95.4% in April 2019.

- Staffing:

  - Recruitment is currently underway for the following positions:
    - Claims Specialist.
    - Claims Trainer.

- Training:

  - Routine and new hire training will be conducted remotely by the managers/supervisors until staff returns to the office.

- Monthly Analysis:

  - In April, we received a total of 86,578 claims in the HEALTHsuite system. This represents a 25% decreased from March and is primary attributed to COVID-19.
  - We received 69% of claims via EDI and 31% of claims via paper.
  - During the month of April, 99.9% of our claims were processed within 45 working days.
  - The Auto Adjudication rate was 74.7% for April.

Provider Services

- 12-Month Trend Summary:

  - The Provider Services Department's call volume in April 2020 was 5,630 calls compared to 6,997 calls in April 2019.
  - We are anticipating our call volume to increase this year due to the Cal Aim initiatives that are forthcoming in 2021. Provider Services continuously works to achieve first call resolution and reduction of the abandonment rates. Efforts to promote provider satisfaction is our first priority.
  - The Provider Services department completed 264 calls (normally visits) during April 2020.

- The Provider Services department answered over 4,649 calls for April 2020 and made over 948 outbound calls.

Credentialing

- 12-Month Trend Summary:
  - At the Peer Review and Credentialing (PRCC) meeting held on April 21, 2020, there were twenty-three (23) initial providers approved; three (3) primary care provider, six (6) specialists, one (1) ancillary provider, and thirteen (13) midlevel providers. Additionally, thirty-six (36) providers were re-credentialed at this meeting; ten (10) primary care providers, sixteen (16) specialists, one (1) ancillary provider, and nine (9) midlevel providers.
  - For more information, please refer to the Credentialing charts and graphs located in the Operations supporting documentation.

Provider Dispute Resolution

- 12-Month Trend Summary:
  - In April 2020, the Provider Dispute Resolution (PDR) department received 742 PDRs versus 490 in April 2019.
  - The PDR department resolved 1,095 cases in April 2020 compared to 456 cases in April 2019.
  - In April 2020, the PDR department upheld 80% of cases versus 66% in April 2019.
  - The PDR department resolved 100% of cases within the compliance standard of 95% within 45 working days in April 2020 compared to 93% in April 2019.

- Staffing:
  - Recruitment is currently underway to fill the PDR Coordinator.

- Monthly Analysis:
  - AAH received 742 PDRs in April 2020.

- In the month of April, 1,095 PDRs were resolved. Out of the 1,095 PDRs, 876 were upheld and 219 were overturned.
- The overturn rate for PDRs was 20%, which met our goal of 25% or less.
- 49% of the overturned PDRs were attributed to "general" configuration issues; the re-design of the PDR database is underway, which will allow for more specificity of these configuration issues going forward.
- 1,095 out of 1,095 cases were resolved within 45 working days resulting in a 100% compliance rate.
- There are 411 PDRs currently pending resolution; none are older than 45 working days.

Community Relations and Outreach

- 12-Month Trend Summary:

  - The Communications & Outreach (C&O) Department completed 0 out of 31 events (0% completion rate) in April 2020, compared to 53 out of 63 events (84% completion rate) in April 2019.
  - The C&O Department reached 345 people in the community in April 2020, compared to 2,051 in April 2019.
  - The C&O Department events were held in 0 cites/ unincorporated areas throughout Alameda County in April 2020, compared to 12 cities/unincorporated areas in April 2019.

- Monthly Analysis:

  - In April 2020, the C&O Department completed 0 out of 31 events (0% completion rate). The Outreach team also completed 345 net new member orientation calls.
  - In April 2020, the C&O Department reached 345 individuals (345 or 100% self-identified as Alliance members) during outreach activities.
  - In April 2020, the C&O Department completed events in 0 cities/unincorporated areas throughout Alameda County.
  - Please see attached Addendum A.

Operations

Supporting Documents

Member Services

Blended Call Results

Blended Results	April 2020
Incoming Calls (R/V)	9,892
Abandoned Rate (R/V)	3%
Answered Calls (R/V)	9,579
Average Speed to Answer (ASA)	00:21
Calls Answered in 30 Seconds (R/V)	89%
Average Talk Time (ATT)	08:24
Outbound Calls	8,424

Top 5 Call Reasons (Medi-Cal and Group Care) April 2020
Eligibility/Enrollment
Kaiser
Change of PCP
Benefits
Pharmacy

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

Claims Department
March 2020 Final and April 2020 Final

METRICS

Claims Compliance	Mar-20	Apr-20
90% of clean claims processed within 30 calendar days	98.1%	96.7%
95% of all claims processed within 45 working days	99.9%	99.9%

Claims Volume (Received)	Mar-20	Apr-20
Paper claims	26,802	26,775
EDI claims	88,914	59,803
Claim Volume Total	**115,716**	**86,578**

Percentage of Claims Volume by Submission Method	Mar-20	Apr-20
% Paper	23.16%	30.93%
% EDI	76.84%	69.07%

Claims Processed	Mar-20	Apr-20
HEALTHsuite Paid (original claims)	88,585	93,013
HEALTHsuite Denied (original claims)	25,934	29,509
HEALTHsuite Original Claims Sub-Total	**114,519**	**122,522**
HEALTHsuite Adjustments	12,220	3,725
HEALTHsuite Total	**126,739**	**126,247**

Claims Expense	Mar-20	Apr-20
Medical Claims Paid	$40,696,062	$48,392,341
Interest Paid	$19,825	$30,207

Auto Adjudication	Mar-20	Apr-20
Claims Auto Adjudicated	88,874	91,539
% Auto Adjudicated	77.6%	74.7%

Average Days from Receipt to Payment	Mar-20	Apr-20
HEALTHsuite	23	24

Pended Claim Age	Mar-20	Apr-20
0-29 calendar days		
HEALTHsuite	14,914	8,970
30-59 calendar days		
HEALTHsuite	175	89
Over 60 calendar days		
HEALTHsuite	1	0

Overall Denial Rate	Mar-20	Apr-20
Claims denied in HEALTHsuite	25,934	29,509
% Denied	20.5%	23.4%

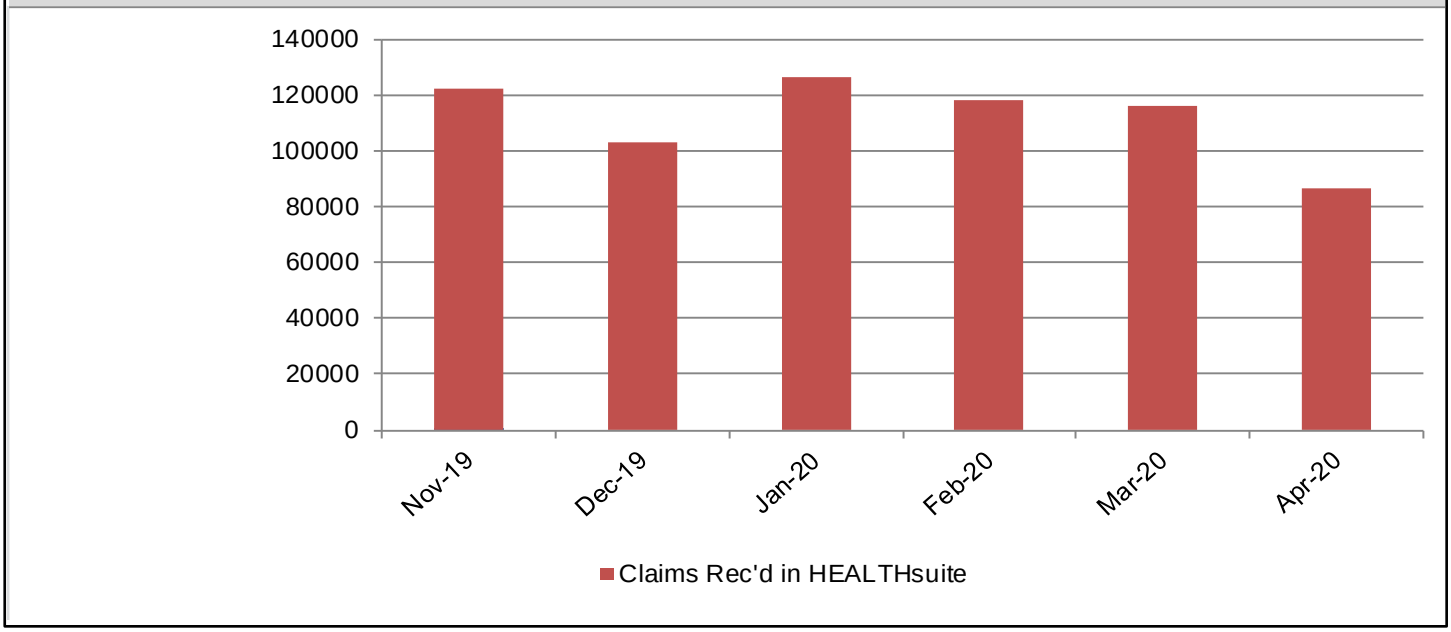
Claims Department
March 2020 Final and April 2020 Final

Apr-20

Top 5 HEALTHsuite Denial Reasons	% of all denials
Responsibility of Provider	21%
Must Submit as a Paper Claim with Copy of Primary Payer EOB	19%
Duplicate Claim	14%
Non-Covered Benefit for this Plan	9%
No Benefits Found For Dates of Service	6%
% Total of all denials	**69%**

Claims Received By Month

Claims Received Through	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
Claims Rec'd in HEALTHsuite	122,333	103,216	126,044	118,309	115,716	86,578



Provider Relations Dashboard April 2020

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Incoming Calls (PR)	6,256	5,179	6,191	5,630								
Abandoned Calls	1,354	566	921	981								
Answered Calls (PR)	4,902	4,613	5,270	4,649								
Recordings/Voicemails	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Incoming Calls (R/V)	680	309	517	563								
Abandoned Calls (R/V)												
Answered Calls (R/V)	680	309	517	563								
Outbound Calls	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Outbound Calls	1,308	1,187	1,439	948								
N/A												
Outbound Calls	1,308	1,187	1,439	948								
Totals	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Total Incoming, R/V, Outbound Calls	8,244	6,675	8,147	7,141								
Abandoned Calls	1,354	566	921	981								
Total Answered Incoming, R/V, Outbound Calls	6,890	6,109	7,226	6,160								

Provider Relations Dashboard April 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%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Benefits	4.7%	6.1%	0.6%	5.2%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Claims Inquiry	40.7%	39.7%	41.9%	51.7%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Change of PCP	3.2%	3.5%	3.7%	1.7%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Complaint/Grievance (includes PDR's)	2.7%	2.9%	2.4%	2.5%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Contracts	0.2%	0.4%	0.3%	0.3%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Correspondence Question/Followup	0.0%	0.0%	0.1%	0.0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Demographic Change	0.1%	0.1%	0.1%	0.0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Eligibility - Call from Provider	27.7%	24.3%	25.3%	14.0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Exempt Grievance/ G&A	0.1%	0.0%	0.0%	0.0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
General Inquiry/Non member	0.2%	0.1%	0.2%	0.1%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Health Education	0.1%	0.0%	0.0%	0.0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Intrepreter Services Request	2.0%	2.3%	2.8%	1.4%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Kaiser	0.1%	0.3%	0.0%	0.3%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Member bill	0.0%	0.0%	0.7%	0.8%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Mystery Shopper Call	0.0%	0.0%	0.0%	0.0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Provider Portal Assistance	2.3%	3.4%	6.3%	7.6%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Pharmacy	0.8%	1.0%	0.7%	0.8%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Provider Network Info	0.1%	0.3%	0.1%	0.1%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Transferred Call	0.1%	0.0%	0.1%	0.0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
All Other Calls	11.9%	12.1%	11.1%	11.2%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL	100.0%	100.0%	100.0%	100.0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Field Visit Activity Details

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Claims Issues	8	3	6	31								
Contracting/Credentialing	1	2	2	22								
Drop-ins	12	6	48	6								
JOM's	2	3	4	3								
New Provider Orientation	17	3	3	22								
Quarterly Visits	64	124	23	177								
UM Issues	0	0	0	0								
Total Field Visits	104	141	86	261	0	0	0	0	0	0	0	0

ALLIANCE NETWORK SUMMARY, CURRENTLY CREDENTIALED PRACTITIONERS

Credentialed Practitioners		AHP 397	PCP 362	SPEC 659	PCP/SPEC 19
AAH/AHS/CHCN Breakdown		AAH 44	AHS 204	CHCN 415	COMBINATION OF GROUPS 376
Facilities	**249**				

VENDOR SUMMARY
Credentialing Verification Organization, Gemini Diversified Services

	Number	Average Calendar Days in Process	Goal - Business Days	Goal - 98% Accuracy	Compliant
Initial Files in Process	16	33	25	Y	Y
Recred Files in Process	35	35	25	Y	Y
Expirables updated Insurance, License, DEA, Board Certifications					Y
Files currently in process	**51**				

CAQH Applications Processed in April 2020

	Invoice not received
Standard Providers and Allied Health	

April 2020 Peer Review and Credentialing Committee Approvals

Initial Credentialing	Number
PCP	3
SPEC	6
ANCILLARY	1
MIDLEVEL/AHP	13
	23
Recredentialing	
PCP	10
SPEC	16
ANCILLARY	1
MIDLEVEL/AHP	9
	36
TOTAL	**59**

April 2020 Facility Approvals

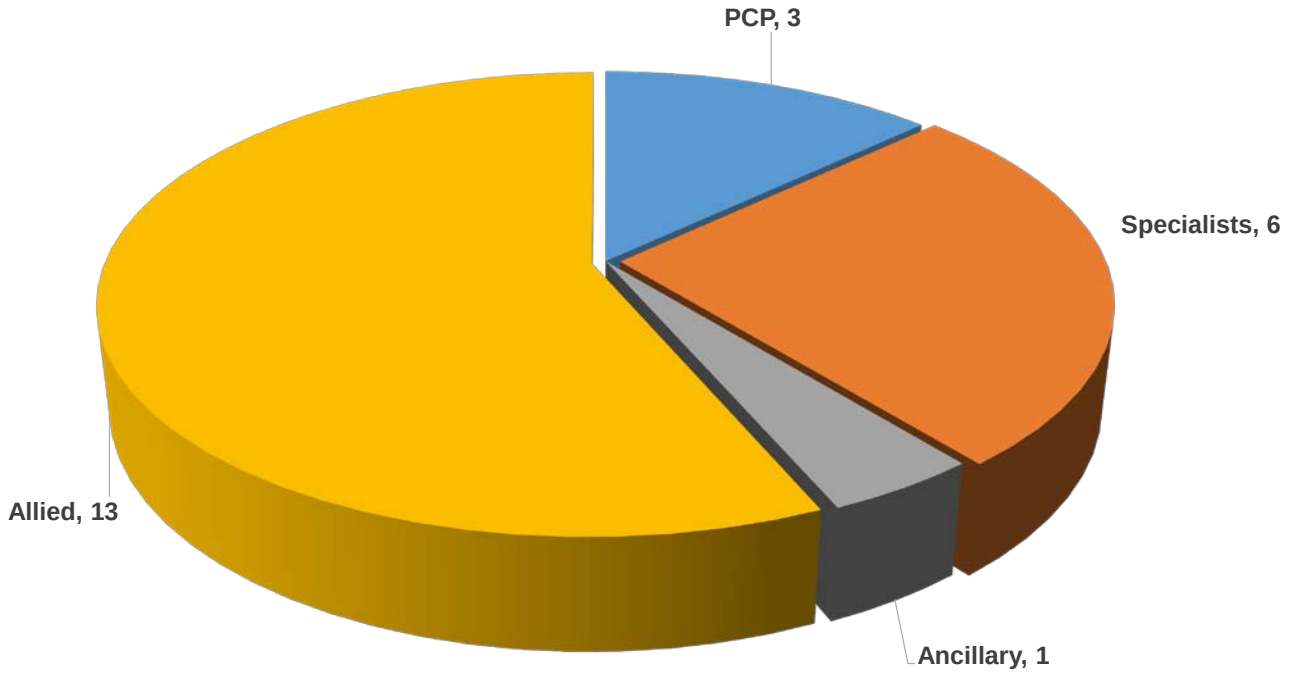
Initial Credentialing	7
Recredentialing	4
Facility Files in Process	37

April 2020 Employee Metrics	2.5	
File Processing	Timely processing within 3 days of receipt	Y
Credentialing Accuracy	<3% error rate	Y
DHCS, DMHC, CMS, NCQA Compliant	98%	Y
MBC Monitoring	Timely processing within 3 days of receipt	Y

Initial/Recred				
LAST NAME	**FIRST NAME**	**CATEGORY**	**INITIAL/RECRED**	**CRED DATE**
Bell	Amber	Allied Health	Initial	4/21/2020
Thakur	Anjani	Specialist	Initial	4/21/2020
Logan	Avis	Primary Care Physician	Initial	4/21/2020
Yung	Carmen	Allied Health	Initial	4/21/2020
Ngo	Carol	Ancillary	Initial	4/21/2020
McBride	Dannielle	Primary Care Physician	Initial	4/21/2020
Huang	Diana	Allied Health	Initial	4/21/2020
Obanor	Femi	Allied Health	Initial	4/21/2020
Fries	Julia	Allied Health	Initial	4/21/2020
Ejiogu	Kenneth	Allied Health	Initial	4/21/2020
Anderson	Lauren	Allied Health	Initial	4/21/2020
Jalota	Leena	Specialist	Initial	4/21/2020
Furst	Madeline	Allied Health	Initial	4/21/2020
Nazareno	Napoleon	Allied Health	Initial	4/21/2020
Kierstead	Peter	Specialist	Initial	4/21/2020
Hao	Selena	Allied Health	Initial	4/21/2020
Franklin	Shante	Allied Health	Initial	4/21/2020
Dham	Shefali	Specialist	Initial	4/21/2020
Hui	Stanley	Specialist	Initial	4/21/2020
Johnson	Tania	Allied Health	Initial	4/21/2020
Arora	Tarun	Specialist	Initial	4/21/2020
Vu	Van	Primary Care Physician	Initial	4/21/2020
Herman	Zena	Allied Health	Initial	4/21/2020
Bhattacharyya	Alok	Specialist	Recred	4/21/2020
Towner	Barbara	Primary Care Physician	Recred	4/21/2020
Makoni	Bessa	Allied Health	Recred	4/21/2020
Schweitzer	Beth	Primary Care Physician	Recred	4/21/2020
Lee	Cindy	Allied Health	Recred	4/21/2020
Yu	Cynthia	Allied Health	Recred	4/21/2020
Kornguth	David	Specialist	Recred	4/21/2020
Surratt	Dawn	Allied Health	Recred	4/21/2020
Meyer	Edward	Specialist	Recred	4/21/2020
Velasquez	Emil	Ancillary	Recred	4/21/2020
Myint	Gerald	Primary Care Physician	Recred	4/21/2020
Tang	Jevon	Specialist	Recred	4/21/2020
Vargas	Juan	Specialist	Recred	4/21/2020
Zug	Keri	Allied Health	Recred	4/21/2020
Walsh	Kyle	Allied Health	Recred	4/21/2020
Dalton	Laura	Primary Care Physician	Recred	4/21/2020
Miller	Laura	Primary Care Physician	Recred	4/21/2020
Todaro	Laura	Allied Health	Recred	4/21/2020
Spangler	Linda	Primary Care Physician	Recred	4/21/2020
Munoz Del Romeral	Luisa	Specialist	Recred	4/21/2020
Munoz	Luz	Allied Health	Recred	4/21/2020
Corona	Mario	Specialist	Recred	4/21/2020
Lim	Mary	Primary Care Physician	Recred	4/21/2020
Gorin	Michael	Specialist	Recred	4/21/2020
Cortes-Surdilla	Michelle	Primary Care Physician	Recred	4/21/2020
Derman-Berger	Michelle	Allied Health	Recred	4/21/2020
Gandhi	Reshma	Primary Care Physician	Recred	4/21/2020
Burroughs	Richard	Specialist	Recred	4/21/2020
McCabe	Robert	Specialist	Recred	4/21/2020
Calhoun	Siobhan	Specialist	Recred	4/21/2020
Daniels	Stewart	Specialist	Recred	4/21/2020
Chadalawada	Sudha	Primary Care Physician	Recred	4/21/2020
White	Terry	Specialist	Recred	4/21/2020
Phillips	Tracy	Specialist	Recred	4/21/2020
Ting	Tuow	Specialist	Recred	4/21/2020
Ranchod	Tushar	Specialist	Recred	4/21/2020

APRIL PEER REVIEW AND CREDENTIALING
INITIAL APPROVALS BY SPECIALISTS

PCP	3
Specialists	6
Ancillary	1
Allied	13
Total	23



Provider Dispute Resolution
March 2020 Final and April 2020 Final

METRICS

PDR Compliance	Mar-20	Apr-20
# of PDRs Resolved	1,110	1,095
# Resolved Within 45 Working Days	1,099	1,095
% of PDRs Resolved Within 45 Working Days	99%	100%

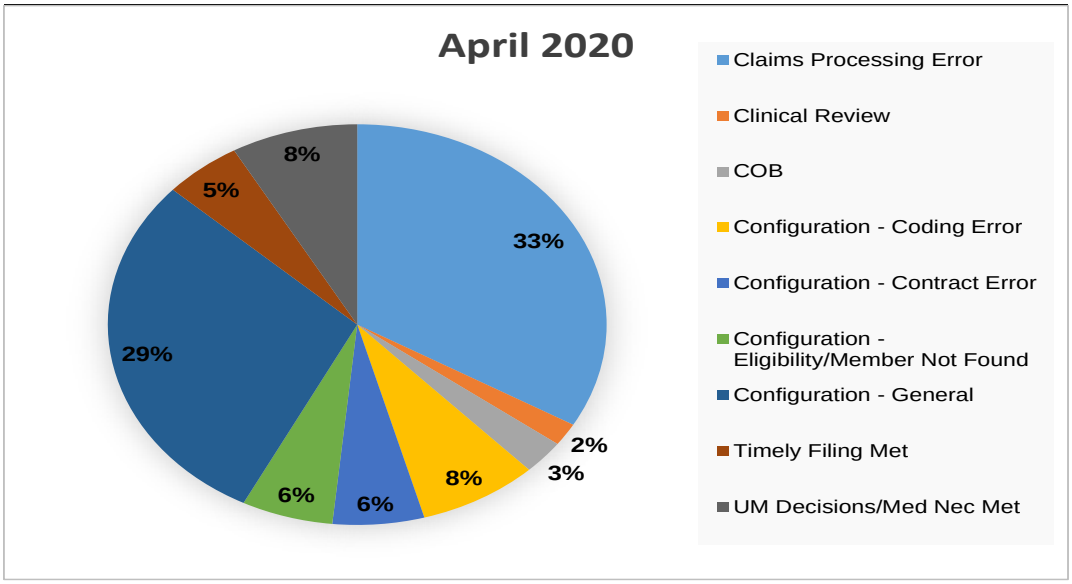
PDRs Received	Mar-20	Apr-20
# of PDRs Received	803	742
PDR Volume Total	**803**	**742**

PDRs Resolved	Mar-20	Apr-20
# of PDRs Upheld	787	876
% of PDRs Upheld	71%	80%
# of PDRs Overturned	323	219
% of PDRs Overturned	29%	20%
Total # of PDRs Resolved	**1,110**	**1,095**

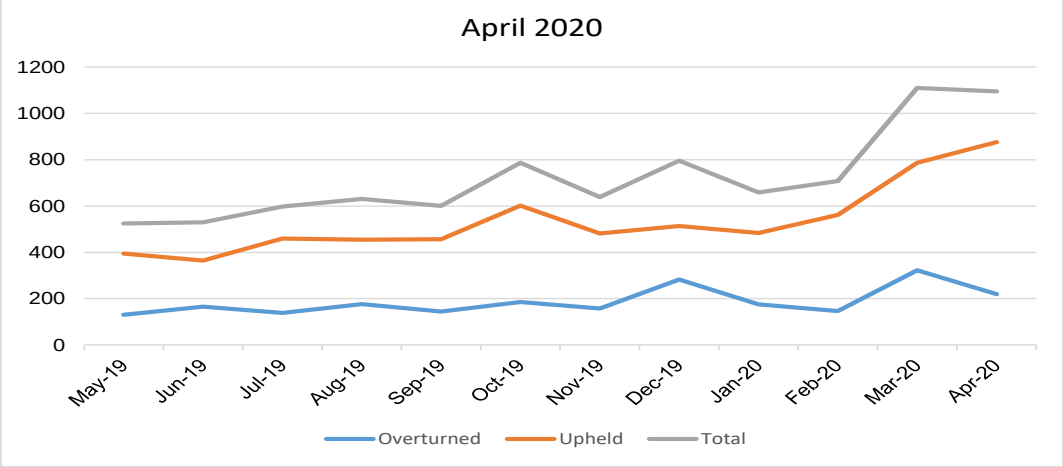
Unresolved PDR Age	Mar-20	Apr-20
0-45 Working Days	935	411
Over 45 Working Days	0	0
Total # of Unresolved PDRs	**935**	**411**

Apr-20

PDR Resolved Case Overturn Reasons



Rolling 12-Month PDR Trend Line



Project Management Office Portfolio Overview for April 2020

Alliance Portal Redesign Project

Finalizing Phase 2 and 3 scope in progress

HX pre-requisite training courses complete for Member Portal requirement gathering session

- Level 100- Member Portal (Basic Admin Training)
- Level 200 (Advanced Administrative Tools Training)
- Level 300 (Content Management Training)
- Level 400 (Express Request Training)

Contract Database Project

- On hold

Preferred Vendor Project

No update

- The purpose of this project is to identify a select list of preferred vendors (SNF, Respite, Health Home, and Infusion) to collaborate with direct patient care. This will enable the Alliance to help place our most vulnerable populations and give them the services they need.
    - SNF contract signed 9/5/19
    - Oncology contract (Letter of Agreement) signed 9/3/19
    - Respite(BACS) contract signed 10/17/19, effective 11/1/19
    - Health Home internal meetings signed 10/17/19, effective 1/1/20
    - Infusion/J-Coded Drugs workgroup contract pending

COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

FY 2019-2020 | **April 2020 OUTREACH REPORT**

ALLIANCE IN THE COMMUNITY

FY 2019-2020 | April 2020 OUTREACH REPORT

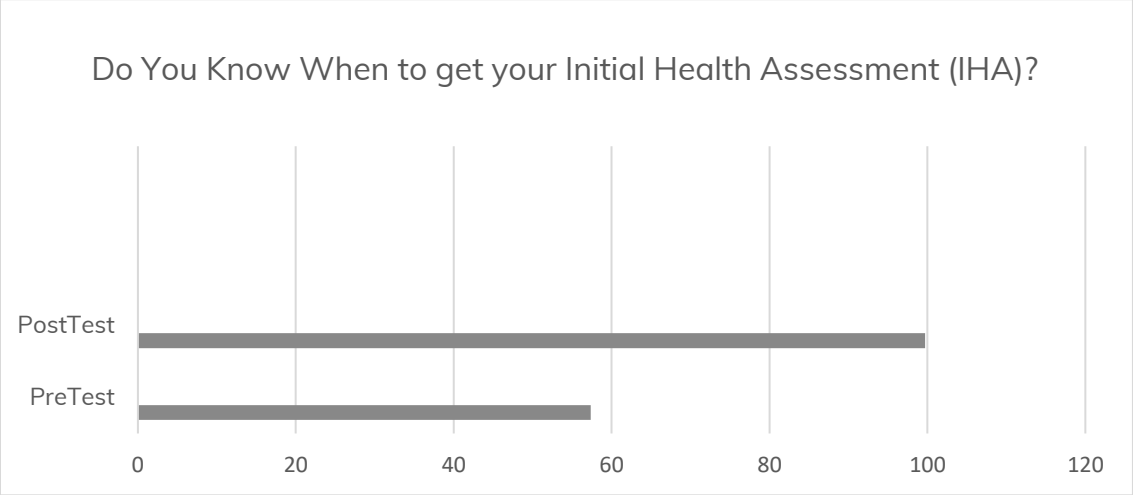
During April 2020, the Alliance initiated and/or was invited to participate in a total of **31** events throughout Alameda County. The Alliance completed **0** out of the **31** events (**0%**). The Alliance reached a total of **345** people, and spent a total of **$0** in donation, fees, and sponsorships in April 2020.

The majority of people reached at member orientations (MO) are Alliance Members. Approximately 20% of the numbers reached at community events are Medi-Cal Members, of which approximately 82% are Alliance members based on Managed Care Enrollment Reports. Additionally, the Outreach Team began tracking Alliance members at community events in late February 2018. Since July 2018, **19,742** self-identified Alliance members were also reached at community events, and member education events.

On Monday, March 16th 2020, the Alliance began assisting members by telephone only, in accordance with the 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 18th, 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 by the Department of Health Care Services (DHCS), Managed Care Quality and Monitoring Division (MCQMD). We have steadily increased program participation. Our last 6 month average participation rate was 111 members per month. Between April 1, 2020 through April 30, 2020 (22 working days) – 345 net new members completed a MO by phone.

After completing a MO more than 99% of members who completed the survey in April 2020 reported knowing when to get their IHA, compared to only 60% of members knowing when to get their IHA in the pretest.



All report details can be reviewed at: **W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Outreach Reports\FY 19-20\Q4\1.April 2020**

ALLIANCE IN THE COMMUNITY

FY 2019-2020 | April 2020 OUTREACH REPORT

FY 2018-2019 April 2019 TOTALS

13 COMMUNITY EVENTS
23 MEMBER EDUCATION EVENTS
24 MEMBER ORIENTATIONS
3 MEETINGS/ PRESENTATIONS
63 TOTAL INITIATED/ INVITED EVENTS
53 TOTAL COMPLETED **EVENTS**

12 CITIES

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

517 TOTAL REACHED AT COMMUNITY EVENTS
1309 TOTAL REACHED AT MEMBER EDUCATION EVENTS
114 TOTAL REACHED AT MEMBER ORIENTATIONS
111 TOTAL REACHED AT MEETINGS/PRESENTATIONS
792 MEMBERS REACHED AT ALL EVENTS
2051 **TOTAL REACHED AT ALL EVENTS**

$450
TOTAL SPENT IN DONATION, FEES & SPONSORSHIPS*

FY 2019-2020 April 2020 TOTALS

2 COMMUNITY EVENTS
8 MEMBER EDUCATION EVENTS
21 MEMBER ORIENTATIONS
0 MEETINGS/ PRESENTATIONS
0 COMMUNITY TRAINING
31 TOTAL INITIATED/ INVITED EVENTS
0 TOTAL COMPLETED **EVENTS**

0 CITIES

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

$0
TOTAL SPENT IN DONATION, FEES & SPONSORSHIPS*

ALAMEDA Alliance FOR HEALTH

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

Compliance

Diana Sekhon

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

From: **Diana Sekhon, Compliance Director**

Date: **May 8, 2020**

Subject: **Compliance Report**

State Audit Updates

- *2019 DMHC Financial Audit*
  - The DMHC conducted a routine financial audit starting in December that reviewed the Plan's financial performance, claims processing, and provider dispute resolutions (PDR). The preliminary audit report was issued by DMHC on 2/13/20 that included five (5) findings. The Plan submitted its CAP responses to the DMHC on 4/3/20 to address the deficiencies. The Plan had a follow up call with the DMHC and has submitted additional documentation and reports to support the CAP responses. The Plan is waiting for the DMHC review and issuing the final audit report.

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

- *2020 DHCS Medical Audit*
  - DHCS has postponed the annual medical audit previously scheduled in June due to COVID-19. The Plan's audit will be rescheduled for a later date.

Regulatory Updates

- Since the declaration of the public emergency, the Plan has prioritized tracking daily State guidance for implementation to ensure members have access to medically necessary services and providers are kept up to date with the Plan's operational changes. Since mid-March, the Plan reports any new COVID-19 positive tests and hospitalization daily to DHCS. As of 5/6/20, the Plan has had 59 members test positive for COVID-19 and 89 hospital admissions associated with COVID-19.

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

- *Billing for Telehealth Services; Telehealth for the Delivery of Services (DMHC All Plan Letter 20-013)*
    - On 4/7/20, the DMHC released a follow up to APL 20-009 to increase uniformity and efficiency with respect to provider billing during the COVID-19 State of Emergency to decrease administrative burdens on providers and plans. Guidance was provided for providers to document and bill as if the visit had occurred in person and the Plan may not exclude coverage for certain types of services or categories of services because they are rendered via telehealth.

- *Mitigating Negative Health Outcomes due to COVID-19 (DMHC All Plan Letter 20-014)*
    - The DMHC offered reminders and resources to help health care service plans serve enrollees and mitigate negative health outcome to members due to the COVID-19 emergency. To mitigate negative secondary health outcomes, it is crucial that health care service plans and their providers continue to provide high-quality care to its members. Education for providers include the following: disaster-responsive for trauma-informed care and ensuring physical and emotional safety of patients; building trust between providers and patients; recognizing and responding to the signs and symptoms of stress on physical and mental health; promoting patient-centered, evidence-based care; ensuring provider and patient collaboration in treatment planning; sensitivity to the racial, ethnic, cultural, and gender identity of patients and supporting provider resilience.

- *COVID-19 Temporary Extension of Plan Deadlines (DMHC All Plan Letter 20-015)*
    - The DMHC released news of an extension of plan deadlines on 4/13/20 in light of the COVID-19 State of Emergency. The Director has determined that select deadlines and requirements may be temporarily extended to give health plans additional time to comply. This includes quarterly grievance reports, arbitration decisions, claims quarterly reporting, standard formulary template implementation, and timely access compliance reporting extensions.

- *Prevention Isolation and Supporting 60+ and other At-Risk Individuals to Stay Home and Stay Healthy during COVID-19 efforts. (DMHC All Plan Letter 20-016)*
    - The DMHC released guidance on 4/15/20 to continue to support telehealth for all services for which it is medically appropriate and to continually assess for and consider the provision of allowable additional services and supports during the time, such as nutrition, that may be vital for an older or at-risk adult staying home and staying healthy. Health plans are encouraged to continue check-in calls with older and other at-risk adults, to check the basic needs, health care, mental health, and safety from abuse and neglect.

- *Modification of Timely Access Provider Appointment Availability Surveys (PAAS) Timeframes (DMHC All Plan Letter 20-018)*
    - On 4/29/20, the DMHC issued a modified date for the PAAS. Currently, Health and Safety Code section 1367.03(f)(3) require health plans to complete the administration of the PAAS between April 1 and December 31. For MY2020, health plans shall begin administration of the PAAS no earlier than August 1, 2020.

Compliance

Supporting Documents

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

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

20	DHCS	19-010	8/14/2019	Requirements for Coverage of EPSDT for Medi-Cal Members Under the Age of 21	1) Plan is required to provide and cover all medically necessary services for members under the age of 21 2) Provide case management and care coordination 3) All members under 21 must receive screenings designed to identify health and developmental issues, including medically necessary diagnostics and treatment services for members with developmental issues 4) Plan must provide appointment scheduling assistance and necessary transportation (emergency and non-emergency) 5) Responsible for providing BHT Services for eligible members under the age of 21 6) Ensure members who eligible for EPSDT services are aware of services (health education)	Ongoing
21	DMHC	19-011	5/9/2019	QIF Plan Regulatory Requirements	1) Notify DMHC and DHCS by July 1st if the Plan intends to maintain or transfer plan products from the QIF to the affiliated plan 2) Attend a pre-filing conference by August 1st if the Plan intends to maintain license or merge with an affiliate 3) File a Notice of Material Modification or an Application of Surrender by September 1st 4)QIF plans will be treated as distinct from affiliate plans and will be subject to the requirements of the Act by January 1, 2020	Ongoing
22	DHCS	19-011	9/30/2019	Health Education and Cultural and Linguistic Population Needs Assessment	MCPs are required to conduct a PNA. MCPs must address the special needs of seniors and persons with disabilities (SPDs), children with special health care needs (CSHCN), members with limited English proficiency (LEP), and other member subgroups from diverse cultural and ethnic backgrounds in the PNA findings. MCPs must use multiple data sources, and must include the most recently available CAHPS survey results and DHCS MCP-specific health disparities data. MCPs must complete a PNA report, which includes a PNA action plan annually and get DHCS approval.	Completed
23	DMHC	19-012	6/4/2019	AB 72 Policy and Procedures	1) By August 15, 2019, if the plan is responsible for payment of claims must submit a policy and procedure which determines the average contracted rate 2) Plan must provide delegates that have a the responsibility for payment of claims with a copy of this APL. 3) Delegate's P&P must be submitted to AB72@dmhc.ca.gov 3) If the plan does not have the responsibility for payment of claims an E-1 indicating as such needs to be filed	Completed
24	DHCS	19-012	9/30/2019	Federal Drug Utilization Review Requirements Designed to Reduce Opioid Related Fraud, Misuse and Abuse	1) By October 1, 2019 Plans must operate a DUR program. 2) Plans must submit updated policies and procedures that address each of the requirements detailed in the APL no later than December 31, 2019 3) Requirements to address in policies: a) claims review; b) program to monitor antipsychotic medications by children; and c) fraud and abuse identification	Ongoing
25	DMHC	19-013	6/13/2019	Block Transfer Enrollee Transfer Notices	1) Plans must submit their Block Transfer Filings and Continuity of Care policies (and any material changes) to DMHC for review no later than 08/16/2019. Plans must complete ETNs to include detailed information when there is a contract termination with a general acute care hospital. ETN letters concerning provider group terminations shall include, in addition to the name of the terminating general acute care hospital, brief explanation as to why the redirection to alternate hospitals for future hospital-based services is necessary due to termination, and the date of the contract termination and redirection to alternate hospitals, Sections B.1 through B.6 of the APL. Plans must include in their continuity of care policy a description of the health plan's process for the block transfer of enrollees and the template(s) of the plan's ETNs	Completed
26	DHCS	19-013	10/21/2019	Proposition 56 Hyde Reimbursement Requirements for Specified Services	1) Plans must, directly or through their delegates entities/subcontractors, pay the individual rendering providers that are qualified to provide and bill for medical pregnancy termination services with dates of services between July 1, 2017- June, 30, 2020, using Prop 56 funds. 2) Plans or their delegated entities/subcontractors must pay the rate for CPT-4 code 59840 in the amount of $400 and 59841 in the amount of $700. 3) Plans must distribute payments within 90 calendar days from the date the Plan begins receiving capitation payments from DHCS. 4) Plans are responsible for ensuring that the specified CPT-4 codes are appropriate for the services being provided and that the information is submitted to DHCS in encounter data that is complete, accurate, reasonable, and timely. 5) Plans must have a formal procedure to accept, acknowledge, and resolve provider grievances related to the processing or non-payment of a Prop 56 directed payment. 6) Plans must communicate the payment process with providers on how to process payments, file a provider grievance, and determine the payer. 7) Plans are responsible for ensuring delegates/subcontractors comply.	Ongoing
27	DMHC	19-014	6/14/2019	Guidance Regarding General Licensure Regulation	1) The regulation applies to any contract entered into, amended, or renewed on or after July 1, 2019 2) Entities that assume global risk must either obtain a license under Knox-Keene or receive an exemption from DMHC 3) During phase-in period, entities that assume global risk must file with DMHC their global risk contracts within 30 days of execution 4) Entity or someone acting on behalf of entity must submit Request for Expedited Exemption to the DMHC 30 days after parties have executed the contract or renewal or 30 days after the effective date of the contract or renewal	Ongoing

28	DMHC	19-015	7/8/2019	Governor's Declarations of Emergency in Kern and San Bernardino Counties- Ridgecrest Earthquakes	1) State of emergency due to severe thunderstorms for other counties- does not apply to AAH 2) Inform Member Services in the event that members from other counties are displaced to Alameda County for services	Completed
29	DHCS	19-014	11/12/2019	Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21	1) Inform members that EPSDT services are available for members under 21 years of age. 2) Provide access to comprehensive screening and prevention services but not limited to: health and development history; comprehensive unclothed physical examination; appropriate immunizations; lab tests and lead toxicity screening; screening services to identify developmental issues as early as possible. 3) Provide access to diagnostic and treatment services, including but not limited to, BHT services, when medically necessary based upon the recommendation of a licensed physician or psychologist.	Ongoing
30	DHCS	19-015	12/24/2019	Proposition 56 Directed Payments for Physician Services	1) DHCS is requiring MCPs and their delegated entities and subcontractors to make directed payments for qualifying services in the amounts and for CPT codes specified in Appendices A,B, and C. 2) Beginning w/calendar quarter ending June 30, 2018, MCPs must report to DHCS within 45 days of the end of each calendar quarter all directed payments either by the MCP or the MCPs delegated entities and subcontractors. Reports must include payments made for dates of service on or after July 1, 2017. 3) MCPs must have a formal procedure for the acceptance, acknowledgement, and resolution of provider grievances related to the processing or non-payment of a directed payment.	Ongoing
31	DMHC	19-016	9/6/2019	Amendment to the Risk Bearing Organization Regulations	1) Effective date for the phase-in period for the new requirements is 10/01/2020 2) Plans must review the amended sections 1300.75.4, 1300.75.4.2, 1300.75.4.5, 1300.75.4.5, 1300.75.4.7, 1300.75.4.8, and 1300.76 of Title 28, California Code of Regulations 3) Amended regulations include: a) clarifying definition of an organization; b) update quarterly and annual financial survey report forms and corrective action form; c) submit quarterly and annual financials; d) clarify when an organization and affiliates are to provide financial survey reports on a combined basis; e)define cash-to-claims ration, sponsoring organization, sub-delegating organization, working capital, and TNE; f) restricts organizations use of a "sponsoring organization" for purposes of calculating TNE, working capital, and cash-to-claims ratio	Completed
32	DHCS	19-016	12/26/2019	Prop 56 Directed Payments for Developmental Screening Services	1)MCPs are required to ensure that developmental screening services provided for Members as part of the Early and Periodic Screening, Diagnostic, and Treatment benefit, comply with the AAP/Bright Futures periodicity schedule and guidelines. 2)MCPs either directly or through their delegated entities and Subcontractors to make directed payments to eligible Network Providers of $59.90 (was previously $59.50) for each qualifying developmental screening service on or after January 1, 2020, in accordance with the CMS approved preprint which will be made available on the DHCS Directed Payments Program website upon CMS approval.	Ongoing
33	DMHC	19-017	10/11/2019	Requirements Pursuant to AB 315 Pharmacy Benefit Management	1) PBMs to notify a purchaser in writing of any of its activities, policies, or practices that present a conflict of interest. 2) PBMs are also required to disclose, on a quarterly basis, certain information with respect to prescription product benefits specific to the purchaser, including the aggregate wholesale acquisition costs from a pharmaceutical manufacturer or labeler for certain therapeutic drugs and any administrative fees received from a pharmaceutical manufacturer or labeler. 3) Plans are prohibited from including in a contract with a pharmacy provider, or its contracting agent, a provision that prohibits the provider from informing a patient of a less costly alternative to a prescribed medication. 4) A Plan that contacts with PBM(s) for management of prescription drug coverage must require its contracted PBMs to register with the DMHC.	Completed
34	DHCS	19-017	12/26/2019	Quality and Performance Improvement Requirements	1)MCPs must designate a performance measurement lead and at least one designated backup contact to report performance measurements to DHCS. 2) MCPs must designate an appropriate lead and a backup to participate in technical assistance conference calls. 3) MCPs must annually collect and report rates for MCAS measures. 4) MCPs must participate in an annual onsite performance measure validation audit. The audit will consist of an assessment of an MCP's (or its vendor's) information system capabilities, followed by an evaluation of an MCP's ability to comply with specifications outlined by DHCS for HEDIS® and non-HEDIS® measures. 5) MCPs must use DHCS' EQRO for conducting the performance measure validation. The EQRO contractor will perform the performance measurement audits at DHCS' expense. 6) Each MCP calculates its rates for the required performance measures, and these rates will be audited by the EQRO or its subcontractor and reported to DHCS. Each MCP must report to the EQRO the results for each of the performance measures required of that MCP while adhering to the requirements set forth by HEDIS®, CMS, or other applicable technical specifications for the RY.	Ongoing

35	DMHC	19-018	10/14/2019	Governor's Proclamation of a State of Emergency Due to Fires in Los Angeles and Riverside Counties	1) State of emergency due to effects of fires in the Los Angeles and Riverside counties- does not apply to AAH 2) Inform Member Services in the event that members from other counties are displaced to Alameda County for services	Completed
36	DHCS	19-018	12/26/2019	Prop 56 Directed Payments for Adverse Childhood Experiences Screening Services	1)Both the ACEs questionnaire and the PEARLS tool are acceptable for use for Members aged 18 or 19 years. The ACEs screening portion (Part 1) of the PEARLS tool is also valid for use to conduct ACEs screenings among adults ages 20 years and older. 2)DHCS will provide and/or authorize ACEs-oriented trauma-informed care training for Providers and their ancillary office staff. DHCS must approve or authorize any other trauma-informed care training that is not provided by DHCS. The training will be available in person, including regional convening's, and online. The training will include both general training about trauma-informed care, as well as specific training on use of the ACEs questionnaire and PEARLS tool. It will also include training on ACEs Screening Clinical Algorithms to help Providers assess patient risk of toxic stress physiology and how to incorporate ACEs screening results into clinical care and follow-up plans. More information about training is available on https://www.acesaware.org/. 3)DHCS will maintain a list of Providers who have self-attested to their completion of the training. MCPs will have access to the list. Beginning July 1, 2020, Network Providers must attest to completing certified ACEs training on the DHCS website to continue receiving directed payments.	Ongoing
37	DMHC	19-019	10/14/2019	Requirements Pursuant to SB 546: Large Group Renewal Notice Requirements	1) All commercial full-service health plans are required to deliver written notice indicating changes in premium rates or coverage at least 60 days prior to the contract renewal effective date. 2) Renewal notices shall include a statement comparing the proposed rate change stated in a group health plan service contract to the average rate increases negotiated by CalPERS and by Covered Ca.	Completed
38	DMHC	19-020	10/21/2019	Guidance for Sec. 1365 Cancellation Regulations	1) Plans are required to provide an individual who receives the State advance premium assistance subsidy with a "federal grace period," which includes complying with all notice and timing requirements 2) Plans have the authority to implement a premium threshold policy. Plan must indicate so, and affirm in its 2019 Cancellation Regulations Compliance Filing that the Plan's premium payment threshold policy complies with the requirements of Rule 1300.65(a)(21). 3) Plans have the authority to nonrenewal or rescind an enrollment or subscription of an enrollee who received advanced premium assistance or subsidy or advance payments of the federal premium tax credit for nonpayment of premiums after a three-month grace is exhausted and all other requirements are met. Plans are to issue any notices developed by Covered California for this purpose or Federal grace period notices edited to reflect the enrollee is a recipient of only the State subsidy. 4) Templates notices for cancellation, rescissions, or nonrenewal based on nonpayment of premiums for enrollees who receive State APTC must be submitted as Exhibit I-9. 5) Plans are required to submit an Amendment filing demonstrating, at a minimum, certain plan documents meet requirements set forth in the Cancellation Regulations no later than December 2, 2019. 6) Any new or revised Enrollee Subscriber, Group Contract Holder Notices, Grievance Policies, Grievance Policies and Procedures, and Forms and Templates must be submitted by the Plan for the Department to review. 7) Plans must fully implement newly-approved notices no later than April 1, 2020 for any enrollee entitled to a grace period starting on or after April 1, 2020.	Completed
39	DMHC	19-021	10/25/2019	Governor's Proclamation of a State of Emergency	1) State of emergency due to effects of fires in Sonoma and Los Angeles counties- does not apply to AAH 2) Inform Member Services in the event that members from other counties are displaced to Alameda County for services	Completed
40	DMHC	19-022	10/28/2019	Governor's Proclamation of a Statewide State of Emergency	1) State of emergency statewide due to effects of fires and power outages 2) Inform Member Services in the event that members from other counties are displaced to Alameda County for services 3) Plans are to complete an Exhibit J-17 addressing the action plans in place for impacted members.	Completed
41	DMHC	19-023	12/4/2019	Standard Prescription Drug Formulary Template	1) Effective October 1, 2019, standard prescription drug formulary template was implemented for Plans to adhere to promote accessibility and transparency in prescription drug coverage. 2) Plans are required to submit via eFiling an Exhibit E-1 acknowledging affirming the plan's intent to comply with the Formulary Regulation requirements. 3) Plan is to review disclosure and coverage documents, including but not limited to its EOC, Disclosure Form, and Schedule of Benefits and other documents, to ensure no inconsistencies exist between these documents and the requirements of the Formulary Regulation.	Completed
42	DMHC	19-024	12/9/2019	Association Health Plans	Not applicable to AAH	Completed
2020 APLS						

1	DHCS	20-001	1/3/2020	2020-2021 Medi-Cal Managed Care Health Plan MEDS/834 Cutoff and Processing Schedule	MEDS/834 cutoff and processing schedule covers the period of Dec 2019-Jan 2021. These cutoff dates and timelines are established to ensure timely processing of eligibility files and data. DHCS must receive all enrollments and disenrollments on a daily basis. MCPs must adhere to the cutoff dates and timelines to allow adequate processing time and to ensure timely payments. MCPs must notify the Managed Care Operations Division (MCOD) Systems Support Unit (SSU) of any MCP/MEDS/834 changes prior to the 15th of any given month	Completed
2	DMHC	20-001	1/15/2020	Newly Enacted Statutes Impacting Health Plans	Includes 14 new statutory requirements. 6 of the 14 are not applicable to AAH.	Ongoing
3	DHCS	20-002	1/31/2020	Non-Contract Ground Emergency Medical Transport Payment Obligations (GEMT)	Provides Medi-Cal managed care health plans (MCPs) with pertinent information concerning enhanced reimbursement obligations for Fee-For-Service (FFS) ground emergency medical transport (GEMT) "Rogers Rates" Beginning on July 1, 2019, in addition to the FFS fee schedule base rate for GEMT services, emergency medical transport providers will be entitled to a fixed add-on amount of $220.80 for non-contracted GEMT services provided to MCP Members. The resulting payment amounts will be equal to the sum of the FFS fee schedule base rate and the add-on amount for each CPT Code. The resulting total payment amount for CPT codes A0429, A0427, A0433, and A0434 is $339.00 and for CPT code A0225, it is $400.72.	Ongoing
4	DMHC	20-002	1/21/2020	Enrollment Data Reporting	New template to be used annually to report MEWA and Exchange Enrollment Report as of December 31st. Must be filed by 2/15/20 as an attachment to the 4Q19 Financial Statement via the DMHC's Financial Statements web portal. Subsequent years filing due by 2/15.	Completed
5	DMHC	20-003	1/24/2020	Provider Directory Annual filings 2020	Submit provider directory policies and procedures to the Department annually. Attached are the Department's Provider Directory Checklist – Annual Filing and the Model E-1 Exhibit for Section 1376.27 compliance filings.	Ongoing
6	DHCS	20-003	2/27/2020	Network Certification Requirements	Updated requirements for the annual network certification reporting that demonstrates compliance with network adequacy requirements. The reporting requirements include data for assessing the plan's network capacity, provider to member ratios, mandatory provider types, and time and distance standards. Time and distance standards include primary care, hospitals, adult and pediatric core specialists, mental health providers, and pharmacies that must meet time and distance standards. If any time and distance standards cannot be met at 100% compliance and all reasonable contracting efforts have been exhausted, the plan must file alternative access standards to DHCS for review and approval with the reporting. The annual report is due to DHCS by 3/18/20. Due date extended to 4/20/20.	Ongoing
7	DMHC	20-004	2/7/2020	Federal SBC Template Filing	A new federal template must be used for the Summary of Benefits and Coverage (SBC) to enrollees. The template must be used in connection with Individual and Group contract issued, amended, or renewed for plan or policy years that begin on or after January 1, 2021. Filing is due March 2, 2020.	Completed
8	DHCS	20-005	2/7/2020	Plan Year 2021 QHP an QDP Filing Requirements	Not applicable to AAH	N/A
9	DMHC	20-006	3/5/2020	COVID-19 Screening and Testing	DMHC is taking action to ensure members have access to medically necessary screening and testing services for COVID-19. The DMHC requires plans to immediately waive cost sharing for all medically necessary screening and testing services including hospitals, urgent care visits, and provider office visits. The Plans are required to post this information on their public website and notify their provider network of the changes. DMHC also reminded plans of existing requirements for emergency care that do not require prior authorizations in or out of network	Ongoing
10	DMHC	20-007	3/12/2020	"Social Distancing" Measures in Response to COVID-19	If the health plan has pre-authorization or pre-certification requirements that contracted providers must meet before the plan will cover care delivered via telehealth, as defined in Business and Professions Code section 2290.5, the plan should either expedite the plan's review process or relax those pre-authorization/pre-certification requirements to allow the plan to more quickly approve providers to offer services via telehealth. Plans should waive applicable cost-sharing for care delivered via telehealth, notwithstanding that a cost-share might apply if the provider delivered the care in-person. Plans should allow enrolless to receive at least a 90-day supply of maintenance drugs, as defined in California Code of Regulations section 1300.67.24(d)(3)(D), unless the enrollee's provider has indicated a shorter supply of a drug is appropriate for the enrollee. Plans should suspend prescription drug refill limitations where the enrollee's provider has indicated a refill is appropriate for the enrollee. Plans should waive delivery charges for home delivery of prescription medications.	Completed
11	DHCS	20-007	3/30/2020	Policy Guidance for Community-Based Adult Services in Response to COVID-19 Public Health Emergency	Guidance for CBAS providers to provide services via telephonic and telehealth services to members at home. Plans to pay CBAS providers for applicable services at a per diem rate.	Completed
12	DMHC	20-008	3/18/2020	Provision of Health Care Services During Self Isolation Orders	On March 16, 2020, seven Bay Area counties (Contra Costa, Santa Clara, San Mateo, San Francisco, Alameda, Santa Cruz and Marin) and the city of Berkeley issued an order (Orders) directing people to self-isolate to the maximum extent possible at their residences through April 7, 2020. The County and City Orders are explicit that health plan personnel whose work is necessary to "avoid any impacts to the delivery of healthcare, broadly defined" are exempt from the Orders and may travel to and from work. Also exempt from the Orders are health plan personnel whose work is necessary to ensure the continued performance of core health plan functions and/or facilitate the remote work of other health plan employees.	Ongoing

13	DHCS	20-008	4/7/2020	Mitigating Health Impacts of Secondary Stress Due to the COVID-19 Emergency	1. MCPs and their providers are reminded to utilize the ACEs-oriented, trauma-informed care training for providers, as well the ACEs screening services, billing codes, and minimum provider fee schedule described in APL 19-018. 2. MCPS and their providers are to stay informed as to the most current guidance and best practices relative to COVID-19. 3. MCPs and their providers should support continuity and integration of medical and behavioral services via telehealth and related adaptions in delivery during the crisis. 4. MCPs should educate their providers on disaster-responsive, trauma-informed care. 5. MCPS should ensure their providers learn the signs of and assess for stress-related morbidity, and create responsive treatment plans, including supplementing usual care with measures that help regulate the stress response system. 6. MCPs are responsible for ensuring that their subcontractors and network providers comply. Requirements must be communicated by each MCP to all subcontractor and network providers.	Ongoing
14	DMHC	20-009	3/18/2020	Reimbursement for Telehealth Services	1. Health plans shall reimburse providers at the same rate, whether a service is provided in-person or through telehealth, if the service is the same regardless of the modality of delivery, as determined by the provider's description of the service on the claim. For example, if a health plan reimburses a mental health provider $100 for a 50-minute therapy session conducted in-person, the health plan shall reimburse the provider $100 for a 50-minute therapy session done via telehealth. 2. For services provided via telehealth, a health plan may not subject enrollees to cost-sharing greater than the same cost-sharing if the service were provided in-person. 3. Health plans shall provide the same amount of reimbursement for a service rendered via telephone as they would if the service is rendered via video, provided the modality by which the service is rendered (telephone versus video) is medically appropriate for the enrollee.	Ongoing
15	DHCS	20-009	3/4/2020	Site Reviews - Facility Site Reivew and Medical Record Review	SUPERSEDES POLICY LETTERS 14-004 AND 03-002 AND ALL PLAN LETTER 03-007 This APL includes changes made to the criteria and scoring of DHCS' FSR and MRR tools and standards. This APL supersedes Policy Letters (PL) 14-004, PL 03-002, and APL 03-007. MCPs are required to meet all requirements included in this APL by July 1, 2020.	Ongoing
16	DMHC	20-010	3/18/2020	Special Enrollment Period; Coverage Effective Dates	Not applicable to AAH	N/A
17	DHCS	20-010	4/20/2020	Cost Avoidance and Post-Payment Recovery for Other Health Coverage	1. MCPs must report new OHC information not found on the Medi-Cal eligibility record or OHC information thaty is different from what is found on the Medi-Cal eligibility record to DHCS within 10 calendar days of discovery. 2. Beginning January 1, 2021, MCPs must include OHC information in their notification to the provider when a claim is denied due to the presence of OHC. 3. MCPs must ensure providers review the Medi-Cal eligibility record for the presence of OHC. 4. Prior to delivering services to members, MCPs must ensure providers review the Medi-Cal eligibility record for the presence of OHC. 5. MCPs must ensure providers do not refuse a covered Medi-Cal service to a Medi-Cal member regardless of the presence of OHC. 6. Effective February 9, 2018, prenatal care is subject to cost avoidance. 7. MCPs must not process claims for a member whose Medi-Cal eligibility record indicates OHC, other than a code of A or N, unless the provider presents proof that sources of payment have been exhausted or the provided service meets the requirements for billing Medi-Cal directly. 8.	Ongoing
18	DMHC	20-011	3/26/2020	2020 Annual Assessment Letter	File on or before May 15, 2020, the Report of Enrollment Plan, as required by Health and Safety Code section 1356 and the California Code of Regulations, title 28, section 1300.84.6(a). The Report of Enrollment Plan is an online form to be filed electronically, via the Department's eFiling web portal. This form is used to calculate the annual assessment for each health plan.	Ongoing

19	DHCS	20-011	4/27/2020	Governor's Executive Order N-55-20 In Resonse To COVID-19	1. DHCS is permitting MCPs to temporarily suspend the contractual requirement for in-person site reviews, medical audits of MCP subcontractors and network providers, and similar monitoring activities that would require in-person reviews. 2. DHCS encourages MCPs to explore alternatives to in-person site reviews, such as site reviews that are conducted virtually. However, DHCS may require MCPs to complete follow-up onsite site reviews as allowable under future guidance. 3. MCPs are also encouraged to explore virtual alternatives to onsite verifications for provider Corrective Action Plans (CAPs). If alternatives to onsite verification are not feasible, MCPs may consider extensions on outstanding CAPs. 4. DHCS' Audits and Investigations' annual medical audit is being suspended due to COVID-19; however, this does not preclude MCPs from complying with all currently imposed CAP requirements. MCPs must continue to meet CAP milestones as outlined in the CAP process. If MCPs need additional flexibility on submission deadlines, DHCS will review requests on a case-by-case basis and adjust timeframes accordingly. 5. DHCS is extending the timeframes specified in Welfare and Institutions Code (WIC) section 14182(c)(12)(A) and APL 17-013 for completing Health Risk Assessment (HRA) surveys for newly enrolled Seniors and Persons with Disabilities (SPDs) in an effort to ensure staff time and resources are directed to urgent care needs. 6. For the duration of the public health emergency, MCPs must conduct an HRA survey to comprehensively assess each newly enrolled SPD member's current health risk: Within 135 days of enrollment, for those identified as higher risk through the MCP's risk stratification process; or Within 195 days of enrollment, for those identified as lower risk. 7. MCPs are still required to conduct risk stratification using health care utilization data for all newly enrolled SPDs. MCPs must also continue to comply with Title 42, Code of Federal Regulations (CFR) section 438.208(b)(3)4 through the use of the Health Information Form/Member Evaluation Tool within 90 days of enrollment for all newly enrolled members, as required in APL 17-013 and the MCP contract. 8. MCPs may update their risk stratification and HRA survey process to identify members most vulnerable due to COVID-19 and its related impacts, addressing needs where it is possible and safe to do so. 9. MCPs are responsible for ensuring that their subcontractors and network providers comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Policy Letters. These requirements must be communicated by each MCP to all subcontractors and network providers.	Ongoing
20	DMHC	20-012	3/27/2020	Health Plan Actions to Reach Vulnerable Populations	The DMHC released guidance to health plans stating Plan should be actively engaging with members in vulnerable populations. These populations includes people age 65 and up, those with chronic conditions and disabilities that have an increased risk in developing complications or dying from COVID-19. The Plan is required to submit actions and steps the Plan is taking to actively engage with its members in these populations by 3/31.	Ongoing
21	DMHC	20-013	4/7/2020	Billing for Telehealth Services; Telehealth for the Delivery of Services	APL is a follow up to APL 20-009 to increase uniformity and efficiency with respect to provider billing during the COVID-19 State of Emergency to drecrease admnistrative burdens on providers and plans. 1. Provider is to document and bill thoroughly as if the visit had occured in person, use the CPT codes for the particular services rendered, place of service '02' to designated telehealth, and use modifier 95 for synchronous rendering of services or GQ for asynchronous. 2. Health plan may not exclude coverage for certain types of services or categories of services because they are rendered via telehealth. 3.	Ongoing APL on hold
22	DMHC	20-014	4/7/2020	Mitigating Negative Health Outcomes due to COVID-19	Guidance from DMHC to Plan with reminders and resources to mitigate secondary health outcomes.	Ongoing
23	DMHC	20-015	4/13/2020	COVID-19 Temporary Extenstion of Plan Deadlines	1. In light of the COVID-19 State of Emergency, the Director has determined that select deadlines and requirements may be temporarily extended to give health plans additional time to comply. 2. Quarterly Grievance Reports: extended by 60 days; reports must not be submitted no later than 90 days after the end of each quarter. 3. Arbitration Decisions: unredacted arbitration decisions must be submitted within the date of the decision and redacted arbitration decisions must be submitted within 60 days after the close of the quarter in which they should have been submitted. 4. Quarterly Claims Settlement Practices Report: due date extended to June 20, 2020 5. Standard Formulary Template Implementation: go-live date extended to July 1, 2020 6. Timely Access Compliance and Annual Network Reporting: extended to May 1, 2020	Ongoing

24	DMHC	20-016	4/15/2020	Prevention Isolation and Supporting 60+ and other At-Risk Individuals to Stay Home and Stay Healthy during COVID-19 efforts.	1. Health plans must continue to support telehealth for all services for which it is medically appropriate. 2. Health plans and their contracted providers should continually assess for and consider the provision of allowable additional services and supports during this time, such as nutrition, that may be vital for an older or at-risk adult staying home and staying healthy. 3. Health plans and their contracted providers should support continuity and integration of medical and behavioral health services for all ages. 4. Health plans are encouraged to continue check-in calls with older and other at-risk adults, to check the basic needs, health care, mental health, and safety from abuse and neglect. RESOURCES 1. The State is partnering with 211 in all communities to be a first stop for all local food and other human service needs. 2. The State's Aging and Adults Info Line connects to local Area Agencies on Aging. Dial 1-800-510-2020 3. The Friendship Line, run by Institute on Aging, provides 24/7 connection and crisis line for older adults. Dial (888) 670-1360 4. "Feeling Good & Staying Connected" is a new activity guide and weekly planner available from CDA in English, Spanish, Traditional Chinese and Simple Chinese. 5. Additional resources on how to mitigate the stress-related health outcomes anticipated with the COVID-19 emergency can be found on www.ACEsAware.org.	Ongoing
25	DMHC	20-017	4/16/2020	Guidance Regarding DMHC General Licensure Regulation	1. On June 14, 2019, the Department of Managed Health Care (DMHC) issued All Plan Letter 19-014. The All Plan Letter provided guidance regarding the Department's recently adopted General Licensure Regulation. The General Licensure Regulation requires an entity that accepts any amount of global risk, as defined in the General Licensure Regulation, to obtain either: (1) a health care service plan license; or (2) an exemption from the licensure requirements. 2. Due to the uncertainty caused by the COVID-19 pandemic, the DMHC is extending the phase-in period through December 31, 2020.	Ongoing
26	DMHC	20-018	4/29/2020	Modification of Timely Access Provider Appointment Availibility Surveys Timeframes	Currently, Health and Safety Code section 1367.03(f)(3) and page 11 of the PAAS Methodology require health plans to complete the administration of the PAAS between April 1 and December 31. For MY 2020, health plans shall begin administration of the PAAS no earlier than August 1, 2020.	Ongoing
27	DMHC	20-019	5/5/2020	Association Health Plans: Extension of "Phase-Out" Period	The DMHC understands that some health plans sold large group coverage to small employers and sole proprietors through associations or similar arrangements. In APL 19-024, the DMHC provided a "phase-out" period for health plans with such in-force coverage. The phase-out period began in December 2019 and is scheduled to end June 30, 2020. During the phase-out period, health plans may renew coverage for those small employers currently covered by large group coverage purchased through an association or similar arrangement. The term of those contracts may be for no longer than one year. Health plans may not sell new large group coverage to small employers or sole proprietors during the phase-out period. APL 19-024 stated that beginning July 1, 2020, plans must cease renewing existing large group contracts for small employers. Extension of Phase-Out Period Due to the COVID-19 state of emergency the DMHC is extending the end of the phaseout period through October 31, 2020. Beginning November 1, 2020, health plans may not renew large group coverage for small employers or individuals, regardless of the arrangement by which the small employer or individual purchased the coverage.	Ongoing

ALAMEDA Alliance FOR HEALTH

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

Health Care Services

Steve O'Brien, MD

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

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

Date: **May 8, 2020**

Subject: **Health Care Services Report**

UTILIZATION MANAGEMENT: OUTPATIENT

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

- Trucare, the computer software used by the UM team, underwent an optimization process where staff provided input and were trained. The team continues to test the new functionality. The launch of the next version of the software is set for May 15. TruCare optimization streamlines UM work and enables more standard reports.
- The UM team authorizations submitted online via the Provider Portal continue to slowly increase in numbers. The volume of referrals coming in has risen from about 20% to 29% of total authorizations, reflecting increased use by Alliance PCPs. Use of the Provider Portal creates additional efficiencies in the UM process. Outreach to high volume providers to optimize their use of the online authorization submission platform will occur, once conditions allow
- The Outpatient UM team continues to maintain Turn-Around-Times (TAT) above benchmark
- NOA Letter processes continue to be monitored by the team to ensure regulatory compliance and has resulted in a more consistent and streamlined process.

Outpatient Authorization Denial Rates			
Denial Rate Type	**February 2020**	**March 2020**	**April 2020**
Overall Denial Rate	4.3%	3.0%	2.7%
Denial Rate Excluding Partial Denials	4.2%	2.8%	2.5%
Partial Denial Rate	0.1%	0.2%	0.2%

Turn Around Time Compliance			
Line of Business	**February 2020**	**March 2020**	**April 2020**
Overall	98%	98%	99%
Medi-Cal	98%	99%	99%
IHSS	98%	97%	100%
Benchmark	*95%*	*95%*	*95%*

UTILIZATION MANAGEMENT: INPATIENT

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

- Standard work to manage inpatient ALOS has been developed and launched. It includes data review, staff performance monitoring, engagement with hospital partners, and community partner engagement.
- Management is performing staff audits on standard work to ensure a high level of fidelity to the standard work of both the UM process and the discharge planning process. Audits are demonstrating that staff have improved performance, consistently meeting the goal of 90%.
- The computer software used by UM, TruCare, has been optimized, staff have been trained, and the team is testing the new functionality. The launch of the next version of the software is set for May 15.
- The inpatient team is working closely with Case Management on the implementation of the Transition of Care bundle for members transitioning out of Alameda Health System. Components of the TOC bundle include discharge phone calls, discharge appointments, medication reconciliation and home care/DME/transportation needs.
- Long term care responsibilities for AAH will involve most areas in the organization but the inpatient team will have a key role in approving and monitoring utilization and in interacting with our long term care partners. Planning for the implementation is launching to ensure readiness for the eventual start.

Inpatient Utilization Total All Aid Categories **Actuals (excludes Maternity)**			
Metric	**January 2020**	**February 2020**	**March 2020**
Authorized LOS	4.5	4.1	4.3
Admits/1,000	67.6	64.0	55.2
Days/1,000	300.9	261.9	238.2

PHARMACY

Senior Director: Helen Lee

- Pharmacy has 100% turn-around time for prior authorization review for all line of business.
- Outpatient initial approval rate is 39% and denial rates are 30%. The approval rate was slightly decreased while denial rates also slightly increased compared to previous reporting periods. Medications for pain, asthma/COPD, GERD, and diabetes medications share formulary issues as the most common reason for denials. AAH offers clinically equal and more cost effective formulary alternatives.
- Pharmacy continues to ensure that our members have access to the medications that they need during the ongoing COVID-19 situation. Pharmacy have enhanced disaster program from 3/17/2020 to May 31, 2020. In order to reduce the need for in-person pharmacy visits, we have in place automatic overrides for 90 Day supply fills, refill too soon overrides, waiving home delivery fees (Walgreens, CVS) and waiving of Prior auth, step therapy and quantity limits in the event of a drug shortage.
- During the past six weeks, we filled 23,417 'Refill Too Soon' prescriptions (which provide early refills) and 1,004 'Out of Network' for our Medi-Cal and Group Care members.
- There are no concerning trends or ways to correlate any increases or decreases to use of hydroxycholoroquine, chroloquine and Azithromycin in COVID-19, since these medications share indications for other disease states. There were 21 additional members using hydroxycholoroquine compared to last year. There was a PA requirement on hydroxychloroquine during most of the 2020 timeframe. We saw a decline in azithromycin claims. Azithromycin has quantity limit and day supply limits.

- Outpatient Pharmacy Claims Request Summary

Drug name	Claims 3.16.2019 to 4.26.2019	Claims 3.16.2020 to 4.26.2020
Azithromycin	1,434	915
Chloroquine	8	1
Hydroxychloroquine	323	403

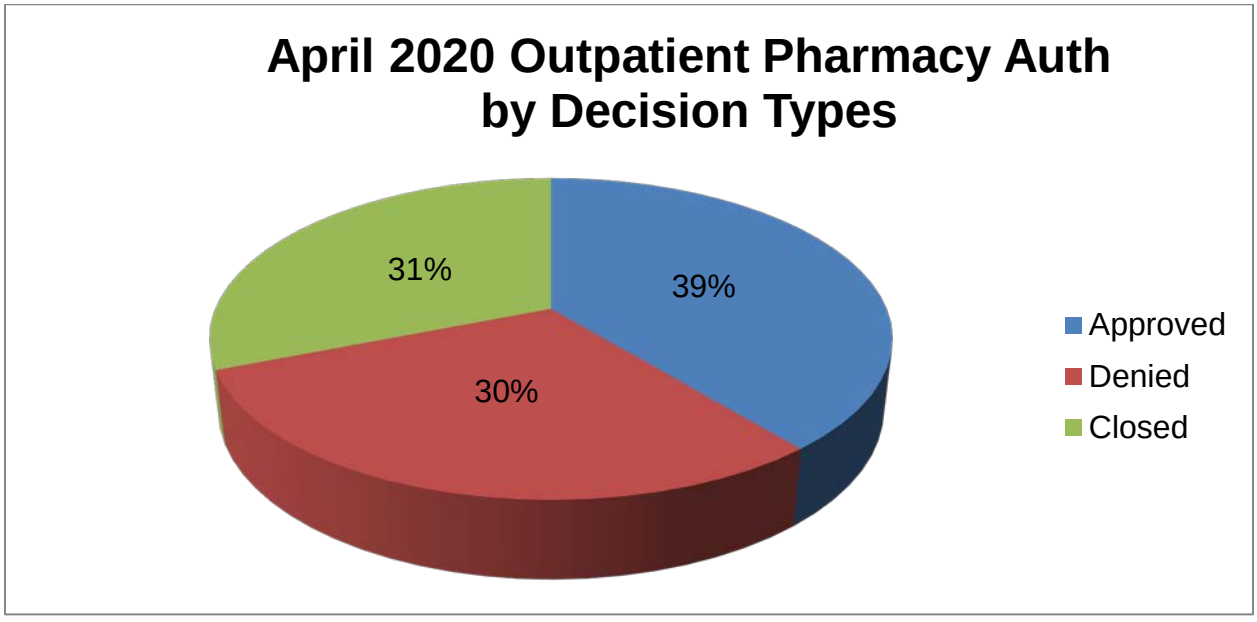
- The Pharmacy Carve Out is going to be implemented January 1, 2021. Magellan and DHCS will send out communication to all enrolled providers. After post carve-out, the State of California will take back many pharmacy responsibilities including drug coverage, rebate, utilization management and pharmacy provider network. AAH is to maintain beneficiary care coordination, drug adherence,

disease and medication management, in authorization, denial & appeals of physician administered drugs (PADS) and outpatient infusion drugs.

- Quality improvement and cost containment initiatives continue with focus on effective formulary management, coordination of benefit & joint collaboration with Quality and case management to improve drug adherence, disease medication management, and generic utilization. Senior Pharmacy Director Helen Lee is also leading initiatives on PAD, infusion strategy, and HCS special projects and HCS LTC readiness.

- **Summary Table April 2020**

Decisions	Number of PAs Processed
Approved	766
Denied	588
Closed	630
Total	**1984**



- **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	DULERA 200 MCG-5 MCG INHALER	Asthma	Criteria for approval not met
3	JANUVIA 50 MG TABLET	Diabetes	Criteria for approval not met
4	JANUVIA 100 MG TABLET	Diabetes	Criteria for approval not met
5	JARDIANCE 10 MG TABLET	Gastroesophageal Reflux(GERD)	Criteria for approval not met
6	OXYCODONE HCL 5 MG TABLET	Pain	Criteria for approval not met
7	FREESTYLE LIBRE 14 DAY SENSOR	Diabetes	Criteria for approval not met
8	FREESTYLE LIBRE 14 DAY READER	Diabetes	Criteria for approval not met
9	SYMBICORT 160-4.5 MCG INHALER	Asthma or Chronic Obstructive Pulmonary Disease (COPD)	Criteria for approval not met
10	NAPROXEN DR 500 MG TABLET	Pain	Criteria for approval not met

CASE AND DISEASE MANAGEMENT

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

- The computer software used by Case Management, TruCare, has been optimized and the team is testing the new functionality. The major improvements in the Case Management module are in streamlining the member assessment, and creation of meaningful Care Plans. The launch of the next version of the software is set for May 15.
- Care bundles in Oncology and Dialysis are being developed that emphasize using transportation and other benefits as tools to help members more successfully engage in care. Members on dialysis are being assessed to see if they may qualify for additional benefits
- The Transition of Care (TOC) bundle has been deployed in pilot phase with Alameda Health System's three campuses, and includes integration with the

AHS Ambulatory Care team for the most vulnerable members in Health Homes or the AHS TOC programs. TOC elements include:
    - o Discharge phone call
    - o Discharge appointment
    - o Medication reconciliation
    - o Transportation & DME assessment

- The TOC bundle is being integrated with Inpatient UM Team processes to ensure a smooth handoff and clinical information being used in the outpatient setting.

HEALTH HOMES & ALAMEDA COUNTY CARE CONNECT (AC3)

Director: Julie Anne Miller
Manager: Amy Stevenson

- AAH is launching an internal CB-CME in order to serve more members in our HHP that are not associated with and existing CB-CME..
- Evaluation of our HHP network adequacy to serve the target populations has begun, both for medical CB-CMEs and SMI. Expansion of sites and programs will be needed to ensure appropriate care is delivered to our most vulnerable members.
- A team from AAH HCS, Analytics and Finance has started planning our Population Health based prioritization of our target populations.
- Enhanced Care Management (ECM) has been postponed with an indeterminate launch date. If/when launched, it will encompass much of what is currently in the Health Home and Whole Person Care (Alameda County Care Connect) case management programs.

Case Type	New Cases Opened in March 2020	Total Open Cases As of March 2020
Care Coordination	219	632
Complex Case Management	29	71

GRIEVANCES & APPEALS

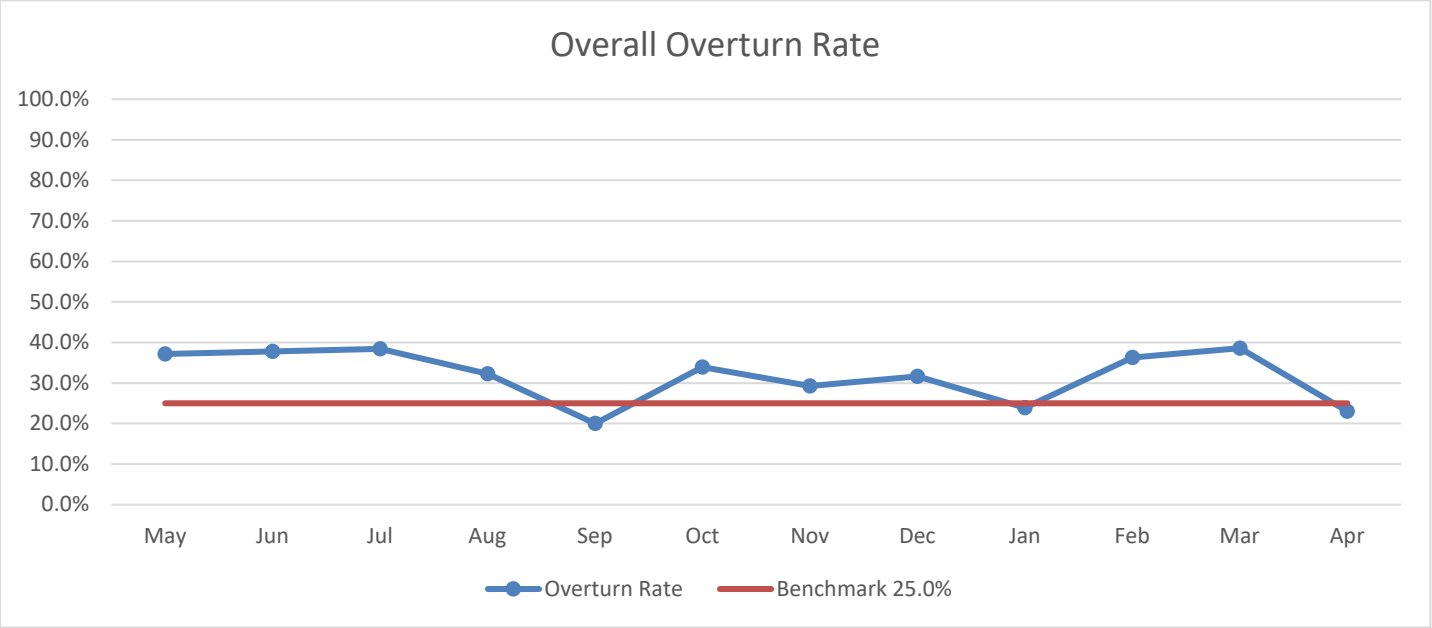
Director: Jennifer Karmelich
Manager: Loren Mariscal

- All cases were resolved within the goal of 95% within regulatory timeframes;
- Total grievances resolved in April went over our goal of less than 1 complaint per 1,000 members at 6.78 complaints per 1,000 members; however, there was an overall decrease of cases received from the previous months due to COVID-19.
- The Alliance's goal is to have an overturn rate of less than 25%, for the reporting period of April 2020; we met our goal at 23.0% overturn rate;
- Grievance tracking and trending by quarter:

- There was an increase of Quality of Care/Service grievances, a majority of the complaints were resolved as exempt grievances. The increase began in Q2 and continued throughout the year. The sub-category that presented with the steady increase was poor provider/staff attitude.
- There was a decrease over all of cases received in April due to the shelter in place order. We will continue to monitor cases received to see if there are any access related complaints due to providers postponing elective appointments.
- The Alliance will anticipate a higher number of cases not being resolved within the required timeframe due to providers limiting office hours which makes it more difficult to obtain responses to complaints for resolution.

April 2020 Cases	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	348	30 Calendar Days	95% compliance within standard	336	96.6%	1.39
Expedited Grievance	3	72 Hours	95% compliance within standard	3	100.0%	0.01
Exempt Grievance	995	Next Business Day	95% compliance within standard	994	99.9%	3.99
Standard Appeal	48	30 Calendar Days	95% compliance within standard	48	100.0%	0.19
Expedited Appeal	4	72 Hours	95% compliance within standard	3	75.0%	0.02
Total Cases:	1,398		95% compliance within standard	1,384	98.9%	5.61

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



QUALITY ASSURANCE

Director: Jennifer Karmelich

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

Quality

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

- Population Health Management (PHM) and the Population Needs Assessment (PNA) inform the Alliance strategies, through data collection. to help focus on areas of highest need and utilization for intervention and development of best practice. 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. The PHM strategy will help focus programs such as Enhanced Case Management (ECM)
- Evaluation of HEDIS results is informing our Quality Improvement strategic planning for the second half of the fiscal year in areas including our Quality Improvement Plans (QIPs) with the state, as well as, internal department integrated Performance Improvement Projects. HEDIS Gap in Care (GIC) reports serve as an 'access to care" performance tool for our network and delegate providers initiating member outbound calls by AAH and provider office staff to engage members and schedule clinical appointments. This health plan/provider collaboration in addition to member gift card incentives is resulting in increased GIC closure and service utilization for timely health assessments, screenings and referrals.
- AAH Quality and Data Analytics staff begun HEDIS 2020 (MY2019) medical record abstraction and retrievals within network and delegate provider offices. Record abstraction and retrieval data collection are vital components of the Alliance final quality and compliance scores for the reporting year. Record retrievals and abstraction has concluded. Reporting of preliminary results is underway. Medical record review verification will take place in the coming weeks
- AAH continues its Pediatric Care Coordination Pilot (PCCP), an outcome of our Pediatric Strategy. Critical components of our three prong approach to pediatric care and services include: quality improvement initiatives, clinical care initiatives and care coordination/management in addition to member incentives for target measures. Improving access to care and services and efficacy of the EPSDT benefit for member's age 0-20, through enhanced collaboration with Alameda County healthcare CBO's, as well as, direct and delegate pediatric providers, is the focus of this exciting pilot.

- As part of our quality improvement strategy to improve overall care and outcomes for members, as well as, improve collaboration in the community, AAH has partnered with county and community initiatives including, All In: Food as Medicine and Asthma Start (pediatric asthma case management), and First 5 Alameda Help Me Grow.
- The Quality Team is watching closely on rapidly changing ground rules related to member texting campaigns. We are assessing strategies and targets for potential texting proposals and pilot's in 2020, for appointment reminders and health education promotion, while gathering experience, and strategic "lessons learned" from like MCPs.
- AAH has begun preparation for implementation of a DHCS mandated Pediatric Preventive Care Outreach Project. This outbound call campaign targets Alliance beneficiaries under 21 (est. 70K members) who have under-utilized preventive care services available to them as part of their EPSDT benefit. Members will receive letters from DHCS and outbound calls from AAH reminding them to make appointments with their PCP. This project is currently on hold by DHCS in light of the COVID-19 outbreak.
- Quality staff began DHCS annually mandated Encounter Data Validation (EDV) Study medical record retrievals within direct and delegate provider offices. Accurate and complete encounter data are critical to AAH's assessment of quality, monitoring of program integrity, and financial decision making. The goal of the EDV study is to examine, through a review of medical records, the completeness and accuracy of the professional encounter data submitted to DHCS by MCPs.
- Multiple member and provider surveys are completed throughout the year to assess member Access to Care. Access standards come from state/federal regulations and AAH internal Policy & Procedures. Dozens of providers received correction action plans (CAPs) to address member perceived access to care deficits. Results of these CAPs are reviewed by the credentialing committee during the normal credentialing for providers. Provider offices Facility Site Reviews are currently on hold due COVID-19 shelter in place mandates.

ALAMEDA Alliance FOR HEALTH

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

Information Technology

Sasikumar Karaiyan

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

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

Date: **May 8, 2020**

Subject: **Information Technology Report**

Call Center System Availability

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

- Overall, we are continuing to perform the following activities to optimize and keep our customer call center business functions up to date by upgrading the call manager environment (2 Ring, Calabrio, and Finesse software). The call center applications upgrade project is in progress and targeted to be completed before the end of August 2020.

Encounter Data

- In the month of April, AAH submitted 69 encounter 837 files to the Department of Health Care Services with a total of 225,106 encounters.

Enrollment

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

HEALTHsuite

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

TruCare

- The TruCare system continued to operate normally with an uptime of 99.99%. Total 7,314 authorizations loaded and processed in the TruCare application.

- The Alliance has been optimizing the TruCare application which shall allow users to utilize new functions in the application more efficiently. The TruCare application optimization was successfully implemented on April 2020.

- The TruCare upgrade to version 7.0.0.7 is in progress and planning to go-live in May, 2020. This upgrade shall allow the Alliance to retrofit defect fixes and have new features for our system users.

Web Portal

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

- The Alliance team started the Member portal redesign which is expected to be completed before the end of December 2020.

Information Security

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

- Email based metrics currently monitored have decreased with a return to a reputation-based blocks for a total of 249.7k.

- Attempted information leaks detected and blocked at the firewall are slightly higher from 59 to 63 for the month of April.

- Network scans returned a value of 15, which is in line with previous month's data.

- Attempted User Privilege Gain is slightly higher at 18 from a previous six months average of 7.

Data Warehouse Project

- The Data Warehouse Project is aimed at bringing all critical data domains to the data warehouse and make the data warehouse database a single source of truth. Also, our long term goal is to enable the Data Warehouse and reporting as a self-service across the enterprise. The project is phased to complete before the end of FY21.

Information Technology

Supporting Documents

Enrollment

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

Month	Total MC[1]	MC[1] - Add/ Reinstatements	MC[1] - Terminated	Total GC[2]	GC[2] - Add/ Reinstatements	GC[2]- Terminated
April	242,906	5,207	3,750	6,148	180	159

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

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

Auto-Assignments	Member Count
Auto-assignments MC	2,091
Auto-assignments Expansion	1,556
Auto-assignments GC	92
PCP Changes (PCP Change Tool) Total	2,021

TruCare

- See Table 2-1 “Summary of TruCare Authorizations for the month of April 2020”.
- There were 7,314 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 April 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	5,150	144	3	23	6	2	251	429	0	4,721
Paper to EDI	1,542	0	0	0	0	0	0	0	0	1,542
Manual Entry	0	0	0	0	0	0	0	0	1,051	1,051
Total										7,314

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 March 2020

Group	Individual User Accounts	Individual User Accounts Accessed	Total Logins	New Users
Provider	2,678	2,642	95,589	370
MCAL	62,388	1,252	2,637	409
IHSS	2,475	57	91	17
AAH Staff	136	45	1,188	6
Total	**67,677**	**3,996**	**99,505**	**802**

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

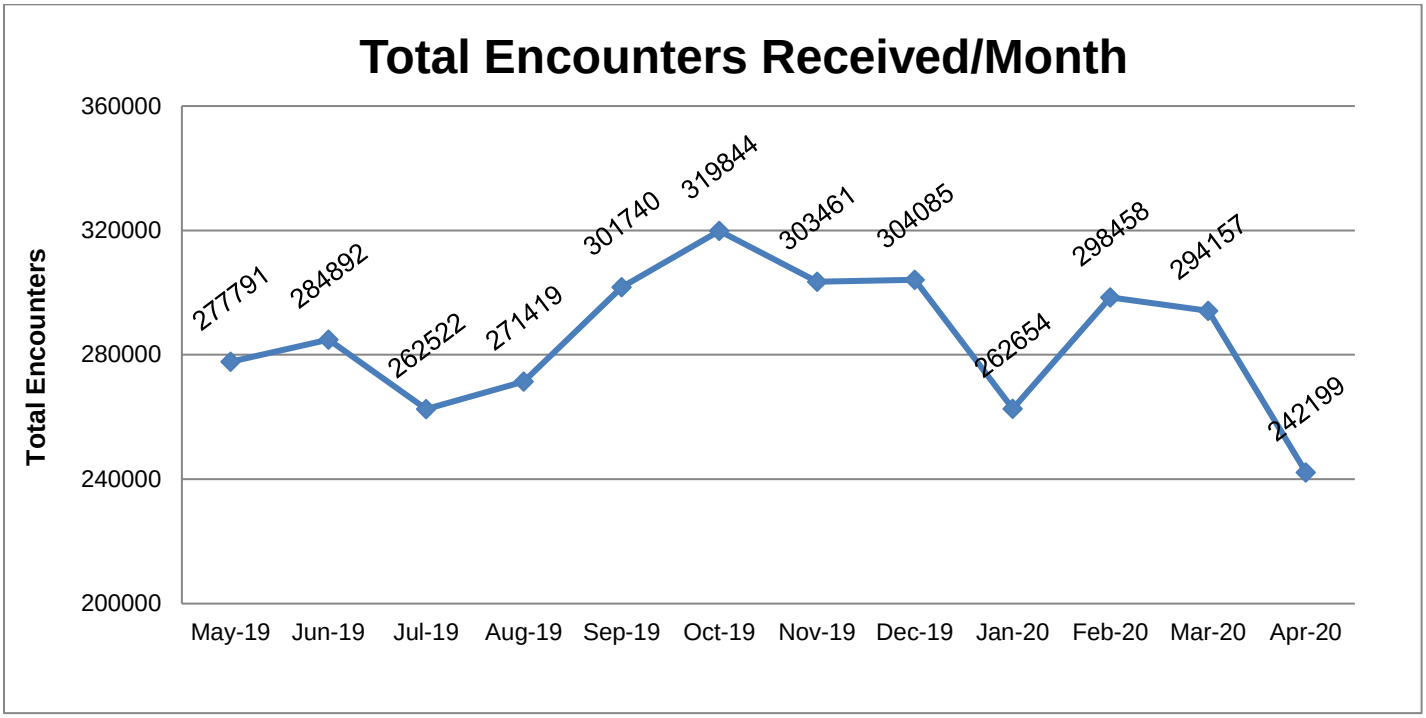
Top 25 Pages Viewed		
Category	**Page Name**	**Mar-20**
Provider	Member Eligibility	511,122
Provider	Claim Status	95,398
Member - Eligibility	Member Eligibility	4,380
Provider - Authorizations	Auth Submit	2,832
Provider	Member Roster	2,441
Provider - Authorizations	Auth Search	2,339
Member - Claims	Claims - Services	2,255
Member - Help Center	Member ID Card	1,554
Provider - Provider Directory	Provider Directory	670
Member - Help Center	Find a Doctor or Facility	651
Member - Help Center	Select/Change PCP	648
Provider - Home	Forms	479
Member - Pharmacy	My Pharmacy Claims	380
Provider - Provider Directory	Manual	337
Provider	Pharmacy	302
Provider - Provider Directory	Attestation	186
Member - Help Center	Update My Contact Info	149
Member - Pharmacy	Pharmacy - Drugs	147
Member - Help Center	Authorizations & Referrals	96
Member - Health/Wellness	Personal Health Record - Intro	91
Member - Forms/Resources	Authorized Representative Form	89
Member - Help Center	Contact Us	80
Member - Health/Wellness	Personal Health Record – No More Clipboard	69
Provider - Home	New Prior Auth Forms	66
Member - Pharmacy	Pharmacy	60

Encounter Data From Trading Partners 2020

- AHS:
  April daily files (9,040 records) were received on time.
- Beacon:
  April monthly files (12,606 records) were received on time
- CHCN:
  April weekly files (64,623 records) were received on time.
- CHME:
  April monthly file (4,346 records) were received on time
- CFMG:
  April weekly files (12,653 records) were received on time.
- DocuStream:
  April weekly files (679 records) were received on time.
- Perform Rx:
  April monthly files (177,167 records) were received on time.
- Kaiser:
  - April monthly files (33,670 records) were received on time.
  - April monthly Kaiser Pharmacy files (20,823 records) were received on time.
- LogistiCare:
  April weekly files (10,812 records) were received on time.
- March Vision:
  April monthly file (3,389 records) were received on time.
- Quest Diagnostics:
  April weekly files (3,803 records) were received on time.

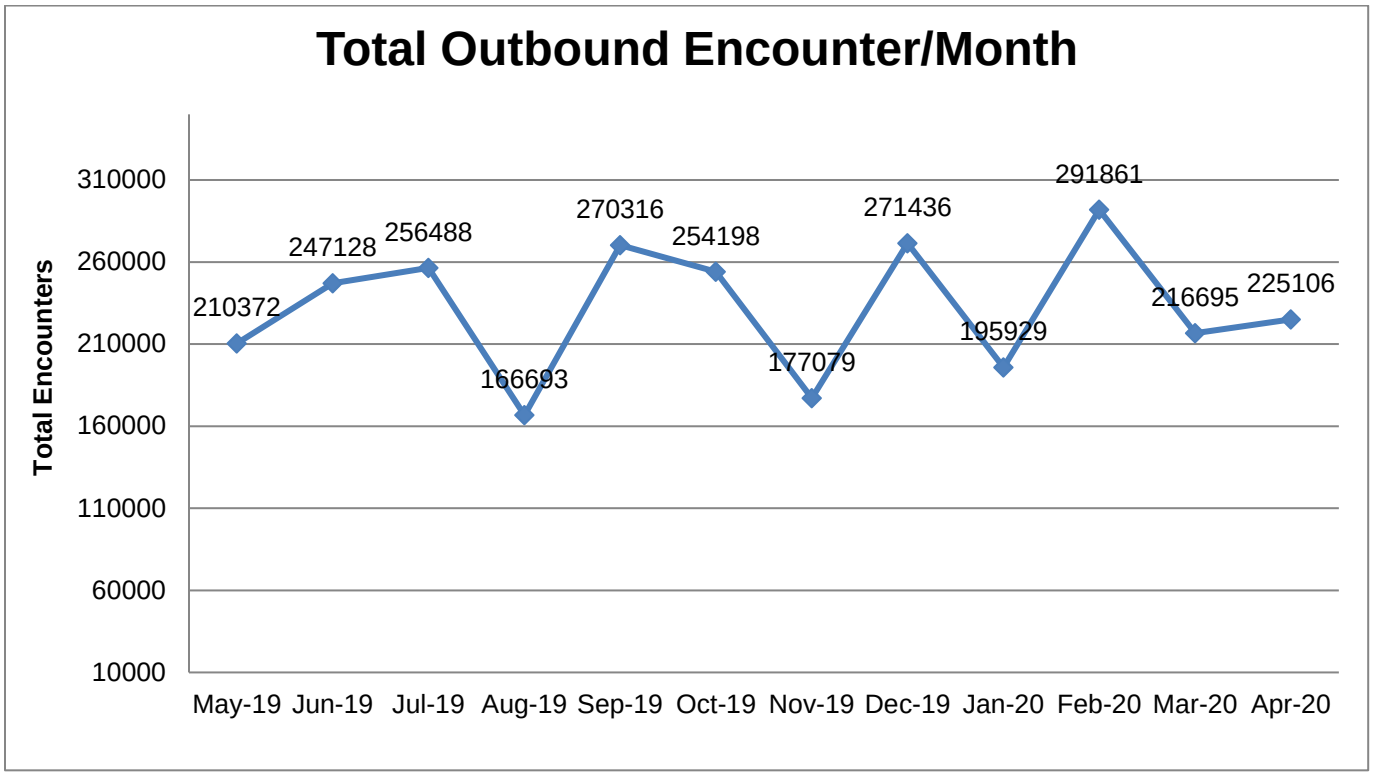
Trading Partner Encounter Inbound Submission History

Trading Partners	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
HEALTHsuite	121763	111286	116092	123889	111578	125442	122333	103132	104147	118309	115716	86578
Kaiser	47654	37506	27013	40478	37188	35517	44533	38079	34890	35167	36334	33670
Logisticare	12392	13945	9831	7109	21036	18411	16867	14261	16911	19665	21375	10812
March Vision	2252	2369	2641	3598	3078	3428	3792	3183	5495	0	3127	3389
AHS	4835	4857	4886	4741	4802	3347	2531	12186	7385	4949	9907	9040
Beacon	3065	21619	9926	36	21217	12163	8328	8843	6407	14626	10010	12606
CHCN	58976	70192	66286	67396	75665	88478	72359	94805	60204	69402	76884	64623
CHME	3659	4258	4639	4807	4146	2963	3928	3090	7201	5604	3612	4346
Claimsnet	8674	7475	7239	6281	9255	15028	16604	13396	9027	16607	7317	12653
Quest	14521	11385	13969	13084	12987	14539	11593	12697	10509	13574	9334	3803
DocuStream					788	528	593	413	478	555	541	679
Total	277791	284892	262522	271419	301740	319844	303461	304085	262654	298458	294157	242199



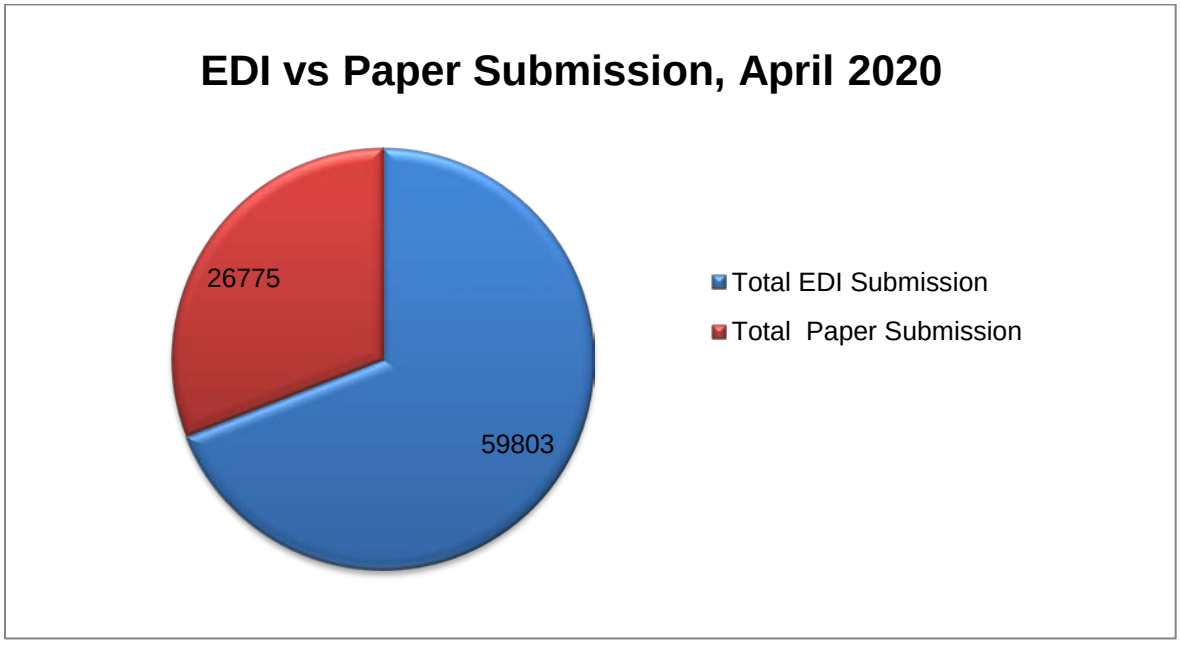
Outbound Encounter Submission

Trading Partners	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
Health Suite	84894	95843	72977	29433	112242	87691	34874	78764	62186	141458	81483	79506
Kaiser	37487	67614	30866	38562	37153	35352	44276	37789	34583	34561	35565	32223
Logisticare	14706	13330	14803	2972	14300	21631	12670	21692	11883	24522	22887	12988
March Vision	2193	2185	2077	2629	2277	2531	2845	2564	2150	1672	2118	2362
AHS	3818	5519	4304	13839	4601	5303	3762	11823	8412	4711	8545	7880
Beacon	2722	21303	2885	7083	16718	9557	7204	7369	5392	11058	6	19228
CHCN	39149	20074	98828	47619	56622	62669	43593	83370	51732	49459	43356	54436
CHME	3300	3785	9009	4080	7628	2589	3493	2692	3100	4981	3166	3847
Claimsnet	8420	8384	4228	3890	7495	10566	11508	10283	6295	8835	8788	7468
Quest	13683	9091	16511	16586	11280	15100	12337	14701	9757	10087	10331	4579
DocuStream						1209	517	389	439	517	450	589
Total	210372	247128	256488	166693	270316	254198	177079	271436	195929	291861	216695	225106



Health Suite Paper vs EDI breakdown

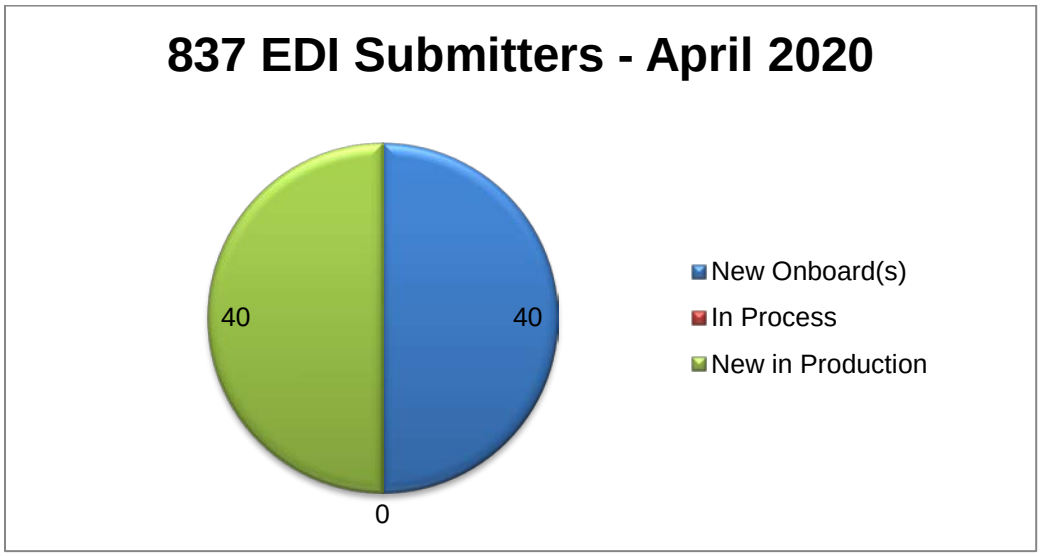
Period	Total EDI Submission	Total Paper Submission	Total claims
20-Apr	59803	26775	86578

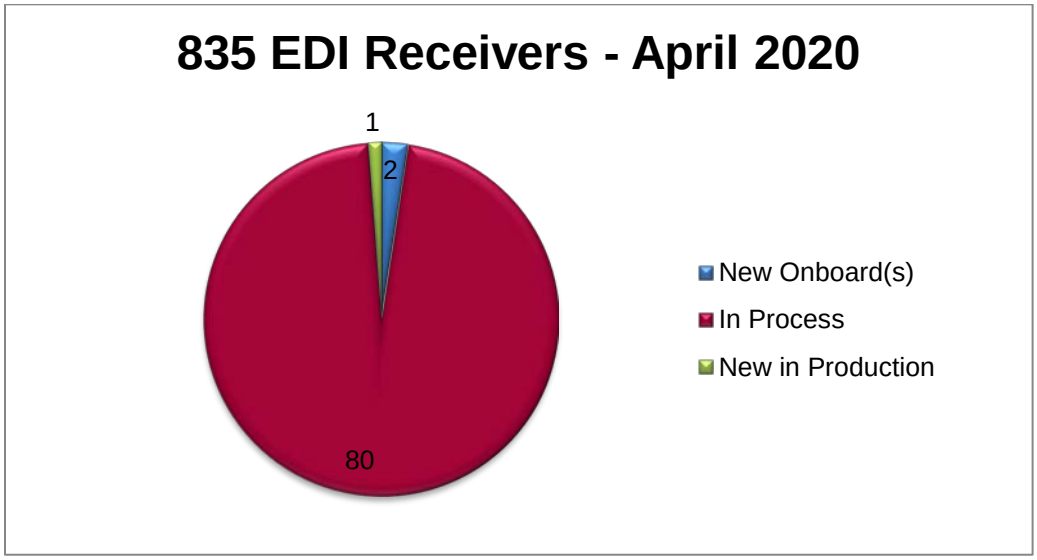


Onboarding EDI Providers - Updates

- April 2020 EDI Claims:
    - A total of 916 new EDI submitters have been added since October 2015, with 40 added in April 2020.
    - The total number of EDI submitters is 1648 providers.
- April 2020 EDI Remittances (ERA):
    - A total of 186 new ERA receivers have been added since October 2015, with 1 added in April 2020.
    - The total number of ERA receivers is 225 providers.

	837				835			
	New On Boards	In Process	New In Production	Total In Prod	New On Boards	In Process	New In Production	Total In Production
Apr-19	33	0	33	1345	2	71	1	202
May-19	13	5	8	1353	5	73	3	205
June-19	92	3	89	1442	2	73	2	207
Jul-19	21	0	21	1463	3	73	3	210
Aug-19	34	0	34	1497	2	73	2	212
Sep-19	32	1	31	1528	2	75	0	212
Oct-19	17	0	17	1545	6	76	5	217
Nov-19	18	0	18	1563	2	77	1	218
Dec-19	17	0	17	1580	2	77	2	220
Jan-20	11	2	9	1589	2	77	2	222
Feb-20	8	0	10	1599	1	77	1	223
Mar-20	9	0	9	1608	3	79	1	224
Apr-20	40	0	40	1648	2	80	1	225





EDSRF/Reconciliations

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

File Type	Apr-20
837 I Files	11
837 P Files	58
NCPDP	10
Total Files	79

Lag-time Metrics/KPI's

AAH Encounters: Outbound 837 (AAH to DHCS)	Apr-20	Target
Timeliness-% Within Lag Time - Institutional 0-90 days	87%	60%
Timeliness-% Within Lag Time - Institutional 0-180 days	96%	80%
Timeliness-% Within Lag Time - Professional 0-90 days	89%	73%
Timeliness-% Within Lag Time – Professional 0-180 days	97%	80%

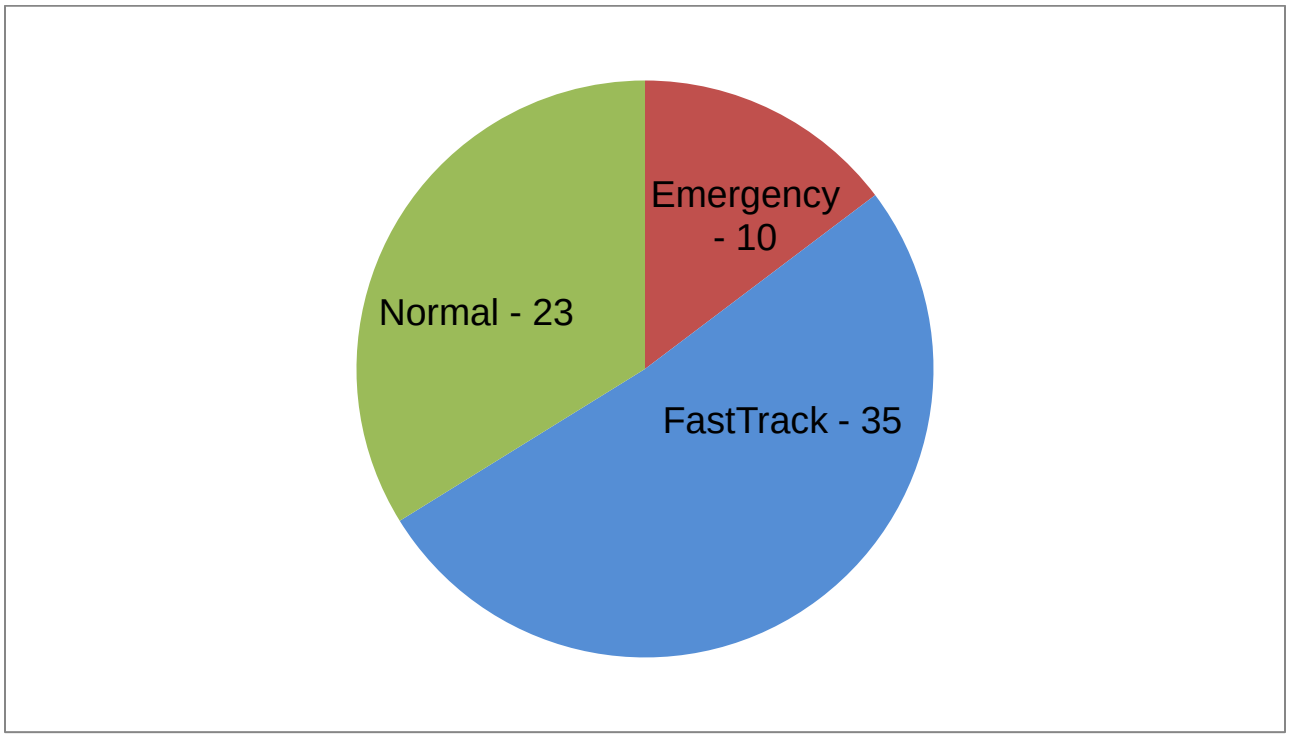
Change Management Key Performance Indicator (KPI)

- Change Request Submitted by Type in the month of April 2020

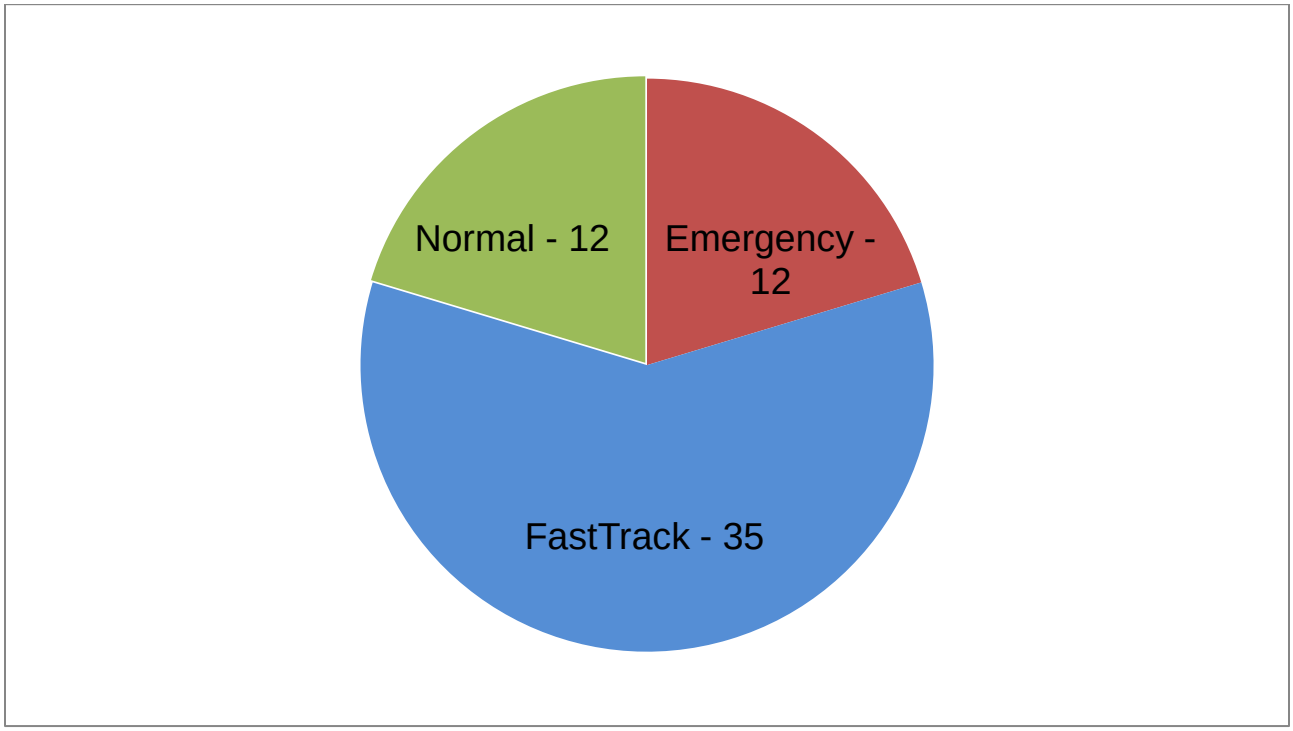
  KPI – Overall Summary

  - 1,459 Changes Submitted.
  - 1,369 Changes, Completed, and Closed.
  - 105 Active Changes.
  - 173 Changes Cancelled, and Rejected.

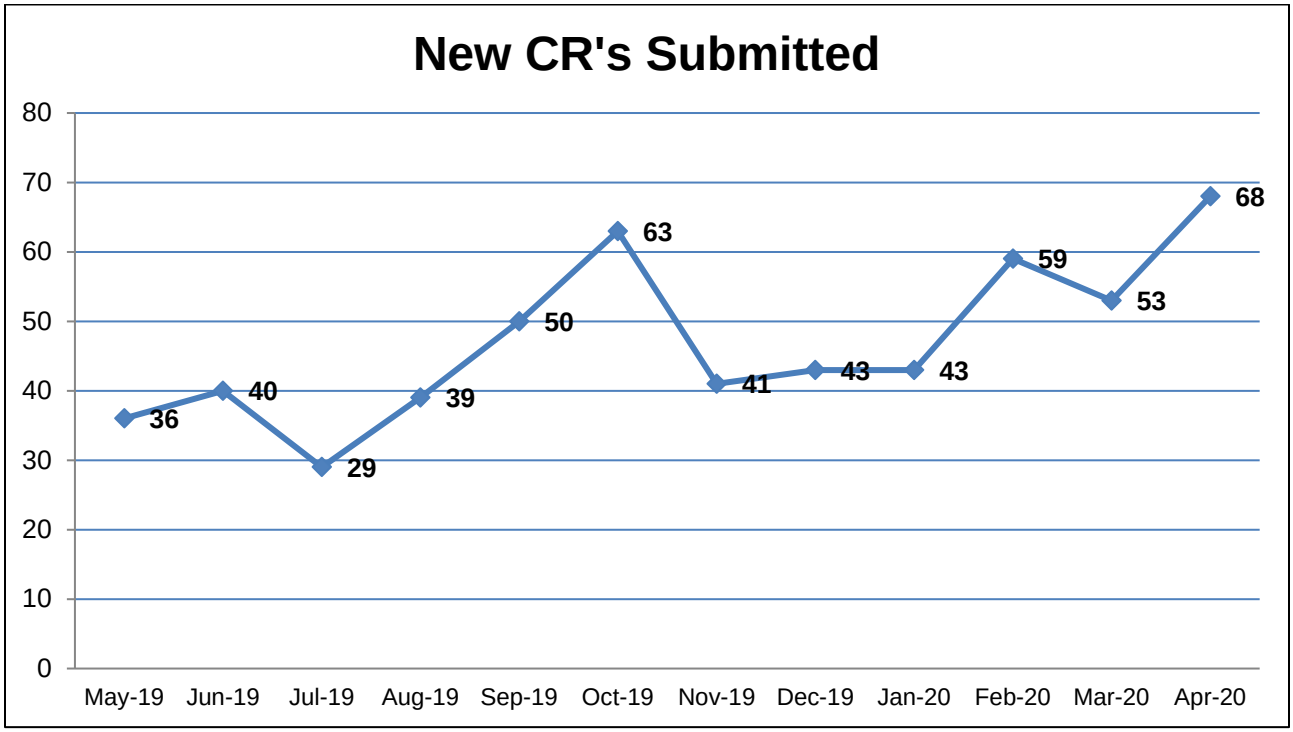
- 68 Change Requests Submitted/logged in the month of April 2020



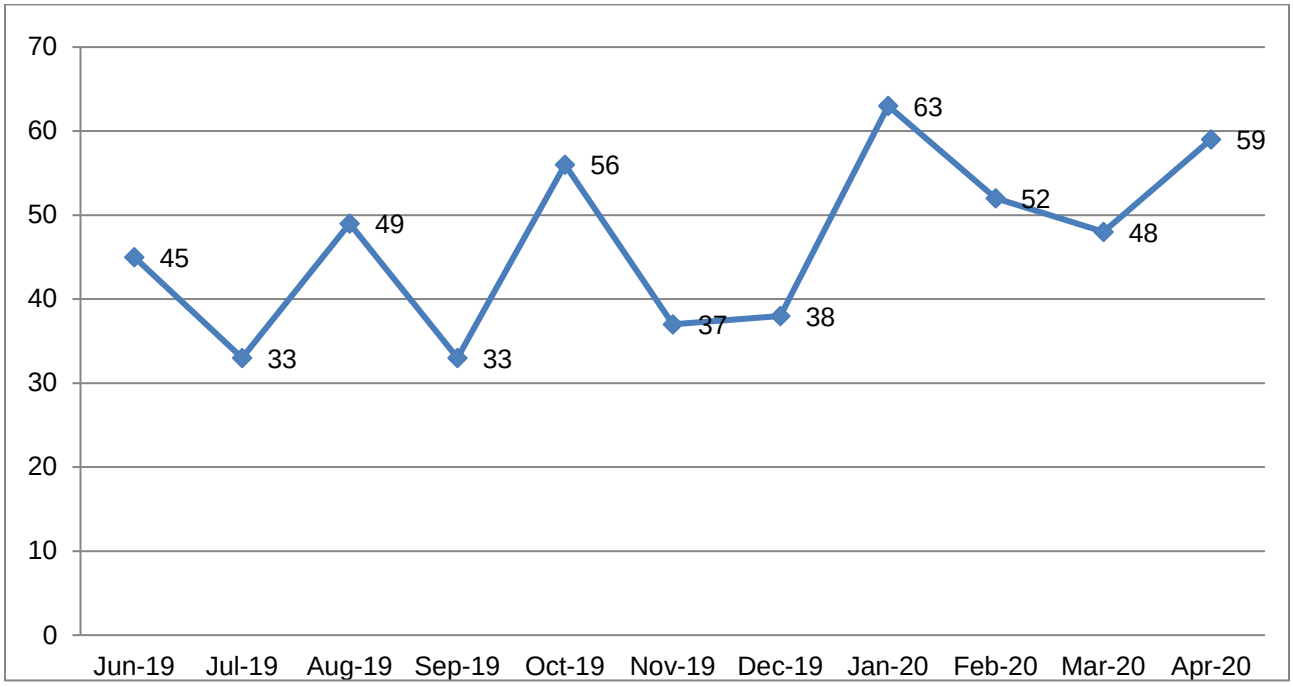
- 59 CRs Closed in the month of April 2020



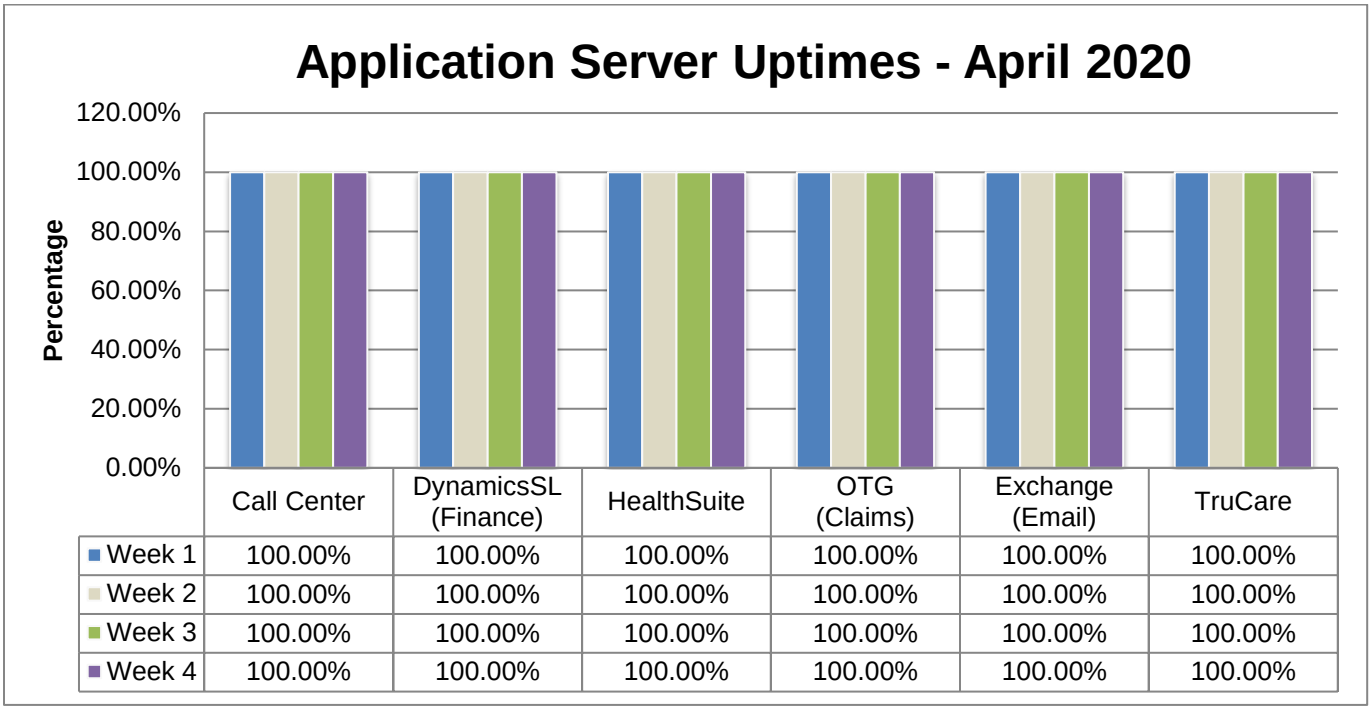
- CRs Submitted: Monthly Trend



- CRs Closed: Monthly Trend



IT Stats: Infrastructure

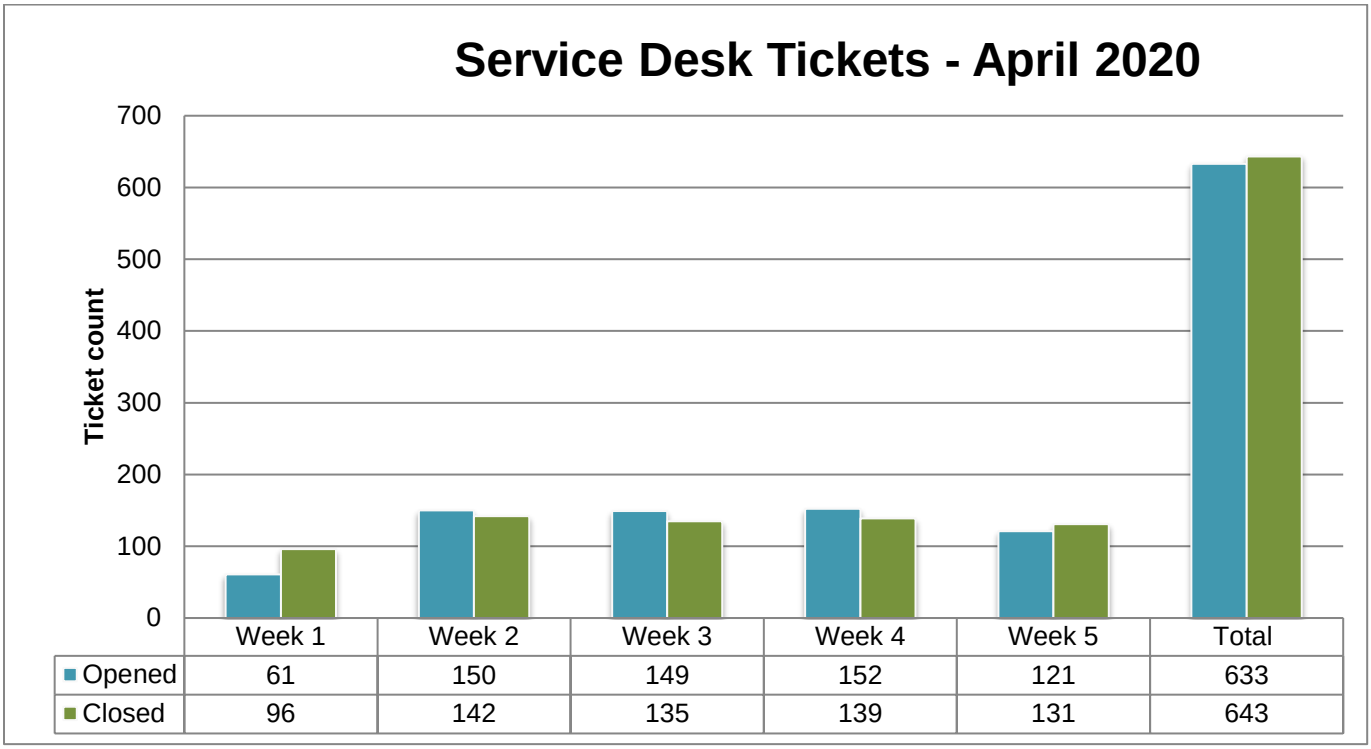


	Call Center	DynamicsSL (Finance)	HealthSuite	OTG (Claims)	Exchange (Email)	TruCare
Week 1	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Week 2	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Week 3	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Week 4	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

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

Office 365 Project

- Migration of email services to the cloud (Migration of Microsoft Office application to the cloud model) – In progress.
    - Completed MDM Core and Cloud setup, and testing user registration.
    - Completed Rehydration SOW Review with the team.
    - Completed Azure - AD connectivity syncing.
    - Continuing to upgrade Mobile Devices (hardware/software).
    - Pilot testing for alpha group.

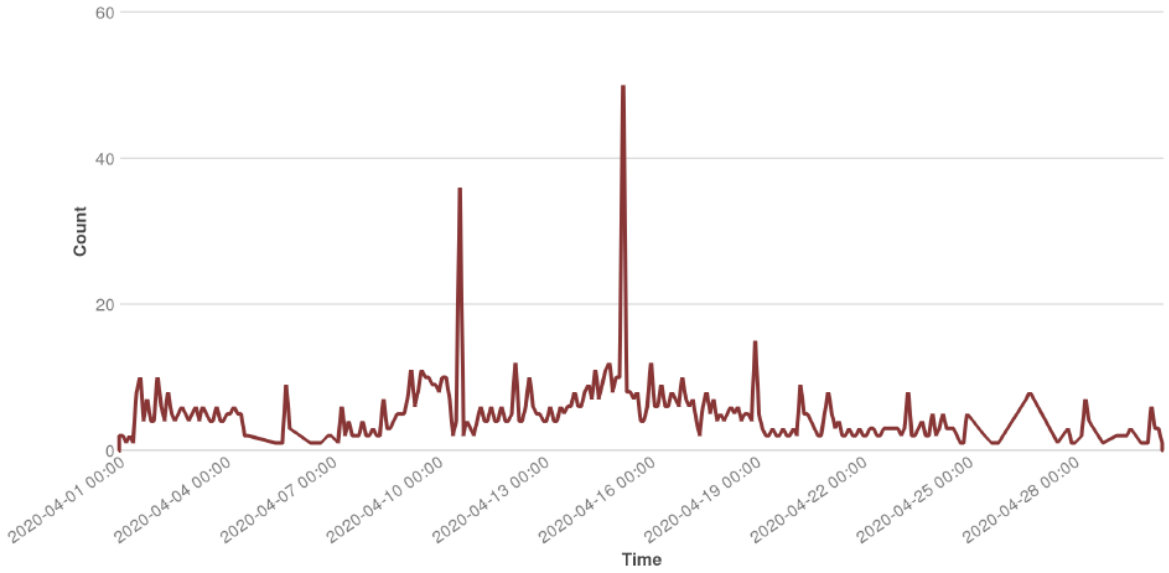


	Week 1	Week 2	Week 3	Week 4	Week 5	Total
Opened	61	150	149	152	121	633
Closed	96	142	135	139	131	643

- 633 Service Desk tickets were opened in the month of April, which is 17.8% lower than the previous month and 643 Service Desk tickets were closed, which is 14.1% lower than the previous month.

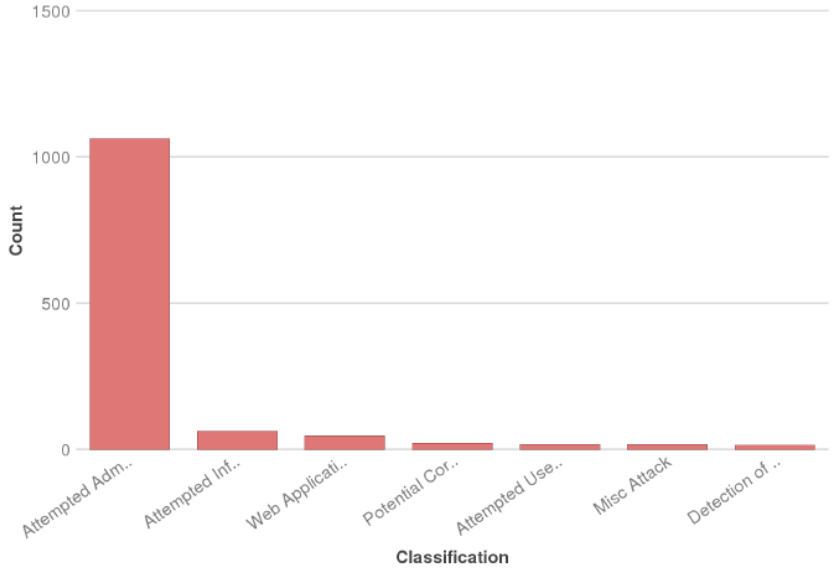
All Intrusion Events

Time Window: *2020-04-01 00:00:00 - 2020-04-30 11:33:00*

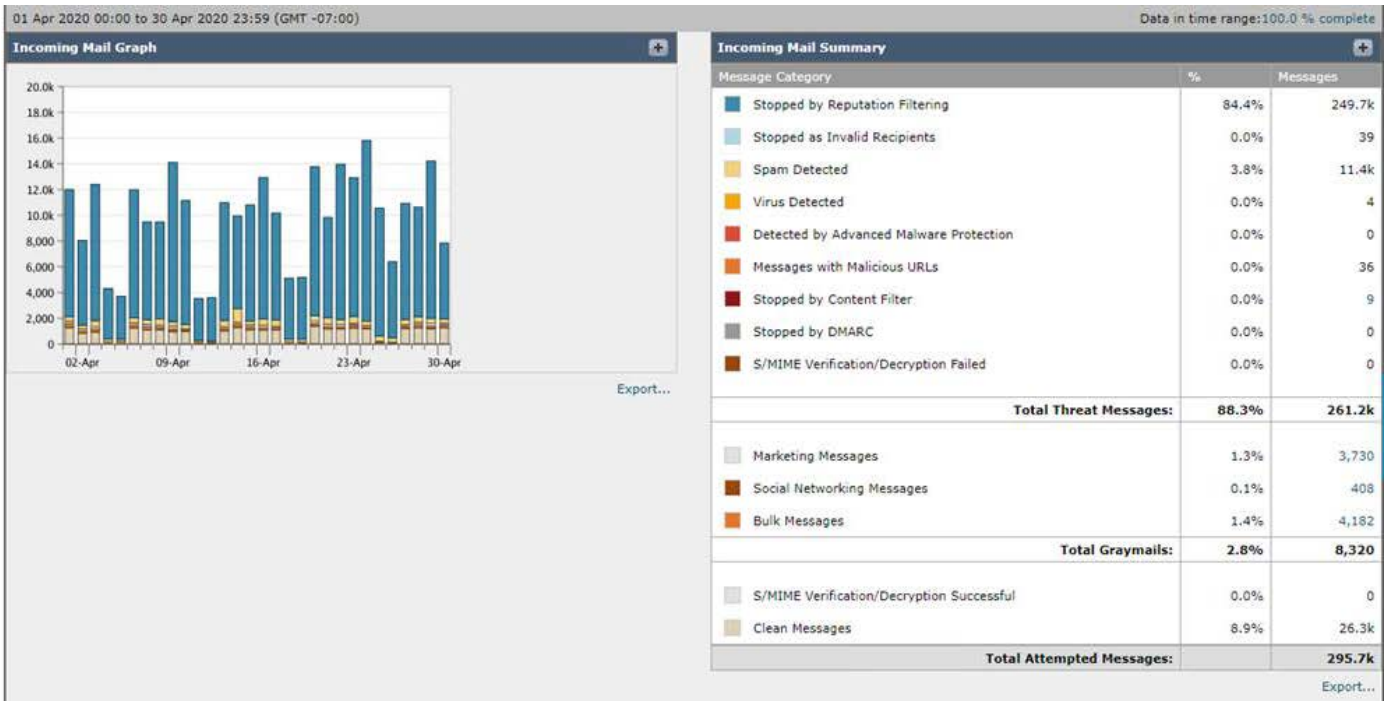


Dropped Intrusion Events

Time Window: *2020-04-01 00:00:00 - 2020-04-30 11:33:00*
Constraints: *Inline Result = dropped*



Classification	Count
Attempted Administrator Privilege Gain	1,064
Attempted Information Leak	63
Web Application Attack	47
Potential Corporate Policy Violation	21
Attempted User Privilege Gain	18
Misc Attack	18
Detection of a Network Scan	15



Item / Date	Apr-19	May-19	Jun-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	***Apr-20***
Stopped By Reputation	344.7k	339.1K	299.9k	10.7k	293.7k	301.0k	264.0k	275.3k	306.6k	234.0k	280.8k	***249.7k***
Invalid Recipients	33	31	299	0	22	51	0	4	0	4	56	***39***
Spam Detected	26.2k	24.0K	23.2k	599	15.5k	17.1k	14.0k	12.0k	13.6k	12.8k	16.4k	***11.4k***
Virus Detected	2	0	2	0	2	3	13	0	0	0	3	***4***
Advanced Malware	2	5	1	1	3	4	1	1	0	4	6	***0***
Malicious URLs	263	174	86	21	117	140	239	81	122	91	14	***36***
Content Filter	23	13	6	0	14	10	17	7	4	9	48	***9***
Marketing Messages	4,347	4,475	3,909	145	1,748	4,606	4,677	3,854	4,211	3,804	4,296	***3,730***
Attempted Admin Privilege Gain	843	1,786	3,029	1,643	971	1,475	360	1,425	704	518	596	***1,064***
Attempted User Privilege Gain	84	3	20	116	1	8	0	12	7	27	17	***18***
Attempted Information Leak	54	36	67	46	30	38	46	43	31	37	59	***63***
Potential Corp Policy Violation	34	26	47	59	13	26	8	25	29	10	77	***21***
Network Scans Detected	0	2	5	6	12	18	3	4	1	4	3	***15***
Web Application Attack	22	46	83	111	19	40	45	35	72	45	121	***47***
Misc. Attack	7	1	30	29	7	18	21	1	30	21	25	***18***

- All security activity data is based on the current month's metrics as a percentage. This is compared to the previous three months' average, except as noted.
- Email based metrics currently monitored have decreased with a return to a reputation-based block for a total of 249.7k.
- Attempted information leaks detected and blocked at the firewall are slightly higher from 59 to 63 for the month of April.
- Network scans returned a value of 15, which is in line with previous month's data.
- Attempted User Privilege Gain is slightly higher at 18 from a previous six month's average of 7.

ALAMEDA Alliance FOR HEALTH

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

Analytics

Tiffany Cheang

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

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

Date: **May 8, 2020**

Subject: **Performance & Analytics Report**

Membership Demographics

- Membership demographics have been moved to the Finance section.

Member Cost Analysis

- The Member Cost Analysis below is based on the following 12 month rolling periods:
  - Current reporting period: February 2019 – January 2020 dates of service
  - Prior reporting period: February 2018 – January 2019 dates of service
  - (Note: Data excludes Kaiser Membership data.)

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

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

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

  - The SPD (non-duals) and ACA OE categories of aid slightly decreased to account for 58.5% of the members, with SPDs accounting for 29.9% and ACA OE's at 28.6%.
  - The percent of members with costs >= $30K has increased slightly from 1.4% to 1.6%.
  - Of those members with costs >= $100K, the percentage of total members has slightly increased at 0.4%.
    - For these members, non-trauma/pregnancy inpatient costs continue to comprise the majority of costs, remaining consistent at 51%.

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

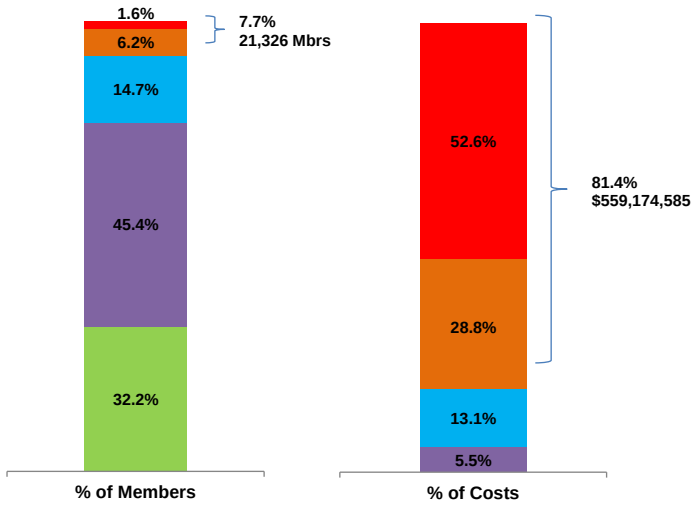
- However, the age distribution of the top 7.8% is more concentrated in the 45-66 year old category (42%) compared to the overall population (22%).

Analytics

Supporting Documents

Alameda Alliance for Health - Analytics Supporting Documentation: Member - Cost Analysis
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Feb 2019 - Jan 2020
Note: Data incomplete due to claims lag
Run Date: 4/28/2020

Member Cost Distribution



Cost Range	Members	% of Members	Costs	% of Costs
$30K+	4,315	1.6%	$ 361,165,449	52.6%
$5K - $30K	17,011	6.2%	$ 198,009,137	28.8%
$1K - $5K	40,687	14.7%	$ 89,932,142	13.1%
< $1K	125,194	45.4%	$ 38,100,716	5.5%
$0	88,760	32.2%	$ -	0.0%
Totals	**275,967**	**100.0%**	**$ 687,207,443**	**100.0%**

Top 7.7% of Members = 81.4% of Costs

Cost Range	Members	% of Total Members	Costs	% of Total Costs
$100K+	997	0.4%	$ 184,397,267	26.8%
$75K to $100K	540	0.2%	$ 46,350,513	6.7%
$50K to $75K	1,048	0.4%	$ 63,637,898	9.3%
$40K to $50K	701	0.3%	$ 31,349,129	4.6%
$30K to $40K	1,029	0.4%	$ 35,430,641	5.2%
SubTotal	***4,315***	***1.6%***	***$ 361,165,449***	***52.6%***
$20K to $30K	2,065	0.7%	$ 50,358,601	7.3%
$10K to $20K	6,097	2.2%	$ 84,760,213	12.3%
$5K to $10K	8,849	3.2%	$ 62,890,322	9.2%
SubTotal	***17,011***	***6.2%***	***$ 198,009,137***	***28.8%***
Total	**21,326**	***7.7%***	**$ 559,174,585**	***81.4%***

Enrollment Status	Members	Total Costs
Still Enrolled as of Jan 2020	215,531	$ 595,401,914
Dis-Enrolled During Year	60,436	$ 91,805,529
Totals	**275,967**	**$ 687,207,443**

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

Alameda Alliance for Health - Analytics Supporting Documentation: Member - Cost Analysis
7.7% of Members = 81.4% of Costs
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Feb 2019 - Jan 2020
Note: Data incomplete due to claims lag
Run Date: 4/28/2020

7.7% of Members = 81.4% of Costs
29.9% of members are SPDs and account for 36.3% of costs.
28.6% of members are ACA OE and account for 27.5% of costs.
9.8% of members disenrolled as of Jan 2020 and account for 14.1% of costs.

Highest Cost Members; Cost Per Member >= $100K
41.7% of members are SPDs and account for 41.8% of costs.
26.7% of members are ACA OE and account for 26.1% of costs.
20.4% of members disenrolled as of Jan 2020 and account for 21.1% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Members	% of Members
IHSS	IHSS	108	561	669	3.1%
MCAL	MCAL - ADULT	432	2,882	3,314	15.5%
	MCAL - BCCTP	3	1	4	0.0%
	MCAL - CHILD	154	1,486	1,640	7.7%
	MCAL - ACA OE	1,231	4,869	6,100	28.6%
	MCAL - SPD	1,674	4,705	6,379	29.9%
	MCAL - DUALS	100	1,039	1,139	5.3%
Not Eligible	Not Eligible	613	1,468	2,081	9.8%
Total		**4,315**	**17,011**	**21,326**	**100.0%**

Member Breakout by LOB

LOB	Eligibility Category	Total Members	% of Members
IHSS	IHSS	17	1.7%
MCAL	MCAL - ADULT	76	7.6%
	MCAL - BCCTP	2	0.2%
	MCAL - CHILD	3	0.3%
	MCAL - ACA OE	266	26.7%
	MCAL - SPD	416	41.7%
	MCAL - DUALS	14	1.4%
Not Eligible	Not Eligible	203	20.4%
Total		**997**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Costs	% of Costs
IHSS	IHSS	$ 7,822,608	$ 6,204,710	$ 14,027,318	2.5%
MCAL	MCAL - ADULT	$ 32,937,117	$ 32,600,514	$ 65,537,631	11.7%
	MCAL - BCCTP	$ 431,202	$ 5,355	$ 436,558	0.1%
	MCAL - CHILD	$ 7,283,534	$ 16,759,486	$ 24,043,020	4.3%
	MCAL - ACA OE	$ 99,221,456	$ 54,731,747	$ 153,953,203	27.5%
	MCAL - SPD	$ 144,971,993	$ 57,773,082	$ 202,745,075	36.3%
	MCAL - DUALS	$ 6,619,086	$ 12,720,032	$ 19,339,118	3.5%
Not Eligible	Not Eligible	$ 61,878,453	$ 17,214,210	$ 79,092,663	14.1%
Total		**$ 361,165,449**	**$ 198,009,137**	**$ 559,174,585**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Total Costs	% of Costs
IHSS	IHSS	$ 3,064,449	1.7%
MCAL	MCAL - ADULT	$ 14,083,932	7.6%
	MCAL - BCCTP	$ 348,312	0.2%
	MCAL - CHILD	$ 453,316	0.2%
	MCAL - ACA OE	$ 48,134,517	26.1%
	MCAL - SPD	$ 77,123,420	41.8%
	MCAL - DUALS	$ 2,313,871	1.3%
Not Eligible	Not Eligible	$ 38,875,450	21.1%
Total		**$ 184,397,267**	**100.0%**

% of Total Costs By Service Type

Breakout by Service Type/Location

Cost Range	Trauma Costs	Hep C Rx Costs	Pregnancy, Childbirth & Newborn Related Costs	Pharmacy Costs	Inpatient Costs (POS 21)	ER Costs (POS 23)	Outpatient Costs (POS 22)	Office Costs (POS 11)	Dialysis Costs (POS 65)	Other Costs (All Other POS)
$100K+	6%	0%	1%	12%	56%	2%	13%	6%	3%	9%
$75K to $100K	4%	0%	2%	16%	45%	2%	9%	7%	8%	13%
$50K to $75K	3%	1%	3%	19%	40%	3%	8%	8%	9%	13%
$40K to $50K	4%	2%	3%	16%	49%	3%	7%	8%	3%	14%
$30K to $40K	4%	3%	4%	19%	42%	6%	9%	7%	2%	16%
$20K to $30K	4%	5%	6%	19%	39%	7%	10%	8%	1%	16%
$10K to $20K	1%	0%	12%	18%	36%	6%	13%	11%	3%	13%
$5K to $10K	0%	0%	11%	23%	23%	9%	13%	18%	1%	14%
Total	**4%**	**1%**	**5%**	**17%**	**44%**	**4%**	**11%**	**9%**	**3%**	**12%**

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

ALAMEDA Alliance FOR HEALTH

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Human Resources

Anastacia Swift

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

From: **Anastacia Swift, Executive Director, Human Resources**

Date: **May 8, 2020**

Subject: **Human Resources Report**

Staffing

- As of May 1, 2020, the Alliance had 317 full time employees and 2-part time employees.

- On May 1, 2020, the Alliance had 37 open positions in which 3 signed offer acceptance letters have been received with start dates in the near future resulting in a total of 34 positions open to date. The Alliance is actively recruiting for the remaining 34 positions and several of these positions are in the interviewing or job offer stage.

- Summary of open positions by department:

Department	Open Positions May 1st	Signed Offers Accepted by Department	Remaining Recruitment Positions
Healthcare Services	7	2	5
Operations	11	0	11
Healthcare Analytics	4	0	4
Information Technology	7	0	7
Finance	2	1	1
Compliance	1	0	1
Human Resources	3	0	3
Projects & Programs	2	0	2
Total	37	3	34

- Our current recruitment rate is 11%.

Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in April 2020 included:
    - 5 years:
        - Paris Hawkins (Claims)
        - Janese Jacques-Davis (Claims)
        - Christine Marie Rosal (Utilization Management)
    - 8 years:
        - Christine Clark (Quality Improvement)
        - Elsa Guzman (CMDM)
    - 10 years:
        - Marlowe West (Claims)
        - Latrina Brodnax (Claims)
    - 11 years:
        - Tyisha Pierce (Claims)
    - 12 years:
        - Ed Sanares (IT - Infrastructure)
        - Kristy Nguyen (Finance)
    - 18 years:
        - Mandy Gutierrez (Community Relations)
    - 19 years:
        - Teresa Corral (Claims)