



# **Board of Governors**

## **Regular Meeting**

**Friday, September 11, 2020**  
**12:00 p.m. – 2:00 p.m.**

**Alameda, CA**

# AGENDA

BOARD OF GOVERNORS  
Regular Meeting  
Friday, September 11, 2020  
12:00 p.m. – 2:00 p.m.

Video Conference Call

Meeting number (access code): 146 887 5277

Meeting password: 53035

1-408-418-9388

1-213-306-3065

Alameda, CA 94502

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

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

YOU MAY SUBMIT COMMENTS ON ANY AGENDA ITEM OR ON ANY ITEM NOT ON THE AGENDA, IN WRITING VIA MAIL TO "ATTN: ALLIANCE BOARD," 1240 SOUTH LOOP ROAD, ALAMEDA, CA 94502; OR THROUGH E-COMMENT AT [jmurray@alamedaalliance.org](mailto:jmurray@alamedaalliance.org). YOU MAY WATCH THE MEETING LIVE BY LOGGING IN VIA COMPUTER AT THE FOLLOWING LINK <https://alamedaalliance.webex.com/alamedaalliance/j.php?MTID=md3bca93a9faa86f468b742e9592ff7ee> OR MAY LISTEN TO THE MEETING BY CALLING IN TO THE FOLLOWING TELEPHONE NUMBER: [1-408-418-9388](tel:1-408-418-9388). IF YOU USE THE LINK AND PARTICIPATE VIA COMPUTER, YOU MAY, THROUGH THE USE OF THE CHAT FUNCTION, REQUEST AN OPPORTUNITY TO SPEAK ON ANY AGENDIZED ITEM, INCLUDING GENERAL PUBLIC COMMENT. YOUR REQUEST TO SPEAK MUST BE RECEIVED BEFORE THE ITEM IS CALLED ON THE AGENDA. IF YOU PARTICIPATE BY TELEPHONE, YOU MUST SUBMIT ANY COMMENTS VIA THE E-COMMENT EMAIL ADDRESS DESCRIBED ABOVE.

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

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

**1. CALL TO ORDER**

*(A regular meeting of the Alameda Alliance for Health Board of Governors will be called to order on September 11, 2020 at 12:00 p.m. in Alameda County, California, by Dr. Evan Seevak, Presiding Officer. This meeting to take place by video conference call.)*

**2. ROLL CALL**

**3. AGENDA APPROVAL OR MODIFICATIONS**

**4. INTRODUCTIONS**

**5. CONSENT CALENDAR**

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

**a) JULY 10, 2020 BOARD OF GOVERNORS MEETING MINUTES**

**b) JULY 28, 2020 SPECIAL BOARD OF GOVERNORS MEETING MINUTES**

**c) RESOLUTION NO. 2020-04 REVISED EMPLOYEE SALARY STRUCTURE  
FISCAL YEARS ENDING 2015 THROUGH 2020**

**d) RESOLUTION NO. 2020-05 CONFLICT OF INTEREST**

**6. BOARD MEMBER REPORTS**

**a) COMPLIANCE ADVISORY GROUP**

**b) FINANCE COMMITTEE**

**7. CEO UPDATE**

**8. BOARD BUSINESS**

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

**b) REVIEW AND APPROVE JULY 2020 MONTHLY FINANCIAL STATEMENTS**

**9. STANDING COMMITTEE UPDATES**

- a) PEER REVIEW AND CREDENTIALING COMMITTEE – JULY 21, 2020
- b) HEALTH CARE QUALITY COMMITTEE – JULY 16, 2020

**10. STAFF UPDATES**

**11. UNFINISHED BUSINESS**

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

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

**14. CLOSED SESSION**

- a) PUBLIC EMPLOYEE PERFORMANCE EVALUATION (PURSUANT TO GOVERNMENT CODE SECTION 54957). TITLE: CHIEF EXECUTIVE OFFICER.
- b) CONFERENCE WITH LABOR NEGOTIATORS (PURSUANT TO GOVERNMENT CODE SECTION 54957.6). AGENCY NEGOTIATORS: [DR. EVAN SEEVAK, CHAIR; REBECCA GEBHART, VICE CHAIR; DR. ROLLINGTON FERGUSON, FINANCE COMMITTEE CHAIR; DAVID B. VLIET, BOARD MEMBER; MARTY LYNCH, BOARD MEMBER]; UNREPRESENTED EMPLOYEE: CHIEF EXECUTIVE OFFICER.

**15. 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](http://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](http://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.

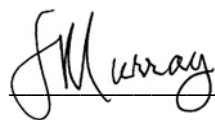
**Public Input:** If you are interested in addressing the Board, you may submit comments on any agenda item or on any item not on the agenda, in writing via mail to "Attn: Alliance Board," 1240 S. Loop Road, Alameda, CA 94502; or through e-comment at [jmurray@alamedaalliance.org](mailto:jmurray@alamedaalliance.org).

**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 September 8, 2020 by 12:00 p.m. as well as on the Alameda Alliance for Health's web page at [www.alamedaalliance.org](http://www.alamedaalliance.org).



Clerk of the Board – Jeanette Murray



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

# CONSENT CALENDAR



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

# Board of Governors Meeting Minutes

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

**July 10, 2020  
12:00 PM – 2:00 PM  
(Video Conference Call)  
Alameda, CA**

**SUMMARY OF PROCEEDINGS**

**Board of Governors on Conference Call:** Dr. Evan Seevak (Chair), Rebecca Gebhart (Vice Chair), Dr. Noha Aboelata, Aarondeep Basrai, Dr. Rollington Ferguson, Marty Lynch, Delvecchio Finley, Nicholas Peraino, Wilma Chan, Dr. Michael Marchiano, Feda Almaliti, Dr. Kelley Meade

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

**Board Members Excused:** David B. Vliet

**Guest Speakers:** None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
<b>1. CALL TO ORDER</b>			
Dr. Seevak	The regular board meeting was called to order by Dr. Seevak at 12:00 PM.	None	None
<b>2. ROLL CALL</b>			
Dr. Seevak	A telephonic roll call was taken of the Board Members and a quorum was confirmed.	None	None
<b>3. AGENDA APPROVAL OR MODIFICATIONS</b>			
Dr. Seevak	None	None	None
<b>4. INTRODUCTIONS</b>			
Dr. Seevak	Introduction of Board Members, Staff, and Guests was completed.	None	None

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

Dr. Seevak	<p>Dr. Seevak presented the Consent Calendar.</p> <ul style="list-style-type: none"> <li>June 12, 2020 Board of Governors Meeting Minutes.</li> <li>2020 Procurement Policy VMG-04_Policy and Procedure. <ul style="list-style-type: none"> <li>Update on Procurement Policy.</li> </ul> </li> </ul> <p>Motion to Approve June 12, 2020 Board Of Governors Meeting Minutes.</p> <p>A vote by roll call was taken and the motion passed.</p> <p>Motion to Approve 2020 Procurement Policy VMG-04_Policy And Procedure.</p> <p>A vote by roll call was taken and the motion passed.</p>	<p><u>Motion to Approve June 12, 2020 Board Of Governors Meeting Minutes.</u></p> <p><u>Motion:</u> M. Lynch <u>Second:</u> Dr. K. Meade</p> <p><u>Vote:</u> Yes</p> <p>No opposed or abstained.</p> <p><u>Motion to Approve 2020 Procurement Policy VMG-04_Policy And Procedure.</u></p> <p><u>Motion:</u> A. Basrai <u>Second:</u> Dr. R. Ferguson</p> <p><u>Vote:</u> Yes</p> <p>No opposed or abstained.</p>	None
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#### 6. a. BOARD MEMBER REPORT – COMPLIANCE ADVISORY COMMITTEE

R. Gebhart	<p>The Compliance Advisory Committee was held telephonically on July 10, 2020, at 10:30 AM.</p> <p>Dr. Seevak and Feda Almaliti attended the meeting.</p>	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	
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AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>Rebecca Gebhart gave the following updates:</p> <p>2020 DMHC Medical Services Audit (follow-up from 2018 and 2019 audits):</p> <ul style="list-style-type: none"> <li>• 2018 audit there were 12 original deficiencies.</li> <li>• These were reviewed in 2019 and again in 2020.</li> <li>• The State is interpreting that 5 deficiencies are still not corrected.</li> <li>• The Alliance audited all 5 of the deficiencies in detail. Deficiencies were: <ul style="list-style-type: none"> <li>○ The Alliance interpreted one member's communication as a request for information but the State is interpreting it as a complaint. This is a difference of opinion.</li> <li>○ Timing of when we solved the problem and when the States look back period occurred.</li> <li>○ The Alliance misinterpreted the problem and had to go back and solve the correct problem.</li> </ul> </li> </ul> <p>Lesson learned:</p> <ul style="list-style-type: none"> <li>• We need to clearly understand the deficiencies.</li> <li>• Communicate with our regulators timely regarding deficiencies.</li> <li>• Continue to increase the level of internal control to solve, monitor, and track deficiencies.</li> </ul> <p>Audit report will be published today.</p> <p>Question:</p> <ul style="list-style-type: none"> <li>• At this point, I would suggest to accept regulators opinions and move forward.</li> </ul> <p>Answer:</p> <ul style="list-style-type: none"> <li>• Yes, we need to move forward and understand the regulators opinions.</li> </ul> <p>NCQA Accreditation status:</p> <ul style="list-style-type: none"> <li>• In a review this spring we passed on both lines of business except for a Notice of Authorization (NOA) in Utilization Management.</li> <li>• The Alliance requested a re-review and asked for a Corrective Action Plan (CAP) on the NOA.</li> </ul>		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<ul style="list-style-type: none"> <li>We were granted a CAP on July 1, and we are now accredited on both lines of business for the next 3 years.</li> <li>We will continue to report to the Board on the work and solutions of the CAP.</li> </ul> <p>HEDIS Update:</p> <ul style="list-style-type: none"> <li>Tiffany reported on the HEDIS score card.</li> </ul>		
<b>6. b. BOARD MEMBER REPORT – FINANCE COMMITTEE</b>			
Dr. Ferguson	<p>The Finance Committee was held telephonically on Tuesday, July 7, 2020.</p> <p>Dr. Ferguson gave the following updates:</p> <p>Finance Issues:</p> <ul style="list-style-type: none"> <li>Dr. Ferguson expressed concerns about the Safety-Net Sustainability Fund as the Alliance is expected to be at a loss for the upcoming fiscal year and questioned if the Alliance should continue with the Safety-Net Sustainability Fund grants.</li> <li>Scott's report today will be updating the Board on the Safety-Net Sustainability Fund and it was decided to wait to discuss this issue until then.</li> <li>The administrative expense has increased and Gil will report on this increase during his report.</li> </ul>	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	
<b>7. CEO UPDATE</b>			
S. Coffin	<p>Scott Coffin presented the following CEO updates.</p> <p>Announcements:</p> <ul style="list-style-type: none"> <li>Ruth Watson, Chief of Projects started in mid-June 2020.</li> <li>Richard Golfin, III, Chief of Compliance will start July 13, 2020.</li> </ul>	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>California State Budget &amp; Economic Impacts:</p> <ul style="list-style-type: none"> <li>• Governor Newsom, signed the State Budget in June, but there is a potential for an August revise. This would have an impact to funding and covered services in the Medi-Cal program.</li> <li>• A trailer bill is being passed that authorizes DHCS to reduce capitated rates and to implement a risk corridor.</li> <li>• Medi-Cal enrollment has increased by nearly 12,000 members (March through June), primarily driven by higher unemployment.</li> <li>• The DHCS Pharmacy transition is on schedule for January 1, 2021.</li> <li>• A new Medi-Cal benefit which starts January 2021 is "Long-Term Care at Home". Guidance and details to be rolled out in the future.</li> <li>• Benefit change to occur in non-medical transportation from a 1-day notice to a 5-day notice. Communications will be sent to the Board and providers as the changes occur.</li> <li>• The Alliance staff continues to work remotely through the end of the year. The Alliance is following Alameda County Public Health Department guidance and advice. We are keeping close track of current situations to stay compliant and following steps necessary to be safe.</li> </ul> <p>Compliance Virtual Audits:</p> <ul style="list-style-type: none"> <li>• Annual DHCS Medical Survey, October 2020</li> <li>• DMHC Medical Survey, April 2021</li> </ul>		
<b>8. a. BOARD BUSINESS – DISCUSSION AND VOTE</b>			
Dr. Seevak	<ul style="list-style-type: none"> <li>• Board Member vote for Consumer Member Seat – Natalie Williams.</li> <li>• Board Member vote for Labor Stakeholders Seat – SEIU United Healthcare Workers West – Byron Lopez.</li> </ul>	<p><u>Motion to Approve</u> <u>Board Member vote for</u> <u>Consumer Member</u> <u>Seat</u></p> <p><u>Motion:</u> Marty Lynch</p>	None



AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>A motion was made to accept Natalie Williams in the Consumer Member Seat.</p> <p>A vote by roll call was taken and the motion passed.</p> <p>A motion was made to accept Byron Lopez in the Labor Stakeholder Member Seat.</p> <p>A vote by roll call was taken and the motion passed.</p>	<p><u>Second:</u> Feda Almaliti</p> <p><u>Vote:</u> Yes</p> <p>No opposed or abstained.</p> <p><u>Board Member vote for Labor Stakeholders Seat – SEIU United Healthcare Workers West</u></p> <p><u>Motion:</u> Dr. Ferguson <u>Second:</u> Dr. Marchiano</p> <p><u>Vote:</u> Yes</p> <p>No opposed or abstained.</p>	
<b>CHANGE IN AGENDA ITEMS</b>			
	<p>Marty Lynch asked that the Finance Report be moved before the Safety-Net Sustainability Fund Report.</p> <p>The Agenda was modified to reflect that Board Business 8b and 8c were interchanged on the agenda.</p>	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	None
<b>8. b. BOARD BUSINESS – REVIEW AND APPROVE MAY 2020 MONTHLY FINANCIAL STATEMENTS</b>			
G. Riojas	<p>Gil Riojas gave the following May Finance updates:</p> <p>Enrollment:</p> <ul style="list-style-type: none"> <li>For the month ending May 31, 2020, the Alliance had enrollment of</li> </ul>	<p><u>Motion:</u> Dr. Ferguson <u>Second:</u> Feda Almaliti</p>	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>252,971 members, a Net Income of \$1.6M and the Tangible Net Equity is 628%.</p> <ul style="list-style-type: none"> <li>• Our enrollment has increased 3,720 members since April 2020.</li> </ul> <p>Net Income:</p> <ul style="list-style-type: none"> <li>• For the month ending May 31, 2020, the Actual Net Income was \$1.6M and the Budgeted Net Loss was \$263,000.</li> <li>• Year-to-Date (YTD) ending May 31, 2020 the actual YTD net income was \$20.4M and the budgeted YTD net income was \$2.8M. The favorable variance is due to higher than anticipated revenue and lower than anticipated medical expenses.</li> </ul> <p>Revenue:</p> <ul style="list-style-type: none"> <li>• For the month ending May 31, 2020, the actual revenue was \$79.8M vs. the budgeted revenue of \$77.2M.</li> <li>• For the year-to-date, the Alliance recorded revenue of \$883.8M vs. budgeted revenue of \$860.7M.</li> </ul> <p>Medical Expense:</p> <ul style="list-style-type: none"> <li>• For the month ending May 31, 2020, actual medical expenses were \$69.1M vs. our budgeted medical expense of \$72.8M.</li> <li>• Actual YTD medical expenses was \$813.0M vs. budgeted YTD medical expense of \$806.2M.</li> </ul> <p>Medical Loss Ratio (MLR):</p> <ul style="list-style-type: none"> <li>• For the month ending May 31, 2020, the MLR was 86.6% vs. year-to-date of 92.0%.</li> </ul> <p>Administrative Expense:</p> <ul style="list-style-type: none"> <li>• For the month ending May 31, 2020, actual administrative expenses were \$9.3M vs. budgeted administrative expense \$5.0M.</li> <li>• Actual administrative expense YTD is \$54.1M vs. budgeted \$55.4M.</li> <li>• The increase in this month's Administrative Expense is primarily due to the Safety-Net Sustainability Funding. The \$5 million was</li> </ul>	<p>Motion passed by roll call.</p> <p><u>Vote:</u> Yes</p> <p>No opposed or abstained.</p>	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>allocated as an Administrative Expense due to State criteria.</p> <p>Other Income / (Expense):</p> <ul style="list-style-type: none"> <li>As of May 31, 2020, our YTD interest income from investments is \$4.4M, and YTD claims interest expense is \$304,000.</li> </ul> <p>Tangible Net Equity (TNE):</p> <ul style="list-style-type: none"> <li>Tangible net equity results continue to remain healthy, and at the end of May 31, 2020, the TNE was reported at 628% of the required amount.</li> </ul> <p>Cash Position and Assets:</p> <ul style="list-style-type: none"> <li>For the month ending May 31, 2020, \$276.3M reported in cash; \$140.7M is uncommitted cash. Our current ratio is above the minimum required at 1.77, as compared to the regulatory minimum of 1.0.</li> </ul> <p>Risk Corridor Overview:</p> <ul style="list-style-type: none"> <li>Gil presented a Risk Corridor Overview Presentation.</li> </ul> <p>Questions:</p> <ul style="list-style-type: none"> <li>The \$10.0M that we are accruing this month, where are you putting that in the expenses?</li> </ul> <p>Answer:</p> <ul style="list-style-type: none"> <li>It is not reported as an expense, it is reported as a deduction to our revenue.</li> </ul> <p>Motion to approve the May 2020 financial report as presented.</p> <p>A vote by roll call was taken and the motion passed.</p>		
<b>8. c. BOARD BUSINESS – SAFETY-NET SUSTAINABILITY FUND</b>			
S. Coffin	<p>Scott presented the update of the Safety-Net Sustainability Fund to the Board of Governors.</p> <p>This report of the Safety-Net Sustainability Fund is an update for the month</p>	<p><u>Motion to table this agenda item until the Alliance can seek legal counsel.</u></p>	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>of May 2020.</p> <ul style="list-style-type: none"> <li>Total of 30 applications were received in the month of May. 17 of these applications were eligible and 13 ineligible for this program.</li> <li>After reviewing, approximately \$4.2 million was awarded for the first month, May 2020.</li> <li>Confirmation emails have been sent to Awardees and the payments are going out in July 2020.</li> <li>We have received applications for the month of June and these have been completed, evaluated, and scored.</li> </ul> <p>Questions:</p> <ul style="list-style-type: none"> <li>Is there a conflict of interest because some of the Board entities have received awards? Should these Board members recuse themselves?</li> </ul> <p>Answer:</p> <ul style="list-style-type: none"> <li>It was decided there was a conflict of interest and a special Board meeting would take place after the Alliance seeks legal counsel on the above questions?</li> </ul> <p>Motion to table this agenda item until the Alliance can seek legal counsel regarding Board members needing to recuse themselves from voting on this issue.</p> <p>A vote by roll call was taken and the motion passed.</p> <p>A Special Board Meeting will be set within a couple of weeks after legal opinion is received from general counsel.</p>	<p><u>Motion</u>: Marty Lynch <u>Second</u>: Wilma Chan</p> <p>Motion passed by roll call.</p> <p><u>Vote</u>: Yes</p> <p>Dr. Ferguson abstained.</p>	
<b>8. d. BOARD BUSINESS – REVIEW AND APPROVE PUBLIC STATEMENT OPPOSING STRUCTURAL RACISM</b>			
S. Coffin	Scott presented the Public Statement Opposing Structural Racism to the Board of Governors.	<p><u>Motion</u>: Marty Lynch <u>Second</u>: Dr. Ferguson</p>	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<ul style="list-style-type: none"> <li>A number of Alliance Staff read the Statement out loud.</li> </ul> <p>Motion to approve the Public Statement Opposing Structural Racism and publicize the statement.</p> <p>A vote by roll call was taken and the motion passed.</p>	<p>Motion passed by roll call.</p> <p><u>Vote:</u> Yes</p> <p>No opposed or abstained.</p>	
<b>9. a. STANDING COMMITTEE UPDATES – PEER REVIEW AND CREDENTIALING COMMITTEE</b>			
Dr. O'Brien	<p>The Peer Review and Credentialing Committee (PRCC) was held telephonically on June 16, 2020.</p> <p>Dr. O'Brien gave the following updates:</p> <ul style="list-style-type: none"> <li>There were twelve (12) initial providers approved; including three (3) Primary Care Providers.</li> <li>Additionally, nineteen (19) providers were re-credentialed at this meeting; five (5) Primary Care Providers.</li> </ul>	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	
<b>9. b. STANDING COMMITTEE UPDATES – PHARMACY AND THERAPEUTICS COMMITTEE</b>			
Dr. O'Brien	<p>The Pharmacy And Therapeutics Committee (P&amp;T) was held telephonically on June 16, 2020.</p> <p>Committee Medical Updates:</p> <ul style="list-style-type: none"> <li>Reviewed the efficacy, safety, cost, and utilization profiles of: <ul style="list-style-type: none"> <li>Twenty eight therapeutic categories.</li> <li>Approved thirteen formulary modifications.</li> </ul> </li> </ul>	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<ul style="list-style-type: none"> <li>○ Thirty - four prior authorization guidelines.</li> <li>• Care and cost initiatives: <ul style="list-style-type: none"> <li>○ Pharmacy <ul style="list-style-type: none"> <li>▪ Temporary Pharmacy edits in place due to COVID-19 (early refills, out of network pharmacies, expanded list of 90 day supply).</li> <li>▪ These temporary Pharmacy edits expire the end of July.</li> </ul> </li> </ul> </li> <li>• Physician Administered Drugs (PAD): <ul style="list-style-type: none"> <li>○ Working with providers regarding <ul style="list-style-type: none"> <li>▪ Biosimilar use.</li> <li>▪ Site of care.</li> <li>▪ Channel Management.</li> </ul> </li> <li>○ More information in the future</li> </ul> </li> <li>• Interpreter service changes: <ul style="list-style-type: none"> <li>○ Cyracom is our new primary interpreter vendor <ul style="list-style-type: none"> <li>▪ In-person interpreters.</li> <li>▪ 5-day notice for routine requests via fax.</li> <li>▪ Indications for in-person: ASL &amp; sensitive services.</li> </ul> </li> </ul> </li> </ul>		
<b>9. c. STANDING COMMITTEE UPDATES – CONSUMER ADVISORY COMMITTEE</b>			
S. Coffin	<p>The Consumer Advisory Committee (MAC) was held telephonically on June 18, 2020.</p> <p>Topics discussed were:</p> <ul style="list-style-type: none"> <li>• Alliance Finances for May and the Preliminary 2021 Budget update.</li> <li>• The Communications and Outreach department updated activities</li> </ul>	<p>Informational update to the Board of Governors.</p> <p>Vote not required.</p>	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<p>from January to March.</p> <ul style="list-style-type: none"> <li>Incident Command updated on COVID-19 crises, the effect on the staff, and the impact to Alliance operations.</li> <li>The Pharmacy department updated on the January 2021 Pharmacy transition.</li> <li>Grievances and Appeals department gave an update.</li> <li>A Cultural Linguistic report was presented.</li> <li>Discussed the new telephonic interpreter services.</li> <li>The Quality Improvement department reported on Timely Access.</li> </ul>		
<b>10. STAFF UPDATES</b>			
S. Coffin	None	None	None
<b>11. UNFINISHED BUSINESS</b>			
S. Coffin	None	None	None
<b>12. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS</b>			
Dr. Seevak	None	None	None
<b>13. PUBLIC COMMENTS (NON-AGENDA ITEMS)</b>			
Dr. Seevak	None	None	None
<b>14. ADJOURNMENT</b>			
Dr. Seevak	Dr. Seevak adjourned the meeting at 2:17 PM.	None	None

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

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

**July 28, 2020  
12:00 PM – 1:00 PM  
(Video Conference Call)  
Alameda, CA**

**SUMMARY OF PROCEEDINGS**

**Board of Governors on Conference Call:** Dr. Evan Seevak (Chair), Rebecca Gebhart (Vice Chair), Dr. Noha Aboelata, Aarondeep Basrai, David B. Vliet, Dr. Rollington Ferguson, Delvecchio Finley, Nicholas Peraino, Dr. Michael Marchiano, Feda Almaliti, Dr. Kelley Meade

**Alliance Staff Present:** Scott Coffin, Dr. Steve O'Brien, Gil Riojas, Tiffany Cheang, Sasi Karaiyan, Anastacia Swift, Jeanette Murray, Matt Woodruff, Richard Golfen, Ruth Watson

**Board Members Excused:** Wilma Chan, Marty Lynch

**Guest Speakers:** None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
<b>1. CALL TO ORDER</b>			
R. Gebhart	A special board meeting was called to order by Rebecca Gebhart at 12:00 PM.	None	None
<b>2. ROLL CALL</b>			
R. Gebhart	A telephonic roll call was taken of the Board Members and a quorum was confirmed.	None	None
<b>3. AGENDA APPROVAL OR MODIFICATIONS</b>			
R. Gebhart	None	None	None
<b>4. INTRODUCTIONS</b>			
R. Gebhart	Introduction of Board Members, Staff, and Guests was completed.	None	None



AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
<b>5. a. BOARD BUSINESS – CEO EMPLOYMENT AGREEMENT</b>			
R. Gebhart	<p>Rebecca introduced the CEO Employment Agreement.</p> <ul style="list-style-type: none"> <li>The Board and the CEO missed two notification dates of the CEO Employment Agreement. May 8<sup>th</sup>, 2020 the CEO was to inform the Board of his intention to continue as CEO or give notice. On June 8<sup>th</sup>, 2020 the Board was to give their notice of intension to the CEO and did not.</li> <li>Today the Board is voting to amend the agreement by changing the date the CEO is to notify the Board and changing the date the Board is to notify the CEO of their intention.</li> </ul> <p>Motion:</p> <ul style="list-style-type: none"> <li>Whereas, due to COVID-19, the CEO and Board missed the notification dates of May 8<sup>th</sup>, 2020 and June 8<sup>th</sup>, 2020 in the CEO Employment Agreement. The motion is to approve the first amendment to the employment agreement modifying the renewal notice dates requiring notice from Mr. Coffin by August 1<sup>st</sup> to the Board with intent and for the Board to notify the CEO with intent to renew by October 15<sup>th</sup>, 2020.</li> </ul> <p>The Motion to the Amendment was approved. Rebecca and Evan will contact the Board and/or Executive Committee regarding the next steps.</p>	<p><u>Motion:</u> D. Finley <u>Second:</u> Dr. Ferguson</p> <p><u>Vote:</u> Yes</p> <p>Feda Almaliti abstained.</p> <p>Motion passed.</p>	None
<b>5. b. BOARD BUSINESS – SAFETY-NET SUSTAINABILITY FUND</b>			
R. Gebhart	<p>Rebecca Gebhart gave a quick overview of the Safety-Net Sustainability Fund.</p> <ul style="list-style-type: none"> <li>All “interested” Board members were excused and left the meeting.</li> <li>The “disinterested” parties staying were: Nickolas Peraino, Feda Almaliti, Rebecca Gebhart, Dr. Ferguson, and Aaron Basrai.</li> </ul>	<p><u>Motion:</u> A. Basrai <u>Second:</u> Dr. Ferguson</p> <p><u>Vote:</u> 3 Yes</p> <p>2 opposed</p>	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<ul style="list-style-type: none"> <li>• Due to COVID-19 and the current situation with the State's future funding, Scott explained how the Safety-Net Sustainability Fund if continued could have a negative effect on the Alliance's finances.</li> <li>• The original motion was "To delay or terminate the funding of the Safety-Net Sustainability Fund effective June 2020".</li> <li>• Dr. Ferguson withdraw his original motion, "To terminate the funding of Safety-Net Sustainability Fund effective June 2020".</li> <li>• Dr. Ferguson presented a new motion.</li> <li>• Motion: To end the Safety-Net Sustainability Fund program but pay Awardees for June 2020.</li> <li>• The motion was not seconded and did not pass. The motion reverted back to the original motion, which was "To delay or terminate the funding of the Safety-Net Sustainability Fund effective June 2020".</li> <li>• A new motion was brought forward by Dr. Ferguson.</li> </ul> <p>Motion:</p> <ul style="list-style-type: none"> <li>• To continue with the Safety-Net Sustainability Fund for the month of June with the awarded amount of \$2.4M and to suspend future allocations until after the final budget in November at which time the Board will reassess the feasibility of the Safety-Net Sustainability Fund.</li> </ul> <p>The Motion was approved.</p> <p>Next Steps:</p> <ul style="list-style-type: none"> <li>• The Alliance is to notify and pay June Awardees.</li> </ul>	Motion passed.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	<ul style="list-style-type: none"> <li>The Alliance is to remove and adjust the Safety-Net Sustainability Fund notification on the Alliance website, and revise it to reflect the decision by the Board to suspend funding, effective June 30, 2020.</li> </ul>		
	<ul style="list-style-type: none"> <li>Motion to adjourn</li> </ul>	<u>Motion:</u> Dr. Ferguson <u>Second:</u> F. Almaliti	

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

RESOLUTION NO. 2020-04

A RESOLUTION OF ALAMEDA ALLIANCE FOR HEALTH  
TO RECOMMEND APPROVAL OF THE REVISED  
ALAMEDA ALLIANCE FOR HEALTH EMPLOYEE SALARY  
STRUCTURE FOR FISCAL YEARS ENDING 2015  
THROUGH 2020 TO THE ALAMEDA ALLIANCE FOR  
HEALTH BOARD OF GOVERNORS

WHEREAS, on July 26, 2013, the Alameda Alliance for Health (AAH) Board of Governors (AAH Board) approved Resolution #13-10 for the Revised AAH Employee Salary Structure for Fiscal Years ending 2013 and 2014; and

WHEREAS, a newly revised Salary Structure is being submitted for AAH Board approval; and

WHEREAS, only compensable earnable, as defined under Government Code Section 20636 and California Code of Regulations §570.5, can be reported to CalPERS and be considered in calculating retirement benefits; and

WHEREAS, according to CalPERS, it is the AAH Board responsibility to approve the salary structure for AAH employees each fiscal year in accordance with public meeting laws; and

WHEREAS, the AAH conducts employee salary surveys every two years using an impartial outside vendor with the last survey completed in September 2019.

NOW, THEREFORE, THE BOARD OF GOVERNORS OF THE ALAMEDA ALLIANCE FOR HEALTH DOES HEREBY RESOLVE, DECLARE, DETERMINE, ORDER, AND RECOMMEND AS FOLLOWS:

SECTION 1. That the AAH Board approves the attachment of the newly revised AAH Salary Structure for fiscal year ending 2015 through fiscal year ending 2020.

SECTION 2. That this resolution and salary structure shall become effective on September 11, 2020.

PASSED AND ADOPTED by the Board at a meeting held on the 11th day of September, 2020.

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CHAIR, BOARD OF GOVERNORS

ATTEST:

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Secretary

Alameda Alliance for Health  
Salary Schedule

July 2019-June 2020

Pay Grade	Job	Effective Date	Hourly	Hourly	Hourly	Annual	Annual	Annual
			HMin	HMid	HMax	SMin	SMid	SMax
<b>Grade 1</b>			<b>16.15</b>	<b>20.19</b>	<b>24.23</b>	<b>33,600.00</b>	<b>42,000.00</b>	<b>50,400.00</b>
	Claims Coordinator	7/1/2016						
	Facilities Clerk	7/1/2018						
	Facilities Coordinator	9/1/2013						
	Information Supprt Clerk	9/1/2013						
	MS Support Services Specialist	7/1/2016						
	Provider Data Clerk	7/1/2018						
	Provider Data Entry Clerk	9/1/2013						
	Provider Network Data Clerk	7/1/2019						
	Receptionist / MS Support Specialist	7/1/2018						
	Support Services Clerk	7/1/2017						
<b>Grade 2</b>			<b>18.58</b>	<b>23.22</b>	<b>27.87</b>	<b>38,640.00</b>	<b>48,300.00</b>	<b>57,960.00</b>
	Claims Processor I	7/1/2015						
	CM Coordinator	7/1/2019						
	Community Health Worker HHWP	7/1/2017						
	Facilities Maintenance Spclst	7/1/2016						
	Grievance & Appeals Clerk	7/1/2016						
	Health Assessment Coordinator	9/1/2013						
	Member Services Rep I	7/1/2015						
	Member Services Representative I - Bilingual Cantonese	7/1/2018						
	Member Services Representative I - Bilingual Spanish	7/1/2018						
	Member Services Representative I - Bilingual Vietnamese	7/1/2018						
	MS Rep I Bilingual	7/1/2017						
	Provider Data Coordinator I	7/1/2015						
	Provider Dispute Rsltn Clerk	7/1/2017						
	Provider Dispute Resolution Coordinator	7/1/2018						
	Provider Relations Rep I	7/1/2014						
<b>Grade 3</b>			<b>21.37</b>	<b>27.51</b>	<b>33.65</b>	<b>44,440.00</b>	<b>57,220.00</b>	<b>70,000.00</b>
	Claims Processor II	7/1/2016						
	Credentialing Coordinator	9/1/2013						
	Grievance and Appeals Coord	9/1/2013						
	Junior Payroll Accountant	7/1/2019						
	Lead Pharmacy Technician	7/1/2018						
	Lead Staff Accountant	9/1/2013						
	Member Services Rep II	7/1/2016						
	Member Services Representative II Bilingual Spanish	7/1/2018						
	MSR II	7/1/2017						
	MSR Rep II Bilingual	7/1/2017						
	Outreach Coordinator	7/1/2014						
	Outreach Coordinator - Bilingual Cantonese/Mandarin	7/1/2018						
	Outreach Coordinator - Bilingual Spanish	7/1/2019						
	Outreach Coordinator - Bilingual Vietnamese	7/1/2018						
	Pharmacy Services Specialist	9/1/2013						
	Provider Data Coordinator II	7/1/2016						
	Provider Relations Coordinator	7/1/2015						
	Provider Relations Rep II	7/1/2015						
	Provider Relations Representative Lead Call Center	7/1/2018						
<b>Grade 4</b>			<b>24.57</b>	<b>30.71</b>	<b>36.85</b>	<b>51,100.00</b>	<b>63,870.00</b>	<b>76,640.00</b>
	C&L Services Specialist	7/1/2019						
	Claims Analyst	9/1/2013						
	Claims Processor III	7/1/2016						
	Compliance Coordinator	7/1/2014						
	Contract Specialist	9/1/2013						
	Education Specialist	7/1/2019						
	Facility Site Rev QI Coordinat	9/1/2013						
	GL Accountant	9/1/2013						
	Health Programs Coordinator	9/1/2013						
	Lead Data Coordinator	7/1/2019						
	Lead Grievance and Appeals Co	9/1/2013						
	Member Services Rep III	7/1/2017						
	Member Services Representative III - Bilingual Cantonese	7/1/2019						
	Outreach Supervisor	7/1/2019						
	Provider Data Coordinator III	7/1/2016						
	Provider Data QA Specialist	7/1/2015						
	Provider Relations Rep III	7/1/2014						
	Quality Programs Coordinator	7/1/2017						
	Regulatory/Legal Assistant	7/1/2018						
	Service Desk Coordinator	9/1/2013						
	Utilization Mgmt Coordinator	7/1/2015						
	Vendor Management Analyst	7/1/2016						
	Vendor Management Analyst I	7/1/2019						

Alameda Alliance for Health  
Salary Schedule

July 2019-June 2020

Pay Grade	Job	Effective Date	Hourly	Hourly	Hourly	Annual	Annual	Annual
			HMin	HMid	HMax	SMin	SMin	SMax
<b>Grade 5</b>			<b>28.25</b>	<b>35.31</b>	<b>42.38</b>	<b>58,760.00</b>	<b>73,455.00</b>	<b>88,150.00</b>
	Accreditation and Regulatory Compliance Specialist	7/1/2019						
	Assistant to the CEO and Board of Governors	7/1/2019						
	Claims Specialist	7/1/2016						
	Claims Specialist Lead	7/1/2018						
	Claims Specialist - Provider Services	7/1/2018						
	Communications & Content Splst	7/1/2016						
	Communications & Media Spec	7/1/2014						
	Compliance Auditor	7/1/2014						
	Executive Administrator	7/1/2017						
	Executive Assistant	7/1/2014						
	Executive Assistant to Chief Operating Officer	7/1/2018						
	Health Educator	9/1/2013						
	Health Navigator	9/1/2013						
	HEDIS Retriever - Seasonal	7/1/2018						
	Housing Navigator Health Homes	7/1/2019						
	IT Service Desk Support Technician	7/1/2017						
	Lead Claims Analyst	7/1/2014						
	Medical Coder	9/1/2013						
	Medical Social Worker	7/1/2017						
	Provider Dispute Resolution Analyst	7/1/2016						
	Provider Relations Rep IV	7/1/2015						
	Quality Assurance Specialist	9/1/2013						
	Quality Improvement Project Specialist	7/1/2015						
	Quality Specialist	7/1/2014						
	Recruiter	7/1/2018						
	Regulatory Compliance Specialist	7/1/2015						
	Senior HR Specialist	7/1/2015						
	Senior Payroll Accountant	7/1/2015						
	Service Desk Supprt Technician	9/1/2013						
	Sr GL Accountant	9/1/2013						
	Sr Util Management Specialist	7/1/2014						
	Supervisor Facilities	7/1/2016						
	Support Services Spvsr	7/1/2015						
	Talent & Quality Dvlpmnt Spcls	7/1/2016						
	Technical Analyst I	7/1/2014						
	TOC Health Navigator	7/1/2017						
	TOC Social Worker	7/1/2017						
	Utilization Mgmt Specialist	7/1/2016						
	Vendor Management Analyst II	7/1/2019						
<b>Grade 6</b>			<b>32.49</b>	<b>40.61</b>	<b>48.73</b>	<b>67,570.00</b>	<b>84,465.00</b>	<b>101,360.00</b>
	Analyst Healthcare	7/1/2019						
	Claims Operations Trainer	7/1/2014						
	Configuration Analyst	7/1/2014						
	Contract Management Administrator	7/1/2019						
	Facilities Manager	7/1/2018						
	HealthCare Analyst	7/1/2014						
	Inpatient Util Mgmt LVN	7/1/2014						
	Interim Manager, Peer Review and Credentialing	7/1/2019						
	Interim Manager, Claims Recovery and Resolution	7/1/2019						
	Interim Facilities Manager	7/1/2019						
	Lead Accountant	7/1/2019						
	Learning Development and Quality Supervisor	7/1/2019						
	Mgr Claims Recvry and Resln	7/1/2014						
	Member Svs Supervisor	7/1/2015						
	Provider Reln Call Ctr Spv	7/1/2016						
	Supervisor Claims Processing	7/1/2016						
	Supervisor Claims Support Services	7/1/2016						
	Supervisor Outpatient Utilization Management	7/1/2014						
	Supervisor, Provider Relations Call Center	7/1/2018						

Alameda Alliance for Health  
Salary Schedule

July 2019-June 2020

Pay Grade	Job	Effective Date	Hourly	Hourly	Hourly	Annual	Annual	Annual
			HMin	HMid	HMax	SMin	SMid	SMax
<b>Grade 7</b>			<b>37.36</b>	<b>46.70</b>	<b>56.04</b>	<b>77,710.00</b>	<b>97,140.00</b>	<b>116,570.00</b>
	Business System Analyst	7/1/2019						
	Case Manager	9/1/2013						
	Clinical RN Specialist	9/1/2013						
	Comp Benefits Manager	7/1/2015						
	Compliance Manager	9/1/2013						
	Data Quality Analyst	9/1/2013						
	Grievance & Appeals Manager	7/1/2015						
	Interim Manager, Claims Production	7/1/2019						
	Interim Case Manager	7/1/2019						
	Interim Complex Case Manager, Nurse	7/1/2019						
	Interim Manager, Communications & Outreach	7/1/2019						
	Interim Manager, Grievance and Appeals	7/1/2019						
	Interim Public Affairs Manager	7/1/2019						
	Jr. Business Analyst	7/1/2016						
	Jr. Systems Administrator	7/1/2015						
	Legal Analyst	7/1/2017						
	Manager Community Relations	7/1/2015						
	Manager, Claims Production	7/1/2016						
	Manager, Public Relations	7/1/2017						
	Mgr Peer Review Credentialing	7/1/2016						
	Nurse Liaison for Community Care Management	7/1/2018						
	OB Case Manager	7/1/2016						
	Public Affairs Manager	7/1/2018						
	Quality Improv Nurse Specialist	7/1/2015						
	Retrospective UM Nurse	7/1/2016						
	Senior Analyst, Healthcare	7/1/2017						
	Senior Analyst Operations	7/1/2019						
	Senior Business Intelligence Analyst (Analytics)	7/1/2019						
	Senior Data Analyst Healthcare	7/1/2017						
	Senior Financial Analyst	7/1/2015						
	Senior HealthCare Analyst	9/1/2013						
	Senior Service Desk Technician	7/1/2017						
	Sr Financel Analyst HealthCare	9/1/2013						
	Sr Financial Analyst Planning	9/1/2013						
	Strategic Account Representative	7/1/2019						
	Technical Writer	7/1/2017						
	Whole Person Care Data Analyst	7/1/2017						
<b>Grade 8</b>			<b>42.96</b>	<b>53.70</b>	<b>64.45</b>	<b>89,360.00</b>	<b>111,705.00</b>	<b>134,050.00</b>
	Business Analyst	7/1/2014						
	Clinical Nurse Specialist, G&A Unit	7/1/2018						
	Clinical Nurse Specialist, PDR Unit	7/1/2018						
	Clinical Review Nurse	7/1/2019						
	Clinical Supervisor Utilization Management	7/1/2019						
	CM RN Supervisor	7/1/2019						
	Complex Case Manager, Nurse	7/1/2017						
	EDI Analyst	7/1/2014						
	ETL Developer	7/1/2014						
	Inpatient Util Mgmt Reviewer	7/1/2014						
	Inpatient Utiliz Mgmt RN	7/1/2014						
	Interim Manager, Accounting	7/1/2019						
	Interim Project Manager	7/1/2019						
	Interim Manager, Member Services	7/1/2019						
	Interim Lead Complex Case Manager	7/1/2019						
	Interim Manager, Access to Care	7/1/2019						
	Interim Manager, Health Education	7/1/2019						
	Jr. ETL Developer	7/1/2019						
	Jr. Application Developer	7/1/2019						
	Lead Complex Case Manager	7/1/2016						
	Lead Financial Analyst Healthcare	7/1/2019						
	Lead Financial Analyst Planning	7/1/2019						
	Manager, Access to Care	7/1/2018						
	Manager Accounting	7/1/2014						
	Manager Claims Operations Support	7/1/2019						
	Manager, Health Education	7/1/2017						
	Manager, Provider Services	7/1/2018						
	Member Services Manager	7/1/2018						
	Out of Plan Nurse Specialist	7/1/2018						
	Outpatient Utilization Management Nurse	7/1/2014						
	Project Manager	7/1/2015						
	Quality Review Nurse	7/1/2016						
	Senior Configuration Analyst (IT)	7/1/2019						
	Senior HR Generalist	7/1/2014						
	Sr. ETL Analyst	7/1/2016						
	Systems Administrator	9/1/2013						
	Technical Analyst II	7/1/2014						
	Technical Business Analyst	7/1/2018						
	Technical PMO Business Analyst	7/1/2017						
	Technical Quality Assurance Analyst	7/1/2014						

Alameda Alliance for Health  
Salary Schedule

July 2019-June 2020

Pay Grade	Job	Effective Date	Hourly	Hourly	Hourly	Annual	Annual	Annual
			HMin	HMid	HMax	SMin	SMid	SMax
Grade 9			49.41	61.76	74.11	102,770.00	128,460.00	154,150.00
	Business Objects Adm Developer	7/1/2015						
	Change Control Process Improvement Manager	7/1/2018						
	Clinical Manager, Health Homes	7/1/2019						
	Clinical Quality Manager	7/1/2018						
	EDI Manager	7/1/2016						
	Interim Change Control & Process Improvement Manager	7/1/2019						
	Interim Clinical Manager, Health Homes	7/1/2019						
	Interim Clinical Quality Manager	7/1/2019						
	Interim EDI Manager	7/1/2019						
	Interim Manager, Analytics	7/1/2019						
	Interim Manager, Applications	7/1/2019						
	Interim Manager, Case Management	7/1/2019						
	Interim Manager, Healthcare Analytics	7/1/2019						
	Interim Manager, Inpatient Utilization Management	7/1/2019						
	Interim Manager, Inpatient Utilization Management	7/1/2019						
	Interim Manager, Outpatient Utilization Management	7/1/2019						
	Interim Manager, Service Desk	7/1/2019						
	Interim Manager, Transition of Care	7/1/2019						
	Interim Manager, Vendor Management	7/1/2019						
	Interim Program Manager / Senior Project Manager - Managed Care	7/1/2019						
	Interim Program Reimbursement Manager	7/1/2019						
	Interim Senior Project Manager	7/1/2019						
	Lead System Administrators	7/1/2018						
	Manager Analytics	7/1/2018						
	Manager Applications	7/1/2014						
	Manager Case Management	7/1/2016						
	Manager HealthCare Analytics	7/1/2016						
	Manager Transition of Care	9/1/2013						
	Manager Vendor Management	7/1/2016						
	Manager, IT Service Desk	7/1/2016						
	Mgr Inpatient Utilization Mgmt	7/1/2015						
	Mgr Outpatient Utiliz Mgmt	7/1/2014						
	Program Mgr/Sr. PM, Mngd Care	7/1/2017						
	Program Reimbursement Manager	7/1/2018						
	Senior Business Analyst	7/1/2017						
	Senior ETL Developer	9/1/2014						
	Sharepoint Developer	7/1/2015						
	Sr Project Manager	7/1/2015						
	Sr Qlty Improv Nurse Spclst	7/1/2014						
	Supervisor QA and Analysis	7/1/2015						
	Technical PMO Business Analyst	7/1/2017						
	Technical Quality Assurance Analyst	7/1/2014						



Alameda Alliance for Health  
Salary Schedule

July 2019-June 2020

Pay Grade	Job	Effective Date	Hourly HMin	Hourly HMid	Hourly HMax	Annual SMin	Annual SMid	Annual SMax
Grade 10			52.88	69.06	85.24	110,000.00	143,645.00	177,290.00
	Applications Development Supervisor	7/1/2018						
	Assistant Controller	9/1/2013						
	Associate Director, Infrastructure	7/1/2018						
	Clinical Pharmacist	9/1/2013						
	Data Architect	9/1/2013						
	Data Architect and Delivery Manager	7/1/2019						
	Director Accreditation	7/1/2015						
	Director Claims	7/1/2015						
	Director Complaints and ResIns	7/1/2015						
	Director Compliance	7/1/2016						
	Director Healthcare Analytics	7/1/2016						
	Director Member Services	9/1/2013						
	Director, Health Care Services	7/1/2018						
	Director, Quality Analytics	7/1/2017						
	Director, Quality Assurance	7/1/2018						
	Interim Assistant Controller	7/1/2019						
	Interim Associate Director, Infrastructure	7/1/2019						
	Interim Data Architect and Delivery Manager	7/1/2019						
	Interim Director of Accreditation	7/1/2019						
	Interim Director, Claims	7/1/2019						
	Interim Director, Clinical Services	7/1/2019						
	Interim Director, Complaints and Resolutions	7/1/2019						
	Interim Director, Compliance	7/1/2019						
	Interim Director, Health Care Services	7/1/2019						
	Interim Director, Healthcare Analytics	7/1/2019						
	Interim Director, Member Services	7/1/2019						
	Interim Director, Quality Analytics	7/1/2019						
	Interim Director, Quality Assurance	7/1/2019						
	Interim Manager Financial Planning & Analysis - Healthcare	7/1/2019						
	Interim Manager, Corporate Planning	7/1/2019						
	Interim Manager, Data Integration	7/1/2019						
	Manager Corporate Planning	9/1/2013						
	Manager Data Integration	9/1/2013						
	Mgr Fin Pln and Analys HlthCar	7/1/2015						
	Mgr Fn Pln and Analys Planning	9/1/2014						
	Quality Improvement Supervisor	7/1/2017						
	Senior .Net Developer	7/1/2014						
	Senior Infrastructure Engineer	7/1/2017						
	Senior Manager - Financial Planning & Analysis	7/1/2019						
	Senior Network Analyst	7/1/2014						
	Sr Database Administrator	7/1/2014						
	Systems Engineer	9/1/2014						
	Voice Engineer	7/1/2019						
Grade 11			65.34	81.68	98.01	135,910.00	169,890.00	203,870.00
	Controller	7/1/2014						
	Development and Data Integration Director	7/1/2019						
	Director Clinical Initiatives and Clinical Leadership Development	7/1/2019						
	Director Pharmacy Services	7/1/2016						
	Director Provider Services	7/1/2016						
	Information Security Director	7/1/2018						
	Interim Controller	7/1/2019						
	Interim Director, Financial Planning & Analysis	7/1/2019						
	Interim Director, Project MANAGEMENT OFFICE	7/1/2019						
	Interim Director, Provider Services	7/1/2019						
	Interim Senior Director Facilities	7/1/2019						
	Interim Director, Clinical Initiatives and Clinical Leadership Developn	7/1/2019						
	Interim Director, Pharmacy Services	7/1/2019						
	Senior Director Facilities	7/1/2015						
Grade 12			75.15	93.94	112.73	156,312.00	195,390.00	234,468.00
	Director Applications Development	7/1/2016						
	Director Applications Management and Configuration	7/1/2017						
	Director Fin Plan and Analysis	9/1/2013						
	Director Infrastructure	7/1/2016						
	Executive Director HR	7/1/2014						
	Interim Director, Infrastructure	7/1/2019						
	Interim Director, Application Management & Configuration	7/1/2019						
	Interim Director, Application Management	7/1/2019						
	Interim Executive Director, Human Resources	7/1/2019						
	Interim Senior Director of Quality	7/1/2019						
	Interim Senior Director/Pharmacy Services	7/1/2019						
	Senior Director Pharmacy Services	7/1/2018						
	Senior Director Quality	7/1/2018						
	Senior Program Director	7/1/2019						

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Salary Schedule

July 2019-June 2020

Pay Grade	Job	Effective Date	Hourly	Hourly	Hourly	Annual	Annual	Annual
			HMin	HMid	HMax	SMin	SMid	SMax
<b>Grade 13</b>			<b>90.17</b>	<b>112.72</b>	<b>135.26</b>	<b>187,560.00</b>	<b>234,460.00</b>	<b>281,340.00</b>
	Executive Director Information Technology	7/1/2018						
	Interim Executive Director, IT	7/1/2019						
<b>Grade 14</b>			<b>96.15</b>	<b>115.38</b>	<b>144.23</b>	<b>200,000.00</b>	<b>240,000.00</b>	<b>300,000.00</b>
	Interim Medical Director	7/1/2019						
	Interim Quality Improvement Medical Director	7/1/2019						
	Medical Director	7/1/2014						
	Quality Improvement Medical Director	7/1/2017						
<b>Grade 15</b>			<b>108.17</b>	<b>135.82</b>	<b>162.26</b>	<b>225,000.00</b>	<b>282,500.00</b>	<b>337,500.00</b>
	CCO General Counsel	7/1/2014						
	Chief Analytics Officer	7/1/2017						
	Chief Compliance Officer	7/1/2014						
	Chief Financial Officer	7/1/2014						
	Chief Information Officer	7/1/2014						
	Chief Medical Officer	7/1/2014						
	Chief of Projects	7/1/2019						
	Chief Operating Officer	7/1/2014						
	Interim Chief Operating Officer (COO)	7/1/2019						
	Interim Chief Financial Officer	7/1/2019						
	Interim Chief Medical Officer	7/1/2019						
	Interim Chief Analytics Officer	7/1/2019						
<b>Grade 17</b>			<b>152.04</b>	<b>190.05</b>	<b>228.06</b>	<b>316,240.00</b>	<b>395,300.00</b>	<b>474,360.00</b>
	Chief Executive Officer	7/1/2014						
	Interim Chief Executive Officer	7/1/2019						

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Salary Schedule July 2018-June 2019

Pay Grade	Job	Effective Date	Hourly	Hourly	Hourly	Annual	Annual	Annual
			HMin	HMid	HMax	SMin	SMin	SMax
<b>Grade 1</b>			<b>16.15</b>	<b>20.19</b>	<b>24.23</b>	<b>33,600.00</b>	<b>42,000.00</b>	<b>50,400.00</b>
	Claims Coordinator	7/1/2016						
	Facilities Clerk	7/1/2018						
	Facilities Coordinator	9/1/2013						
	Information Supprt Clerk	9/1/2013						
	MS Support Services Specialist	7/1/2016						
	Provider Data Clerk	7/1/2018						
	Provider Data Entry Clerk	9/1/2013						
	Receptionist / MS Support Specialist	7/1/2018						
	Support Services Clerk	7/1/2017						
<b>Grade 2</b>			<b>18.58</b>	<b>23.22</b>	<b>27.87</b>	<b>38,640.00</b>	<b>48,300.00</b>	<b>57,960.00</b>
	Claims Processor I	7/1/2015						
	Community Health Worker HHWP	7/1/2017						
	Facilities Maintenance Spclst	7/1/2016						
	Grievance & Appeals Clerk	7/1/2016						
	Health Assessment Coordinator	9/1/2013						
	Member Services Rep I	7/1/2015						
	Member Services Representative I - Bilingual Cantonese	7/1/2018						
	Member Services Representative I - Bilingual Spanish	7/1/2018						
	Member Services Representative I - Bilingual Vietnamese	7/1/2018						
	MS Rep I Bilingual	7/1/2017						
	Provider Data Coordinator I	7/1/2015						
	Provider Dispute Resolution Coordinator	7/1/2018						
	Provider Dispute Rsltn Clerk	7/1/2017						
	Provider Relations Rep I	7/1/2014						
<b>Grade 3</b>			<b>21.37</b>	<b>27.51</b>	<b>33.65</b>	<b>44,440.00</b>	<b>57,220.00</b>	<b>70,000.00</b>
	Claims Processor II	7/1/2016						
	Credentialing Coordinator	9/1/2013						
	Grievance and Appeals Coord	9/1/2013						
	Lead Pharmacy Technician	7/1/2018						
	Lead Staff Accountant	9/1/2013						
	Member Services Rep II	7/1/2016						
	Member Services Representative II Bilingual Spanish	7/1/2018						
	MSR II	7/1/2017						
	MSR Rep II Bilingual	7/1/2017						
	Outreach Coordinator	7/1/2014						
	Outreach Coordinator - Bilingual Cantonese/Mandarin	7/1/2018						
	Outreach Coordinator - Bilingual Vietnamese	7/1/2018						
	Pharmacy Services Specialist	9/1/2013						
	Provider Data Coordinator II	7/1/2016						
	Provider Relations Coordinator	7/1/2015						
	Provider Relations Rep II	7/1/2015						
	Provider Relations Representative Lead Call Center	7/1/2018						
<b>Grade 4</b>			<b>24.57</b>	<b>30.71</b>	<b>36.85</b>	<b>51,100.00</b>	<b>63,870.00</b>	<b>76,640.00</b>
	Claims Analyst	9/1/2013						
	Claims Processor III	7/1/2016						
	Compliance Coordinator	7/1/2014						
	Contract Specialist	9/1/2013						
	Education Specialist	7/1/2017						
	Facility Site Rev QI Coordinat	9/1/2013						
	GL Accountant	9/1/2013						
	Health Programs Coordinator	9/1/2013						
	Lead Data Coordinator	7/1/2017						
	Lead Grievance and Appeals Coo	9/1/2013						
	Member Services Rep III	7/1/2017						
	Provider Data Coordinator III	7/1/2016						
	Provider Data QA Specialist	7/1/2015						
	Provider Relations Rep III	7/1/2014						
	Quality Programs Coordinator	7/1/2017						
	Regulatory/Legal Assistant	7/1/2018						
	Service Desk Coordinator	9/1/2013						
	Utilization Mgmnt Coordinator	7/1/2015						
	Vendor Management Analyst	7/1/2016						

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			HMin	HMid	HMax	SMin	SMid	SMax
<b>Grade 5</b>			<b>28.25</b>	<b>35.31</b>	<b>42.38</b>	<b>58,760.00</b>	<b>73,455.00</b>	<b>88,150.00</b>
	Claims Specialist	7/1/2016						
	Claims Specialist - Provider Services	7/1/2018						
	Claims Specialist Lead	7/1/2018						
	Communications & Content Splst	7/1/2016						
	Communications & Media Spec	7/1/2014						
	Compliance Auditor	7/1/2014						
	Executive Assistant	7/1/2014						
	Executive Assistant to Chief Operating Officer	7/1/2018						
	Health Educator	9/1/2013						
	Health Navigator	9/1/2013						
	HEDIS Retriever - Seasonal	7/1/2018						
	IT Service Desk Support Technician	7/1/2017						
	Lead Claims Analyst	7/1/2014						
	Medical Coder	9/1/2013						
	Medical Social Worker	7/1/2017						
	Provider Dispute Resolution Analyst	7/1/2016						
	Provider Relations Rep IV	7/1/2015						
	Quality Assurance Specialist	9/1/2013						
	Quality Improvement Project Specialist	7/1/2015						
	Quality Specialist	7/1/2014						
	Recruiter	7/1/2018						
	Regulatory Compliance Specialist	7/1/2015						
	Senior HR Specialist	7/1/2015						
	Senior Payroll Accountant	7/1/2015						
	Service Desk Supprt Technician	9/1/2013						
	Sr GL Accountant	9/1/2013						
	Sr Util Management Specialist	7/1/2014						
	Supervisor Facilities	7/1/2016						
	Support Services Spvsr	7/1/2015						
	Talent & Quality Dvlpmnt Spcls	7/1/2016						
	Technical Analyst I	7/1/2014						
	TOC Health Navigator	7/1/2017						
	TOC Social Worker	7/1/2017						
	Utilization Mgmt Specialist	7/1/2016						
<b>Grade 6</b>			<b>32.49</b>	<b>40.61</b>	<b>48.73</b>	<b>67,570.00</b>	<b>84,465.00</b>	<b>101,360.00</b>
	Claims Operations Trainer	7/1/2014						
	Configuration Analyst	7/1/2014						
	Facilities Manager	7/1/2018						
	HealthCare Analyst	7/1/2014						
	Inpatient Util Mgmt LVN	7/1/2014						
	Member Svs Supervisor	7/1/2015						
	Mgr Claims Recvry and Resln	7/1/2014						
	Provider Reln Call Ctr Spv	7/1/2016						
	Supervisor Claims Processing	7/1/2016						
	Supervisor Claims Support Services	7/1/2016						
	Supervisor Outpatient Utilization Management	7/1/2014						
	Supervisor, Provider Relations Call Center	7/1/2018						

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<b>Grade 7</b>			<b>37.36</b>	<b>46.70</b>	<b>56.04</b>	<b>77,710.00</b>	<b>97,140.00</b>	<b>116,570.00</b>
	Case Manager	9/1/2013						
	Clinical RN Specialist	9/1/2013						
	Comp Benefits Manager	7/1/2015						
	Compliance Manager	9/1/2013						
	Data Quality Analyst	9/1/2013						
	Grievance & Appeals Manager	7/1/2015						
	Jr. Business Analyst	7/1/2016						
	Jr. Systems Administrator	7/1/2015						
	Legal Analyst	7/1/2017						
	Manager Community Relations	7/1/2015						
	Manager, Claims Production	7/1/2016						
	Manager, Public Relations	7/1/2017						
	Mgr Peer Review Credentialing	7/1/2016						
	Nurse Liaison for Community Care Management	7/1/2018						
	OB Case Manager	7/1/2016						
	Public Affairs Manager	7/1/2018						
	Quality Improv Nurse Specialist	7/1/2015						
	Retrospective UM Nurse	7/1/2016						
	Senior Analyst, Healthcare	7/1/2017						
	Senior Data Analyst Healthcare	7/1/2017						
	Senior Financial Analyst	7/1/2015						
	Senior HealthCare Analyst	9/1/2013						
	Senior Service Desk Technician	7/1/2017						
	Sr Financial Analyst Planning	9/1/2013						
	Sr Financel Analyst HealthCare	9/1/2013						
	Technical Writer	7/1/2017						
	Whole Person Care Data Analyst	7/1/2017						
<b>Grade 8</b>			<b>42.96</b>	<b>53.70</b>	<b>64.45</b>	<b>89,360.00</b>	<b>111,705.00</b>	<b>134,050.00</b>
	Business Analyst	7/1/2014						
	Clinical Nurse Specialist, G&A Unit	7/1/2018						
	Clinical Nurse Specialist, PDR Unit	7/1/2018						
	Complex Case Manager, Nurse	7/1/2017						
	EDI Analyst	7/1/2014						
	ETL Developer	7/1/2014						
	Inpatient Util Mgmt Reviewer	7/1/2014						
	Inpatient Utiliz Mgmt RN	7/1/2014						
	Lead Complex Case Manager	7/1/2016						
	Manager Accounting	7/1/2014						
	Manager, Access to Care	7/1/2018						
	Manager, Health Education	7/1/2017						
	Manager, Provider Services	7/1/2018						
	Member Services Manager	7/1/2018						
	Out of Plan Nurse Specialist	7/1/2018						
	Outpatient Utilization Management Nurse	7/1/2014						
	Project Manager	7/1/2015						
	Quality Review Nurse	7/1/2016						
	Senior HR Generalist	7/1/2014						
	Sr. ETL Analyst	7/1/2016						
	Systems Administrator	9/1/2013						
	Technical Analyst II	7/1/2014						
	Technical Business Analyst	7/1/2018						
	Technical PMO Business Analyst	7/1/2017						
	Technical Quality Assurance Analyst	7/1/2014						

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			HMin	HMid	HMax	SMin	SMid	SMax
<b>Grade 9</b>			<b>49.41</b>	<b>61.76</b>	<b>74.11</b>	<b>102,770.00</b>	<b>128,460.00</b>	<b>154,150.00</b>
	Business Objects Adm Developer	7/1/2015						
	Change Control Process Improvement Manager	7/1/2015						
	Clinical Quality Manager	7/1/2018						
	EDI Manager	7/1/2016						
	Lead System Administrators	7/1/2018						
	Manager Analytics	7/1/2018						
	Manager Applications	7/1/2014						
	Manager Case Management	7/1/2016						
	Manager HealthCare Analytics	7/1/2016						
	Manager Transition of Care	9/1/2013						
	Manager Vendor Management	7/1/2016						
	Manager, IT Service Desk	7/1/2016						
	Mgr Inpatient Utilization Mgmt	7/1/2015						
	Mgr Outpatient Utiliz Mgmt	7/1/2014						
	Program Mgr/Sr. PM, Mngd Care	7/1/2017						
	Program Reimbursement Manager	7/1/2018						
	Senior Business Analyst	7/1/2017						
	Senior ETL Developer	9/1/2014						
	Sharepoint Developer	7/1/2015						
	Sr Project Manager	7/1/2015						
	Sr Qlty Improv Nurse Spclst	7/1/2014						
	Supervisor QA and Analysis	7/1/2015						
<b>Grade 10</b>			<b>52.88</b>	<b>69.06</b>	<b>85.24</b>	<b>110,000.00</b>	<b>143,645.00</b>	<b>177,290.00</b>
	Applications Development Supervisor	7/1/2018						
	Assistant Controller	9/1/2013						
	Associate Director, Infrastructure	7/1/2018						
	Clinical Pharmacist	9/1/2013						
	Data Architect	9/1/2013						
	Director Accreditation	7/1/2015						
	Director Claims	7/1/2015						
	Director Clinical Services	9/1/2013						
	Director Complaints and Reslns	7/1/2015						
	Director Compliance	7/1/2016						
	Director Healthcare Analytics	7/1/2016						
	Director Member Services	9/1/2013						
	Director, Health Care Services	7/1/2018						
	Director, Quality Analytics	7/1/2017						
	Director, Quality Assurance	7/1/2018						
	Manager Corporate Planning	9/1/2013						
	Manager Data Integration	9/1/2013						
	Mgr Fin Pln and Analys HlthCar	7/1/2015						
	Mgr Fn Pln and Analys Planning	9/1/2014						
	Quality Improvement Supervisor	7/1/2017						
	Senior Infrastructure Engineer	7/1/2017						
	Senior Network Analyst	7/1/2014						
	Senior .Net Developer	7/1/2014						
	Sr Database Administrator	7/1/2014						
	Systems Engineer	9/1/2014						

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			HMin	HMid	HMax	SMin	SMid	SMax
<b>Grade 11</b>			<b>65.34</b>	<b>81.68</b>	<b>98.01</b>	<b>135,910.00</b>	<b>169,890.00</b>	<b>203,870.00</b>
	Controller	7/1/2014						
	Director Pharmacy Services	7/1/2016						
	Director PMO	7/1/2016						
	Director Provider Services	7/1/2016						
	Information Security Director	7/1/2018						
	Senior Director Facilities	7/1/2015						
<b>Grade 12</b>			<b>75.15</b>	<b>93.94</b>	<b>112.73</b>	<b>156,312.00</b>	<b>195,390.00</b>	<b>234,468.00</b>
	Director Applications Development	7/1/2016						
	Director Applications Management and Configuration	7/1/2017						
	Director Fin Plan and Analysis	9/1/2013						
	Director Infrastructure	7/1/2016						
	Executive Director HR	7/1/2014						
	Senior Director Pharmacy Services	7/1/2018						
	Senior Director Quality	7/1/2018						
<b>Grade 13</b>			<b>90.17</b>	<b>112.72</b>	<b>135.26</b>	<b>187,560.00</b>	<b>234,460.00</b>	<b>281,340.00</b>
	Executive Director Information Technology	7/1/2018						
<b>Grade 14</b>			<b>96.15</b>	<b>115.38</b>	<b>144.23</b>	<b>200,000.00</b>	<b>240,000.00</b>	<b>300,000.00</b>
	Medical Director	7/1/2014						
	Quality Improvement Medical Director	7/1/2017						
<b>Grade 15</b>			<b>108.17</b>	<b>135.82</b>	<b>162.26</b>	<b>225,000.00</b>	<b>282,500.00</b>	<b>337,500.00</b>
	CCO General Counsel	7/1/2014						
	Chief Analytics Officer	7/1/2017						
	Chief Compliance Officer	7/1/2014						
	Chief Financial Officer	7/1/2014						
	Chief Information Officer	7/1/2014						
	Chief Medical Officer	7/1/2014						
	Chief Operating Officer	7/1/2014						
<b>Grade 17</b>			<b>152.04</b>	<b>190.05</b>	<b>228.06</b>	<b>316,240.00</b>	<b>395,300.00</b>	<b>474,360.00</b>
	Chief Executive Officer	7/1/2014						

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Pay Grade	Job	Effective Date	Hourly	Hourly	Hourly	Annual	Annual	Annual
			HMin	HMid	HMax	SMin	SMin	SMax
<b>Grade 1</b>			<b>16.15</b>	<b>20.19</b>	<b>24.23</b>	<b>33,600.00</b>	<b>42,000.00</b>	<b>50,400.00</b>
	Administrative Assistant	9/1/2013						
	Claims Coordinator	7/1/2016						
	Facilities Coordinator	9/1/2013						
	Information Supprt Clerk	9/1/2013						
	MS Support Services Specialist	7/1/2016						
	Provider Data Entry Clerk	9/1/2013						
	Receptionist Office Support	9/1/2013						
	Support Services Clerk	7/1/2017						
<b>Grade 2</b>			<b>18.58</b>	<b>23.22</b>	<b>27.87</b>	<b>38,640.00</b>	<b>48,300.00</b>	<b>57,960.00</b>
	Claims Processor I	7/1/2015						
	Community Health Worker HHWP	7/1/2017						
	Facilities Maintenance Spclst	7/1/2016						
	Grievance & Appeals Clerk	7/1/2016						
	Health Assessment Coordinator	9/1/2013						
	Member Services Rep I	7/1/2015						
	MS Rep I Bilingual	7/1/2017						
	Provider Data Coordinator I	7/1/2015						
	Provider Dispute Rsltn Clerk	7/1/2017						
	Provider Relations Rep I	7/1/2014						
<b>Grade 3</b>			<b>21.37</b>	<b>27.51</b>	<b>33.65</b>	<b>44,440.00</b>	<b>57,220.00</b>	<b>70,000.00</b>
	Claims Processor II	7/1/2016						
	Credentialing Coordinator	9/1/2013						
	Grievance and Appeals Coord	9/1/2013						
	Health Programs Coordinator	9/1/2013						
	Lead Staff Accountant	9/1/2013						
	Member Services Rep II	7/1/2016						
	MSR II	7/1/2017						
	MSR Rep II Bilingual	7/1/2017						
	Outreach Coordinator	7/1/2014						
	Pharmacy Services Specialist	9/1/2013						
	Provider Data Coordinator II	7/1/2016						
	Provider Relations Coordinator	7/1/2015						
	Provider Relations Rep II	7/1/2015						
<b>Grade 4</b>			<b>24.57</b>	<b>30.71</b>	<b>36.85</b>	<b>51,100.00</b>	<b>63,870.00</b>	<b>76,640.00</b>
	Claims Analyst	9/1/2013						
	Claims Processor III	7/1/2016						
	Compliance Coordinator	7/1/2014						
	Contract Specialist	9/1/2013						
	Education Specialist	7/1/2017						
	Facility Site Rev QI Coordinat	9/1/2013						
	GL Accountant	9/1/2013						
	Lead Data Coordinator	7/1/2017						
	Lead Grievance and Appeals Co	9/1/2013						
	Member Services Rep III	7/1/2017						
	Provider Data Coordinator III	7/1/2016						
	Provider Data QA Specialist	7/1/2015						
	Provider Relations Rep III	7/1/2014						
	Quality Programs Coordinator	7/1/2017						
	Service Desk Coordinator	9/1/2013						
	Sr Provider Data Analyst	9/1/2013						
	Utilization Mgmnt Coordinator	7/1/2015						
	Vendor Management Analyst	7/1/2016						



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			HMin	HMid	HMax	SMin	SMid	SMax
<b>Grade 5</b>			<b>28.25</b>	<b>35.31</b>	<b>42.38</b>	<b>58,760.00</b>	<b>73,455.00</b>	<b>88,150.00</b>
	Claims Specialist	7/1/2016						
	Communications & Content Splst	7/1/2016						
	Communications & Media Spec	7/1/2014						
	Compliance Auditor	7/1/2014						
	Compliance Specialist	7/1/2015						
	Executive Assistant	7/1/2014						
	Health Educator	9/1/2013						
	Health Navigator	9/1/2013						
	IT Service Desk Support Technician	7/1/2017						
	Lead Claims Analyst	7/1/2014						
	Medical Coder	9/1/2013						
	Medical Social Worker	7/1/2017						
	Provider Billing Prcss Spclst	7/1/2016						
	Provider Dispute Resolution Analyst	7/1/2016						
	Provider Relations Rep IV	7/1/2015						
	Quality Assurance Specialist	9/1/2013						
	Quality Improvement Project Specialist	7/1/2015						
	Quality Specialist	7/1/2014						
	Regulatory Compliance Specialist	7/1/2015						
	Senior HR Specialist	7/1/2015						
	Senior Payroll Accountant	7/1/2015						
	Service Desk Supprt Technician	9/1/2013						
	Sr GL Accountant	9/1/2013						
	Sr Util Management Specialist	7/1/2014						
	Supervisor Facilities	7/1/2016						
	Support Services Spvsr	7/1/2015						
	Talent & Quality Dvlpmnt Spcls	7/1/2016						
	Technical Analyst I	7/1/2014						
	TOC Health Navigator	7/1/2017						
	TOC Social Worker	7/1/2017						
	Utilization Mgmt Specialist	7/1/2016						
<b>Grade 6</b>			<b>32.49</b>	<b>40.61</b>	<b>48.73</b>	<b>67,570.00</b>	<b>84,465.00</b>	<b>101,360.00</b>
	Claims Operations Trainer	7/1/2014						
	Configuration Analyst	7/1/2014						
	HealthCare Analyst	7/1/2014						
	Inpatient Util Mgmt LVN	7/1/2014						
	Member Svs Supervisor	7/1/2015						
	Mgr Claims Recvry and Resln	7/1/2014						
	Provider ReIn Call Ctr Spv	7/1/2016						
	Supervisor Claims Processing	7/1/2016						
	Supervisor Claims Support Services	7/1/2016						
	Supervisor Outpatient Utilization Management	7/1/2014						
	Supervisor Network Data Mgt	7/1/2015						

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Pay Grade	Job	Effective Date	Hourly	Hourly	Hourly	Annual	Annual	Annual
			HMin	HMid	HMax	SMin	SMid	SMax
<b>Grade 7</b>			<b>37.36</b>	<b>46.70</b>	<b>56.04</b>	<b>77,710.00</b>	<b>97,140.00</b>	<b>116,570.00</b>
	Case Manager	9/1/2013						
	Clinical RN Specialist	9/1/2013						
	Comp Benefits Manager	7/1/2015						
	Compliance Manager	9/1/2013						
	Data Quality Analyst	9/1/2013						
	Grievance & Appeals Manager	7/1/2015						
	Jr. Business Analyst	7/1/2016						
	Jr. Systems Administrator	7/1/2015						
	Legal Analyst	7/1/2017						
	Manager Community Relations	7/1/2015						
	Manager, Claims Production	7/1/2016						
	Manager, Public Relations	7/1/2017						
	Mgr Peer Review Credentialing	7/1/2016						
	OB Case Manager	7/1/2016						
	Quality Improv Nurse Specialist	7/1/2015						
	Retrospective UM Nurse	7/1/2016						
	Senior Analyst, Healthcare	7/1/2017						
	Senior Data Analyst Healthcare	7/1/2017						
	Senior Financial Analyst	7/1/2015						
	Senior HealthCare Analyst	9/1/2013						
	Senior Service Desk Technician	7/1/2017						
	Sr Financial Analyst Planning	9/1/2013						
	Sr Financ'l Analyst HealthCare	9/1/2013						
	Technical Writer	7/1/2017						
	TOC Case Manager	7/1/2017						
	Whole Person Care Data Analyst	7/1/2017						
<b>Grade 8</b>			<b>42.96</b>	<b>53.70</b>	<b>64.45</b>	<b>89,360.00</b>	<b>111,705.00</b>	<b>134,050.00</b>
	Business Analyst	7/1/2014						
	Complex Case Manager, Nurse	7/1/2017						
	EDI Analyst	7/1/2014						
	ETL Developer	7/1/2014						
	Inpatient Util Mgmt Reviewer	7/1/2014						
	Inpatient Utiliz Mgmt RN	7/1/2014						
	Lead Complex Case Manager	7/1/2016						
	Manager Accounting	7/1/2014						
	Manager Quality Perf Improvmt	7/1/2016						
	Manager, Health Education	7/1/2017						
	Outpatient Utilization Management Nurse	7/1/2014						
	Project Manager	7/1/2015						
	Quality Review Nurse	7/1/2016						
	Senior HR Generalist	7/1/2014						
	Sr. ETL Analyst	7/1/2016						
	System Administrator	7/1/2014						
	Systems Administrator	9/1/2013						
	Technical Analyst II	7/1/2014						
	Technical PMO Business Analyst	7/1/2017						
	Technical Quality Assurance Analyst	7/1/2014						
<b>Grade 9</b>			<b>49.41</b>	<b>61.76</b>	<b>74.11</b>	<b>102,770.00</b>	<b>128,460.00</b>	<b>154,150.00</b>
	Business Objects Adm Developer	7/1/2015						
	Change Control Process Improvement Manager	7/1/2015						
	EDI Manager	7/1/2016						
	Manager Applications	7/1/2014						
	Manager Case Management	7/1/2016						
	Manager HealthCare Analytics	7/1/2016						
	Manager Transition of Care	9/1/2013						
	Manager Vendor Management	7/1/2016						
	Manager, IT Service Desk	7/1/2016						
	Mgr Inpatient Utilization Mgmt	7/1/2015						
	Mgr Outpatient Utiliz Mgmt	7/1/2014						
	Program Mgr/Sr. PM, Mngd Care	7/1/2017						
	Senior Business Analyst	7/1/2017						
	Senior ETL Developer	9/1/2014						
	Sharepoint Developer	7/1/2015						
	Sr Project Manager	7/1/2015						
	Sr Qlty Improv Nurse Spclst	7/1/2014						
	Supervisor Data Integration	7/1/2014						
	Supervisor QA and Analysis	7/1/2015						

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Pay Grade	Job	Effective Date	Hourly	Hourly	Hourly	Annual	Annual	Annual
			HMin	HMid	HMax	SMin	SMid	SMax
<b>Grade 10</b>			<b>52.88</b>	<b>69.06</b>	<b>85.24</b>	<b>110,000.00</b>	<b>143,645.00</b>	<b>177,290.00</b>
	Assistant Controller	9/1/2013						
	Clinical Pharmacist	9/1/2013						
	Data Architect	9/1/2013						
	Director Accreditation	7/1/2015						
	Director Claims	7/1/2015						
	Director Clinical Services	9/1/2013						
	Director Complaints and ResIns	7/1/2015						
	Director Compliance	7/1/2016						
	Director Healthcare Analytics	7/1/2016						
	Director Member Services	9/1/2013						
	Director, Quality Analytics	7/1/2017						
	Manager Corporate Planning	9/1/2013						
	Manager Data Integration	9/1/2013						
	Mgr Fin Pln and Analys HlthCar	7/1/2015						
	Mgr Fn Pln and Analys Planning	9/1/2014						
	Quality Improvement Supervisor	7/1/2017						
	Senior .Net Developer	7/1/2014						
	Senior Infrastructure Engineer	7/1/2017						
	Senior Network Analyst	7/1/2014						
	Sr Database Administrator	7/1/2014						
	Systems Engineer	9/1/2014						
<b>Grade 11</b>			<b>65.34</b>	<b>81.68</b>	<b>98.01</b>	<b>135,910.00</b>	<b>169,890.00</b>	<b>203,870.00</b>
	Controller	7/1/2014						
	Director Pharmacy Services	7/1/2016						
	Director PMO	7/1/2016						
	Director Provider Services	7/1/2016						
	Information Security Director	7/1/2016						
	Senior Director Facilities	7/1/2015						
<b>Grade 12</b>			<b>75.15</b>	<b>93.94</b>	<b>112.73</b>	<b>156,312.00</b>	<b>195,390.00</b>	<b>234,468.00</b>
	Director Applications Development	7/1/2016						
	Director Applications Management and Configuration	7/1/2017						
	Director Fin Plan and Analysis	9/1/2013						
	Director Infrastructure	7/1/2016						
	Executive Director HR	7/1/2014						
<b>Grade 13</b>			<b>90.17</b>	<b>112.72</b>	<b>135.26</b>	<b>187,560.00</b>	<b>234,460.00</b>	<b>281,340.00</b>
	Associate Medical Director	7/1/2014						
<b>Grade 14</b>			<b>96.15</b>	<b>115.38</b>	<b>144.23</b>	<b>200,000.00</b>	<b>240,000.00</b>	<b>300,000.00</b>
	Medical Director	7/1/2014						
	Quality Improvement Medical Director	7/1/2017						
<b>Grade 15</b>			<b>108.17</b>	<b>135.82</b>	<b>162.26</b>	<b>225,000.00</b>	<b>282,500.00</b>	<b>337,500.00</b>
	CCO General Counsel	7/1/2014						
	Chief Compliance Officer	7/1/2014						
	Chief Analytics Officer	7/1/2017						
	Chief Financial Officer	7/1/2014						
	Chief Information Officer	7/1/2014						
	Chief Medical Officer	7/1/2014						
	Chief Operating Officer	7/1/2014						
<b>Grade 17</b>			<b>152.04</b>	<b>190.05</b>	<b>228.06</b>	<b>316,240.00</b>	<b>395,300.00</b>	<b>474,360.00</b>
	Chief Executive Officer	7/1/2014						

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Pay Grade	Job	Effective Date	Hourly	Hourly	Hourly	Annual	Annual	Annual
			HMin	HMid	HMax	SMin	SMid	SMax
<b>Grade 1</b>			<b>16.15</b>	<b>20.19</b>	<b>24.23</b>	<b>33,600.00</b>	<b>42,000.00</b>	<b>50,400.00</b>
	Administrative Assistant	9/1/2013						
	Claims Coordinator	7/1/2016						
	Facilities Coordinator	9/1/2013						
	Information Supprt Clerk	9/1/2013						
	MS Support Services Specialist	7/1/2016						
	Provider Data Entry Clerk	9/1/2013						
	Receptionist Office Support	9/1/2013						
<b>Grade 2</b>			<b>18.58</b>	<b>23.22</b>	<b>27.87</b>	<b>38,640.00</b>	<b>48,300.00</b>	<b>57,960.00</b>
	Claims Processor I	7/1/2015						
	Facilities Maintenance Spclst	7/1/2016						
	Grievance & Appeals Clerk	7/1/2016						
	Health Assessment Coordinator	9/1/2013						
	Member Services Rep I	7/1/2015						
	Provider Data Coordinator I	7/1/2015						
	Provider Relations Rep I	7/1/2014						
<b>Grade 3</b>			<b>21.37</b>	<b>27.51</b>	<b>33.65</b>	<b>44,440.00</b>	<b>57,220.00</b>	<b>70,000.00</b>
	Claims Processor II	7/1/2016						
	Credentialing Coordinator	9/1/2013						
	Grievance and Appeals Coord	9/1/2013						
	Health Programs Coordinator	9/1/2013						
	Lead Staff Accountant	9/1/2013						
	Member Services Rep II	7/1/2016						
	Outreach Coordinator	7/1/2014						
	Pharmacy Services Specialist	9/1/2013						
	Provider Data Coordinator II	7/1/2016						
	Provider Relations Coordinator	7/1/2015						
	Provider Relations Rep II	7/1/2015						
<b>Grade 4</b>			<b>24.57</b>	<b>30.71</b>	<b>36.85</b>	<b>51,100.00</b>	<b>63,870.00</b>	<b>76,640.00</b>
	Claims Analyst	9/1/2013						
	Claims Processor III	7/1/2016						
	Compliance Coordinator	7/1/2014						
	Compliance Delgtn Oversight Spc	7/1/2014						
	Contract Specialist	9/1/2013						
	Facility Site Rev QI Coordinat	9/1/2013						
	GL Accountant	9/1/2013						
	Lead Grievance and Appeals Co	9/1/2013						
	Provider Data Coordinator III	7/1/2016						
	Provider Data QA Specialist	7/1/2015						
	Provider Relations Rep III	7/1/2014						
	Service Desk Coordinator	9/1/2013						
	Sr Provider Data Analyst	9/1/2013						
	Utilization Mgmnt Coordinator	7/1/2015						
	Vendor Management Analyst	7/1/2016						

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			HMin	HMid	HMax	SMin	SMid	SMax
<b>Grade 5</b>			<b>28.25</b>	<b>35.31</b>	<b>42.38</b>	<b>58,760.00</b>	<b>73,455.00</b>	<b>88,150.00</b>
	Claims Specialist	7/1/2016						
	Communications & Content Splst	7/1/2016						
	Communications & Media Spec	7/1/2014						
	Compliance Auditor	7/1/2014						
	Compliance Specialist	7/1/2015						
	Executive Assistant	7/1/2014						
	Health Educator	9/1/2013						
	Health Navigator	9/1/2013						
	Lead Claims Analyst	7/1/2014						
	Medical Coder	9/1/2013						
	Provider Billing Prcss Spclst	7/1/2016						
	Provider Dispute Resolution Analyst	7/1/2016						
	Provider Relations Rep IV	7/1/2015						
	Quality Assurance Specialist	9/1/2013						
	Quality Improvement Project Specialist	7/1/2015						
	Quality Specialist	7/1/2014						
	Regulatory Compliance Specialist	7/1/2015						
	Senior HR Specialist	7/1/2015						
	Senior Payroll Accountant	7/1/2015						
	Service Desk Supprt Technician	9/1/2013						
	Sr GL Accountant	9/1/2013						
	Sr Util Management Specialist	7/1/2014						
	Supervisor Facilities	7/1/2016						
	Support Services Spvsr	7/1/2015						
	Talent & Quality Dvlpmnt Spcls	7/1/2016						
	Technical Analyst I	7/1/2014						
	Training Specialist	9/1/2013						
	Utilization Mgmt Specialist	7/1/2016						
<b>Grade 6</b>			<b>32.49</b>	<b>40.61</b>	<b>48.73</b>	<b>67,570.00</b>	<b>84,465.00</b>	<b>101,360.00</b>
	Claims Operations Trainer	7/1/2014						
	Configuration Analyst	7/1/2014						
	HealthCare Analyst	7/1/2014						
	Inpatient Util Mgmt LVN	7/1/2014						
	Manager Claims Operations	7/1/2014						
	Member Svs Supervisor	7/1/2015						
	Mgr Claims Recvry and Resln	7/1/2014						
	Provider Reln Call Ctr Spv	7/1/2016						
	Sup UM Operations	7/1/2015						
	Supervisor Claims Processing	7/1/2016						
	Supervisor Claims Support Services	7/1/2016						
	Supervisor Outpatient Utilization Managem	7/1/2014						
	Supervisor Network Data Mgt	7/1/2015						

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Pay Grade	Job	Effective Date	Hourly	Hourly	Hourly	Annual	Annual	Annual
			HMin	HMid	HMax	SMin	SMid	SMax
<b>Grade 7</b>			<b>37.36</b>	<b>46.70</b>	<b>56.04</b>	<b>77,710.00</b>	<b>97,140.00</b>	<b>116,570.00</b>
	Case Manager	9/1/2013						
	Clinical RN Specialist	9/1/2013						
	Comp Benefits Manager	7/1/2015						
	Compliance Manager	9/1/2013						
	Data Quality Analyst	9/1/2013						
	Grievance & Appeals Manager	7/1/2015						
	Jr. Business Analyst	7/1/2016						
	Jr. Systems Administrator	7/1/2015						
	Jr. Systems Adminstrtr Telecom	7/1/2016						
	Manager Community Relations	7/1/2015						
	Manager, Claims Production	7/1/2016						
	Mgr Peer Review Credentialing	7/1/2016						
	OB Case Manager	7/1/2016						
	Qualty Improv Nurse Specialist	7/1/2015						
	Retrospective UM Nurse	7/1/2016						
	Senior Financial Analyst	7/1/2015						
	Senior HealthCare Analyst	9/1/2013						
	Sr Financial Analyst Planning	9/1/2013						
	Sr Financl Analyst HealthCare	9/1/2013						
<b>Grade 8</b>			<b>42.96</b>	<b>53.70</b>	<b>64.45</b>	<b>89,360.00</b>	<b>111,705.00</b>	<b>134,050.00</b>
	Business Analyst	7/1/2014						
	EDI Analyst	7/1/2014						
	ETL Developer	7/1/2014						
	Inpatient Util Mgmt Reviewer	7/1/2014						
	Inpatient Utiliz Mgmt RN	7/1/2014						
	Lead Complex Case Manager	7/1/2016						
	Manager Accounting	7/1/2014						
	Manager Quality Perf Improvmnt	7/1/2016						
	Outpatient Utilization Management Nurse	7/1/2014						
	Project Manager	7/1/2015						
	Quality Review Nurse	7/1/2016						
	Senior HR Generalist	7/1/2014						
	Sr. ETL Analyst	7/1/2016						
	Supervisor Apps and Config	7/1/2016						
	System Administrator	7/1/2014						
	Technical Analyst II	7/1/2014						
	Technical Quality Assurance Analyst	7/1/2014						

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Pay Grade	Job	Effective Date	Hourly	Hourly	Hourly	Annual	Annual	Annual
			HMin	HMid	HMax	SMin	SMid	SMax
<b>Grade 9</b>			<b>49.41</b>	<b>61.76</b>	<b>74.11</b>	<b>102,770.00</b>	<b>128,460.00</b>	<b>154,150.00</b>
	Business Objects Adm Developer	7/1/2015						
	Change Control Process Improvement Mana	7/1/2015						
	EDI Manager	7/1/2016						
	Manager Applications	7/1/2014						
	Manager Case Management	7/1/2016						
	Manager HealthCare Analytics	7/1/2016						
	Manager IT Operations	9/1/2013						
	Manager Transition of Care	9/1/2013						
	Manager Vendor Management	7/1/2016						
	Manager, IT Service Desk	7/1/2016						
	Mgr Clinical Review UM Ops	7/1/2015						
	Mgr eHealth Business Ops	9/1/2013						
	Mgr Inpatient Utilization Mgmt	7/1/2015						
	Mgr Outpatient Utiliz Mgmt	7/1/2014						
	Senior ETL Developer	9/1/2014						
	Sharepoint Developer	7/1/2015						
	Sr Project Manager	7/1/2015						
	Sr Qlty Improv Nurse Spclst	7/1/2014						
	Sr. Business Analyst	7/1/2016						
	Supervisor Data Integration	7/1/2014						
	Supervisor QA and Analysis	7/1/2015						
<b>Grade 10</b>			<b>52.88</b>	<b>69.06</b>	<b>85.24</b>	<b>110,000.00</b>	<b>143,645.00</b>	<b>177,290.00</b>
	Assistant Controller	9/1/2013						
	Clinical Pharmacist	9/1/2013						
	Data Architect	9/1/2013						
	Director Accreditation	7/1/2015						
	Director Claims	7/1/2015						
	Director Clinical Services	9/1/2013						
	Director Complaints and Reslns	7/1/2015						
	Director Compliance	7/1/2016						
	Director Healthcare Analytics	7/1/2016						
	Director Member Services	9/1/2013						
	Director Qtly Msr Prg Impv	7/1/2016						
	Manager Corporate Planning	9/1/2013						
	Manager Data Integration	9/1/2013						
	Mgr Fin Pln and Analys HlthCar	7/1/2015						
	Mgr Fn Pln and Analys Planning	9/1/2014						
	Senior .Net Developer	7/1/2014						
	Senior Network Analyst	7/1/2014						
	Sr Database Administrator	7/1/2014						
	Systems Engineer	9/1/2014						
	TOC Pharmacist	7/1/2016						

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Pay Grade	Job	Effective Date	Hourly	Hourly	Hourly	Annual	Annual	Annual
			HMin	HMid	HMax	SMin	SMid	SMax
<b>Grade 11</b>			<b>65.34</b>	<b>81.68</b>	<b>98.01</b>	<b>135,910.00</b>	<b>169,890.00</b>	<b>203,870.00</b>
	Controller	7/1/2014						
	Director Pharmacy Services	7/1/2016						
	Director PMO	7/1/2016						
	Director Provider Services	7/1/2016						
	Enterprise Architect	7/1/2016						
	Information Security Director	7/1/2016						
	Senior Director Facilities	7/1/2015						
<b>Grade 12</b>			<b>75.15</b>	<b>93.94</b>	<b>112.73</b>	<b>156,312.00</b>	<b>195,390.00</b>	<b>234,468.00</b>
	Director Applications Development	7/1/2016						
	Director Applications Mngmnt	7/1/2016						
	Director Fin Plan and Analysis	9/1/2013						
	Director Infrastructure	7/1/2016						
	Executive Director HR	7/1/2014						
<b>Grade 13</b>			<b>90.17</b>	<b>112.72</b>	<b>135.26</b>	<b>187,560.00</b>	<b>234,460.00</b>	<b>281,340.00</b>
	Associate Medical Director	7/1/2014						
<b>Grade 14</b>			<b>96.15</b>	<b>115.38</b>	<b>144.23</b>	<b>200,000.00</b>	<b>240,000.00</b>	<b>300,000.00</b>
	Medical Director	7/1/2014						
<b>Grade 15</b>			<b>108.17</b>	<b>135.82</b>	<b>162.26</b>	<b>225,000.00</b>	<b>282,500.00</b>	<b>337,500.00</b>
	CCO General Counsel	7/1/2014						
	Chief Compliance Officer	7/1/2014						
	Chief Financial Officer	7/1/2014						
	Chief Information Officer	7/1/2014						
	Chief Medical Officer	7/1/2014						
	Chief Operating Officer	7/1/2014						
<b>Grade 17</b>			<b>152.04</b>	<b>190.05</b>	<b>228.06</b>	<b>316,240.00</b>	<b>395,300.00</b>	<b>474,360.00</b>
	Chief Executive Officer	7/1/2014						



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Pay Grade	Job	Effective Date	Hourly	Hourly	Hourly	Annual	Annual	Annual
			HMin	HMid	HMax	SMin	SMid	SMax
<b>Grade 1</b>			<b>16.15</b>	<b>20.19</b>	<b>24.23</b>	<b>33,600.00</b>	<b>42,000.00</b>	<b>50,400.00</b>
	Administrative Assistant	9/1/2013						
	Facilities Coordinator	9/1/2013						
	Information Supprt Clerk	9/1/2013						
	Provider Data Entry Clerk	9/1/2013						
<b>Grade 2</b>			<b>18.58</b>	<b>23.22</b>	<b>27.87</b>	<b>38,640.00</b>	<b>48,300.00</b>	<b>57,960.00</b>
	Claims Processor I	7/1/2015						
	Health Assessment Coordinator	9/1/2013						
	Member Services Rep I	7/1/2015						
	Provider Data Coordinator I	7/1/2015						
	Provider Relations Rep I	7/1/2014						
<b>Grade 3</b>			<b>21.37</b>	<b>27.51</b>	<b>33.65</b>	<b>44,440.00</b>	<b>57,220.00</b>	<b>70,000.00</b>
	Credentialing Coordinator	9/1/2013						
	Grievance and Appeals Coord	9/1/2013						
	Health Programs Coordinator	9/1/2013						
	Lead Staff Accountant	9/1/2013						
	Outreach Coordinator	7/1/2014						
	Pharmacy Services Specialist	9/1/2013						
	Provider Relations Coordinator	7/1/2015						
	Provider Relations Rep II	7/1/2015						
<b>Grade 4</b>			<b>24.57</b>	<b>30.71</b>	<b>36.85</b>	<b>51,100.00</b>	<b>63,870.00</b>	<b>76,640.00</b>
	Claims Analyst	9/1/2013						
	Compliance Coordinator	7/1/2014						
	Compliance Delgtn Ovrsght Spc	7/1/2014						
	Contract Specialist	9/1/2013						
	Facility Site Rev QI Coordinat	9/1/2013						
	GL Accountant	9/1/2013						
	Lead Grievance and Appeals Co	9/1/2013						
	Provider Data QA Specialist	7/1/2015						
	Provider Relations Rep III	7/1/2014						
	Service Desk Coordinator	9/1/2013						
	Sr Provider Data Analyst	9/1/2013						
	Utilization Mgmnt Coordinator	7/1/2015						
<b>Grade 5</b>			<b>28.25</b>	<b>35.31</b>	<b>42.38</b>	<b>58,760.00</b>	<b>73,455.00</b>	<b>88,150.00</b>
	Communications & Media Spec	7/1/2014						
	Compliance Auditor	7/1/2014						
	Compliance Specialist	7/1/2015						
	Executive Assistant	7/1/2014						
	Health Educator	9/1/2013						
	Health Navigator	9/1/2013						
	Lead Claims Analyst	7/1/2014						
	Medical Coder	9/1/2013						
	Provider Relations Rep IV	7/1/2015						
	Quality Assurance Specialist	9/1/2013						
	Quality Improvement Analyst	9/1/2013						
	Quality Improvement Project Specialist	7/1/2015						
	Quality Specialist	7/1/2014						
	Regulatory Compliance Specialist	7/1/2015						
	Senior HR Specialist	7/1/2015						
	Senior Payroll Accountant	7/1/2015						
	Service Desk Supprt Technician	9/1/2013						
	Sr GL Accountant	9/1/2013						
	Sr Service Desk Technician	7/1/2015						
	Sr Util Management Specialist	7/1/2014						
	Support Services Spvsr	7/1/2015						
	Technical Analyst I	7/1/2014						
	Training Specialist	9/1/2013						

Alameda Alliance for Health  
Salary Schedule July 2015-June 2016

Pay Grade	Job	Effective Date	Hourly	Hourly	Hourly	Annual	Annual	Annual
			HMin	HMid	HMax	SMin	SMid	SMax
<b>Grade 6</b>			<b>32.49</b>	<b>40.61</b>	<b>48.73</b>	<b>67,570.00</b>	<b>84,465.00</b>	<b>101,360.00</b>
	Claims Operations Trainer	7/1/2014						
	Configuration Analyst	7/1/2014						
	HealthCare Analyst	7/1/2014						
	Inpatient Util Mgmt LVN	7/1/2014						
	Manager Claims Operations	7/1/2014						
	Member Svs Supervisor	7/1/2015						
	Mgr Claims Recvry and Resln	7/1/2014						
	Sup UM Operations	7/1/2015						
	Supervisor Outpatient Utilization Management	7/1/2014						
	Supervisor Network Data Mgt	7/1/2015						
<b>Grade 7</b>			<b>37.36</b>	<b>46.70</b>	<b>56.04</b>	<b>77,710.00</b>	<b>97,140.00</b>	<b>116,570.00</b>
	Case Manager	9/1/2013						
	Clinical RN Specialist	9/1/2013						
	Comp Benefits Manager	7/1/2015						
	Compliance Manager	9/1/2013						
	Data Quality Analyst	9/1/2013						
	Grievance & Appeals Manager	7/1/2015						
	Jr. Systems Administrator	7/1/2015						
	Manager Community Relations	7/1/2015						
	Qualty Improv Nurse Specialist	7/1/2015						
	Senior Financial Analyst	7/1/2015						
	Senior HealthCare Analyst	9/1/2013						
	Sr Financial Analyst Planning	9/1/2013						
	Sr Financi Analyst HealthCare	9/1/2013						
<b>Grade 8</b>			<b>42.96</b>	<b>53.70</b>	<b>64.45</b>	<b>89,360.00</b>	<b>111,705.00</b>	<b>134,050.00</b>
	Business Analyst	7/1/2014						
	EDI Analyst	7/1/2014						
	ETL Developer	7/1/2014						
	Inpatient Util Mgmt Reviewer	7/1/2014						
	Inpatient Utiliz Mgmt RN	7/1/2014						
	Manager Accounting	7/1/2014						
	Outpatient Utilization Management Nurse	7/1/2014						
	Project Manager	7/1/2015						
	Senior HR Generalist	7/1/2014						
	System Administrator	7/1/2014						
	Technical Analyst II	7/1/2014						
	Technical Quality Assurance Analyst	7/1/2014						
<b>Grade 9</b>			<b>49.41</b>	<b>61.76</b>	<b>74.11</b>	<b>102,770.00</b>	<b>128,460.00</b>	<b>154,150.00</b>
	Business Objects Adm Developer	7/1/2015						
	Change Control Process Improvement Manager	7/1/2015						
	Manager Applications	7/1/2014						
	Manager IT Operations	9/1/2013						
	Manager Transition of Care	9/1/2013						
	Mgr Clinical Review UM Ops	7/1/2015						
	Mgr eHealth Business Ops	9/1/2013						
	Mgr Inpatient Utilization Mgmt	7/1/2015						
	Mgr Outpatient Utiliz Mgmt	7/1/2014						
	Senior ETL Developer	9/1/2014						
	Sharepoint Developer	7/1/2015						
	Sr Project Manager	7/1/2015						
	Sr Qlty Improv Nurse Spclst	7/1/2014						
	Supervisor Data Integration	7/1/2014						
	Supervisor QA and Analysis	7/1/2015						

Alameda Alliance for Health  
Salary Schedule July 2015-June 2016

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			HMin	HMid	HMax	SMin	SMid	SMax
<b>Grade 10</b>			<b>52.88</b>	<b>69.06</b>	<b>85.24</b>	<b>110,000.00</b>	<b>143,645.00</b>	<b>177,290.00</b>
	Assistant Controller	9/1/2013						
	Clinical Pharmacist	9/1/2013						
	Data Architect	9/1/2013						
	Director Accreditation	7/1/2015						
	Director Claims	7/1/2015						
	Director Clinical Services	9/1/2013						
	Director Complaints and ResIns	7/1/2015						
	Director Member Services	9/1/2013						
	Manager Corporate Planning	9/1/2013						
	Manager Data Integration	9/1/2013						
	Manager IT Infrastructure	7/1/2014						
	Mgr Fin Pln and Analys HlthCar	7/1/2015						
	Mgr Fn Pln and Analys Planning	9/1/2014						
	Senior .Net Developer	7/1/2014						
	Senior Network Analyst	7/1/2014						
	Sr Database Administrator	7/1/2014						
	Systems Engineer	9/1/2014						
<b>Grade 11</b>			<b>65.34</b>	<b>81.68</b>	<b>98.01</b>	<b>135,910.00</b>	<b>169,890.00</b>	<b>203,870.00</b>
	Controller	7/1/2014						
	Senior Director Facilities	7/1/2015						
<b>Grade 12</b>			<b>75.15</b>	<b>93.94</b>	<b>112.73</b>	<b>156,312.00</b>	<b>195,390.00</b>	<b>234,468.00</b>
	Director Fin Plan and Analysis	9/1/2013						
	Executive Director HR	7/1/2014						
<b>Grade 13</b>			<b>90.17</b>	<b>112.72</b>	<b>135.26</b>	<b>187,560.00</b>	<b>234,460.00</b>	<b>281,340.00</b>
	Associate Medical Director	7/1/2014						
<b>Grade 14</b>			<b>96.15</b>	<b>115.38</b>	<b>144.23</b>	<b>200,000.00</b>	<b>240,000.00</b>	<b>300,000.00</b>
	Medical Director	7/1/2014						
<b>Grade 15</b>			<b>108.17</b>	<b>135.82</b>	<b>162.26</b>	<b>225,000.00</b>	<b>282,500.00</b>	<b>337,500.00</b>
	CCO General Counsel	7/1/2014						
	Chief Compliance Officer	7/1/2014						
	Chief Financial Officer	7/1/2014						
	Chief Information Officer	7/1/2014						
	Chief Medical Officer	7/1/2014						
	Chief Operating Officer	7/1/2014						
<b>Grade 17</b>			<b>152.04</b>	<b>190.05</b>	<b>228.06</b>	<b>316,240.00</b>	<b>395,300.00</b>	<b>474,360.00</b>
	Chief Executive Officer	7/1/2014						

Alameda Alliance for Health  
Salary Schedule July 2014-June 2015

Pay Grade	Job	Effective Date	Hourly	Hourly	Hourly	Annual	Annual	Annual
			HMin	HMid	HMax	SMin	SMid	SMax
<b>Grade 1</b>			<b>16.15</b>	<b>20.19</b>	<b>24.23</b>	<b>33,600.00</b>	<b>42,000.00</b>	<b>50,400.00</b>
	Administrative Assistant	9/1/2013						
	Claims Adminstrative Assistant	9/1/2013						
	Claims Customer Service Rep	9/1/2013						
	Claims Processor	9/1/2013						
	Facilities Coordinator	9/1/2013						
	Information Supprt Clerk	9/1/2013						
	Member Services Representative	9/1/2013						
	Provider Data Entry Clerk	9/1/2013						
<b>Grade 2</b>			<b>18.58</b>	<b>23.22</b>	<b>27.87</b>	<b>38,640.00</b>	<b>48,300.00</b>	<b>57,960.00</b>
	Health Assessment Coordinator	9/1/2013						
	Provider Relations Rep I	7/1/2014						
	Sr Claims Processor	9/1/2013						
<b>Grade 3</b>			<b>21.37</b>	<b>27.51</b>	<b>33.65</b>	<b>44,440.00</b>	<b>57,220.00</b>	<b>70,000.00</b>
	Authorization Unit Specialist	9/1/2013						
	Credentialing Coordinator	9/1/2013						
	Grievance and Appeals Coord	9/1/2013						
	Health Programs Coordinator	9/1/2013						
	Lead Member Services Rep	9/1/2013						
	Lead Staff Accountant	9/1/2013						
	Member Care Advisor	9/1/2013						
	Outreach Coordinator	7/1/2014						
	Pharmacy Services Specialist	9/1/2013						
	Provider Relations Representat	9/1/2013						
<b>Grade 4</b>			<b>24.57</b>	<b>30.71</b>	<b>36.85</b>	<b>51,100.00</b>	<b>63,870.00</b>	<b>76,640.00</b>
	Business Operations Support Sp	9/1/2013						
	Claims Analyst	9/1/2013						
	Claims Auditor	9/1/2013						
	Compliance Coordinator	7/1/2014						
	Compliance Delgtn Ovrsght Spc	7/1/2014						
	Contract Specialist	9/1/2013						
	GL Accountant	9/1/2013						
	Lead Grievance and Appeals Coo	9/1/2013						
	Provider Relations Rep III	7/1/2014						
	Senior Member Care Advisor	9/1/2013						
	Sr GL Accountant	9/1/2013						
	Sr Provider Data Analyst	9/1/2013						
<b>Grade 5</b>			<b>28.25</b>	<b>35.31</b>	<b>42.38</b>	<b>58,760.00</b>	<b>73,455.00</b>	<b>88,150.00</b>
	Application Software QA Spcst	9/1/2013						
	Business Operations Support An	9/1/2013						
	Communications & Media Spec	7/1/2014						
	Compliance Auditor	7/1/2014						
	Compliance Manager	9/1/2013						
	Executive Assistant	7/1/2014						
	Health Educator	9/1/2013						
	Health Navigator	9/1/2013						
	Lead Claims Analyst	7/1/2014						
	Medical Coder	9/1/2013						
	Quality Assurance Specialist	9/1/2013						
	Quality Specialist	7/1/2014						
	Service Desk Coordinator	9/1/2013						
	Service Desk Supprt Technician	9/1/2013						
	Sr Util Management Specialist	7/1/2014						
	Supervisor Hlth Assmnt Unit	9/1/2013						
	Technical Analyst I	7/1/2014						
	TOC Program Specialist	9/1/2013						
	Training Specialist	9/1/2013						

Alameda Alliance for Health  
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Pay Grade	Job	Effective Date	Hourly	Hourly	Hourly	Annual	Annual	Annual
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<b>Grade 6</b>			<b>32.49</b>	<b>40.61</b>	<b>48.73</b>	<b>67,570.00</b>	<b>84,465.00</b>	<b>101,360.00</b>
	Claims Operations Trainer	7/1/2014						
	Configuration Analyst	7/1/2014						
	HealthCare Analyst	7/1/2014						
	HR Generalist	9/1/2013						
	Inpatient Util Mgmt LVN	7/1/2014						
	Manager Claims Operations	7/1/2014						
	Mgr Claims Recvry and Resln	7/1/2014						
	Supervisor Outpatient Utilization Management	7/1/2014						
	TOC UM Nurse Care Coordinator	9/1/2013						
<b>Grade 7</b>			<b>37.36</b>	<b>46.70</b>	<b>56.04</b>	<b>77,710.00</b>	<b>97,140.00</b>	<b>116,570.00</b>
	Case Manager	9/1/2013						
	Data Quality Analyst	9/1/2013						
	IT Service Desk Tech Network	9/1/2013						
	Lead Service Desk Technician	9/1/2013						
	Sr Financial Analyst Planning	9/1/2013						
	Sr Financl Analyst HealthCare	9/1/2013						
<b>Grade 8</b>			<b>42.96</b>	<b>53.70</b>	<b>64.45</b>	<b>89,360.00</b>	<b>111,705.00</b>	<b>134,050.00</b>
	Business Analyst	7/1/2014						
	Data Architect	9/1/2013						
	EDI Analyst	7/1/2014						
	ETL Developer	7/1/2014						
	Inpatient Util Mgmt Reviewer	7/1/2014						
	Inpatient Utiliz Mgmt RN	7/1/2014						
	Lead HealthCare Analyst	9/1/2013						
	Manager Accounting	7/1/2014						
	Outpatient Utilization Management Nurse	7/1/2014						
	Senior HR Generalist	7/1/2014						
	System Administrator	7/1/2014						
	Technical Analyst II	7/1/2014						
	Technical Quality Assurance Analyst	7/1/2014						
<b>Grade 9</b>			<b>49.41</b>	<b>61.76</b>	<b>74.11</b>	<b>102,770.00</b>	<b>128,460.00</b>	<b>154,150.00</b>
	IT Project Manager	9/1/2013						
	Manager Applications	7/1/2014						
	Manager IT Operations	9/1/2013						
	Manager Transition of Care	9/1/2013						
	Mgr Care Mgmt Applications	9/1/2013						
	Mgr eHealth Business Ops	9/1/2013						
	Mgr Outpatient Utiliz Mgmt	7/1/2014						
	Senior ETL Developer	9/1/2014						
	Sr Qlty Improv Nurse Spclst	7/1/2014						
	Supervisor Data Integration	7/1/2014						
<b>Grade 10</b>			<b>52.88</b>	<b>69.06</b>	<b>85.24</b>	<b>110,000.00</b>	<b>143,645.00</b>	<b>177,290.00</b>
	Assistant Controller	9/1/2013						
	Director Clinical Services	9/1/2013						
	Director Network Management	9/1/2013						
	Manager Corporate Planning	9/1/2013						
	Manager Data Integration	9/1/2013						
	Manager IT Infrastructure	7/1/2014						
	Mgr Fn Pln and Anlys Planning	9/1/2014						
	Systems Engineer	9/1/2014						
	Senior .Net Developer	7/1/2014						
	Senior Network Analyst	7/1/2014						
	Sr Database Administrator	7/1/2014						

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<b>Grade 11</b>			<b>65.34</b>	<b>81.68</b>	<b>98.01</b>	<b>135,910.00</b>	<b>169,890.00</b>	<b>203,870.00</b>
	Controller	7/1/2014						
	Ex Dir Gov Rel and Prog Oversi	9/1/2013						
<b>Grade 12</b>			<b>75.15</b>	<b>93.94</b>	<b>112.73</b>	<b>156,312.00</b>	<b>195,390.00</b>	<b>234,468.00</b>
	Director Fin Plan and Analysis	9/1/2014						
	Executive Director HR	7/1/2014						
<b>Grade 13</b>			<b>90.17</b>	<b>112.72</b>	<b>135.26</b>	<b>187,560.00</b>	<b>234,460.00</b>	<b>281,340.00</b>
	Associate Medical Director	7/1/2014						
<b>Grade 14</b>			<b>96.15</b>	<b>115.38</b>	<b>144.23</b>	<b>200,000.00</b>	<b>240,000.00</b>	<b>300,000.00</b>
	Medical Director	7/1/2014						
<b>Grade 15</b>			<b>108.17</b>	<b>135.82</b>	<b>162.26</b>	<b>225,000.00</b>	<b>282,500.00</b>	<b>337,500.00</b>
	CCO General Counsel	7/1/2014						
	Chief Compliance Officer	7/1/2014						
	Chief Financial Officer	7/1/2014						
	Chief Information Officer	7/1/2014						
	Chief Medical Officer	7/1/2014						
	Chief Operating Officer	7/1/2014						
<b>Grade 17</b>			<b>152.04</b>	<b>190.05</b>	<b>228.06</b>	<b>316,240.00</b>	<b>395,300.00</b>	<b>474,360.00</b>
	Chief Executive Officer	7/1/2014						

## RESOLUTION NO. 2020-05

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

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

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

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

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

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

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

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

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

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

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

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

PASSED AND ADOPTED by the Board at a meeting held on the 11th day of September, 2020.

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CHAIR, BOARD OF GOVERNORS

ATTEST:

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Secretary



## APPENDIX “A”

### Designated Positions

<b>Position</b>	<b><u>Disclosure Category</u></b>
Member, Board of Governors	
Chief Executive Officer	
Chief Compliance Officer	
Chief Operating Officer	
Chief Information Officer	
Chief Medical Officer	
Medical Director	
Chief Financial Officer	
Controller	
Assistant Controller	
Chief Analytics Officer	
Chief of Human Resources	
Chief Projects Officer	
Consultants <sup>1</sup>	

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

## APPENDIX "B"

### Disclosure Categories

#### CATEGORY I

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



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: September 11, 2020**

**Subject: CEO Report**

- **OPERATING PERFORMANCE – FISCAL YEAR END 2020 & JULY 2021**

- Preliminary fiscal year 2020 net income of \$25.6 million based on annual revenues of \$965.3 million
- Net income for the first month in Fiscal Year 2021 is \$1.9 million, approximately \$7 million favorable to budget due to Proposition 56 and the termination of the Safety-Net Sustainability Fund
- Group Care reported a net loss in July of \$667K, offset by \$2.5 million net income in Medi-cal
- Membership exceeded 264,000 in August, driven by monthly pattern of increased Medi-Cal enrollment starting in April 2020
- Operational dashboard metrics being tracked include provider Disputes (overturn rate), call center wait time and abandonment, and human resources (open positions)

- **SAFETY-NET SUSTAINABILITY FUND**

- \$16.6 million approved by the Board of Governors in May 2020 for funding the eligible front-line safety-net providers over a 6-month period
- \$6.6 million awarded in May and June, and the Board of Governors suspended the program in July until Medi-Cal capitation rates (fiscal year 2021) are determined by the Department of Health Care Services.
- Board of Governors to re-evaluate the sustainability funding in 2021

- **BOARD OF GOVERNORS**

- New Board Members approved by Alameda County Board of Supervisors
  - Bryon Lopez – SEIU / United Healthcare Workers West
  - Natalie Williams – Consumer Member
- Dr. Bertram Lubin Quality Award

- **PRIVACY OFFICER & SECURITY OFFICER APPOINTMENTS**

- Sasi Karaiyan, Chief Information Officer, was appointed as the Chief Security Officer in August 2020
- Richard Golfen, Chief Compliance Officer, was appointed as the Chief Privacy Officer in August 2020

- **COVID-19 RESPONSE & PUBLIC HEALTH POLICIES**

- Public health emergency status continues, 9 months (March – September)
- 1115 Waiver 12-month extension is planned to complete by end of year
- Governor Newsom signed an executive order in March 2020 to suspend redeterminations in the Medi-Cal program during the public health emergency.
- Medi-Cal membership: Prior to March 2020, monthly average of 6,000 to 8,000 dis-enrollments, and 4,000 new enrollments; following the Governor's executive order, the re-determination process is suspended by Alameda County Social Services until further notice
- Behavioral Health Integration pilot resumed by the Department of Health Care Services
- Long-term care at home benefit, cancelled by DHCS
- Pharmacy transition to DHCS tracking complete by January 1<sup>st</sup>, 2021
- DHCS initiated the procurement process for managed care health plans in September, and is tentatively scheduled to complete in the next 2 years

- **REGULATORY AUDITS, ACCREDITATION, AND QUALITY IMPROVEMENTS**

- NCQA survey review on the corrective action plan related to notice of action letters, virtual audit planned in first quarter 2020 (lookback period is 6 months, August 2019 to February 2020)
- DMHC Medical Survey, virtual audit scheduled April 2021
- DHCS Medical Survey (potentially end of Summer 2021)

- **DISSOLUTION OF JOINT POWERS AUTHORITY**

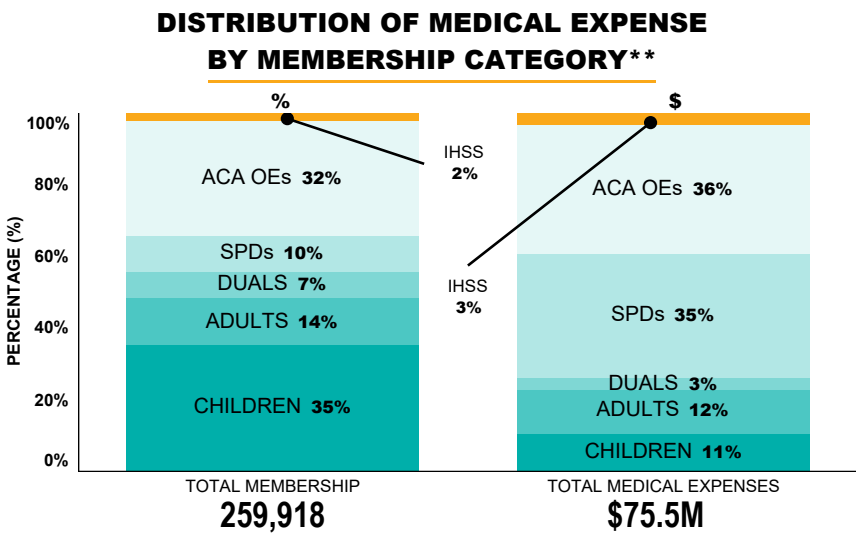
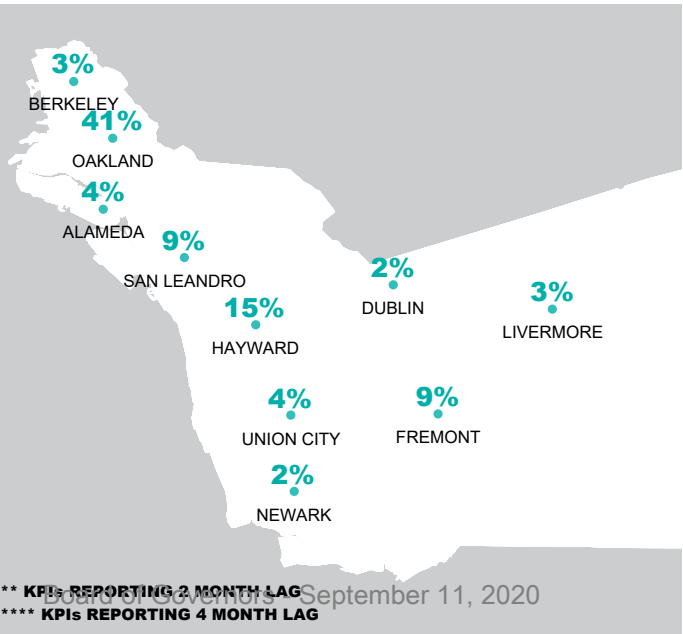
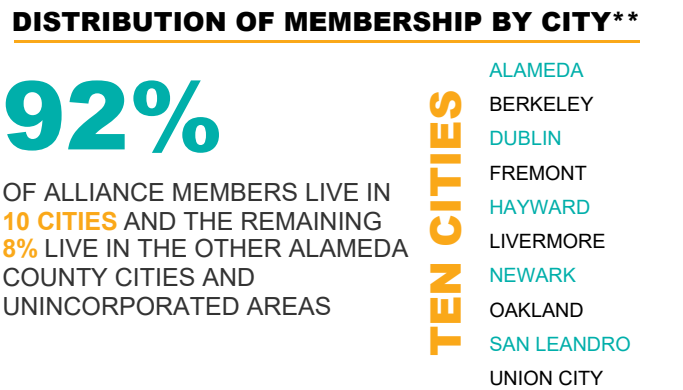
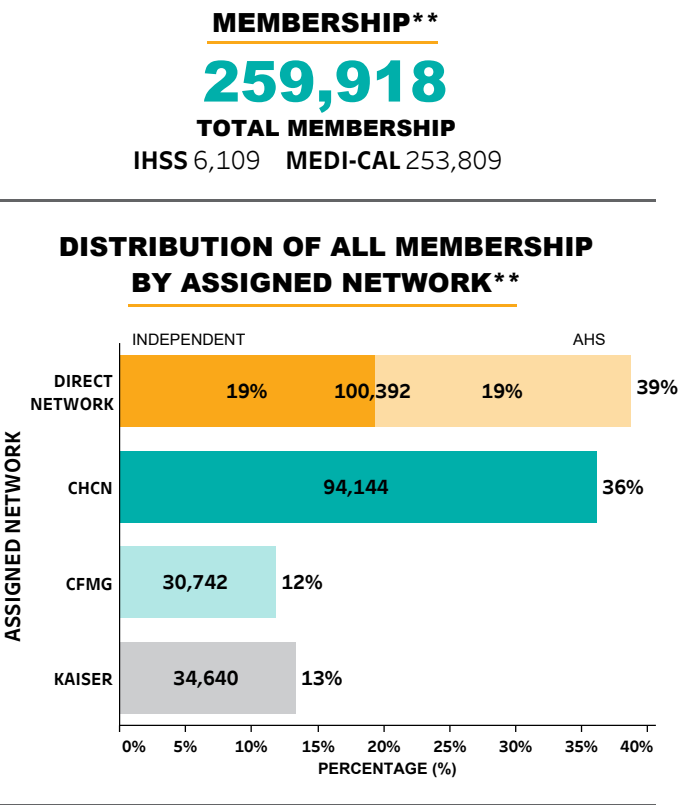
- Alliance Board Resolution 2020-01 authorizing CEO to issue notice of Termination to the County – approved by Alliance Board March 2020
- Alameda County Board of Supervisors are scheduled to vote on the contract amendment between Alameda Alliance and Alameda County Public Authority
- Bylaws are being updated to remove the Joint Powers Authority, and financial statements produced for the Group Care product will be modified
- JPA dissolution targeted to completed by November 30, 2020

- **DELEGATION OVERSIGHT**

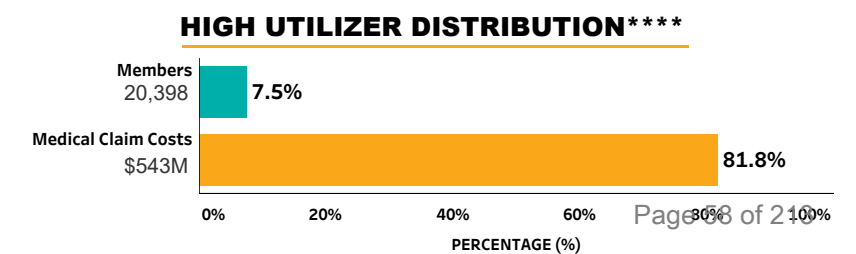
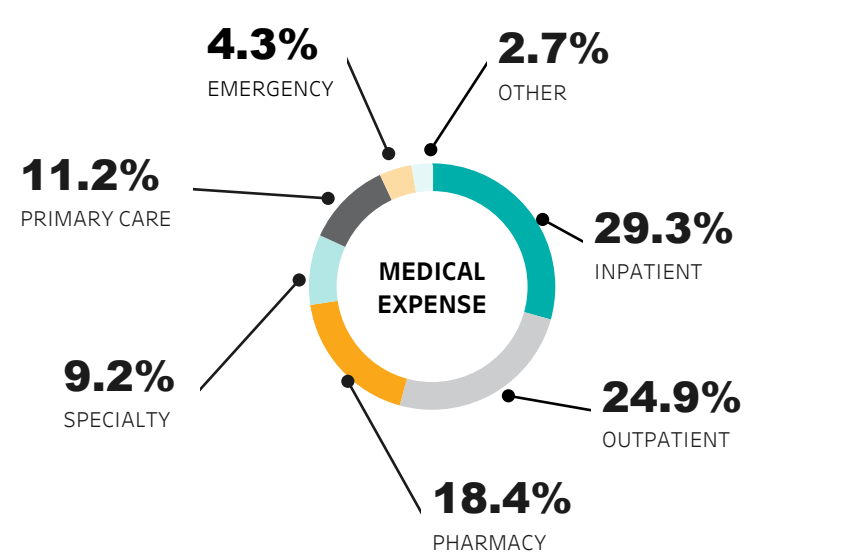
- Expansion of internal controls to oversee vendor-based services that are delegated for Alliance members (e.g. transportation, durable medical equipment, mental health)
- Formation of the Delegation Oversight Committee, facilitated by the Compliance Division with cross-departmental participation
- Assessment of the mental health administration and strategic positioning for long-term integration

EXECUTIVE DASHBOARD
SEPTEMBER 2020

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



REVENUE & EXPENSES\*\*
Table with 3 columns: Category, JULY 2020, FISCAL YTD. Rows include REVENUE, MEDICAL EXPENSE, ADMIN EXPENSE, OTHER, and NET INCOME.



\*\* KPIs REPORTING 2 MONTH LAG
\*\*\*\* KPIs REPORTING 4 MONTH LAG
September 11, 2020

## UTILIZATION\*\*



**5,662**

INPATIENT  
BED DAYS



**5,889**

EMERGENCY  
ROOM VISITS



**5.8 DAYS**

AVERAGE  
LENGTH OF STAY

## CASE AND DISEASE MANAGEMENT\*\*

	NEW CASES	OPEN CASES
CARE COORDINATION	263	646
COMPLEX CASE MANAGEMENT	6	56
<b>Total</b>	<b>269</b>	<b>702</b>

	NEW CASES	ENROLLED
HEALTH HOMES	21	779
WHOLE PERSON CARE (AC3)	7	230
<b>Total</b>	<b>28</b>	<b>1,009</b>

### TOTAL CASE MANAGEMENT

**297**

TOTAL NEW CASES

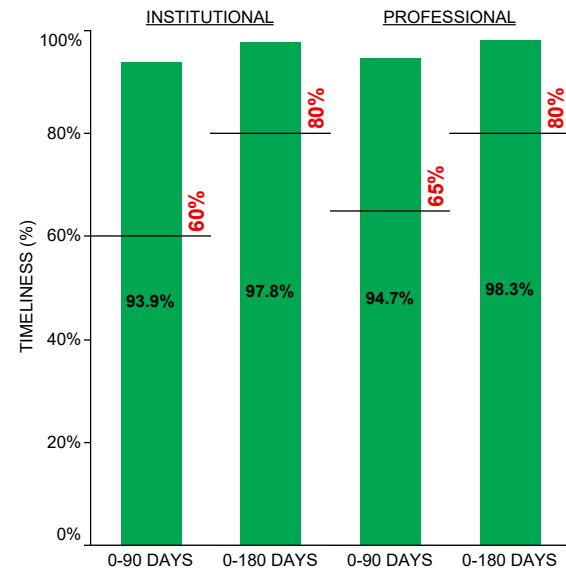
**1,711**

TOTAL OPEN CASES & ENROLLED

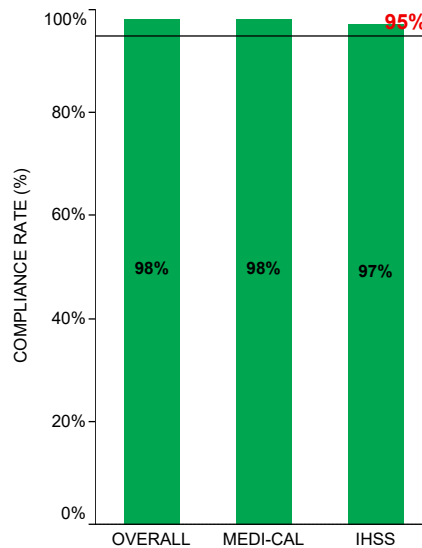
## REGULATORY COMPLIANCE

ALL REGULATORY COMPLIANCE MEASURES ARE IN COMPLIANCE.

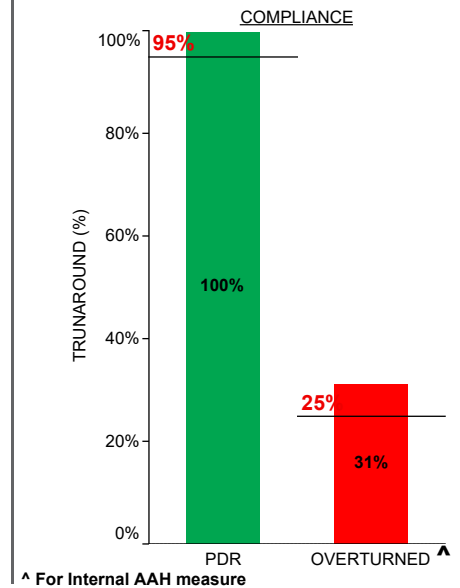
### ENCOUNTER DATA



### MEDICAL AUTHORIZATIONS



### PROVIDER DISPUTES & RESOLUTIONS



## CALL CENTER



**13,024**

CALLS  
RECEIVED



**66%**

ANSWERED IN  
30 SECONDS



**6%**

CALLS  
ABANDONED



**97,209**

PROCESSED  
CLAIMS



**76.2%**

AUTO  
ADJUDICATED



**18 DAYS**

PROCESSED  
PAYMENTS

## STAFF & RECRUITING



**331**

TOTAL  
EMPLOYEES



**8**

HIRED IN THE  
LAST 30 DAYS



**14%**

CURRENT  
VACANCY



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

# Operations Dashboard



# Alameda Alliance for Health Operations Dashboard

- September-2020 -

ID	Section	Subject Area	Category	Performance Metric					ID
1	1	Financials			Jul-20 FYTD	%	Prelim. Annual Budget		1
2									2
3			Income & Expenses	Revenue \$	\$81,858,149	8.9%	\$917,492,169		3
4				Medical Expense \$	\$75,520,842	8.7%	\$871,238,681		4
5				Inpatient (Hospital)	\$22,142,341	29.3%	\$276,088,226		5
6				Outpatient/Ancillary	\$18,823,818	24.9%	\$256,550,771		6
7				Emergency Department	\$3,211,995	4.3%	\$39,849,225		7
8				Pharmacy	\$13,885,807	18.4%	\$107,885,846		8
9				Primary Care	\$8,481,832	11.2%	\$71,677,546		9
10				Specialty Care	\$6,948,149	9.2%	\$89,550,627		10
11				Other	\$2,026,900	2.7%	\$29,636,441		11
12				Admin Expense \$	\$4,564,832	6.1%	\$74,626,652		12
13				Other Income / (Exp.) \$	\$89,949	0.1%	\$1,580,000		13
14				Net Income \$	\$1,862,425		(\$26,793,164)		14
15				Gross Margin %	7.7%		5.0%		15
16			Liquid Reserves	Medical Loss Ratio (MLR) - Net %	92.3%		95.0%		16
17				Tangible Net Equity (TNE) %	647.0%		546.0%		17
18				Tangible Net Equity (TNE) \$	\$208,037,240		\$174,500,908		18
19			Reinsurance Cases	2020-2021 Cases Submitted	1				19
20				2020-2021 New Cases Submitted	0				20
21				2019-2020 Cases Submitted	18				21
22				2019-2020 New Cases Submitted	16				22
23			Balance Sheet	Cash Equivalents	\$260,078,338				23
24				Pass-Through Liabilities	\$127,690,217				24
25				Uncommitted Cash	\$132,388,121				25
26				Working Capital	\$197,709,082				26
27				Current Ratio %	182.1%		100%		27
28									28
29	2	Membership			May-20	Jun-20	Jul-20	%	Jul-20 Budget
30									30
31			Medi-Cal Members	Adults	33,229	34,087	34,909	14%	34,657
32				Children	89,755	90,745	91,570	35%	94,058
33				Seniors & Persons with Disabilities (SPDs)	25,985	26,111	26,044	10%	25,972
34				ACA Optional Expansion (ACA OE)	79,736	81,296	82,989	32%	83,087
35				Dual-Eligibles	17,971	18,069	18,297	7%	17,912
36									36
37				Total Medi-Cal	246,676	250,308	253,809	98%	255,686
38			IHSS Members	IHSS	6,295	6,437	6,109	2%	6,334
39			Total Membership	Medi-Cal and IHSS	252,971	256,745	259,918	100%	262,020
40									40
41			Members Assigned By Delegate	Direct-contracted network	48,857	49,813	50,199	19%	
42				Alameda Health System (Direct Assigned)	48,099	49,177	50,193	19%	
43				Children's First Medical Group	30,072	30,425	30,742	12%	
44				Community Health Center Network	92,533	93,392	94,144	36%	
45				Kaiser Permanente	33,410	33,938	34,640	13%	
46									46

# Alameda Alliance for Health Operations Dashboard

- September-2020 -

ID	Section	Subject Area	Category	Performance Metric	Jun-20	Jul-20	Aug-20	%	Performance Goal	ID
47	3	Claims								47
48										48
49			HEALTHsuite Claims Processing	Number of Claims Received	101,083	110,462	104,293			49
50				Number of Claims Paid	62,345	91,006	73,816			50
51				Number of Claims Denied	24,687	28,070	23,393			51
52				Inventory (Unfinalized Claims)	69,095	59,706	66,159			52
53				Pended Claims (Days)	9,639	11,563	13,112	20%		53
54				0-29 Calendar Days	9,616	11,512	12,969	20%		54
55				30-44 Calendar Days	22	51	141	0%		55
56				45-59 Calendar Days	1	0	2	0%		56
57				60-89 Calendar Days	0	0	0	0%		57
58				90-119 Calendar Days	0	0	0	0%		58
59				120 or more Calendar Days	0	0	0	0%		59
60				Total Claims Paid (dollars)	35,943,390	46,860,152	40,276,246			60
61				Interest Paid (Total Dollar)	29,670	39,150	22,530	0%		61
62				Auto Adjudication Rate (%)	74.9%	72.7%	76.2%		70%	62
63				Average Payment Turnaround (days)	19	18	18		25 days or less	63
64			Claims Auditing	# of Pre-Pay Audited Claims	2,325	2,253	2,191			64
65			Claims Compliance	% of Claims Processed Within 30 Cal Days (DHCS Goal = 90%)	98%	99%	99%		90%	65
66				% of Claims Processed Within 90 Cal Days (DHCS Goal = 99%)	100%	100%	100%		99%	66
67				% of Claims Processed Within 45 Work Days (DMHC Goal = 95%)	100%	100%	100%		95%	67
68										68
69	4	Member Services			Jun-20	Jul-20	Aug-20	%	Performance Goal	69
70										70
71			Member Call Center	Inbound Call Volume	11,469	12,696	13,024			71
72				Calls Answered in 30 Seconds %	84.0%	76.0%	66.0%		80.0%	72
73				Abandoned Call Rate %	2.0%	4.0%	6.0%		5.0% or less	73
74				Average Wait Time	00:27	00:44	01:18			74
75				Average Call Duration	08:42	08:46	06:54			75
76				Outbound Call Volume	10,466	9,965	8,744			76
77										77
78	5	Provider Services			Jun-20	Jul-20	Aug-20	%	Performance Goal	78
79										79
80			Provider Call Center	Inbound Call Volume	6,281	6,467	5,547			80
81										81
82	6	Provider Contracting			Jun-20	Jul-20	Aug-20	%	Performance Goal	82
83										83
84			Provider Network	Primary Care Physician	580	583	582			84
85				Specialist	7,058	6,655	6,851			85
86				Hospital	17	17	17			86
87				Skilled Nursing Facility	61	62	62			87
88				Durable Medical Equipment	Capitated	Capitated	Capitated			88
89				Urgent Care	10	10	10			89
90				Health Centers (FQHCs and Non-FQHCs)	67	67	67			90
91				Transportation	380	380	380			91
92			Provider Credentialing	Number of Providers in Credentialing	1,431	1,428	0			92
93				Number of Providers Credentialed	1,431	1,428	0			93
94										94

# Alameda Alliance for Health Operations Dashboard

- September-2020 -

ID	Section	Subject Area	Category	Performance Metric						ID
95	7	Human Resources & Recruiting			Jun-20	Jul-20	Aug-20	%	Annual Budget	95
96										96
97			Employees	Total Employees	320	323	331		354	97
98				Full Time Employees	318	321	329	99%		98
99				Part Time Employees	2	2	2	1%		99
100				New Hires	3	5	8			100
101				Separations	1	2	2			101
102				Open Positions	44	50	48	14%	10% or less	102
103				Signed Offer Letters Received	6	6	6			103
104				Recruiting in Process	38	44	42	11%		104
105										105
106			Non-Employee (Temps / Seasonal)		3	3	2			106
107										107
108	8	Compliance			Jun-20	Jul-20	Aug-20	%	Performance Goal	108
109										109
110			Provider Disputes & Resolutions	Turnaround Compliance (45 business days)	99%	100%	100%		95%	110
111				% Overturned	35%	29%	31%		25% or less	111
112										112
113			Member Grievances	Overall Standard Grievance Compliance Rate % (30 calendar days)	98%	97%	97%		95%	113
114				Overall Expedited Grievance Compliance Rate % (3 calendar days)	100%	100%	100%		95%	114
115										115
116			Member Appeals	Overall Standard Appeal Compliance Rate (30 calendar days)	100%	100%	100%		95%	116
117				Overall Expedited Appeal Compliance Rate (3 calendar days)	100%	100%	100%		95%	117
118										118
119	9	Encounter Data & Technology			Jun-20	Jul-20	Aug-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	83.9%	87.0%	93.9%		60.0%	129
130				Timeliness - % Within Lag Time - Institutional 0-180 days	95.8%	97.4%	97.8%		80.0%	130
131				Timeliness - % Within Lag Time - Professional 0-90 days	90.2%	92.6%	94.7%		65.0%	131
132				Timeliness - % Within Lag Time - Professional 0-180 days	97.0%	97.8%	98.3%		80.0%	132
133										133

# Alameda Alliance for Health Operations Dashboard

- September-2020 -

ID	Section	Subject Area	Category	Performance Metric					Performance Goal	ID
134	10	Health Care Services			Jun-20	Jul-20	Aug-20			134
135										135
136			Authorization Turnaround	Overall Authorization Turnaround % Compliant	99%	99%	98%		95%	136
137				Medi-Cal %	99%	99%	98%		95%	137
138				Group Care %	99%	98%	97%		95%	138
139										139
140			Outpatient Authorization Denial Rates	Overall Denial Rate (%)	3.4%	3.8%	3.6%			140
141				Denial Rate Excluding Partial Denials (%)	3.4%	3.7%	3.4%			141
142				Partial Denial Rate (%)	0.1%	0.0%	0.2%			142
143										143
144			Pharmacy Authorizations	Approved Prior Authorizations	722	745	718	38%		144
145				Denied Prior Authorizations	565	661	649	34%		145
146				Closed Prior Authorizations	466	478	523	28%		146
147				Total Prior Authorizations	1,753	1,884	1,890			147
148										148
149					May-20	Jun-20	Jul-20			149
150										150
151			Inpatient Utilization	Days / 1000	269.0	283.6	301.7			151
152				Admits / 1000	51.1	52.4	51.9			152
153				Average Length of Stay	5.3	5.4	5.8			153
154										154
155			Emergency Department (ED) Utilization	# ED Visits / 1000	30.42	32.14	31.44			155
156										156
157			Case Management	<u>New Cases</u>						157
158				Care Coordination	252	253	263			158
159				Complex Case Management	38	37	6			159
160				Health Homes	24	17	21			160
161				Whole Person Care (AC3)	4	1	7			161
162				Total New Cases	318	308	297			162
163										163
164				<u>Open Cases</u>						164
165				Care Coordination	589	645	646			165
166				Complex Case Management	91	99	56			166
167				Total Open Cases	680	744	702			167
168										168
169				<u>Enrolled</u>						169
170				Health Homes	765	772	779			170
171				Whole Person Care (AC3)	225	223	230			171
172				Total Enrolled	990	995	1,009			172
173										173
174				Total Case Management (Open Cases & Enrolled)	1,670	1,739	1,711			174
175										175

## **2019-2020 Legislative Tracking List**

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

This list includes bills that were introduced in 2019 and moved through the legislative process as 2-year bills as well as those that were introduced in the 2020 legislative session. This list also includes COVID-19 related bills that were introduced in the 2020 legislative session.

### **Medi-Cal (Medicaid)**

- **AB 683 (Carillo – D) Medi-Cal Eligibility**
  - **Status:** 8/18/2020 – Failed Deadline pursuant to Rule 61(b)(13).
  - **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 890 (Wood – D) Nurse Practitioners: Score of practice: Practice without Standardized Procedures**
  - **Status:** 8/31/2020 – Read third time. Passed. To Engrossing and Enrolling.
  - **Summary:** Would establish the Nurse Practitioner Advisory Committee to advise and give recommendations to the Board of Registered Nursing on matters relating to nurse practitioners. The bill would require the committee to provide recommendations or guidance to the board when the board is considering disciplinary action against a nurse practitioner. The bill would require the board, by regulation, to define minimum standards for a nurse practitioner to transition to practice independently. The bill would authorize a nurse practitioner who meets certain education, experience, and certification requirements to perform, in certain settings or organizations, specified functions without standardized procedures, including ordering, performing, and interpreting diagnostic procedures, certifying disability, and prescribing, administering, dispensing, and furnishing controlled substances.
- **AB 1940 (Flora – R) Medi-Cal: Podiatric Services**
  - **Status:** 5/29/2020 – Failed Deadline pursuant to Rule 61(b)(5).
  - **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:** 5/29/2020 – Failed Deadline pursuant to Rule 61(b)(5).
  - **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:** 8/30/2020 – Senate amendments concurred in. To Engrossing and Enrolling.
- **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 2164 (Rivas – D) Telehealth**

- **Status:** 8/30/2020 – Senate amendments concurred in. To Engrossing and Enrolling.
- **Summary:** Current law prohibits a requirement of in-person contact between a health care provider and a Medi-Cal patient when the service may be provided by telehealth, and, for purposes of telehealth, prohibits the department from limiting the type of setting where Medi-Cal services are provided. Existing law authorizes, to the extent that federal financial participation is available, the use of health care services by store and forward under the Medi-Cal program, subject to billing and reimbursement policies developed by the department, and prohibits a requirement of in-person contact between a health care provider and a Medi-Cal patient when these services are provided by store and forward. This bill would provide that an FQHC or RHC “visit” includes an encounter between an FQHC or RHC patient and a health care provider using telehealth by synchronous real time or asynchronous store and forward.

- **AB 2276 (Reyes – D) Childhood Lead Poisoning: Screening and Prevention**

- **Status:** 8/30/2020 – Senate amendments concurred in. To Engrossing and Enrolling.
- **Summary:** Current law establishes the Childhood Lead Poisoning Prevention Program, which is administered by the State Department of Public Health. Current law requires the department to adopt regulations establishing a standard of care that include the determination of specified risk factors for lead exposure, including a child’s time spent in a home, school, or building built before 1978. Current law requires the department to ensure appropriate case management for children who have been identified with lead poisoning, and authorizes the department to contract with any public or private entity, including any local agency, to perform that duty. This bill would add several risk factors to be considered as part of the standard of care specified in regulations, including a child’s residency in or visit to a country. The bill would require the department to update its formula for allocating funds to a local agency that contracts with the department to administer the Childhood Lead Poisoning Prevention Program, and to revise funding allocations before each contract cycle.

- **AB 2277 (Salas – D) Medi-Cal: Blood Lead Screening Tests**

- **Status:** 8/18/2020 – Failed Deadline pursuant to Rule 6(b)(13).
- **Summary:** Would require any Medi-Cal managed care health plan contract to impose requirements on the contractor on blood lead screening tests for children, including identifying every enrollee who does not have a record of completing those tests, and reminding the

responsible health care provider of the need to perform those tests. The bill would require the State Department of Health Care Services to develop and implement procedures to ensure that a contractor performs those duties, and to notify specified individuals responsible for a Medi-Cal beneficiary who is a child, including the parent or guardian, that their child has missed a required blood lead screening test, as part of an annual notification on preventive services.

- **AB 2278 (Quirk – D) Lead Screening**

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

- **AB 2348 (Wood – D) Pharmacy Benefit Manager**

- **Status:** 5/29/2020 – Failed Deadline pursuant to Rule 61(b)(5).
- **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 2360 (Maienschein – D) Telehealth: Mental Health**

- **Status:** 8/30/2020 – Senate amendments concurred in. To Engrossing and Enrolling.
- **Summary:** Would require health care service plans and health insurers, by July 1, 2021, to provide access to a telehealth consultation program that meets specified criteria and provides providers who treat children and pregnant and certain postpartum persons with access to a mental health consultation program, as specified. The bill would require the consultation by a mental health clinician with expertise appropriate for pregnant, postpartum, and pediatric patients to be conducted by telephone or telehealth video, and to include guidance on the range of evidence-based treatment options, screening tools, and referrals. The bill would require health care service plans and insurers to communicate information relating to the telehealth program at least twice a year in writing.

- **AB 2450 (Grayson – D) Air Ambulance Services**

- **Status:** 8/31/2020 – Enrolled and presented to the Governor.
- **Summary:** Current law imposes a penalty of \$4 until July 1, 2020, upon every conviction for a violation of the Vehicle Code or a local ordinance adopted pursuant to the Vehicle Code, other than a parking offense. The act requires the county or court that imposed the fine to transfer the revenues collected to the Treasurer for deposit into the Emergency Medical Air Transportation and Children's Coverage Fund. Current law requires the assessed penalty to continue to be

collected, administered, and distributed until exhausted or until December 31, 2021, whichever occurs first. Current law repeals these provisions July 1, 2022. This bill would extend the imposition of the above-described penalty by 1 year and would instead make those provisions inoperative on July 1, 2024, and repeal them on January 1, 2025.

- **AB 2692 (Cooper – D) Medi-Cal: Lactation Support**
  - **Status:** 6/5/2020 - Failed Deadline pursuant to Rule 61(b)(5).
  - **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:** 5/29/2020 – Failed Deadline pursuant to Rule 61(b)(5).
  - **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 2830 (Wood – D) Health Care Payments Program Data**
  - **Status:** 8/18/2020 – Failed Deadline pursuant to Rule 61(b)(5).
  - **Summary:** Current law states the intent of the Legislature to establish the Health Care Cost Transparency Database to collect information on the cost of health care, and requires the Office of Statewide Health Planning and Development to convene a review committee to advise the office on the establishment and implementation of the database. Current law requires, subject to appropriation, the office to establish, implement, and administer the database by July 1, 2023. This bill would delete those provisions relative to the Health Care Cost Transparency Database and would instead require the office to establish the Health Care Payments Data Program to implement and administer the Health Care Payments Data System, which would include health care data submitted by health care service plans, health insurers, a city or county that offers self-insured or multiemployer-insured plans, and other specified mandatory and voluntary submitters.
- **AB 2871 (Fong – R) Medi-Cal: Substance Use Disorder Services: Reimbursement Rates**
  - **Status:** 5/29/2020 – Failed Deadline pursuant to Rule 61(b)(5).
  - **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:** 5/29/2020 – Failed Deadline pursuant to Rule 61(b)(5).
  - **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:** 6/5/2020 - Failed Deadline pursuant to Rule 61(b)(8).
- **Summary:** Would expand the Medi-Cal schedule of benefits to include medically supportive food and nutrition services, such as medically tailored groceries and meals, and nutrition education. The bill would provide that the benefit include services that link a Medi-Cal beneficiary to community-based food services and transportation for accessing healthy food. The bill would require the department to implement these provisions by various means, including provider bulletins, without taking regulatory action, and would condition the implementation of these provisions to the extent permitted by federal law, the availability of federal financial participation, and the department securing federal approval.

- **SB 29 (Durazno – D) Medi-Cal: Eligibility**

- **Status:** 8/31/2020 – Ordered to inactive file on request of Assembly Member Bonta.
- **Summary:** This bill would, subject to an appropriation by the Legislature, extend eligibility for full-scope Medi-Cal benefits to individuals who are 65 years or older, who are otherwise eligible for those benefits but for their immigration status, and would delete provision delaying implementation until the director makes the determination as specified.

- **SB 803 (Beall – D) Mental Health Services: Peer Support Specialist Certification**

- **Status:** 8/30/2020 – Joint Rule 61(b)(17) suspended. Read third time and amended. Ordered to third reading.
- **Summary:** Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income persons receive health care benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes a schedule of benefits under the Medi-Cal program and provides for various services, including behavioral and mental health services that are rendered by Medi-Cal enrolled providers. This bill would require the department, by July 1, 2022, to establish statewide requirements for counties to use in developing certification programs for the certification of peer support specialists, who are individuals who self-identify as having lived experience with the process of recovery from mental illness, substance use disorder, or both.

- **SB 885 (Pan – D) Sexually Transmitted Diseases**

- **Status:** 5/29/2020 – Failed Deadline pursuant to Rule 61(b)(5).
- **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:** 5/29/2020 – Failed Deadline pursuant to Rule 61(b)(5).
- **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:** 5/29/2020 – Failed Deadline pursuant to Rule 61(b)(5).
  - **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:** 5/29/2020 – Failed Deadline pursuant to Rule 61(b)(5).
  - **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:** 5/29/2020 – Failed Deadline pursuant to Rule 61(b)(5).
  - **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.
- **AB 2265 (Quirk-Silva – D) Mental Health Services Act – use of funds for substance use disorder treatment**
  - **Status:** 8/30/2020 – Senate amendments concurred in. To Engrossing and Enrolling.
  - **Summary:** The Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, funds a system of county mental health plans for the provision of mental health services, as specified. The act establishes

the Mental Health Services Fund, which is continuously appropriated to, and administered by, the State Department of Health Care Services to fund specified county mental health programs. This bill would authorize the services for adults, older adults, and children, as well as innovative programs and prevention and early intervention programs that are provided by counties as part of the MHSA to include substance use disorder treatment for children, adults, and older adults with co-occurring mental health and substance use disorders who are eligible to receive mental health services pursuant to those programs.

- **SB 1033 (Pan – D) Health Care Coverage: Utilization Review Criteria**
  - **Status:** 5/29/2020 – Failed Deadline pursuant to Rule 61(b)(5).
  - **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:** 6/29/2020 – Approved by the Governor. Chaptered by Secretary of State – Chapter 7, 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 117 (Committee on Budget and Fiscal Review) Education Finance Education Finance: 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.
- **SB 275 (Pan – D) Health Care and Essential Workers: Personal Protective Equipment**

- **Status:** 8/30/2020 – Joint Rule 61(b)(17) suspended. Read third time and amended. Ordered to third reading.
- **Summary:** Current law establishes the State Department of Public Health to implement various programs throughout the state relating to public health, including licensing and regulating health facilities and control of infectious diseases. This bill would require the State Department of Public Health and the Office of Emergency Services, in coordination with other state agencies, to, upon appropriation and as necessary, establish a personal protective equipment (PPE) stockpile. The bill would require the department to establish guidelines for the procurement, management, and distribution of PPE, taking into account, among other things, the amount of each type of PPE that would be required for all health care workers and essential workers in the state during a 90-day pandemic or other health emergency.
- **AB 2887 (Bonta – D) Statewide Emergencies: Mitigation**
  - **Status:** 5/7/2020 – Re-referred to Committee on Budget.
  - **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:** 8/31/2020 – Senate amendments concurred in. To Engrossing and Enrolling.
  - **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:** 6/18/2020 – June 18 hearing: Held in committee and under submission.

- **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:** 6/18/2020 – June 18 hearing: Held in committee and under submission.
  - **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:** 8/30/2020 – Read third time. Ordered to Senate. In Senate. Ordered to Engrossing and Enrolling
  - **Summary:** Current law requires the Office of Emergency Services to provide financial and technical assistance to local domestic violence centers in implementing specified services. Current law authorizes domestic violence centers to seek, receive, and make use of any funds that may be available from all public and private sources to augment state funds and requires centers receiving funds to provide cash or an in-kind match of at least 10% of the funds received. This bill would remove the requirement for centers receiving funds to provide cash or an in-kind match for the funds received. The bill would make related findings and declarations.

## Other

- **AB 1976 (Eggman – D) Mental Health Services: Assisted Outpatient Treatment**
  - **Status:** 8/30/2020 – Senate amendments concurred in. To Engrossing and Enrolling.
  - **Summary:** The Assisted Outpatient Treatment Demonstration Project Act of 2002, known as Laura's Law, until January 1, 2022, authorizes each county to elect to offer specified mental health programs either through a resolution adopted by the county board of supervisors or through the county budget process, if the county board of supervisors makes a finding that specified mental

health programs will not be reduced as a result of participating. Current law authorizes participating counties to pay for the services provided from moneys distributed to the counties from various continuously appropriated funds, including the Mental Health Services Fund, when included in a county plan, as specified. This bill, commencing July 1, 2021, would instead require a county or group of counties to offer those mental health programs, unless a county or group of counties opts out by a resolution passed by the governing body stating the reasons for opting out and any facts or circumstances relied on in making that decision.

- **AB 2055 (Wood – D) Specialty Mental Health Services and Substance Use Disorder Treatment**
  - **Status:** 5/29/2020 – Failed Deadline pursuant to Rule 61(b)(5).
  - **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:** 8/18/2020 – Failed Deadline pursuant to Rule 61(b)(5).
  - **Summary:** The Childhood Lead Poisoning Prevention Act of 1991 establishes the Childhood Lead Poisoning Prevention Program and requires the State Department of Public Health to adopt regulations establishing a standard of care, at least as stringent as the most recent federal Centers for Disease Control and Prevention screening guidelines. Current law provides that the standard of care shall require a child who is determined to be at risk for lead poisoning to be screened. Current law requires the regulations to include the determination of specified risk factors, including a child's time spent in a home, school, or building built before 1978. This bill would add several risk factors to be considered as part of the standard of care specified in regulations, including a child's residency in or visit to a foreign country, or their residency in a high-risk ZIP Code, and would require the department to develop, by January 1, 2021, the regulations on the additional risk factors, in consultation with the specified individuals.
- **AB 2409 (Kalra – D) Medi-Cal: Assisted Living Waiver program**
  - **Status:** 5/29/2020 – Failed Deadline pursuant to Rule 61(b)(5).
  - **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.
- **SB 1237 (Dodd – D) Nurse-midwives: Scope of practice**
  - **Status:** 8/31/2020 Read third time. Passed Assembly to Concurrence.
  - **Summary:** Would delete the specified provisions defining the practice of nurse-midwifery, would delete the condition that a certified nurse-midwife practice under the supervision of a physician

and surgeon, and would instead authorize a certified nurse-midwife to attend cases of low-risk pregnancy, as defined, and childbirth and to provide prenatal, intrapartum, and postpartum care, including family-planning services, interconception care, and immediate care of the newborn, consistent with standards adopted by a specified professional organization, or its successor, as approved by the Board of Registered Nursing.

- **AB 2464 (Aguilar-Curry – D) Project ECHO Grant Program**

- **Status:** 6/5/2020 – Failed Deadline pursuant to Rule 61(b)(8).
- **Summary:** Current law establishes within state government the California Health and Human Services Agency. Current law also establishes various public health programs, including grant programs, throughout the state for purposes of promoting maternal, child, and adolescent health. This bill would require the agency, upon appropriation by the Legislature, to establish, develop, implement, and administer the Project ECHO (registered trademark) Grant Program. Under the grant program, the bill would require participating children's hospitals to establish one year-long pediatric behavioral health teleECHO (trademark) clinics for specified individuals, including primary care clinicians and educators, to help them develop expertise and tools to better serve the youth that they work with by addressing their mental health needs stemming from the coronavirus pandemic.

- **AB 2535 (Mathis – R) Denti-Cal Provider Pilot Program**

- **Status:** 5/29/2020 – Failed Deadline pursuant to Rule 61(b)(5).
- **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) Early childhood development: interagency workgroup**

- **Status:** 8/18/2020 – Failed Deadline pursuant to Rule 61(b)(5).
- **Summary:** Upon appropriation by the Legislature for the purpose of transferring early childhood development programs to a single entity, this bill would establish an administering entity or entities for early childhood development programs. The bill would require the administering entity or entities to establish an interagency workgroup comprised of specified individuals, including the Deputy Superintendent of Public Instruction and representatives from various state departments, such as the State Department of Public Health and the State Department of Health Care Services, to perform specified duties, including establishing a memorandum of understanding between the departments outlining the joint authority for the promulgation of regulations for the coordination and alignment of services relating to early childhood care and learning, and annually submitting a report on its work to the Governor, the Superintendent of Public Instruction, and the Legislature. The bill would state related findings, declarations, and intents of the Legislature.

- **AB 2817 (Wood – D) Office of Health Care Quality and Affordability**

- **Status:** 5/29/2020 – Failed Deadline pursuant to Rule 61(b)(5).
- **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 3300 (Santiago – D) Homelessness: California Access to Housing and Services Act**
  - **Status:** 8/18/2020 – Failed Deadline pursuant to Rule 61(b)(5).
  - **Summary:** By executive order, the Governor required the Department of Finance to establish the California Access to Housing and Services Fund, administered by the State Department of Social Services, to provide funding for additional affordable housing units, providing rental and operating subsidies, and stabilizing board and care homes. This bill, the California Access to Housing and Services Act, would establish the California Access to Housing and Services Fund in the State Treasury and continuously appropriate moneys in the fund solely for the purpose of implementing and administering the bill's provisions.
- **SB 852 (Pan – D) Health Care: Prescription Drugs**
  - **Status:** 8/31/2020 – Read third time. Passed. Ordered to Engrossing and Enrolling.
  - **Summary:** Would require the California Health and Human Services Agency (CHHSA) to enter into partnerships, in consultation with other state departments as necessary to, among other things, increase patient access to affordable drugs. The bill would require CHHSA to enter into partnerships to produce or distribute generic prescription drugs and at least one form of insulin, provided that a viable pathway for manufacturing a more affordable form of insulin exists at a price that results in savings. The bill would, subject to appropriation by the Legislature, require CHHSA to submit a report to the Legislature on or before July 1, 2023, that, among other things, assesses the feasibility and advantages of directly manufacturing generic prescription drugs and selling generic prescription drugs at a fair price.
- **SB 1065 (Hertzberg – D) CalWORKs: Homeless Assistance**
  - **Status:** 8/29/2020 – Ordered to special consent calendar. Assembly amendments concurred in. Ordered to Engrossing and Enrolling.
  - **Summary:** Under current law, a family is considered homeless for the purpose of establishing eligibility for homeless assistance benefits if, among other things, the family has received a notice to pay rent or quit. Current law requires the family to demonstrate that the eviction is the result of a verified financial hardship, as specified, and no other lease or rental violations, and that the family is experiencing a financial crisis that may result in homelessness if preventive assistance is not provided. This bill would eliminate the requirement for a family to demonstrate the reason for the eviction and the existence of the financial crisis.





# Finance

## June 2020

## Gil Riojas

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

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

**Date: September 11, 2020 (Board Recessed August 2020)**

**Subject: Finance Report**

## **Executive Summary**

- For the month ended June 30, 2020, the Alliance had enrollment of 256,745 members, a Net Income of \$5.0 million and 645% of required Tangible Net Equity (TNE).

<b>Overall Results: (in Thousands)</b>		
	<b>Month</b>	<b>YTD</b>
Revenue	\$81,562	\$965,344
Medical Expense	68,221	881,258
Admin. Expense	8,376	62,477
Other Inc. / (Exp.)	47	3,803
Net Income	<b>\$5,011</b>	<b>\$25,412</b>

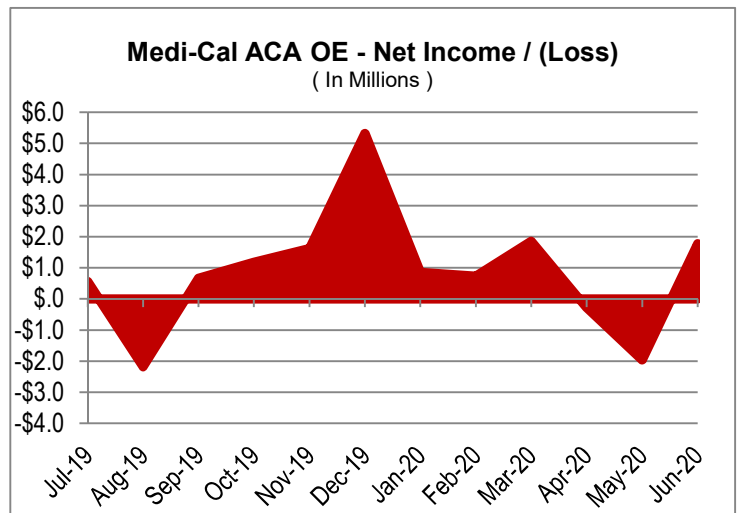
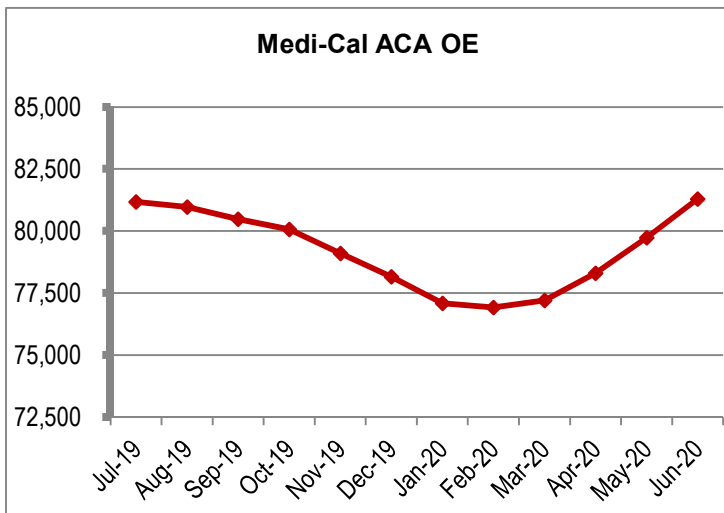
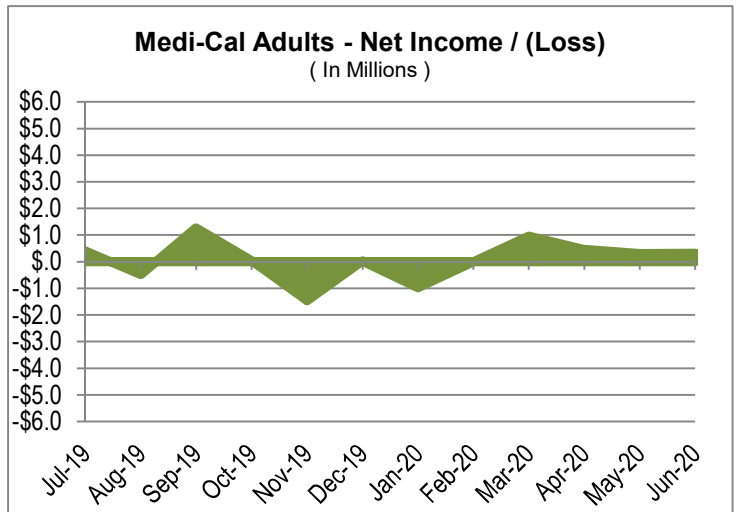
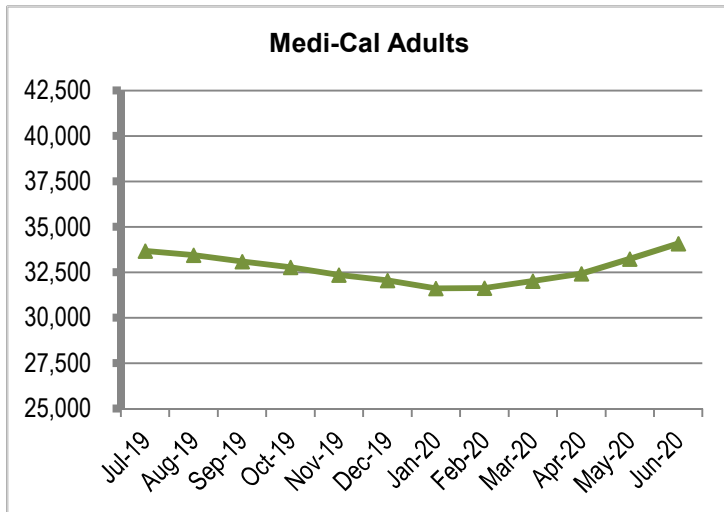
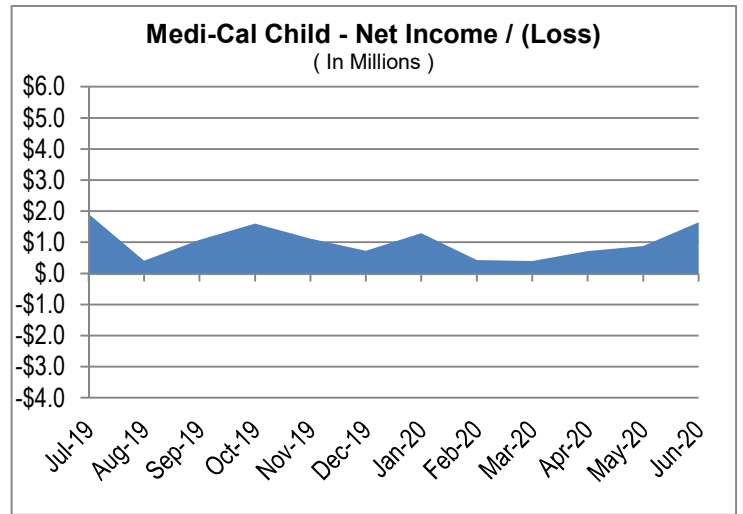
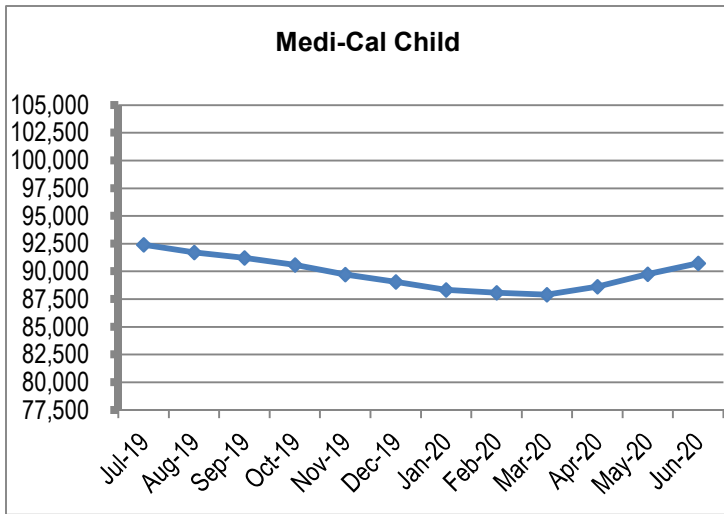
<b>Net Income by Program:</b>		
	<b>Month</b>	<b>YTD</b>
Medi-Cal	\$4,876	\$25,580
Group Care	135	(167)
	<b>\$5,011</b>	<b>\$25,412</b>

## **Enrollment**

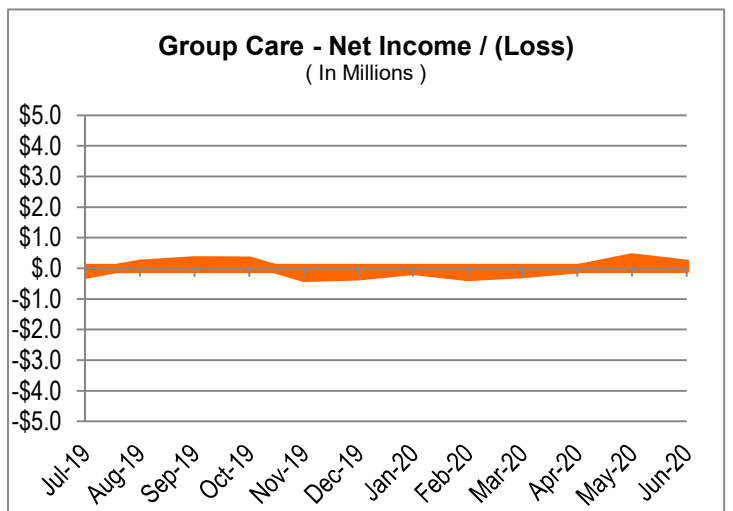
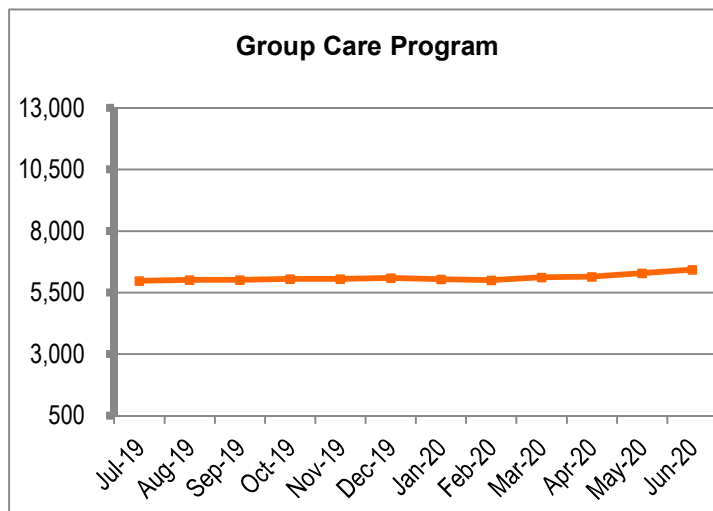
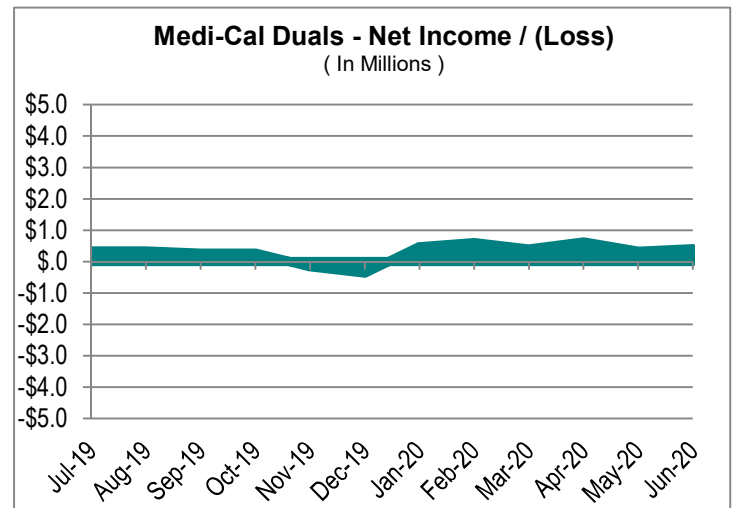
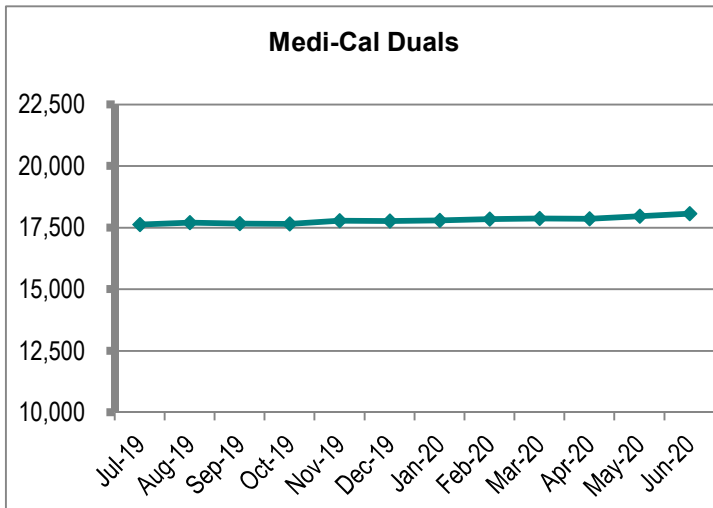
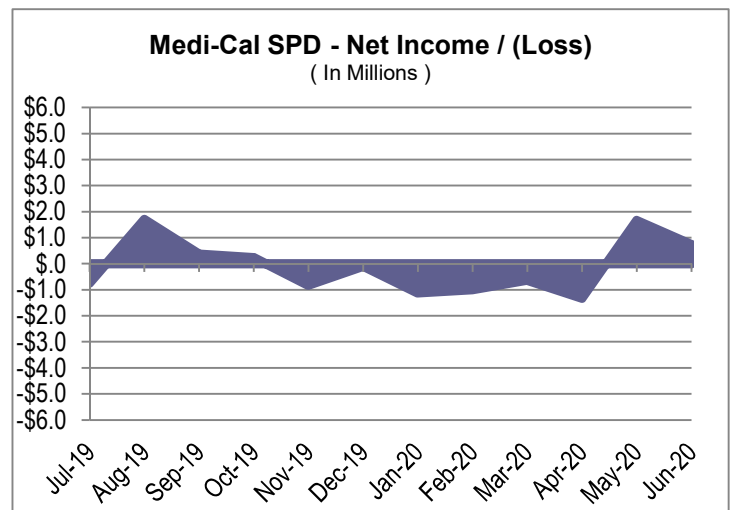
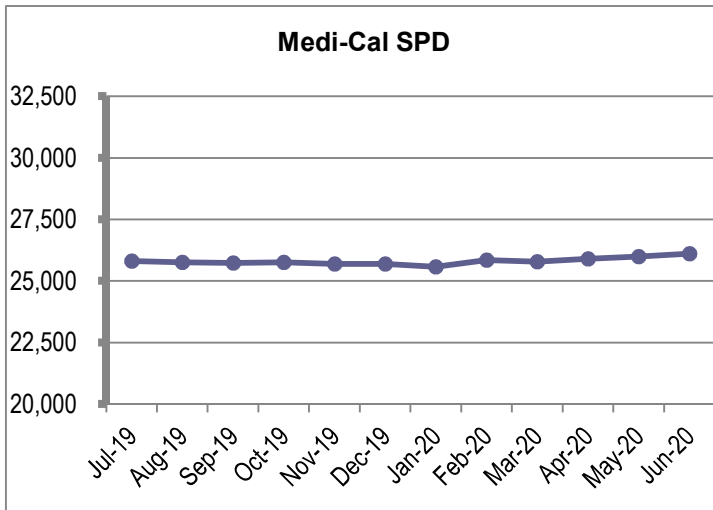
- Total enrollment increased by 3,774 members since May 2020.
- Total enrollment decreased by 1,640 members since June 2019.

Monthly Membership and YTD Member Months								
Actual vs. Budget								
For the Month and Fiscal Year-to-Date								
Enrollment					Member Months			
June-2020					Year-to-Date			
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
34,087	32,510	1,577	4.9%	Medi-Cal:	392,418	397,046	(4,628)	-1.2%
90,745	89,212	1,533	1.7%	Adults	1,078,180	1,089,569	(11,389)	-1.0%
26,111	24,914	1,197	4.8%	Child	309,605	304,283	5,322	1.7%
18,069	17,018	1,051	6.2%	SPD	213,607	207,855	5,752	2.8%
81,296	78,742	2,554	3.2%	Duals	950,487	959,420	(8,933)	-0.9%
250,308	242,396	7,912	3.3%	ACA OE	2,944,297	2,958,173	(13,876)	-0.5%
6,437	5,976	461	7.7%	Medi-Cal Total	73,285	71,712	1,573	2.2%
256,745	248,372	8,373	3.4%	Group Care	3,017,582	3,029,885	(12,303)	-0.4%
				Total				

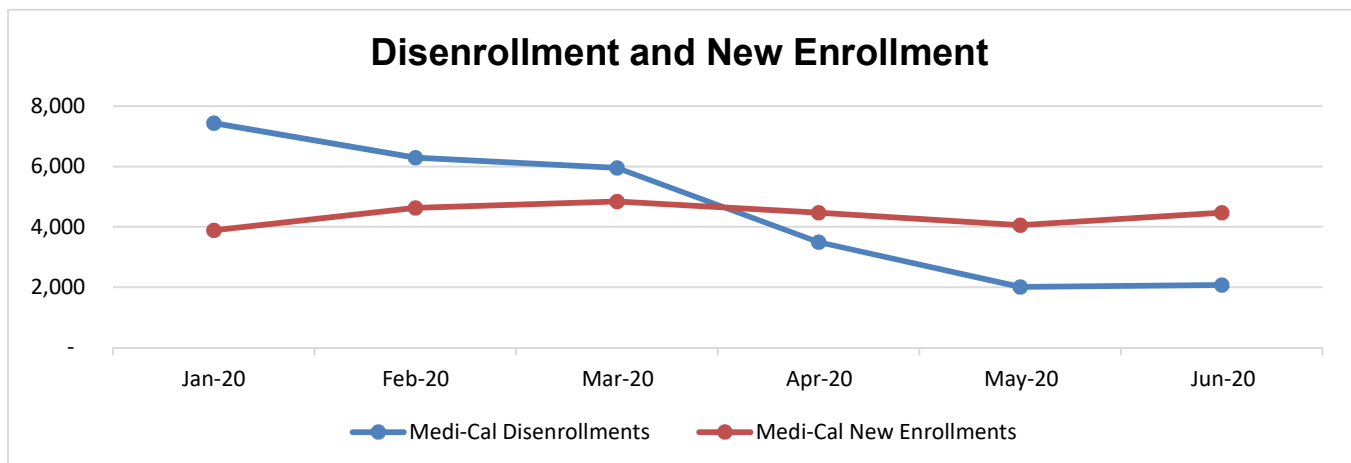
## Enrollment and Profitability by Program and Category of Aid



## Enrollment and Profitability by Program and Category of Aid



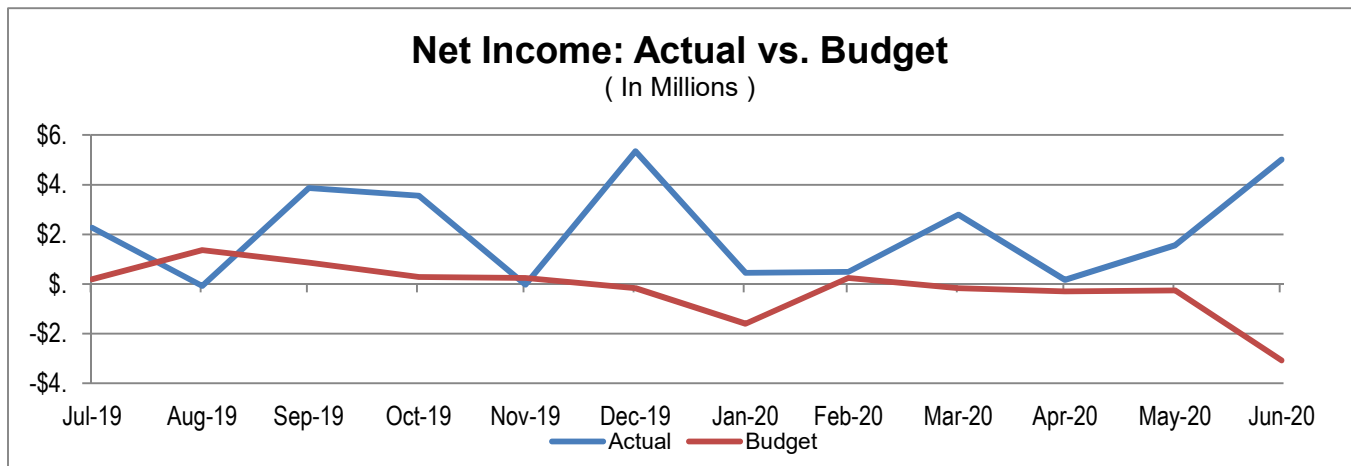
## **Disenrollment and New Enrollment**



- Membership increases are primarily driven by DHCS's decision to slow the disenrollment process.
- As disenrollments have decreased, membership has increased. The disenrollment process changed in March due to COVID-19.
- New enrollments have remained relatively steady. As the negative economy impact is realized, the number of newly enrolled members may increase.
- It is anticipated that after the public health crisis is over, the county will be instructed to process redeterminations likely resulting in a correction of enrollment over an undefined period of time.

## **Net Income**

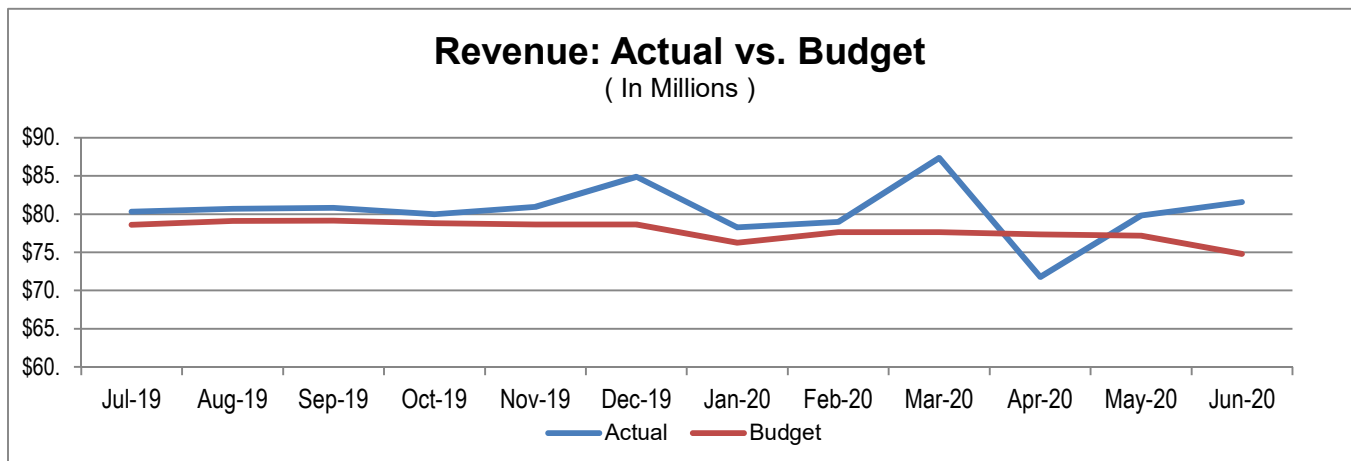
- For the month ended June 30, 2020:
  - Actual Net Income: \$5.0 million.
  - Budgeted Net Loss: \$3.1 million.
- For the year-to-date (YTD) ended June 30, 2020:
  - Actual YTD Net Income: \$25.4 million.
  - Budgeted YTD Net Loss: \$296,000.



- The favorable variance of \$8.1 million in the current month is due to:
  - Favorable \$6.8 million higher than anticipated Revenue.
  - Favorable \$4.8 million lower than anticipated Medical Expense.
  - Unfavorable \$3.2 million higher than anticipated Administrative Expense.
  - Unfavorable \$282,000 lower than anticipated Other Income & Expense.

### **Revenue**

- For the month ended June 30, 2020:
  - Actual Revenue: \$81.6 million.
  - Budgeted Revenue: \$74.8 million.
- For the fiscal year-to-date ended June 30, 2020:
  - Actual YTD Revenue: \$965.3 million.
  - Budgeted YTD Revenue: \$935.5 million.



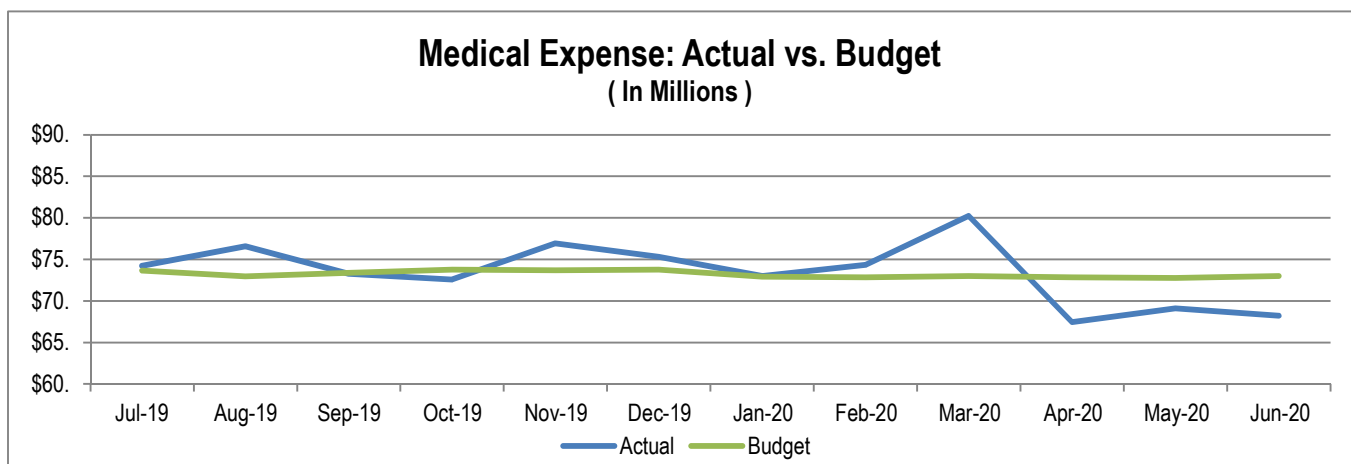
- For the month ended June 30, 2020, the favorable revenue variance of \$6.8 million is mainly due to:
  - Favorable \$3.7 million in higher than expected base capitation revenue due to higher paid enrollment than expected and rate adjustment to reflect

new bridge period rates for July 2019 to June 2020, partially offset by reversal of Trauma and Developmental Screening revenue which will no longer be paid for July 2019 to December 2019.

- Favorable \$2.4 million in higher than expected Prop 56 Revenue. This revenue will be largely offset by enhanced payments to qualified Providers.

## **Medical Expense**

- For the month ended June 30, 2020:
  - Actual Medical Expense: \$68.2 million.
  - Budgeted Medical Expense: \$73.0 million.
- For the fiscal year-to-date ended June 30, 2020:
  - Actual YTD Medical Expense: \$881.3 million.
  - Budgeted YTD Medical Expense: \$879.2 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 June, updates to Fee-For-Service (FFS) decreased the estimate for unpaid Medical Expenses for prior months by \$2.3 million. Year-to-date, the estimate for prior years increased by \$2.1 million (per table below).

<b>Medical Expense - Actual vs. Budget</b> (In Dollars)						
<b>Adjusted to Eliminate the Impact of Prior Period IBNP Estimates</b>						
	<b>Actual</b>			<b>Budget</b>	<b>Variance Actual vs. Budget Favorable/(Unfavorable)</b>	
	<u>Excluding IBNP Change</u>	<u>Change in IBNP</u>	<u>Reported</u>		<u>\$</u>	<u>%</u>
Capitated Medical Expense	\$206,627,562	\$0	\$206,627,562	\$205,757,856	(\$869,706)	-0.4%
Primary Care FFS	52,726,450	228,378	52,954,828	35,582,330	(\$17,144,120)	-48.2%
Specialty Care FFS	43,638,699	755,412	44,394,111	45,782,976	\$2,144,277	4.7%
Outpatient FFS	82,247,631	660,855	82,908,486	86,889,690	\$4,642,059	5.3%
Ancillary FFS	37,974,472	579,892	38,554,364	37,568,564	(\$405,908)	-1.1%
Pharmacy FFS	156,733,205	1,786,801	158,520,006	157,323,734	\$590,529	0.4%
ER Services FFS	36,481,052	466,578	36,947,630	38,603,095	\$2,122,043	5.5%
Inpatient Hospital & SNF FFS	237,201,478	(2,402,462)	234,799,016	246,892,601	\$9,691,124	3.9%
Other Benefits & Services	21,547,239	0	21,547,239	22,737,690	\$1,190,451	5.2%
Net Reinsurance	4,727	0	4,727	1,035,042	\$1,030,315	99.5%
Provider Incentive	4,000,000	0	4,000,000	999,997	(\$3,000,003)	-300.0%
	<b>\$879,182,516</b>	<b>\$2,075,454</b>	<b>\$881,257,970</b>	<b>\$879,173,575</b>	<b>(\$8,941)</b>	<b>0.0%</b>

<b>Medical Expense - Actual vs. Budget</b> (Per Member Per Month)						
<b>Adjusted to Eliminate the Impact of Prior Year IBNP Estimates</b>						
	<b>Actual</b>			<b>Budget</b>	<b>Variance Actual vs. Budget Favorable/(Unfavorable)</b>	
	<u>Excluding IBNP Change</u>	<u>Change in IBNP</u>	<u>Reported</u>		<u>\$</u>	<u>%</u>
Capitated Medical Expense	\$68.47	\$0.00	\$68.47	\$67.91	(\$0.57)	-0.8%
Primary Care FFS	17.47	0.08	17.55	11.74	(5.73)	-48.8%
Specialty Care FFS	14.46	0.25	14.71	15.11	0.65	4.3%
Outpatient FFS	27.26	0.22	27.48	28.68	1.42	5.0%
Ancillary FFS	12.58	0.19	12.78	12.40	(0.19)	-1.5%
Pharmacy FFS	51.94	0.59	52.53	51.92	(0.02)	0.0%
ER Services FFS	12.09	0.15	12.24	12.74	0.65	5.1%
Inpatient Hospital & SNF FFS	78.61	(0.80)	77.81	81.49	2.88	3.5%
Other Benefits & Services	7.14	0.00	7.14	7.50	0.36	4.8%
Net Reinsurance	0.00	0.00	0.00	0.34	0.34	99.5%
Provider Incentive	1.33	0.00	1.33	0.33	(1.00)	-301.6%
	<b>\$291.35</b>	<b>\$0.69</b>	<b>\$292.04</b>	<b>\$290.17</b>	<b>(\$1.19)</b>	<b>-0.4%</b>

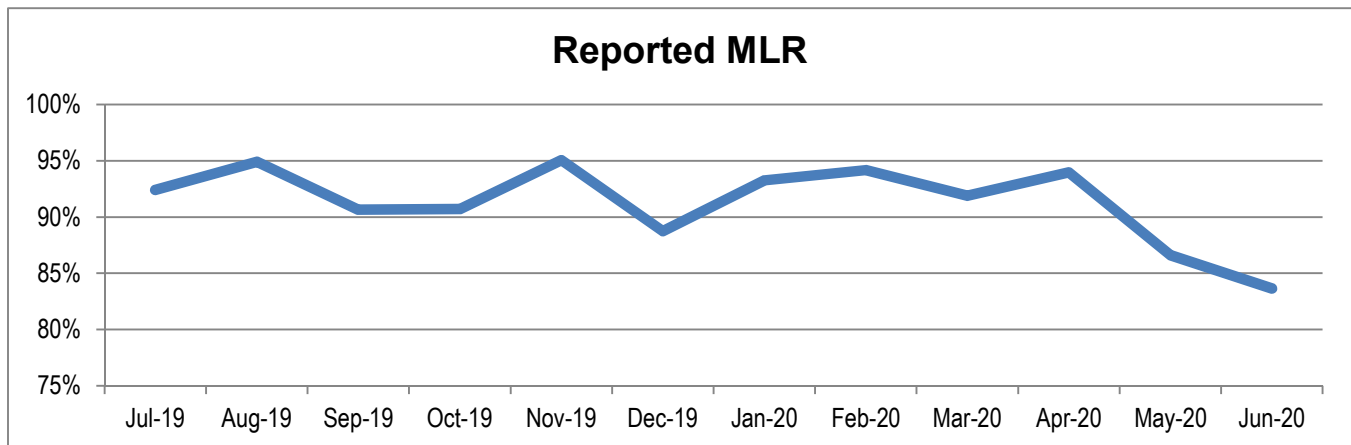
- Excluding the effect of prior year estimates for IBNP, year-to-date medical expense variance is \$9,000 unfavorable to budget. On a PMPM basis, medical expense is unfavorable to budget by 0.4%.
  - Primary Care Expense is over budget due to the implementation of four new Prop 56 Add-on programs. There is a revenue offset for these expenses.



- Capitated Expense is over budget due to increased non-medical transportation spending.
- Inpatient Expense is under budget. Lower than planned costs-per-day were partially offset by an increase in hospital days per thousand. Expenses were lower for all populations except Child and Duals.
- Outpatient Expense is under budget, as utilization has slowed in the last three months:
  - Facility-Other: favorable unit cost and utilization.
  - Lab / Radiology: unfavorable increase in utilization, partially offset by lower than planned unit cost.
  - Dialysis Expense: unfavorable unit cost, slightly offset by slightly favorable utilization.
  - Behavioral Health: unfavorable due to increases in unit cost and higher utilization.
- Specialty Care is lower than budget for due to fewer visits.
- Ancillary Expense is slightly higher than budget. Higher utilization in the Other Medical Supplies, Home Health, and DME categories was mostly offset by Fee-for-service Transportation and CBAS categories.
- Emergency Room Expense is lower than planned, due to reduced unit costs, offset by higher utilization. SPDs and ACA OEs showed the most favorability.
- PMPM Pharmacy spending through the PBM is primarily due to decreased cost for brand drugs and more rebates received. This is partially offset by higher than planned utilization of drugs delivered in an outpatient setting, particularly for the SPDs.
- The Primary Care Physician Provider Incentive accrual has been increased.

### **Medical Loss Ratio (MLR)**

- The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 83.6% for the month and 91.3% for the fiscal year-to-date.



### **Administrative Expense**

- For the month ended June 30, 2020:
  - Actual Administrative Expense: \$8.4 million.
  - Budgeted Administrative Expense: \$5.2 million.
- For the fiscal year-to-date ended June 30, 2020:
  - Actual YTD Administrative Expense: \$62.5 million.
  - Budgeted YTD Administrative Expense: \$60.6 million.

Summary of Administrative Expense (In Dollars)								
For the Month and Fiscal Year-to-Date								
Favorable/(Unfavorable)								
Month					Year-to-Date			
Actual	Budget	Variance \$	Variance %		Actual	Budget	Variance \$	Variance %
\$2,706,882	\$2,799,890	\$93,008	3.3%	Employee Expense	\$28,489,352	\$31,182,643	\$2,693,292	8.6%
446,251	560,403	114,152	20.4%	Medical Benefits Admin Expense	6,688,558	6,830,679	142,121	2.1%
527,008	766,434	239,426	31.2%	Purchased & Professional Services	6,993,312	9,549,989	2,556,677	26.8%
4,696,045	1,077,305	(3,618,741)	-335.9%	Other Admin Expense	20,305,469	13,055,081	(7,250,389)	-55.5%
\$8,376,186	\$5,204,032	(\$3,172,155)	-61.0%	Total Administrative Expense	\$62,476,691	\$60,618,392	(\$1,858,299)	-3.1%

- The year-to-date unfavorable variance is primarily due to the unplanned Provider Sustainability Fund payout of \$8.4M. The unfavorable variance is slightly off-set by the favorable variances in:
  - Delay in hiring new staff.
  - Timing of new project start dates and savings in Purchased Services to date.
  - Savings in Licenses and Subscription as the result of the delay in new project starts.
  - Savings in Depreciation / Amortization due to delay in purchasing Capital Assets.
  - Savings in Printing and Postage Activities, resulting from “Go Green Initiative”.

- Administrative expense represented 10.3% of net revenue for the month and 6.5% of net revenue for the year-to-date.

### **Other Income / (Expense)**

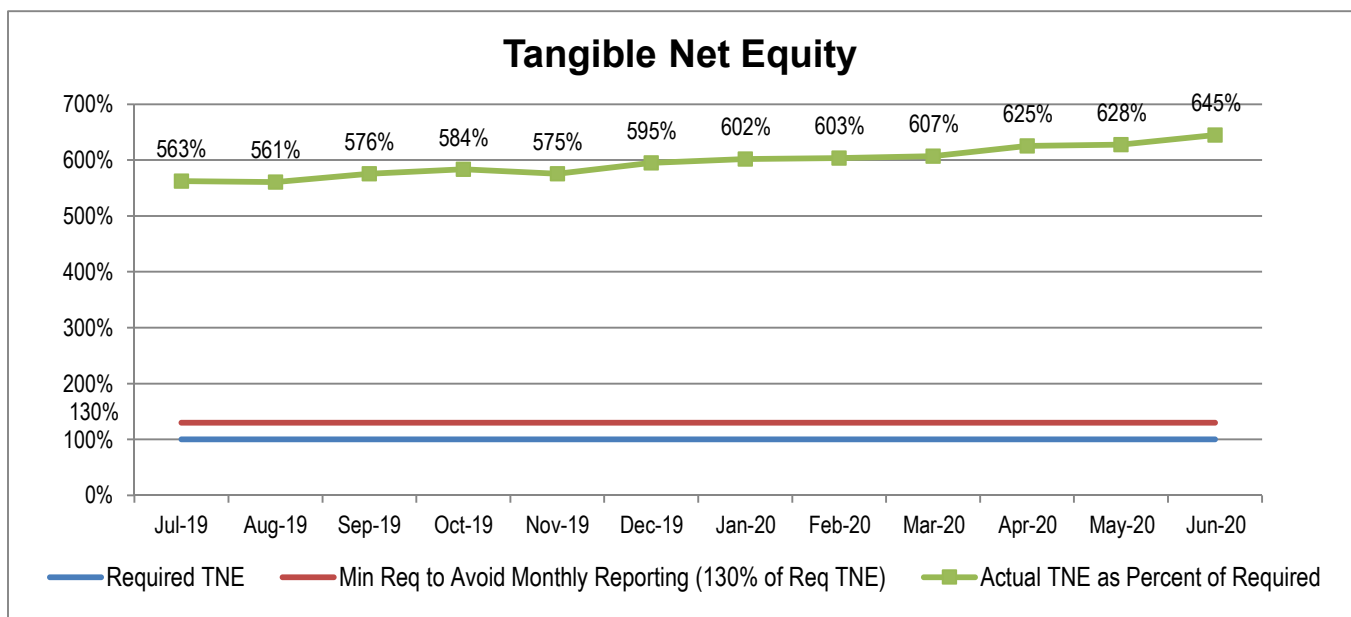
Other Income & Expense is comprised of investment income and claims interest.

- Fiscal year-to-date interest income from investments is \$4.5 million.
- Fiscal year-to-date claims interest expense, due to delayed payment of certain claims or recalculated interest on previously paid claims is \$333,000.

### **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.

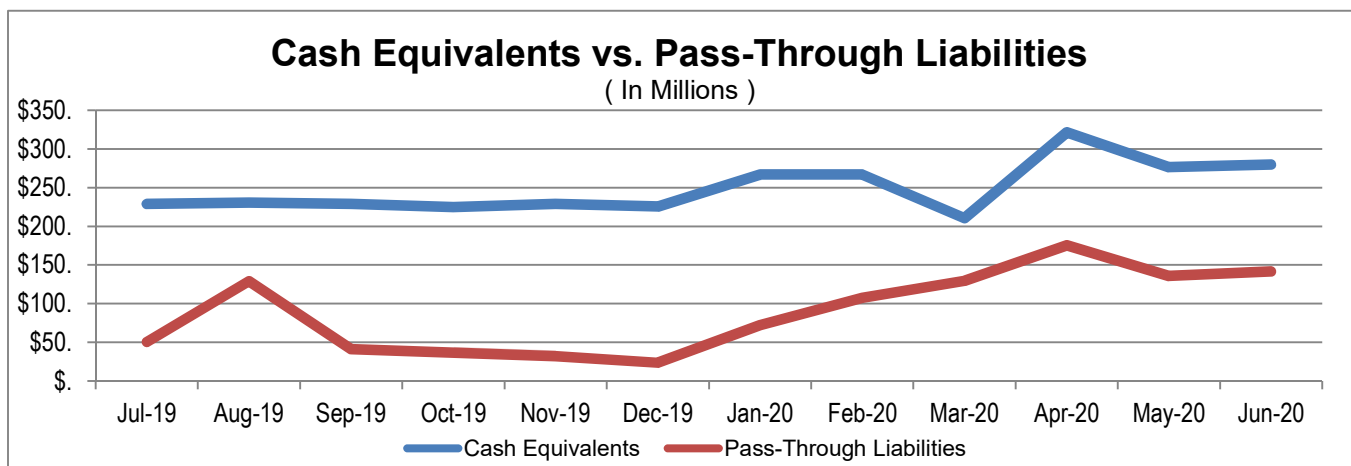
- Required TNE \$32.0 million
- Actual TNE \$206.2 million
- Excess TNE \$174.2 million
- TNE as % of Required TNE 645%



- 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 \$279.7 million
  - Pass-Through Liabilities \$141.5 million
  - Uncommitted Cash \$138.2 million
  - Working Capital \$195.8 million
  - Current Ratio 1.77 (regulatory minimum is 1.0)



### **Capital Investment**

- Fiscal year-to-date Capital assets acquired: \$1.5 million.
- 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 June 30, 2020**

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
				MEMBERSHIP				
250,308	242,396	7,912	3.3%	1 - Medi-Cal	2,944,297	2,958,173	(13,876)	(0.5%)
6,437	5,976	461	7.7%	2 - Group Care	73,285	71,712	1,573	2.2%
256,745	248,372	8,373	3.4%	3 - Total Member Months	3,017,582	3,029,885	(12,303)	(0.4%)
				REVENUE				
\$81,561,781	\$74,794,850	\$6,766,931	9.0%	4 - TOTAL REVENUE	\$965,343,753	\$935,483,329	\$29,860,424	3.2%
				MEDICAL EXPENSES				
				Capitated Medical Expenses:				
16,849,163	16,954,048	104,885	0.6%	5 - Capitated Medical Expense	206,627,561	205,757,858	(869,703)	(0.4%)
				Fee for Service Medical Expenses:				
17,262,172	20,260,985	2,998,813	14.8%	6 - Inpatient Hospital & SNF FFS Expense	234,799,017	246,892,602	12,093,585	4.9%
2,503,503	2,918,562	415,059	14.2%	7 - Primary Care Physician FFS Expense	52,954,829	35,582,332	(17,372,497)	(48.8%)
3,541,413	3,790,879	249,466	6.6%	8 - Specialty Care Physician Expense	44,394,111	45,782,976	1,388,865	3.0%
3,296,625	3,054,401	(242,224)	(7.9%)	9 - Ancillary Medical Expense	38,554,364	37,568,563	(985,801)	(2.6%)
5,223,568	7,295,272	2,071,704	28.4%	10 - Outpatient Medical Expense	82,908,486	86,889,691	3,981,205	4.6%
2,188,813	3,171,578	982,765	31.0%	11 - Emergency Expense	36,947,630	38,603,095	1,655,465	4.3%
13,862,086	13,091,670	(770,416)	(5.9%)	12 - Pharmacy Expense	158,520,007	157,323,732	(1,196,275)	(0.8%)
47,878,181	53,583,347	5,705,166	10.6%	13 - Total Fee for Service Expense	649,078,444	648,642,991	(435,453)	(0.1%)
1,832,067	2,314,615	482,548	20.8%	14 - Other Benefits & Services	21,547,239	22,737,689	1,190,450	5.2%
78,722	57,916	(20,806)	(35.9%)	15 - Reinsurance Expense	4,727	1,035,044	1,030,317	99.5%
1,583,208	83,208	(1,500,000)	(1,802.7%)	16 - Risk Pool Distribution	4,000,000	999,996	(3,000,004)	(300.0%)
68,221,341	72,993,134	4,771,793	6.5%	17 - TOTAL MEDICAL EXPENSES	881,257,972	879,173,578	(2,084,393)	(0.2%)
13,340,440	1,801,716	11,538,724	640.4%	18 - GROSS MARGIN	84,085,782	56,309,751	27,776,031	49.3%
				ADMINISTRATIVE EXPENSES				
2,706,882	2,799,890	93,007	3.3%	19 - Personnel Expense	28,489,352	31,182,643	2,693,292	8.6%
446,251	560,403	114,152	20.4%	20 - Benefits Administration Expense	6,688,558	6,830,679	142,121	2.1%
527,008	766,434	239,426	31.2%	21 - Purchased & Professional Services	6,993,312	9,549,989	2,556,677	26.8%
4,696,045	1,077,306	(3,618,739)	(335.9%)	22 - Other Administrative Expense	20,305,469	13,055,081	(7,250,388)	(55.5%)
8,376,186	5,204,032	(3,172,153)	(61.0%)	23 -Total Administrative Expense	62,476,691	60,618,392	(1,858,299)	(3.1%)
4,964,255	(3,402,316)	8,366,571	245.9%	24 - NET OPERATING INCOME / (LOSS)	21,609,091	(4,308,642)	25,917,733	601.5%
				OTHER INCOME / EXPENSE				
46,898	329,166	(282,268)	(85.8%)	25 - Total Other Income / (Expense)	3,803,205	4,013,098	(209,893)	(5.2%)
\$5,011,152	(\$3,073,150)	\$8,084,302	263.1%	26 - NET INCOME / (LOSS)	\$25,412,296	(\$295,544)	\$25,707,840	8,698.5%
10.3%	7.0%	-3.3%	-47.6%	27 - Admin Exp % of Revenue	6.5%	6.5%	0.0%	0.1%

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PL FFS CAP 2020A

07/28/20

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

	<u>June</u>	<u>May</u>	<u>Difference</u>	<u>% Difference</u>
<b>CURRENT ASSETS:</b>				
Cash & Equivalents				
Cash	\$40,706,013	\$27,357,511	\$13,348,501	48.79%
Short-Term Investments	238,969,073	248,899,855	(9,930,782)	-3.99%
Interest Receivable	1,283	11,270	(9,988)	-88.62%
Other Receivables - Net	160,363,481	152,235,441	8,128,040	5.34%
Prepaid Expenses	4,948,737	4,686,926	261,811	5.59%
Prepaid Inventoried Items	4,692	4,642	50	1.08%
CalPERS Net Pension Asset	(832,801)	107,720	(940,521)	-873.12%
Deferred CalPERS Outflow	4,303,523	4,500,150	(196,627)	-4.37%
<b>TOTAL CURRENT ASSETS</b>	<b>448,464,000</b>	<b>437,803,516</b>	<b>10,660,484</b>	<b>2.43%</b>
<b>OTHER ASSETS:</b>				
Restricted Assets	350,000	350,000	0	0.00%
<b>TOTAL OTHER ASSETS</b>	<b>350,000</b>	<b>350,000</b>	<b>0</b>	<b>0.00%</b>
<b>PROPERTY AND EQUIPMENT:</b>				
Land, Building & Improvements	9,705,210	9,647,763	57,447	0.60%
Furniture And Equipment	14,763,837	14,617,188	146,649	1.00%
Leasehold Improvement	924,350	924,350	0	0.00%
Internally-Developed Software	16,824,002	16,824,002	0	0.00%
Fixed Assets at Cost	42,217,399	42,013,303	204,096	0.49%
Less: Accumulated Depreciation	(32,211,589)	(32,016,272)	(195,317)	0.61%
<b>NET PROPERTY AND EQUIPMENT</b>	<b>10,005,810</b>	<b>9,997,030</b>	<b>8,779</b>	<b>0.09%</b>
<b>TOTAL ASSETS</b>	<b>\$458,819,810</b>	<b>\$448,150,546</b>	<b>\$10,669,264</b>	<b>2.38%</b>
<b>CURRENT LIABILITIES:</b>				
Accounts Payable	\$2,825,375	\$7,243,542	(\$4,418,166)	-60.99%
Pass-Through Liabilities	141,475,144	135,616,139	5,859,006	4.32%
Claims Payable	14,147,378	18,831,919	(4,684,541)	-24.88%
IBNP Reserves	74,091,375	74,474,306	(382,931)	-0.51%
Payroll Liabilities	3,490,557	3,287,493	203,064	6.18%
CalPERS Deferred Inflow	1,627,670	2,529,197	(901,527)	-35.64%
Risk Sharing	6,151,617	4,426,729	1,724,888	38.97%
Provider Grants/ New Health Program	8,851,143	592,823	8,258,320	1,393.05%
<b>TOTAL CURRENT LIABILITIES</b>	<b>252,660,259</b>	<b>247,002,147</b>	<b>5,658,112</b>	<b>2.29%</b>
<b>TOTAL LIABILITIES</b>	<b>252,660,259</b>	<b>247,002,147</b>	<b>5,658,112</b>	<b>2.29%</b>
<b>NET WORTH:</b>				
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)	25,412,296	20,401,144	5,011,152	24.56%
<b>TOTAL NET WORTH</b>	<b>206,159,551</b>	<b>201,148,399</b>	<b>5,011,152</b>	<b>2.49%</b>
<b>TOTAL LIABILITIES AND NET WORTH</b>	<b>\$458,819,810</b>	<b>\$448,150,546</b>	<b>\$10,669,264</b>	<b>2.38%</b>

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BALSHEET 20

07/28/20  
**REPORT #3**

**ALAMEDA ALLIANCE FOR HEALTH  
CASH FLOW STATEMENT**

**FOR THE MONTH AND FISCAL YTD ENDED 6/30/2020**

	MONTH	3 MONTHS	6 MONTHS	YTD
<b>CASH FLOW STATEMENT:</b>				
<b>Cash Flows from Operating Activities:</b>				
Cash Received From:				
Capitation Received from State of CA	\$70,787,353	\$288,973,313	\$401,303,752	\$962,189,604
Commercial Premium Revenue	2,199,765	6,426,587	12,633,901	25,018,993
Other Income	614,127	1,384,501	3,543,655	5,830,969
Investment Income	82,714	804,916	1,947,664	4,773,753
Cash Paid To:				
Medical Expenses	(63,469,269)	(218,137,762)	(447,635,592)	(878,665,299)
Vendor & Employee Expenses	(12,451,881)	(21,539,807)	(34,951,657)	(65,253,100)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	(2,237,191)	57,911,748	(63,158,277)	53,894,920
<b>Cash Flows from Financing Activities:</b>				
Purchases of Fixed Assets	(204,096)	(809,847)	(1,003,077)	(1,454,470)
Net Cash Provided By (Used In) Financing Activities	(204,096)	(809,847)	(1,003,077)	(1,454,470)
<b>Cash Flows from Investing Activities:</b>				
Changes in Investments	0	0	0	0
Restricted Cash	5,859,006	11,951,842	118,315,417	(27,607,657)
Net Cash Provided By (Used In) Investing Activities	5,859,006	11,951,842	118,315,417	(27,607,657)
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
<b>Net Change in Cash</b>	<b>3,417,719</b>	<b>69,053,743</b>	<b>54,154,063</b>	<b>24,832,793</b>
<b>Cash @ Beginning of Period</b>	<b>276,257,367</b>	<b>210,621,334</b>	<b>225,521,023</b>	<b>254,842,295</b>
Subtotal	\$279,675,086	\$279,675,077	\$279,675,086	\$279,675,088
Rounding	0	9	0	(2)
<b>Cash @ End of Period</b>	<b>\$279,675,086</b>	<b>\$279,675,086</b>	<b>\$279,675,086</b>	<b>\$279,675,086</b>
<b>RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:</b>				
<b>Net Income / (Loss)</b>	<b>\$5,011,151</b>	<b>\$6,734,635</b>	<b>\$10,463,249</b>	<b>\$25,412,295</b>
Depreciation	195,317	575,777	1,125,012	2,191,869
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	(8,118,053)	64,639,827	(60,021,250)	29,046,639
Prepaid Expenses	875,287	643,798	731,014	424,293
Trade Payables	(4,418,166)	96,773	(10,852)	(4,775,153)
Claims payable & IBNP	(3,342,584)	(22,447,695)	(23,151,123)	(5,871,282)
Deferred Revenue	0	0	0	0
Accrued Interest	0	0	0	0
Other Liabilities	7,559,857	7,668,642	7,705,673	7,466,258
Subtotal	(2,237,191)	57,911,757	(63,158,277)	53,894,919
Rounding	0	(9)	0	1
<b>Cash Flows from Operating Activities</b>	<b>(2,237,191)</b>	<b>\$57,911,748</b>	<b>(\$63,158,277)</b>	<b>\$53,894,920</b>
Rounding Difference	0	(9)	0	1



**ALAMEDA ALLIANCE FOR HEALTH  
CASH FLOW STATEMENT**

**FOR THE MONTH AND FISCAL YTD ENDED 6/30/2020**

	MONTH	3 MONTHS	6 MONTHS	YTD
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>				
<b>Commercial Premium Cash Flows</b>				
Commercial Premium Revenue	\$2,199,765	\$6,426,587	\$12,633,901	\$25,018,993
Total	2,199,765	6,426,587	12,633,901	25,018,993
<b>Medi-Cal Premium Cash Flows</b>				
Medi-Cal Revenue	78,751,730	225,252,477	461,315,877	933,979,143
Allowance for Doubtful Accounts	0	0	0	0
Deferred Premium Revenue	0	0	0	0
Premium Receivable	(7,964,377)	63,720,836	(60,012,125)	28,210,461
Total	70,787,353	288,973,313	401,303,752	962,189,604
<b>Investment &amp; Other Income Cash Flows</b>				
Other Revenue (Grants)	614,127	1,384,501	3,543,655	5,830,969
Interest Income	72,726	750,488	1,899,025	4,651,230
Interest Receivable	9,988	54,428	48,639	122,523
Total	696,841	2,189,417	5,491,319	10,604,722
<b>Medical &amp; Hospital Cash Flows</b>				
Total Medical Expenses	(68,221,341)	(204,812,950)	(432,410,025)	(881,257,972)
Other Receivable	(163,664)	864,563	(57,764)	713,655
Claims Payable	(4,684,541)	(6,862,587)	(9,304,877)	4,847,071
IBNP Payable	(382,931)	(18,976,414)	(17,487,178)	(12,071,351)
Risk Share Payable	1,724,888	3,391,306	3,640,933	1,352,998
Health Program	8,258,320	8,258,320	7,983,320	7,750,300
Other Liabilities	0	0	(1)	0
Total	(63,469,269)	(218,137,762)	(447,635,592)	(878,665,299)
<b>Administrative Cash Flows</b>				
Total Administrative Expenses	(8,405,856)	(22,266,477)	(36,519,184)	(62,810,067)
Prepaid Expenses	(261,861)	(493,350)	(406,134)	(712,855)
CalPERS Pension Asset	940,521	940,521	940,521	940,521
CalPERS Deferred Outflow	196,627	196,627	196,627	196,627
Trade Accounts Payable	(4,418,166)	96,773	(10,852)	(4,775,153)
Other Accrued Liabilities	0	0	0	0
Payroll Liabilities	(698,463)	(589,678)	(277,647)	(284,042)
Depreciation Expense	195,317	575,777	1,125,012	2,191,869
Total	(12,451,881)	(21,539,807)	(34,951,657)	(65,253,100)
<b>Interest Paid</b>				
Debt Interest Expense	0	0	0	0
<b>Total Cash Flows from Operating Activities</b>	<b>(2,237,191)</b>	<b>57,911,748</b>	<b>(63,158,277)</b>	<b>53,894,920</b>

**ALAMEDA ALLIANCE FOR HEALTH  
CASH FLOW STATEMENT**

**FOR THE MONTH AND FISCAL YTD ENDED 6/30/2020**

	MONTH	3 MONTHS	6 MONTHS	YTD
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>				
<b>Restricted Cash &amp; Other Asset Cash Flows</b>				
Provider Pass-Thru-Liabilities	5,859,006	11,951,842	117,965,417	(27,604,584)
Restricted Cash	0	0	350,000	(3,073)
	<u>5,859,006</u>	<u>11,951,842</u>	<u>118,315,417</u>	<u>(27,607,657)</u>
<b>Fixed Asset Cash Flows</b>				
Depreciation expense	195,317	575,777	1,125,012	2,191,869
Fixed Asset Acquisitions	(204,096)	(809,847)	(1,003,077)	(1,454,470)
Change in A/D	(195,317)	(575,777)	(1,125,012)	(2,191,869)
	<u>(204,096)</u>	<u>(809,847)</u>	<u>(1,003,077)</u>	<u>(1,454,470)</u>
<b>Total Cash Flows from Investing Activities</b>	<b><u>5,654,910</u></b>	<b><u>11,141,995</u></b>	<b><u>117,312,340</u></b>	<b><u>(29,062,127)</u></b>
<b>Financing Cash Flows</b>				
Subordinated Debt Proceeds	0	0	0	0
	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Total Cash Flows</b>	<b><u>3,417,719</u></b>	<b><u>69,053,743</u></b>	<b><u>54,154,063</u></b>	<b><u>24,832,793</u></b>
Rounding	0	9	0	(2)
<b>Cash @ Beginning of Period</b>	<u>276,257,367</u>	<u>210,621,334</u>	<u>225,521,023</u>	<u>254,842,295</u>
<b>Cash @ End of Period</b>	<b><u>\$279,675,086</u></b>	<b><u>\$279,675,086</u></b>	<b><u>\$279,675,086</u></b>	<b><u>\$279,675,086</u></b>
Difference (rounding)	0	0	0	0

**ALAMEDA ALLIANCE FOR HEALTH  
CASH FLOW STATEMENT**

**FOR THE MONTH AND FISCAL YTD ENDED 6/30/2020**

	MONTH	3 MONTHS	6 MONTHS	YTD
<b>NET INCOME RECONCILIATION</b>				
<b>Net Income / (Loss)</b>	\$5,011,151	\$6,734,635	\$10,463,249	\$25,412,295
<b>Add back: Depreciation</b>	195,317	575,777	1,125,012	2,191,869
<b>Receivables</b>				
Premiums Receivable	(7,964,377)	63,720,836	(60,012,125)	28,210,461
First Care Receivable	0	0	0	0
Family Care Receivable	0	0	0	0
Healthy Kids Receivable	0	0	0	0
Interest Receivable	9,988	54,428	48,639	122,523
Other Receivable	(163,664)	864,563	(57,764)	713,655
FQHC Receivable	0	0	0	0
Allowance for Doubtful Accounts	0	0	0	0
<b>Total</b>	<b>(8,118,053)</b>	<b>64,639,827</b>	<b>(60,021,250)</b>	<b>29,046,639</b>
<b>Prepaid Expenses</b>	875,287	643,798	731,014	424,293
<b>Trade Payables</b>	(4,418,166)	96,773	(10,852)	(4,775,153)
<b>Claims Payable, IBNR &amp; Risk Share</b>				
IBNR	(382,931)	(18,976,414)	(17,487,178)	(12,071,351)
Claims Payable	(4,684,541)	(6,862,587)	(9,304,877)	4,847,071
Risk Share Payable	1,724,888	3,391,306	3,640,933	1,352,998
Other Liabilities	0	0	(1)	0
<b>Total</b>	<b>(3,342,584)</b>	<b>(22,447,695)</b>	<b>(23,151,123)</b>	<b>(5,871,282)</b>
<b>Unearned Revenue</b>				
Total	0	0	0	0
<b>Other Liabilities</b>				
Accrued Expenses	0	0	0	0
Payroll Liabilities	(698,463)	(589,678)	(277,647)	(284,042)
Health Program	8,258,320	8,258,320	7,983,320	7,750,300
Accrued Sub Debt Interest	0	0	0	0
<b>Total Change in Other Liabilities</b>	<b>7,559,857</b>	<b>7,668,642</b>	<b>7,705,673</b>	<b>7,466,258</b>
<b>Cash Flows from Operating Activities</b>	<b>(\$2,237,191)</b>	<b>\$57,911,757</b>	<b>(\$63,158,277)</b>	<b>\$53,894,919</b>
Difference (rounding)	0	9	0	(1)

ALAMEDA ALLIANCE FOR HEALTH  
OPERATING STATEMENT BY CATEGORY OF AID

PRE-AUDIT

GAAP BASIS  
FOR THE CURRENT MONTH - JUNE 2020

	Child	Adults	Medi-Cal SPD	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Enrollment	90,745	34,087	26,111	81,296	18,069	250,308	6,437	256,745
Net Revenue	\$10,443,042	\$10,990,253	\$25,308,198	\$29,612,487	\$3,008,037	\$79,362,017	\$2,199,764	\$81,561,781
Medical Expense	\$8,215,675	\$9,517,979	\$21,564,533	\$24,780,779	\$2,335,971	\$66,414,937	\$1,806,404	\$68,221,341
Gross Margin	\$2,227,367	\$1,472,274	\$3,743,665	\$4,831,709	\$672,065	\$12,947,081	\$393,360	\$13,340,440
Administrative Expense	\$584,033	\$1,168,223	\$3,023,484	\$3,074,378	\$265,889	\$8,116,006	\$260,180	\$8,376,186
Operating Income / (Expense)	\$1,643,334	\$304,051	\$720,181	\$1,757,331	\$406,177	\$4,831,075	\$133,180	\$4,964,255
Other Income / (Expense)	(\$2,023)	\$10,882	\$20,850	\$15,653	(\$540)	\$44,823	\$2,074	\$46,898
Net Income / (Loss)	\$1,641,311	\$314,934	\$741,032	\$1,772,985	\$405,637	\$4,875,898	\$135,254	\$5,011,152
Revenue PMPM	\$115.08	\$322.42	\$969.25	\$364.26	\$166.47	\$317.06	\$341.74	\$317.68
Medical Expense PMPM	\$90.54	\$279.23	\$825.88	\$304.82	\$129.28	\$265.33	\$280.63	\$265.72
Gross Margin PMPM	\$24.55	\$43.19	\$143.38	\$59.43	\$37.19	\$51.72	\$61.11	\$51.96
Administrative Expense PMPM	\$6.44	\$34.27	\$115.79	\$37.82	\$14.72	\$32.42	\$40.42	\$32.62
Operating Income / (Expense) PMPM	\$18.11	\$8.92	\$27.58	\$21.62	\$22.48	\$19.30	\$20.69	\$19.34
Other Income / (Expense) PMPM	(\$0.02)	\$0.32	\$0.80	\$0.19	(\$0.03)	\$0.18	\$0.32	\$0.18
Net Income / (Loss) PMPM	\$18.09	\$9.24	\$28.38	\$21.81	\$22.45	\$19.48	\$21.01	\$19.52
Medical Loss Ratio	78.7%	86.6%	85.2%	83.7%	77.7%	83.7%	82.1%	83.6%
Gross Margin Ratio	21.3%	13.4%	14.8%	16.3%	22.3%	16.3%	17.9%	16.4%
Administrative Expense Ratio	5.6%	10.6%	11.9%	10.4%	8.8%	10.2%	11.8%	10.3%
Net Income Ratio	15.7%	2.9%	2.9%	6.0%	13.5%	6.1%	6.1%	6.1%

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

CURRENT MONTH				Account Description	FISCAL YEAR TO DATE			
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)		Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
ADMINISTRATIVE EXPENSE SUMMARY								
\$2,706,882	\$2,799,890	\$93,007	3.3%	Personnel Expenses	\$28,489,352	\$31,182,643	\$2,693,292	8.6%
446,251	560,403	114,152	20.4%	Benefits Administration Expense	6,688,558	6,830,679	142,121	2.1%
527,008	766,434	239,426	31.2%	Purchased & Professional Services	6,993,312	9,549,989	2,556,677	26.8%
407,718	370,607	(37,111)	(10.0%)	Occupancy	4,394,052	4,460,553	66,501	1.5%
3,790,111	130,855	(3,659,256)	(2,796.4%)	Printing Postage & Promotion	10,478,848	2,071,349	(8,407,500)	(405.9%)
467,880	546,468	78,588	14.4%	Licenses Insurance & Fees	5,150,406	6,216,856	1,066,449	17.2%
30,336	29,376	(960)	(3.3%)	Supplies & Other Expenses	282,163	306,324	24,162	7.9%
5,669,304	2,404,143	(3,265,161)	(135.8%)	Total Other Administrative Expense	33,987,339	29,435,749	(4,551,590)	(15.5%)
\$8,376,186	\$5,204,032	(\$3,172,153)	(61.0%)	Total Administrative Expenses	\$62,476,691	\$60,618,392	(\$1,858,299)	(3.1%)

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ADMIN YTD 2020  
07/28/20  
**REPORT #6**

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

	Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	\$ Variance Fav/(Unf.)
<b>1. Hardware:</b>						
Laptops	IT-FY20-01	\$ 76,405	\$ 74,774	\$ 151,179	\$ 60,000	\$ (91,179)
Tablets, Surfaces, Macs	IT-FY20-02	\$ -		\$ -	\$ 30,000	\$ 30,000
Monitors-(Dual per User)	IT-FY20-03	\$ 64,523	\$ 3,652	\$ 68,175	\$ 33,971	\$ (34,204)
Cisco IP Phone	IT-FY20-04	\$ 16,483		\$ 16,483	\$ 20,000	\$ 3,517
Conference Phones	IT-FY20-05	\$ 10,000		\$ 10,000	\$ 10,000	\$ -
Cage Equipment (Racks, Bins, Tools)	IT-FY20-06	\$ 10,000	\$ 4,121	\$ 14,121	\$ 10,000	\$ (4,121)
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	\$ 24,328		\$ 24,328	\$ 20,000	\$ (4,328)
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	\$ 36,339	\$ 9,163	\$ 45,502	\$ 50,000	\$ 4,498
Pure Storage Upgrade (Additional Shelf)	IT-FY20-13	\$ 90,000		\$ 90,000	\$ 90,000	\$ -
DLP Hardware (Security - Data Loss Prevention)	IT-FY20-14	\$ 93,930		\$ 93,930	\$ 160,000	\$ 66,070
Cisco Networking Equipment Upgrades (DR)	IT-FY20-15	\$ 76,128		\$ 76,128	\$ 50,000	\$ (26,128)
Cisco Wireless Access Points	IT-FY20-16	\$ 5,748		\$ 5,748	\$ 20,000	\$ 14,252
Network Cabling (Moves, Construction Projects)	IT-FY20-17	\$ 135,967		\$ 135,967	\$ 150,000	\$ 14,033
Conference Room Upgrades (Projectors / Flat Screen)	IT-FY20-18	\$ 41,660		\$ 41,660	\$ 30,000	\$ (11,660)
Keyboards, Mouse, Speakers	IT-FY20-19	\$ 7,144		\$ 7,144	\$ 50,000	\$ 42,856
Unplanned Hardware	IT-FY20-20	\$ -		\$ -	\$ -	\$ -
Carryover from FY19	IT-FY20-21	\$ 26,887		\$ 26,887	\$ -	\$ (26,887)
<b>Hardware Subtotal</b>		<b>\$ 896,556</b>	<b>\$ 91,710</b>	<b>\$ 988,267</b>	<b>\$ 1,075,971</b>	<b>\$ 87,704</b>
<b>2. Software:</b>						
Service Now (New Ticketing System)	AC-FY20-01	\$ -		\$ -	\$ -	\$ -
IBM (HealthSuite) Backup Solution	AC-FY20-02	\$ 118,767		\$ 118,767	\$ 130,000	\$ 11,233
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	\$ -	\$ 54,939	\$ 54,939	\$ 50,000	\$ (4,939)
VMWare Licensing (for new blades)	AC-FY20-14	\$ -		\$ -	\$ -	\$ -
Carryover from FY19 / unplanned	AC-FY20-15	\$ -		\$ -	\$ -	\$ -
<b>Software Subtotal</b>		<b>\$ 118,767</b>	<b>\$ 54,939</b>	<b>\$ 173,706</b>	<b>\$ 433,000</b>	<b>\$ 259,294</b>
<b>3. Building Improvement:</b>						
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	\$ 37,000	\$ 25,792	\$ 62,792	\$ 20,000	\$ (42,792)
Seismic Improvements (as per Seismic Evaluation reports)	FA-FY20-07	\$ -		\$ -	\$ 150,000	\$ 150,000
ACME Security Readers, Cameras, Doors, HD Boxes, if needed or repairs	FA-FY20-08	\$ -		\$ -	\$ -	\$ -
ACME Badge printer, supplies, softwares/extra security (est.)	FA-FY20-09	\$ -		\$ -	\$ 80,000	\$ 80,000
Red Hawk Full Fire Equipment upgrades (est.)	FA-FY20-10	\$ -		\$ -	\$ -	\$ -
Appliances over 1K for 1240, 1320 all suites, if needed to be replaced	FA-FY20-11	\$ -		\$ -	\$ -	\$ -
Upgrade the Symmetry system	FA-FY20-12	\$ -		\$ -	\$ -	\$ -
1240 Lighting: sensors, energy efficient bulbs (est.)	FA-FY20-13	\$ -		\$ -	\$ -	\$ -
1240 (3) Water heater replacements (est.)	FA-FY20-14	\$ -		\$ -	\$ -	\$ -
Unplanned Building Improvements	FA-FY20-15	\$ 1,316		\$ 1,316	\$ -	\$ (1,316)
Carryover from FY19	FA-FY20-16	\$ 33,412		\$ 33,412	\$ -	\$ (33,412)
<b>Building Improvement Subtotal</b>		<b>\$ 71,727</b>	<b>\$ 25,792</b>	<b>\$ 97,519</b>	<b>\$ 370,000</b>	<b>\$ 272,481</b>
<b>4. Furniture &amp; Equipment:</b>						
Office Desks, cabinets, box files/ shelves old/broken	FA-FY20-17	\$ 14,373		\$ 14,373	\$ 100,000	\$ 85,627
Reconfigure Cubicles and Workstations (MS area)	FA-FY20-18	\$ 48,319	\$ 31,655	\$ 79,974	\$ 250,000	\$ 170,026
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)
<b>Furniture &amp; Equipment Subtotal</b>		<b>\$ 133,625</b>	<b>\$ 31,655</b>	<b>\$ 165,280</b>	<b>\$ 440,000</b>	<b>\$ 274,720</b>
<b>5. Leasehold Improvement:</b>						
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
<b>Leasehold Improvement Subtotal</b>		<b>\$ 29,700</b>	<b>\$ -</b>	<b>\$ 29,700</b>	<b>\$ 170,000</b>	<b>\$ 140,300</b>
<b>6. Contingency:</b>						
Contingency	FA-FY20-29	\$ -		\$ -	\$ -	\$ -
Emergency Kits Reorder	FA-FY20-30	\$ -		\$ -	\$ -	\$ -
Shelving for Cage (vendor: Uline)	FA-FY20-31	\$ -		\$ -	\$ -	\$ -
<b>Contingency Subtotal</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>GRAND TOTAL</b>		<b>\$ 1,250,375</b>	<b>\$ 204,097</b>	<b>\$ 1,454,472</b>	<b>\$ 2,488,971</b>	<b>\$ 1,034,499</b>

**7. Reconciliation to Balance Sheet:**

Fixed Assets @ Cost -6/30/20	\$ 42,217,399
Fixed Assets @ Cost - 6/30/19	\$ 40,762,929
<b>Fixed Assets Acquired YTD</b>	<b>\$ 1,454,471</b>

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

<b>TANGIBLE NET EQUITY (TNE)</b>			<b>QTR. END</b>			<b>QTR. END</b>			<b>QTR. END</b>			<b>UNAUDITED</b>
	<b>Jul-19</b>	<b>Aug-19</b>	<b>Sep-19</b>	<b>Oct-19</b>	<b>Nov-19</b>	<b>Dec-19</b>	<b>Jan-20</b>	<b>Feb-20</b>	<b>Mar-20</b>	<b>Apr-20</b>	<b>May-20</b>	<b>QTR. END</b>
												<b>Jun-20</b>
<b>Current Month Net Income / (Loss)</b>	\$2,270,904	(\$77,046)	\$3,868,398	\$3,554,356	(\$20,873)	\$5,353,309	\$449,148	\$487,474	\$2,791,999	\$164,283	\$1,559,192	\$5,011,152
<b>YTD Net Income / (Loss)</b>	\$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	\$18,841,952	\$20,401,144	\$25,412,296
<b>Actual TNE</b>												
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	\$199,589,207	\$201,148,399	\$206,159,551
Subordinated Debt & Interest	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Total Actual TNE</b>	<b>\$183,018,159</b>	<b>\$182,941,112</b>	<b>\$186,809,510</b>	<b>\$190,363,867</b>	<b>\$190,342,994</b>	<b>\$195,696,303</b>	<b>\$196,145,451</b>	<b>\$196,632,925</b>	<b>\$199,424,924</b>	<b>\$199,589,207</b>	<b>\$201,148,399</b>	<b>\$206,159,551</b>
<b>Increase/(Decrease) in Actual TNE</b>	\$2,270,904	(\$77,047)	\$3,868,398	\$3,554,357	(\$20,873)	\$5,353,309	\$449,148	\$487,474	\$2,791,999	\$164,283	\$1,559,192	\$5,011,152
<b>Required TNE<sup>(1)</sup></b>	<b>\$32,534,362</b>	<b>\$32,625,189</b>	<b>\$32,459,945</b>	<b>\$32,622,756</b>	<b>\$33,091,414</b>	<b>\$32,903,837</b>	<b>\$32,583,278</b>	<b>\$32,592,862</b>	<b>\$32,844,736</b>	<b>\$31,923,063</b>	<b>\$32,054,813</b>	<b>\$31,963,138</b>
<b>Min. Req'd to Avoid Monthly Reporting (130% of Required TNE)</b>	\$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	\$41,499,982	\$41,671,256	\$41,552,079
<b>TNE Excess / (Deficiency)</b>	\$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	\$167,666,144	\$169,093,586	\$174,196,413
<b>Actual TNE as a Multiple of Required</b>	<b>5.63</b>	<b>5.61</b>	<b>5.76</b>	<b>5.84</b>	<b>5.75</b>	<b>5.95</b>	<b>6.02</b>	<b>6.03</b>	<b>6.07</b>	<b>6.25</b>	<b>6.28</b>	<b>6.45</b>

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	\$199,589,207	\$201,148,399	\$206,159,551
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)	(9,794,045)	(9,997,030)	(10,005,810)
CD Pledged to DMHC	(346,927)	(346,927)	(348,873)	(348,873)	(698,873)	(700,000)	(350,000)	(350,238)	(350,000)	(350,000)	(350,000)	(350,000)
<b>Liquid TNE (Liquid Reserves)</b>	<b>\$172,046,179</b>	<b>\$171,891,312</b>	<b>\$175,927,307</b>	<b>\$179,601,622</b>	<b>\$179,403,188</b>	<b>\$184,868,559</b>	<b>\$185,806,183</b>	<b>\$186,407,458</b>	<b>\$189,303,184</b>	<b>\$189,445,162</b>	<b>\$190,801,369</b>	<b>\$195,803,741</b>
<b>Liquid TNE as Multiple of Required</b>	<b>5.29</b>	<b>5.27</b>	<b>5.42</b>	<b>5.51</b>	<b>5.42</b>	<b>5.62</b>	<b>5.70</b>	<b>5.72</b>	<b>5.76</b>	<b>5.93</b>	<b>5.95</b>	<b>6.13</b>



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

<b>Page 1</b>	Actual Enrollment by Plan & Category of Aid
<b>Page 2</b>	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
<b>Enrollment by Plan &amp; Aid Category:</b>													
Medi-Cal Program:													
Child	92,397	91,728	91,224	90,597	89,711	89,056	88,329	88,086	87,919	88,633	89,755	90,745	1,078,180
Adults	33,670	33,448	33,092	32,772	32,357	32,066	31,620	31,636	32,018	32,423	33,229	34,087	392,418
SPD	25,804	25,751	25,727	25,753	25,691	25,687	25,571	25,853	25,778	25,894	25,985	26,111	309,605
ACA OE	81,171	80,966	80,483	80,069	79,104	78,154	77,093	76,921	77,199	78,295	79,736	81,296	950,487
Duals	17,627	17,700	17,666	17,650	17,779	17,776	17,800	17,843	17,868	17,858	17,971	18,069	213,607
Medi-Cal Program	250,669	249,593	248,192	246,841	244,642	242,739	240,413	240,339	240,782	243,103	246,676	250,308	2,944,297
Group Care Program	5,976	6,020	6,023	6,060	6,056	6,092	6,048	6,005	6,125	6,148	6,295	6,437	73,285
<b>Total</b>	<b>256,645</b>	<b>255,613</b>	<b>254,215</b>	<b>252,901</b>	<b>250,698</b>	<b>248,831</b>	<b>246,461</b>	<b>246,344</b>	<b>246,907</b>	<b>249,251</b>	<b>252,971</b>	<b>256,745</b>	<b>3,017,582</b>

**Month Over Month Enrollment Change:**

Medi-Cal Monthly Change													
Child	(1,039)	(669)	(504)	(627)	(886)	(655)	(727)	(243)	(167)	714	1,122	990	(2,691)
Adults	(505)	(222)	(356)	(320)	(415)	(291)	(446)	16	382	405	806	858	(88)
SPD	(78)	(53)	(24)	26	(62)	(4)	(116)	282	(75)	116	91	126	229
ACA OE	(201)	(205)	(483)	(414)	(965)	(950)	(1,061)	(172)	278	1,096	1,441	1,560	(76)
Duals	70	73	(34)	(16)	129	(3)	24	43	25	(10)	113	98	512
Medi-Cal Program	(1,753)	(1,076)	(1,401)	(1,351)	(2,199)	(1,903)	(2,326)	(74)	443	2,321	3,573	3,632	(2,114)
Group Care Program	13	44	3	37	(4)	36	(44)	(43)	120	23	147	142	474
<b>Total</b>	<b>(1,740)</b>	<b>(1,032)</b>	<b>(1,398)</b>	<b>(1,314)</b>	<b>(2,203)</b>	<b>(1,867)</b>	<b>(2,370)</b>	<b>(117)</b>	<b>563</b>	<b>2,344</b>	<b>3,720</b>	<b>3,774</b>	<b>(1,640)</b>

**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%	36.5%	36.4%	36.3%	36.6%
Adults % of Medi-Cal	13.4%	13.4%	13.3%	13.3%	13.2%	13.2%	13.2%	13.2%	13.3%	13.3%	13.5%	13.6%	13.3%
SPD % of Medi-Cal	10.3%	10.3%	10.4%	10.4%	10.5%	10.6%	10.6%	10.8%	10.7%	10.7%	10.5%	10.4%	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%	32.2%	32.3%	32.5%	32.3%
Duals % of Medi-Cal	7.0%	7.1%	7.1%	7.2%	7.3%	7.3%	7.4%	7.4%	7.4%	7.3%	7.3%	7.2%	7.3%
Medi-Cal Program % of Total	97.7%	97.6%	97.6%	97.6%	97.6%	97.6%	97.5%	97.6%	97.5%	97.5%	97.5%	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%	2.5%	2.5%	2.5%	2.4%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

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

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
				CAPITATED MEDICAL EXPENSES:				
\$1,735,017	\$1,600,418	(\$134,599)	(8.4%)	PCP-Capitation	\$19,963,457	\$19,569,884	(\$393,573)	(2.0%)
2,700,913	2,697,071	(3,842)	(0.1%)	PCP-Capitation - FQHC	32,074,263	32,729,336	655,073	2.0%
269,892	254,455	(15,437)	(6.1%)	Specialty-Capitation	3,138,874	3,112,424	(26,450)	(0.8%)
2,760,159	2,882,069	121,910	4.2%	Specialty-Capitation FQHC	32,796,186	34,605,869	1,809,683	5.2%
260,454	254,183	(6,271)	(2.5%)	Laboratory-Capitation	3,089,401	3,100,575	11,174	0.4%
362,996	620,931	257,935	41.5%	Transportation (Ambulance)-Cap	10,429,469	7,576,592	(2,852,877)	(37.7%)
192,857	186,194	(6,663)	(3.6%)	Vision Cap	2,274,063	2,273,527	(536)	0.0%
78,489	76,336	(2,153)	(2.8%)	CFMG Capitation	912,474	931,241	18,767	2.0%
140,213	143,054	2,841	2.0%	Anc IPA Admin Capitation FQHC	1,665,538	1,727,094	61,556	3.6%
7,199,076	6,899,420	(299,656)	(4.3%)	Kaiser Capitation	83,263,010	84,527,581	1,264,571	1.5%
399,780	551,267	151,487	27.5%	BHT Supplemental Expense	7,497,759	6,248,791	(1,248,968)	(20.0%)
20,504	6,214	(14,290)	(230.0%)	Hep-C Supplemental Expense	177,581	113,883	(63,698)	(55.9%)
227,462	302,489	75,027	24.8%	Maternity Supplemental Expense	3,398,864	3,379,271	(19,593)	(0.6%)
501,352	479,947	(21,405)	(4.5%)	DME - Cap	5,946,622	5,861,790	(84,832)	(1.4%)
16,849,163	16,954,048	104,885	0.6%	5-TOTAL CAPITATED EXPENSES	206,627,561	205,757,858	(869,703)	(0.4%)
				FEE FOR SERVICE MEDICAL EXPENSES:				
(1,899,418)	0	1,899,418	0.0%	IBNP-Inpatient Services	(5,819,549)	0	5,819,549	0.0%
(56,983)	0	56,983	0.0%	IBNP-Settlement (IP)	(174,589)	0	174,589	0.0%
(151,954)	0	151,954	0.0%	IBNP-Claims Fluctuation (IP)	(465,564)	0	465,564	0.0%
16,435,779	20,260,985	3,825,206	18.9%	Inpatient Hospitalization-FFS	206,044,190	246,892,602	40,848,412	16.5%
1,363,905	0	(1,363,905)	0.0%	IP OB - Mom & NB	13,173,366	0	(13,173,366)	0.0%
227,493	0	(227,493)	0.0%	IP Behavioral Health	1,492,113	0	(1,492,113)	0.0%
886,750	0	(886,750)	0.0%	IP - Long Term Care	13,414,560	0	(13,414,560)	0.0%
456,600	0	(456,600)	0.0%	IP - Facility Rehab FFS	7,134,490	0	(7,134,490)	0.0%
17,262,172	20,260,985	2,998,813	14.8%	6-Inpatient Hospital & SNF FFS Expense	234,799,017	246,892,602	12,093,585	4.9%
(26,025)	0	26,025	0.0%	IBNP-PCP	(491,337)	0	491,337	0.0%
(782)	0	782	0.0%	IBNP-Settlement (PCP)	(14,744)	0	14,744	0.0%
(2,083)	0	2,083	0.0%	IBNP-Claims Fluctuation (PCP)	(39,311)	0	39,311	0.0%
1,722	0	(1,722)	0.0%	Telemedicine FFS	47,322	0	(47,322)	0.0%
818,889	1,146,015	327,126	28.5%	Primary Care Non-Contracted FF	13,521,816	13,963,959	442,143	3.2%
58,399	110,499	52,100	47.1%	PCP FQHC FFS	748,417	1,311,426	563,009	42.9%
817,345	1,662,048	844,703	50.8%	Prop 56 Direct Payment Expenses	17,612,430	20,306,947	2,694,517	13.3%
(134,737)	0	134,737	0.0%	Prop 56-Trauma Expense	737,150	0	(737,150)	0.0%
(47,618)	0	47,618	0.0%	Prop 56-Dev. Screening Exp.	1,148,202	0	(1,148,202)	0.0%
533,267	0	(533,267)	0.0%	Prop 56-Fam. Planning Exp.	10,251,705	0	(10,251,705)	0.0%
485,125	0	(485,125)	0.0%	Prop 56-Value Based Purchasing	9,433,179	0	(9,433,179)	0.0%
2,503,503	2,918,562	415,059	14.2%	7-Primary Care Physician FFS Expense	52,954,829	35,582,332	(17,372,497)	(48.8%)
338,710	0	(338,710)	0.0%	IBNP-Specialist	(1,317,081)	0	1,317,081	0.0%
1,594,834	0	(1,594,834)	0.0%	Specialty Care-FFS	23,252,308	0	(23,252,308)	0.0%
87,419	0	(87,419)	0.0%	Anesthesiology - FFS	1,366,540	0	(1,366,540)	0.0%
512,164	0	(512,164)	0.0%	Spec Rad Therapy - FFS	7,423,621	0	(7,423,621)	0.0%
186,200	0	(186,200)	0.0%	Obstetrics-FFS	1,432,632	0	(1,432,632)	0.0%
150,554	0	(150,554)	0.0%	Spec IP Surgery - FFS	2,571,416	0	(2,571,416)	0.0%
254,529	0	(254,529)	0.0%	Spec OP Surgery - FFS	4,828,275	0	(4,828,275)	0.0%
340,241	3,676,631	3,336,390	90.7%	Spec IP Physician	4,219,435	44,413,578	40,194,143	90.5%
39,505	114,248	74,743	65.4%	SCP FQHC FFS	761,841	1,369,398	607,557	44.4%
10,160	0	(10,160)	0.0%	IBNP-Settlement (SCP)	(39,510)	0	39,510	0.0%
27,097	0	(27,097)	0.0%	IBNP-Claims Fluctuation (SCP)	(105,366)	0	105,366	0.0%
3,541,413	3,790,879	249,466	6.6%	8-Specialty Care Physician Expense	44,394,111	45,782,976	1,388,865	3.0%
227,916	0	(227,916)	0.0%	IBNP-Ancillary	(999,420)	0	999,420	0.0%
6,838	0	(6,838)	0.0%	IBNP Settlement (ANC)	(29,978)	0	29,978	0.0%
18,233	0	(18,233)	0.0%	IBNP Claims Fluctuation (ANC)	(79,954)	0	79,954	0.0%
150,822	0	(150,822)	0.0%	Acupuncture/Biofeedback	2,928,755	0	(2,928,755)	0.0%
29,554	0	(29,554)	0.0%	Hearing Devices	1,127,742	0	(1,127,742)	0.0%
12,390	0	(12,390)	0.0%	Imaging/MRI/CT Global	308,361	0	(308,361)	0.0%
22,257	0	(22,257)	0.0%	Vision FFS	402,440	0	(402,440)	0.0%
20,988	0	(20,988)	0.0%	Family Planning	154,882	0	(154,882)	0.0%
141,646	0	(141,646)	0.0%	Laboratory-FFS	2,548,577	0	(2,548,577)	0.0%
61,524	0	(61,524)	0.0%	ANC Therapist	1,168,395	0	(1,168,395)	0.0%
213,207	0	(213,207)	0.0%	Transportation (Ambulance)-FFS	3,422,500	0	(3,422,500)	0.0%
96,091	0	(96,091)	0.0%	Transportation (Other)-FFS	1,133,518	0	(1,133,518)	0.0%

CONFIDENTIAL  
For Management & Internal Purposes Only.

MED FFS CAP 20v2

07/28/20  
**REPORT #8A**

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

CURRENT MONTH					FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	
\$348,203	\$0	(\$348,203)	0.0%	Hospice	\$4,605,773	\$0	(\$4,605,773)	0.0%	
697,451	0	(697,451)	0.0%	Home Health Services	6,433,887	0	(6,433,887)	0.0%	
0	2,506,723	2,506,723	100.0%	Other Medical-FFS	0	30,877,609	30,877,609	100.0%	
0	0	0	0.0%	Denials	320	0	(320)	0.0%	
(6,397)	0	6,397	0.0%	HMS Medical Refunds	(103,723)	0	103,723	0.0%	
762	0	(762)	0.0%	Refunds-Medical Payments	(4,965)	0	4,965	0.0%	
218,274	0	(218,274)	0.0%	DME & Medical Supplies	3,408,464	0	(3,408,464)	0.0%	
529,677	547,678	18,001	3.3%	GEMT Direct Payment Expense	6,550,822	6,690,954	140,132	2.1%	
507,189	0	(507,189)	0.0%	Community Based Adult Services (CBAS)	5,577,967	0	(5,577,967)	0.0%	
<b>3,296,625</b>	<b>3,054,401</b>	<b>(242,224)</b>	<b>(7.9%)</b>	<b>9-Ancillary Medical Expense</b>	<b>38,554,364</b>	<b>37,568,563</b>	<b>(985,801)</b>	<b>(2.6%)</b>	
451,711	0	(451,711)	0.0%	IBNP-Outpatient	(1,186,343)	0	1,186,343	0.0%	
13,551	0	(13,551)	0.0%	IBNP Settlement (OP)	(35,595)	0	35,595	0.0%	
36,137	0	(36,137)	0.0%	IBNP Claims Fluctuation (OP)	(94,912)	0	94,912	0.0%	
486,969	7,295,272	6,808,303	93.3%	Out-Patient FFS	13,715,844	86,889,691	73,173,847	84.2%	
518,172	0	(518,172)	0.0%	OP Ambul Surgery - FFS	11,867,034	0	(11,867,034)	0.0%	
480,893	0	(480,893)	0.0%	OP Fac Imaging Services-FFS	12,647,625	0	(12,647,625)	0.0%	
1,504,399	0	(1,504,399)	0.0%	Behav Health - FFS	22,021,649	0	(22,021,649)	0.0%	
252,469	0	(252,469)	0.0%	OP Facility - Lab FFS	3,289,157	0	(3,289,157)	0.0%	
49,405	0	(49,405)	0.0%	OP Facility - Cardio FFS	1,008,681	0	(1,008,681)	0.0%	
12,531	0	(12,531)	0.0%	OP Facility - PT/OT/ST FFS	201,296	0	(201,296)	0.0%	
1,417,331	0	(1,417,331)	0.0%	OP Facility - Dialysis FFS	19,474,050	0	(19,474,050)	0.0%	
<b>5,223,568</b>	<b>7,295,272</b>	<b>2,071,704</b>	<b>28.4%</b>	<b>10-Outpatient Medical Expense Medical Expense</b>	<b>82,908,486</b>	<b>86,889,691</b>	<b>3,981,205</b>	<b>4.6%</b>	
(360,175)	0	360,175	0.0%	IBNP-Emergency	(831,967)	0	831,967	0.0%	
(10,804)	0	10,804	0.0%	IBNP Settlement (ER)	(24,959)	0	24,959	0.0%	
(28,815)	0	28,815	0.0%	IBNP Claims Fluctuation (ER)	(66,557)	0	66,557	0.0%	
448,042	0	(448,042)	0.0%	Special ER Physician-FFS	6,824,647	0	(6,824,647)	0.0%	
2,140,565	3,171,578	1,031,013	32.5%	ER-Facility	31,046,466	38,603,095	7,556,629	19.6%	
<b>2,188,813</b>	<b>3,171,578</b>	<b>982,765</b>	<b>31.0%</b>	<b>11-Emergency Expense</b>	<b>36,947,630</b>	<b>38,603,095</b>	<b>1,655,465</b>	<b>4.3%</b>	
922,301	0	(922,301)	0.0%	IBNP-Pharmacy	(229,383)	0	229,383	0.0%	
27,670	0	(27,670)	0.0%	IBNP Settlement (RX)	(6,881)	0	6,881	0.0%	
73,784	0	(73,784)	0.0%	IBNP Claims Fluctuation (RX)	(18,351)	0	18,351	0.0%	
3,510,709	3,104,340	(406,369)	(13.1%)	RX - Non-PBM FFS	45,646,472	37,907,460	(7,739,012)	(20.4%)	
9,738,165	10,394,396	656,231	6.3%	Pharmacy-FFS	119,816,734	124,457,825	4,641,091	3.7%	
(3,238)	0	3,238	0.0%	HMS RX Refunds	(680,709)	0	680,709	0.0%	
(407,306)	(407,068)	240	(0.1%)	Pharmacy-Rebate	(6,007,875)	(5,041,553)	966,322	(19.2%)	
<b>13,862,086</b>	<b>13,091,670</b>	<b>(770,416)</b>	<b>(5.9%)</b>	<b>12-Pharmacy Expense</b>	<b>158,520,007</b>	<b>157,323,732</b>	<b>(1,196,275)</b>	<b>(0.8%)</b>	
<b>47,878,181</b>	<b>53,583,347</b>	<b>5,705,166</b>	<b>10.6%</b>	<b>13-TOTAL FFS MEDICAL EXPENSES</b>	<b>649,078,444</b>	<b>648,642,991</b>	<b>(435,453)</b>	<b>(0.1%)</b>	
0	(62,462)	(62,462)	100.0%	Clinical Vacancy	0	(1,827,491)	(1,827,491)	100.0%	
66,821	130,366	63,545	48.7%	Quality Analytics	805,219	1,348,371	543,153	40.3%	
352,234	402,249	50,015	12.4%	Health Plan Services Department Total	4,359,351	4,899,804	540,453	11.0%	
734,346	802,816	68,471	8.5%	Case & Disease Management Department Total	7,904,406	8,013,723	109,317	1.4%	
162,119	191,638	29,520	15.4%	Medical Services Department Total	1,709,562	2,085,983	376,421	18.0%	
342,693	666,978	324,285	48.6%	Quality Management Department Total	4,957,823	6,151,533	1,193,710	19.4%	
134,866	153,386	18,521	12.1%	Pharmacy Services Department Total	1,414,394	1,702,047	287,653	16.9%	
38,988	29,642	(9,346)	(31.5%)	Regulatory Readiness Total	396,484	363,720	(32,765)	(9.0%)	
<b>1,832,067</b>	<b>2,314,615</b>	<b>482,548</b>	<b>20.8%</b>	<b>14-Other Benefits &amp; Services</b>	<b>21,547,239</b>	<b>22,737,689</b>	<b>1,190,450</b>	<b>5.2%</b>	
(314,891)	(328,182)	(13,291)	4.0%	Reinsurance Expense	(4,615,391)	(3,658,291)	957,100	(26.2%)	
393,613	386,098	(7,515)	(1.9%)	Reinsurance Recoveries	4,620,118	4,693,335	73,217	1.6%	
<b>78,722</b>	<b>57,916</b>	<b>(20,806)</b>	<b>(35.9%)</b>	<b>15-Reinsurance Expense</b>	<b>4,727</b>	<b>1,035,044</b>	<b>1,030,317</b>	<b>99.5%</b>	
1,583,208	83,208	(1,500,000)	(1,802.7%)	Preventive Health Services	4,000,000	999,996	(3,000,004)	(300.0%)	
<b>1,583,208</b>	<b>83,208</b>	<b>(1,500,000)</b>	<b>(1,802.7%)</b>	<b>16-Risk Pool Distribution</b>	<b>4,000,000</b>	<b>999,996</b>	<b>(3,000,004)</b>	<b>(300.0%)</b>	
<b>68,221,341</b>	<b>72,993,134</b>	<b>4,771,793</b>	<b>6.5%</b>	<b>17-TOTAL MEDICAL EXPENSES</b>	<b>881,257,972</b>	<b>879,173,578</b>	<b>(2,084,393)</b>	<b>(0.2%)</b>	

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MED FFS CAP 20v2

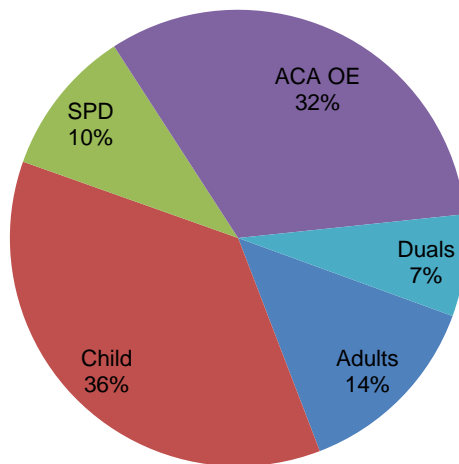
07/28/20  
**REPORT #8A**

## Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

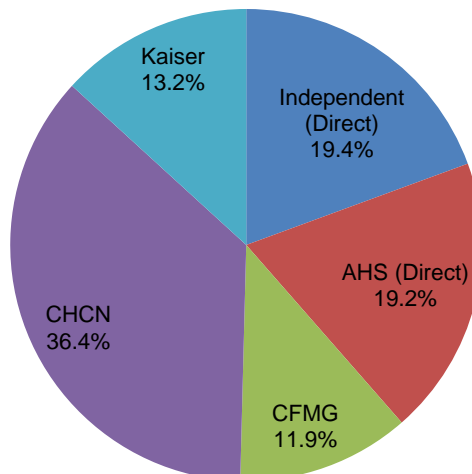
### Current Membership by Network By Category of Aid

Category of Aid	Jun 2020	% of Medi-Cal	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Adults	34,087	14%	8,266	7,440	265	12,675	5,441
Child	90,745	36%	8,465	8,258	27,918	30,727	15,377
SPD	26,111	10%	8,738	3,864	1,175	10,405	1,929
ACA OE	81,296	32%	14,248	26,754	1,065	30,241	8,988
Duals	18,069	7%	7,288	1,919	2	6,657	2,203
Medi-Cal	250,308		47,005	48,235	30,425	90,705	33,938
Group Care	6,437		2,808	942	-	2,687	-
<b>Total</b>	<b>256,745</b>	<b>100%</b>	<b>49,813</b>	<b>49,177</b>	<b>30,425</b>	<b>93,392</b>	<b>33,938</b>
Medi-Cal %	97.5%		94.4%	98.1%	100.0%	97.1%	100.0%
Group Care %	2.5%		5.6%	1.9%	0.0%	2.9%	0.0%
<i>Network Distribution</i>			19.4%	19.2%	11.9%	36.4%	13.2%
			<b>% Direct: 39%</b>		<b>% Delegated: 61%</b>		

**Medi-Cal By Aid Category**

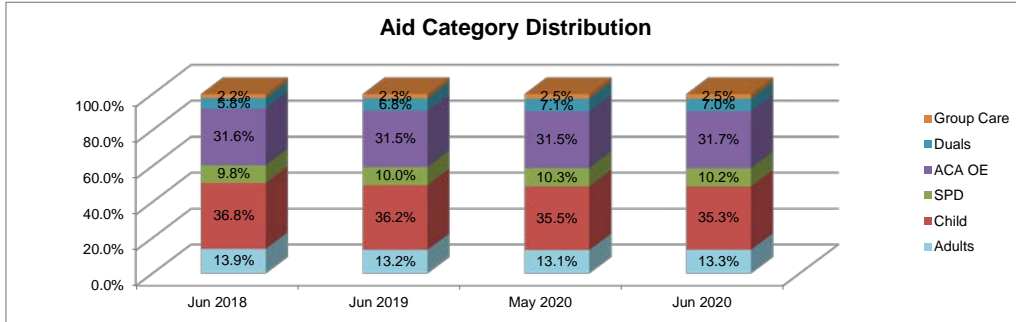


**By Network**

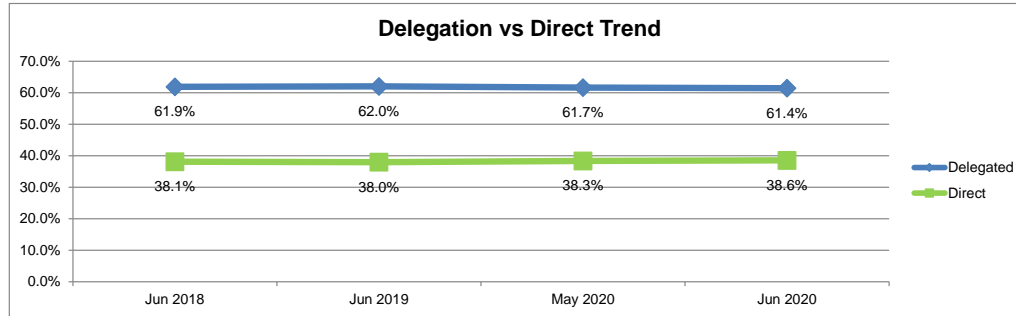


# Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

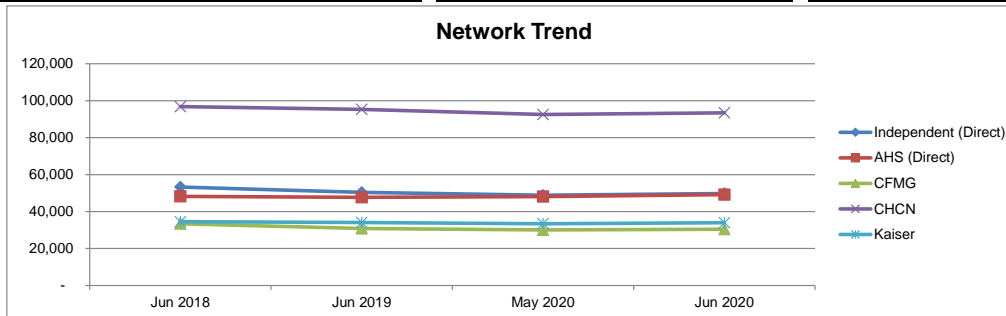
Category of Aid Trend												
	Members				% of Total (ie.Distribution)				% Growth (Loss)			
Category of Aid	Jun 2018	Jun 2019	May 2020	Jun 2020	Jun 2018	Jun 2019	May 2020	Jun 2020	Jun 2018 to Jun 2019	Jun 2019 to Jun 2020	May 2020 to Jun 2020	
Adults	36,885	34,175	33,229	34,087	13.9%	13.2%	13.1%	13.3%	-7.3%	-0.3%	2.6%	
Child	97,869	93,436	89,755	90,745	36.8%	36.2%	35.5%	35.3%	-4.5%	-2.9%	1.1%	
SPD	26,089	25,882	25,985	26,111	9.8%	10.0%	10.3%	10.2%	-0.8%	0.9%	0.5%	
ACA OE	84,181	81,372	79,736	81,296	31.6%	31.5%	31.5%	31.7%	-3.3%	-0.1%	2.0%	
Duals	15,466	17,557	17,971	18,069	5.8%	6.8%	7.1%	7.0%	13.5%	2.9%	0.5%	
Medi-Cal Total	260,490	252,422	246,676	250,308	97.8%	97.7%	97.5%	97.5%	-3.1%	-0.8%	1.5%	
Group Care	5,807	5,963	6,295	6,437	2.2%	2.3%	2.5%	2.5%	2.7%	7.9%	2.3%	
Total	266,297	258,385	252,971	256,745	100.0%	100.0%	100.0%	100.0%	-3.0%	-0.6%	1.5%	



Delegation vs Direct Trend											
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Members	Jun 2018	Jun 2019	May 2020	Jun 2020	Jun 2018	Jun 2019	May 2020	Jun 2020	Jun 2018 to Jun 2019	Jun 2019 to Jun 2020	May 2020 to Jun 2020
Delegated	164,763	160,296	156,015	157,755	61.9%	62.0%	61.7%	61.4%	-2.7%	-1.6%	1.1%
Direct	101,534	98,089	96,956	98,990	38.1%	38.0%	38.3%	38.6%	-3.4%	0.9%	2.1%
Total	266,297	258,385	252,971	256,745	100.0%	100.0%	100.0%	100.0%	-3.0%	-0.6%	1.5%

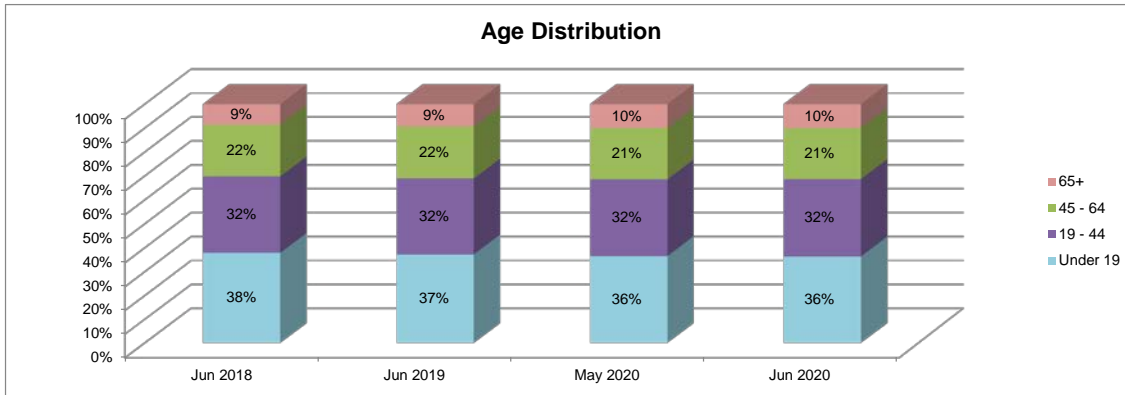


Network Trend												
	Members				% of Total (ie.Distribution)				% Growth (Loss)			
Network	Jun 2018	Jun 2019	May 2020	Jun 2020	Jun 2018	Jun 2019	May 2020	Jun 2020	Jun 2018 to Jun 2019	Jun 2019 to Jun 2020	May 2020 to Jun 2020	
Independent (Direct)	53,278	50,374	48,857	49,813	20.0%	19.5%	19.3%	19.4%	-5.5%	-1.1%	2.0%	
AHS (Direct)	48,256	47,715	48,099	49,177	18.1%	18.5%	19.0%	19.2%	-1.1%	3.1%	2.2%	
CFMG	33,411	30,891	30,072	30,425	12.5%	12.0%	11.9%	11.9%	-7.5%	-1.5%	1.2%	
CHCN	96,808	95,329	92,533	93,392	36.4%	36.9%	36.6%	36.4%	-1.5%	-2.0%	0.9%	
Kaiser	34,544	34,076	33,410	33,938	13.0%	13.2%	13.2%	13.2%	-1.4%	-0.4%	1.6%	
Total	266,297	258,385	252,971	256,745	100.0%	100.0%	100.0%	100.0%	-3.0%	-0.6%	1.5%	

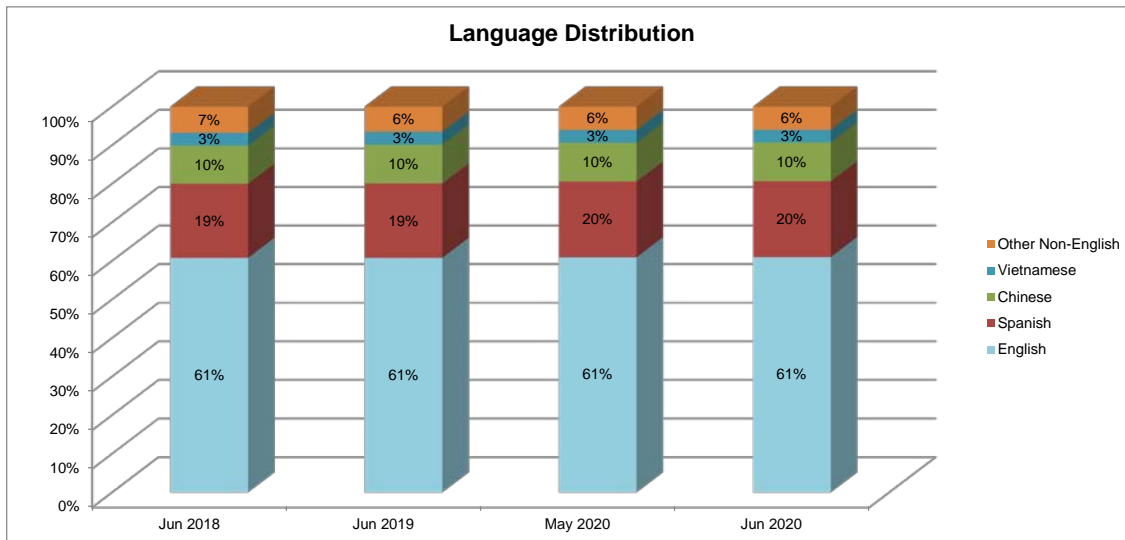


# Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Age Category Trend											
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Age Category	Jun 2018	Jun 2019	May 2020	Jun 2020	Jun 2018	Jun 2019	May 2020	Jun 2020	Jun 2018 to Jun 2019	Jun 2019 to Jun 2020	May 2020 to Jun 2020
Under 19	100,714	96,137	92,275	93,270	38%	37%	36%	36%	-5%	-3%	1%
19 - 44	85,146	81,952	81,146	83,006	32%	32%	32%	32%	-4%	1%	2%
45 - 64	57,603	55,929	54,361	54,927	22%	22%	21%	21%	-3%	-2%	1%
65+	22,834	24,367	25,189	25,542	9%	9%	10%	10%	7%	5%	1%
Total	266,297	258,385	252,971	256,745	100%	100%	100%	100%	-3%	-1%	1%



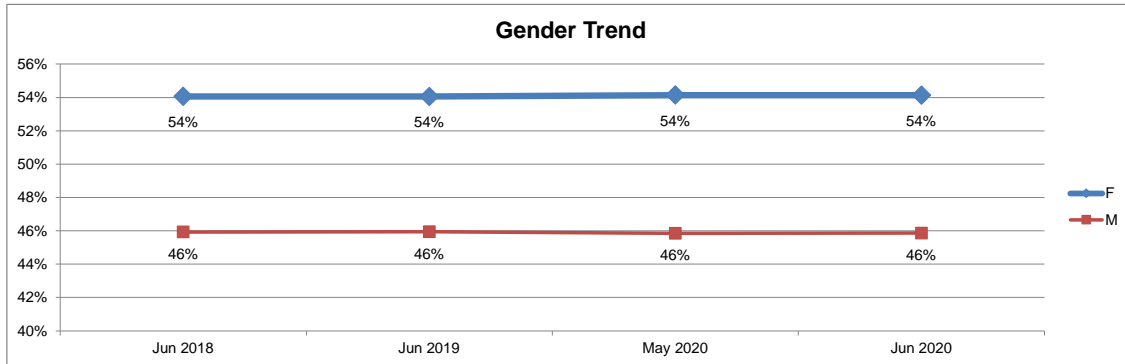
Language Trend												
	Members				% of Total (ie.Distribution)				% Growth (Loss)			
Language	Jun 2018	Jun 2019	May 2020	Jun 2020	Jun 2018	Jun 2019	May 2020	Jun 2020	Jun 2018 to Jun 2019	Jun 2019 to Jun 2020	May 2020 to Jun 2020	
English	161,821	157,008	154,121	156,593	61%	61%	61%	61%	-3%	0%	2%	
Spanish	51,126	49,830	49,663	50,437	19%	19%	20%	20%	-3%	1%	2%	
Chinese	26,432	26,104	25,538	25,843	10%	10%	10%	10%	-1%	-1%	1%	
Vietnamese	8,800	8,649	8,336	8,437	3%	3%	3%	3%	-2%	-2%	1%	
Other Non-English	18,118	16,794	15,313	15,435	7%	6%	6%	6%	-7%	-8%	1%	
Total	266,297	258,385	252,971	256,745	100%	100%	100%	100%	-3%	-1%	1%	



# Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

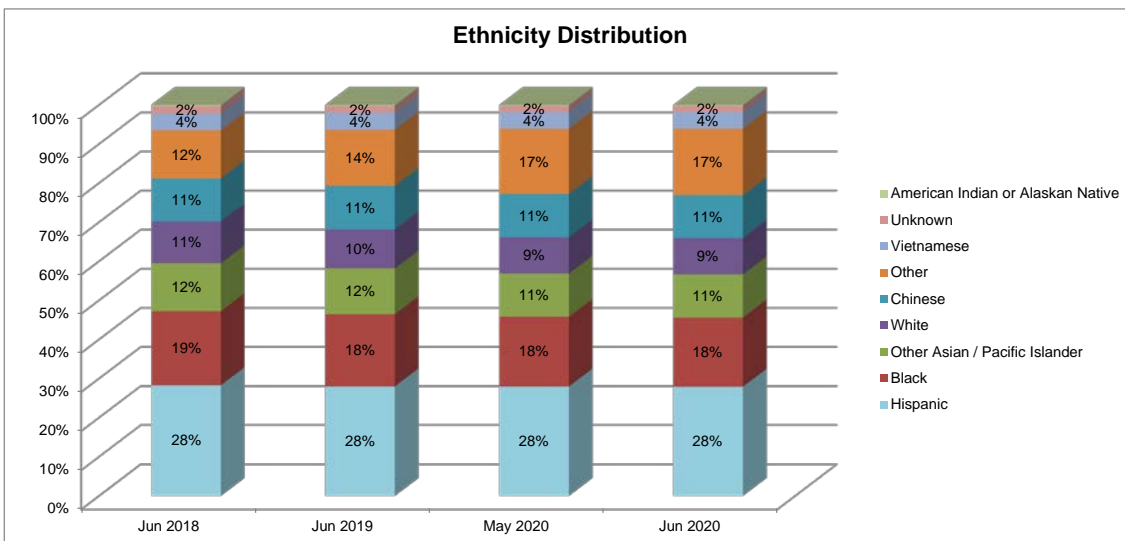
## Gender Trend

Gender	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Jun 2018	Jun 2019	May 2020	Jun 2020	Jun 2018	Jun 2019	May 2020	Jun 2020	Jun 2018 to Jun 2019	Jun 2019 to Jun 2020	May 2020 to Jun 2020
F	143,975	139,674	136,969	138,995	54%	54%	54%	54%	-3%	0%	1%
M	122,322	118,711	116,002	117,750	46%	46%	46%	46%	-3%	-1%	2%
<b>Total</b>	<b>266,297</b>	<b>258,385</b>	<b>252,971</b>	<b>256,745</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>-3%</b>	<b>-1%</b>	<b>1%</b>



## Ethnicity Trend

Ethnicity	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Jun 2018	Jun 2019	May 2020	Jun 2020	Jun 2018	Jun 2019	May 2020	Jun 2020	Jun 2018 to Jun 2019	Jun 2019 to Jun 2020	May 2020 to Jun 2020
Hispanic	75,266	72,350	70,745	71,641	28%	28%	28%	28%	-4%	-1%	1%
Black	50,429	47,663	45,057	45,453	19%	18%	18%	18%	-5%	-5%	1%
Other Asian / Pacific Islander	32,699	30,289	27,943	28,304	12%	12%	11%	11%	-7%	-7%	1%
White	28,530	25,790	23,573	23,922	11%	10%	9%	9%	-10%	-7%	1%
Chinese	29,211	28,733	27,910	28,101	11%	11%	11%	11%	-2%	-2%	1%
Other	32,883	37,132	42,289	43,770	12%	14%	17%	17%	13%	18%	4%
Vietnamese	11,423	11,197	10,760	10,860	4%	4%	4%	4%	-2%	-3%	1%
Unknown	5,134	4,591	4,113	4,102	2%	2%	2%	2%	-11%	-11%	0%
American Indian or Alaskan Native	722	640	581	592	0%	0%	0%	0%	-11%	-8%	2%
<b>Total</b>	<b>266,297</b>	<b>258,385</b>	<b>252,971</b>	<b>256,745</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>-3%</b>	<b>-1%</b>	<b>1%</b>



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

Medi-Cal By City							
City	Jun 2020	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	102,524	41%	11,793	23,549	13,632	43,933	9,617
Hayward	38,578	15%	8,134	8,051	4,615	11,256	6,522
Fremont	21,805	9%	8,834	3,112	721	5,790	3,348
San Leandro	22,262	9%	3,885	3,332	3,228	8,305	3,512
Union City	10,713	4%	4,111	1,509	366	2,749	1,978
Alameda	9,716	4%	1,869	1,426	1,542	3,512	1,367
Berkeley	8,782	4%	1,130	1,559	1,192	3,662	1,239
Livermore	7,206	3%	990	645	1,664	2,681	1,226
Newark	5,786	2%	1,638	1,821	179	1,114	1,034
Castro Valley	5,924	2%	1,188	902	984	1,730	1,120
San Lorenzo	5,168	2%	876	854	672	1,800	966
Pleasanton	3,815	2%	930	375	412	1,468	630
Dublin	4,046	2%	952	368	543	1,467	716
Emeryville	1,576	1%	266	314	244	495	257
Albany	1,455	1%	191	203	332	461	268
Piedmont	264	0%	54	62	18	70	60
Sunol	48	0%	9	8	6	11	14
Antioch	12	0%	3	2	-	6	1
Other	628	0%	152	143	75	195	63
<b>Total</b>	<b>250,308</b>	<b>100%</b>	<b>47,005</b>	<b>48,235</b>	<b>30,425</b>	<b>90,705</b>	<b>33,938</b>

Group Care By City							
City	Jun 2020	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	2,252	35%	585	416	-	1,251	-
Hayward	707	11%	398	136	-	173	-
Fremont	687	11%	525	53	-	109	-
San Leandro	602	9%	241	78	-	283	-
Union City	340	5%	245	32	-	63	-
Alameda	289	4%	116	31	-	142	-
Berkeley	209	3%	60	23	-	126	-
Livermore	88	1%	36	1	-	51	-
Newark	150	2%	99	31	-	20	-
Castro Valley	196	3%	102	20	-	74	-
San Lorenzo	126	2%	48	20	-	58	-
Pleasanton	50	1%	26	4	-	20	-
Dublin	101	2%	48	6	-	47	-
Emeryville	32	0%	13	6	-	13	-
Albany	14	0%	5	1	-	8	-
Piedmont	10	0%	2	1	-	7	-
Sunol	-	0%	-	-	-	-	-
Antioch	29	0%	10	7	-	12	-
Other	555	9%	249	76	-	230	-
<b>Total</b>	<b>6,437</b>	<b>100%</b>	<b>2,808</b>	<b>942</b>	<b>-</b>	<b>2,687</b>	<b>-</b>

Total By City							
City	Jun 2020	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	104,776	41%	12,378	23,965	13,632	45,184	9,617
Hayward	39,285	15%	8,532	8,187	4,615	11,429	6,522
Fremont	22,492	9%	9,359	3,165	721	5,899	3,348
San Leandro	22,864	9%	4,126	3,410	3,228	8,588	3,512
Union City	11,053	4%	4,356	1,541	366	2,812	1,978
Alameda	10,005	4%	1,985	1,457	1,542	3,654	1,367
Berkeley	8,991	4%	1,190	1,582	1,192	3,788	1,239
Livermore	7,294	3%	1,026	646	1,664	2,732	1,226
Newark	5,936	2%	1,737	1,852	179	1,134	1,034
Castro Valley	6,120	2%	1,290	922	984	1,804	1,120
San Lorenzo	5,294	2%	924	874	672	1,858	966
Pleasanton	3,865	2%	956	379	412	1,488	630
Dublin	4,147	2%	1,000	374	543	1,514	716
Emeryville	1,608	1%	279	320	244	508	257
Albany	1,469	1%	196	204	332	469	268
Piedmont	274	0%	56	63	18	77	60
Sunol	48	0%	9	8	6	11	14
Antioch	41	0%	13	9	-	18	1
Other	1,183	0%	401	219	75	425	63
<b>Total</b>	<b>256,745</b>	<b>100%</b>	<b>49,813</b>	<b>49,177</b>	<b>30,425</b>	<b>93,392</b>	<b>33,938</b>





# Finance

## July 2020

## Gil Riojas

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

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

**Date: September 11, 2020**

**Subject: Finance Report**

### **Executive Summary**

- For the month ended July 31, 2020, the Alliance had enrollment of 259,918 members, a Net Income of \$1.9 million and 647% of required Tangible Net Equity (TNE).

<u>Overall Results: (in Thousands)</u>		
	Month	YTD
Revenue	\$81,858	\$81,858
Medical Expense	75,521	75,521
Admin. Expense	4,565	4,565
Other Inc. / (Exp.)	90	90
Net Income	\$1,862	\$1,862

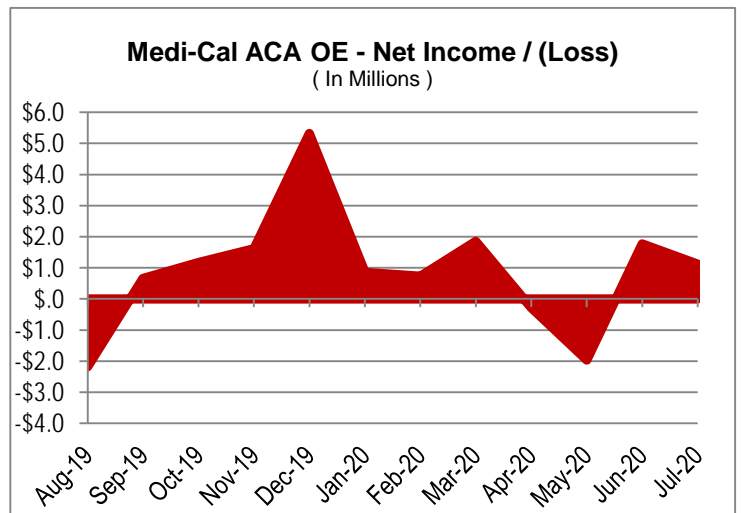
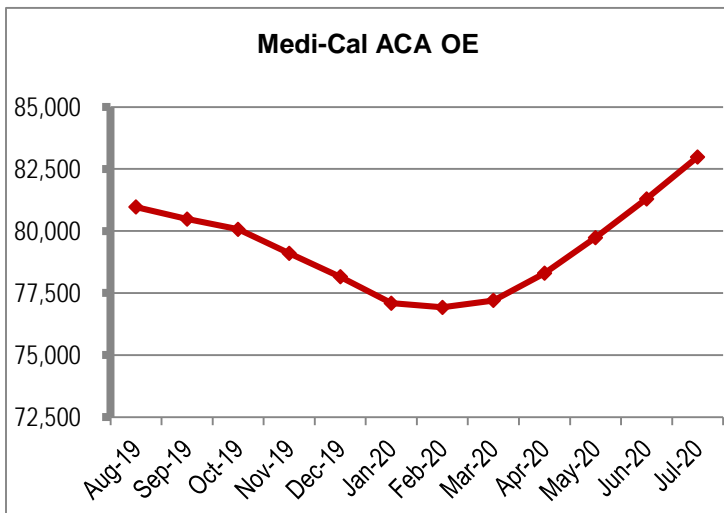
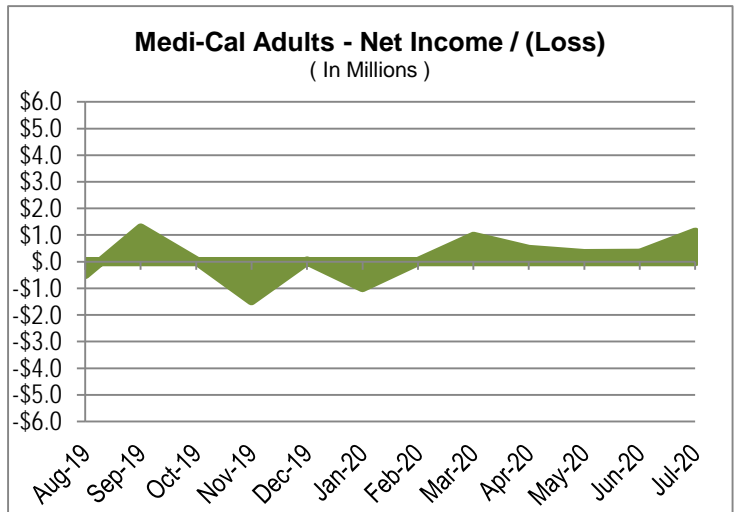
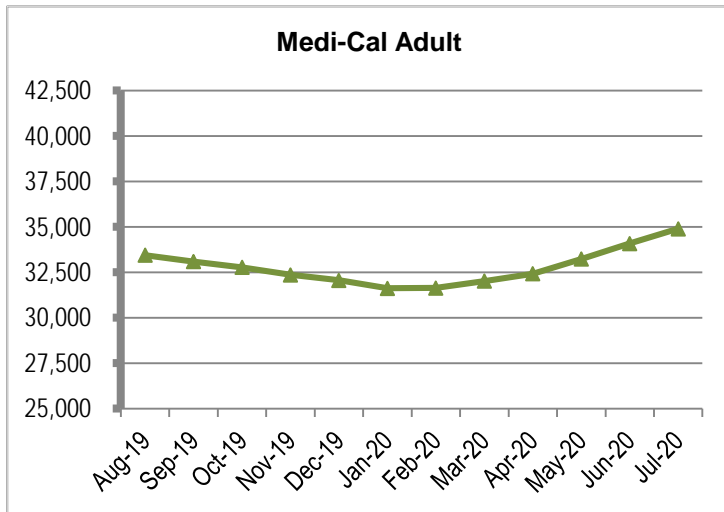
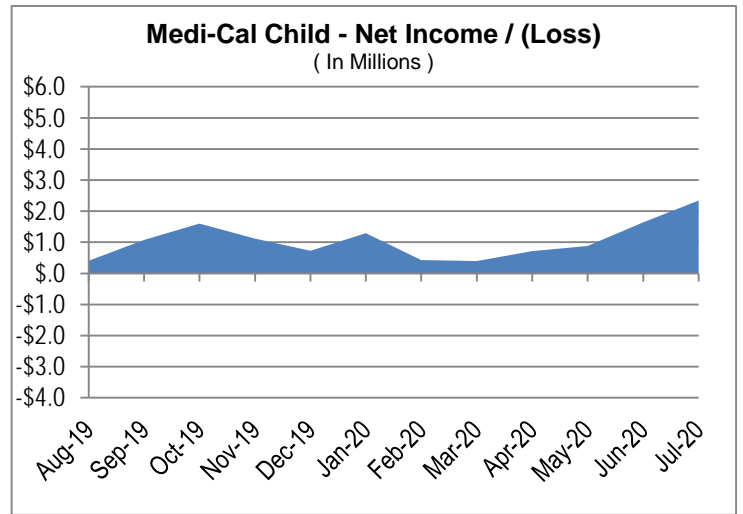
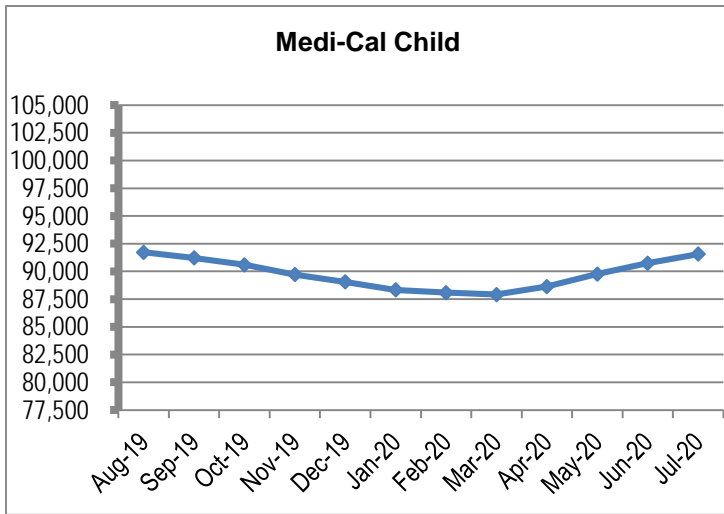
<u>Net Income by Program:</u>		
	Month	YTD
Medi-Cal	\$2,529	\$2,529
Group Care	(667)	(667)
	\$1,862	\$1,862

### **Enrollment**

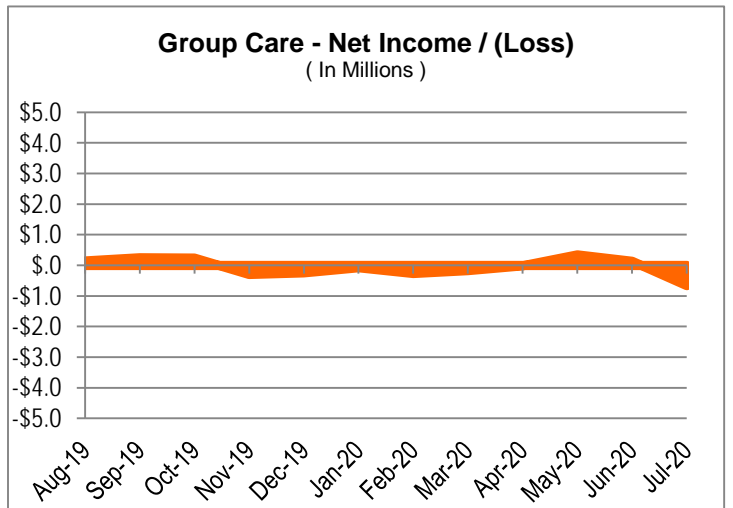
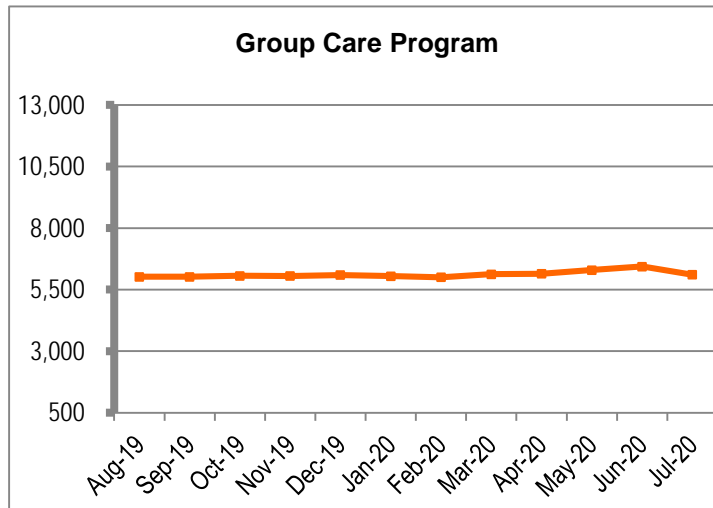
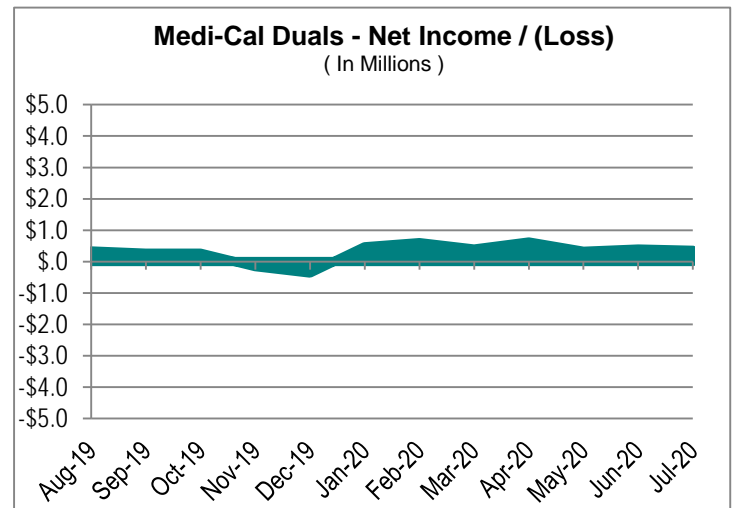
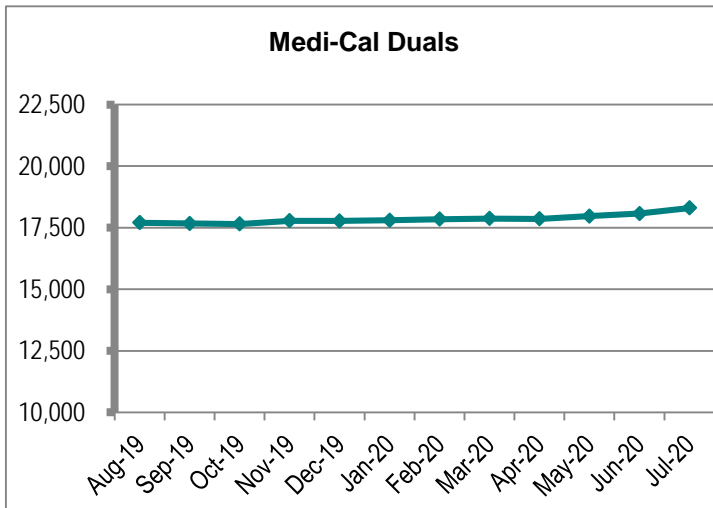
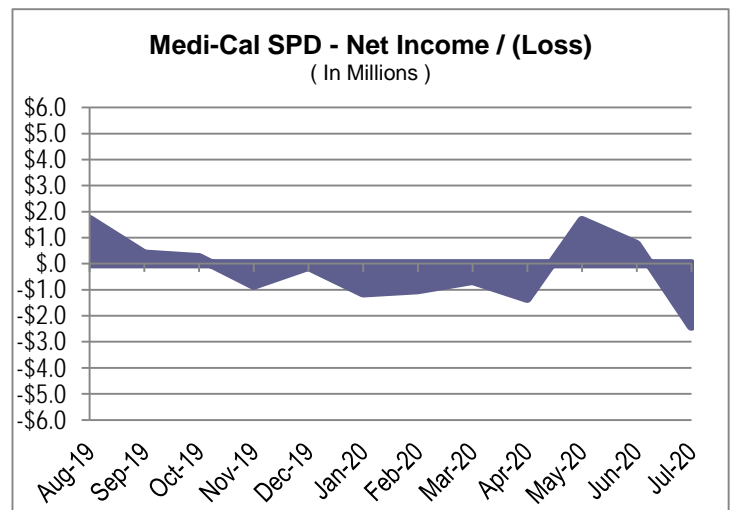
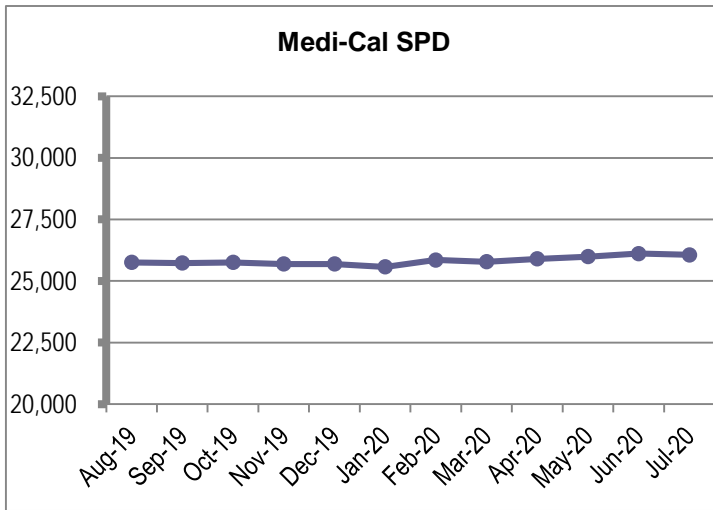
- Total enrollment increased by 3,173 members since June 2020.

Monthly Membership and YTD Member Months								
Actual vs. Budget								
For the Month and Fiscal Year-to-Date								
Enrollment					Member Months			
July-2020					Year-to-Date			
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
34,896	34,657	239	0.7%	Medi-Cal:	34,896	34,657	239	0.7%
91,570	94,058	(2,488)	-2.6%	Adult	91,570	94,058	(2,488)	-2.6%
26,057	25,972	85	0.3%	Child	26,057	25,972	85	0.3%
18,297	17,912	385	2.1%	SPD	18,297	17,912	385	2.1%
82,989	83,087	(98)	-0.1%	Duals	82,989	83,087	(98)	-0.1%
253,809	255,686	(1,877)	-0.7%	ACA OE	253,809	255,686	(1,877)	-0.7%
6,109	6,334	(225)	-3.6%	Medi-Cal Total	6,109	6,334	(225)	-3.6%
259,918	262,020	(2,102)	-0.8%	Group Care	259,918	262,020	(2,102)	-3.6%
				Total				-0.8%

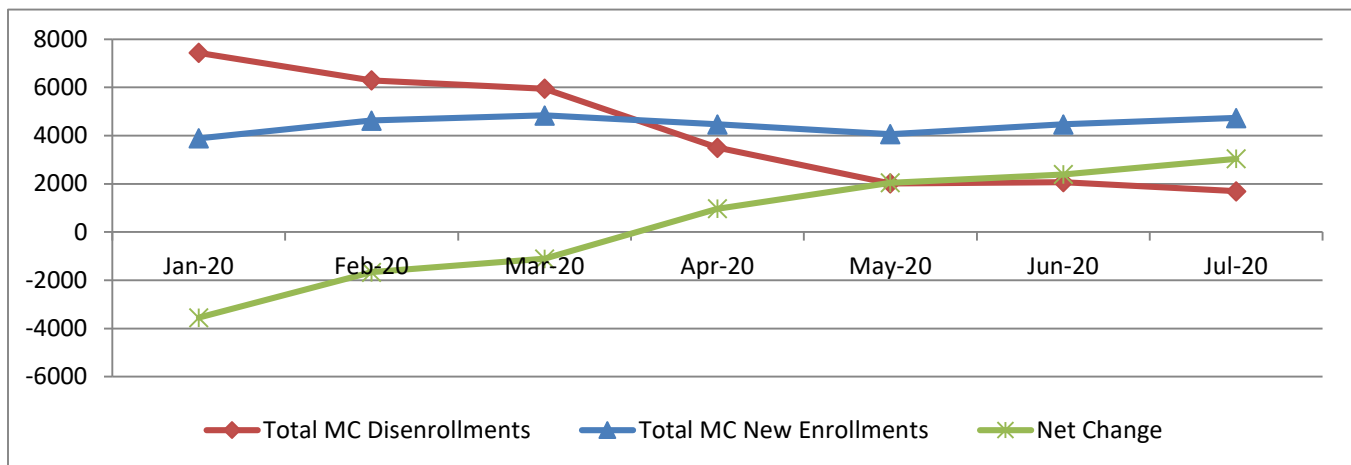
## Enrollment and Profitability by Program and Category of Aid



## Enrollment and Profitability by Program and Category of Aid



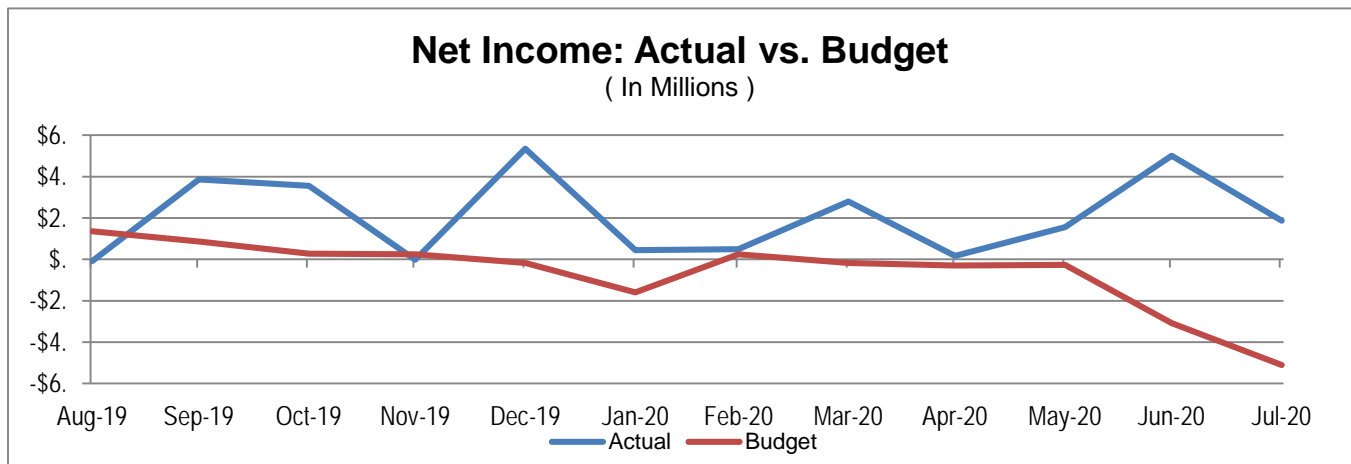
## Disenrollment and New Enrollment



- Governor Newsom signed an executive order ([EO N-29-20](#)) in March 2020 to suspend redeterminations in the Medi-Cal program during the public health crisis. Guidelines have been issued by DHCS to the County Public Health Directors on two occasions ([MEDIL I-20-07](#), [MEDIL I-20-08](#)).
  - The net change in enrollment was negative from January through March 2020.
  - The executive order reversed the negative trend and positive results started in April.
  - Membership growth is driven by two factors, deferred disenrollments and new enrollments. Reduced disenrollment has made a bigger impact than new enrollment to date.
  - As the number of disenrolled members decreased, membership has increased.
  - Average disenrollments based on the prior 12 months history, averages 5,000-6,000 per month
  - New enrollment has remained relatively steady. As the negative economic impact is realized, the number of newly enrolled members may increase.
  - The increases in membership will be offset in the future when the executive order is suspended and the redetermination process resumes, likely resulting in a sharp decline in the Medi-Cal enrollment over a 3-4 month period as redeterminations are processed by Alameda County Social Services.
  - The DHCS has not provided information on the applicability of revenue recoupment from members who will be disenrolled in the future.

## Net Income

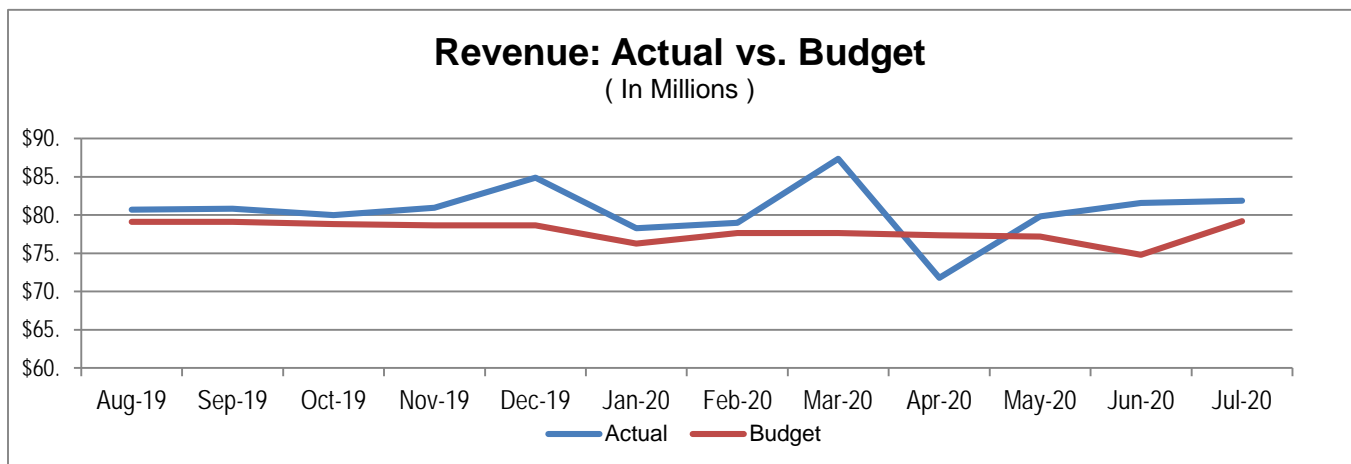
- For the month and fiscal YTD ended July 31, 2020:
  - Actual Net Income: \$1.9 million.
  - Budgeted Net Loss: \$5.1 million.



- The favorable variance of \$6.8 million in the current month is due to:
  - Favorable \$2.7 million higher than anticipated Revenue.
  - Favorable \$69,000 lower than anticipated Medical Expense.
  - Favorable \$4.3 million lower than anticipated Administrative Expense.
  - Unfavorable \$42,000 lower than anticipated Other Income & Expense.

### Revenue

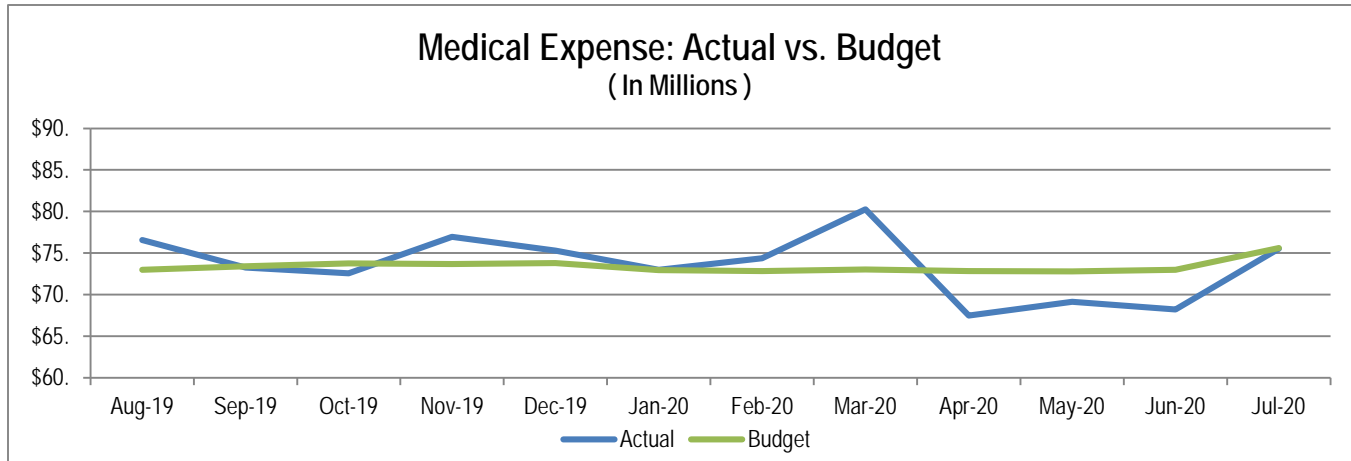
- For the month and fiscal YTD ended July 31, 2020:
  - Actual Revenue: \$81.9 million.
  - Budgeted Revenue: \$79.2 million.



- For the month ended July 31, 2020, the favorable revenue variance of \$2.7 million is mainly due to:
  - Favorable \$2.8 million in Prop 56 Revenue. This revenue will be largely offset by enhanced payments to qualified Providers. The Preliminary Budget did not include Prop 56, as the State had informed that Prop 56 would be discontinued.

## Medical Expense

- For the month and fiscal YTD ended July 31, 2020:
  - Actual Medical Expense: \$75.5 million.
  - Budgeted Medical Expense: \$75.6 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 July, updates to Fee-For-Service (FFS) increased the estimate for unpaid Medical Expenses for prior months by \$859,000. (per table below).

Medical Expense - Actual vs. Budget (In Dollars)						
Adjusted to Eliminate the Impact of Prior Period IBNP Estimates						
	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	<u>Excluding IBNP Change</u>	<u>Change in IBNP</u>	<u>Reported</u>		\$	%
Capitated Medical Expense	\$17,047,479	\$0	\$17,047,479	\$18,059,087	\$1,011,608	5.6%
Primary Care FFS	3,951,313	88,315	4,039,628	1,262,245	(\$2,689,067)	-213.0%
Specialty Care FFS	3,682,719	229,254	3,911,973	3,968,066	\$285,346	7.2%
Outpatient FFS	6,879,366	(772,871)	6,106,495	7,491,693	\$612,327	8.2%
Ancillary FFS	2,919,500	228,709	3,148,209	3,209,183	\$289,683	9.0%
Pharmacy FFS	13,753,958	131,850	13,885,808	13,323,361	(\$430,597)	-3.2%
ER Services FFS	3,149,773	62,222	3,211,995	3,225,132	\$75,359	2.3%
Inpatient Hospital & SNF FFS	21,251,223	891,116	22,142,339	22,624,237	\$1,373,014	6.1%
Other Benefits & Services	1,838,276	0	1,838,276	2,190,793	\$352,517	16.1%
Net Reinsurance	105,288	0	105,288	152,662	\$47,374	31.0%
Provider Incentive	83,334	0	83,334	83,330	(\$4)	0.0%
	<b>\$74,662,231</b>	<b>\$858,594</b>	<b>\$75,520,825</b>	<b>\$75,589,790</b>	<b>\$927,559</b>	<b>1.2%</b>

Medical Expense - Actual vs. Budget (Per Member Per Month)							
Adjusted to Eliminate the Impact of Prior Year IBNP Estimates							
	Actual			Budget	Variance Actual vs. Budge Favorable/(Unfavorable)		
	<u>Excluding IBNP Change</u>	<u>Change in IBNP</u>	<u>Reported</u>		<u>\$</u>	<u>%</u>	
Capitated Medical Expense	\$65.59	\$0.00	\$65.59	\$68.92	\$3.33	4.8%	
Primary Care FFS	15.20	0.34	15.54	4.82	(10.38)	-215.6%	
Specialty Care FFS	14.17	0.88	15.05	15.14	0.98	6.4%	
Outpatient FFS	26.47	(2.97)	23.49	28.59	2.12	7.4%	
Ancillary FFS	11.23	0.88	12.11	12.25	1.02	8.3%	
Pharmacy FFS	52.92	0.51	53.42	50.85	(2.07)	-4.1%	
ER Services FFS	12.12	0.24	12.36	12.31	0.19	1.5%	
Inpatient Hospital & SNF FFS	81.76	3.43	85.19	86.35	4.58	5.3%	
Other Benefits & Services	7.07	0.00	7.07	8.36	1.29	15.4%	
Net Reinsurance	0.41	0.00	0.41	0.58	0.18	30.5%	
Provider Incentive	0.32	0.00	0.32	0.32	(0.00)	-0.8%	
	\$287.25	\$3.30	\$290.56	\$288.49	\$1.24	0.4%	

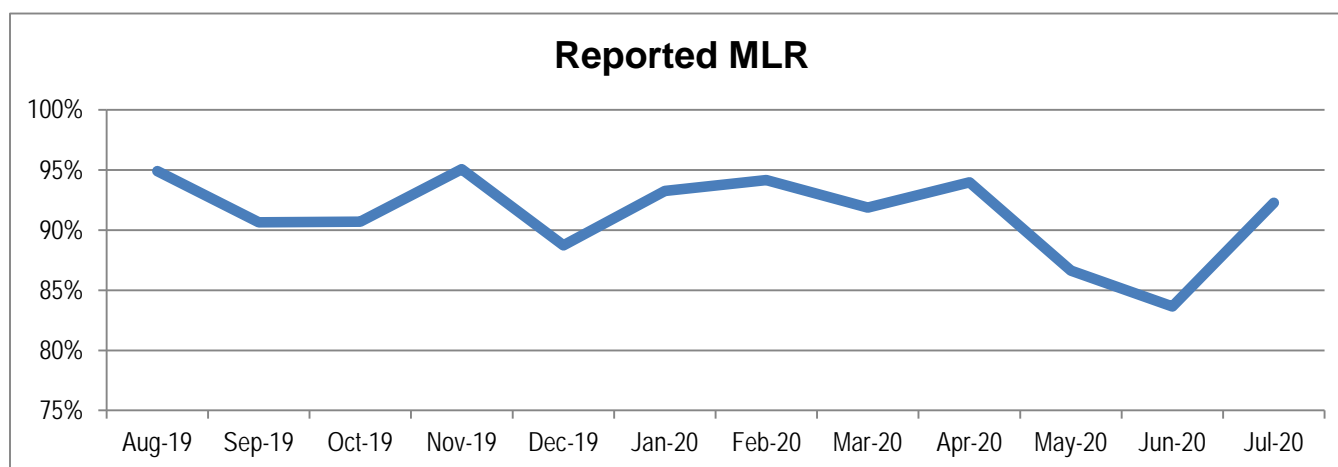
- Excluding the effect of prior year estimates for IBNP, year-to-date medical expense variance is \$928,000 favorable to budget. On a PMPM basis, medical expense is unfavorable to budget by 0.4%.
  - Primary Care Expense is over budget due to State's decision to continue Prop 56 Add-on programs which was announced after the budget was completed. There is a revenue offset for these expenses.
  - Inpatient Expense is under budget, driven by favorable utilization in the ACA OE, Adult and Child COAs.
  - Capitated Expense is under budget due to lower Transportation utilization and the timing of Maternity Kick payments to our global delegate.
  - Outpatient Expense is under budget:
    - Behavioral Health: favorable due to decreases in unit cost and utilization.
    - Facility-Other: favorable unit cost and utilization.
    - Lab / Radiology: unfavorable increase in utilization, partially offset by lower than planned unit cost.
    - Dialysis Expense: favorable utilization, partially offset by slightly unfavorable unit Cost.
  - Specialty Care is lower than budget for all populations due to lower unit cost.
  - Ancillary Expense is lower than budget. This was driven by the Other Medical Professional, Lab / Radiology (outside of a facility), Non-Emergency Medical Transportation and CBAS Services.
  - Emergency Room Expense is lower than planned, due to reduced utilization, offset by higher unit cost.



- Pharmacy PBM expense is unfavorable, driven by unfavorable unit cost and utilization in the ACA OE, SPD, Adult, and IHSS COAs. This is partially offset by lower than planned unit cost of drugs delivered in an outpatient setting.

### **Medical Loss Ratio (MLR)**

- The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 92.3% for the month and 92.3% for the fiscal year-to-date.



### **Administrative Expense**

- For the month and fiscal YTD ended July 31, 2020:
  - Actual Administrative Expense: \$4.6 million.
  - Budgeted Administrative Expense: \$8.8 million.

Summary of Administrative Expense (In Dollars)								
For the Month and Fiscal Year-to-Date								
Month					Year-to-Date			
Actual	Budget	Variance \$	Variance %		Actual	Budget	Variance \$	Variance %
\$2,511,278	\$2,535,170	\$23,892	0.9%	Employee Expense	\$2,511,278	\$2,535,170	\$23,893	0.9%
638,503	617,660	(20,843)	-3.4%	Medical Benefits Admin Expense	638,503	617,660	(20,843)	-3.4%
561,262	1,101,152	539,890	49.0%	Purchased & Professional Services	561,262	1,101,152	539,890	49.0%
853,789	4,592,377	3,738,587	81.4%	Other Admin Expense	853,789	4,592,377	3,738,587	81.4%
\$4,564,832	\$8,846,359	\$4,281,526	48.4%	Total Administrative Expense	\$4,564,832	\$8,846,359	\$4,281,527	48.4%

- The year-to-date favorable variance of \$4.3 million is primarily due to the planned Provider Sustainability Fund payout of \$3.4M (discussions with the Board regarding the Sustainability Fund continue, no additional accruals were made in July).

- The remaining favorable variance is due to:
  - Timing of new project start dates for Consultants, Computer Support Services and Purchased Services.
  - Savings in Licenses and Subscription as the result of the delay in new project starts.
  - Savings in Printing / Postage Activities.
- Administrative expense represented 5.6% of net revenue for the month and year-to-date.

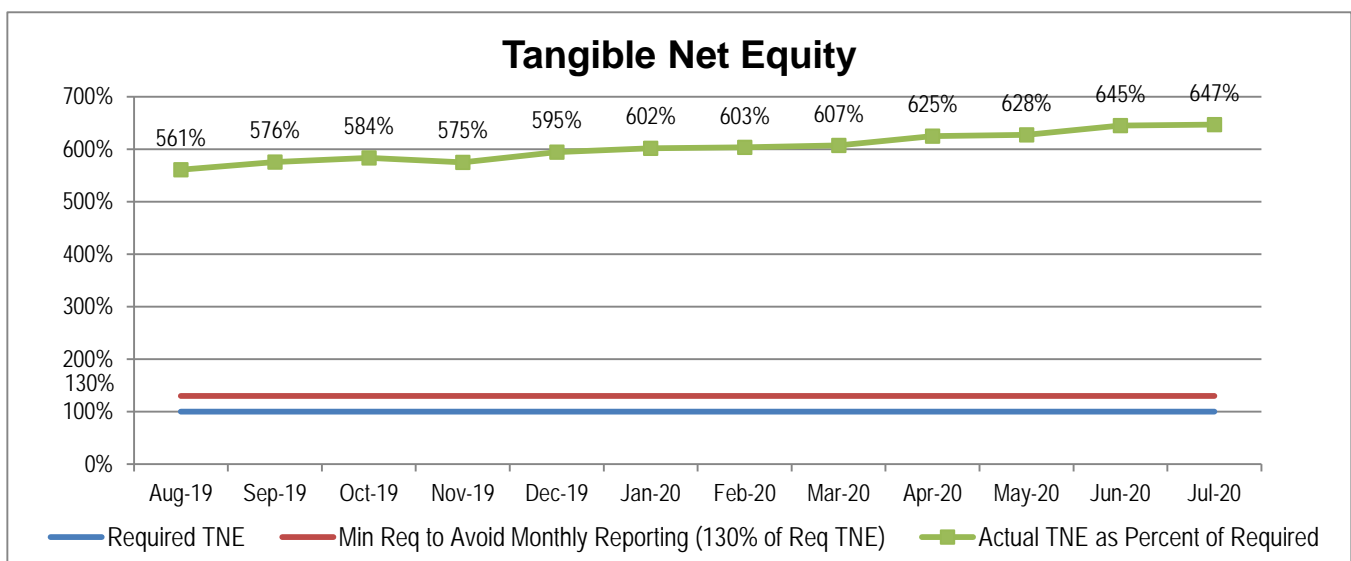
### **Other Income / (Expense)**

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

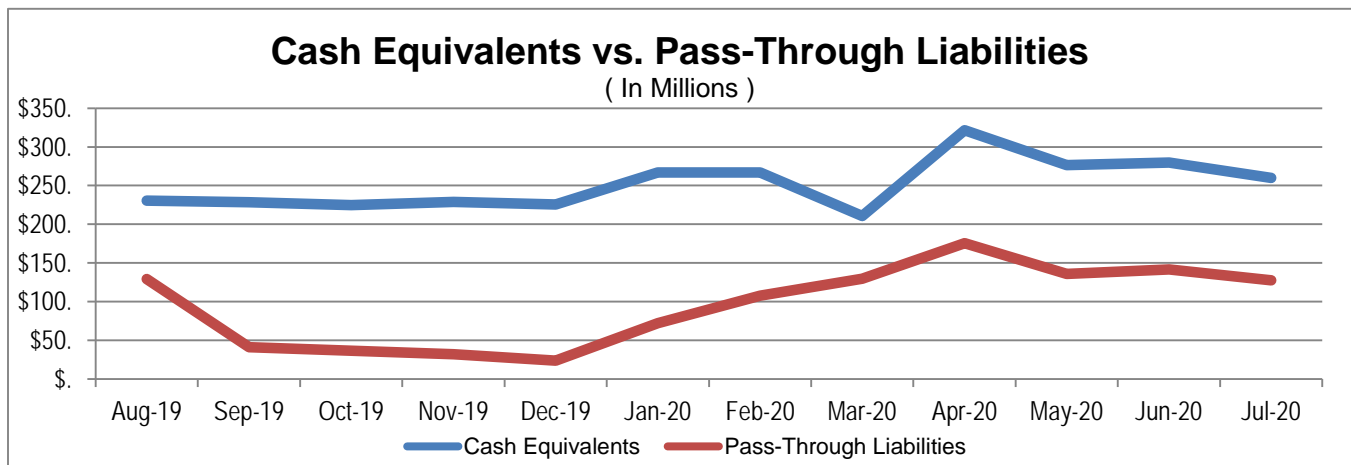
- Fiscal year-to-date interest income from investments is \$96,000.
- Fiscal year-to-date claims interest expense, due to delayed payment of certain claims or recalculated interest on previously paid claims is \$39,000.

### **Tangible Net Equity (TNE)**

- The Department of Managed Health Care (DMHC) monitors the financial stability of health plans to ensure that they can meet their financial obligations to consumers. TNE is a calculation of a company's total tangible assets minus the company's total liabilities. The Alliance exceeds DMHC's required TNE.
  - Required TNE \$32.2 million
  - Actual TNE \$208.0 million
  - Excess TNE \$175.9 million
  - TNE as % of Required TNE 647%



- Cash and Liabilities reflect pass-through liabilities and an ACA OE MLR accrual. The ACA OE MLR accrual represents funds that are estimated to be paid back to the Department of Health Care Services (DHCS) / Centers for Medicare & Medicaid Services (CMS) and result from the ACA OE MLR being less than 85% for the prior fiscal years.
- To ensure appropriate liquidity and limit risk, the majority of Alliance financial assets are kept in short-term investments and highly-liquid money market funds.
- Key Metrics
  - Cash & Cash Equivalents \$260.1 million
  - Pass-Through Liabilities \$127.7 million
  - Uncommitted Cash \$132.4 million
  - Working Capital \$197.7 million
  - Current Ratio 1.82 (regulatory minimum is 1.0)



### **Capital Investment**

- Fiscal year-to-date Capital assets acquired: \$160,000.
- 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 July 31, 2020**

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
MEMBERSHIP								
253,809	255,686	(1,877)	(0.7%)	1 - Medi-Cal	253,809	255,686	(1,877)	(0.7%)
6,109	6,334	(225)	(3.6%)	2 - Group Care	6,109	6,334	(225)	(3.6%)
259,918	262,020	(2,102)	(0.8%)	3 - Total Member Months	259,918	262,020	(2,102)	(0.8%)
REVENUE								
\$81,858,149	\$79,196,262	\$2,661,887	3.4%	4 - TOTAL REVENUE	\$81,858,149	\$79,196,262	\$2,661,887	3.4%
MEDICAL EXPENSES								
Capitated Medical Expenses:								
17,047,488	18,059,039	1,011,551	5.6%	5 - Capitated Medical Expense	17,047,488	18,059,039	1,011,551	5.6%
Fee for Service Medical Expenses:								
22,142,341	22,624,237	481,896	2.1%	6 - Inpatient Hospital & SNF FFS Expense	22,142,341	22,624,237	481,896	2.1%
4,039,626	1,262,249	(2,777,377)	(220.0%)	7 - Primary Care Physician FFS Expense	4,039,626	1,262,249	(2,777,377)	(220.0%)
3,911,974	3,968,067	56,094	1.4%	8 - Specialty Care Physician Expense	3,911,974	3,968,067	56,094	1.4%
3,148,210	3,209,184	60,974	1.9%	9 - Ancillary Medical Expense	3,148,210	3,209,184	60,974	1.9%
6,106,503	7,491,692	1,385,189	18.5%	10 - Outpatient Medical Expense	6,106,503	7,491,692	1,385,189	18.5%
3,211,995	3,225,129	13,134	0.4%	11 - Emergency Expense	3,211,995	3,225,129	13,134	0.4%
13,885,807	13,323,357	(562,450)	(4.2%)	12 - Pharmacy Expense	13,885,807	13,323,357	(562,450)	(4.2%)
56,446,454	55,103,915	(1,342,539)	(2.4%)	13 - Total Fee for Service Expense	56,446,454	55,103,915	(1,342,539)	(2.4%)
1,838,277	2,190,793	352,516	16.1%	14 - Other Benefits & Services	1,838,277	2,190,793	352,516	16.1%
105,290	152,661	47,371	31.0%	15 - Reinsurance Expense	105,290	152,661	47,371	31.0%
83,333	83,332	(1)	0.0%	16 - Risk Pool Distribution	83,333	83,332	(1)	0.0%
75,520,842	75,589,740	68,898	0.1%	17 - TOTAL MEDICAL EXPENSES	75,520,842	75,589,740	68,898	0.1%
6,337,308	3,606,522	2,730,786	75.7%	18 - GROSS MARGIN	6,337,308	3,606,522	2,730,786	75.7%
ADMINISTRATIVE EXPENSES								
2,511,278	2,535,170	23,892	0.9%	19 - Personnel Expense	2,511,278	2,535,170	23,892	0.9%
638,503	617,660	(20,843)	(3.4%)	20 - Benefits Administration Expense	638,503	617,660	(20,843)	(3.4%)
561,262	1,101,152	539,890	49.0%	21 - Purchased & Professional Services	561,262	1,101,152	539,890	49.0%
853,788	4,592,377	3,738,589	81.4%	22 - Other Administrative Expense	853,788	4,592,377	3,738,589	81.4%
4,564,832	8,846,359	4,281,527	48.4%	23 -Total Administrative Expense	4,564,832	8,846,359	4,281,527	48.4%
1,772,476	(5,239,837)	7,012,313	133.8%	24 - NET OPERATING INCOME / (LOSS)	1,772,476	(5,239,837)	7,012,313	133.8%
OTHER INCOME / EXPENSE								
89,949	131,668	(41,719)	(31.7%)	25 - Total Other Income / (Expense)	89,949	131,668	(41,719)	(31.7%)
\$1,862,425	(\$5,108,169)	\$6,970,594	136.5%	26 - NET INCOME / (LOSS)	\$1,862,425	(\$5,108,169)	\$6,970,594	136.5%
5.6%	11.2%	5.6%	50.1%	27 - Admin Exp % of Revenue	5.6%	11.2%	5.6%	50.1%

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PL FFS CAP 2020A

08/25/20

**ALAMEDA ALLIANCE FOR HEALTH  
SUMMARY BALANCE SHEET 2021  
CURRENT MONTH VS. PRIOR MONTH  
July 31, 2020**

	<u>July</u>	<u>June</u>	<u>Difference</u>	<u>% Difference</u>
<b>CURRENT ASSETS:</b>				
Cash & Equivalents				
Cash	\$10,996,576	\$40,706,013	(\$29,709,437)	-72.99%
Short-Term Investments	249,081,762	238,969,073	10,112,689	4.23%
Interest Receivable	1,875	1,283	592	46.17%
Other Receivables - Net	169,605,024	160,879,564	8,725,460	5.42%
Prepaid Expenses	5,356,134	4,948,616	407,518	8.23%
Prepaid Inventoried Items	4,767	4,692	75	1.60%
CalPERS Net Pension Asset	(832,801)	(832,801)	0	0.00%
Deferred CalPERS Outflow	4,303,523	4,303,523	0	0.00%
<b>TOTAL CURRENT ASSETS</b>	<b>438,516,859</b>	<b>448,979,963</b>	<b>(10,463,103)</b>	<b>-2.33%</b>
<b>OTHER ASSETS:</b>				
Restricted Assets	350,000	350,000	0	0.00%
<b>TOTAL OTHER ASSETS</b>	<b>350,000</b>	<b>350,000</b>	<b>0</b>	<b>0.00%</b>
<b>PROPERTY AND EQUIPMENT:</b>				
Land, Building & Improvements	9,713,866	9,705,210	8,656	0.09%
Furniture And Equipment	14,921,631	14,770,395	151,236	1.02%
Leasehold Improvement	924,350	924,350	0	0.00%
Internally-Developed Software	16,824,002	16,824,002	0	0.00%
Fixed Assets at Cost	42,383,849	42,223,957	159,892	0.38%
Less: Accumulated Depreciation	(32,405,690)	(32,212,018)	(193,672)	0.60%
<b>NET PROPERTY AND EQUIPMENT</b>	<b>9,978,158</b>	<b>10,011,939</b>	<b>(33,780)</b>	<b>-0.34%</b>
<b>TOTAL ASSETS</b>	<b>\$448,845,018</b>	<b>\$459,341,901</b>	<b>(\$10,496,884)</b>	<b>-2.29%</b>
<b>CURRENT LIABILITIES:</b>				
Accounts Payable	\$2,359,554	\$2,874,981	(\$515,427)	-17.93%
Pass-Through Liabilities	127,690,217	141,475,144	(13,784,928)	-9.74%
Claims Payable	15,655,154	14,604,600	1,050,554	7.19%
IBNP Reserves	69,319,283	74,091,375	(4,772,092)	-6.44%
Payroll Liabilities	3,500,236	3,490,557	9,680	0.28%
CalPERS Deferred Inflow	1,627,670	1,627,670	0	0.00%
Risk Sharing	3,604,521	6,151,617	(2,547,095)	-41.41%
Provider Grants/ New Health Program	17,051,143	8,851,143	8,200,000	92.64%
<b>TOTAL CURRENT LIABILITIES</b>	<b>240,807,777</b>	<b>253,167,086</b>	<b>(12,359,309)</b>	<b>-4.88%</b>
<b>TOTAL LIABILITIES</b>	<b>240,807,777</b>	<b>253,167,086</b>	<b>(12,359,309)</b>	<b>-4.88%</b>
<b>NET WORTH:</b>				
Contributed Capital	840,233	840,233	0	0.00%
Restricted & Unrestricted Funds	205,334,582	179,907,022	25,427,560	14.13%
Year-to Date Net Income / (Loss)	1,862,425	25,427,560	(23,565,135)	-92.68%
<b>TOTAL NET WORTH</b>	<b>208,037,240</b>	<b>206,174,815</b>	<b>1,862,425</b>	<b>0.90%</b>
<b>TOTAL LIABILITIES AND NET WORTH</b>	<b>\$448,845,018</b>	<b>\$459,341,901</b>	<b>(\$10,496,884)</b>	<b>-2.29%</b>

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BALSHEET 2021

08/25/20  
**REPORT #3**

**ALAMEDA ALLIANCE FOR HEALTH  
CASH FLOW STATEMENT**

**FOR THE MONTH AND FISCAL YTD ENDED 7/31/2020**

	MONTH	3 MONTHS	6 MONTHS	YTD
<b>CASH FLOW STATEMENT:</b>				
<b>Cash Flows from Operating Activities:</b>				
Cash Received From:				
Capitation Received from State of CA	\$70,748,775	\$211,097,828	\$450,722,421	\$70,748,775
Commercial Premium Revenue	2,078,386	6,419,106	12,652,149	2,078,386
Other Income	409,791	1,546,640	3,035,527	409,791
Investment Income	129,240	481,971	1,572,036	129,240
Cash Paid To:				
Medical Expenses	(73,694,470)	(209,687,092)	(440,226,458)	(73,694,470)
Vendor & Employee Expenses	(5,323,650)	(22,654,202)	(40,710,343)	(5,323,650)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	(5,651,928)	(12,795,749)	(12,954,668)	(5,651,928)
<b>Cash Flows from Financing Activities:</b>				
Purchases of Fixed Assets	(159,892)	(769,376)	(1,125,753)	(159,892)
Net Cash Provided By (Used In) Financing Activities	(159,892)	(769,376)	(1,125,753)	(159,892)
<b>Cash Flows from Investing Activities:</b>				
Changes in Investments	0	0	0	0
Restricted Cash	(13,784,928)	(47,738,920)	55,886,603	(13,784,928)
Net Cash Provided By (Used In) Investing Activities	(13,784,928)	(47,738,920)	55,886,603	(13,784,928)
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
<b>Net Change in Cash</b>	<b>(19,596,748)</b>	<b>(61,304,045)</b>	<b>41,806,182</b>	<b>(19,596,748)</b>
<b>Cash @ Beginning of Period</b>	<b>279,675,086</b>	<b>321,382,382</b>	<b>218,272,155</b>	<b>279,675,086</b>
Subtotal	\$260,078,338	\$260,078,337	\$260,078,337	\$260,078,338
Rounding	0	1	1	0
<b>Cash @ End of Period</b>	<b>\$260,078,338</b>	<b>\$260,078,338</b>	<b>\$260,078,338</b>	<b>\$260,078,338</b>
<b>RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:</b>				
<b>Net Income / (Loss)</b>	<b>\$1,862,425</b>	<b>\$8,448,033</b>	<b>\$11,891,790</b>	<b>\$1,862,425</b>
Depreciation	193,672	585,262	1,136,863	193,672
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	(8,726,052)	(25,467,876)	(14,941,818)	(8,726,052)
Prepaid Expenses	(407,593)	943,863	446,869	(407,593)
Trade Payables	(515,427)	(1,286,877)	(6,121,168)	(515,427)
Claims payable & IBNP	(6,268,634)	(11,904,765)	(21,347,624)	(6,268,634)
Deferred Revenue	0	0	0	0
Accrued Interest	0	0	0	0
Other Liabilities	8,209,680	15,886,611	15,980,422	8,209,680
Subtotal	(5,651,929)	(12,795,749)	(12,954,666)	(5,651,929)
Rounding	1	0	(2)	1
<b>Cash Flows from Operating Activities</b>	<b>(\$5,651,928)</b>	<b>(\$12,795,749)</b>	<b>(\$12,954,668)</b>	<b>(\$5,651,928)</b>
Rounding Difference	1	0	(2)	1

**ALAMEDA ALLIANCE FOR HEALTH  
CASH FLOW STATEMENT**

**FOR THE MONTH AND FISCAL YTD ENDED 7/31/2020**

	MONTH	3 MONTHS	6 MONTHS	YTD
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>				
<b>Commercial Premium Cash Flows</b>				
Commercial Premium Revenue	\$2,078,386	\$6,419,106	\$12,652,149	\$2,078,386
Total	2,078,386	6,419,106	12,652,149	2,078,386
<b>Medi-Cal Premium Cash Flows</b>				
Medi-Cal Revenue	79,369,241	235,702,952	466,003,822	79,369,241
Allowance for Doubtful Accounts	0	0	0	0
Deferred Premium Revenue	0	0	0	0
Premium Receivable	(8,620,466)	(24,605,124)	(15,281,401)	(8,620,466)
Total	70,748,775	211,097,828	450,722,421	70,748,775
<b>Investment &amp; Other Income Cash Flows</b>				
Other Revenue (Grants)	409,791	1,546,640	3,035,527	409,791
Interest Income	129,832	455,229	1,522,815	129,832
Interest Receivable	(592)	26,742	49,221	(592)
Total	539,031	2,028,611	4,607,563	539,031
<b>Medical &amp; Hospital Cash Flows</b>				
Total Medical Expenses	(75,520,842)	(213,351,153)	(435,424,634)	(75,520,842)
Other Receivable	(104,994)	(889,494)	290,362	(104,994)
Claims Payable	1,050,554	(4,012,155)	(1,144,990)	1,050,554
IBNP Payable	(4,772,092)	(8,653,611)	(21,213,263)	(4,772,092)
Risk Share Payable	(2,547,095)	761,002	1,010,629	(2,547,095)
Health Program	8,200,000	16,458,320	16,255,438	8,200,000
Other Liabilities	(1)	(1)	0	(1)
Total	(73,694,470)	(209,687,092)	(440,226,458)	(73,694,470)
<b>Administrative Cash Flows</b>				
Total Administrative Expenses	(4,603,982)	(22,324,741)	(35,897,891)	(4,603,982)
Prepaid Expenses	(407,593)	(193,285)	(690,279)	(407,593)
CalPERS Pension Asset	0	940,521	940,521	0
CalPERS Deferred Outflow	0	196,627	196,627	0
Trade Accounts Payable	(515,427)	(1,286,877)	(6,121,168)	(515,427)
Other Accrued Liabilities	0	0	0	0
Payroll Liabilities	9,680	(571,709)	(275,016)	9,680
Depreciation Expense	193,672	585,262	1,136,863	193,672
Total	(5,323,650)	(22,654,202)	(40,710,343)	(5,323,650)
<b>Interest Paid</b>				
Debt Interest Expense	0	0	0	0
<b>Total Cash Flows from Operating Activities</b>	<b>(5,651,928)</b>	<b>(12,795,749)</b>	<b>(12,954,668)</b>	<b>(5,651,928)</b>



**ALAMEDA ALLIANCE FOR HEALTH  
CASH FLOW STATEMENT**

**FOR THE MONTH AND FISCAL YTD ENDED 7/31/2020**

	MONTH	3 MONTHS	6 MONTHS	YTD
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>				
<b>Restricted Cash &amp; Other Asset Cash Flows</b>				
Provider Pass-Thru-Liabilities	(13,784,928)	(47,738,920)	55,886,603	(13,784,928)
Restricted Cash	0	0	0	0
	(13,784,928)	(47,738,920)	55,886,603	(13,784,928)
<b>Fixed Asset Cash Flows</b>				
Depreciation expense	193,672	585,262	1,136,863	193,672
Fixed Asset Acquisitions	(159,892)	(769,376)	(1,125,753)	(159,892)
Change in A/D	(193,672)	(585,262)	(1,136,863)	(193,672)
	(159,892)	(769,376)	(1,125,753)	(159,892)
<b>Total Cash Flows from Investing Activities</b>	<b>(13,944,820)</b>	<b>(48,508,296)</b>	<b>54,760,850</b>	<b>(13,944,820)</b>
<b>Financing Cash Flows</b>				
Subordinated Debt Proceeds	0	0	0	0
<b>Total Cash Flows</b>	<b>(19,596,748)</b>	<b>(61,304,045)</b>	<b>41,806,182</b>	<b>(19,596,748)</b>
Rounding	0	1	1	0
<b>Cash @ Beginning of Period</b>	<b>279,675,086</b>	<b>321,382,382</b>	<b>218,272,155</b>	<b>279,675,086</b>
<b>Cash @ End of Period</b>	<b>\$260,078,338</b>	<b>\$260,078,338</b>	<b>\$260,078,338</b>	<b>\$260,078,338</b>
Difference (rounding)	0	0	0	0

**ALAMEDA ALLIANCE FOR HEALTH  
CASH FLOW STATEMENT**

**FOR THE MONTH AND FISCAL YTD ENDED 7/31/2020**

	MONTH	3 MONTHS	6 MONTHS	YTD
<b>NET INCOME RECONCILIATION</b>				
<b>Net Income / (Loss)</b>	\$1,862,425	\$8,448,033	\$11,891,790	\$1,862,425
<b>Add back: Depreciation</b>	193,672	585,262	1,136,863	193,672
<b>Receivables</b>				
Premiums Receivable	(8,620,466)	(24,605,124)	(15,281,401)	(8,620,466)
First Care Receivable	0	0	0	0
Family Care Receivable	0	0	0	0
Healthy Kids Receivable	0	0	0	0
Interest Receivable	(592)	26,742	49,221	(592)
Other Receivable	(104,994)	(889,494)	290,362	(104,994)
FQHC Receivable	0	0	0	0
Allowance for Doubtful Accounts	0	0	0	0
<b>Total</b>	<b>(8,726,052)</b>	<b>(25,467,876)</b>	<b>(14,941,818)</b>	<b>(8,726,052)</b>
<b>Prepaid Expenses</b>	(407,593)	943,863	446,869	(407,593)
<b>Trade Payables</b>	(515,427)	(1,286,877)	(6,121,168)	(515,427)
<b>Claims Payable, IBNR &amp; Risk Share</b>				
IBNP	(4,772,092)	(8,653,611)	(21,213,263)	(4,772,092)
Claims Payable	1,050,554	(4,012,155)	(1,144,990)	1,050,554
Risk Share Payable	(2,547,095)	761,002	1,010,629	(2,547,095)
Other Liabilities	(1)	(1)	0	(1)
<b>Total</b>	<b>(6,268,634)</b>	<b>(11,904,765)</b>	<b>(21,347,624)</b>	<b>(6,268,634)</b>
<b>Unearned Revenue</b>				
Total	0	0	0	0
<b>Other Liabilities</b>				
Accrued Expenses	0	0	0	0
Payroll Liabilities	9,680	(571,709)	(275,016)	9,680
Health Program	8,200,000	16,458,320	16,255,438	8,200,000
Accrued Sub Debt Interest	0	0	0	0
<b>Total Change in Other Liabilities</b>	<b>8,209,680</b>	<b>15,886,611</b>	<b>15,980,422</b>	<b>8,209,680</b>
<b>Cash Flows from Operating Activities</b>	<b>(\$5,651,929)</b>	<b>(\$12,795,749)</b>	<b>(\$12,954,666)</b>	<b>(\$5,651,929)</b>
Difference (rounding)	(1)	0	2	(1)

ALAMEDA ALLIANCE FOR HEALTH  
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS  
FOR THE CURRENT MONTH AND FISCAL YEAR-TO-DATE - JULY 2020

	Child	Adult*	Medi-Cal SPD*	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Enrollment	91,570	34,896	26,057	82,989	18,297	253,809	6,109	259,918
Net Revenue	\$10,862,772	\$10,638,279	\$25,310,542	\$29,949,421	\$3,018,750	\$79,779,764	\$2,078,386	\$81,858,149
Medical Expense	\$8,171,868	\$8,943,853	\$26,162,812	\$27,163,913	\$2,514,240	\$72,956,685	\$2,564,156	\$75,520,842
Gross Margin	\$2,690,904	\$1,694,426	(\$852,270)	\$2,785,508	\$504,510	\$6,823,078	(\$485,770)	\$6,337,309
Administrative Expense	\$353,273	\$605,151	\$1,584,081	\$1,704,624	\$135,556	\$4,382,684	\$182,147	\$4,564,832
Operating Income / (Expense)	\$2,337,631	\$1,089,275	(\$2,436,350)	\$1,080,884	\$368,955	\$2,440,394	(\$667,917)	\$1,772,476
Other Income / (Expense)	\$7,662	\$14,690	\$36,384	\$35,521	(\$5,690)	\$88,567	\$1,383	\$89,949
Net Income / (Loss)	\$2,345,294	\$1,103,965	(\$2,399,967)	\$1,116,405	\$363,265	\$2,528,961	(\$666,534)	\$1,862,425
Revenue PMPM	\$118.63	\$304.86	\$971.35	\$360.88	\$164.99	\$314.33	\$340.22	\$314.94
Medical Expense PMPM	\$89.24	\$256.30	\$1,004.06	\$327.32	\$137.41	\$287.45	\$419.73	\$290.56
Gross Margin PMPM	\$29.39	\$48.56	(\$32.71)	\$33.56	\$27.57	\$26.88	(\$79.52)	\$24.38
Administrative Expense PMPM	\$3.86	\$17.34	\$60.79	\$20.54	\$7.41	\$17.27	\$29.82	\$17.56
Operating Income / (Expense) PMPM	\$25.53	\$31.21	(\$93.50)	\$13.02	\$20.16	\$9.62	(\$109.33)	\$6.82
Other Income / (Expense) PMPM	\$0.08	\$0.42	\$1.40	\$0.43	(\$0.31)	\$0.35	\$0.23	\$0.35
Net Income / (Loss) PMPM	\$25.61	\$31.64	(\$92.10)	\$13.45	\$19.85	\$9.96	(\$109.11)	\$7.17
Medical Loss Ratio	75.2%	84.1%	103.4%	90.7%	83.3%	91.4%	123.4%	92.3%
Gross Margin Ratio	24.8%	15.9%	-3.4%	9.3%	16.7%	8.6%	-23.4%	7.7%
Administrative Expense Ratio	3.3%	5.7%	6.3%	5.7%	4.5%	5.5%	8.8%	5.6%
Net Income Ratio	21.6%	10.4%	-9.5%	3.7%	12.0%	3.2%	-32.1%	2.3%

\*NOTE: Effective July 2020 BCCTP moved from ADULTS to SPD COA

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

CURRENT MONTH				Account Description	FISCAL YEAR TO DATE			
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)		Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
ADMINISTRATIVE EXPENSE SUMMARY								
\$2,511,278	\$2,535,170	\$23,892	0.9%	Personnel Expenses	\$2,511,278	\$2,535,170	\$23,892	0.9%
638,503	617,660	(20,843)	(3.4%)	Benefits Administration Expense	638,503	617,660	(20,843)	(3.4%)
561,262	1,101,152	539,890	49.0%	Purchased & Professional Services	561,262	1,101,152	539,890	49.0%
378,178	469,810	91,632	19.5%	Occupancy	378,178	469,810	91,632	19.5%
44,841	3,563,970	3,519,129	98.7%	Printing Postage & Promotion	44,841	3,563,970	3,519,129	98.7%
422,753	536,063	113,310	21.1%	Licenses Insurance & Fees	422,753	536,063	113,310	21.1%
8,016	22,534	14,517	64.4%	Supplies & Other Expenses	8,016	22,534	14,517	64.4%
2,053,553	6,311,188	4,257,635	67.5%	Total Other Administrative Expense	2,053,553	6,311,188	4,257,635	67.5%
\$4,564,832	\$8,846,359	\$4,281,527	48.4%	Total Administrative Expenses	\$4,564,832	\$8,846,359	\$4,281,527	48.4%

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ADMIN YTD 2021  
08/25/20  
**REPORT #6**

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

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
Personnel Expenses								
\$1,665,395	\$1,579,369	(\$86,025)	(5.4%)	Salaries & Wages	\$1,665,395	\$1,579,369	(\$86,025)	(5.4%)
156,233	162,931	6,698	4.1%	Paid Time Off	156,233	162,931	6,698	4.1%
466	0	(466)	0.0%	Incentives	466	0	(466)	0.0%
27,032	75,162	48,129	64.0%	Payroll Taxes	27,032	75,162	48,129	64.0%
24,254	8,302	(15,952)	(192.1%)	Overtime	24,254	8,302	(15,952)	(192.1%)
134,680	133,129	(1,551)	(1.2%)	CalPERS ER Match	134,680	133,129	(1,551)	(1.2%)
2,343	0	(2,343)	0.0%	Sick Leave Pay	2,343	0	(2,343)	0.0%
416,278	458,777	42,499	9.3%	Employee Benefits	416,278	458,777	42,499	9.3%
(25)	0	25	0.0%	Personal Floating Holiday	(25)	0	25	0.0%
120	13,393	13,273	99.1%	Employee Relations	120	13,393	13,273	99.1%
29	3,703	3,674	99.2%	Transportation Reimbursement	29	3,703	3,674	99.2%
0	11,157	11,157	100.0%	Travel & Lodging	0	11,157	11,157	100.0%
35,520	34,440	(1,080)	(3.1%)	Temporary Help Services	35,520	34,440	(1,080)	(3.1%)
8,576	42,509	33,933	79.8%	Staff Development/Training	8,576	42,509	33,933	79.8%
40,377	12,298	(28,079)	(228.3%)	Staff Recruitment/Advertising	40,377	12,298	(28,079)	(228.3%)
2,511,278	2,535,170	23,892	0.9%	Total Employee Expenses	2,511,278	2,535,170	23,892	0.9%
Benefit Administration Expense								
392,443	374,399	(18,044)	(4.8%)	RX Administration Expense	392,443	374,399	(18,044)	(4.8%)
230,304	226,758	(3,546)	(1.6%)	Behavioral Hlth Administration Fees	230,304	226,758	(3,546)	(1.6%)
15,756	16,504	747	4.5%	Telemedicine Admin Fees	15,756	16,504	747	4.5%
638,503	617,660	(20,843)	(3.4%)	Total Employee Expenses	638,503	617,660	(20,843)	(3.4%)
Purchased & Professional Services								
119,659	355,883	236,225	66.4%	Consulting Services	119,659	355,883	236,225	66.4%
211,502	508,313	296,811	58.4%	Computer Support Services	211,502	508,313	296,811	58.4%
8,750	8,750	0	0.0%	Professional Fees-Accounting	8,750	8,750	0	0.0%
0	100	100	100.0%	Professional Fees-Medical	0	100	100	100.0%
21,024	113,918	92,895	81.5%	Other Purchased Services	21,024	113,918	92,895	81.5%
3,784	9,200	5,416	58.9%	Maint.& Repair-Office Equipment	3,784	9,200	5,416	58.9%
47,587	8,050	(39,537)	(491.1%)	HMS Recovery Fees	47,587	8,050	(39,537)	(491.1%)
0	242	242	100.0%	MIS Software (Non-Capital)	0	242	242	100.0%
(8,028)	4,000	12,028	300.7%	Hardware (Non-Capital)	(8,028)	4,000	12,028	300.7%
6,876	7,695	819	10.6%	Provider Relations-Credentialing	6,876	7,695	819	10.6%
150,108	85,000	(65,108)	(76.6%)	Legal Fees	150,108	85,000	(65,108)	(76.6%)
561,262	1,101,152	539,890	49.0%	Total Purchased & Professional Services	561,262	1,101,152	539,890	49.0%
Occupancy								
167,565	156,500	(11,064)	(7.1%)	Depreciation	167,565	156,500	(11,064)	(7.1%)
26,107	26,107	0	0.0%	Amortization	26,107	26,107	0	0.0%
67,855	69,568	1,713	2.5%	Building Lease	67,855	69,568	1,713	2.5%
2,780	2,513	(267)	(10.6%)	Leased and Rented Office Equipment	2,780	2,513	(267)	(10.6%)
12,601	15,715	3,114	19.8%	Utilities	12,601	15,715	3,114	19.8%
90,461	76,900	(13,561)	(17.6%)	Telephone	90,461	76,900	(13,561)	(17.6%)
10,809	122,506	111,697	91.2%	Building Maintenance	10,809	122,506	111,697	91.2%
378,178	469,810	91,632	19.5%	Total Occupancy	378,178	469,810	91,632	19.5%

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ADMIN YTD 2021  
08/25/20  
**REPORT #6**

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

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
				<b>Printing Postage &amp; Promotion</b>				
\$7,667	\$37,325	\$29,659	79.5%	Postage	\$7,667	\$37,325	\$29,659	79.5%
340	12,750	12,410	97.3%	Design & Layout	340	12,750	12,410	97.3%
12,784	40,400	27,616	68.4%	Printing Services	12,784	40,400	27,616	68.4%
548	4,620	4,072	88.1%	Mailing Services	548	4,620	4,072	88.1%
2,471	2,383	(88)	(3.7%)	Courier/Delivery Service	2,471	2,383	(88)	(3.7%)
(7)	808	815	100.8%	Pre-Printed Materials and Publications	(7)	808	815	100.8%
0	50	50	100.0%	Promotional Services	0	50	50	100.0%
15,901	3,459,333	3,443,432	99.5%	Community Relations	15,901	3,459,333	3,443,432	99.5%
5,137	6,300	1,163	18.5%	Translation - Non-Clinical	5,137	6,300	1,163	18.5%
<b>44,841</b>	<b>3,563,970</b>	<b>3,519,129</b>	<b>98.7%</b>	<b>Total Printing Postage &amp; Promotion</b>	<b>44,841</b>	<b>3,563,970</b>	<b>3,519,129</b>	<b>98.7%</b>
				<b>Licenses Insurance &amp; Fees</b>				
19,034	19,100	66	0.3%	Bank Fees	19,034	19,100	66	0.3%
53,007	52,100	(906)	(1.7%)	Insurance	53,007	52,100	(906)	(1.7%)
296,606	389,344	92,738	23.8%	Licenses, Permits and Fees	296,606	389,344	92,738	23.8%
54,106	75,518	21,413	28.4%	Subscriptions & Dues	54,106	75,518	21,413	28.4%
<b>422,753</b>	<b>536,063</b>	<b>113,310</b>	<b>21.1%</b>	<b>Total Licenses Insurance &amp; Postage</b>	<b>422,753</b>	<b>536,063</b>	<b>113,310</b>	<b>21.1%</b>
				<b>Supplies &amp; Other Expenses</b>				
750	8,254	7,504	90.9%	Office and Other Supplies	750	8,254	7,504	90.9%
154	2,695	2,541	94.3%	Ergonomic Supplies	154	2,695	2,541	94.3%
1,079	8,085	7,006	86.7%	Commissary-Food & Beverage	1,079	8,085	7,006	86.7%
4,850	3,500	(1,350)	(38.6%)	Member Incentive Expense	4,850	3,500	(1,350)	(38.6%)
888	0	(888)	0.0%	Covid-19 IT Expenses	888	0	(888)	0.0%
296	0	(296)	0.0%	Covid-19 Non IT Expenses	296	0	(296)	0.0%
<b>8,016</b>	<b>22,534</b>	<b>14,517</b>	<b>64.4%</b>	<b>Total Supplies &amp; Other Expense</b>	<b>8,016</b>	<b>22,534</b>	<b>14,517</b>	<b>64.4%</b>
<b>\$4,564,832</b>	<b>\$8,846,359</b>	<b>\$4,281,527</b>	<b>48.4%</b>	<b>TOTAL ADMINISTRATIVE EXPENSE</b>	<b>\$4,564,832</b>	<b>\$8,846,359</b>	<b>\$4,281,527</b>	<b>48.4%</b>

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ADMIN YTD 2021  
08/25/20  
**REPORT #6**

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

		Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	\$ Variance Fav/(Unf.)
<b>1. Hardware:</b>							
	Computer Equipment (Laptop, Desktop, Tablets)	IT-FY21-01	\$ -		\$ -	\$ 300,000	\$ 300,000
	Display Monitors	IT-FY21-02	\$ -	\$ 30,302	\$ 30,302	\$ 40,000	\$ 9,698
	Cisco Phones (Desk phone, Conference phone)	IT-FY21-03	\$ -		\$ -	\$ 30,000	\$ 30,000
	Audio / Video Equipment	IT-FY21-04	\$ -		\$ -	\$ 60,000	\$ 60,000
	APC UPS Batteries	IT-FY21-05	\$ -		\$ -	\$ 20,000	\$ 20,000
	IT Cage Supplies and Tools	IT-FY21-06	\$ -		\$ -	\$ 10,000	\$ 10,000
	Cisco Network Hardware (Switches, Routers, Firewalls, Wireless)	IT-FY21-07	\$ -		\$ -	\$ 350,000	\$ 350,000
	Cisco UCS Blade RAM	IT-FY21-08	\$ -		\$ -	\$ 140,000	\$ 140,000
	Pure Storage Shelf	IT-FY21-09	\$ -		\$ -	\$ 250,000	\$ 250,000
	Security Hardware	IT-FY21-10	\$ -		\$ -	\$ 80,000	\$ 80,000
	Call Center Hardware	IT-FY21-11	\$ -		\$ -	\$ 40,000	\$ 40,000
	Computer Components (Memory, Hard drives)	IT-FY21-16	\$ -		\$ -	\$ 15,000	\$ 15,000
	Computer Peripherals (Keyboards, Mouse, Speakers, Docks, Headsets)	IT-FY21-17	\$ -		\$ -	\$ 30,000	\$ 30,000
	Network / AV Cabling	IT-FY21-18	\$ -		\$ -	\$ 250,000	\$ 250,000
	Carryover from FY20 / unplanned	IT-FY21-19	\$ -	\$ 112,974	\$ 112,974	\$ -	\$ (112,974)
	<b>Hardware Subtotal</b>		<b>\$ -</b>	<b>\$ 143,276</b>	<b>\$ 143,276</b>	<b>\$ 1,615,000</b>	<b>\$ 1,471,724</b>
<b>2. Software:</b>							
	Security Software (SIEM Tool)	AC-FY21-01	\$ -		\$ -	\$ -	\$ -
	Monitoring Software	AC-FY21-02	\$ -		\$ -	\$ 60,000	\$ 60,000
	Windows Server OS (3rd payment)	AC-FY21-03	\$ -		\$ -	\$ 80,000	\$ 80,000
	Carryover from FY20 / unplanned	AC-FY21-05	\$ -	\$ 16,616	\$ 16,616	\$ -	\$ (16,616)
	<b>Software Subtotal</b>		<b>\$ -</b>	<b>\$ 16,616</b>	<b>\$ 16,616</b>	<b>\$ 140,000</b>	<b>\$ 123,384</b>
<b>3. Building Improvement:</b>							
	Appliances over 1k new/replacement (all buildings/suites)	FA-FY21-01	\$ -		\$ -	\$ 5,000	\$ 5,000
	ACME Security: Readers, HID boxes, Cameras, Doors (planned/unplanned Maintenance repairs)	FA-FY21-02	\$ -		\$ -	\$ 50,000	\$ 50,000
	Seismic Improvements (Carryover from FY20)	FA-FY21-03	\$ -		\$ -	\$ 150,000	\$ 150,000
	HVAC: Replace VAV boxes, duct work, replace old equipment	FA-FY21-04	\$ -		\$ -	\$ 65,000	\$ 65,000
	Electrical work for projects, workstations requirement	FA-FY21-05	\$ -		\$ -	\$ 20,000	\$ 20,000
	Construction work for various projects	FA-FY21-06	\$ -		\$ -	\$ 20,000	\$ 20,000
	<b>Building Improvement Subtotal</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 310,000</b>	<b>\$ 310,000</b>

	Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	\$ Variance Fav/(Unf.)
<b>4. Furniture &amp; Equipment:</b>						
Office desks, cabinets, shelvings (all building/suites: new or replacement)	FA-FY21-19	\$ -		\$ -	\$ 100,000	\$ 100,000
Ergonomic Equipment - Sit/Stand desks	FA-FY21-20	\$ -		\$ -	\$ 40,000	\$ 40,000
Task Chairs: Various sizes, special order for Ergo/WC	FA-FY21-21	\$ -		\$ -	\$ 50,000	\$ 50,000
Replace, reconfigure, re-design workstations	FA-FY21-22	\$ -		\$ -	\$ 150,000	\$ 150,000
<b>Furniture &amp; Equipment Subtotal</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 340,000</b>	<b>\$ 340,000</b>
<b>5. Leasehold Improvement:</b>						
Electrical work for projects, workstations requirement	FA-FY21-26	\$ -		\$ -	\$ 50,000	\$ 50,000
<b>Leasehold Improvement Subtotal</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 50,000</b>	<b>\$ 50,000</b>
<b>6. Contingency:</b>						
Carryover from FY20 / Unplanned/ Contingency	FA-FY21-28	\$ -		\$ -	\$ -	\$ -
<b>Contingency Subtotal</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>GRAND TOTAL</b>		<b>\$ -</b>	<b>\$ 159,892</b>	<b>\$ 159,892</b>	<b>\$ 2,455,000</b>	<b>\$ 2,295,108</b>
<b>7. Reconciliation to Balance Sheet:</b>						
Fixed Assets @ Cost -7/31/20				\$ 42,383,849		
Fixed Assets @ Cost - 6/30/20				\$ 42,223,957		
<b>Fixed Assets Acquired YTD</b>				<b>\$ 159,892</b>		



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

**TANGIBLE NET EQUITY (TNE)**

	<b>Jul-20</b>
Current Month Net Income / (Loss)	\$1,862,425
YTD Net Income / (Loss)	\$1,862,425
<b>Actual TNE</b>	
Net Assets	\$208,037,240
Subordinated Debt & Interest	\$0
<b>Total Actual TNE</b>	<b>\$208,037,240</b>
Increase/(Decrease) in Actual TNE	\$1,862,425
<b>Required TNE<sup>(1)</sup></b>	<b>\$32,152,830</b>
Min. Req'd to Avoid Monthly Reporting (130% of Required TNE)	\$41,798,679
TNE Excess / (Deficiency)	\$175,884,410
<b>Actual TNE as a Multiple of Required</b>	<b>6.47</b>

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

**LIQUID TANGIBLE NET EQUITY**

Net Assets	\$208,037,240
Fixed Assets at Net Book Value	9,978,158
CD Pledged to DMHC	350,000
<b>Liquid TNE (Liquid Reserves)</b>	<b>\$218,365,398</b>
<b>Liquid TNE as Multiple of Required</b>	<b>6.79</b>

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

<b>Page 1</b>	Actual Enrollment by Plan & Category of Aid
<b>Page 2</b>	Actual Delegated Enrollment Detail

	Actual Jul-20	Actual Aug-20	Actual Sep-20	Actual Oct-20	Actual Nov-20	Actual Dec-20	Actual Jan-21	Actual Feb-21	Actual Mar-21	Actual Apr-21	Actual May-21	Actual Jun-21	YTD Member Months
<b>Enrollment by Plan &amp; Aid Category:</b>													
Medi-Cal Program:													
Child	91,570												91,570
Adult	34,896												34,896
SPD	26,057												26,057
ACA OE	82,989												82,989
Duals	18,297												18,297
Medi-Cal Program	253,809												253,809
Group Care Program	6,109												6,109
<b>Total</b>	<b>259,918</b>												<b>259,918</b>

<b>Month Over Month Enrollment Change:</b>													
Medi-Cal Monthly Change													
Child	825												825
Adult	809												809
SPD	(54)												(54)
ACA OE	1,693												1,693
Duals	228												228
Medi-Cal Program	3,501												3,501
Group Care Program	(328)												(328)
<b>Total</b>	<b>3,173</b>												<b>3,173</b>

<b>Enrollment Percentages:</b>													
Medi-Cal Program:													
Child % of Medi-Cal	36.1%												36.1%
Adult % of Medi-Cal	13.7%												13.7%
SPD % of Medi-Cal	10.3%												10.3%
ACA OE % of Medi-Cal	32.7%												32.7%
Duals % of Medi-Cal	7.2%												7.2%
Medi-Cal Program % of Total	97.6%												97.6%
Group Care Program % of Total	2.4%												2.4%
<b>Total</b>	<b>100.0%</b>												<b>100.0%</b>

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

<b>Page 1</b>	Actual Enrollment by Plan & Category of Aid
<b>Page 2</b>	Actual Delegated Enrollment Detail

	Actual Jul-20	Actual Aug-20	Actual Sep-20	Actual Oct-20	Actual Nov-20	Actual Dec-20	Actual Jan-21	Actual Feb-21	Actual Mar-21	Actual Apr-21	Actual May-21	Actual Jun-21	YTD Member Months
<b>Current Direct/Delegate Enrollment:</b>													
Directly-Contracted													
Directly Contracted (DCP)	50,199												50,199
Alameda Health System	50,193												50,193
	100,392												100,392
Delegated:													
CFMG	30,742												30,742
CHCN	94,144												94,144
Kaiser	34,640												34,640
Delegated Subtotal	159,526												159,526
<b>Total</b>	<b>259,918</b>												<b>259,918</b>
<b>Direct/Delegate Month Over Month Enrollment Change:</b>													
Directly-Contracted	1,402												1,402
Delegated:													
CFMG	317												317
CHCN	752												752
Kaiser	702												702
Delegated Subtotal	1,771												1,771
<b>Total</b>	<b>3,173</b>												<b>3,173</b>
<b>Direct/Delegate Enrollment Percentages:</b>													
Directly-Contracted	38.6%												38.6%
Delegated:													
CFMG	11.8%												11.8%
CHCN	36.2%												36.2%
Kaiser	13.3%												13.3%
Delegated Subtotal	61.4%												61.4%
<b>Total</b>	<b>100.0%</b>												<b>100.0%</b>

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

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
				<b>CAPITATED MEDICAL EXPENSES:</b>				
\$1,725,508	\$1,741,065	\$15,557	0.9%	PCP-Capitation	\$1,725,508	\$1,741,065	\$15,557	0.9%
2,716,699	2,766,403	49,704	1.8%	PCP-Capitation - FQHC	2,716,699	2,766,403	49,704	1.8%
268,046	275,376	7,330	2.7%	Specialty-Capitation	268,046	275,376	7,330	2.7%
2,768,129	2,812,447	44,318	1.6%	Specialty-Capitation FQHC	2,768,129	2,812,447	44,318	1.6%
262,935	265,818	2,883	1.1%	Laboratory-Capitation	262,935	265,818	2,883	1.1%
367,797	1,007,866	640,069	63.5%	Transportation (Ambulance)-Cap	367,797	1,007,866	640,069	63.5%
195,362	249,796	54,434	21.8%	Vision Cap	195,362	249,796	54,434	21.8%
77,966	80,043	2,077	2.6%	CFMG Capitation	77,966	80,043	2,077	2.6%
140,824	143,241	2,417	1.7%	Anc IPA Admin Capitation FQHC	140,824	143,241	2,417	1.7%
7,345,335	7,199,796	(145,539)	(2.0%)	Kaiser Capitation	7,345,335	7,199,796	(145,539)	(2.0%)
655,217	608,273	(46,944)	(7.7%)	BHT Supplemental Expense	655,217	608,273	(46,944)	(7.7%)
20,504	10,953	(9,551)	(87.2%)	Hep-C Supplemental Expense	20,504	10,953	(9,551)	(87.2%)
0	348,708	348,708	100.0%	Maternity Supplemental Expense	0	348,708	348,708	100.0%
503,166	549,254	46,088	8.4%	DME - Cap	503,166	549,254	46,088	8.4%
<b>17,047,488</b>	<b>18,059,039</b>	<b>1,011,551</b>	<b>5.6%</b>	<b>5-TOTAL CAPITATED EXPENSES</b>	<b>17,047,488</b>	<b>18,059,039</b>	<b>1,011,551</b>	<b>5.6%</b>
				<b>FEE FOR SERVICE MEDICAL EXPENSES:</b>				
(1,383,457)	0	1,383,457	0.0%	IBNP-Inpatient Services	(1,383,457)	0	1,383,457	0.0%
(41,503)	0	41,503	0.0%	IBNP-Settlement (IP)	(41,503)	0	41,503	0.0%
(110,676)	0	110,676	0.0%	IBNP-Claims Fluctuation (IP)	(110,676)	0	110,676	0.0%
20,198,147	21,526,219	1,328,072	6.2%	Inpatient Hospitalization-FFS	20,198,147	21,526,219	1,328,072	6.2%
1,253,435	0	(1,253,435)	0.0%	IP OB - Mom & NB	1,253,435	0	(1,253,435)	0.0%
140,810	0	(140,810)	0.0%	IP Behavioral Health	140,810	0	(140,810)	0.0%
1,038,390	1,098,018	59,628	5.4%	IP - Long Term Care	1,038,390	1,098,018	59,628	5.4%
1,047,195	0	(1,047,195)	0.0%	IP - Facility Rehab FFS	1,047,195	0	(1,047,195)	0.0%
<b>22,142,341</b>	<b>22,624,237</b>	<b>481,896</b>	<b>2.1%</b>	<b>6-Inpatient Hospital &amp; SNF FFS Expense</b>	<b>22,142,341</b>	<b>22,624,237</b>	<b>481,896</b>	<b>2.1%</b>
(94,552)	0	94,552	0.0%	IBNP-PCP	(94,552)	0	94,552	0.0%
(2,837)	0	2,837	0.0%	IBNP-Settlement (PCP)	(2,837)	0	2,837	0.0%
(7,563)	0	7,563	0.0%	IBNP-Claims Fluctuation (PCP)	(7,563)	0	7,563	0.0%
1,050	0	(1,050)	0.0%	Telemedicine FFS	1,050	0	(1,050)	0.0%
1,234,006	1,142,436	(91,570)	(8.0%)	Primary Care Non-Contracted FF	1,234,006	1,142,436	(91,570)	(8.0%)
48,564	71,904	23,340	32.5%	PCP FQHC FFS	48,564	71,904	23,340	32.5%
1,656,535	47,909	(1,608,626)	(3,357.7%)	Prop 56 Direct Payment Expenses	1,656,535	47,909	(1,608,626)	(3,357.7%)
71,459	0	(71,459)	0.0%	Prop 56-Trauma Expense	71,459	0	(71,459)	0.0%
96,359	0	(96,359)	0.0%	Prop 56-Dev. Screening Exp.	96,359	0	(96,359)	0.0%
545,092	0	(545,092)	0.0%	Prop 56-Fam. Planning Exp.	545,092	0	(545,092)	0.0%
491,512	0	(491,512)	0.0%	Prop 56-Value Based Purchasing	491,512	0	(491,512)	0.0%
<b>4,039,626</b>	<b>1,262,249</b>	<b>(2,777,377)</b>	<b>(220.0%)</b>	<b>7-Primary Care Physician FFS Expense</b>	<b>4,039,626</b>	<b>1,262,249</b>	<b>(2,777,377)</b>	<b>(220.0%)</b>
(361,991)	0	361,991	0.0%	IBNP-Specialist	(361,991)	0	361,991	0.0%
2,048,602	0	(2,048,602)	0.0%	Specialty Care-FFS	2,048,602	0	(2,048,602)	0.0%
198,108	0	(198,108)	0.0%	Anesthesiology - FFS	198,108	0	(198,108)	0.0%
708,666	0	(708,666)	0.0%	Spec Rad Therapy - FFS	708,666	0	(708,666)	0.0%
143,182	0	(143,182)	0.0%	Obstetrics-FFS	143,182	0	(143,182)	0.0%
275,742	0	(275,742)	0.0%	Spec IP Surgery - FFS	275,742	0	(275,742)	0.0%
448,935	0	(448,935)	0.0%	Spec OP Surgery - FFS	448,935	0	(448,935)	0.0%
453,348	3,870,476	3,417,128	88.3%	Spec IP Physician	453,348	3,870,476	3,417,128	88.3%
37,202	97,591	60,389	61.9%	SCP FQHC FFS	37,202	97,591	60,389	61.9%
(10,860)	0	10,860	0.0%	IBNP-Settlement (SCP)	(10,860)	0	10,860	0.0%
(28,960)	0	28,960	0.0%	IBNP-Claims Fluctuation (SCP)	(28,960)	0	28,960	0.0%
<b>3,911,974</b>	<b>3,968,067</b>	<b>56,094</b>	<b>1.4%</b>	<b>8-Specialty Care Physician Expense</b>	<b>3,911,974</b>	<b>3,968,067</b>	<b>56,094</b>	<b>1.4%</b>
(265,489)	0	265,489	0.0%	IBNP-Ancillary	(265,489)	0	265,489	0.0%
(7,964)	0	7,964	0.0%	IBNP Settlement (ANC)	(7,964)	0	7,964	0.0%
(21,237)	0	21,237	0.0%	IBNP Claims Fluctuation (ANC)	(21,237)	0	21,237	0.0%
194,313	0	(194,313)	0.0%	Acupuncture/Biofeedback	194,313	0	(194,313)	0.0%
51,714	0	(51,714)	0.0%	Hearing Devices	51,714	0	(51,714)	0.0%
33,705	0	(33,705)	0.0%	Imaging/MRI/CT Global	33,705	0	(33,705)	0.0%
31,930	0	(31,930)	0.0%	Vision FFS	31,930	0	(31,930)	0.0%
17,905	0	(17,905)	0.0%	Family Planning	17,905	0	(17,905)	0.0%
261,226	0	(261,226)	0.0%	Laboratory-FFS	261,226	0	(261,226)	0.0%
89,150	0	(89,150)	0.0%	ANC Therapist	89,150	0	(89,150)	0.0%
362,857	0	(362,857)	0.0%	Transportation (Ambulance)-FFS	362,857	0	(362,857)	0.0%
71,172	0	(71,172)	0.0%	Transportation (Other)-FFS	71,172	0	(71,172)	0.0%

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MED FFS CAP 20v2

08/25/20  
**REPORT #8A**

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

CURRENT MONTH					FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	
\$610,329	\$0	(\$610,329)	0.0%	Hospice	\$610,329	\$0	(\$610,329)	0.0%	
747,572	0	(747,572)	0.0%	Home Health Services	747,572	0	(747,572)	0.0%	
0	2,689,306	2,689,306	100.0%	Other Medical-FFS	0	2,689,306	2,689,306	100.0%	
(111,723)	0	111,723	0.0%	HMS Medical Refunds	(111,723)	0	111,723	0.0%	
306,415	0	(306,415)	0.0%	DME & Medical Supplies	306,415	0	(306,415)	0.0%	
537,347	519,878	(17,469)	(3.4%)	GEMT Direct Payment Expense	537,347	519,878	(17,469)	(3.4%)	
238,987	0	(238,987)	0.0%	Community Based Adult Services (CBAS)	238,987	0	(238,987)	0.0%	
<b>3,148,210</b>	<b>3,209,184</b>	<b>60,974</b>	<b>1.9%</b>	<b>9-Ancillary Medical Expense</b>	<b>3,148,210</b>	<b>3,209,184</b>	<b>60,974</b>	<b>1.9%</b>	
(1,132,474)	0	1,132,474	0.0%	IBNP-Outpatient	(1,132,474)	0	1,132,474	0.0%	
(33,976)	0	33,976	0.0%	IBNP Settlement (OP)	(33,976)	0	33,976	0.0%	
(90,598)	0	90,598	0.0%	IBNP Claims Fluctuation (OP)	(90,598)	0	90,598	0.0%	
1,036,551	7,491,692	6,455,142	86.2%	Out-Patient FFS	1,036,551	7,491,692	6,455,142	86.2%	
1,148,662	0	(1,148,662)	0.0%	OP Ambul Surgery - FFS	1,148,662	0	(1,148,662)	0.0%	
925,154	0	(925,154)	0.0%	OP Fac Imaging Services-FFS	925,154	0	(925,154)	0.0%	
2,075,296	0	(2,075,296)	0.0%	Behav Health - FFS	2,075,296	0	(2,075,296)	0.0%	
347,617	0	(347,617)	0.0%	OP Facility - Lab FFS	347,617	0	(347,617)	0.0%	
77,051	0	(77,051)	0.0%	OP Facility - Cardio FFS	77,051	0	(77,051)	0.0%	
22,140	0	(22,140)	0.0%	OP Facility - PT/OT/ST FFS	22,140	0	(22,140)	0.0%	
1,731,080	0	(1,731,080)	0.0%	OP Facility - Dialysis FFS	1,731,080	0	(1,731,080)	0.0%	
<b>6,106,503</b>	<b>7,491,692</b>	<b>1,385,189</b>	<b>18.5%</b>	<b>10-Outpatient Medical Expense Medical Expense</b>	<b>6,106,503</b>	<b>7,491,692</b>	<b>1,385,189</b>	<b>18.5%</b>	
(460,089)	0	460,089	0.0%	IBNP-Emergency	(460,089)	0	460,089	0.0%	
(13,800)	0	13,800	0.0%	IBNP Settlement (ER)	(13,800)	0	13,800	0.0%	
(36,808)	0	36,808	0.0%	IBNP Claims Fluctuation (ER)	(36,808)	0	36,808	0.0%	
575,238	3,225,129	(575,238)	0.0%	Special ER Physician-FFS	575,238	3,225,129	(575,238)	0.0%	
3,147,455	3,225,129	77,674	2.4%	ER-Facility	3,147,455	3,225,129	77,674	2.4%	
<b>3,211,995</b>	<b>3,225,129</b>	<b>13,134</b>	<b>0.4%</b>	<b>11-Emergency Expense</b>	<b>3,211,995</b>	<b>3,225,129</b>	<b>13,134</b>	<b>0.4%</b>	
(601,134)	0	601,134	0.0%	IBNP-Pharmacy	(601,134)	0	601,134	0.0%	
(18,034)	0	18,034	0.0%	IBNP Settlement (RX)	(18,034)	0	18,034	0.0%	
(48,090)	0	48,090	0.0%	IBNP Claims Fluctuation (RX)	(48,090)	0	48,090	0.0%	
4,456,697	3,762,015	(694,682)	(18.5%)	RX - Non-PBM FFS	4,456,697	3,762,015	(694,682)	(18.5%)	
10,605,873	10,054,951	(550,922)	(5.5%)	Pharmacy-FFS	10,605,873	10,054,951	(550,922)	(5.5%)	
(15,897)	0	15,897	0.0%	HMS RX Refunds	(15,897)	0	15,897	0.0%	
(493,608)	(493,609)	(1)	0.0%	Pharmacy-Rebate	(493,608)	(493,609)	(1)	0.0%	
<b>13,885,807</b>	<b>13,323,357</b>	<b>(562,450)</b>	<b>(4.2%)</b>	<b>12-Pharmacy Expense</b>	<b>13,885,807</b>	<b>13,323,357</b>	<b>(562,450)</b>	<b>(4.2%)</b>	
<b>56,446,454</b>	<b>55,103,915</b>	<b>(1,342,539)</b>	<b>(2.4%)</b>	<b>13-TOTAL FFS MEDICAL EXPENSES</b>	<b>56,446,454</b>	<b>55,103,915</b>	<b>(1,342,539)</b>	<b>(2.4%)</b>	
0	(66,809)	(66,809)	100.0%	Clinical Vacancy	0	(66,809)	(66,809)	100.0%	
62,611	100,538	37,927	37.7%	Quality Analytics	62,611	100,538	37,927	37.7%	
332,431	488,030	155,599	31.9%	Health Plan Services Department Total	332,431	488,030	155,599	31.9%	
703,140	721,155	18,015	2.5%	Case & Disease Management Department Total	703,140	721,155	18,015	2.5%	
165,349	189,441	24,092	12.7%	Medical Services Department Total	165,349	189,441	24,092	12.7%	
413,840	586,153	172,313	29.4%	Quality Management Department Total	413,840	586,153	172,313	29.4%	
134,136	133,245	(891)	(0.7%)	Pharmacy Services Department Total	134,136	133,245	(891)	(0.7%)	
26,770	39,039	12,270	31.4%	Regulatory Readiness Total	26,770	39,039	12,270	31.4%	
<b>1,838,277</b>	<b>2,190,793</b>	<b>352,516</b>	<b>16.1%</b>	<b>14-Other Benefits &amp; Services</b>	<b>1,838,277</b>	<b>2,190,793</b>	<b>352,516</b>	<b>16.1%</b>	
(324,422)	(324,422)	0	0.0%	Reinsurance Expense	(324,422)	(324,422)	0	0.0%	
429,712	477,083	47,371	9.9%	Reinsurance Recoveries	429,712	477,083	47,371	9.9%	
<b>105,290</b>	<b>152,661</b>	<b>47,371</b>	<b>31.0%</b>	<b>15-Reinsurance Expense</b>	<b>105,290</b>	<b>152,661</b>	<b>47,371</b>	<b>31.0%</b>	
83,333	83,332	(1)	0.0%	Preventive Health Services	83,333	83,332	(1)	0.0%	
<b>83,333</b>	<b>83,332</b>	<b>(1)</b>	<b>0.0%</b>	<b>16-Risk Pool Distribution</b>	<b>83,333</b>	<b>83,332</b>	<b>(1)</b>	<b>0.0%</b>	
<b>75,520,842</b>	<b>75,589,740</b>	<b>68,898</b>	<b>0.1%</b>	<b>17-TOTAL MEDICAL EXPENSES</b>	<b>75,520,842</b>	<b>75,589,740</b>	<b>68,898</b>	<b>0.1%</b>	

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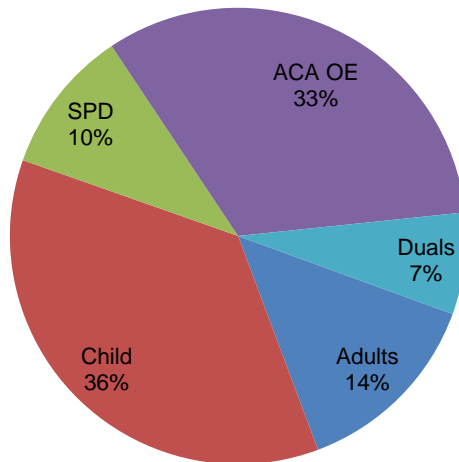
08/25/20  
**REPORT #8A**

## Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

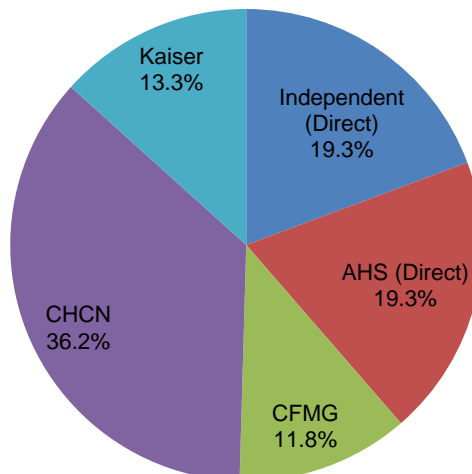
### Current Membership by Network By Category of Aid

Category of Aid	Jul 2020	% of Medi-Cal	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Adults	34,909	14%	8,428	7,666	279	12,923	5,613
Child	91,570	36%	8,572	8,328	28,223	30,899	15,548
SPD	26,044	10%	8,644	3,889	1,161	10,411	1,939
ACA OE	82,989	33%	14,547	27,454	1,076	30,623	9,289
Duals	18,297	7%	7,341	1,955	3	6,747	2,251
Medi-Cal	253,809		47,532	49,292	30,742	91,603	34,640
Group Care	6,109		2,667	901	-	2,541	-
<b>Total</b>	<b>259,918</b>	<b>100%</b>	<b>50,199</b>	<b>50,193</b>	<b>30,742</b>	<b>94,144</b>	<b>34,640</b>
Medi-Cal %	97.6%		94.7%	98.2%	100.0%	97.3%	100.0%
Group Care %	2.4%		5.3%	1.8%	0.0%	2.7%	0.0%
<i>Network Distribution</i>			19.3%	19.3%	11.8%	36.2%	13.3%
			<b>% Direct: 39%</b>		<b>% Delegated: 61%</b>		

**Medi-Cal By Aid Category**

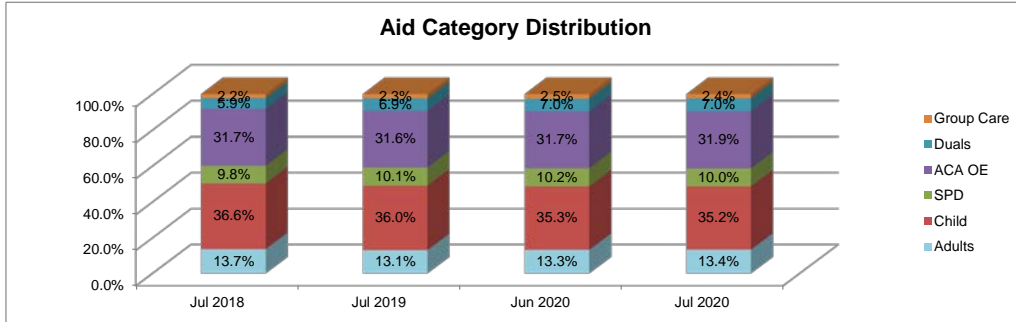


**By Network**

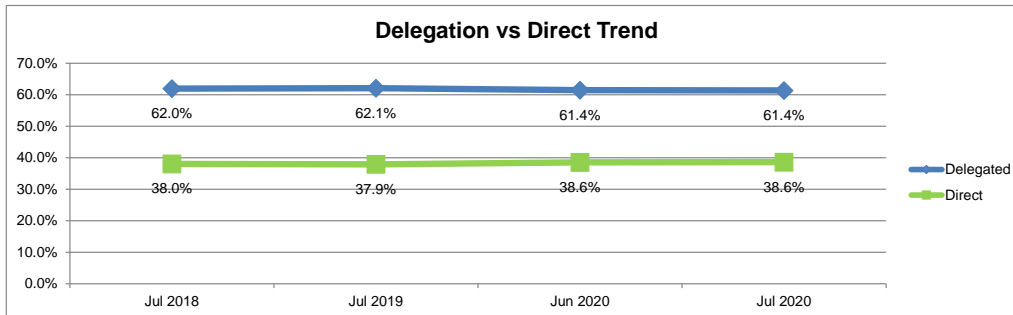


# Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

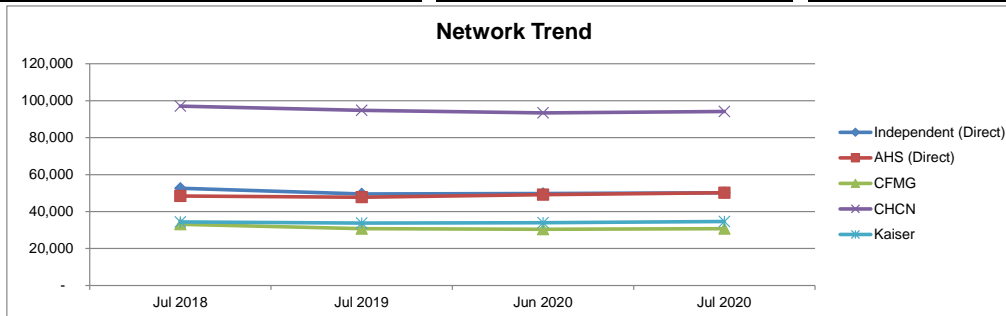
Category of Aid Trend												
Category of Aid	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Jul 2018	Jul 2019	Jun 2020	Jul 2020	Jul 2018	Jul 2019	Jun 2020	Jul 2020	Jul 2018 to Jul 2019	Jul 2019 to Jul 2020	Jun 2020 to Jul 2020	
Adults	36,468	33,670	34,087	34,909	13.7%	13.1%	13.3%	13.4%	-7.7%	3.7%	2.4%	
Child	97,284	92,397	90,745	91,570	36.6%	36.0%	35.3%	35.2%	-5.0%	-0.9%	0.9%	
SPD	26,111	25,804	26,111	26,044	9.8%	10.1%	10.2%	10.0%	-1.2%	0.9%	-0.3%	
ACA OE	84,301	81,171	81,296	82,989	31.7%	31.6%	31.7%	31.9%	-3.7%	2.2%	2.1%	
Duals	15,654	17,627	18,069	18,297	5.9%	6.9%	7.0%	7.0%	12.6%	3.8%	1.3%	
Medi-Cal Total	259,818	250,669	250,308	253,809	97.8%	97.7%	97.5%	97.6%	-3.5%	1.3%	1.4%	
Group Care	5,839	5,976	6,437	6,109	2.2%	2.3%	2.5%	2.4%	2.3%	2.2%	-5.1%	
<b>Total</b>	<b>265,657</b>	<b>256,645</b>	<b>256,745</b>	<b>259,918</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>-3.4%</b>	<b>1.3%</b>	<b>1.2%</b>	



Delegation vs Direct Trend												
Members	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Jul 2018	Jul 2019	Jun 2020	Jul 2020	Jul 2018	Jul 2019	Jun 2020	Jul 2020	Jul 2018 to Jul 2019	Jul 2019 to Jun 2020	Jun 2020 to Jul 2020	
Delegated	164,577	159,355	157,755	159,526	62.0%	62.1%	61.4%	61.4%	-3.2%	0.1%	1.1%	
Direct	101,080	97,290	98,990	100,392	38.0%	37.9%	38.6%	38.6%	-3.7%	3.2%	1.4%	
<b>Total</b>	<b>265,657</b>	<b>256,645</b>	<b>256,745</b>	<b>259,918</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>-3.4%</b>	<b>1.3%</b>	<b>1.2%</b>	

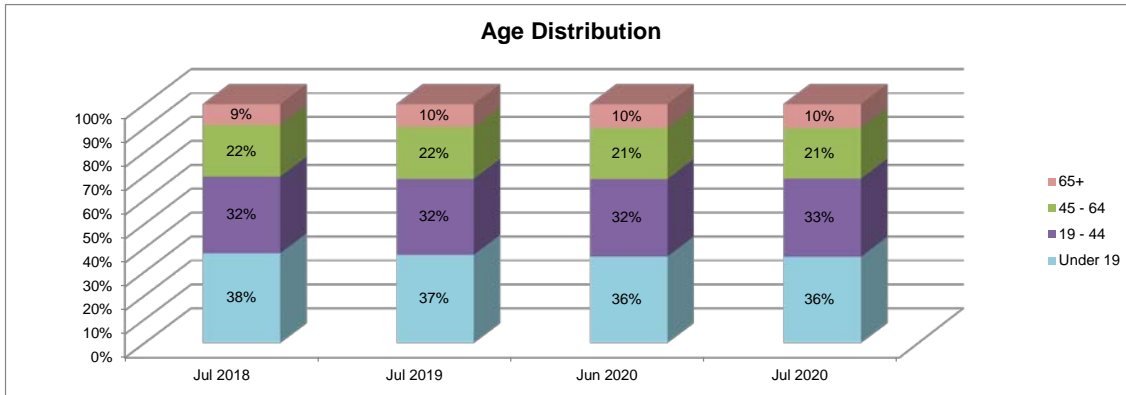


Network Trend												
Network	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Jul 2018	Jul 2019	Jun 2020	Jul 2020	Jul 2018	Jul 2019	Jun 2020	Jul 2020	Jul 2018 to Jul 2019	Jul 2019 to Jun 2020	Jun 2020 to Jul 2020	
Independent												
(Direct)	52,622	49,531	49,813	50,199	19.8%	19.3%	19.4%	19.3%	-5.9%	1.3%	0.8%	
AHS (Direct)	48,458	47,759	49,177	50,193	18.2%	18.6%	19.2%	19.3%	-1.4%	5.1%	2.1%	
CFMG	33,132	30,752	30,425	30,742	12.5%	12.0%	11.9%	11.8%	-7.2%	0.0%	1.0%	
CHCN	97,049	94,820	93,392	94,144	36.5%	36.9%	36.4%	36.2%	-2.3%	-0.7%	0.8%	
Kaiser	34,396	33,783	33,938	34,640	12.9%	13.2%	13.2%	13.3%	-1.8%	2.5%	2.1%	
<b>Total</b>	<b>265,657</b>	<b>256,645</b>	<b>256,745</b>	<b>259,918</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>-3.4%</b>	<b>1.3%</b>	<b>1.2%</b>	

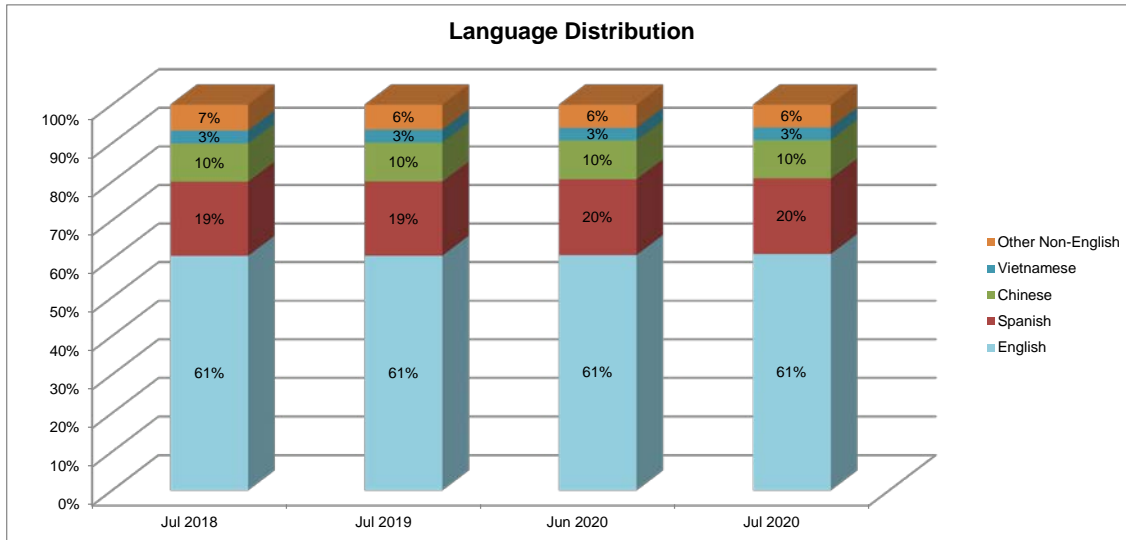


# Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Age Category Trend												
	Members				% of Total (ie.Distribution)				% Growth (Loss)			
Age Category	Jul 2018	Jul 2019	Jun 2020	Jul 2020	Jul 2018	Jul 2019	Jun 2020	Jul 2020	Jul 2018 to Jul 2019	Jul 2019 to Jun 2020	Jun 2020 to Jul 2020	
Under 19	100,154	95,067	93,270	94,074	38%	37%	36%	36%	-5%	-1%	1%	
19 - 44	84,947	81,411	83,006	84,828	32%	32%	32%	33%	-4%	4%	2%	
45 - 64	57,519	55,782	54,927	55,293	22%	22%	21%	21%	-3%	-1%	1%	
65+	23,037	24,385	25,542	25,723	9%	10%	10%	10%	6%	5%	1%	
Total	265,657	256,645	256,745	259,918	100%	100%	100%	100%	-3%	1%	1%	



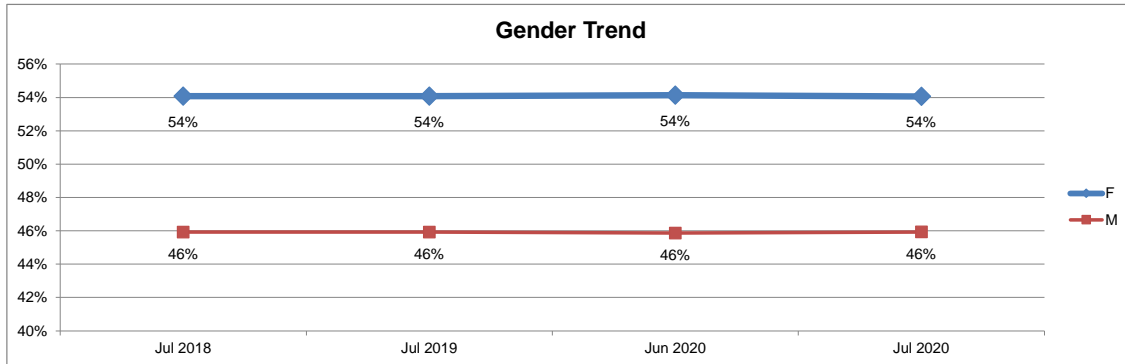
Language Trend												
	Members				% of Total (ie.Distribution)				% Growth (Loss)			
Language	Jul 2018	Jul 2019	Jun 2020	Jul 2020	Jul 2018	Jul 2019	Jun 2020	Jul 2020	Jul 2018 to Jul 2019	Jul 2019 to Jun 2020	Jun 2020 to Jul 2020	
English	161,425	156,015	156,593	159,176	61%	61%	61%	61%	-3%	2%	2%	
Spanish	51,048	49,412	50,437	50,932	19%	19%	20%	20%	-3%	3%	1%	
Chinese	26,439	25,986	25,843	25,833	10%	10%	10%	10%	-2%	-1%	0%	
Vietnamese	8,768	8,642	8,437	8,463	3%	3%	3%	3%	-1%	-2%	0%	
Other Non-English	17,977	16,590	15,435	15,514	7%	6%	6%	6%	-8%	-6%	1%	
Total	265,657	256,645	256,745	259,918	100%	100%	100%	100%	-3%	1%	1%	



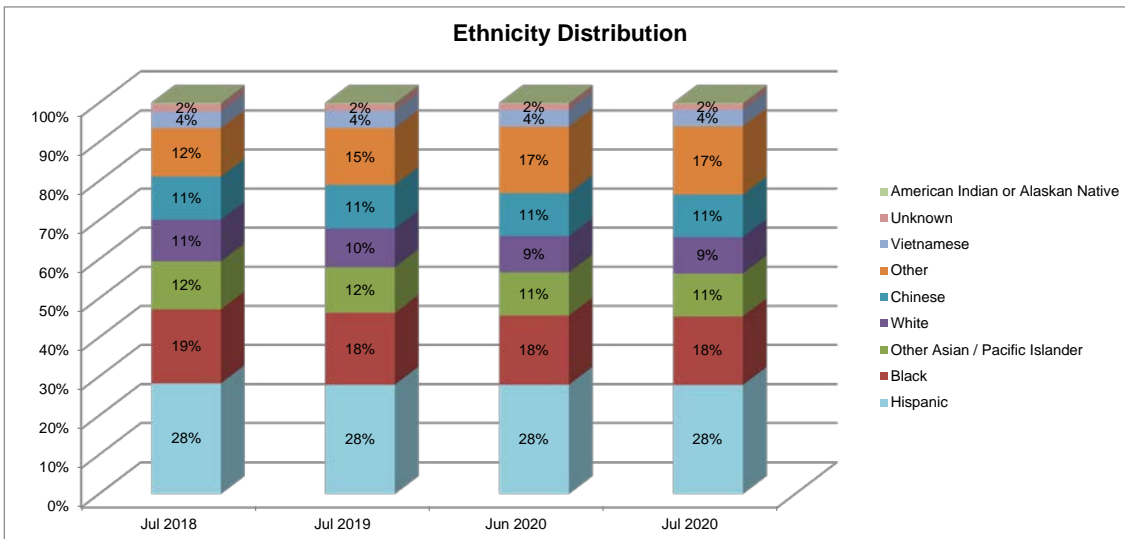


# Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Gender Trend											
Gender	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Jul 2018	Jul 2019	Jun 2020	Jul 2020	Jul 2018	Jul 2019	Jun 2020	Jul 2020	Jul 2018 to Jul 2019	Jul 2019 to Jun 2020	Jun 2020 to Jul 2020
F	143,657	138,795	138,995	140,532	54%	54%	54%	54%	-3%	1%	1%
M	122,000	117,850	117,750	119,386	46%	46%	46%	46%	-3%	1%	1%
<b>Total</b>	<b>265,657</b>	<b>256,645</b>	<b>256,745</b>	<b>259,918</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>-3%</b>	<b>1%</b>	<b>1%</b>



Ethnicity Trend											
Ethnicity	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Jul 2018	Jul 2019	Jun 2020	Jul 2020	Jul 2018	Jul 2019	Jun 2020	Jul 2020	Jul 2018 to Jul 2019	Jul 2019 to Jun 2020	Jun 2020 to Jul 2020
Hispanic	75,026	71,630	71,641	72,376	28%	28%	28%	28%	-5%	1%	1%
Black	50,293	47,138	45,453	45,622	19%	18%	18%	18%	-6%	-3%	0%
Other Asian / Pacific Islander	32,590	29,964	28,304	28,453	12%	12%	11%	11%	-8%	-5%	1%
White	28,383	25,392	23,922	24,309	11%	10%	9%	9%	-11%	-4%	2%
Chinese	29,216	28,595	28,101	28,189	11%	11%	11%	11%	-2%	-1%	0%
Other	32,977	37,514	43,770	45,429	12%	15%	17%	17%	14%	21%	4%
Vietnamese	11,366	11,231	10,860	10,933	4%	4%	4%	4%	-1%	-3%	1%
Unknown	5,100	4,539	4,102	4,020	2%	2%	2%	2%	-11%	-11%	-2%
American Indian or Alaskan Native	706	642	592	587	0%	0%	0%	0%	-9%	-9%	-1%
<b>Total</b>	<b>265,657</b>	<b>256,645</b>	<b>256,745</b>	<b>259,918</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>-3%</b>	<b>1%</b>	<b>1%</b>



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

## Medi-Cal By City

City	Jul 2020	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	103,758	41%	11,841	24,000	13,751	44,303	9,863
Hayward	39,071	15%	8,224	8,196	4,658	11,397	6,596
Fremont	22,149	9%	8,955	3,201	720	5,865	3,408
San Leandro	22,573	9%	3,908	3,421	3,262	8,392	3,590
Union City	10,896	4%	4,145	1,568	358	2,803	2,022
Alameda	9,848	4%	1,896	1,475	1,577	3,513	1,387
Berkeley	8,890	4%	1,176	1,584	1,190	3,680	1,260
Livermore	7,387	3%	1,026	695	1,697	2,715	1,254
Newark	5,870	2%	1,666	1,845	182	1,124	1,053
Castro Valley	6,017	2%	1,214	919	996	1,751	1,137
San Lorenzo	5,247	2%	883	864	667	1,838	995
Pleasanton	3,906	2%	937	393	419	1,498	659
Dublin	4,165	2%	1,007	389	552	1,486	731
Emeryville	1,589	1%	260	319	248	508	254
Albany	1,484	1%	190	210	347	466	271
Piedmont	276	0%	48	65	24	75	64
Sunol	49	0%	9	8	6	12	14
Antioch	17	0%	3	1	1	11	1
Other	617	0%	144	139	87	166	81
<b>Total</b>	<b>253,809</b>	<b>100%</b>	<b>47,532</b>	<b>49,292</b>	<b>30,742</b>	<b>91,603</b>	<b>34,640</b>

## Group Care By City

City	Jul 2020	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	2,111	35%	547	387	-	1,177	-
Hayward	671	11%	375	130	-	166	-
Fremont	661	11%	504	55	-	102	-
San Leandro	579	9%	232	77	-	270	-
Union City	324	5%	232	32	-	60	-
Alameda	279	5%	111	30	-	138	-
Berkeley	195	3%	56	21	-	118	-
Livermore	86	1%	35	1	-	50	-
Newark	146	2%	95	32	-	19	-
Castro Valley	197	3%	107	19	-	71	-
San Lorenzo	124	2%	50	20	-	54	-
Pleasanton	49	1%	25	5	-	19	-
Dublin	99	2%	49	6	-	44	-
Emeryville	29	0%	12	3	-	14	-
Albany	13	0%	4	1	-	8	-
Piedmont	10	0%	2	1	-	7	-
Sunol	-	0%	-	-	-	-	-
Antioch	24	0%	8	5	-	11	-
Other	512	8%	223	76	-	213	-
<b>Total</b>	<b>6,109</b>	<b>100%</b>	<b>2,667</b>	<b>901</b>	<b>-</b>	<b>2,541</b>	<b>-</b>

## Total By City

City	Jul 2020	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	105,869	41%	12,388	24,387	13,751	45,480	9,863
Hayward	39,742	15%	8,599	8,326	4,658	11,563	6,596
Fremont	22,810	9%	9,459	3,256	720	5,967	3,408
San Leandro	23,152	9%	4,140	3,498	3,262	8,662	3,590
Union City	11,220	4%	4,377	1,600	358	2,863	2,022
Alameda	10,127	4%	2,007	1,505	1,577	3,651	1,387
Berkeley	9,085	3%	1,232	1,605	1,190	3,798	1,260
Livermore	7,473	3%	1,061	696	1,697	2,765	1,254
Newark	6,016	2%	1,761	1,877	182	1,143	1,053
Castro Valley	6,214	2%	1,321	938	996	1,822	1,137
San Lorenzo	5,371	2%	933	884	667	1,892	995
Pleasanton	3,955	2%	962	398	419	1,517	659
Dublin	4,264	2%	1,056	395	552	1,530	731
Emeryville	1,618	1%	272	322	248	522	254
Albany	1,497	1%	194	211	347	474	271
Piedmont	286	0%	50	66	24	82	64
Sunol	49	0%	9	8	6	12	14
Antioch	41	0%	11	6	1	22	1
Other	1,129	0%	367	215	87	379	81
<b>Total</b>	<b>259,918</b>	<b>100%</b>	<b>50,199</b>	<b>50,193</b>	<b>30,742</b>	<b>94,144</b>	<b>34,640</b>



# Operations

**Matt Woodruff**

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

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

**Date: September 11, 2020**

**Subject: Operations Report**

### **Member Services**

- 12-month Trend Summary:
  - The Member Services Department received a twenty-seven percent (27%) decrease in calls in August 2020, totaling 13,024 compared to 17,790 in August 2019.
  - The abandonment rate for August 2020, was six percent (6%), which was two percent greater (4%) than in August 2019.
  - The service level for August 2020, was sixty-six percent (66%), compared to seventy-eight percent (78%) for August 2019. This represents a twelve percent (12%) decrease in the service level percentage. A combination of staffing challenges and technical (phone and internet connectivity issues) negatively impacted August's service metrics. The Department is actively interviewing candidates to fill open positions. IT will be performing a Network Infrastructure Maintenance over the Labor Day weekend to provide improved Security and faster VPN network speed across the enterprise.
  - The average talk time (ATT) was six minutes and fifty-four seconds (06:54) for August 2020 compared to seven minutes and twenty-two seconds (07:22) for August 2019.
  - The top five call reasons for August 2020 were: 1) **Change of PCP** 2). **Eligibility**, 3). Kaiser, 4). Benefits, 5). ID Card. The top five call reasons for August 2019 were: 1) **Eligibility/Enrollment** 2). **Change of PCP** 3). Kaiser, 4). Benefits, 5). ID Card. Change of PCP requests was higher in August 2020 compared to the Eligibility/Enrollment requests in 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 Department responded to 752 web-based requests in August 2020. This represents a fourteen percent

(14%) increase from the previous month. Top three web-based request reasons: 1). Change PCP; 2). ID Card Requests; 3). Update Contact Information.

## **Claims**

- 12-Month Trend Summary:
  - The Claims Department received 104,293 claims in August 2020 compared to 123,889 in August 2019.
  - The Auto Adjudication was 76.2% in August 2020 compared to 74.5% in August 2019.
  - Claims compliance for the 30-day turn-around time was 99.4% in August 2020 compared to 94.1% in August 2019. The 45-day turn-around time was 99.9% in August 2020 compared to 99.1% in August 2019.
- Training:
  - Routine and new hire training is still being conducted remotely by the managers/supervisors until staff returns to the office.
- Monthly Analysis:
  - In August, we received a total of 104,293 claims in the HEALTHsuite system. This represents a decrease of 5.9% from July and still remains lower than the number of claims received in July 2019; the lower volume of received claims remains attributed to COVID-19.
  - We received 75% of claims via EDI and 25% of claims via paper.
  - During the month of August, 99.9% of our claims were processed within 45 working days.
  - The Auto Adjudication rate was 76.2% for August.

## **Provider Services**

- 12-Month Trend Summary:
  - The Provider Services Department's call volume in August 2020 was 5,547 calls compared to 7,175 calls in August 2019.

- Provider Services continuously works to achieve first call resolution and reduction of the abandonment rates. Efforts to promote provider satisfaction is our first priority.
- The Provider Services department completed 299 visits during August 2020.
- The Provider Services department answered over 4,658 calls for August 2020 and made over 923 outbound calls.

### **Credentialing**

- 12-Month Trend Summary:
  - There was no committee meeting for Credentialing in August.

### **Provider Dispute Resolution**

- 12-Month Trend Summary:
  - In August 2020, the Provider Dispute Resolution (PDR) team received 1,051 PDRs versus 950 in August 2019. The increased volume may be somewhat inflated due to submissions through the Provider Portal that are actually corrected claims and not PDRs.
  - The PDR team resolved 593 cases in August 2020 compared to 631 cases in August 2019.
  - In August 2020, the PDR team upheld 69% of cases versus 72% in August 2019.
  - The PDR team resolved 99.7% of cases within the compliance standard of 95% within 45 working days in August 2020 compared to 94% in August 2019.
- Monthly Analysis:
  - AAH received 1,051 PDRs in August 2020.
  - In August, 593 PDRs were resolved. Out of the 593 PDRs, 407 were upheld and 186 were overturned.
  - The overturn rate for PDRs was 31% which did not meet our goal of 25% or less.

- Of the 186 overturned PDRs, 27 were attributed either a specific CES error (previously corrected), surgery center claims where there was a delay in entering new ASC rates or GEMT claims that were underpaid. 29 overturned PDRs were related to duplicate denials where two emergency room visits or ambulance trips occurred on the same date (processor error).
- 48% of the overturned PDRs were attributed to configuration issues (coding/configuration/eligibility/general); the re-design of the PDR database continues and will allow for more specificity of these configuration issues going forward.
- 591 out of 593 cases were resolved within 45 working days resulting in a 99.7% compliance rate.
- The average turnaround time for resolving PDRs in August was 30 days.
- There were 1,453 PDRs pending resolution as of 8/31/2020; one was older than 45 working days.

### **Community Relations and Outreach**

- 12-Month Trend Summary:
  - The C&O Department reached 414 members through our member orientation outreach call campaign in August 2020 compared to 1,726 people in August 2019.
  - The C&O Department reached members in 17 cities\*/unincorporated areas throughout Alameda County and the Bay Area in August 2020 compared to 11 cities/unincorporated areas in August 2019.

- Monthly Analysis:
  - In August 2020, the C&O Department reached 414 individuals (414 or 100% self-identified as Alliance members) during outreach events and activities.
  - In August 2020, the C&O Department reached members in 17 cities\* /unincorporated areas throughout Alameda County and the Bay Area.
  - Please see attached **Addendum A**.

*\*Cities represent the mailing addresses for members who completed a Member Orientation by phone. The C&O Department started including these cities in the Q4 2020 Outreach Report.*



## Member Services - Some challenges that impacted the call center service metrics:

- The service level for August 2020 was sixty-six percent (66%), compared to seventy-eight percent (78%) for August 2019. This represents a twelve percent (12%) decrease in the service level percentage. A combination of staffing challenges and technical issues (phone and internet connectivity) negatively impacted August's service metrics. The Department is actively interviewing candidates to fill open positions. IT will be performing a Network Infrastructure Maintenance over the Labor Day weekend to provide improved Security and faster VPN network speed across the enterprise. Staffing challenges: 3 staff members due to return from Maternity Leave were extended; 2 Staff members due to return from HR approved leaves were also extended; and delay in on-boarding new hires impacted service levels.
- The abandonment rate for August 2020 was six percent (6%), which was two percent greater (4%) than in August 2019. Abandonment rates and call handle time due to disconnected calls/tech issues.
- The average talk time (ATT) was six minutes and fifty-four seconds (06:54) for August 2020 compared to seven minutes and twenty-two seconds (07:22) for August 2019. Connectivity issues decrease call handle time due to disconnected calls.
- Our two new hires training has gone really well. The two MSRs will be ready to take calls starting tomorrow. HR has extended two job offers to two additional candidates. One has verbally accepted, and one will provide a reply tomorrow.
- We are also recruiting for a temp position to backfill receptionist while she is on Maternity Leave.

Thanks,  
Gia

# **Operations**

## **Supporting Documents**

## **Member Services**

### Blended Call Results

<b>Blended Results</b>	<b>August 2020</b>
Incoming Calls (R/V)	13024
Abandoned Rate (R/V)	6%
Answered Calls (R/V)	12265
Average Speed to Answer (ASA)	01:18
Calls Answered in 30 Seconds (R/V)	66%
Average Talk Time (ATT)	06:54
Outbound Calls	8744

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

<b>Top 3 Web-Based Request Reasons (Medi-Cal and Group Care) August 2020</b>
ID Card Request
Change of PCP
Update Contact Info

# Claims Department

## July 2020 Final and August 2020 Final

METRICS		
Claims Compliance	Jul-20	Aug-20
90% of clean claims processed within 30 calendar days	99.1%	99.4%
95% of all claims processed within 45 working days	99.9%	99.9%
Claims Volume (Received)	Jul-20	Aug-20
Paper claims	28,051	25,624
EDI claims	82,411	78,669
<b>Claim Volume Total</b>	<b>110,462</b>	<b>104,293</b>
Percentage of Claims Volume by Submission Method	Jul-20	Aug-20
% Paper	25.39%	24.57%
% EDI	74.61%	75.43%
Claims Processed	Jul-20	Aug-20
HEALTHsuite Paid (original claims)	91,006	73,816
HEALTHsuite Denied (original claims)	28,070	23,393
<b>HEALTHsuite Original Claims Sub-Total</b>	<b>119,076</b>	<b>97,209</b>
HEALTHsuite Adjustments	1,170	1,300
<b>HEALTHsuite Total</b>	<b>120,246</b>	<b>98,509</b>
Claims Expense	Jul-20	Aug-20
Medical Claims Paid	\$46,860,152	\$40,276,246
Interest Paid	\$39,150	\$22,530
Auto Adjudication	Jul-20	Aug-20
Claims Auto Adjudicated	86,517	74,060
% Auto Adjudicated	72.7%	76.2%
Average Days from Receipt to Payment	Jul-20	Aug-20
HEALTHsuite	18	18
Pended Claim Age	Jul-20	Aug-20
<b>0-29 calendar days</b>		
HEALTHsuite	11,512	12,969
<b>30-59 calendar days</b>		
HEALTHsuite	51	143
<b>Over 60 calendar days</b>		
HEALTHsuite	0	0
Overall Denial Rate	Jul-20	Aug-20
Claims denied in HEALTHsuite	28,070	23,393
% Denied	23.3%	23.7%

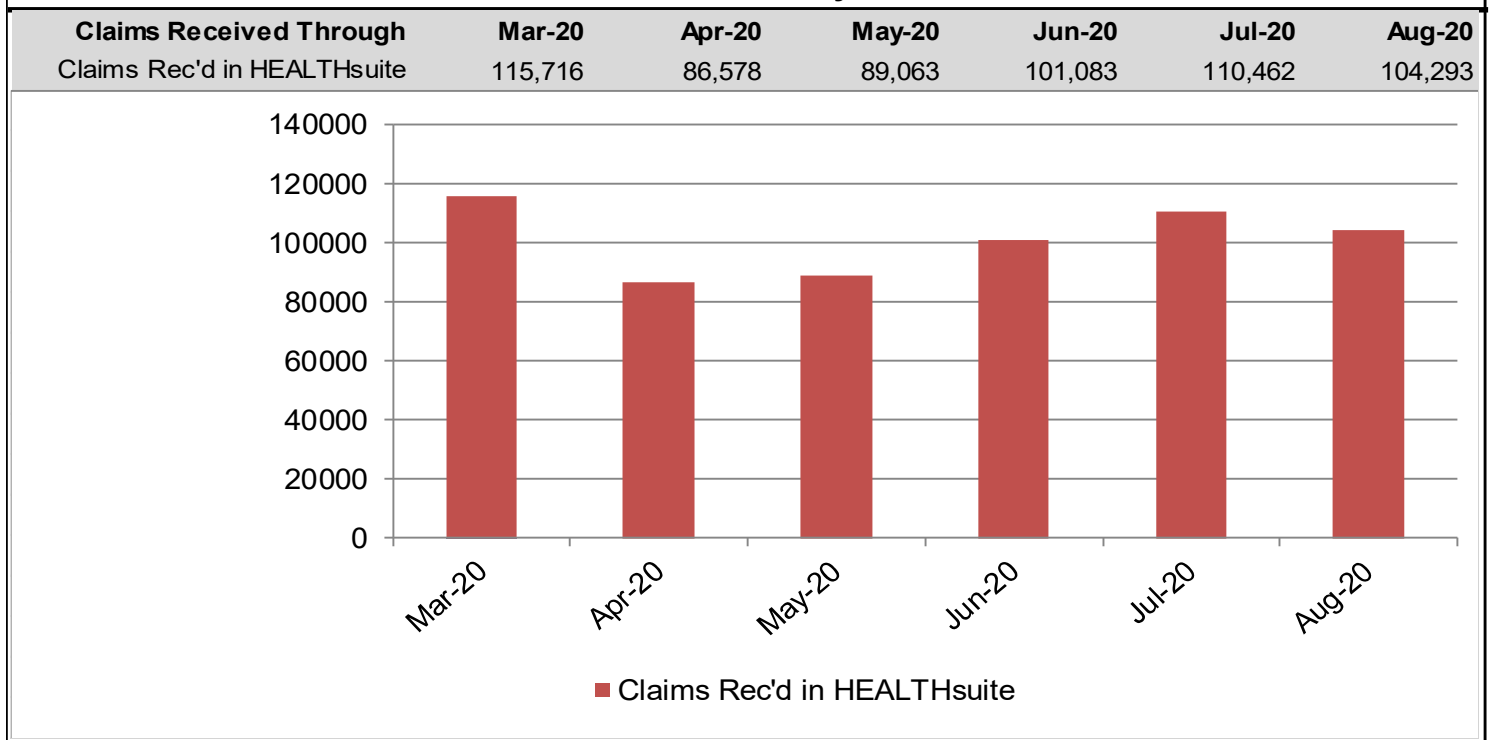
# Claims Department

## July 2020 Final and August 2020 Final

### Aug-20

Top 5 HEALTHsuite Denial Reasons	% of all denials
Responsibility of Provider	23%
Duplicate Claim	12%
Must Submit as a Paper Claim with Copy of Primary Payer EOB	12%
Non-Covered Benefit for this Plan	9%
No Benefits Found For Dates of Service	5%
<b>% Total of all denials</b>	<b>61%</b>

### Claims Received By Month



## Provider Relations Dashboard August 2020

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

## Provider Relations Dashboard August 2020

### Call Reasons (Medi-Cal and Group Care)

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Authorizations	3.0%	3.3%	3.6%	2.1%	2.1%	1.6%	2.6%	1.9%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Benefits	4.7%	6.1%	0.6%	5.2%	4.3%	4.4%	7.2%	5.1%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Claims Inquiry	40.7%	39.7%	41.9%	51.7%	54.8%	46.2%	49.7%	46.6%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Change of PCP	3.2%	3.5%	3.7%	1.7%	2.1%	2.0%	2.5%	3.3%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Complaint/Grievance (includes PDR's)	2.7%	2.9%	2.4%	2.5%	2.9%	2.3%	0.0%	2.5%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Contracts	0.2%	0.4%	0.3%	0.3%	0.4%	0.4%	0.5%	0.5%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Correspondence Question/Followup	0.0%	0.0%	0.1%	0.0%	0.1%	0.1%	0.0%	0.0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Demographic Change	0.1%	0.1%	0.1%	0.0%	0.1%	0.1%	0.1%	0.0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Eligibility - Call from Provider	27.7%	24.3%	25.3%	14.0%	14.8%	15.0%	18.7%	20.2%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Exempt Grievance/ G&A	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
General Inquiry/Non member	0.2%	0.1%	0.2%	0.1%	0.2%	0.2%	0.0%	0.0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Health Education	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Intrepreter Services Request	2.0%	2.3%	2.8%	1.4%	1.6%	1.6%	2.3%	1.2%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Kaiser	0.1%	0.3%	0.0%	0.3%	0.2%	0.2%	0.1%	0.0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Member bill	0.0%	0.0%	0.7%	0.8%	1.0%	0.9%	0.8%	0.7%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Mystery Shopper Call	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Provider Portal Assistance	2.3%	3.4%	6.3%	7.6%	6.4%	3.7%	4.2%	3.9%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Pharmacy	0.8%	1.0%	0.7%	0.8%	0.8%	0.7%	0.5%	0.9%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Provider Network Info	0.1%	0.3%	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Transferred Call	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%	0.1%	0.1%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
All Other Calls	11.9%	12.1%	11.1%	11.2%	8.2%	20.7%	10.5%	12.7%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	#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	33	11	4	4				
Contracting/Credentialing	1	2	2	22	24	9	1	3				
Drop-ins	12	6	48	6	0	0	0	0				
JOM's	2	3	4	3	1	4	2	4				
New Provider Orientation	17	3	3	22	23	11	4	7				
Quarterly Visits	64	124	23	177	145	147	204	281				
UM Issues	0	0	0	0	4	1	0	0				
Total Field Visits	104	141	86	261	230	183	215	299	0	0	0	0

**Provider Dispute Resolution**  
**July 2020 Final and August 2020 Final**

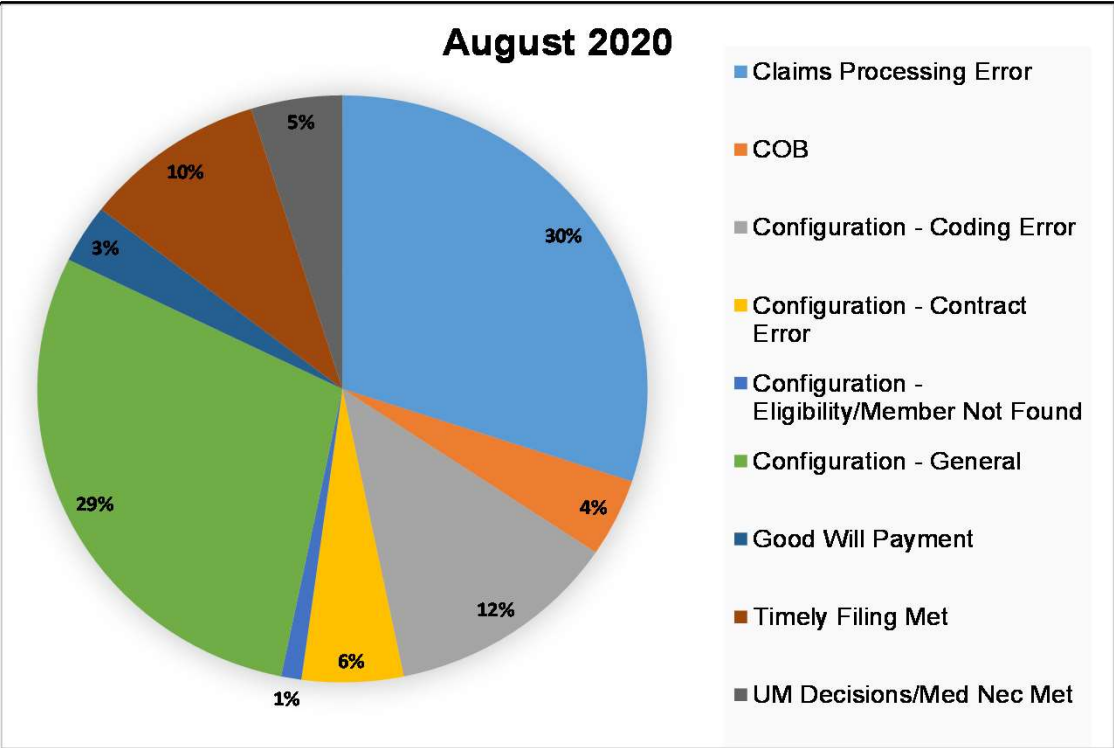
METRICS		
PDR Compliance	Jul-20	Aug-20
# of PDRs Resolved	624	593
# Resolved Within 45 Working Days	621	591
% of PDRs Resolved Within 45 Working Days	99.5%	99.7%
PDRs Received	Jul-20	Aug-20
# of PDRs Received	966	1,051
<b>PDR Volume Total</b>	<b>966</b>	<b>1,051</b>
PDRs Resolved	Jul-20	Aug-20
# of PDRs Upheld	459	407
% of PDRs Upheld	74%	69%
# of PDRs Overturned	165	186
% of PDRs Overturned	26%	31%
<b>Total # of PDRs Resolved</b>	<b>624</b>	<b>593</b>
Unresolved PDR Age	Jul-20	Aug-20
0-45 Working Days	1,094	1,452
Over 45 Working Days	1	1
<b>Total # of Unresolved PDRs</b>	<b>1,095</b>	<b>1,453</b>



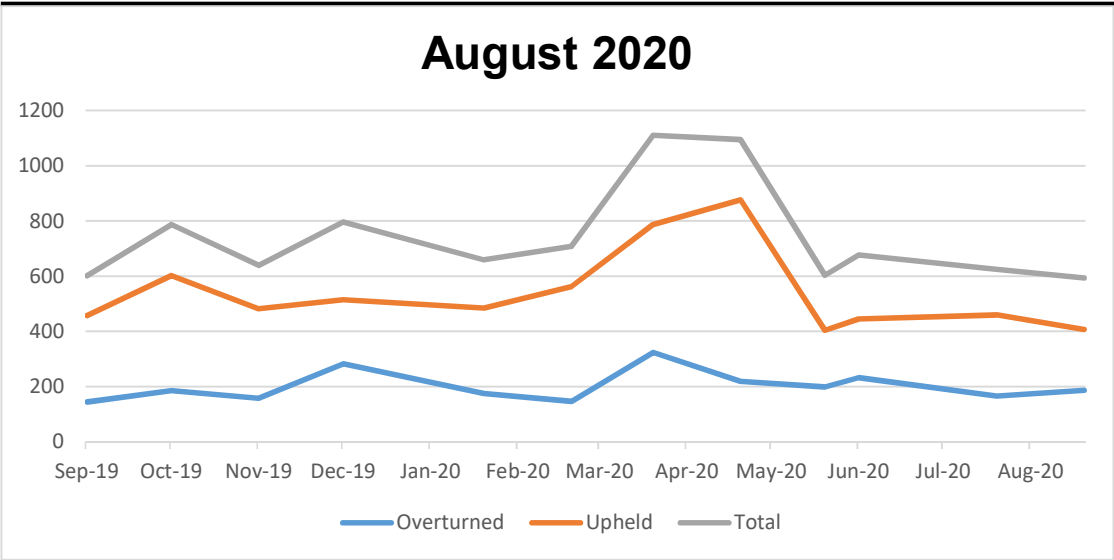
# Provider Dispute Resolution July 2020 Final and August 2020 Final

Jun-20

PDR Resolved Case Overturn Reasons



Rolling 12-Month PDR Trend Line



# COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

FY 2020-2021 | AUGUST 2020 OUTREACH REPORT

## ALLIANCE IN THE COMMUNITY

### FY 2020-2021 | AUGUST 2020 OUTREACH REPORT

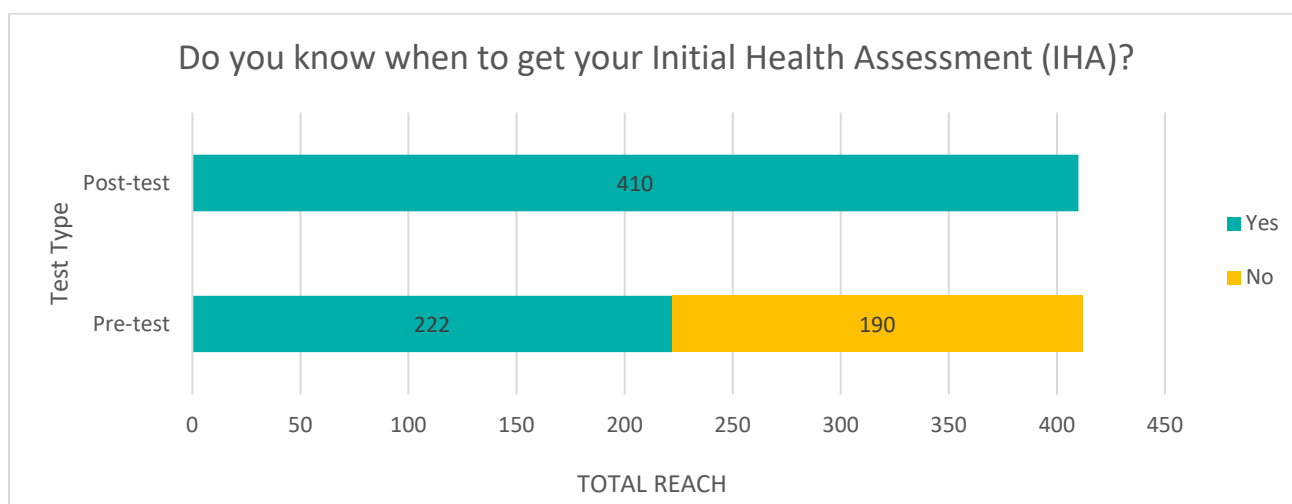
During August 2020, the Alliance initiated and/or was invited to participate in a total of **23** events throughout Alameda County. The Alliance completed **0** out of the **23** events (**0%**). In August 2020, the Alliance reached a total of **414** members through our Member Orientation outreach call campaign, and spent a total of **\$0** in donation, fees, and sponsorships.

The majority of people reached at member orientations (MO) are Alliance Members. Approximately 20% of the people 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, **21,104** self-identified Alliance members were reached during outreach activities.

On **Monday, March 16, 2020**, the Alliance began assisting members by telephone only, in accordance with the statewide Shelter-in-Place (SIP) guidance to protect the general public from the Coronavirus Disease (COVID-19). As a result, the Alliance proactively postponed all face-to-face member orientations and community events until further notice. On **Wednesday, March 18, 2020**, the Alliance began conducting member orientations by phone.

The Alliance Member Orientation (MO) program has been in place since August 2016. In 2019, the program was recognized as a promising practice to increase member knowledge and awareness about the Initial Health Assessment, by the Department of Health Care Services (DHCS), Managed Care Quality and Monitoring Division (MCQMD). We have steadily increased program participation. Our 2019 6 month average participation rate was **111** members per month. Between August 1, through August 31, 2020 (21 working days) – **414** net new members completed a MO by phone.

After completing a MO **100%** of members who completed the survey in August 2020 reported knowing when to get their IHA, compared to only **53.9%** of members knowing when to get their IHA in the pre-test.







All report details can be reviewed at: **W:\DEPT\_Operations\COMMUNICATIONS & MARKETING\_OFFICIAL FOLDER\Reports\C&O Reports\Outreach Reports\FY 20-21\Q1\2. August 2020**





# ALLIANCE IN THE COMMUNITY

## FY 2020-2021 | AUGUST 2020 OUTREACH REPORT

FY 2019-2020 AUGUST 2019 TOTALS

 <p>18 COMMUNITY EVENTS MEMBER EDUCATION 13 EVENTS 25 MEMBER ORIENTATIONS 1 MEETINGS/ PRESENTATIONS 57 TOTAL INITIATED/ INVITED EVENTS TOTAL 37 COMPLETED EVENTS</p>	 <p>ALAMEDA BERKELEY FREMONT HAYWARD LIVERMORE NEWARK OAKLAND PLEASANTON SAN LEANDRO SAN LORENZO UNION CITY</p> <p>11 CITIES</p>	 <p>1075 TOTAL REACHED AT COMMUNITY EVENTS 472 TOTAL REACHED AT MEMBER EDUCATION EVENTS 154 TOTAL REACHED AT MEMBER ORIENTATIONS 25 TOTAL REACHED AT MEETINGS/PRESENTATIONS 817 MEMBERS REACHED AT ALL EVENTS 1726 TOTAL REACHED AT ALL EVENTS</p>	 <p>\$900.00 TOTAL SPENT IN DONATIONS, FEES &amp; SPONSORSHIPS*</p>
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FY 2020-2021 AUGUST 2020 TOTALS

 <p>5 COMMUNITY EVENTS MEMBER EDUCATION 3 EVENTS 15 MEMBER ORIENTATIONS 0 MEETINGS/ PRESENTATIONS 0 COMMUNITY TRAINING 23 TOTAL INITIATED/ INVITED EVENTS TOTAL 0 COMPLETED EVENTS</p>	 <p>Alameda Albany Berkeley Castro Valley Dublin El Sobrante Fremont Hayward Livermore Newark Oakland Piedmont Pleasanton Richmond San Leandro San Lorenzo Union City</p> <p>17 CITIES*</p>	 <p>0 TOTAL REACHED AT COMMUNITY EVENTS 0 TOTAL REACHED AT MEMBER EDUCATION EVENTS 414 TOTAL REACHED AT MEMBER ORIENTATIONS 0 TOTAL REACHED AT MEETINGS/PRESENTATIONS 0 COMMUNITY TRAINING 414 MEMBERS REACHED AT ALL EVENTS 414 TOTAL REACHED AT ALL EVENTS</p>	 <p>\$0 TOTAL SPENT IN DONATIONS, FEES &amp; SPONSORSHIPS*</p>
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\*Cities represent the mailing addresses for members who completed a Member Orientation by phone. The italicized cities are outside of Alameda County. The C&O Department started including these cities in the Q4 2020 Outreach Report.

## Public Affairs External Communications: July 21 – September 4, 2020

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The following press release was issued on July 21, 2020

### **ALAMEDA ALLIANCE FOR HEALTH BOARD OF GOVERNORS APPROVES PUBLIC STATEMENT OPPOSING STRUCTURAL RACISM**

The public statement which opposes structural racism and stands in support with the African American community was unanimously approved by the Alameda Alliance for Health Board of Governors.

**Alameda, CA** – In response to the recent events that have taken place throughout the United States, which are part of a long history of violence against the African American community, the Alameda Alliance for Health (Alliance) Board of Governors unanimously approved a public statement opposing structural racism. As a health care organization, the Alliance understands that the current system of structured racism has resulted in disproportionate health outcomes for African Americans and stands committed to take proactive measures that will improve the quality of life for its members, provider partners, and employees.

“The recent events we have witnessed have reminded us that the racism and the dehumanizing forces of oppression continue to impact the most marginalized communities, including those that we serve at the Alliance,” said Scott Coffin, Alliance CEO. “As members of the safety net, we stand committed to our mission to improve the quality of life for our members and our diverse community, and we will continue to listen, learn and move forward with efforts to advance equity in our communities, and promote diversity, respect, and inclusion for all.”

Alliance leadership will be listening to a cross section of employees, Alliance members and community partners in order to develop an action in alignment with their public statement. The full statement can be read below.

### **Alameda Alliance for Health Public Statement Opposing Structural Racism**

Alameda Alliance for Health (Alliance) has humbly served communities of color in Alameda County, one of the most diverse counties in the nation, for over 24 years. The Alliance stands with the African American community and in solidarity with movements that aim to create a world free of anti-blackness and structural racism. More than four centuries of inequity and injustice in this nation have resulted in significant disparities and inequitable outcomes for Black Americans, including access to quality health care. Additionally, Black Americans are disproportionately affected by police brutality and violence. We bear witness to the pain and suffering of Black Americans in our communities, oppose any form of structural racism and racial violence, and resolve to evaluate our own practices and their impact on our members, provider partners, and employees.

**WE ACKNOWLEDGE** that any form of racism is dehumanizing. Dehumanization causes social anxiety/isolation, the fear of harm or loss of life, and the potential for one to question their self-worth and value in society.

**WE ACKNOWLEDGE** that the legacy and injurious effects of slavery, and the laws that enforce racial discrimination and racism still experienced by Black people today, continue to cause health disparities, economic insecurity, and lack of access to public health services within the Black community.

**WE ACKNOWLEDGE** that systemic racism against the Black community, and all communities of color, pose a threat to economic security, physical safety, and the health of our entire community.

**WE STAND** unified in our belief that Black Lives Matter and we support all viable unifying efforts that work to prevent and reduce the effects of the above realities. This includes, but is not limited to, racial equity, social justice, human rights, and the celebration of diversity.

**WE RESOLVE TO** establish and convene a Diversity, Equity, and Inclusion Committee to address racial inequality for Black Americans and people of color, and work together to end hate, and create hope and healing in our community.

**WE RESOLVE TO** support equal access to employment, equitable compensation, and promotion for all employees within the Alliance.

**WE RESOLVE TO** ensure our diversity continues to be reflected and maintained through equitable hiring practices in all departments and at different levels.

**WE RESOLVE TO** support advocacy for equitable policies and regulations that impact social determinates of health including, environmental justice, public education, and housing, for our most vulnerable communities to improve public health outcomes and reduce health disparities.

**WE RESOLVE TO** dedicate resources to identify and reduce health disparities that impact our Black members.

**WE RESOLVE TO** hold ourselves, and our provider partners, accountable for marginal or low healthcare outcomes for our members, ensuring Black members are not experiencing discrimination in health care access and/or delivery.

**WE RESOLVE TO** invest in resources to educate our team, members, and providers about the importance of anti-racism and its impact on our communities.

**WE RESOLVE TO** support our local public education system to ensure all children have equitable resources available that will enhance their ability to compete and achieve at high levels to reach their full potential.

**WE RESOLVE TO** support broad access to safe, affordable housing and neighborhoods that connect residents to economic and educational opportunities.

The Alliance stands resolved in our commitment to the fulfillment of our mission, “to strive to improve the quality of life of our members and people throughout our diverse communities.” Our commitment acknowledges both the inclusion and value of Black lives in our community. The Alliance believes fundamentally that, racism undermines our capacity, and impedes our ability to deliver equitable quality and access to care for the most vulnerable people within our community. We believe that we are stronger together and we resolve to elicit change.

To learn more about the Alliance, visit us at <http://alamedaalliance.org/>.

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### **About Alameda Alliance for Health**

Alameda Alliance for Health (Alliance) is a local, public, not-for-profit managed care health plan committed to making high quality health care services accessible and affordable to Alameda County residents. Established in 1996, the Alliance was created by and for Alameda County residents. The Alliance Board of Governors, leadership staff, and provider network reflect the county's cultural and linguistic diversity. The Alliance provides health care coverage to over 250,000 low-income children and adults through National Committee for Quality Assurance (NCQA) accredited Medi-Cal and Alliance Group Care programs.

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The following article was submitted to the Alameda-Contra Costa Medical Association (ACCMA) July – August 2020 Provider Bulletin:

Alameda Alliance for Health (the Alliance) is proud to serve over 250,000 children and adults in Alameda County. In this edition, you will learn about the Alliance's efforts to combat the negative economic and health care impacts that the COVID-19 crisis has caused. You will also read the latest on the Alliance's emergency crisis support funding for our contracted providers, and about the California Department of Health Care Service's (DHCS) new Long Term Care at Home benefit that will support home care for qualifying Medi-Cal beneficiaries.

### **The Alliance's Response to the COVID-19 Pandemic**

As the COVID-19 virus continues to spread throughout communities across California and the United States, it is clear that the severity of the health and economic effects, particularly to the low-income families that we serve will be long lasting. On June 30th, Governor Newsom signed the 2020 Budget Act that included a \$202.1 billion spending plan focused on emergency response, public health and safety, and measures that promote economic recovery. While the Governor and state legislature were able to agree to a budget plan that would avoid deep cuts to essential health services that the Governor had previously proposed, closing the \$52.3 billion budget shortfall has significantly impacted funding and covered services to the Medi-Cal program. The Budget includes a 1.5 percent rate reduction for Medi-Cal managed care plans – including the Alliance – for the July 2019 to December 2020 period. The Alliance will continue to monitor further rate reductions that will take effect in January 2021. These changes to the managed care capitation rates will exceed \$30 million in revenue reductions to the Alliance.

As the state grapples with a substantial budget shortfall, enrollment for the Medi-Cal program continues to increase due to high unemployment rates. Corresponding with state trends, since the local Shelter-in-Place order went into effect, our membership has increased by 12,000 Alameda County residents and we expect that our peak enrollment could be upwards of 277,000 members – which would be an all-time high for the Alliance. As we take on new challenges of the ongoing pandemic, we remain committed to ensuring that we maintain high levels of customer service to our members, and provider partners. As we continue to move through the COVID-19

pandemic, we will be focused on strategies that will ensure that the Alliance gets through the next few years of financial uncertainty while focusing on initiatives that will improve the health of our members. One such benefit includes the Medi-Cal Long-Term Care at Home benefit, recently announced by the Department of Health Care Services (DHCS). This benefit is currently scheduled to begin in January of 2021 with the goal of addressing the need to decompress the state's skilled nursing facilities (SNFs) in response to the COVID-19 pandemic. Additionally, it is anticipated that it will provide a long-term holistic, coordinated and bundled set of medical, home and community-based services that will allow individuals the option to remain healthy in their homes. This benefit will be available to qualifying Medi-Cal beneficiaries who would otherwise require skilled nursing or skilled nursing therapy services to treat, manage or observe a condition at a SNF. In addition to participating in stakeholder meetings hosted by the DHCS, the Alliance has started to prepare the operations to implement this important benefit as soon as January 2021.

As part of our efforts to address the impacts that our providers have recently experienced due to the ongoing COVID-19 crisis, the Alliance established an emergency crisis fund in the month of May for eligible frontline safety-net providers that are treating or supporting patients impacted by the COVID-19 pandemic. The Safety-Net Sustainability Fund was established to help address the financial pressures that safety-net health care providers, such as physician practices, health centers and hospitals have been dealing with over the last few months. In the month of May, the Alliance awarded funding totaling \$4.2 million to safety-net hospitals, for COVID-19 testing, to direct-contract primary care physicians, safety-net health centers and other safety-net providers. While we recognize that our health care systems will be facing many challenges in the years ahead, we remain committed to working with our provider partners to continue to improve the quality of life of our members and people throughout our diverse community.

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The following article was submitted to the Alameda-Contra Costa Medical Association (ACCMA) September – October 2020 Provider Bulletin:

Alameda Alliance for Health (the Alliance) is proud to serve over 260,000 children and adults in Alameda County. In this edition, you will learn about the decline in preventative care rates among the Alliance's youngest members as a result of the COVID-19 crisis. You will also read about the strategies and programs that we have implemented to enhance prevention and health outcomes among families that we serve.

### **Continuing Preventative Care at the Alliance during the COVID-19 Pandemic**

According to the Centers for Disease Control and Prevention (CDC), 70 percent of deaths in the United States are caused by chronic disease, and about half of the U.S. population has been diagnosed with a chronic illness or condition that is known to be preventable by the medical community. The United States Department of Health and Human Services reports that each year, cardiovascular exams save tens of thousands of adult lives, and vaccines save the lives of about 42,000 children annually. This data indicates how important preventive care and vaccines are in



order to maintain the health and well-being of the communities that we serve. As we know, many preventive care visits were put hold when the first round of Stay-at-Home orders went into effect in order to focus on slowing the spread of COVID-19. The CDC reports that the number of vaccine doses ordered by doctors in the United States began to decline the week after the COVID-19 national emergency was declared in mid-March, and in California, vaccine rates in April decreased by more than 40 percent compared to the same period in 2019.

The Alliance realized a decrease in rates for preventive care, particularly among our youngest members. Well-child visits for children up to age 6 at the Alliance are over 16 percent lower in 2020 than they were last year and our adolescent visits are over 10 percent lower this year than the previous year. While we understand that many parents are fearful of exposing their child to COVID-19 by visiting their health care provider, the Alliance has been working hard to educate parents on the risks of delaying preventative care visits and vaccines for their children. The Alliance's Health Education team has been developing and distributing health education materials to our members' caregivers about the importance of vaccines as a way to ensure that their children do not contract a preventative disease that could lead to serious illness or result in a hospital visit. Our Health Care Services team has also partnered with First 5 Alameda County's *Help Me Grow* program that works with families and providers across the county to help ensure that children ages birth to five years reach their optimal development. Through this partnership, we are in the planning stages to develop a calling campaign that would encourage parents to take their children in for preventive care.

In addition to working with families to increase preventative care visits, we recognize the importance of partnering with Alliance community physicians that are providing care throughout Alameda County. That is why, our Health Care Services team has been working with our provider partners, including community physician practices and health centers on quality improvement projects that include incentives for parents to take their children in for preventative care. By providing incentives for healthy behaviors, we hope that our members will understand and commit to improving the overall health and wellness of their families which will ultimately enhance health outcomes and reduce high spending on preventable health illnesses. Another intervention strategy our teams have continued to prioritize is sending Gap-in-Care reports to our community pediatricians which identify children who require vaccinations. Gap-in-Care reports support our provider partners with information that helps them close gaps in care for their patients by indicating discrepancies between the care that they have provided patients and evidence-based practices. Lastly, our Health Care Services team continues to regularly monitor HEDIS® (Health Care Effective Data and Information Set) measures on well-child exams and immunizations. By looking at quality measures, we continue to identify opportunities to improve health outcomes and patient care for our members.

While the ongoing pandemic has created significant challenges to our health care delivery system, we are focused on the many opportunities to continue to provide routine preventive and other non-emergency care. As members of the local safety-net system, we remain committed to improving the quality of life of our members and the diverse communities that we serve.



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# Compliance

## Richard Golfin

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

**From: Richard Golfin III, Chief Compliance & Privacy Officer**

**Date: September 11, 2020**

**Subject: Compliance Report**

### **State Audit Updates**

- 2020 DMHC Follow-Up Medical Audit:
  - On February 4, 2020, the DMHC conducted an onsite follow-up audit for outstanding deficiencies identified in the 2018 Routine Medical Audit. On June 30, 2020, the Plan received the Final Audit Report from the DMHC. According to the report, five (5) of the twelve (12) findings from the 2018 Survey remain in a “not corrected” status. On July 10, 2020, the Plan provided a narrative response to the findings which were published as an addendum to the Final Audit Report. The Plan is on standby and ready to address additional questions sent by the DMHC on the Plan’s narrative responses. The Plan anticipates an enforcement action to be applied based on the five (5) findings which remain in a “not corrected” status.
- 2020 DHCS Annual Medical Audit:
  - The DHCS has rescheduled the previously delayed June 2020 Annual Medical Audit to summer 2021. In addition to delaying the 2020 audit for another year, the DHCS will expand the audit lookback period to include two-years of Plan activity; potentially going back as far as summer 2019. Whether the 2021 Annual Medical Audit will be held remotely or onsite remains under review at the DHCS.
- 2020 DMHC Medical Audit:
  - The DMHC has rescheduled this year’s expected triannual full-survey, originally set for October 12, 2020. The new date is April 12, 2021. Whether the 2021 survey will be held remotely or onsite remains under review at the DMHC.

### **Regulatory Updates**

- COVID-19 Network Metrics and Reporting to State Regulators:
  - Since mid-March, the Plan has reported metrics of new COVID-19 positive tests and COVID-19 related hospitalizations. These reports are made daily to the DHCS by the Compliance Department. As of 9/3/20, the Plan has had 660 members test positive for COVID-19 and 660 hospital admissions associated with COVID-19.

- Telephone Consumer Protection Act of 1991 (TCPA) and its Impact on State Mandated Outreach Efforts by MCPs:
  - In Q1 2020, the DHCS required MCPs to contact all beneficiaries under 21 who have not used or under-utilized preventive care services available under Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Plans for a coordinated outreach campaign by MCPs across the State were halted as a result of the COVID-19 public health emergency. Recently, the State instructed MCPs to restart outreach efforts but the prescribed methods of outreach had run afoul of Federal laws governing telephone consumer privacy under the TCPA. After significant dialogue between State regulators, the Associations and MCPs, the DHCS was extremely accommodative in approving alternative outreach modalities to aid MCPs in their efforts to reach targeted populations. In addition to traditional live-call and auto-dial campaigns, the DHCS approved new alternative methods of outreach, such as:
    - Direct mailings
    - Leveraging existing network relationships to conduct outreach on behalf of the Plan
    - Social media campaigns
    - Coordination with public health departments
    - Public service announcements, and local media releases
  - The release of alternative outreach modalities to address TCPA concerns is significant in that it impacts other State mandated outreach campaigns for MCPs, namely, the Medi-Cal Pharmacy Transition scheduled to begin January 1, 2020. The Compliance Department is currently evaluating the impact this additional guidance has on the Plan's preparation and strategy for the Medi-Cal Pharmacy Transition.
  - As a long-dated solution to addressing TCPA concerns regarding acquiring informed consent of Medi-Cal beneficiaries to receive calls and texts via-cell phone, the DHCS will update a variety of member-facing materials such as the Medi-Cal application, member welcome packets, and materials in the Medi-Cal redetermination process. Once updated, Medi-Cal beneficiaries will need to opt-out in order to prevent MCPs contact via-cell phone or auto-dial.

## **Plan Policy Development**

- Development of Enterprise-level Record Maintenance and Retention Schedules:
  - The Plan is in the early stages of developing an approach to data maintenance, retention and destruction, consistent with guidance in APL 17-004 and the Managed Care Final Rule Amendment. In recent years, the Plan has observed a marked increase in electronic and physical data production and its corresponding storage needs. An enterprise-wide project is underway to address the need to retain and preserve critical data elements in a cost-effective manner while meeting legal and regulatory retention requirements. Current efforts will produce: a comprehensive inventory of data stored around the Plan; descriptions of the types of

information stored around the Plan, and; the quantity and capacity utilized by data in production and its storage needs. Once catalogued, data will be categorized and assigned a retention period that is consistent with organizational needs and statutory requirements.

- Development of Policy on Plan-mandated Trainings and Education:
  - Over the past two-months, the Compliance Department has worked diligently to assess and revise the execution of plan-mandated training and education as is assigned to new employees at onboarding, and existing staff and the Board of Governors, annually. Recognizing the unique learning environment presented by the COVID-19 pandemic, Compliance Staff conducted a comprehensive review of the duration provided to complete trainings; the nature and types of trainings assigned by the Plan to Staff; criteria for compliance; tracking the completion of trainings; and the escalation protocol for non-compliance. The same evaluations and assessments were made for trainings as are assigned to the Board of Governors. The Compliance Department is excited to share with Staff its streamlined approach to plan-mandated trainings and education across the enterprise.



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# Health Care Services

**Steve O'Brien, MD**

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

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

**Date:** September 11, 2020

**Subject:** Health Care Services Report

**Utilization Management: Outpatient**

Director: Julie Anne Miller

Manager: Hope Desrochers

Medical Director: Bev Juan

- The Outpatient UM team continues to maintain Turn-Around-Times (TAT) above benchmark.
- The TruCare, the computer software used by the UM team, is being upgraded to the latest version, 8.0 on September 26<sup>th</sup>. The team has been working with IT and TruCare on optimizing the system, and are now testing the functions in preparation for the Go-Live
- The UM team is receiving authorizations submitted online via the Provider Portal. About 30% of referrals are being received via the Portal, and it is working well, creating process efficiencies.
- NOA (Notice of Action) Letter monitoring is continuing, in order maintain to regulatory compliance and have consistent processes. Engagement with delegates on monitoring their NOAs has also begun.
- The UM team has completed work needed to prepare for the launch of access to Stanford oncology for AAH members, with a launch date 9/21/20.
- OP UM is engaged with CHCN to align processes and work collaboratively on initiatives.

Outpatient Authorization Denial Rates			
Denial Rate Type	June 2020	July 2020	August 2020
Overall Denial Rate	3.4%	3.8%	3.6%
Denial Rate Excluding Partial Denials	3.4%	3.7%	3.4%
Partial Denial Rate	0.1%	0.1%	0.2%

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

### **Utilization Management: Inpatient**

Director: Julie Anne Miller

Manager: Carla Healy-London

MD Lead: Shani Muhammad

- Standard work to manage inpatient ALOS continues. It includes daily check-in with the Inpatient team on the progress of our members through their hospitalizations. Other elements include staff performance monitoring, engagement with hospital partners, and community partner engagement, such as BACS for respite beds.
- The impact of the pandemic is being felt in the Inpatient hospitalization rates: The rate of hospitalization was 30% down from expected levels initially, but most recently has gone to low normal levels. There are a few elective admissions. There continue to be a relatively small number of members hospitalized with COVID-19. There has been less difficulty placing them in Skilled Nursing Facilities, and we continue to work with our SNF partners on the barriers.
- Inpatient UM continues to place members with Bay Area Community Services, (BACS) respite beds at the Henry Robinson center. This provides homeless members a safe place to recuperate from a hospitalization instead of going directly back to the street.
- TruCare, the software used by UM, is launching to the 8.0 version. Go-Live for 8.0 is September 26<sup>th</sup>.
- The inpatient team works with Case Management on the Transition of Care bundle for members transitioning out of Alameda Health System. Planning for expansion to Sutter discharges is starting.
- IP UM re-engaged CHCN to further align processes and collaboratively work on initiatives such as NOAs.



<b>Inpatient Utilization</b> Total All Aid Categories <b>Actuals (excludes Maternity)</b>			
<b>Metric</b>	<b>May 2020</b>	<b>June 2020</b>	<b>July 2020</b>
Authorized LOS	5.3	5.4	5.8
Admits/1,000	51.1	52.4	51.9
Days/1,000	269.0	283.6	301.7

## **Pharmacy**

Senior Director: Helen Lee

- Pharmacy has 100% turn-around time compliance for all line of business.
- Outpatient initial approval rate is 38% and denial rates are 34%. The approval rate was slightly increased while denial rates also slightly increased compared to previous reporting periods. Medications for pain, diabetes, asthma or chronic obstructive pulmonary disease (COPD), acne, Heart attack or Stroke, Attention deficit hyperactivity disorder (ADHD) 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 wild fires. Pharmacy have basic disaster edits from 8/29/2020 to 9/14/2020. We have in place refill-too-soon and out-of-network overrides for our Medi-Cal and Group Care members.
- DHCS intends to proceed with pharmacy carve-out implementation effective 1/1/2021. 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 (PAD) 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 Asthma Affinity Work Group, biosimilar optimization, PAD focused partnership and channel management, and infusion strategy.

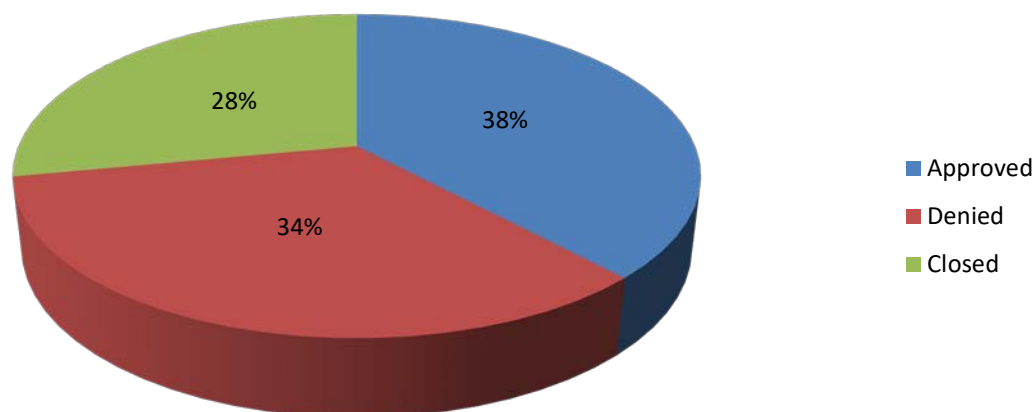
## Outpatient Pharmacy Prior Authorization Request Summary August 2020

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**Summary Table**

Decisions	Number of PAs Processed
Approved	718
Denied	649
Closed	523
Total	1890

**August 2020 Outpatient Pharmacy Auth  
by Decision Types**



### Top 10 Drug Categories by Number of Denials

Rank	Drug Name	Common Use	Common Denial Reason
1	LIDOCAINE 5% PATCH	Pain	Criteria for approval not met
2	JANUVIA 100 MG TABLET	Diabetes	Criteria for approval not met
3	TRETINOIN 0.025% CREAM	Acne	Criteria for approval not met
4	JANUVIA 50 MG TABLET	Diabetes	Criteria for approval not met
5	TRETINOIN 0.05% CREAM	Acne	Criteria for approval not met
6	FARXIGA 5 MG TABLET	Diabetes	Criteria for approval not met
7	BRILINTA 90 MG TABLET	Heart attack or Stroke Criteria for approval not met	Criteria for approval not met
8	VYVANSE 30 MG CAPSULE	Attention deficit hyperactivity disorder	Criteria for approval not met
9	CLINDAMYCIN PH 1% GEL	Acne	Criteria for approval not met
10	SYMBICORT 160-4.5 MCG INHALER	Asthma or Chronic Obstructive Pulmonary Disease (COPD)	Criteria for approval not met

### **Case and Disease Management**

Director: Julie Anne Miller

Managers: Lily Hunter & Eva Repert

Medical Director: Shani Muhammad

- The TruCare, the computer software used by the UM team, is being upgraded to the latest version, 8.0 on September 26<sup>th</sup>. The team has been working with IT and TruCare on optimizing the system on the Care Plans, and are now testing the functions in preparation for the Go-Live
- A focus for Medical Expense Reduction is reducing Readmissions, and the CM department has launched focused work in this area, most recently working with AHS.

- One outcome expected from the Transition of Care (TOC) bundle deployed in pilot phase with Alameda Health System's three campuses is a reduction in readmission. Expansion to Sutter campuses is being planned.
- CM is working with the AAH HHP on developing an internal CB-CME staffed by the CCM staff, in order to provide HHP services to more of the AAH's most vulnerable members.
- Care bundles in Oncology and Dialysis have been developed that emphasize using benefits as tools to help members more successfully engage in care. Launch of the Heme-Onc bundle is Sept 21.

### **Health Homes & Alameda County Care Connect (AC3)**

Director: Julie Anne Miller

Manager: Amy Stevenson

- Monitoring of our HHP network performance is a focus for FY19/20, both for medical CB-CMEs and those for Severe Mental Illness, (SMI.)
- A quality improvement project for services to members who are homeless is in development.
- Bay Area Community Services, (BACS) is nearing launch to become a SMI site.
- A second SMI focus CB-CME is in contract discussions.
- Work is moving forward with CM on developing an internal CB-CME in order to serve more members in our HHP that are not associated with an existing CB-CMEs
- A team from AAH HCS, Analytics and Finance is planning our Population Health based prioritization of our target populations

Case Type	New Cases Opened in July 2020	Total Open Cases As of July 2020
Care Coordination	263	646
Complex Case Management	6	56
Transitions of Care	234	442

### **Grievances & Appeals**

Director: Jennifer Karmelich

Manager: Loren Mariscal

- All cases except expedited grievances were resolved within the goal of 95% within regulatory timeframes; the three expedited grievances that were not resolved

timely were due to the Alliance having to obtain LOA for OON services which took longer than the 72 hours required.

- Total grievances resolved in August went over our goal of less than 1 complaint per 1,000 members at 5.68 complaints per 1,000 members;
- The Alliance's goal is to have an overturn rate of less than 25%, for the reporting period of August 2020; we met our goal at 19.4% overturn rate;
- Grievance tracking and trending by quarter:
  - There has been an overall increase of standard grievances in the month of August due to a change in process with Member Services. Previously, the Member Services Department were resolving complaints that were categorized as coverage disputes as exempt grievances. The definition of an exempt grievance states that coverage disputes cannot be exempt from the standard grievance process and require written correspondence to the member; therefore, regardless if the Member Services Representative was able to resolve the issue within the next business day they must forward to the G&A Department to be handled as a standard grievance. The overall received grievance have not increase; however, in the next report you will see the increase of standard grievances as well as the decrease in exempt grievances.

August 2020 Cases	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	359	30 Calendar Days	95% compliance within standard	349	97.2%	1.36
Expedited Grievance	13	72 Hours	95% compliance within standard	10	76.9%	0.05
Exempt Grievance	1,098	Next Business Day	95% compliance within standard	1,096	99.8%	4.16
Standard Appeal	29	30 Calendar Days	95% compliance within standard	29	100.0%	0.11
Expedited Appeal	2	72 Hours	95% compliance within standard	2	100.0%	0.01
<b>Total Cases:</b>	1,501		95% compliance within standard	1,486	99.0%	5.68

\*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

- The Alliance is currently in the process of preparing for our upcoming audits with DMHC, DHCS and NCQA. NCQA will conduct their review of UM 7B in

February 2021, we are conducted routine monthly audits of NOAs both internally and with our delegates to ensure that we are meeting the requirements outlined in Element UM 7B.

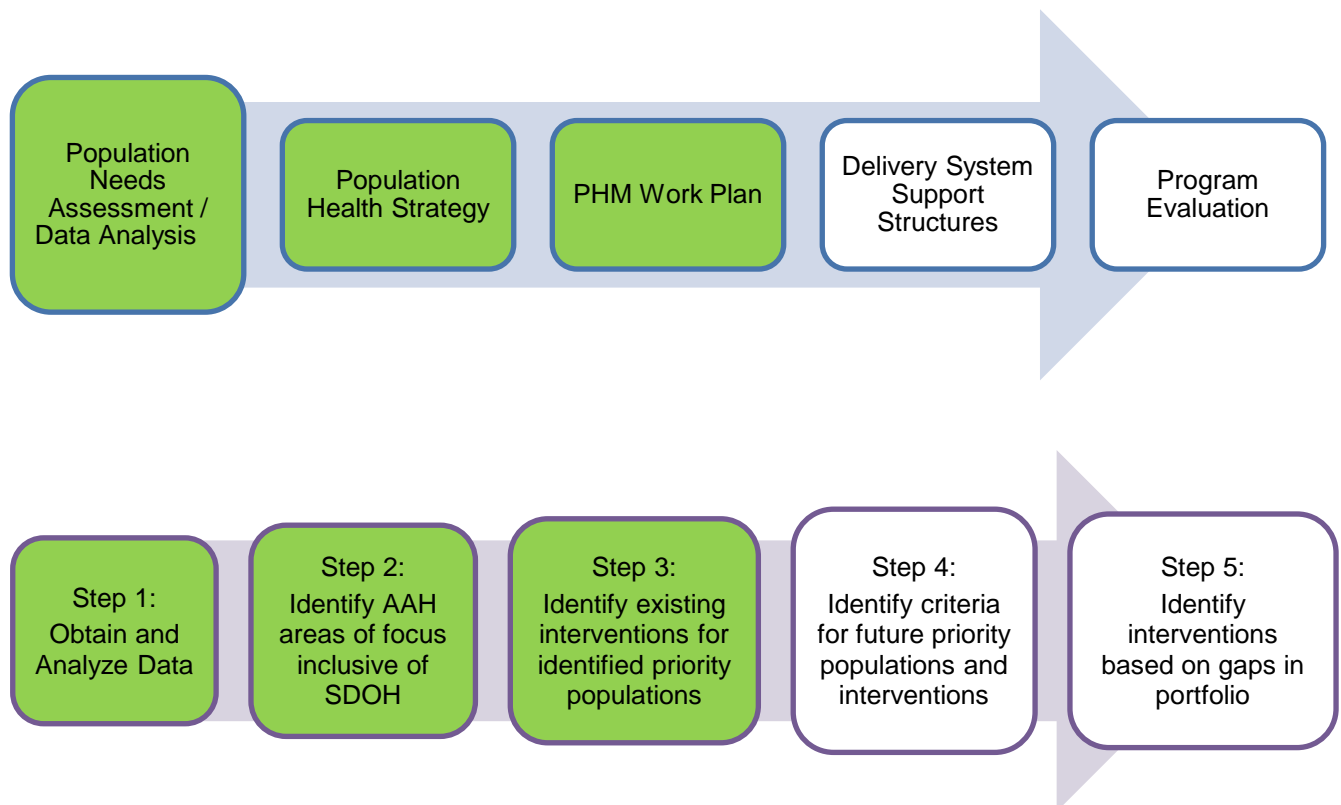
### **Quality Improvement**

Director: Stephanie Wakefield

Managers: Jessica Pedden [Clinical Quality], Gina Battaglia [A&A], Linda Ayala [C&L/Health Ed])

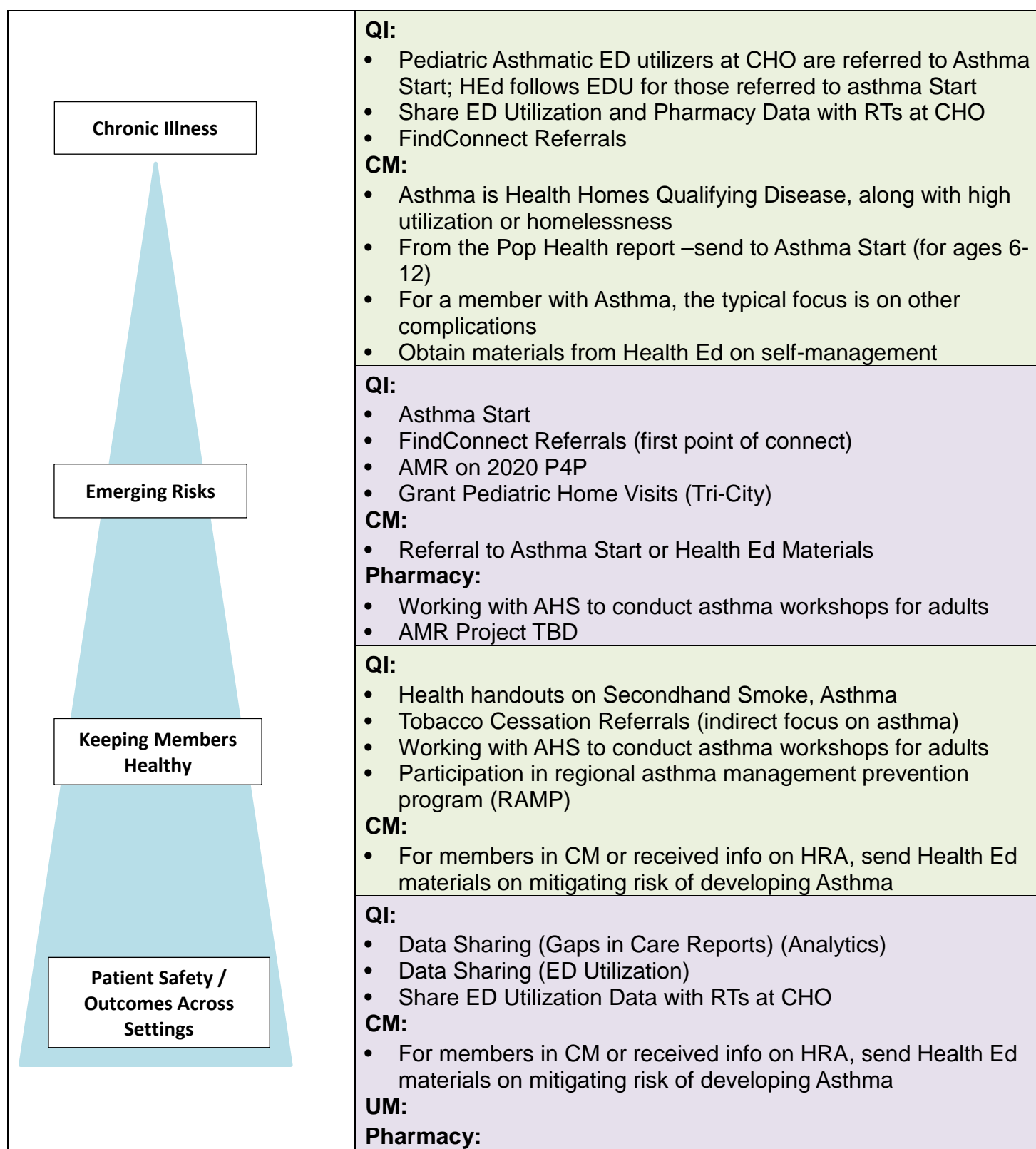
Medical Director: Sanjay Bhatt

- **Population Health Management (PHM) and the Population Needs Assessment (PNA)** informs the Alliance strategies for managing the engagement, treatment, and clinical outcomes of selected populations. AAH is strengthening our PHM/PNA focus with increased organizational structure, based on NCQA/DHCS standards in addressing member needs across the continuum of care. Work Plan execution through related initiative and activities is currently underway.



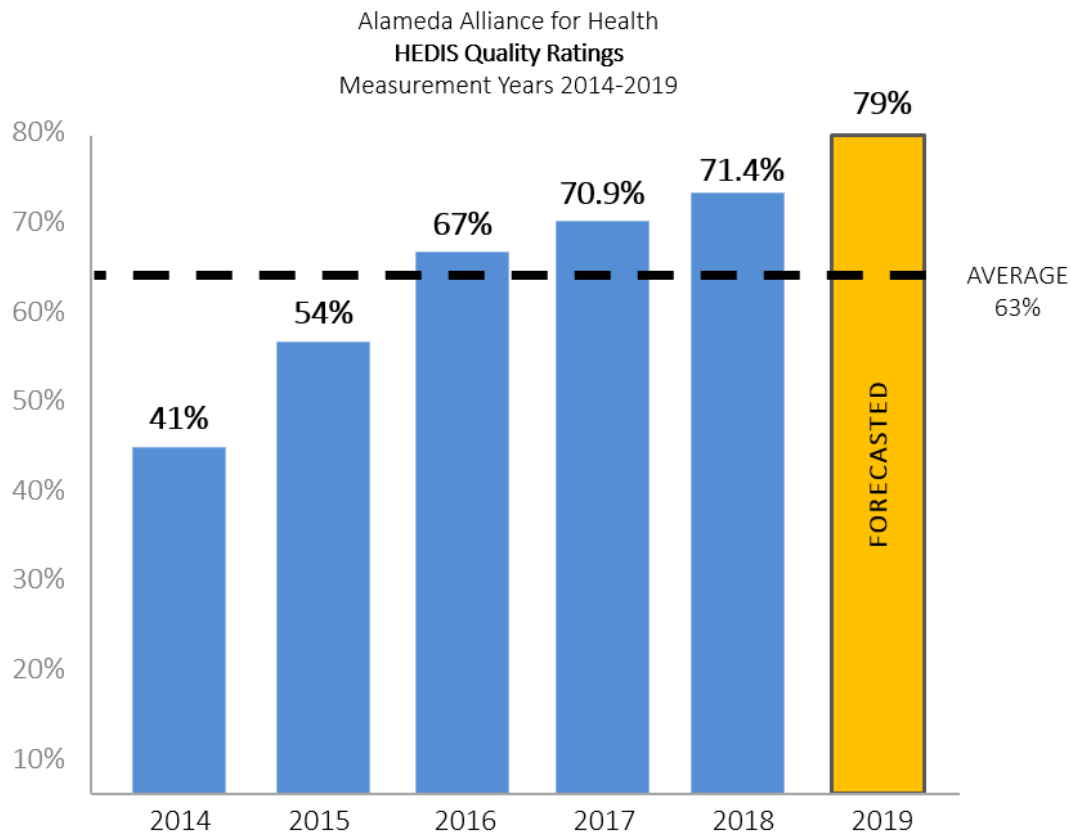
**NCQA targeted focus goals for population health management include:**

**Figure 1: Example of Goals by Acuity**



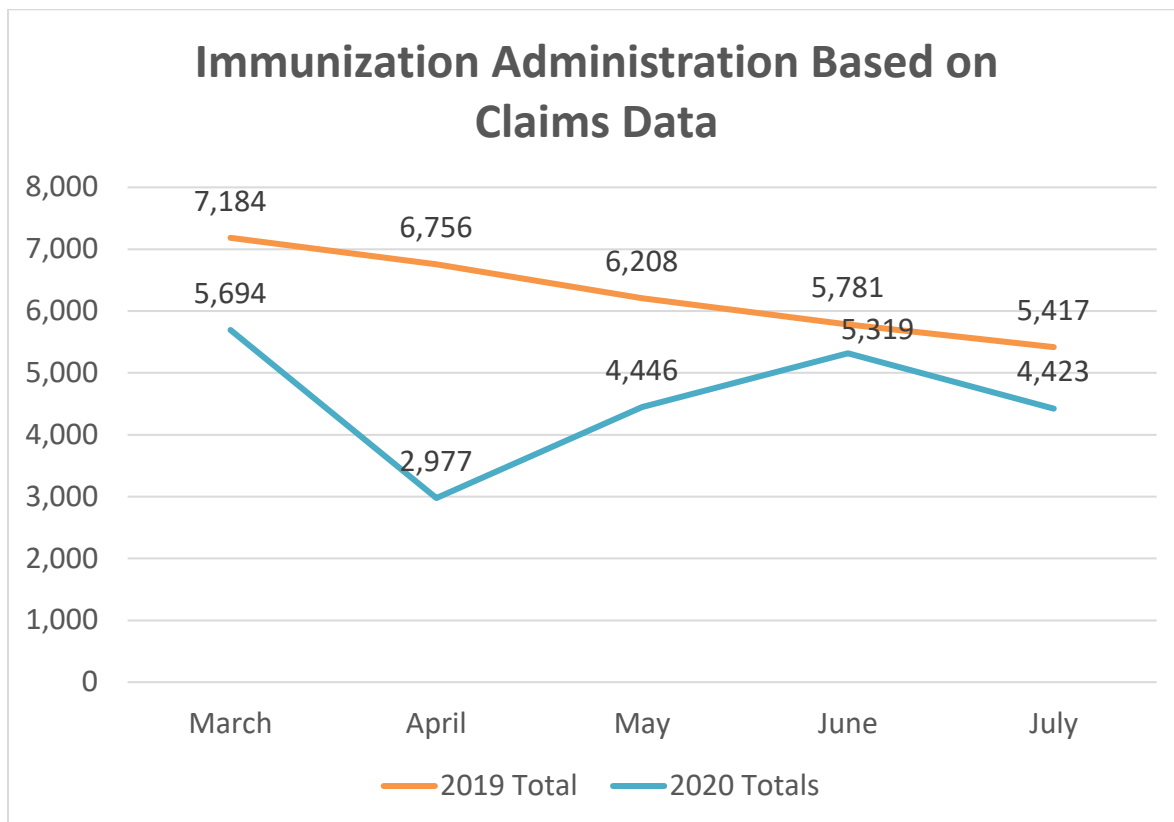
- **HEDIS** results continue to inform our Quality Improvement strategic planning for the second half of the fiscal year in areas including our Quality Improvement Plans (QIPs) with the state, as well as internal department integrated Performance Improvement Projects. HEDIS Gap in Care (GIC) reports served as an ‘access to care’ performance tool for our network and delegate provider office staff to engage members for scheduling clinical appointments. Preliminary HEDIS results indicate that our health plan/provider collaboration, in addition to member gift card incentives has resulted in increased GIC closure and service utilization for timely health assessments, screenings and referrals with year over year improvement in our Aggregated Quality Factor Scores (AQFS) from MY 2014 - 2019.

**Figure 2: Alliance HEDIS Quality Ratings MY2014-2019**





- AAH continues its commitment to **Pediatric Care Coordination (PCC)**, as part of our pediatric strategy in FY21. Critical components of our three-prong approach to pediatric care and services include: quality improvement initiatives, clinical care initiatives and care coordination/management in addition to member incentives for targeted measures. Improving access to care and services and efficacy of the EPSDT benefit for member's age 0-20, through enhanced collaboration with Alameda County healthcare CBO's, as well as, direct and delegate pediatric providers, remains a focus of this exciting pilot for FY21. Targeted focus for campaign Well Child and Adolescent Care Visits including 1) IZ and 2) Blood Lead Screening. There has been a 27.09% decrease in the number of vaccines given 2020 compared to 2019 as well as a decrease in pediatric well-child visits.



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

AWC - adolescent visits for ages 12-21	25.49%	14.71%	-10.78%
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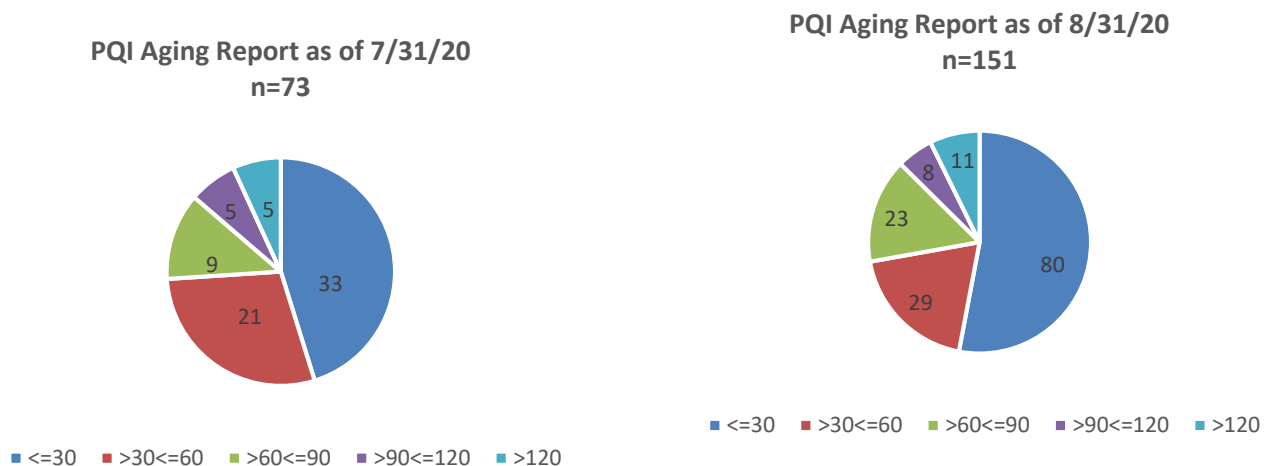
- **DHCS**, effective August 2020 requested that HPs resume outbound calls as part of the Pediatric Preventive Care Outreach project, paused in March due to **COVID – 19** ‘shelter in place’ mandates. The resumption of this outbound call campaign now targets Alliance beneficiaries ages 7 and under (est 8K kids), in 2 separate phases, who have not utilized or under-utilized preventive care services available to them as part of their EPSDT benefit. Many HPs and HP associations raised concerns about violation of the Telephone Consumer Protection Act Law (TCPA) regarding conducting “robo call” outreach campaign and the legal risk posed for organizations. New guidance from DHCS is expected soon that offers alternative outreach methods for the plans.
- **CBO Partnerships** As part of our quality improvement strategy to improve overall care and outcomes for members, as well as, improve collaboration in the community, AAH is continuing its partnership with county and community initiatives including, Food as Medicine and Asthma Start (pediatric asthma case management), and Alameda County First 5 for FY21.
- **Access to Care:** Multiple member and provider surveys are completed throughout the year to assess member Access to Care. Access standards are established by state/federal regulations and outlined within AAH internal Policy & Procedures. Policy requires the plan to issue Corrective Action Plans to providers found to be non-compliant with access standards. The Alliance understands that COVID-19 has changed the landscape of office visit care delivery with a shift to telephonic/telehealth visits as a new norm. Like many local and national HPs the Alliance has seen a decline in members accessing care, due to safety concerns on part of the members and providers, as well as, office staff shortages. DHCS has temporarily allowed MCPs extended timeframes for issuing providers CAPs due to the impact of **COVID-19** on provider offices administrative capacity. Cross functional department stakeholders are in discussions regarding next steps to support and minimize administrative burden on provider office resources while maintaining expected regulatory compliance with access standards.
- **2019 CAHPS** Members Consumer Assessment of Healthcare Providers and Systems Survey and the **2019 Provider Satisfaction Survey**
  - Survey Goals:
    - To measure how well plans meet their members’ expectations and goals
    - To determine which area of service have the greatest effect on members’ overall satisfaction
    - To identify the areas of opportunity for improvement

### Improvement Strategies:

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

### Potential Quality Issues (PQI) Aging Report

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



- On July 1, 2020, we began transition of Interpreter Services to primarily on-demand telephonic services provided via CyraCom vendor. Transition 95% complete while work with a small group of provider offices needing additional time for deployment due to operation concerns. Updated guides for accessing interpreter services and Interpreter Services Request form are available for providers.



# Information Technology

**Sasikumar Karaiyan**

**To:** Alameda Alliance for Health Board of Governors  
**From:** Sasi Karaiyan, Chief Information & Security Officer  
**Date:** September 11, 2020  
**Subject:** Information Technology Report

### **Call Center System Availability**

- AAH phone systems and call center applications performed at 100% availability during the month of August despite supporting 100% of staff working remotely.
- Overall, we are continuing to perform the following activities to optimize the call center eco-system (applications, backend integration, configuration, and network).
  - Upgrading the call manager environment (2 Ring, Calabrio, and Finesse software) – The first phase (Calabrio Application) of the project is now in progress.

### **Office 365 Project**

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

### **Encounter Data**

- In the month of August, the Alliance submitted 78 encounter files to the Department of Health Care Services with a total of 187,007 encounters.

### **Enrollment**

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

### **HealthSuite**

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

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

### **TruCare**

- The TruCare system continued to operate normally with an uptime of 99.99%. Total of 8,099 authorizations were loaded and processed in the TruCare application.
- The Alliance's Health Care Services team and Information Technology team have started working on the TruCare 8.0.0.3 upgrade effort. The upgrade includes adding new features and upgrading to HTML (HyperText Markup Language) version 5. This is expected to be complete before the end of September 2020.

### **Web Portal**

- The web portal usage for the month of August among our group providers and members remains consistent with prior months.
- The Alliance team started the Member portal redesign which is expected to be complete before December 2020.

### **Information Security**

- All security activity data is based on the current month's metrics as a percentage. This is compared to the previous three month average, except as noted.
- Email based metrics currently monitored have increased with a return to a reputation-based block for a total of 237.0k.
- Attempted information leaks detected and blocked at the firewall are slightly higher from 64 to 88 for the month of August.
- Network scans returned a value of 1, which is in line with the previous month's data.
- Attempted User Privilege Gain is lower at 22 from a previous six month average of 23.

## **Data Warehouse**

- The Data Warehouse project is aimed at bringing all critical health care data domains to the Data Warehouse and enabling the Data Warehouse to be the single source of truth for all reporting needs.
- In the month of August, the Alliance is working on adding the authorization and case management data to the Data Warehouse. The authorization data domain is expected to be complete before the end of December 2020. The case management deliverable will be completed in March 2021.
- As part of the fiscal year 2021, the Alliance's strategic plan is to add Authorization, Cases and Disease Management, ADT (Admit, Discharge and Transfer), Credentialing and Pharmacy data to the Data Warehouse.

## **Data Governance**

- As part of our Data Governance initiative, the Alliance is in the process of de-identifying PHI (Protected Health Information) data in a development environment for external vendors. Only the development environment is accessible to external vendors. This process shall reduce the risk of exposing PHI data to our external vendors and will stay in compliance with the regulatory terms. We are planning to complete this process before the end of December 2020.

# **Information Technology**

## **Supporting Documents**



## **Enrollment**

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

Month	Total MC <sup>1</sup>	MC <sup>1</sup> - Add/ Reinstatements	MC <sup>1</sup> - Terminated	Total GC <sup>2</sup>	GC <sup>2</sup> - Add/ Reinstatements	GC <sup>2</sup> - Terminated
August	258,026	5,266	2,254	6,008	117	220

1. MC – Medical Member

2. GC – Group Care Member

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

Auto-Assignments	Member Count
Auto-assignments MC	1,451
Auto-assignments Expansion	1,509
Auto-assignments GC	44
PCP Changes (PCP Change Tool) Total	3,133

## **TruCare**

- See Table 2-1 “Summary of TruCare Authorizations for the month of August 2020”.
- There were 8,099 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 August 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
<b>EDI-CHCN</b>	4,597	147	0	23	0	0	4	178	0	4,419
<b>Paper to EDI</b>	2,578	0	0	0	0	0	0	0	0	2,578
<b>Manual Entry</b>	0	0	0	0	0	0	0	0	1,102	1,102
Total										8,099

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 July 2020

Group	Individual User Accounts	Individual User Accounts Accessed	Total Logins	New Users
<b>Provider</b>	3,101	2,631	106,886	318
<b>MCAL</b>	64,585	1,878	3,694	757
<b>IHSS</b>	2,553	78	162	25
<b>AAH Staff</b>	161	42	930	-
<b>Total</b>	<b>70,400</b>	<b>4,629</b>	<b>111,672</b>	<b>1,100</b>

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

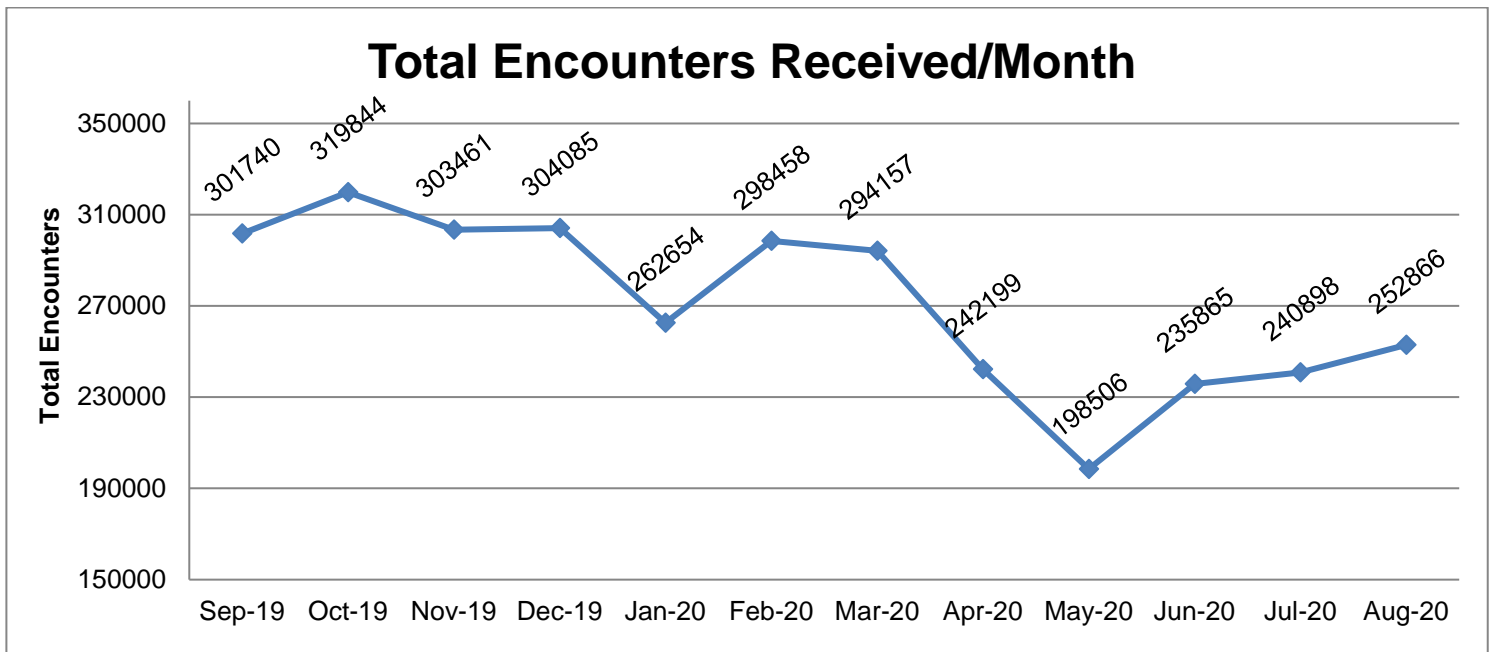
<b>Top 25 Pages Viewed</b>		
<b>Category</b>	<b>Page Name</b>	<b>July-20</b>
<b>Provider</b>	Member Eligibility	510,829
<b>Provider</b>	Claim Status	96,822
<b>Member - Eligibility</b>	Member Eligibility	5,719
<b>Member - Claims</b>	Claims – Services	3,827
<b>Provider</b>	Auth Submit	3,782
<b>Provider</b>	Auth Search	3,744
<b>Member - Help Center</b>	Member ID Card	2,801
<b>Provider</b>	Member Roster	2,288
<b>Member - Help Center</b>	Find a Doctor or Facility	1,087
<b>Member - Help Center</b>	Select/Change PCP	1,023
<b>Provider</b>	Pharmacy	639
<b>Provider - Provider Directory</b>	Provider Directory	533
<b>Member - Pharmacy</b>	My Pharmacy Claims	530
<b>Provider - Home 2019</b>	Forms	373
<b>Provider - Provider Directory</b>	Manual	290
<b>Member - Help Center</b>	Update My Contact Info	281
<b>Member - Pharmacy</b>	Pharmacy - Drugs	237
<b>Provider - Provider Directory</b>	Attestation	143
<b>Member - Help Center</b>	Authorizations & Referrals	134
<b>Member - Help Center</b>	Contact Us	122
<b>Member - Health/Wellness</b>	Personal Health Record - Intro	102
<b>Member - Pharmacy</b>	Pharmacy	90
<b>Member - Forms/Resources</b>	Authorized Representative Form	81
<b>Member - Health/Wellness</b>	Personal Health Record – No More Clipboard	75
<b>Member - Pharmacy</b>	Find a Drug	70

## **Encounter Data From Trading Partners 2020**

- AHS:  
August daily files (104,293 records) were received on time.
- Beacon:  
August monthly files (10,193 records) were received on time
- CHCN:  
August weekly files (64,935 records) were received on time.
- CHME:  
August monthly file (4,987 records) were received on time
- CFMG:  
August weekly files (6,608 records) were received on time.
- Docustream:  
August weekly files (919 records) were received on time.
- Perform Rx:  
August monthly files (163,480 records) were received on time.
- Kaiser:
  - August monthly files (26,057 records) were received on time.
  - August monthly Kaiser Pharmacy files (18,032 records) were received on time.
- LogistiCare:  
August weekly files (10,145 records) were received on time.
- March Vision:  
August monthly file (2,568 records) were received on time.
- Quest Diagnostics:  
August weekly files (12,783 records) were received on time.
- Teladoc:  
August weekly files (25 records) were received on time.

## Trading Partner Encounter Inbound Submission History

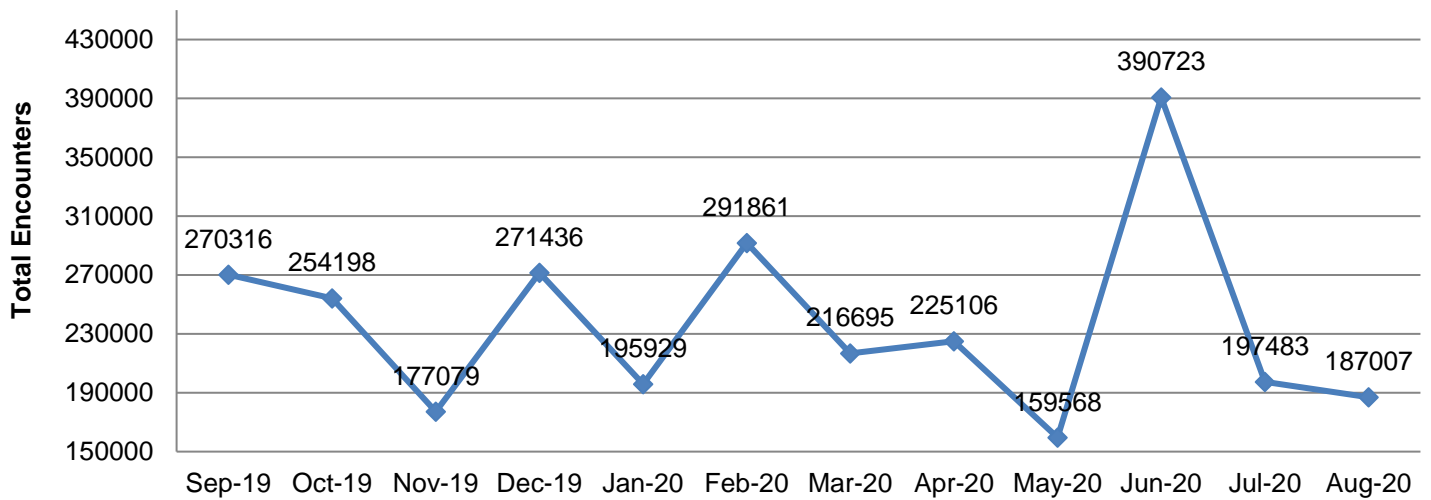
Trading Partners	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
HealthSuite	111578	125442	122333	103132	104147	118309	115716	86578	89063	95735	107093	104293
Kaiser	37188	35517	44533	38079	34890	35167	36334	33670	16030	19364	22508	26057
Logisticare	21036	18411	16867	14261	16911	19665	21375	10812	10893	10857	12865	10145
March Vision	3078	3428	3792	3183	5495	0	3127	3389	1395	1336	1839	2568
AHS	4802	3347	2531	12186	7385	4949	9907	9040	7698	7129	10154	9353
Beacon	21217	12163	8328	8843	6407	14626	10010	12606	8546	9612	11413	10193
CHCN	75665	88478	72359	94805	60204	69402	76884	64623	45221	73144	53049	64935
CHME	4146	2963	3928	3090	7201	5604	3612	4346	7241	4903	4344	4987
Claimsnet	9255	15028	16604	13396	9027	16607	7317	12653	5484	6154	6545	6608
Quest	12987	14539	11593	12697	10509	13574	9334	3803	6072	6809	10135	12783
Docustream	788	528	593	413	478	555	541	679	863	822	912	919
Teladoc											41	25
<b>Total</b>	<b>301740</b>	<b>319844</b>	<b>303461</b>	<b>304085</b>	<b>262654</b>	<b>298458</b>	<b>294157</b>	<b>242199</b>	<b>198506</b>	<b>235865</b>	<b>240898</b>	<b>252866</b>



## Outbound Encounter Submission

Trading Partners	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
HealthSuite	112242	87691	34874	78764	62186	141458	81483	79506	72631	60932	76561	73815
Kaiser	37153	35352	44276	37789	34583	34561	35565	32223	15191	15545	21968	25720
Logisticare	14300	21631	12670	21692	11883	24522	22887	12988	10513	10438	14934	9924
March Vision	2277	2531	2845	2564	2150	1672	2118	2362	813	803	1121	1909
AHS	4601	5303	3762	11823	8412	4711	8545	7880	8708	6727	10662	8083
Beacon	16718	9557	7204	7369	5392	11058	6	19228	8464	7377	9507	7620
CHCN	56622	62669	43593	83370	51732	49459	43356	54436	27819	270473	43686	38537
CHME	7628	2589	3493	2692	3100	4981	3166	3847	6860	4640	4081	4663
Claimsnet	7495	10566	11508	10283	6295	8835	8788	7468	3266	5643	4792	6110
Quest	11280	15100	12337	14701	9757	10087	10331	4579	4566	7425	9331	9789
Docustream		1209	517	389	439	517	450	589	737	720	799	812
Teladoc											41	25
Total	270316	254198	177079	271436	195929	291861	216695	225106	159568	390723	197483	187007

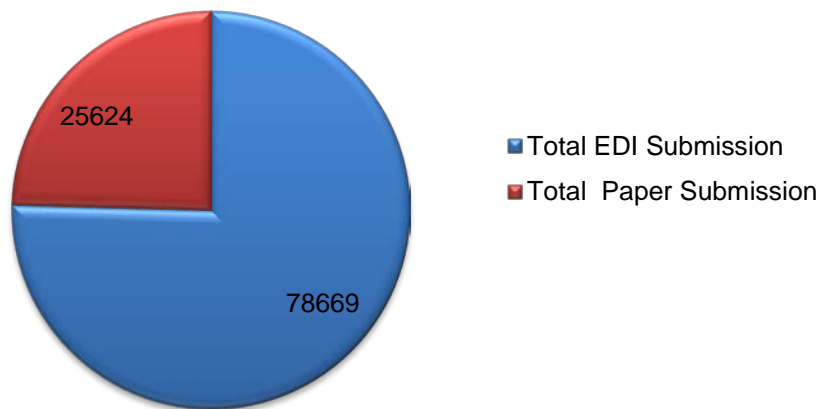
## Total Outbound Encounter/Month



## HealthSuite Paper vs EDI breakdown

Period	Total EDI Submission	Total Paper Submission	Total Claims
20-Aug	78669	25624	104293

## EDI vs Paper Submission, August 2020

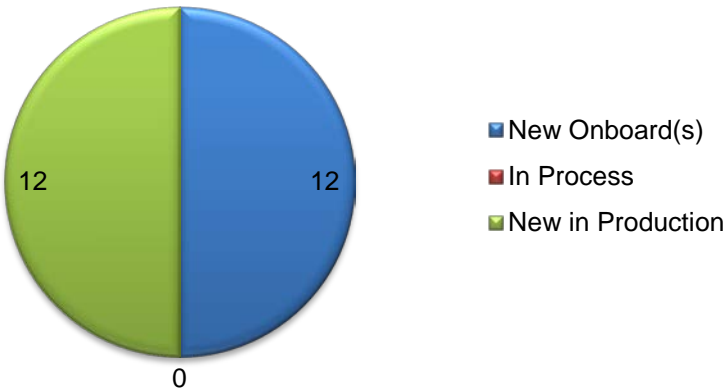


### Onboarding EDI Providers - Updates

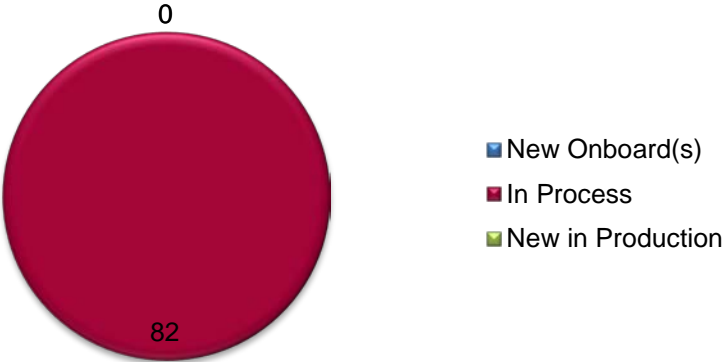
- August 2020 EDI Claims:
  - A total of 971 new EDI submitters have been added since October 2015, with 12 added in August 2020.
  - The total number of EDI submitters is 1703 providers.
- August 2020 EDI Remittances (ERA):
  - A total of 189 new ERA receivers have been added since October 2015, with 0 added in August 2020.
  - The total number of ERA receivers is 228 providers.

	837				835			
	New On Boards	In Process	New In Production	Total in Production	New On Boards	In Process	New In Production	Total In Production
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
May-20	15	0	15	1663	2	81	1	226
Jun-20	17	0	17	1680	2	82	1	227
Jul-20	11	0	11	1691	1	82	1	228
Aug-20	12	0	12	1703	0	82	0	228

# 837 EDI Submitters - August 2020



# 835 EDI Receivers - August 2020





### **EDSRF/Reconciliations**

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

File Type	Aug-20
837 I Files	16
837 P Files	62
NCPDP	9
Total Files	87

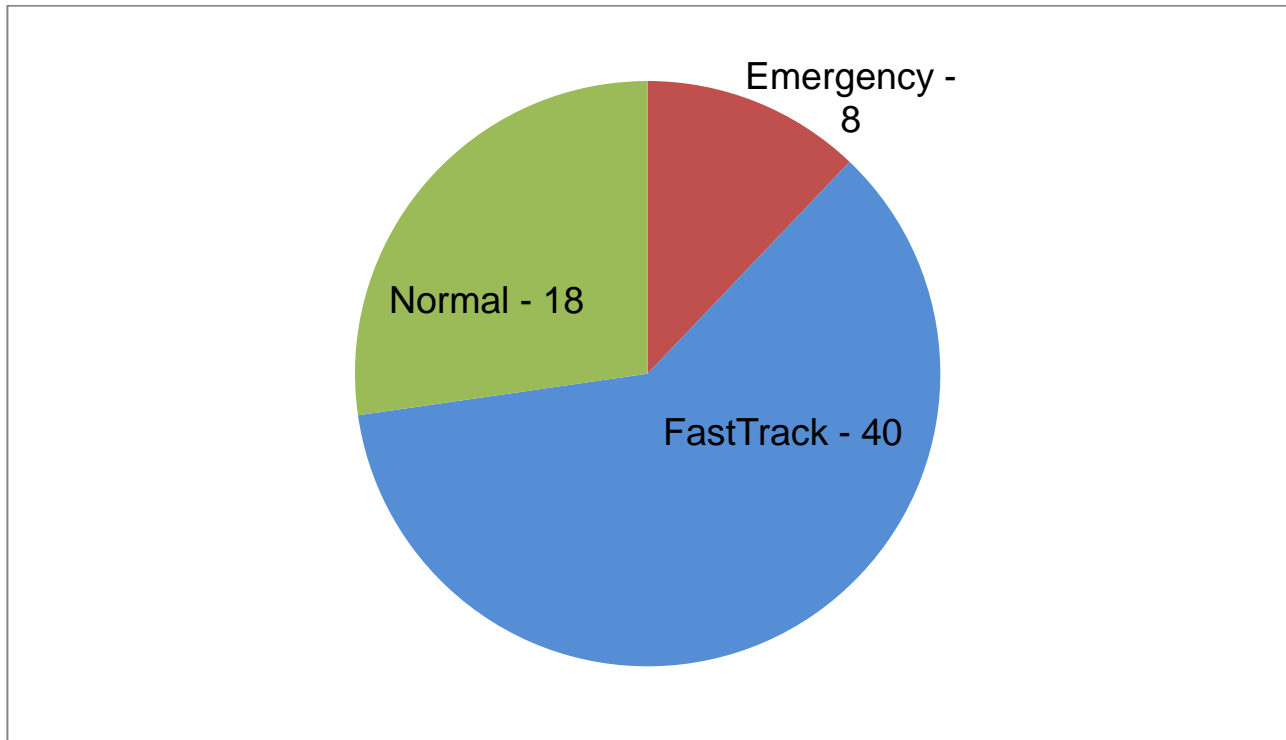
### **Lag-time Metrics/KPI's**

AAH Encounters: Outbound 837	Aug-20	Target
Timeliness-% Within Lag Time - Institutional 0-90 days	94%	60%
Timeliness-% Within Lag Time - Institutional 0-180 days	98%	80%
Timeliness-% Within Lag Time - Professional 0-90 days	95%	73%
Timeliness-% Within Lag Time – Professional 0-180 days	98%	80%

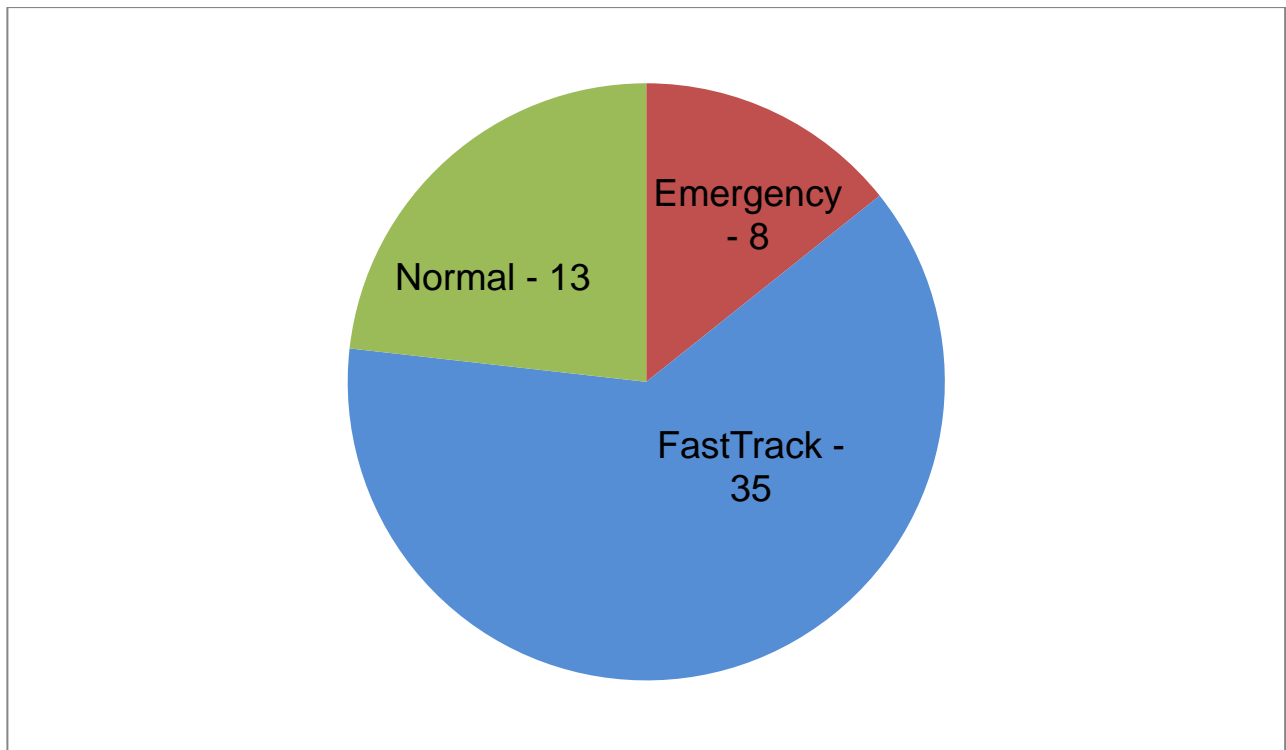
### **Change Management Key Performance Indicator (KPI)**

- Change Request Submitted by Type in the month of Aug 2020 KPI – Overall Summary.
  - 1,689 Changes Submitted.
  - 1,582 Changes, Completed, and Closed.
  - 122 Active Changes.
  - 186 Changes Cancelled, and Rejected.

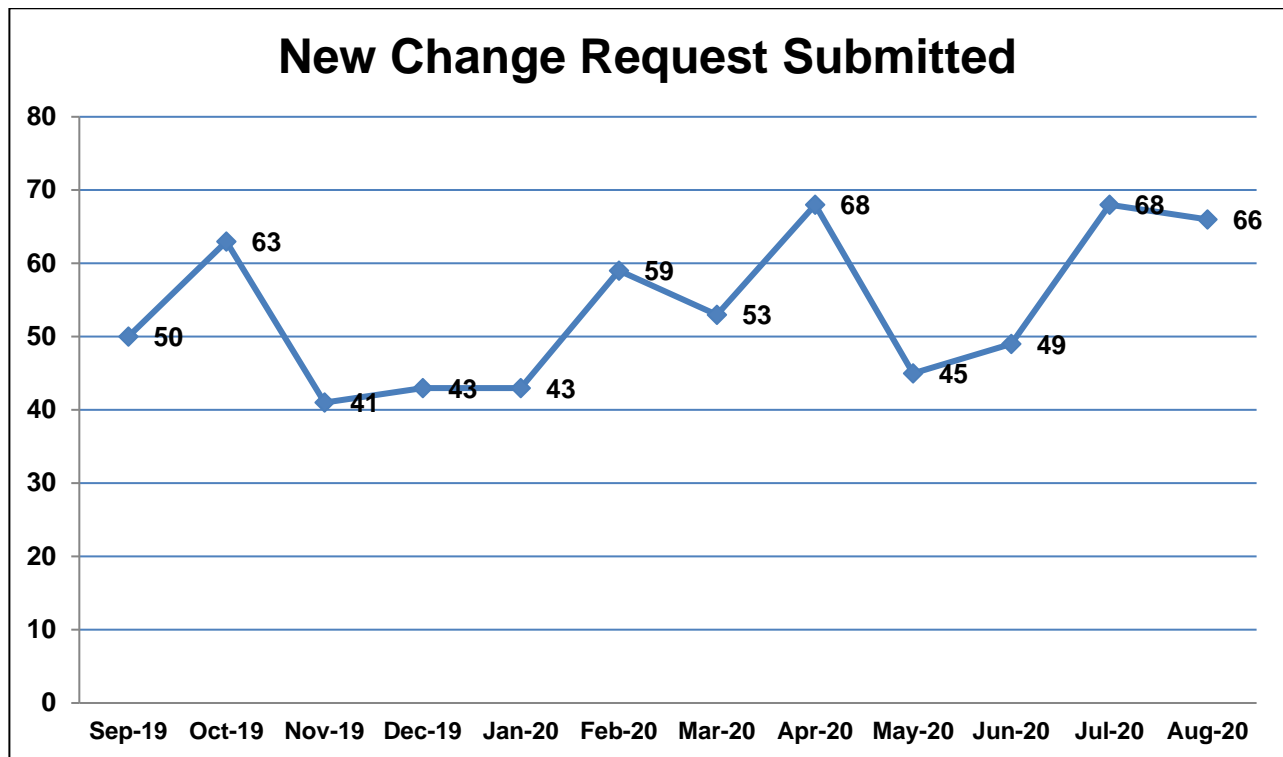
- 66 Change Requests Submitted/logged in the month of Aug 2020



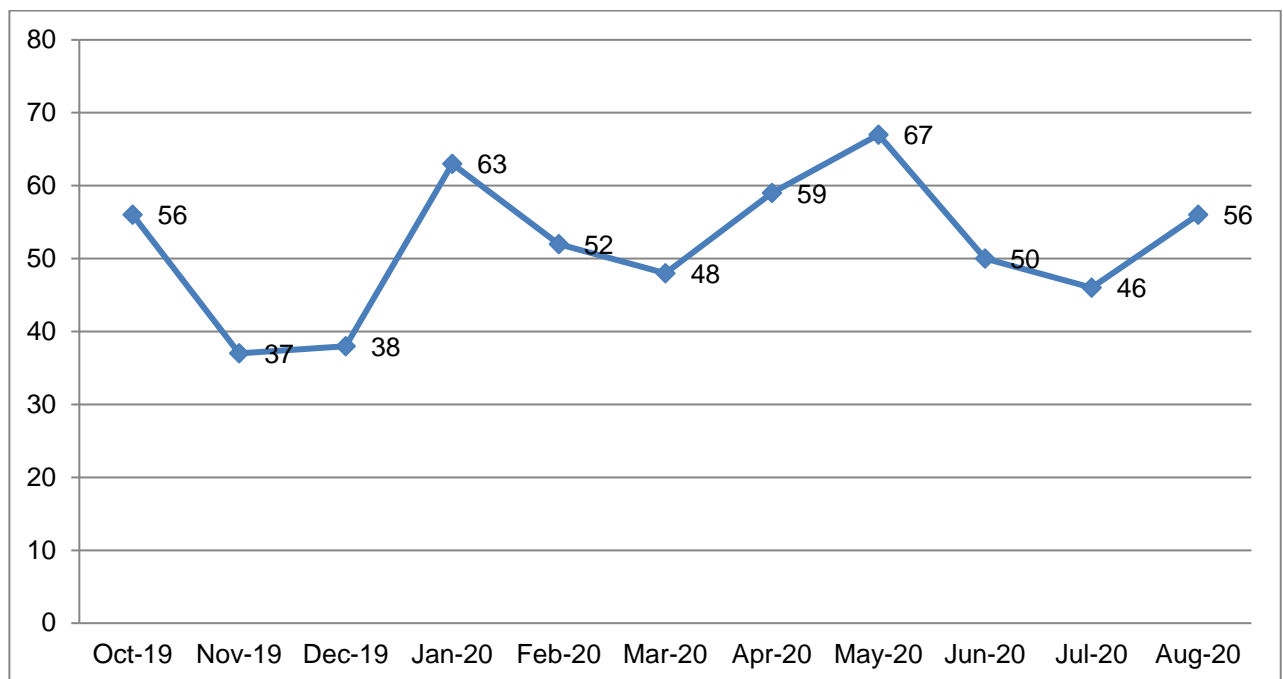
- 56 Change Requests Closed in the month of Aug 2020



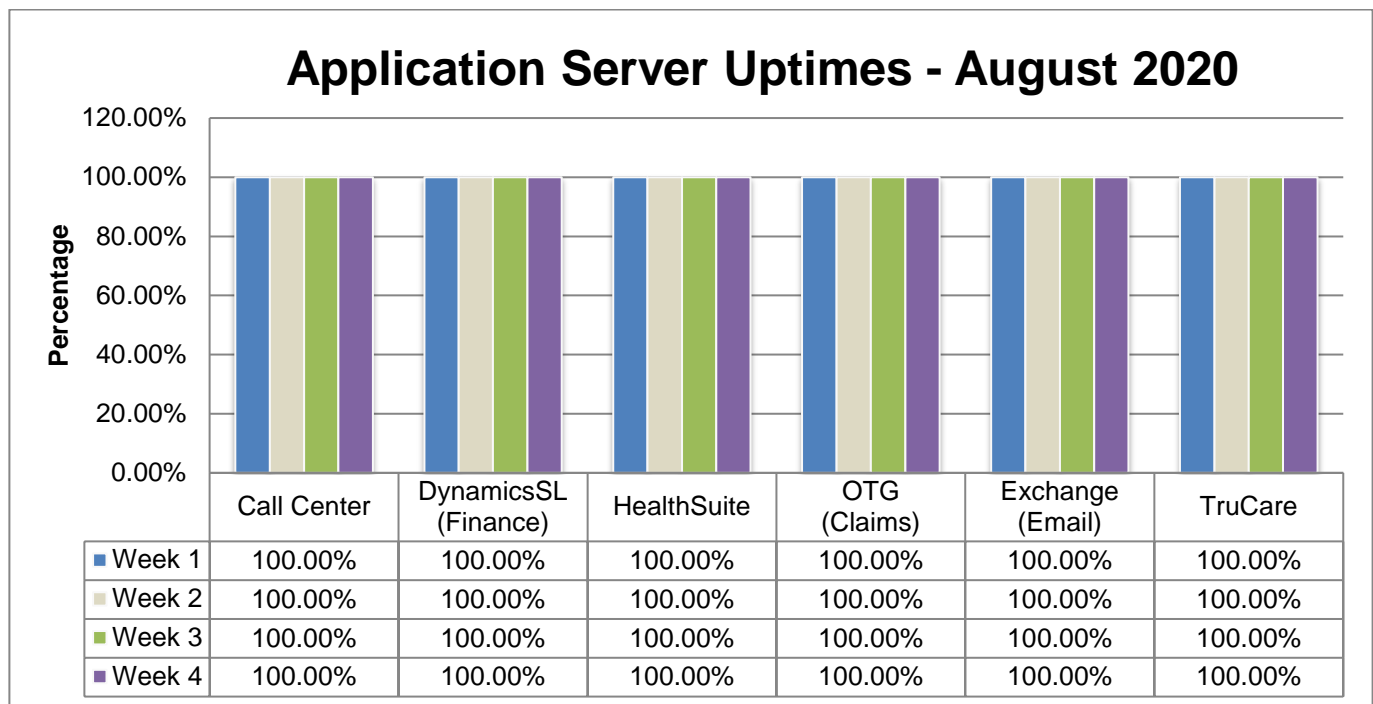
- Change Requests Submitted: Monthly Trend



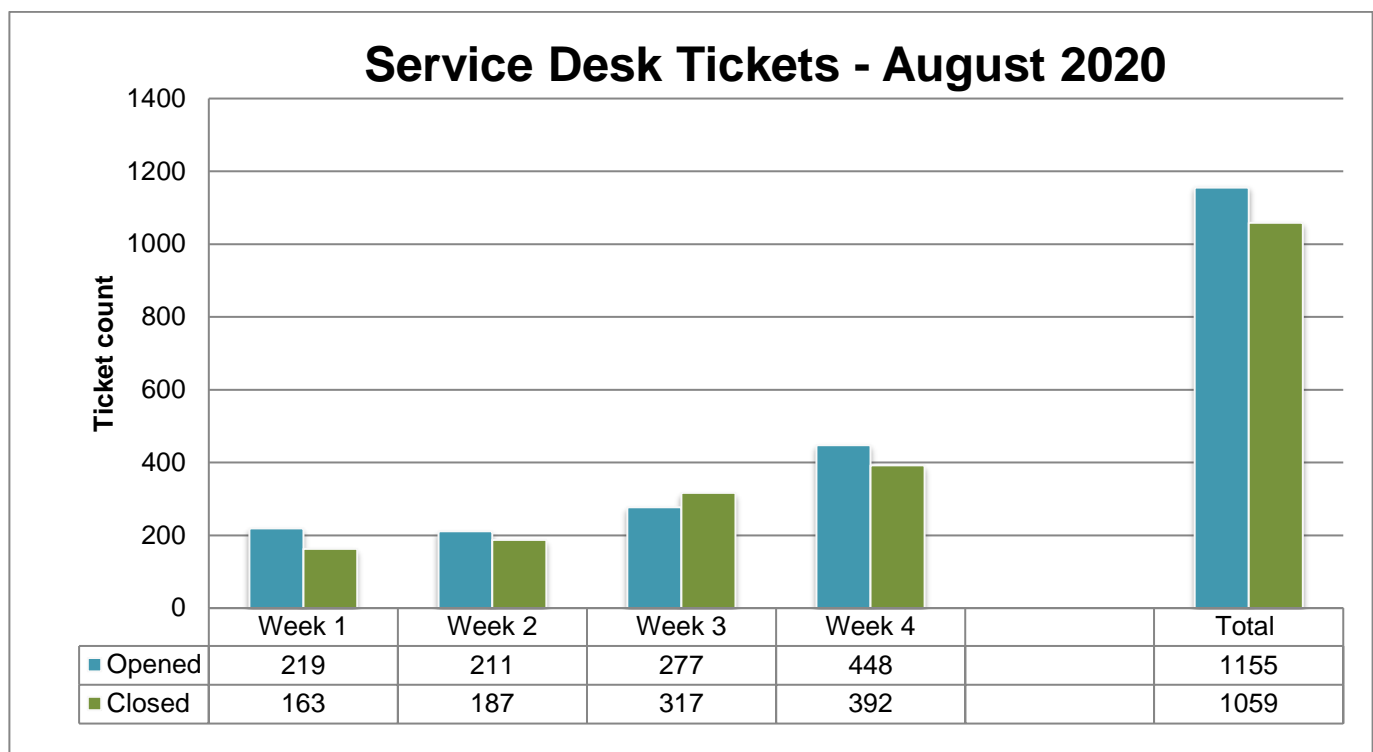
- Change Requests Closed: Monthly Trend



## IT Stats: Infrastructure



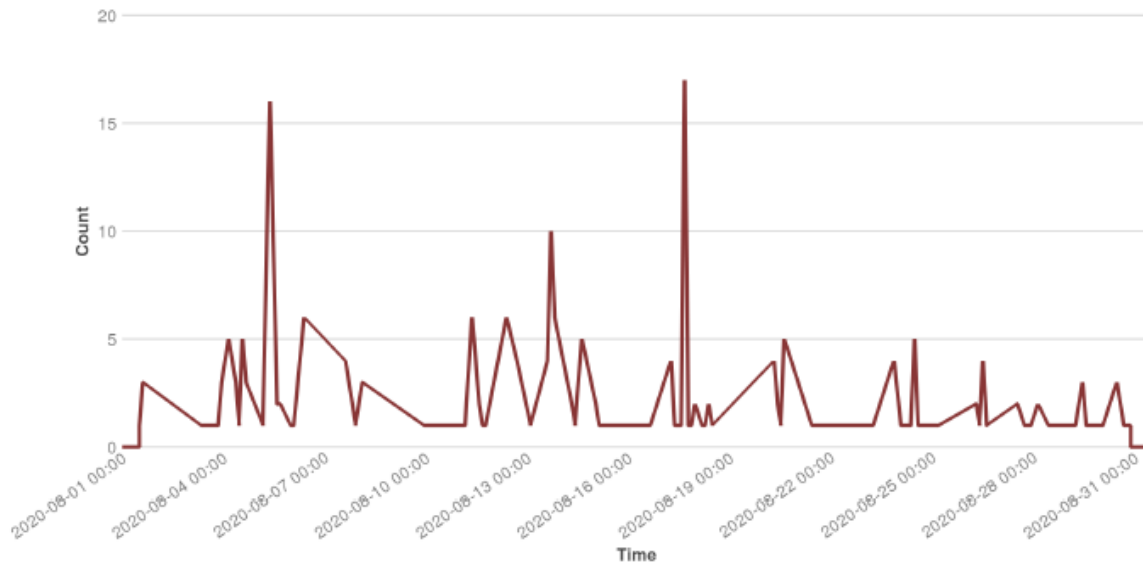
- All mission critical applications are monitored and managed thoroughly.
- There were no outages experienced in the month of **August** despite supporting 100% of staff working remotely.



- 1,155 Service Desk tickets were opened in the month of **August**, which is 0.3% higher than the previous month and 1,059 Service Desk tickets were closed, which is 3.2% lower than the previous month.

## All Intrusion Events

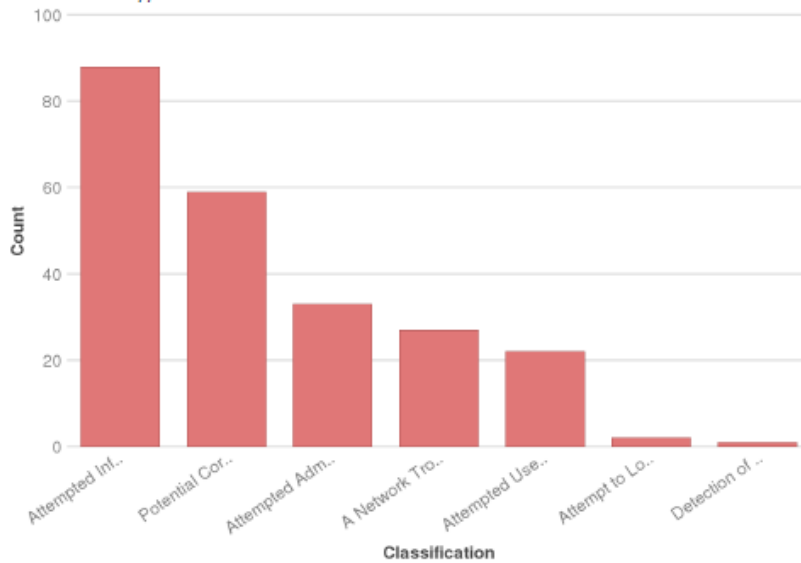
Time Window: 2020-08-01 00:00:00 - 2020-08-31 11:33:00



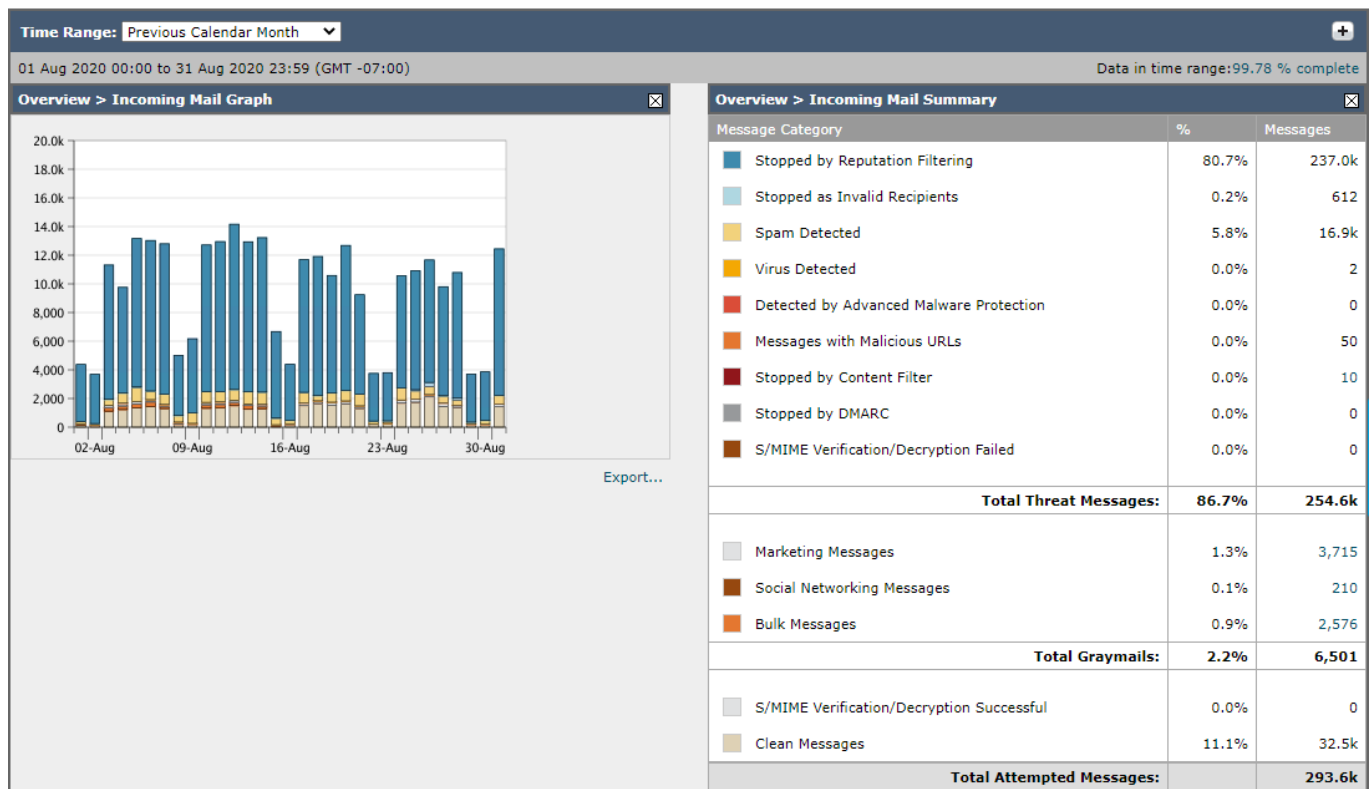
## Dropped Intrusion Events

Time Window: 2020-08-01 00:00:00 - 2020-08-31 11:33:00

Constraints: Inline Result = dropped



Classification	Count
Attempted Information Leak	88
Potential Corporate Policy Violation	59
Attempted Administrator Privilege Gain	33
A Network Trojan was Detected	27
Attempted User Privilege Gain	22
Attempt to Login By a Default Username and Password	2
Detection of a Network Scan	1



Item / Date	Jun-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Aug-20
Stopped By Reputation	299.9k	10.7k	293.7k	301.0k	264.0k	275.3k	306.6k	234.0k	280.8k	249.7k	278.0k	322.6k	237.0k
Invalid Recipients	299	0	22	51	0	4	0	4	56	39	55	50	612
Spam Detected	23.2k	599	15.5k	17.1k	14.0k	12.0k	13.6k	12.8k	16.4k	11.4k	17.1k	15.9k	16.9k
Virus Detected	2	0	2	3	13	0	0	0	3	4	3	1	2
Advanced Malware	1	1	3	4	1	1	0	4	6	0	0	1	0
Malicious URLs	86	21	117	140	239	81	122	91	14	36	43	47	50
Content Filter	6	0	14	10	17	7	4	9	48	9	23	14	10
Marketing Messages	3,909	145	1,748	4,606	4,677	3,854	4,211	3,804	4,296	3,730	3,834	4,024	3,715
Attempted Admin Privilege Gain	3,029	1,643	971	1,475	360	1,425	704	518	596	1,064	1,292	2,573	33
Attempted User Privilege Gain	20	116	1	8	0	12	7	27	17	18	23	94	22
Attempted Information Leak	67	46	30	38	46	43	31	37	59	63	48	64	88
Potential Corp Policy Violation	47	59	13	26	8	25	29	10	77	21	32	19	59
Network Scans Detected	5	6	12	18	3	4	1	4	3	15	2	2	1
Web Application Attack	83	111	19	40	45	35	72	45	121	47	124	42	0
Misc. Attack	30	29	7	18	21	1	30	21	25	18	56	18	0

- All security activity data is based on the current month's metrics as a percentage. This is compared to the previous three month average, except as noted.
- Email based metrics currently monitored have increased with a return to a reputation-based block for a total of 237.0k.
- Attempted information leaks detected and blocked at the firewall are slightly higher from 64 to 88 for the month of **August**.
- Network scans returned a value of 1, which is in line with previous month's data.
- Attempted User Privilege Gain is lower at 22 from a previous six month average of 23.



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# **Projects and Programs**

## **Ruth Watson**

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

**From: Ruth Watson, Chief Projects Officer**

**Date: September 11, 2020**

**Subject: Projects & Programs Report**

### **Executive Summary**

- The Projects & Programs Division (PPD) was established in June and was charged with standardizing the way we prioritize and execute projects and how we deploy and administer health programs into the communities we serve. The vision is to develop methodologies, tools and techniques that will create operational efficiencies, maximize our resources and take the performance of the Alliance to the next level. Establishing this division is a complex, iterative process. Phase 1, in building the PPD structure, is to stand up the project/program management office (PMO). Building the Alliance PMO creates the foundation for the infrastructure needed to insure that we execute projects and programs in a consistent, efficient, and sustainable way that is aligned with organizational strategy and brings value to the organization.
- In July and August, the PPD focused its efforts on the launch of Phase 1 activities designed to establish the Alliance's Project Management Office.

### **Establishing the PMO**

- The Phase 1 goal is to reinstitute the Alliance Project Management Office – this will be done in phases throughout FY20/21. Phase 1 high level activities:
  - Developed Year-One PPD Roadmap to demonstrate the timeline for key deliverables.
  - Established a project and program governance framework in August to be implemented in November 2020.
  - Conducted Project Portfolio analysis – inventoried and reviewed projects on the portfolio including status, ownership, timing and alignment with strategy and strategic domains. (Cost Containment, Infrastructure, Operational Efficiency, and Mandates).
  - Initiated project prioritization exercise to insure that the organization is working on the right things at the right time and that projects are prioritized to achieve and support Alliance strategy (ongoing).



- Senior Leadership Team ranking and prioritizing projects based on the following factors:
  - Feasibility – level of effort and resources
  - Impact
  - Risk

<b>Alameda Alliance Projects &amp; Programs Department - Year One Roadmap</b>		
<b>Activity</b>	<b>Dates</b>	<b>Status</b>
Establish Project Governance	7/1 - 9/30/20	Complete
FY 21/22 Budget - Enterprise Portfolio Intake	10/1 - 11/30/20	Not Started
FY 21/22 Budget - Enterprise Portfolio Planning	12/1/20 - 2/28/21	Not Started
FY 21/22 Budget - Enterprise Portfolio Selection	3/1 - 5/31/2021	Not Started
Evaluate and Rationalize Current Portfolio	7/1 - 8/15/2020	Complete
Prioritize Enterprise Projects	9/1 - 10/15/20	In Process
Develop Interim Portfolio Reporting Dashboard	11/1/20 - 1/31/21	Not Started
Develop Integrated Planning Approach	11/1/20 - 3/31/21	Not Started
Review 2017 Project Management Maturity Assessment	7/15 - 9/30/20	Complete
Assessment of Project Portfolio Management (PPM) Tool	11/1/20 - 1/15/21	Not Started
PPM Tool Vendor Selection	2/1 - 3/31/21	Not Started
Conduct Organization Project Management Capability/Maturity Assessment - Current State	8/1/20 - 4/15/21	In Process
Establish Standardized Tools & Methodology	7/15/20 - 1/31/21	In Process
Project Manager Self Assessments	8/1 - 8/30/20	Complete
Project Manager Skills Assessments	10/1 - 10/31/20	Not Started
Develop Goals/Staff Development Plan	11/1/20 - 1/31/21	Not Started
Define Project Manager Career Ladder	12/1/20 - 1/15/21	Not Started



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# **Analytics**

## **Tiffany Cheang**

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

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

**Date: September 11, 2020**

**Subject: Performance & Analytics Report**

### **Member Cost Analysis**

- The Member Cost Analysis below is based on the following 12 month rolling periods:
  - Current reporting period: June 2019 – May 2020 dates of service
  - Prior reporting period: June 2018 – May 2019 dates of service  
(Note: Data excludes Kaiser Membership data.)
- For the Current reporting period, the top 7.5% of members account for 81.8% of total costs.
- In comparison, the Prior reporting period was slightly higher at 7.7% of members accounting for 81.4% of total costs.
- Characteristics of the top utilizing population remained fairly consistent between the reporting periods:
  - The SPD (non duals) and ACA OE categories of aid decreased to account for 58.6% of the members, with SPDs accounting for 29.8% and ACA OE's at 28.8%.
  - The percent of members with costs  $\geq$  \$30K has saw no change from 1.5% to 1.5%.
  - Of those members with costs  $\geq$  \$100K, the percentage of total members has saw no change to 0.3%.
    - For these members, non-trauma/pregnancy inpatient costs continue to comprise the majority of costs, decreasing to 48.5%.
- Demographics for member city and gender for members with costs  $\geq$  \$30K follow the same distribution as the overall Alliance population.
- However, the age distribution of the top 7.5% is more concentrated in the 45-66 year old category (41.3%) compared to the overall population (21.0%).

# **Analytics**

## **Supporting Documents**

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

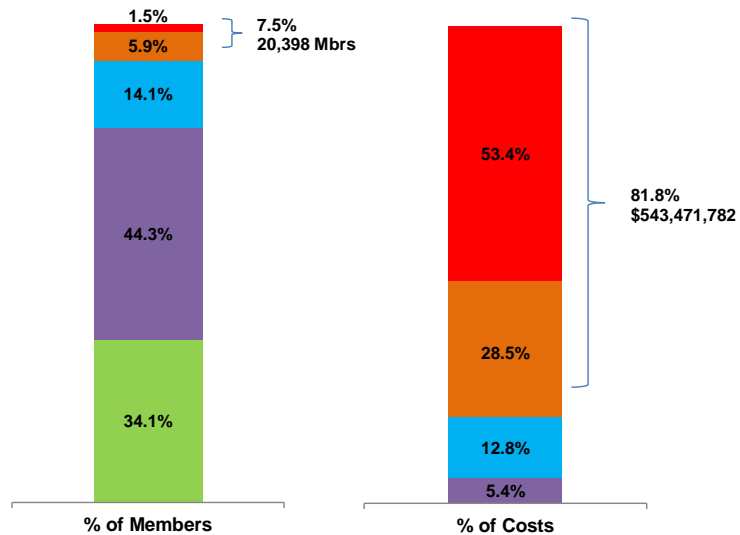
Lines of Business: MCAL, IHSS; Excludes Kaiser Members

Dates of Service: Jun 2019 - May 2020

Note: Data incomplete due to claims lag

Run Date: 08/31/2020

Member Cost Distribution



Cost Range	Members	% of Members	Costs	% of Costs
\$30K+	4,227	1.5%	\$ 354,540,147	53.4%
\$5K - \$30K	16,171	5.9%	\$ 188,931,636	28.5%
\$1K - \$5K	38,637	14.1%	\$ 84,725,937	12.8%
< \$1K	121,064	44.3%	\$ 35,831,993	5.4%
\$0	93,069	34.1%	\$ -	0.0%
<b>Totals</b>	<b>273,168</b>	<b>100.0%</b>	<b>\$ 664,029,712</b>	<b>100.0%</b>

Enrollment Status	Members	Total Costs
Still Enrolled as of May 2020	220,310	\$ 578,979,056
Dis-Enrolled During Year	52,858	\$ 85,050,656
<b>Totals</b>	<b>273,168</b>	<b>\$ 664,029,712</b>

Top 7.5% of Members = 81.8% of Costs

Cost Range	Members	% of Total Members	Costs	% of Total Costs
\$100K+	949	0.3%	\$ 179,501,140	27.0%
\$75K to \$100K	529	0.2%	\$ 45,524,206	6.9%
\$50K to \$75K	1,053	0.4%	\$ 64,221,870	9.7%
\$40K to \$50K	661	0.2%	\$ 29,571,928	4.5%
\$30K to \$40K	1,035	0.4%	\$ 35,721,003	5.4%
<b>SubTotal</b>	<b>4,227</b>	<b>1.5%</b>	<b>\$ 354,540,147</b>	<b>53.4%</b>
\$20K to \$30K	2,009	0.7%	\$ 49,087,152	7.4%
\$10K to \$20K	5,748	2.1%	\$ 79,757,702	12.0%
\$5K to \$10K	8,414	3.1%	\$ 60,086,782	9.0%
<b>SubTotal</b>	<b>16,171</b>	<b>5.9%</b>	<b>\$ 188,931,636</b>	<b>28.5%</b>
<b>Total</b>	<b>20,398</b>	<b>7.5%</b>	<b>\$ 543,471,782</b>	<b>81.8%</b>

## 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

7.5% of Members = 81.8% of Costs

Lines of Business: MCAL, IHSS; Excludes Kaiser Members

Dates of Service: Jun 2019 - May 2020

Note: Data incomplete due to claims lag

Run Date: 08/31/2020

## 7.5% of Members = 81.8% of Costs

29.8% of members are SPDs and account for 35.9% of costs.

28.8% of members are ACA OE and account for 28.2% of costs.

8.8% of members disenrolled as of May 2020 and account for 13.7% of costs.

## Member Breakout by LOB

LOB	Eligibility Category	Members with Costs >=\$30K	Members with Costs \$5K-\$30K	Total Members	% of Members
IHSS	IHSS	116	548	664	3.3%
MCAL	MCAL - ADULT	400	2,895	3,295	16.2%
	MCAL - BCCTP	2	2	4	0.0%
	MCAL - CHILD	161	1,396	1,557	7.6%
	MCAL - ACA OE	1,235	4,647	5,882	28.8%
	MCAL - SPD	1,662	4,416	6,078	29.8%
	MCAL - DUALS	83	1,033	1,116	5.5%
Not Eligible	Not Eligible	568	1,234	1,802	8.8%
<b>Total</b>		<b>4,227</b>	<b>16,171</b>	<b>20,398</b>	<b>100.0%</b>

## Cost Breakout by LOB

LOB	Eligibility Category	Members with Costs >=\$30K	Members with Costs \$5K-\$30K	Total Costs	% of Costs
IHSS	IHSS	\$ 9,038,455	\$ 5,925,912	\$ 14,964,367	2.8%
MCAL	MCAL - ADULT	\$ 29,827,807	\$ 32,412,322	\$ 62,240,129	11.5%
	MCAL - BCCTP	\$ 284,354	\$ 13,574	\$ 297,928	0.1%
	MCAL - CHILD	\$ 7,536,482	\$ 15,943,269	\$ 23,479,751	4.3%
	MCAL - ACA OE	\$ 100,462,299	\$ 52,558,153	\$ 153,020,452	28.2%
	MCAL - SPD	\$ 141,129,943	\$ 54,010,027	\$ 195,139,970	35.9%
	MCAL - DUALS	\$ 6,926,978	\$ 12,851,015	\$ 19,777,993	3.6%
Not Eligible	Not Eligible	\$ 59,333,828	\$ 15,217,364	\$ 74,551,192	13.7%
<b>Total</b>		<b>\$ 354,540,147</b>	<b>\$ 188,931,636</b>	<b>\$ 543,471,782</b>	<b>100.0%</b>

## % 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%	13%	55%	2%	14%	6%	3%	8%
\$75K to \$100K	5%	0%	3%	17%	47%	3%	8%	6%	8%	12%
\$50K to \$75K	4%	0%	3%	22%	39%	2%	8%	7%	10%	12%
\$40K to \$50K	5%	1%	4%	16%	48%	3%	8%	8%	3%	14%
\$30K to \$40K	5%	2%	5%	18%	42%	6%	9%	8%	3%	15%
\$20K to \$30K	4%	5%	6%	19%	38%	7%	10%	7%	2%	18%
\$10K to \$20K	1%	0%	13%	20%	36%	6%	13%	9%	3%	13%
\$5K to \$10K	0%	0%	11%	24%	23%	9%	13%	16%	0%	15%
<b>Total</b>	<b>4%</b>	<b>1%</b>	<b>5%</b>	<b>17%</b>	<b>43%</b>	<b>4%</b>	<b>12%</b>	<b>8%</b>	<b>4%</b>	<b>12%</b>

## Notes:

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

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

41.2% of members are SPDs and account for 40.3% of costs.

27.2% of members are ACA OE and account for 27.2% of costs.

19.2% of members disenrolled as of May 2020 and account for 20.9% of costs.

## Member Breakout by LOB

LOB	Eligibility Category	Total Members	% of Members
IHSS	IHSS	23	2.4%
MCAL	MCAL - ADULT	67	7.1%
	MCAL - BCCTP	1	0.1%
	MCAL - CHILD	5	0.5%
	MCAL - ACA OE	258	27.2%
	MCAL - SPD	391	41.2%
	MCAL - DUALS	22	2.3%
Not Eligible	Not Eligible	182	19.2%
<b>Total</b>		<b>949</b>	<b>100.0%</b>

## Cost Breakout by LOB

LOB	Eligibility Category	Total Costs	% of Costs
IHSS	IHSS	\$ 4,151,212	2.3%
MCAL	MCAL - ADULT	\$ 12,006,206	6.7%
	MCAL - BCCTP	\$ 184,394	0.1%
	MCAL - CHILD	\$ 787,898	0.4%
	MCAL - ACA OE	\$ 48,785,451	27.2%
	MCAL - SPD	\$ 72,290,137	40.3%
	MCAL - DUALS	\$ 3,722,120	2.1%
Not Eligible	Not Eligible	\$ 37,573,722	20.9%
<b>Total</b>		<b>\$ 179,501,140</b>	<b>100.0%</b>



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# Human Resources

## Anastacia Swift

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

**From: Anastacia Swift, Chief Human Resources Officer**

**Date: September 11, 2020**

**Subject: Human Resources Report**

### **Staffing**

- As of September 1, 2020, the Alliance had 329 full time employees and 2-part time employees.
- On September 1, 2020, the Alliance had 48 open positions in which 6 signed offer acceptance letters have been received with start dates in the near future resulting in a total of 42 positions open to date. The Alliance is actively recruiting for the remaining 42 positions and several of these positions are in the interviewing or job offer stage.
- Summary of open positions by department:

Department	Open Positions September 1st	Signed Offers Accepted by Department	Remaining Recruitment Positions
Healthcare Services	13	3	10
Operations	16	1	15
Healthcare Analytics	4	0	4
Information Technology	7	2	5
Finance	4	0	4
Compliance	1	0	1
Human Resources	2	0	2
Projects & Programs	1	0	1
Total	48	6	42

- Our current recruitment rate is 14%.



## **Employee Recognition**

- Employees reaching major milestones in their length of service at the Alliance in August 2020 included:
  - 6 years:
    - Christina Ly (Member Services)
  - 8 years:
    - Tina Tan (Finance)
    - Hyacinth Joya (Claims)
  - 9 years:
    - Helen Ha (Claims)
  - 13 years:
    - Vanessa Swann (Member Services)