Board of Governors

Special Meeting
Alameda Alliance
Joint Powers Authority

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

1240 South Loop Road, Alameda, CA 94502

AGENDA

BOARD OF GOVERNORS
Special Meeting of the Alameda Alliance Joint Powers Authority
Friday, March 13, 2020
12:00 p.m. – 2:00 p.m.

1240 South Loop Road
Alameda, CA 94502

1. **CALL TO ORDER**
   A Special Meeting of the Alameda Alliance Joint Powers Authority Board of Governors will be called to order on March 13, 2020 at 12:00 p.m. at 1240 South Loop Road, Alameda, California, by Dr. Evan Seevak, Presiding Officer.

2. **ROLL CALL**

3. **AGENDA APPROVAL OR MODIFICATIONS**

4. **BOARD BUSINESS**

   a) **RESOLUTION NO. 2020-01 DIRECTING THE DISSOLUTION OF JOINT POWERS AUTHORITY**

5. **ADJOURNMENT**

NOTICE TO THE PUBLIC

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

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

NOTICE TO THE PUBLIC

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

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

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

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

Additions and Deletions to the Agenda: Additions to the agenda are limited by California Government Code Section 54954.2 and confined to items that arise after the posting of the Agenda and must be acted upon prior to the next Board meeting. For special meeting agendas, only those items listed on the published agenda may be discussed.
The items on the agenda are arranged in three categories.

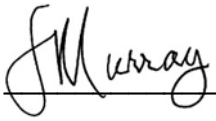
Public Input: If you are interested in addressing the Board, please fill out a form provided at the meeting with your full name and address. These forms are submitted to the Clerk of the Board at the front of the room. The Chair of the Board will call your name to speak when your item is considered.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

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

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

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

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



_____Clerk of the Board – Jeanette Murray

ALAMEDA Alliance FOR HEALTH

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Service you can trust.

RESOLUTION DIRECTING THE DISSOLUTION OF JOINT POWERS AUTHORITY

ALAMEDA ALLIANCE JOINT POWERS AUTHORITY

ADOPTION OF A RESOLUTION DIRECTING THE DISSOLUTION OF THE ALAMEDA ALLIANCE JOINT POWERS AUTHORITY IN CONNECTION WITH THE TERMINATION OF THE JOINT EXERCISE OF POWERS AGREEMENT ESTABLISHING THE ALAMEDA ALLIANCE JOINT POWERS AUTHORITY

MEETING DATE: March 13, 2020

TO: Members of the Board of Governors

PREPARED BY: Jeffrey Melching, Outside Counsel

REVIEWED BY: Scott Coffin, Chief Executive Officer
Sandra Galindo, Legal Analyst

SUBJECT: Termination of Joint Powers Agreement Establishing the Alameda Alliance Joint Powers Authority and Dissolution of the Alameda Alliance Joint Powers Authority

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RECOMMENDED ACTION

1. Receive Staff Report.
2. Adopt Resolution JPA 2020-01 titled "A Resolution of Board of Governors of the Alameda Alliance Joint Powers Authority Authorizing the Dissolution of the Alameda Alliance Joint Powers Authority in Connection with the Termination of the Joint Exercise of Powers Agreement Establishing the Alameda Alliance Joint Powers Authority " (Attachment 1)

DISCUSSION

In September 2005, the Alameda Alliance for Health (**Alliance**) and the County of Alameda (**County**) entered into the Joint Exercise of Powers Agreement Establishing the Alameda Alliance Joint Powers Authority (**JPA Agreement**), thereby forming the Alameda Alliance Joint Powers Authority (**JPA**). These steps were taken to save money. They allowed for establishment by the JPA of a separate Knox Keene licensed plan (**QIF Plan**) to protect non-Medi-Cal lines of businesses from the quality improvement fee (**QIF**) that, ***at that time*****,** was assessed by the Department of Managed Health Care (**DMHC**) on Medi-Cal plans. When the JPA was formed, the forecasted savings were $780,000 per year.

Over time, the financial and regulatory environment has changed, rendering the JPA no longer necessary. In 2009, the California Legislature removed the DMHC's authority to

impose a QIF on Medi-Cal Plans, thus eliminating financial rationale for separate QIF Plans. Then, on January 9, 2019 the DMHC issued All Plan Letter notifying of its intent to require QIF Plans to comply with the same requirements that are applied to non-QIF Plans, including requirements for full-scope medical audits and financial audits. This change eliminated the non-financial rationale for separate QIF Plans.

As a result of these changes, in June of 2019 the Alliance and the JPA advised DMHC and the Department of Health Care Services of the JPA's intent to surrender its QIF license, and to transition the JPA's non-Medi-Cal lines of business to the Alliance. The next step in that transition process is the termination the JPA Agreement, which will in turn dissolve/terminate the JPA.

On its March 13, 2020 agenda, the Alliance Board of Governors will consider a resolution that if adopted will initiate the JPA Agreement and JPA termination process by:

(1) Directing the Chief Executive Officer of the Alliance or his designee (**CEO**) to provide written notice of termination of the JPA Agreement, and the JPA an entity, to the County (**Notice of Termination**);

(2) Acknowledging that following the termination of the JPA Agreement, the JPA and the JPA Agreement shall continue to exist for the purpose of disposing of all claims, distribution of assets, and all other functions necessary to conclude the affairs of the JPA;

(3) Acknowledging that upon the termination of the JPA Agreement, all property of the JPA, both real and personal, and all funds shall be divided among the Alliance and the County in the respective proportions by which such property and funds were made, or as may otherwise be agreed upon by the County and the Alliance; and

(4) Directing the CEO to take such steps, and to secure such authorizations and consents, as are necessary and appropriate to complete the JPA Agreement termination process and to complete the distribution of JPA assets as necessary to dissolve the JPA in an orderly manner that is consistent with the JPA Agreement.

If the Alliance Board of Governors adopts the resolution, the CEO will shortly thereafter deliver the Notice of Termination to the County. The JPA and the JPA Agreement will be dissolved 60 days thereafter.

The resolution of the Board of Governors of the JPA – Attachment 1 to this Staff Report – directs that during the aforementioned 60 day period the JPA will fulfill its responsibility to wind down the affairs of the JPA by dividing the assets of the JPA in proportion to the Alliance's and the County's relative contributions. In this instance, the County had ***no responsibility*** under the JPA Agreement for capitalization of the JPA, or for payment of operational or administrative costs. Therefore, it is anticipated that all of the JPA's assets will be distributed to the Alliance.

All consents, assignments, and other documentation as is necessary to complete the distribution of assets will be prepared and processed under the direction of the CEO and in coordination with the officers of the JPA. Those documents will be processed with a goal of completing the wind down concurrent with JPA Agreement termination, or as soon thereafter as reasonably feasible.

FISCAL IMPACT

It is anticipated that the transactional and administrative costs of the wind-down of the JPA will be less than the transactional and administrative costs of separately maintaining the non-Medi-Cal lines of business within the JPA.

ATTACHMENTS

1. Resolution JPA 2020-01 titled “A Resolution of Board of Governors of the Alameda Alliance Joint Powers Authority Authorizing the Dissolution of the Alameda Alliance Joint Powers Authority in Connection with the Termination of the Joint Exercise of Powers Agreement Establishing the Alameda Alliance Joint Powers Authority ”

RESOLUTION NO. JPA 2020-01

A RESOLUTION OF BOARD OF GOVERNORS OF THE ALAMEDA ALLIANCE JOINT POWERS AUTHORITY AUTHORIZING THE DISSOLUTION OF THE ALAMEDA ALLIANCE JOINT POWERS AUTHORITY IN CONNECTION WITH THE TERMINATION OF THE JOINT EXERCISE OF POWERS AGREEMENT ESTABLISHING THE ALAMEDA ALLIANCE JOINT POWERS AUTHORITY

WHEREAS, the Alameda Alliance for Health (**Alliance**) and the County of Alameda (**County**) entered into the Joint Exercise of Powers Agreement Establishing the Alameda Alliance Joint Powers Authority (**JPA Agreement**) on September 20, 2005, thereby forming the Alameda Alliance Joint Powers Authority (**JPA**);

WHEREAS, the JPA was created to allow for the establishment of a separate Knox Keene licensed plan (**QIF Plan**) to protect non-Medi-Cal lines of businesses from the quality improvement fee (**QIF**) assessed by the Department of Managed Health Care (**DMHC**) on Medi-Cal plans;

WHEREAS, the JPA was capitalized and operated solely with Alliance funds and resources, as specified in Section 12 of the JPA Agreement which provides:

> Capitalization of the JPA, which shall include, but not be limited to, all costs incurred and associated with the design, planning, licensing, operation and maintenance of a new health care service plan and related activities pursuant to this Agreement, shall be derived exclusively from the Alliance. The County shall not provide any capital funds for the JPA, nor shall the County be responsible for any operational or administrative costs incurred by the JPA in fulfillment of its purposes pursuant to this Agreement.

WHEREAS, in 2009 the California Legislature removed the DMHC's authority to impose a QIF on Medi-Cal Plans and thus eliminating the financial need for separate QIF Plans;

WHEREAS, on January 9, 2019 the DMHC issued All Plan Letter notifying of DMHC's intent to require QIF Plans to comply with the same requirements that are applied to non-QIF Plans, including without limitation, requirements for full-scope medical audits and financial audits, thus eliminating the non-financial need for separate QIF Plans;

WHEREAS, DMHC and the California Department of Health Care Services have been duly advised of the JPA's intent to surrender its QIF license, and to transition the JPA's non-Medi-Cal lines of business to the Alliance;

WHEREAS, section 34 of the JPA Agreement provides that the Alliance may terminate the JPA Agreement, and the JPA as an entity, upon the provision of 60 days written notice to the non-terminating Member ("Termination Notice"), in the event that its respective governing body determines that it is in the terminating Member's interest to do so;

WHEREAS, by Resolution dated March 13, 2020, the Board of Governors of the Alliance will consider a resolution, that, if adopted, will resolve that it is in the interest of the Alliance to terminate the JPA Agreement, and the JPA as an entity; it is anticipated that such terminations shall become effective after the sixty (60) day notice period specified in section 34 of the JPA Agreement, i.e., on or about May 18, 2020 (**Termination Effective Date**).

WHEREAS, the JPA Agreement specifies that "[i]n the event of termination, the JPA Board of Governors shall thereupon direct the officers of the JPA to dissolve the affairs of the JPA in accordance with the provisions of this Agreement, provided, however, that the JPA and this Agreement shall continue to exist after termination for the purpose of disposing of all claims, distribution of assets, and all other functions necessary to conclude the affairs of the JPA," and that "[u]pon termination of this Agreement, all property of the JPA, both real and personal, and all funds shall be divided among the Members in their respective proportions by which such property and funds were made, or as may otherwise be agreed upon by the Members."

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

SECTION 1. That upon receipt of the Termination Notice, the officers of the JPA are hereby authorized and directed to immediately commence taking such steps as are necessary to wind-up the affairs of the JPA in accordance with the provisions of the JPA Agreement; such steps including without limitation the disposition of all claims, distribution of assets, the safe transfer of non-Medi-Cal lines of business enrollees from the JPA to the Alliance, and all other functions necessary to conclude the affairs of the JPA, with a goal of completing dissolution of the JPA concurrent with the Termination Effective Date, or as soon thereafter as reasonably feasible.

SECTION 2. That unless otherwise mutually agreed to by the Alliance and the County, all property and assets of the JPA shall be transferred to the Alliance.

SECTION 3. That the officers of the JPA shall, and are hereby authorized and directed to, take such steps as are necessary and appropriate to complete the JPA Agreement termination process and distribution of JPA assets (including the assignment of existing contracts) as are necessary to dissolve the JPA in an orderly manner that is consistent with the JPA Agreement.

PASSED AND ADOPTED by the Board at a meeting held on the 13th day of March, 2020.

_____
CHAIR, BOARD OF GOVERNORS

ATTEST:

_____
Secretary

Board of Governors

Regular Meeting

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

1240 South Loop Road, Alameda, CA 94502

AGENDA

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

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Alameda, CA 94502

Speaker's Card/Request to Speak: If you would like to address the Board on a scheduled agenda item, please complete the Request to Speak Form. The card is at the table at the entrance to the Board Room. Please identify on the card your name, address (optional), and the item on which you would like to speak and return to the Clerk of the Board. The Request to Speak Form assists the Chair in ensuring that all persons wishing to address the Board are recognized. Your name will be called at the time the matter is heard by the Board.

1. **CALL TO ORDER**
   A regular meeting of the Alameda Alliance for Health Board of Governors will be called to order on March 13, 2020 at 12:00 p.m. at 1240 South Loop Road, Alameda, California, by Dr. Evan Seevak, Presiding Officer.

2. **ROLL CALL**

3. **AGENDA APPROVAL OR MODIFICATIONS**

4. **INTRODUCTIONS**

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

   a) **REVIEW AND APPROVE FEBRUARY 2020 BOARD OF GOVERNORS MEETING MINUTES**

6. **BOARD MEMBER REPORTS**

   a) **COMPLIANCE ADVISORY GROUP**

   b) **FINANCE COMMITTEE**

7. CEO UPDATE

- **a) COVID-19: OUTBREAK PREPAREDNESS, READINESS, AND RESPONSE ACTIONS**
- **b) DEPARTMENT OF HEALTH CARE SERVICES (DHCS): CALAIM UPDATES**
- **c) QUALITY IMPROVEMENT & HEDIS**

8. Medi-Cal UPDATE

- **a) CalAIM IMPLEMENTATION TIMELINE**
- **b) CalAIM ACTIVITY REPORT**

9. BOARD BUSINESS

- **a) REVIEW AND APPROVE JANUARY 2020 MONTHLY FINANCIAL STATEMENTS**
- **b) REVIEW AND APPROVE FISCAL YEAR 2020 SECOND QUARTER FORECAST**
- **c) RESOLUTION TO TERMINATE THE ALLIANCE JOINT POWERS AUTHORITY AGREEMENT**

10. STANDING COMMITTEE UPDATES

- **a) PEER REVIEW AND CREDENTIALING COMMITTEE**

11. STAFF UPDATES

- **a) HEDIS UPDATE**
- **b) PEDIATRIC PILOT UPDATE**

12. UNFINISHED BUSINESS

13. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS

14. PUBLIC COMMENTS (NON-AGENDA ITEMS)

15. CLOSED SESSION

- **a) CONFERENCE WITH REAL PROPERTY NEGOTIATORS (GOVERNMENT CODE § 54956.8) -- PROPERTY: 1320 HARBOR BAY PARKWAY, ALAMEDA, CA; AGENCY NEGOTIATORS: SCOTT**

COFFIN, CEO; NEGOTIATING PARTIES: ALAMEDA ALLIANCE FOR HEALTH AND CHAVEZ MANAGEMENT GROUP; UNDER NEGOTIATION: PRICE AND TERMS OF PAYMENT.

16. ADJOURNMENT

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The items on the agenda are arranged in three categories. **Consent Calendar:** These are relatively minor in nature, do not have any outstanding issues or concerns, and do not require a public hearing. All consent calendar items are considered by the Board as one item and a single vote is taken for their approval, unless an item is pulled from the consent calendar for individual discussion. There is no public discussion of consent calendar items unless requested by the Board of Governors. **Public Hearings:** This category is for matters that require, by law, a hearing open to public comment because of the particular nature of the request. Public hearings are formally conducted and public

input/testimony is requested at a specific time. This is your opportunity to speak on the item(s) that concern you. If, in the future, you wish to challenge in court any of the matters on this agenda for which a public hearing is to be conducted, you may be limited to raising only those issues which you (or someone else) raised orally at the public hearing or in written correspondence received by the Board at or before the hearing. **Board Business:** Items in this category are general in nature and may require Board action. Public input will be received on each item of Board Business.

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

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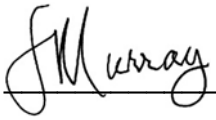

_____Clerk of the Board – Jeanette Murray

ALAMEDA Alliance FOR HEALTH

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CONSENT CALENDAR

ALAMEDA Alliance FOR HEALTH

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Board of Governors Meeting Minutes

ALAMEDA ALLIANCE FOR HEALTH
BOARD OF GOVERNORS
REGULAR MEETING

February 14, 2020
12:00 pm – 2:00 pm
1240 South Loop Road, Alameda, CA

SUMMARY OF PROCEEDINGS

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

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
1. CALL TO ORDER			
Dr. Seevak	The regular board meeting was called to order by Dr. Seevak at 12:01 PM.	None	None
2. ROLL CALL			
Dr. Seevak	Board Members and Alliance Staff were introduced.	None	None
3. AGENDA APPROVAL OR MODIFICATIONS			
Dr. Seevak	None	None	None
4. INTRODUCTIONS			
Dr. Seevak	Introductions were made during Roll Call.	None	None
5. CONSENT CALENDAR			

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
Dr. Seevak	Review and Approve January 2020 Board of Governors Meeting Minutes.	Motion: M. Lynch Second: Wilma Chan Motion passed.	None
6. a. BOARD MEMBER REPORT – COMPLIANCE ADVISORY COMMITTEE			
R. Gebhart	The Compliance Advisory Committee met on February 14, 2019. • R. Gebhart gave a detailed update on the Compliance Advisory Committee. DMHC Financial Audit update • This is an annual audit that reviews liabilities, incurred but not paid claims, cash, balance sheet, claims, and provider dispute resolution (PDR). State auditors are reviewing the term of October 2017 – September 2019. Six findings were identified in the areas of claims and PDRs, and no findings in the financial areas. • Next steps, we will receive a preliminary audit report in March and have 45 days to respond with a Corrective Action Plan. DMHC Medical Follow-up Audit • This audit is a follow up to a 2018 routine audit that found 12 deficiencies; the follow up is to determine if the deficiencies have been corrected. The period reviewed is January 2019 – September 2019. The State auditors found that seven of the 12 deficiencies were not corrected. The preliminary findings were: o Potential Quality Issues (PQIs) – in 2018 the Alliance did not use a compliant process, and have corrected in 2020 through process changes and new technology solutions However, auditors identified ways to improve future processes. o The Utilization Management Notice of Actions (NOA) did not meet the standards of clear, concise and 6th grade level. • Two other audit items were: o Specific language in certain physician letters. o Inclusion of specific language not in specific letter. • Grievances – Auditors found problems with one type of grievance: the urgent 72-hour response to grievances.	Informational update to the Board of Governors. Motion and vote not required.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• In summary, although repeat findings are good, it is important to note that the nature of most of the repeat findings is different from the first finding in 2018. The findings are more detailed refinements, indicating that progress has been made, but that further more nuanced corrections are still needed. • Alliance waiting to receive the preliminary audit report in three to six months. The next routine Medical Services audit will be in October 2020.		
6. b. BOARD MEMBER REPORT – FINANCE COMMITTEE			
Dr. Ferguson	Finance Committee was held on Tuesday, February 11, 2020. Finance Issues: • The decline of members, which is about 2000 a month. • State of California has a 3 percent overall decline but we have a 6 percent. Why? • Death Audit has been resolved but is there a mechanism in place for future issues? • The MLR is at 88.7 but our goal is in the 90 percent rate. • Administrative expenses are not tracking to budget. Question: • Are you concerned why we are under budget with administrative expenses? Answer: • There is a concern of underspending in the Administrative area. • The broader picture is how close our actuals should match our budget.	Informational update to the Board of Governors. Motion and vote not required.	
6. c. BOARD MEMBER REPORT – STRATEGY COMMITTEE			
S. Coffin	The Strategy Committee was held on January 10, 2020. • The Committee discussed potential engagement of a consultant group to facilitate meetings.	Informational update to the Board of Governors. Motion and vote not	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• In February the committee will be receiving the consultant's proposal. • The Strategy Committee Meeting is open to all Board Members and will resume in March.	required.	
7. CEO UPDATE			
S. Coffin	Key Performance Indicators: • The Alliance financial performance is favorable. • The Alliance Team works very hard at collecting and analyzing data in order to accomplish forecasting. We also developed tools this year to forecast more accurately. • Quarterly forecasting helps to connect the current performance to when the forecasting originally took place. • Forecasting is an estimate that we use by looking at history, trends in the market place, and costs. Membership: • The Medi-Cal monthly membership declines are trending 1,500 to 2,000 per month. • The Alliance is studying data and working with Alameda County Social Services to identify the reason for the disenrollment trends in membership each month and where the individuals are going in the system (either to other commercial products in the Covered California, or to other systems). • The disenrollment in Alameda County is 5 percent and the state is 3 percent. Death Audit: • The State identified 4,100 members from 2011 – 2018. • The problem causing this misreporting of ineligible members has not been fixed by Alameda County Social Services, and recoupments by DHCS is anticipated for calendar years 2019 and 2020. • The Alliance is accruing in the budget for future recoupments related to ineligible enrollees. Compliance: • Compliance is one of the top priorities at the Alliance.	Informational update to the Board of Governors. Motion and vote not required.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• The Compliance Advisory Committee has succeeded in doing a great job of tracking the open and closed issues. • A number of Board Members attend the Compliance Advisory Committee and all Board Members are invited to attend this meeting. DHCS Director: • Governor Newsom announced Dr. Bradley Gilbert as the new Director of DHCS and begins on February 23, 2020. • It is anticipated that Dr. Gilbert would facilitate the CalAIM program. Mental Health Assessment: • Several months ago we initiated a “Mild to Moderate” Mental Health Assessment, and will be completed in March. • A copy of the assessment will be shared with the entire Board of Governors review. • An external consultant Peter Currie has been engaged to help with the assessment. • The purpose of this assessment is to understand Beacon Health Options role in servicing the Alliance. • Three future options have been identified: o Option 1 – The Alliance would transition to be the administrator of these services. o Option 2 – The Alliance would continue to outsource the administration, to an external service provider. o Option 3 – Hybrid option, Alliance continues to outsource while a transition to insourcing is completed. • The assessment will help with understanding the available options to the Alliance and to its members. Question: • The issue of membership decline, are other counties experiencing large flux in enrollments? Answer: • Other counties are more stable, however, part of the enrollment treads are related to how residents are enrolled by the counties.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
8. a. MEDI-CAL UPDATE – CalAIM INITIATIVES			
S. Coffin	Scott Coffin presented the following presentation to the Board. • CalAIM, or Healthier California for All. Items discussed were: • Alliance's priorities in calendar year 2020 related to CalAIM. • Activity Report January/February 2020 is a list of items that must take place during this timeframe. • Behavioral Health Integration (BHI) Incentive Pilot starting in April 2020. • Enhanced Care Management (ECM) targets specific populations in the Medi-Cal system and is for children and adults. • In Lieu of Services (ILOS) are optional add-on services covered under Midi-Cal, starting January 1, 2021.	Informational update to the Board of Governors. Motion and vote not required.	
9. a. BOARD BUSINESS – REVIEW AND APPROVE DECEMBER 2019 MONTHLY FINANCIAL STATEMENTS			
Gil Riojas	**Net Income and Enrollment:** • For the month ending December 31, 2019, the Alliance had enrollment of 248,831 members and a Net Income of $5.4M and Tangible Net Equity is 595%. • For the year-to-date, the Alliance recorded a Net Income of $14.9M. • Our enrollment decreased by 1,867 members since the month of November, and 9,554 members since June 2019. • Reductions continue in the Adult and Child and Optional Expansion categories of aid. • SPDs, Duals, and Group Care Program remain flat. **Revenue:** • For the month ending December 31, 2019, Revenue came in higher than budgeted at $84.9M vs. budgeted amount of $78.7M.	Motion: D. Finley Second: F. Almaliti Motion passed.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• For the year-to-date, the Alliance recorded Revenue of $487.6M vs. budgeted Revenue of $474.6M. • The largest variances are due to higher than anticipated Revenue, and lower than anticipated Administrative Expense. **Medical Expense:** • For the month ending December 31, 2019, actual Medical Expenses were $75.3M vs. our budgeted amount of $73.8M for current month. • For the year-to-date, Medical Expenses are $448.8M vs. budgeted amount of $441.8M. **Administrative Expense:** • For the month ending December 31, 2019, Actual Administrative Expenses were below budget for the month at $4.5M vs. budgeted $5.4M. • We are also below budget for year-to-date at $26.1M vs. $30.0M. • Our Administrative Expense represents 5.3% of our Revenue for the month and 5.4% of net Revenue for the year-to-date. **Other Income / (Expense):** • As of December 31, 2019, our YTD interest income from investments is $2.8M, and YTD claims interest expense is $167,000. **Tangible Net Equity (TNE):** • Tangible net equity results continue to remain healthy, and at the end of December 31, 2019 the TNE was reported at 595% of the required amount, with a surplus of $162.8M. **Cash Position and Assets:** • For the month ending December 31, 2019, we reported $225.5M in cash; $202.0M is uncommitted. Our current ratio is above the minimum required at 2.23 compared to 1.0. **Capital Investments:** • Capital Assets Fiscal year-to-date is $451,000.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	• Annual Capital budget is $2.5M.		
9. b. BOARD BUSINESS – FISCAL YEAR 2020/2021 BUDGET PROCESS & TIMELINE			
G. Riojas	Fiscal Year 2020/2021 Budget Process & Timeline were discussed: Gil gave a brief update of the FY 20/21 Budget Process. • Alliance supplied resources to the managers and training will also be supplied in the next few weeks. • May 1 – Forecast due to DHCS. • June 9 – Due to Finance Committee Meeting, the preliminary Budget. • June 12 – Due to Board of Governors, the preliminary Budget. • Sept 7 – Due to Finance Committee Meeting, the Final Budget. • September 11 – Due to Board of Governors, the Final Budget for approval.		
9. c. BOARD BUSINESS – CONSUMER MEMBER BOARD SEAT			
C. Coffin	The Consumer Member Board Seat was discussed: • Will Scott resigned in the Month of January 2020. • The processes of appointing a new member is from the Members Advisory Committee (MAC). • 2 MAC members will be interviewed and 1 will be chosen.		
9. d. BOARD BUSINESS – DISSOLUTION OF JOINT AUTHORITY			
S. Coffin	The Dissolution Of Joint Power Authority (JPA) was discussed: • Alliance is dissolving the JPA which was created in 2005. • The Alliance is moving our GroupCare from the JPA to the Alliance. • Next meeting there will be two resolutions for a full vote at the March 2020 Board meeting.		

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
10. a. STANDING COMMITTEE UPDATES – PEER REVIEW AND CREDENTIALING COMMITTEE			
Dr. O'Brien	The Peer Review and Credentialing Committee was held on January 21, 2020. • Credentialed: 9 Initial Providers. o 1 Primary Care Providers. o 4 Specialists. o 0 Ancillary Providers. o 4 Midlevel Providers. • Re-credentialed: 34 Providers. o 10 Primary Care Providers. o 15 Specialists. o 8 Midlevel Provider. o 1 Ancillary Providers.	Informational update to the Board of Governors. Motion and vote not required.	
10. b. STANDING COMMITTEE UPDATES – HEALTH CARE QUALITY COMMITTEE			
S. O'Brien	The HCQC was held on January 16, 2020. Topics discussed were: • The Committee was provided an overview of Medi-Cal Healthier CA for All. • Reviewed and approved the revised Utilization Management P&P's. • Presented the Population Health Management Overview to the Committee. • Reviewed and discussed the Utilization Management Outpatient and Inpatient Utilization reports. • Pharmacy o Discussed DUR report 3rd quarter 2019.	Informational update to the Board of Governors. Motion and vote not required.	

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	o Reported Opioid Utilization - trending downward month over month in the 4th quarter 2019. o TAT is 100%.		
11. UNFINISHED BUSINESS			
E.Seevak	None	Informational update to the Board of Governors. Motion and vote not required.	
12. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS			
Dr. Seevak	**Alliance Next steps:** • Continue discussion: Medi-Cal Healthier California for All (CalAIM). • Update on HEDIS approach. • Update on Pediatric Pilot.	None	None
13. PUBLIC COMMENTS (NON-AGENDA ITEMS)			
Dr. Seevak	None	None	None
14. ADJOURNMENT			
Dr. Seevak	The meeting was adjourned at 2:03 PM.	None	

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

CEO Update

Scott Coffin

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

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

Date: **March 13, 2020**

Subject: **CEO Report**

- **COVID-19 Outbreak Preparedness, Readiness, and Response Actions**
  - Alliance activated corporate business continuity procedures based on issuance of guidance from Alameda County Public Health, California Department of Public Health, and Centers for Diseases.
  - Preparation for remote working, and piloting to validate access to phone and data services (e.g. customer service, utilization management, case management, pharmacy, finance).
  - Temporary impact to regulatory compliance is anticipated; Alliance Compliance Department will be coordinating and reporting progress to the DHCS and DMHC, and deficiencies will be updated through the Compliance Advisory Committee.
  - International travel restrictions and return-to-work policies adopted, and suspended participation in community outreach events and field visiting to contracted providers.
  - Potential impact to member services that are contracted, such as transportation and interpreter services, based on employer actions and enactment of policies
- **Department of Health Care Services (DHCS): CalAIM Updates**
  - Formal name change from Medi-Cal Healthier California for All (MCHCA) to "CalAIM".
  - CalAIM proposal to be released by DHCS in April, formal approval by CMS is pending, and regional meetings are scheduled in early May statewide to define the Enhance Care Management and In Lieu Of services. Bay area regional meeting is located in Oakland, California.
  - CMS approval required for CalAIM benefits, funding, coverage for all Medicaid populations (e.g. Duals, SPDs, adults, children), and implementation timelines.
  - Transition of Long-Term Care and Pharmacy services are currently scheduled for January 1, 2021.

- **HEDIS**
  - HEDIS chart retrieval process initiated in the month of February and concludes by June.
  - Anticipating lower AQFS score due to core system implementations with the safety-net system (public hospital and health clinics). Related impact to encounter reporting delays could affect the Alliance's financial reporting.

EXECUTIVE DASHBOARD
MARCH 2020

ALAMEDA Alliance FOR HEALTH

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

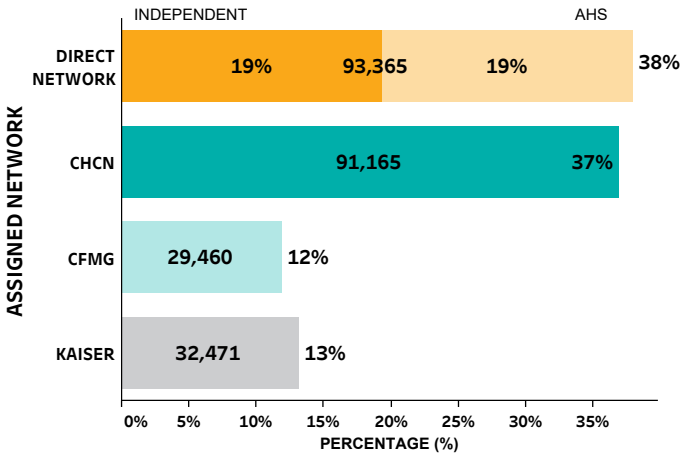
MEMBERSHIP**

246,461

TOTAL MEMBERSHIP

IHSS 6,048 **MEDI-CAL** 240,413

DISTRIBUTION OF ALL MEMBERSHIP BY ASSIGNED NETWORK**



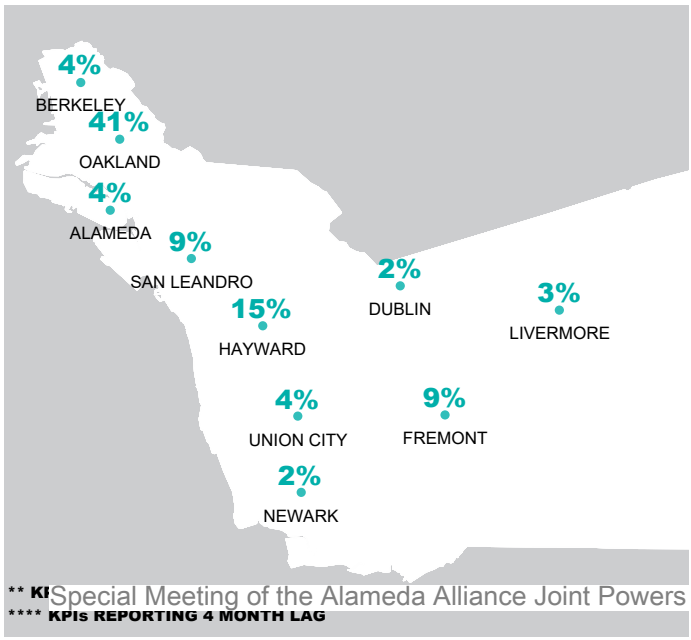
DISTRIBUTION OF MEMBERSHIP BY CITY**

92%

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

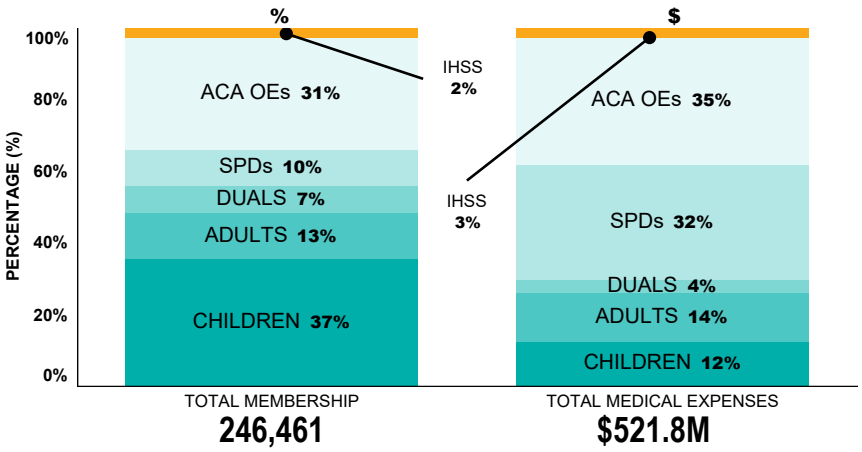
TEN CITIES

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



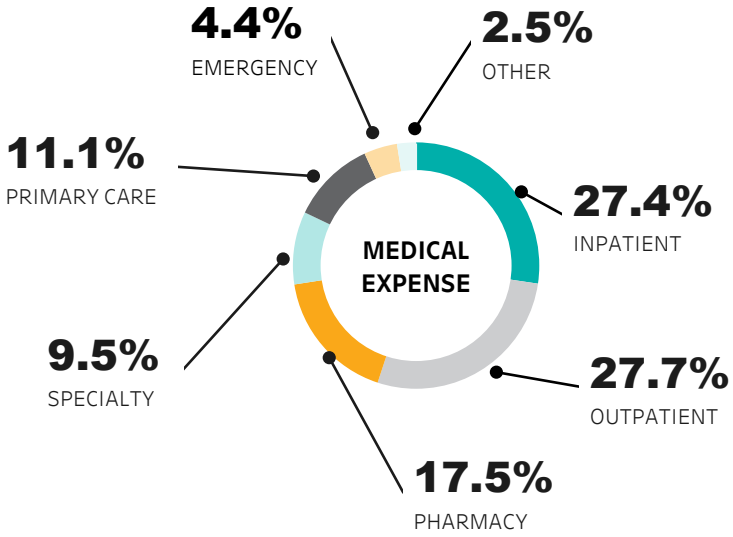
** KI
**** KPIs REPORTING 4 MONTH LAG

DISTRIBUTION OF MEDICAL EXPENSE BY MEMBERSHIP CATEGORY**



REVENUE & EXPENSES**

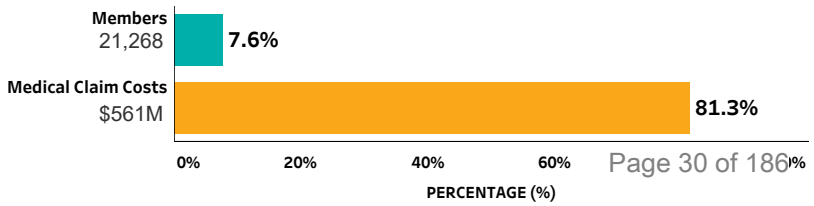
	JANUARY 2020	FISCAL YTD
REVENUE	$78.3M	$565.9M
MEDICAL EXPENSE	($73.0M)	($521.8M)
ADMIN EXPENSE	($5.2M)	($31.3M)
OTHER	$360K	$2.7M
NET INCOME	**$449K**	**$15.4M**



TANGIBLE NET EQUITY**

602% **$196M**

HIGH UTILIZER DISTRIBUTION****



UTILIZATION**

4,999
INPATIENT BED DAYS

7,633
EMERGENCY ROOM VISITS

4.1 DAYS
AVERAGE LENGTH OF STAY

CASE AND DISEASE MANAGEMENT**

	NEW CASES	OPEN CASES
CARE COORDINATION	259	660
COMPLEX CASE MANAGEMENT	34	57
Total	293	717

	NEW CASES	ENROLLED
HEALTH HOMES	40	700
WHOLE PERSON CARE (AC3)	9	214
Total	49	914

TOTAL CASE MANAGEMENT

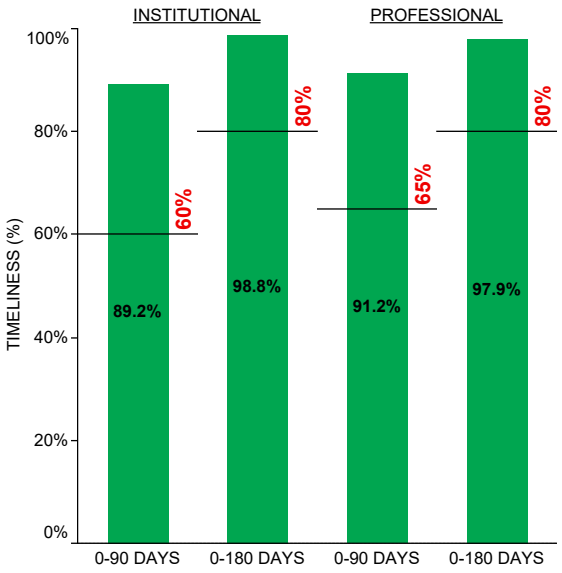
342
TOTAL NEW CASES

1,631
TOTAL OPEN CASES & ENROLLED

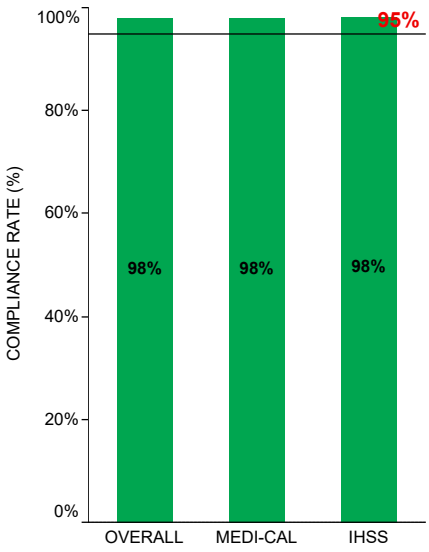
REGULATORY COMPLIANCE

ALL REGULATORY COMPLIANCE MEASURES ARE IN COMPLIANCE.

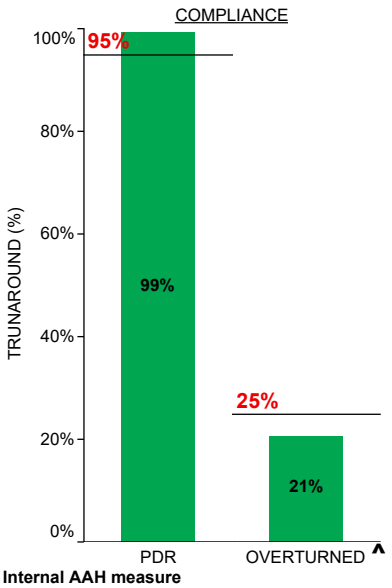
ENCOUNTER DATA



MEDICAL AUTHORIZATIONS



PROVIDER DISPUTES & RESOLUTIONS



^ For Internal AAH measure

CALL CENTER

17,709
CALLS RECEIVED

70%
ANSWERED IN 30 SECONDS

6%
CALLS ABANDONED

CLAIMS

111,944
PROCESSED CLAIMS

79.6%
AUTO ADJUDICATED

23 DAYS
PROCESSED PAYMENTS

STAFF & RECRUITING

315
TOTAL EMPLOYEES

4
HIRED IN THE LAST 30 DAYS

11%
CURRENT VACANCY

2019-2020 Legislative Tracking List

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

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

Medi-Cal (Medicaid)

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

- **AB 1940 (Flora – R) Medi-Cal: Podiatric Services**
  - **Status:**1/30/2020 – Referred to Committee on HEALTH
  - **Summary:** Would make conforming changes to the provisions that govern applying to be a provider in the Medi-Cal program or for a change of location by an existing provider to include a doctor of podiatric medicine licensed by the California Board of Podiatric Medicine.

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

- **AB 2100 (Wood – D) Medi-Cal: Pharmacy Benefits**
  - **Status:** 2/20/2020 – Referred to Committee on HEALTH
  - **Summary:** By executive order, the Governor directed the State Department of Health Care Services to transition pharmacy services for Medi-Cal managed care to a fee-for-service benefit by January 1, 2021. Current law requires the department to convene an advisory group to receive feedback on the changes, modifications, and operational timeframes on the implementation of pharmacy benefits offered in the Medi-Cal program, and to provide regular updates on the

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

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

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

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

- **AB2729 (Bauer-Kahan – D) Medi-Cal: Presumptive Eligibility**
  - **Status:**3/2/2020 – Referred to Committee on HEALTH
  - **Summary:** Under current law, a minor may consent to pregnancy prevention or treatment services without parental consent. Under existing law, an individual under 21 years of age who qualifies for presumptive eligibility is required to go to a county welfare department office to obtain approval for presumptive eligibility. This bill would expand the presumptive eligibility for pregnant women to all pregnant people, renaming the program "Presumptive Eligibility for Pregnant People" (PE4PP).
- **AB 2871 (Fong – R) Medi-Cal: Substance Use Disorder Services: Reimbursement Rates**

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

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

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

- **SB 885 (Pan – D) Sexually Transmitted Diseases**
  - **Status:** 2/25/2020 – From committee with author's amendments. Read second time and amended. Re-referred to Committee on B., P. & E.D.
  - **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:** 2/20/2020 – Referred to Committee on HEALTH
  - **Summary:** Would require the Director of Health Care Services to conduct a contract procurement at least once every 5 years if the director contracts with a commercial Medi-Cal managed care plan for the provision of care of Medi-Cal beneficiaries on a state-wide or limited geographic basis, and would authorize the director to extend an existing contract for one year if the director takes specified action, including providing notice to the Legislature, at least one year before exercising that extension. The bill would require the department to establish a stakeholder process in the planning and development of each Medi-Cal managed care contract procurement process, and would provide that the stakeholders include specified individuals, such as health care providers and consumer advocates.

- **SB 1073 Medi-Cal: California Special Supplemental Nutrition Program for WIC**
  - **Status:** 3/3/2020 – Set for hearing March 25
  - **Summary:** Would require the State Department of Health Care Services to designate the WIC Program and its local WIC agencies as Express Lane agencies, and to use WIC Program eligibility determinations to meet Medi-Cal program eligibility requirements, including financial eligibility and state residence. The bill would require the department, in collaboration with specified entities, such as program offices for the WIC Program and local WIC agencies, to complete various tasks; including receiving eligibility findings and information from WIC records on WIC recipients to process their Medi-Cal program expedited eligibility determination.

Group Care

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

- **AB 2144 (Arambula – D) Health Care Coverage: Step Therapy**
  - **Status:** 2/20/2020 Referred to Committee on HEALTH
  - **Summary:** Would clarify that a health care service plan may require step therapy if there is more than one drug that is appropriate for the treatment of a medical condition. The bill would require a health care service plan or health insurer to expeditiously grant a step therapy exception if specified criteria are met. The bill would authorize an enrollee or insured or their designee, guardian, primary care physician, or health care provider to file an appeal of a prior authorization or the denial of a step therapy exception request, and would require a health care service plan or health insurer to designate a clinical peer to review those appeals. The bill would require a health care service plan, health insurer, or utilization review organization to annually report specified information about their step therapy exception requests and prior authorization requests to the Department of Managed Health Care or the Department of Insurance, as appropriate.

- **SB 1033 (Pan – D) Health Care Coverage: Utilization Review Criteria**
  - **Status:** 2/14/2020 – Introduced. Read first time. To Committee on Rules for assignment
  - **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.

Other

- **AB 2055 (Wood – D) Specialty Mental Health Services and Substance Use Disorder Treatment: Behavioral Health Quality Improvement Program and Account**
  - **Status:** 3/5/2020 Referred to Committee on HEALTH. Read second time and amended.
  - **Summary:** Would require the State Department of Health Care Services to establish, implement, and administer the Behavioral Health Quality Improvement Program to assist county mental health plans and counties that administer the Drug Medi-Cal Treatment Program or the Drug Medi-Cal organized delivery system for purposes of preparing those entities for implementation of the behavioral health components included in the Medi-Cal Healthier California for All initiative, and would establish in the State Treasury the Behavioral Health Quality Improvement Account to fund those efforts. The bill would require the department to determine the methodology and distribution of funds appropriated to those entities.

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

- **AB 2409 (Kalra – D) Medi-Cal: Assisted Living Waiver program**
  - **Status:** 2/24/2020 – Referred to Committee on Health
  - **Summary:** Current law requires the State Department of Health Care Services to develop a federal waiver program, known as the Assisted Living Waiver program, to test the efficacy of providing an assisted living benefit to beneficiaries under the Medi-Cal program. Current law requires that the benefit include the care and supervision activities specified for residential care facilities for the elderly, and conditions the implementation of the program to the extent federal financial participation is available and funds are appropriated or otherwise available for the program. This bill would, subject to the department obtaining federal approval and on the availability of federal financial participation, require the department to submit to the federal Centers for Medicare and Medicaid Services a request for an amendment of the Assisted Living Waiver program to increase its provider reimbursement tiers to compensate for mandatory minimum wage increases.

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

except as specified. The bill would require the department to take specified actions in an effort to expand CalFresh program outreach and retention and improve dual enrollment between the CalFresh and Medi-Cal programs.

- **AB 2464 (Aguilar-Curry – D) Statewide Pediatric Behavioral Telehealth Networks**
  - **Status:** 2/27/2020 – Referred to Committee on HEALTH
  - **Summary:** Would establish a grant program for purposes of establishing and funding a statewide pediatric behavioral telehealth network, subject to a competitive grant process. The California Health and Human Services Agency shall implement the grant program. The bill would require funding made available for these purposes to be expended to build the clinical infrastructure to support 10 telehealth hubs, as defined, throughout the state.

- **AB 2535 (Mathis – R) Denti-Cal Provider Pilot Program**
  - **Status:** 2/27/2020 – Referred to Committee on HEALTH
  - **Summary:** Current law establishes various pilots and programs, including the Caries Risk Assessment and Disease Management Pilot, a dental integration pilot program in County of San Mateo, and a dental outreach and education program, which address dental services provided under the Medi-Cal program. This bill would require the State Department of Health Care Services to establish and administer a 5-year pilot program to educate and train Denti-Cal providers on how to effectively serve Medi-Cal beneficiaries with intellectual or developmental disabilities who are regional center consumers, to contract with an independent evaluator, and to utilize an expert to perform specified duties, including advising on the design of the pilot program.

- **AB 2581 (Reyes – D) Department of Early Childhood Development**
  - **Status:** 2/21/2020 – From printer. May be heard in committee on March 22.
  - **Summary:** Would establish the Department of Early Child Development within the California Health and Human Services Agency, and would require the new department to consolidate leadership on programs and issues relating to the administration of early learning and care and to centralize and build a coherent and whole person early learning and care system to improve service delivery for children, families, and providers by maximizing federal, state, and local resources. The bill would transfer the duties, powers, functions, jurisdiction, and responsibilities of specified programs and entities relating to early childhood care and learning from various departments, including the State Department of Education and the State Department of Social Services, to the Department of Early Child Development.

- **SB 65 (Pan – D): Health Care Coverage: Financial Assistance**
  - **Status:** 1/23/20 – From committee with author's amendments. Read second time and amended. Re-referred to Committee on Appropriations.
  - **Summary:** This bill would require that Covered California, until January 1, 2023, administer an individual market assistance program to provide health care coverage financial assistance to California residents with household incomes below 600% of the FPL.

- **SB 852 (Pan – D) Health Care: Prescription Drugs**
  - **Status:** 1/22/2020 – Referred to Committee on Rules
  - **Summary:** Would state the intent of the Legislature to introduce legislation to require the State of California to manufacture generic prescription drugs for the purposes of controlling prescription drug costs. The bill would also make related findings and declarations.

- **SB 1065 (Hertzberg – D) CalWORKs: Homeless Assistance**

- **Status:** 3/4/2020 – Set for hearing March 23
- **Summary:** Would require the county welfare department, if a family has secured and been approved for permanent housing assistance, to extend the 16-day temporary homeless assistance until the last day of the month in which the permanent housing is secured, or the date that the family moves into the approved permanent housing, whichever occurs first.

ALAMEDA Alliance FOR HEALTH

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Medi-Cal Update

Alameda Alliance for Health

CalAIM Timeline

Regulatory Mandate	Original Date	Revised Date
Enhanced Care Management (ECM) and In Lieu Of Services (ILOS); Whole Person Care and Health Homes programs transition into ECM & ILOS.	January 2021	-
Pharmacy transition to DHCS (physician-administered drugs remain in place)	January 2021	-
Long-Term Care (LTC) transition into managed Medi-Cal; includes transplants, subacute, intermediate care, and skilled nursing	January 2021	-
Population Health (new model of care, connected to NCQA)	January 2021	January 2022
Medicare Special Needs Plan (SNP) Requirement	January 2023	January 2025
Medi-Cal Procurement Procurement/Implementation	2020/2023	2023/2025
Coordinated Re-Entry (transition of incarcerated residents)	2023	-
Regional Rate Model	2023	2024/2025

Alameda Alliance for Health

CalAIM Timeline

Regulatory Mandate	Original Date	Revised Date
Dual-eligible (Medi-Cal & Medicare) members accessing LTC services	January 2023	
Behavioral Health Integration Pilot	2020 - 2024	-
NCQA health plan accreditation requirement	2025	-
Mandatory Long-Term Services & Supports (MLTSS)	2026	-
Targeted Case Management (TCM)	2021	REMOVED

Alameda Alliance for Health

CalAIM Activity Report

Milestone	Outcome	Date
Public Stakeholder Workgroups	DHCS facilitating regional planning sessions and public stakeholder workgroups to define the benefits: Enhanced Care Management (ECM) and In-Lieu of Services (ILOS), behavioral health, population health, NCQA accreditation, and full integration.	Started in November 2019, continues into June 2020
Inventory of services offered in Alameda County & surrounding areas	Identify Long-Term Care (LTC) service providers in Alameda County, and outside of Alameda County; includes transplant, subacute, intermediate care, and skilled nursing services. Identify and compare the Whole Person Care and Health Home services and provider networks, and crosswalk to the newly formed ECM and ILOS services.	February – March
Staffing: Recruiting, Training, and Development	Ongoing process of recruiting staff and subject experts to guide the planning phases and operational readiness efforts, and to train staff on changes to the core systems and inter-departmental workflows.	February – December 2020
Behavioral Health Integration Incentive Pilot	Alliance scored 8 projects and submitted all projects to DHCS for evaluation on February 25th. DHCS to select pilots and determines funding by April 1st.	April 2020
Covered Benefits	Definition of ECM & ILOS covered benefits; DHCS is hosting regional meeting in Oakland on May 5th. DHCS forecasting to receive approval from CMS on the CalAIM proposal by May.	April – May

Alameda Alliance for Health

CalAIM Activity Report

Milestone	Outcome	Date
Technology Evaluation	Internal evaluation of core & ancillary systems to identify the necessary configuration changes, or enhancements (e.g. claims, call center, care management)	March – June
Regulatory Filings	Alliance submits a transition plan to crosswalk Whole Person Care and Health Homes programs into ECM & ILOS benefits, and submits contract templates for LTC provider network.	July 1, 2020
Policies & Procedures	Development of internal policies & procedures, workflows, and approvals through the Compliance Committee.	July – September 2020
Payment rates & historical utilization data	DHCS releases base rates for LTC, ECM, and ILOS benefits; historical patient data for people currently enrolled in long-term care (Medi-Cal fee for service).	June – August 2020
Communication & Education	Alliance distributes educational materials to its providers and members on the benefits changes. Alliance to host a town hall for providers to provide information on the benefit updates.	June – December 2020, and first quarter of 2021
Operational Readiness	DHCS conducts a readiness audit prior to the implementation date for LTC, ECM, and ILOS. Alliance is tentatively scheduling to complete the readiness efforts by September 30, 2020.	October 2020
Go-Live	Implementation of LTC, ECM, ILOS, and pharmacy benefits	January 1, 2021

ALAMEDA Alliance FOR HEALTH

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Resolution to Terminate the Alliance Joint Powers Authority Agreement

ALAMEDA ALLIANCE FOR HEALTH

ADOPTION OF A RESOLUTION AUTHORIZING TERMINATION THE JOINT EXERCISE OF POWERS AGREEMENT ESTABLISHING THE ALAMEDA ALLIANCE JOINT POWERS AUTHORITY

MEETING DATE: March 13, 2020

TO: Members of the Board of Governors

PREPARED BY: Jeffrey Melching, Outside Counsel

REVIEWED BY: Scott Coffin, Chief Executive Officer
Sandra Galindo, Legal Analyst

SUBJECT: Termination of Joint Powers Agreement Establishing the Alameda Alliance Joint Powers Authority

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RECOMMENDED ACTION

1. Receive Staff Report and Public Input.
2. Adopt Resolution 2020-01 titled "A Resolution Of Alameda Alliance For Health Authorizing Termination, Following A Required Sixty Day Notice Period, Of The Joint Exercise Of Powers Agreement Establishing The Alameda Alliance Joint Powers Authority " (Attachment 1)
3. Direct Chief Executive Officer to Execute the Notice of Termination, substantially in the form provided as Attachment 2.

DISCUSSION

In September 2005, the Alameda Alliance for Health (**Alliance**) and the County of Alameda (**County**) entered into the Joint Exercise of Powers Agreement Establishing the Alameda Alliance Joint Powers Authority (**JPA Agreement**), thereby forming the Alameda Alliance Joint Powers Authority (**JPA**). These steps were taken to save money. They allowed for establishment by the JPA of a separate Knox Keene licensed plan (**QIF Plan**) to protect non-Medi-Cal lines of businesses from the quality improvement fee (**QIF**) that, ***at that time*****,** was assessed by the Department of Managed Health Care (**DMHC**) on Medi-Cal plans. When the JPA was formed, the forecasted savings were $780,000 per year.

Over time, the financial and regulatory environment has changed, rendering the JPA no longer necessary. In 2009, the California Legislature removed the DMHC's authority to impose a QIF on Medi-Cal Plans, thus eliminating financial rationale for separate QIF Plans. Then, on January 9, 2019 the DMHC issued All Plan Letter notifying of its intent to require QIF Plans to comply with the same requirements that are applied to non-QIF Plans,

including requirements for full-scope medical audits and financial audits. This change eliminated the non-financial rationale for separate QIF Plans.

As a result of these changes, in June of 2019 the Alliance and the JPA advised DMHC and the Department of Health Care Services of the JPA's intent to surrender its QIF license, and to transition the JPA's non-Medi-Cal lines of business to the Alliance. The next step in that transition process is the termination of the JPA Agreement, which will in turn dissolve/terminate the JPA.

Under the JPA Agreement, after determining that it is in its interest, the Alliance may terminate the JPA Agreement, and the JPA as an entity, by giving 60 days prior written notice to the County. To satisfy those requirements and initiate the JPA Agreement termination process, the attached Resolution (Attachment 1) has been prepared. Specifically, the Resolution:

(1) Directs the Chief Executive Officer of the Alliance or his designee (**CEO**) to provide written notice of termination of the JPA Agreement (Attachment 2), and the JPA an entity, to the County;

(2) Acknowledges that following the termination of the JPA Agreement, the JPA and the JPA Agreement shall continue to exist for the purpose of disposing of all claims, distribution of assets, and all other functions necessary to conclude the affairs of the JPA;

(3) Acknowledges that upon the termination of the JPA Agreement, all property of the JPA, both real and personal, and all funds shall be divided among the Alliance and the County in the respective proportions by which such property and funds were made, or as may otherwise be agreed upon by the County and the Alliance; and

(4) Directs the CEO to take such steps, and to secure such authorizations and consents, as are necessary and appropriate to complete the JPA Agreement termination process and to complete the distribution of JPA assets as necessary to dissolve the JPA in an orderly manner that is consistent with the JPA Agreement.

As noted, the form of the Notice of Termination is provided in Attachment 2 to this staff report. That letter will be distributed to the County on March 16, 2020, which will result in the formal termination of the JPA Agreement on May 18, 2020 (i.e., 60 days later).

In the meantime, it is anticipated that the JPA will fulfill its responsibility to wind down the affairs of the JPA, by dividing the assets of the JPA in proportion to the Alliance's and the County's relative contributions. In this instance, the County had ***no responsibility*** under the JPA Agreement for capitalization of the JPA, or for payment of operational or administrative costs. Therefore, it is anticipated that all of the JPA's assets will be distributed to the Alliance.

All consents, assignments, and other documentation as is necessary to complete the distribution of assets will be prepared and processed under the direction of the CEO and

in coordination with the officers of the JPA. Those documents will be processed with a goal of completing the dissolution concurrent with the May 18, 2020 JPA Agreement termination, or as soon thereafter as reasonably feasible.

FISCAL IMPACT

It is anticipated that the transactional and administrative costs of the dissolution of the JPA will be less than the transactional and administrative costs of separately maintaining the non-Medi-Cal lines of business within the JPA.

ATTACHMENTS

1. Resolution 2020-01 titled "A Resolution Of Alameda Alliance For Health Authorizing Termination, Following A Required Sixty Day Notice Period, Of The Joint Exercise Of Powers Agreement Establishing The Alameda Alliance Joint Powers Authority"

2. Notice of Termination of the Joint Exercise Of Powers Agreement Establishing The Alameda Alliance Joint Powers Authority

RESOLUTION NO. 2020-01

A RESOLUTION OF ALAMEDA ALLIANCE FOR HEALTH AUTHORIZING TERMINATION, FOLLOWING A REQUIRED SIXTY DAY NOTICE PERIOD, OF THE JOINT EXERCISE OF POWERS AGREEMENT ESTABLISHING THE ALAMEDA ALLIANCE JOINT POWERS AUTHORITY

WHEREAS, the Alameda Alliance for Health (**Alliance**) and the County of Alameda (**County**) entered into the Joint Exercise of Powers Agreement Establishing the Alameda Alliance Joint Powers Authority (**JPA Agreement**) on or about September 20, 2005, thereby forming the Alameda Alliance Joint Powers Authority (**JPA**);

WHEREAS, the JPA was created to allow for the establishment of a separate Knox Keene licensed plan (**QIF Plan**) to protect non-Medi-Cal lines of businesses from the quality improvement fee (**QIF**) that was at that time assessed by the Department of Managed Health Care (**DMHC**) on Medi-Cal plans;

WHEREAS, the JPA was capitalized and operated solely with Alliance funds and resources, as specified in Section 12 of the JPA Agreement which provides:

> Capitalization of the JPA, which shall include, but not be limited to, all costs incurred and associated with the design, planning, licensing, operation and maintenance of a new health care service plan and related activities pursuant to this Agreement, shall be derived exclusively from the Alliance. The County shall not provide any capital funds for the JPA, nor shall the County be responsible for any operational or administrative costs incurred by the JPA in fulfillment of its purposes pursuant to this Agreement.

WHEREAS, in 2009 the California Legislature removed the DMHC's authority to impose a QIF on Medi-Cal Plans, thus eliminating financial rationale for separate QIF Plans;

WHEREAS, on January 9, 2019 the DMHC issued All Plan Letter notifying of DMHC's intent to require QIF Plans to comply with the same requirements that are applied to non-QIF Plans, including without limitation, requirements for full-scope medical audits and financial audits, thus eliminating the non-financial rationale for separate QIF Plans;

WHEREAS, the elimination of the financial and non-financial rationales for a separate QIF license and associated plan have rendered the QIF license and the purposes for the formation of the JPA obsolete;

WHEREAS, DMHC and the California Department of Health Care Services have been duly advised of the JPA's intent to surrender its QIF license, and to transition the JPA's non-Medi-Cal lines of business to the Alliance;

WHEREAS, section 34 of the JPA Agreement provides that the Alliance may terminate the JPA "Agreement, and the JPA as an entity, upon the provision of 60 days written notice to the non-terminating Member, in the event that its respective governing body determines that it is in the terminating Member's interest to do so";

WHEREAS, upon the transfer of the JPA's non-Medi-Cal lines of business to the Alliance, the purpose for which the JPA was formed will no longer exist and, therefore, it is in the best interest of the Alliance to terminate the JPA agreement, and the JPA as an entity;

WHEREAS, this Resolution initiates and guides the process of terminating the JPA Agreement, and the JPA as an entity by (1) directing the Chief Executive Officer of the Alliance or his designee (**CEO**) to provide written notice of termination of the JPA Agreement, and the JPA an entity, to the County as provided in Section 34 of the JPA Agreement, (2) acknowledging that following the termination of the JPA Agreement, the JPA and the JPA Agreement shall continue to exist "for the purpose of disposing of all claims, distribution of assets, and all other functions necessary to conclude the affairs of the JPA," (3) acknowledging that upon the termination of the JPA "Agreement, all property of the JPA, both real and personal, and all funds shall be divided among [the Alliance and the County] in the respective proportions by which such property and funds were made, or as may otherwise be agreed upon by the Members"; and (4) directing that the CEO take such steps, and to secure such authorizations and consents, as are necessary and appropriate to complete the JPA Agreement termination process and to complete the distribution of JPA assets as necessary to dissolve the JPA in an orderly manner that is consistent with the JPA Agreement.

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 it is in the interest of the Alliance to terminate the JPA Agreement and the JPA as an entity.

SECTION 2. That the Board of Governors of the Alliance hereby exercises its authority to terminate the JPA Agreement, and the JPA as an entity, under and pursuant to Section 34 of the JPA Agreement.

SECTION 3. That the CEO shall provide notice of termination (**Notice**) to the County in accordance with Section 34 of the JPA Agreement, such that the termination authorized herein shall become effective sixty (60) days following issuance of the Notice.

SECTION 4. That the Alliance acknowledges and agrees that following the termination of the JPA Agreement, the JPA and the JPA Agreement shall continue to exist "for the purpose of disposing of all claims, distribution of assets, and all other functions necessary to conclude the affairs of the JPA," and that the CEO shall take such steps as are necessary and appropriate to immediately commence that dissolution process,

including, without limitation the safe transfer of non-Medi-Cal lines of business enrollees from the JPA to the Alliance.

SECTION 5. That the Alliance acknowledges and agrees that upon the termination of the JPA "Agreement, all property of the JPA, both real and personal, and all funds shall be divided among [the Alliance and the County] in the respective proportions by which such property and funds were made, or as may otherwise be agreed upon by [the Alliance and the County]", and that under the circumstances described in Section 12 of the JPA Agreement, unless otherwise agreed to by subsequent resolution of the Board of Governors of the Alliance, all property and assets of the JPA shall be transferred to the Alliance.

SECTION 6. That the CEO shall, and is hereby directed to, take such steps as are necessary and appropriate to complete the JPA Agreement termination process and distribution of JPA assets (including the assignment of existing contracts) as are necessary to dissolve the JPA in an orderly manner that is consistent with the JPA Agreement.

PASSED AND ADOPTED by the Board at a meeting held on the 13th day of March, 2020.

_____
CHAIR, BOARD OF GOVERNORS

ATTEST:

_____
Secretary

SENT VIA HAND DELIVERY

March 16, 2020

County of Alameda
Alameda County Board of Supervisors
1221 Oak Street, Suite 536
Oakland, CA 94612
Attn: President

Re: Notice of Termination of the Joint Exercise of Powers Agreement Establishing the Alameda Alliance Joint Powers Authority (C-2005-317)

Dear President:

The Alameda Alliance for Health (**Alliance**) hereby gives notice of termination to the County of Alameda (**County**) of the Joint Exercise of Powers Agreement Establishing the Alameda Alliance Joint Powers Authority (**JPA Agreement**). A true and correct copy of the JPA Agreement is attached as **Exhibit A**.

Under Section 34(a) of the JPA Agreement, the termination of the JPA Agreement shall be effective sixty (60) days following provision of this notice, i.e., on ***Monday, May 18, 2020***.

The Alliance Board of Governors authorized and directed that I provide this notice following its determination that it is in the interest of the Alliance to terminate the JPA Agreement and the JPA as an entity. A true and correct copy of the Resolution making that determination, and directing that I provide this notice, is attached as **Exhibit B**.

In connection with the termination of the JPA Agreement and the JPA as an entity, the officers of the JPA will be directed to wind-up the affairs of the JPA, including the disposition of all claims, the distribution of all assets, and all other functions necessary to conclude the affairs of the JPA. Unless the County and the Alliance agree otherwise, all real and personal property, and all funds, of the JPA will be divided in the respective proportions by which such property and funds were contributed to the JPA. In this instance, Section 12 of the JPA Agreement forbade the County from contributing any capital funds to the JPA, and from contributing or being responsible for any operational or administrative costs incurred by the JPA. As a result, ***all assets of the JPA will be transferred to the Alliance***.

The Alliance's hope and expectation is that the transfer process will be completed concurrent with the termination of the JPA on May 18, 2020, or as soon thereafter as is reasonably feasible. The Alliance will work with the JPA to prepare all such consents, assignments, and other documentation as is necessary to complete the transfers.

This notice is, of necessity, formal and direct. However, I want to take this opportunity to, on behalf of the Alliance, thank the County for facilitating and participating in the formation of the JPA. The JPA was formed in 2005 to allow for the establishment of a separate Knox Keene licensed plan to protect non-Medi-Cal lines of businesses from the quality improvement fee that was then-assessed by the Department of Managed Health Care on Medi-Cal plans. By avoiding those fees, the JPA had hundreds of thousands of dollars in additional resources to assist in providing medical services to the people of Alameda County.

But the reason for the existence of the JPA has become obsolete. In 2009, the California legislature removed the Department of Managed Health Care's authority to impose quality improvement fees on Medi-Cal Plans, thus eliminating the financial need for the separate Knox Keene licensed plan operated by the JPA. And, in 2019 the Department of Managed Health Care issued an "All Plan Letter" notifying of its intent to require quality improvement fee plans to comply with the same full-scope medical audit and financial audits that non-quality improvement fee plans comply with. In other words, from both a fee and a regulatory perspective, the two sets of plans are virtually indistinguishable.

Given those changes, notices of its intent to surrender the JPA's QIF license were delivered to both Department of Managed Health Care and the Department of Health Care Services on June 27, 2019. Accordingly, the purpose of the JPA no longer exists, and it is in the interests of the Alliance to terminate the JPA and ensure the safe transfer of non-Medi-Cal lines of business enrollees – *i.e.*, In-Home Supportive Services (**IHSS**) members in the Group Care line of business -- from the JPA to the Alliance. We do not anticipate an impact or interruption in the care and services our IHSS members receive

Thank you again for your participation in the JPA. As I noted, I will separately contact the County regarding any consents, assignments, agreements, or other documentation that is necessary to complete the dissolution process.

In the meantime, please do not hesitate to contact me at 510-747-6115 should you have any questions.

Sincerely,

Scott Coffin
Chief Executive Officer

cc: Lori Cox, Agency Director, Alameda County Social Services
Marcella Velasquez, Executive Director, Public Authority for IHSS
Evan Seevak, M.D., Chair, Alameda Alliance JPA and Alameda Alliance for Health Boards
Rebecca Gebhart, Vice Chair, Alameda Alliance JPA and Alameda Alliance for Health Boards
Gil Riojas, Chief Financial Officer, Alameda Alliance for Health
Diana Sekhon, Director, Compliance, Alameda Alliance for Health

enc: JPA Agreement
Alliance Board Resolution 2020-01

ALAMEDA Alliance FOR HEALTH

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Operations Dashboard

Alameda Alliance for Health
Operations Dashboard
- March-2020 -

ID	Section	Subject Area	Category	Performance Metric					ID
1	1	Financials			Jan-20 FYTD		%	Annual Budget	1
2									2
3			Income & Expenses	Revenue $	$565,880,834		60.5%	$935,483,328	3
4				Medical Expense $	$521,836,023		59.4%	$879,173,524	4
5				*Inpatient (Hospital)*	$142,728,253		*27.4%*	$246,892,599	5
6				*Outpatient/Ancillary*	$144,569,422		*27.7%*	$240,198,558	6
7				*Emergency Department*	$22,799,256		*4.4%*	$38,603,091	7
8				*Pharmacy*	$91,381,966		*17.5%*	$157,323,732	8
9				*Primary Care*	$57,711,897		*11.1%*	$87,881,542	9
10				*Specialty Care*	$49,719,156		*9.5%*	$83,501,269	10
11				*Other*	$12,926,073		*2.5%*	$24,772,732	11
12				Admin Expense $	$31,312,964		51.7%	$60,618,392	12
13				Other Income / (Exp.) $	$2,666,349		4.4%	$4,013,097	13
14				Net Income $	$15,398,196			($295,490)	14
15				Gross Margin %	7.8%			6.0%	15
16			Liquid Reserves	Medical Loss Ratio (MLR) - Net %	92.2%			94.0%	16
17				Tangible Net Equity (TNE) %	602.0%			564.9%	17
18				Tangible Net Equity (TNE) $	$196,145,451			$180,451,765	18
19			Reinsurance Cases	2019-2020 Cases Submitted	6				19
20				2019-2020 New Cases Submitted	1				20
21				2018-2019 Cases Submitted	25				21
22				2018-2019 New Cases Submitted	0				22
23			Balance Sheet	Cash Equivalents	$218,272,155				23
24				Pass-Through Liabilities	$71,803,613				24
25				Uncommitted Cash	$146,468,542				25
26				Working Capital	$185,806,183				26
27				Current Ratio %	194.6%			100%	27
28									28
29	2	Membership			Nov-20	Dec-19	Jan-20	%	Jan-20 Budget	29
30										30
31			Medi-Cal Members	Adults	32,357	32,066	31,620	13%	32,919	31
32				Children	89,711	89,056	88,329	37%	90,336	32
33				Seniors & Persons with Disabilities (SPDs)	25,691	25,687	25,571	10%	25,228	33
34				ACA Optional Expansion (ACA OE)	79,104	78,154	77,093	31%	79,600	34
35				Dual-Eligibles	17,779	17,776	17,800	7%	17,233	35
36										36
37				Total Medi-Cal	244,642	242,739	240,413	98%	245,316	37
38			IHSS Members	IHSS	6,056	6,092	6,048	2%	5,976	38
39			Total Membership	Medi-Cal and IHSS	250,698	248,831	246,461	100%	251,292	39
40										40
41			Members Assigned By Delegate	Direct-contracted network	48,482	47,978	47,700	19%		41
42				Alameda Health System (Direct Assigned)	46,652	46,232	45,665	19%		42
43				Children's First Medical Group	29,790	29,654	29,460	12%		43
44				Community Health Center Network	92,730	92,167	91,165	37%		44
45				Kaiser Permanente	33,044	32,800	32,471	13%		45
46										46

Alameda Alliance for Health
Operations Dashboard
- March-2020 -

ID	Section	Subject Area	Category	Performance Metric						ID
47	3	Claims			Dec-19	Jan-20	Feb-20	%	Performance Goal	47
48										48
49			HEALTHsuite Claims Processing	Number of Claims Received	103,216	126,044	118,309			49
50				Number of Claims Paid	86,814	87,935	87,043			50
51				Number of Claims Denied	21,643	27,294	24,901			51
52				Inventory (Unfinalized Claims)	78,108	90,667	93,704			52
53				Pended Claims (Days)	12,416	15,284	17,374	19%		53
54				*0-29 Calendar Days*	12,359	15,094	16,899	18%		54
55				*30-44 Calendar Days*	44	179	474	1%		55
56				*45-59 Calendar Days*	6	2	1	0%		56
57				*60-89 Calendar Days*	7	3	0	0%		57
58				*90-119 Calendar Days*	0	6	0	0%		58
59				*120 or more Calendar Days*	0	0	0	0%		59
60				Total Claims Paid (dollars)	41,083,263	43,545,887	39,341,688			60
61				Interest Paid (Total Dollar)	30,494	25,066	24,268	0%		61
62				Auto Adjudication Rate (%)	76.4%	75.8%	79.6%		70%	62
63				Average Payment Turnaround (days)	23	23	23		25 days or less	63
64			Claims Auditing	# of Pre-Pay Audited Claims	1,790	1,875	1,557			64
65			Claims Compliance	% of Claims Processed Within 30 Cal Days (DHCS Goal = 90%)	99%	98%	98%		90%	65
66				% of Claims Processed Within 90 Cal Days (DHCS Goal = 99%)	100%	100%	100%		99%	66
67				% of Claims Processed Within 45 Work Days (DMHC Goal = 95%)	100%	100%	100%		95%	67
68										68
69	4	Member Services			Dec-19	Jan-20	Feb-20	%	Performance Goal	69
70										70
71			Member Call Center	Inbound Call Volume	17,020	19,841	17,709			71
72				Calls Answered in 30 Seconds %	80.0%	74.0%	70.0%		80.0%	72
73				Abandoned Call Rate %	8.0%	7.0%	6.0%		5.0% or less	73
74				Average Wait Time	00:40	00:53	01:04			74
75				Average Call Duration	07:19	07:55	07:59			75
76				Outbound Call Volume	9,850	11,463	10,126			76
77										77
78	5	Provider Services			Dec-19	Jan-20	Feb-20	%	Performance Goal	78
79										79
80			Provider Call Center	Inbound Call Volume	5,700	6,256	5,179			80
81										81
82	6	Provider Contracting			Dec-19	Jan-20	Feb-20	%	Performance Goal	82
83										83
84			Provider Network	Primary Care Physician	582	581	579			84
85				Specialist	6,995	7,008	7,038			85
86				Hospital	17	17	17			86
87				Skilled Nursing Facility	54	58	58			87
88				Durable Medical Equipment	Capitated	Capitated	Capitated			88
89				Urgent Care	9	10	10			89
90				Health Centers (FQHCs and Non-FQHCs)	67	68	68			90
91				Transportation	380	380	380			91
92			Provider Credentialing	Number of Providers in Credentialing	1,462	1,457	1,409			92
93				Number of Providers Credentialed	1,462	1,457	1,409			93
94										94

Alameda Alliance for Health
Operations Dashboard
- March-2020 -

ID	Section	Subject Area	Category	Performance Metric						ID
95	7	Human Resources & Recruiting			Dec-19	Jan-20	Feb-20	%	Annual Budget	95
96										96
97			Employees	Total Employees	313	313	315		319	97
98				Full Time Employees	311	312	314	100%		98
99				Part Time Employees	2	1	1	0%		99
100				New Hires	8	3	4			100
101				Separations	1	3	1			101
102				Open Positions	33	32	36	11%	10% or less	102
103				Signed Offer Letters Received	4	5	6			103
104				Recruiting in Process	29	27	30	9%		104
105										105
106			Non-Employee (Temps / Seasonal)		5	5	5			106
107										107
108	8	Compliance			Dec-19	Jan-20	Feb-20	%	Performance Goal	108
109										109
110			Provider Disputes & Resolutions	Turnaround Compliance (45 business days)	98%	97%	99%		95%	110
111				% Overturned	35%	27%	21%		25% or less	111
112										112
113			Member Grievances	Overall Standard Grievance Compliance Rate % (30 calendar days)	100%	99%	99%		95%	113
114				Overall Expedited Grievance Compliance Rate % (3 calendar days)	100%	100%	100%		95%	114
115										115
116			Member Appeals	Overall Standard Appeal Compliance Rate (30 calendar days)	100%	100%	100%		95%	116
117				Overall Expedited Appeal Compliance Rate (3 calendar days)	100%	100%	100%		95%	117
118										118
119	9	Encounter Data & Technology			Dec-19	Jan-20	Feb-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	82.5%	94.4%	89.2%		60.0%	129
130				Timeliness - % Within Lag Time - Institutional 0-180 days	93.6%	98.7%	98.8%		80.0%	130
131				Timeliness - % Within Lag Time - Professional 0-90 days	87.2%	92.9%	91.2%		65.0%	131
132				Timeliness - % Within Lag Time - Professional 0-180 days	93.6%	98.0%	97.9%		80.0%	132
133										133

Alameda Alliance for Health
Operations Dashboard
- March-2020 -

ID	Section	Subject Area	Category	Performance Metric						ID
134	10	Health Care Services			Dec-19	Jan-20	Feb-20		Performance Goal	134
135										135
136			Authorization Turnaround	Overall Authorization Turnaround % Compliant	97%	98%	98%		95%	136
137				Medi-Cal %	97%	98%	98%		95%	137
138				Group Care %	95%	96%	98%		95%	138
139										139
140			Outpatient Authorization Denial Rates	Overall Denial Rate (%)	4.7%	4.2%	3.4%			140
141				Denial Rate Excluding Partial Denials (%)	4.6%	4.1%	3.4%			141
142				Partial Denial Rate (%)	0.1%	0.1%	0.0%			142
143										143
144			Pharmacy Authorizations	Approved Prior Authorizations	625	666	614	37%		144
145				Denied Prior Authorizations	538	544	528	32%		145
146				Closed Prior Authorizations	535	564	516	31%		146
147				Total Prior Authorizations	1,698	1,774	1,658			147
148										148
149					Nov-19	Dec-19	Jan-20			149
150										150
151			Inpatient Utilization	Days / 1000	253.3	252.2	279.9			151
152				Admits / 1000	58.1	63.5	68.2			152
153				Average Length of Stay	4.4	4.0	4.1			153
154										154
155			Emergency Department (ED) Utilization	# ED Visits / 1000	45.06	46.59	42.98			155
156										156
157			Case Management	New Cases						157
158				Care Coordination	244	235	259			158
159				Complex Case Management	18	18	34			159
160				Health Homes	34	43	40			160
161				Whole Person Care (AC3)	6	11	9			161
162				Total New Cases	302	307	342			162
163										163
164				Open Cases						164
165				Care Coordination	210	401	660			165
166				Complex Case Management	13	23	57			166
167				Total Open Cases	223	424	717			167
168										168
169				Enrolled						169
170				Health Homes	677	696	700			170
171				Whole Person Care (AC3)	207	211	214			171
172				Total Enrolled	884	907	914			172
173										173
174				Total Case Management (Open Cases & Enrolled)	1,107	1,331	1,631			174
175										175

Finance

Gil Riojas

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

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

Date: **March 13, 2020**

Subject: **Finance Report**

Executive Summary

- For the month ended January 31, 2020, the Alliance had enrollment of 246,461 members, a Net Income of $449,000, and 602% of required Tangible Net Equity (TNE).

Overall Results: (in Thousands)

	Month	YTD
Revenue	$78,266	$565,881
Medical Expense	72,988	521,836
Admin. Expense	5,189	31,313
Other Inc. / (Exp.)	360	2,666
Net Income	$449	$15,398

Net Income by Program:

	Month	YTD
Medi-Cal	$523	$15,585
Group Care	(74)	(187)
	$449	$15,398

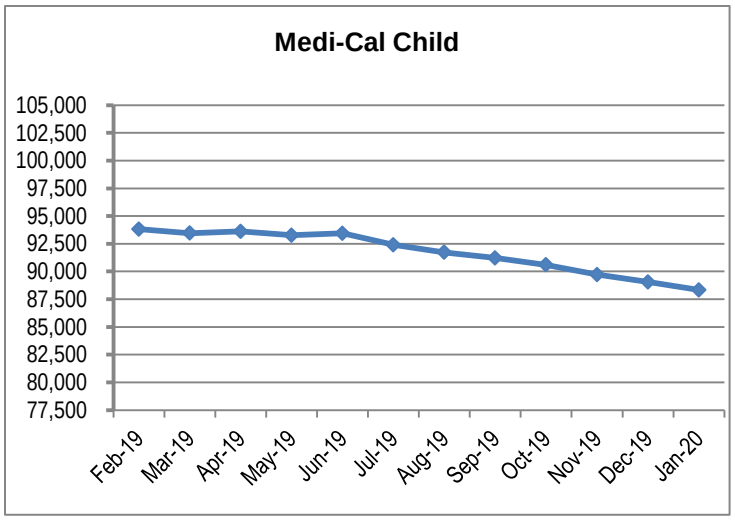
Enrollment

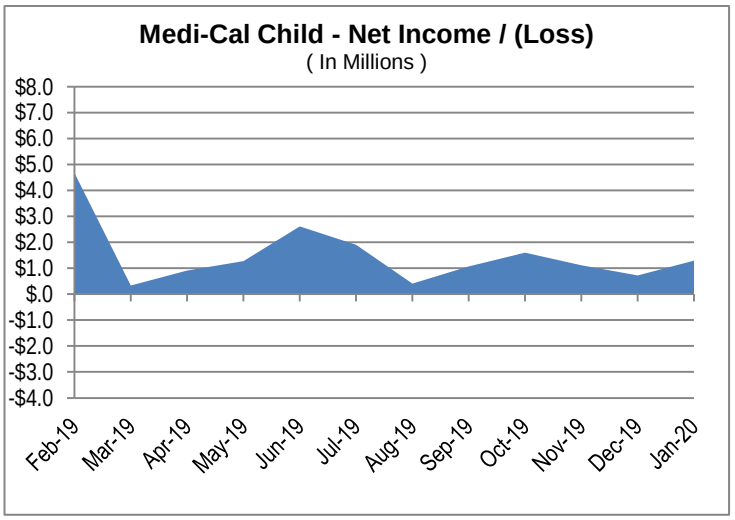
- Total enrollment decreased by 2,370 members since December 2019.
- Total enrollment decreased by 11,924 members since June 2019.

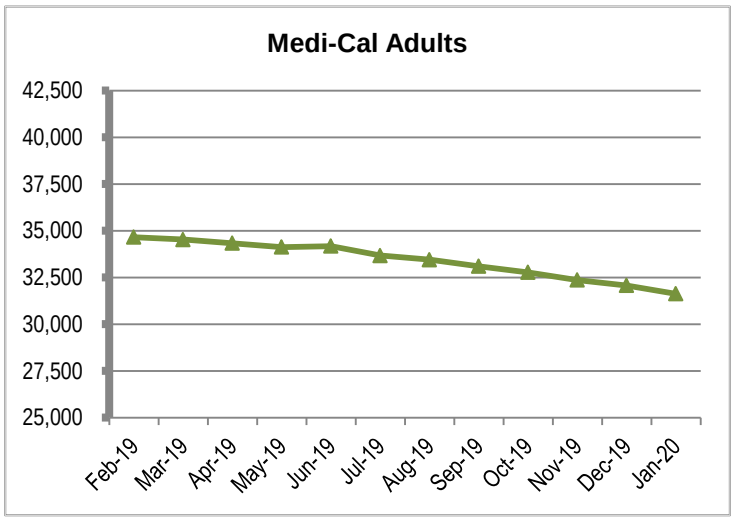
Monthly Membership and YTD Member Months
Actual vs. Budget
For the Month and Fiscal Year-to-Date

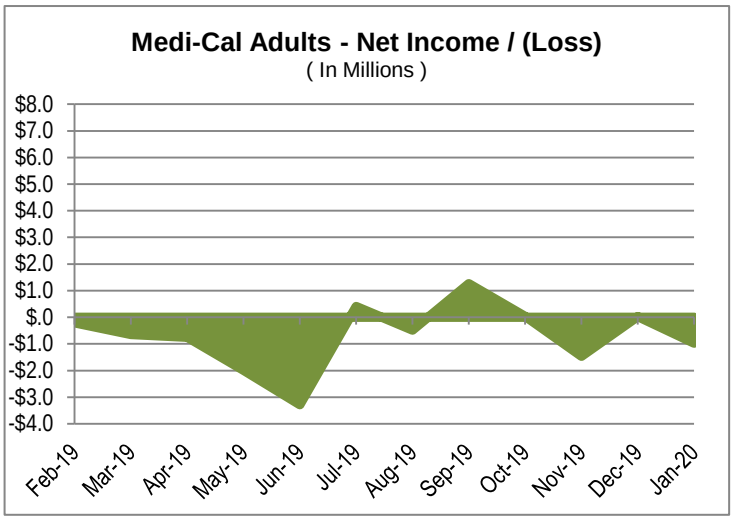
Enrollment					Member Months			
January-2020					Year-to-Date			
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
				Medi-Cal:				
31,620	32,919	(1,299)	-3.9%	Adults	229,025	233,680	(4,655)	-2.0%
88,329	90,336	(2,007)	-2.2%	Child	633,042	641,266	(8,224)	-1.3%
25,571	25,228	343	1.4%	SPD	179,984	179,087	897	0.5%
17,800	17,233	567	3.3%	Duals	123,998	122,335	1,663	1.4%
77,093	79,600	(2,507)	-3.1%	ACA OE	557,040	563,997	(6,957)	-1.2%
240,413	245,316	(4,903)	-2.0%	Medi-Cal Total	1,723,089	1,740,365	(17,276)	-1.0%
6,048	5,976	72	1.2%	Group Care	42,275	41,832	443	1.1%
246,461	251,292	(4,831)	-1.9%	Total	1,765,364	1,782,197	(16,833)	-0.9%

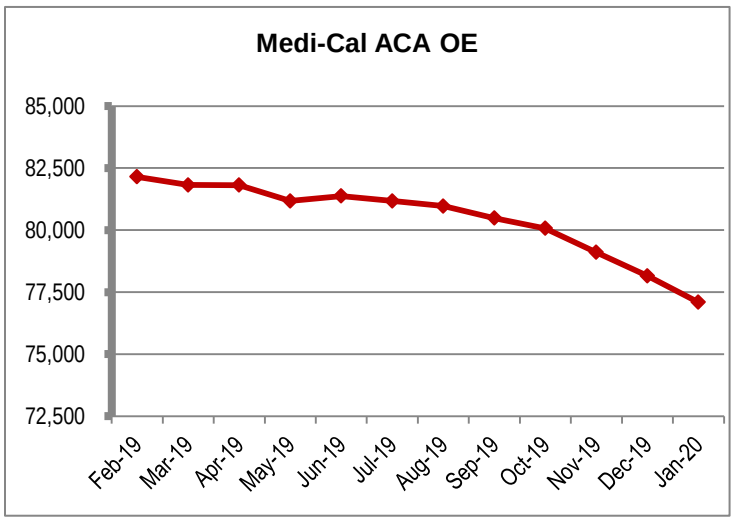
Enrollment and Profitability by Program and Category of Aid

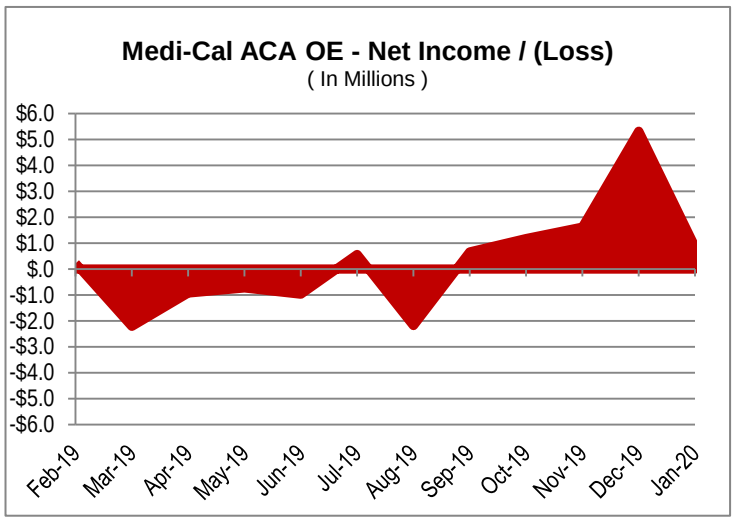




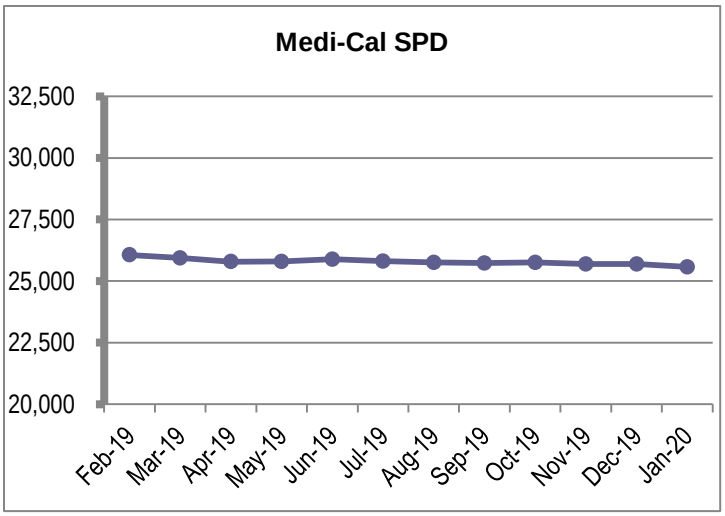


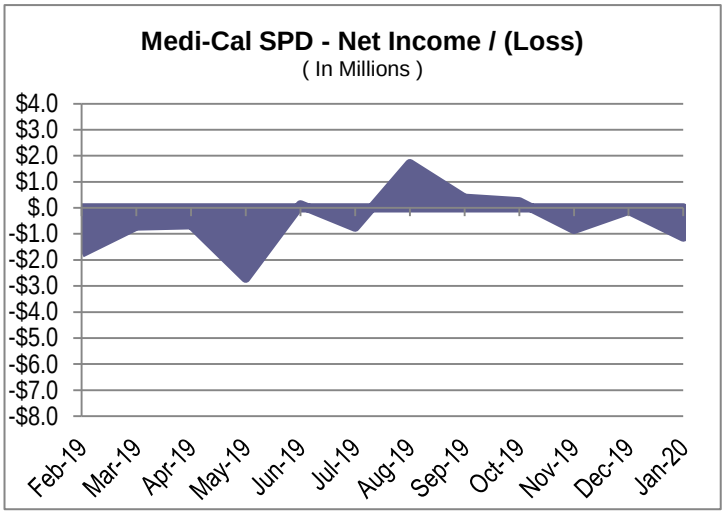


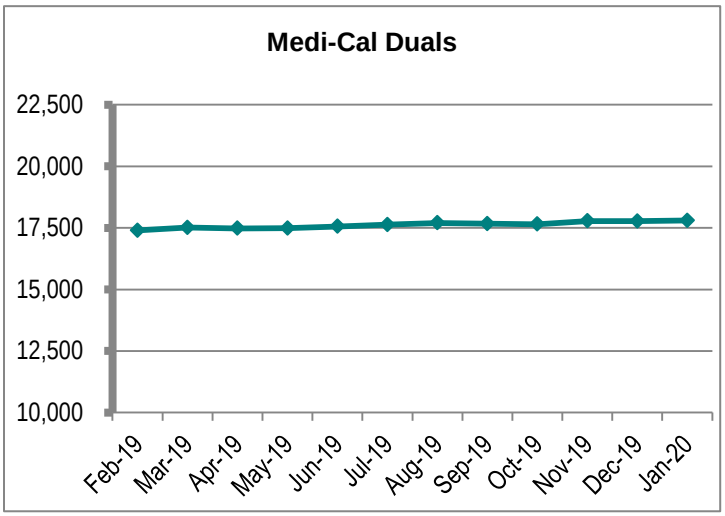


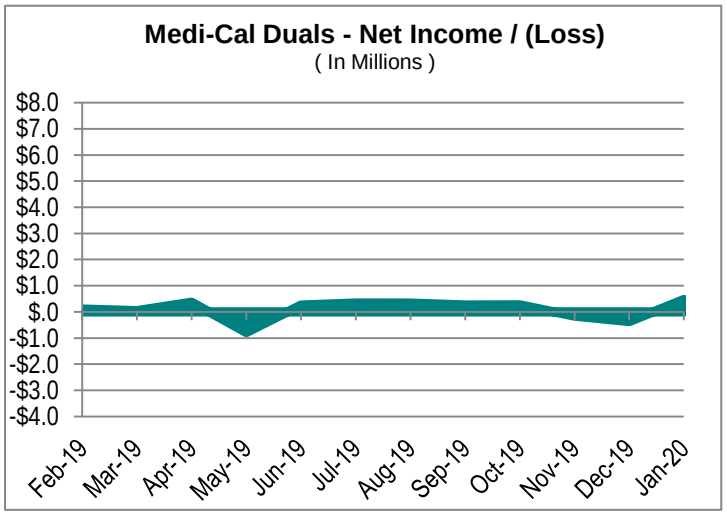


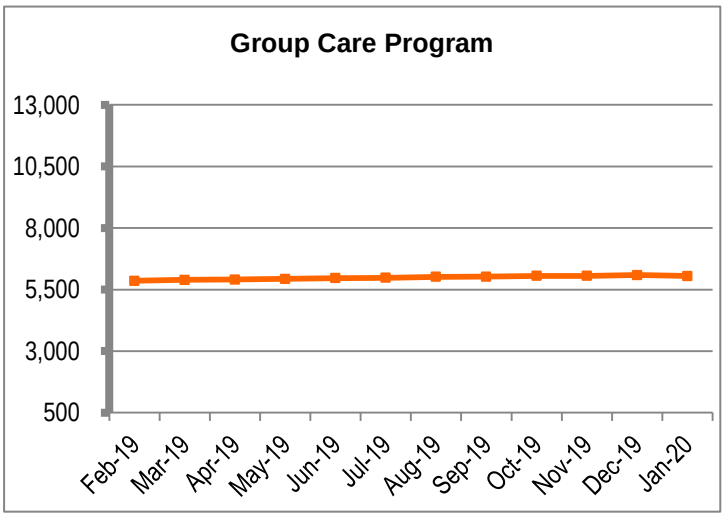
Enrollment and Profitability by Program and Category of Aid

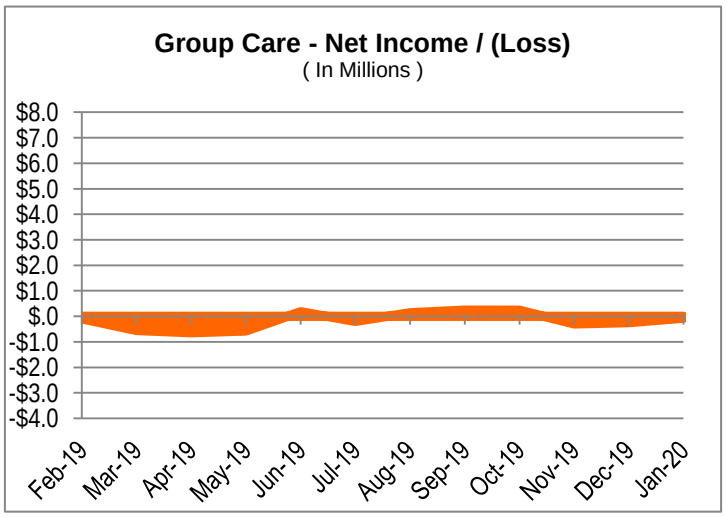








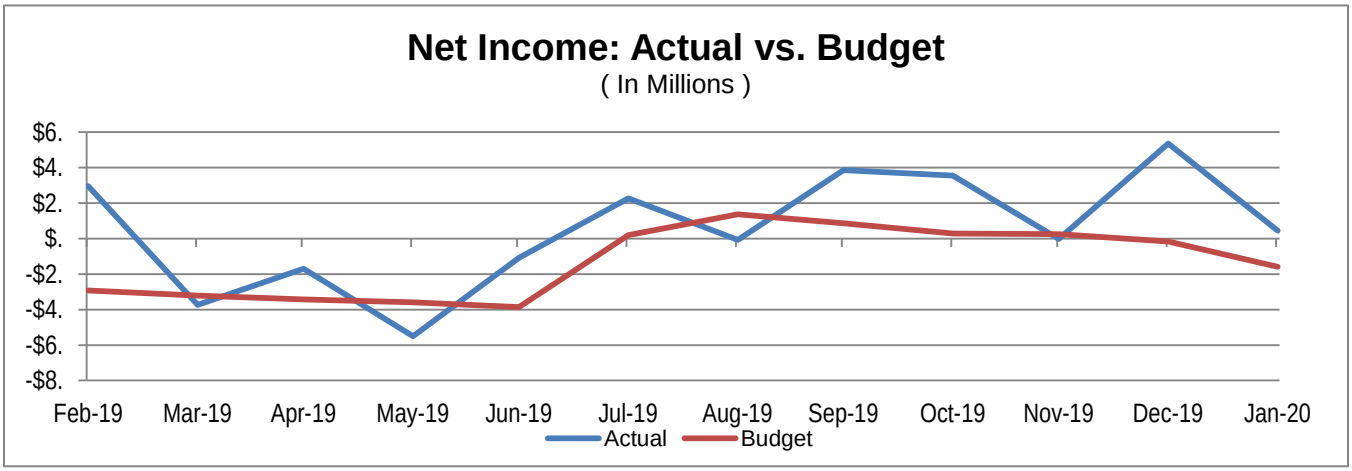




Net Income

- For the month ended January 31, 2020:
  - Actual Net Income: $449,000.
  - Budgeted Net Loss: $1.6 million.

- For the year-to-date (YTD) ended January 31, 2020:
  - Actual YTD Net Income: $15.4 million.
  - Budgeted YTD Net Income: $3.3 million.

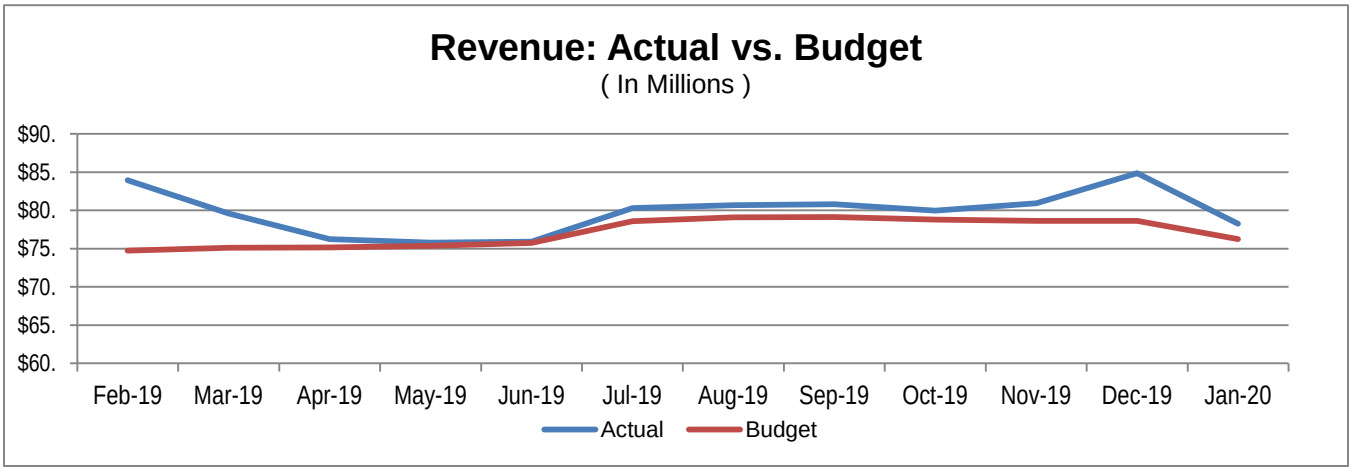


- The favorable variance of $2.0 million in the current month is due to:
  - Favorable $2.0 million higher than anticipated Revenue.
  - Unfavorable $46,000 higher than anticipated Medical Expense.
  - Favorable $53,000 lower than anticipated Administrative Expense.
  - Favorable $31,000 higher than anticipated Other Income & Expense.

Revenue

- For the month ended January 31, 2020:
  - Actual Revenue: $78.3 million.
  - Budgeted Revenue: $76.3 million.

- For the fiscal year-to-date ended January 31, 2020:
  - Actual YTD Revenue: $565.9 million.
  - Budgeted YTD Revenue: $550.9 million.

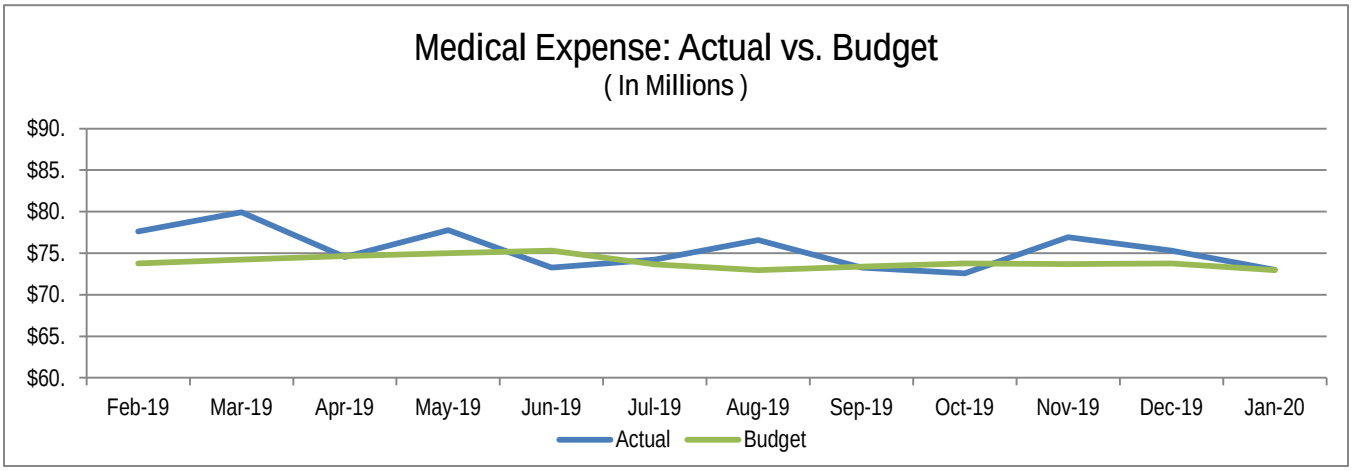


- For the month ended January 31, 2020, the favorable revenue variance of $2.0 million is mainly due to:
    - Favorable $875,000 in higher than expected Prop 56 Revenue. New categories of Prop 56 were announced after the Budget was established. This revenue will be largely offset by enhanced payments to qualified Providers.
    - Favorable $776,000 in higher than expected Behavioral Health Therapy Supplemental payments due to higher utilization.
    - Unfavorable $314,000 in lower than expected Base Capitation revenue due to $1.5 million revenue reduction relating to the DHCS Deceased Member Audit partially offset by higher FY20 base capitation rates.

Medical Expense

- For the month ended January 31, 2020:
    - Actual Medical Expense: $73.0 million.
    - Budgeted Medical Expense: $72.9 million.

- For the fiscal year-to-date ended January 31, 2020:
    - Actual YTD Medical Expense: $521.8 million.
    - Budgeted YTD Medical Expense: $514.7 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 January, updates to Fee-For-Service (FFS) increased the estimate for unpaid Medical Expenses for prior months by $1.7 million. Year-to-date, the estimate for prior years increased by $742,000 (per table below).

Medical Expense - Actual vs. Budget (In Dollars)
Adjusted to Eliminate the Impact of Prior Period IBNP Estimates

	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Excluding IBNP Change	Change in IBNP	Reported		$	%
Capitated Medical Expense	$121,667,561	$0	$121,667,561	$120,586,748	($1,080,813)	-0.9%
Primary Care FFS	27,064,658	179,072	27,243,730	20,941,423	($6,123,235)	-29.2%
Specialty Care FFS	27,940,042	684,376	28,624,418	26,881,304	($1,058,738)	-3.9%
Outpatient FFS	51,493,502	217,187	51,710,689	50,386,495	($1,107,008)	-2.2%
Ancillary FFS	22,206,218	547,860	22,754,078	22,264,344	$58,126	0.3%
Pharmacy FFS	89,727,995	1,653,971	91,381,966	92,123,212	$2,395,217	2.6%
ER Services FFS	22,372,422	426,834	22,799,256	22,649,503	$277,081	1.2%
Inpatient Hospital & SNF FFS	145,695,731	(2,967,478)	142,728,253	145,238,849	($456,882)	-0.3%
Other Benefits & Services	12,159,986	0	12,159,986	12,334,537	$174,551	1.4%
Net Reinsurance	182,131	0	182,131	744,262	$562,131	75.5%
Provider Incentive	583,956	0	583,956	583,956	$0	0.0%
	$521,094,203	$741,820	$521,836,023	$514,734,633	($6,359,570)	-1.2%

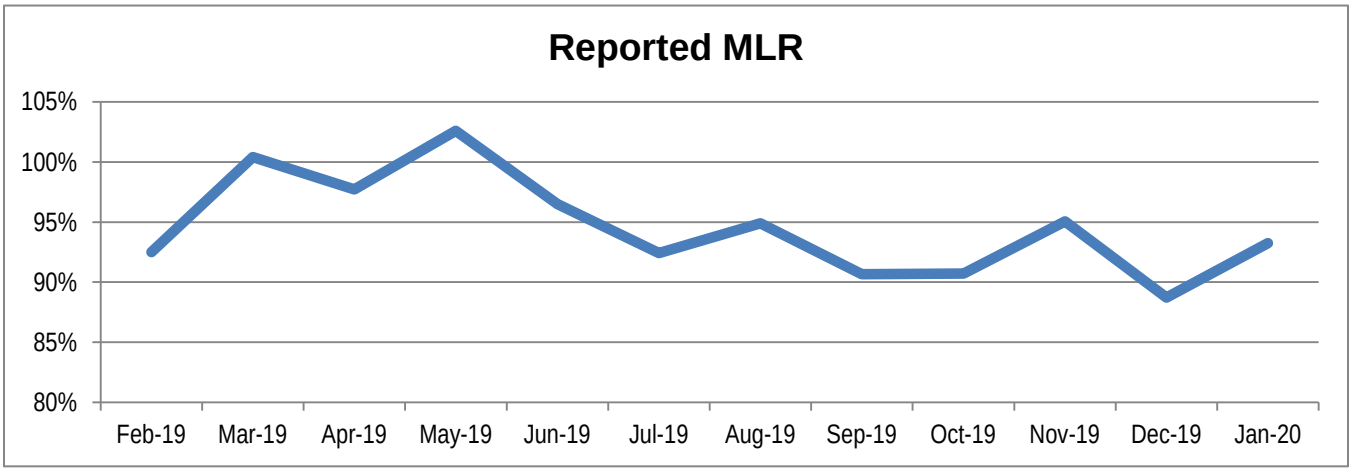
Medical Expense - Actual vs. Budget (Per Member Per Month) Adjusted to Eliminate the Impact of Prior Year IBNP Estimates						
	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Excluding IBNP Change	Change in IBNP	Reported		$	%
Capitated Medical Expense	$68.92	$0.00	$68.92	$67.66	($1.26)	-1.9%
Primary Care FFS	15.33	0.10	15.43	11.75	(3.58)	-30.5%
Specialty Care FFS	15.83	0.39	16.21	15.08	(0.74)	-4.9%
Outpatient FFS	29.17	0.12	29.29	28.27	(0.90)	-3.2%
Ancillary FFS	12.58	0.31	12.89	12.49	(0.09)	-0.7%
Pharmacy FFS	50.83	0.94	51.76	51.69	0.86	1.7%
ER Services FFS	12.67	0.24	12.91	12.71	0.04	0.3%
Inpatient Hospital & SNF FFS	82.53	(1.68)	80.85	81.49	(1.04)	-1.3%
Other Benefits & Services	6.89	0.00	6.89	6.92	0.03	0.5%
Net Reinsurance	0.10	0.00	0.10	0.42	0.31	75.3%
Provider Incentive	0.33	0.00	0.33	0.33	(0.00)	-1.0%
	$295.18	$0.42	$295.60	$288.82	($6.36)	-2.2%

- Excluding the effect of prior year estimates for IBNP, year-to-date medical expense variance is $6.4 million unfavorable to budget. On a PMPM basis, medical expense is unfavorable to budget by 2.2%.
    - 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. The amendment for Global Sub-capitation was executed this month, and the retroactive adjustment has brought the year-to-date actual expense close to budget.
    - PMPM Pharmacy spending through the PBM is favorable in ACA OE, Adults and SPD categories of aid, primarily due to decreased cost for brand drugs and more rebates received. This is slightly offset by higher than planned expense for drugs delivered in an outpatient setting.
    - Outpatient Expense is over budget:
        - Behavioral Health: unfavorable due to double digit increases in both unit cost and utilization.
        - Lab / Radiology: unfavorable increase in utilization, partially offset by lower than planned unit cost.
        - Dialysis Expense: unfavorable caused by higher utilization and unit cost.
        - Facility-Other: favorable unit cost partially offset by unfavorable utilization.

- Specialty Care Expense has unfavorable utilization in the SPD, ACA OE and Adults populations.
- Ancillary Expense is on budget. Unfavorable higher utilization in the Other Medical Supplies, Home Health, and DME categories is offset by slight favorability in the Other Medical Professional and Hospice categories.
- Emergency Room Expense is favorable to budget, with favorable unit cost largely offset by higher than budgeted utilization. PMPM expense is favorable for all populations except Adults and Child.
- Inpatient Expense is on budget, with higher costs for the Expansion and Adults COAs, partially offset by savings in other populations. It includes a reserve for potential missing claims due to a systems conversion at a contracted hospital.
- Net Reinsurance is favorable due to timing of recoveries.

Medical Loss Ratio (MLR)

- The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 93.3% for the month and 92.2% for the fiscal year-to-date.



Administrative Expense

- For the month ended January 31, 2020:
  - Actual Administrative Expense: $5.2 million.
  - Budgeted Administrative Expense: $5.2 million.

- For the fiscal year-to-date ended January 31, 2020:
  - Actual YTD Administrative Expense: $31.3 million.
  - Budgeted YTD Administrative Expense: $35.3 million.

Summary of Administrative Expense (In Dollars) For the Month and Fiscal Year-to-Date Favorable/(Unfavorable)								
Month					Year-to-Date			
Actual	Budget	Variance $	Variance %		Actual	Budget	Variance $	Variance %
$2,465,952	$2,841,785	$375,833	13.2%	Employee Expense	$16,216,924	$17,477,367	$1,260,443	7.2%
510,354	566,300	55,946	9.9%	Medical Benefits Admin Expense	3,998,026	4,016,880	18,854	0.5%
546,390	697,076	150,686	21.6%	Purchased & Professional Services	4,094,004	5,942,383	1,848,379	31.1%
1,666,187	1,136,666	(529,521)	-46.6%	Other Admin Expense	7,004,010	7,828,753	824,743	10.5%
$5,188,883	$5,241,827	$52,944	1.0%	Total Administrative Expense	$31,312,964	$35,265,383	$3,952,419	11.2%

- The year-to-date favorable variance is primarily due to:
    - Delay in hiring new staff.
    - Delay of new project start dates.
    - Delay in printing / postage activities.

- Administrative expense represented 6.6% of net revenue for the month and 5.5% of net revenue for the year-to-date.

Other Income / (Expense)

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

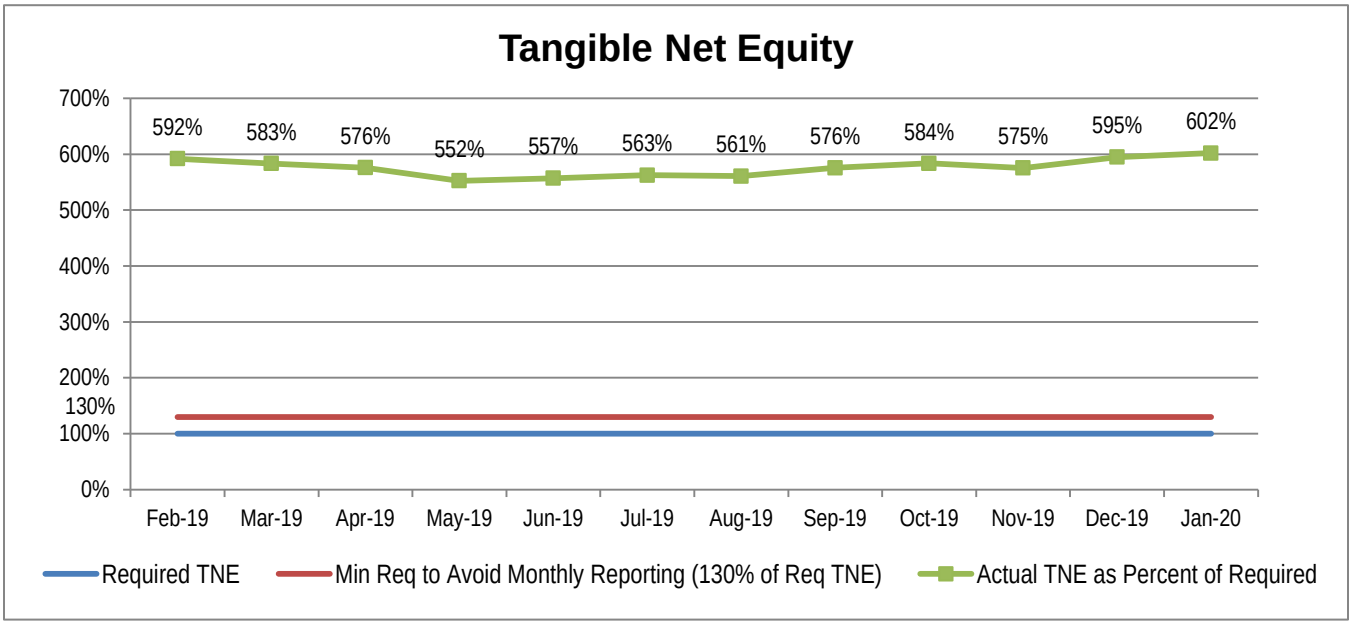
- Fiscal year-to-date interest income from investments is $3.2 million.

- Fiscal year-to-date claims interest expense, due to delayed payment of certain claims or recalculated interest on previously paid claims is $192,000.

Tangible Net Equity (TNE)

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

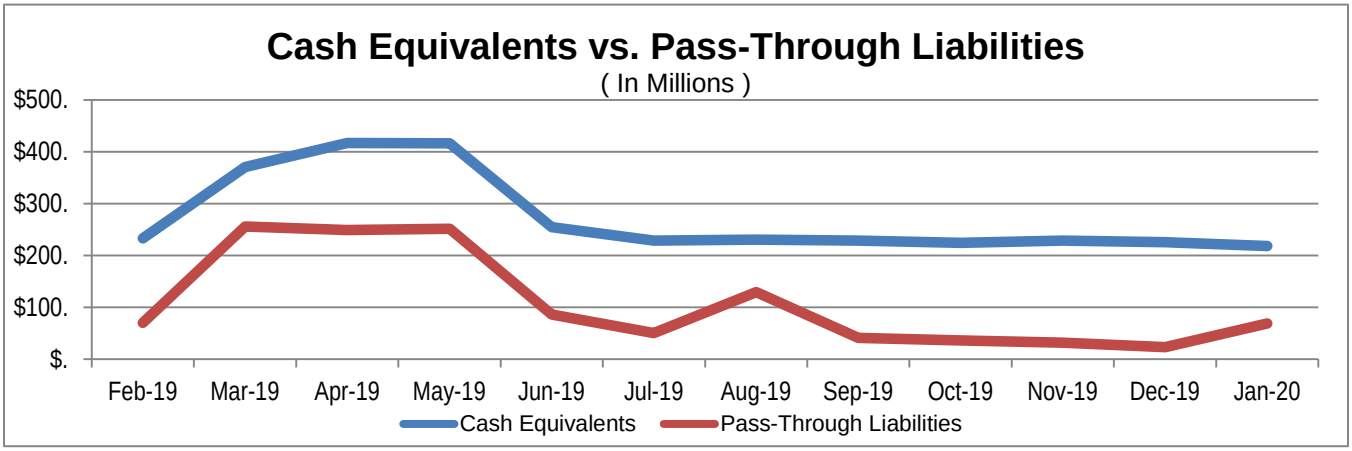
    - Required TNE $32.6 million
    - Actual TNE $196.1 million
    - Surplus TNE $163.6 million
    - TNE as % of Required TNE 602%



- 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
  - o Cash & Cash Equivalents $218.3 million
  - o Pass-Through Liabilities $71.8 million
  - o Uncommitted Cash $146.5 million
  - o Working Capital $185.9 million
  - o Current Ratio 1.95 (regulatory minimum is 1.0)



Capital Investment

- Fiscal year-to-date Capital assets acquired: $495,000.
- 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 January 31, 2020

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				MEMBERSHIP				
240,413	245,316	(4,903)	(2.0%)	1 - Medi-Cal	1,723,089	1,740,365	(17,276)	(1.0%)
6,048	5,976	72	1.2%	2 - Group Care	42,275	41,832	443	1.1%
246,461	**251,292**	**(4,831)**	**(1.9%)**	**3 - Total Member Months**	**1,765,364**	**1,782,197**	**(16,833)**	**(0.9%)**
				REVENUE				
$78,265,638	**$76,259,669**	**$2,005,969**	**2.6%**	**4 - TOTAL REVENUE**	**$565,880,834**	**$550,895,464**	**$14,985,370**	**2.7%**
				MEDICAL EXPENSES				
				Capitated Medical Expenses:				
15,639,708	17,156,118	1,516,410	8.8%	5 - Capitated Medical Expense	121,667,561	120,586,748	(1,080,813)	(0.9%)
				Fee for Service Medical Expenses:				
21,945,097	20,415,567	(1,529,530)	(7.5%)	6 - Inpatient Hospital & SNF FFS Expense	142,728,253	145,238,849	2,510,596	1.7%
3,752,714	2,942,650	(810,064)	(27.5%)	7 - Primary Care Physician FFS Expense	27,243,730	20,941,423	(6,302,307)	(30.1%)
3,797,162	3,764,501	(32,661)	(0.9%)	8 - Specialty Care Physician Expense	28,624,418	26,881,304	(1,743,114)	(6.5%)
2,630,824	3,070,495	439,671	14.3%	9 - Ancillary Medical Expense	22,754,078	22,264,344	(489,734)	(2.2%)
6,824,917	7,308,591	483,674	6.6%	10 - Outpatient Medical Expense	51,710,689	50,386,495	(1,324,194)	(2.6%)
3,080,469	3,219,525	139,056	4.3%	11 - Emergency Expense	22,799,256	22,649,503	(149,753)	(0.7%)
13,156,344	12,962,808	(193,536)	(1.5%)	12 - Pharmacy Expense	91,381,966	92,123,212	741,246	0.8%
55,187,527	53,684,137	(1,503,390)	(2.8%)	13 - Total Fee for Service Expense	387,242,390	380,485,130	(6,757,260)	(1.8%)
1,945,209	1,959,723	14,514	0.7%	14 - Other Benefits & Services	12,159,986	12,334,537	174,551	1.4%
132,424	58,518	(73,906)	(126.3%)	15 - Reinsurance Expense	182,131	744,262	562,131	75.5%
83,209	83,208	(1)	0.0%	16 - Risk Pool Distribution	583,956	583,956	0	0.0%
72,988,077	**72,941,704**	**(46,373)**	**(0.1%)**	**17 - TOTAL MEDICAL EXPENSES**	**521,836,023**	**514,734,633**	**(7,101,390)**	**(1.4%)**
5,277,562	**3,317,965**	**1,959,597**	**59.1%**	**18 - GROSS MARGIN**	**44,044,811**	**36,160,831**	**7,883,980**	**21.8%**
				ADMINISTRATIVE EXPENSES				
2,465,952	2,841,785	375,833	13.2%	19 - Personnel Expense	16,216,924	17,477,367	1,260,443	7.2%
510,354	566,300	55,946	9.9%	20 - Benefits Administration Expense	3,998,026	4,016,880	18,854	0.5%
546,390	697,076	150,686	21.6%	21 - Purchased & Professional Services	4,094,004	5,942,383	1,848,379	31.1%
1,666,188	1,136,666	(529,522)	(46.6%)	22 - Other Administrative Expense	7,004,010	7,828,753	824,743	10.5%
5,188,883	**5,241,827**	**52,944**	**1.0%**	**23 -Total Administrative Expense**	**31,312,964**	**35,265,383**	**3,952,419**	**11.2%**
88,679	**(1,923,862)**	**2,012,541**	**104.6%**	**24 - NET OPERATING INCOME / (LOSS)**	**12,731,847**	**895,448**	**11,836,399**	**1,321.8%**
				OTHER INCOME / EXPENSE				
360,470	**329,168**	**31,302**	**9.5%**	**25 - Total Other Income / (Expense)**	**2,666,349**	**2,367,263**	**299,086**	**12.6%**
$449,148	**($1,594,694)**	**$2,043,842**	**128.2%**	**26 - NET INCOME / (LOSS)**	**$15,398,196**	**$3,262,711**	**$12,135,485**	**371.9%**
6.6%	6.9%	0.2%	3.5%	27 - Admin Exp % of Revenue	5.5%	6.4%	0.9%	13.6%

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

	January	December	Difference	% Difference
CURRENT ASSETS:				
Cash & Equivalents				
Cash	$20,484,789	$6,424,503	$14,060,286	218.85%
Short-Term Investments	197,787,366	219,096,520	(21,309,154)	-9.73%
Interest Receivable	51,095	49,922	1,174	2.35%
Other Receivables - Net	154,613,985	100,293,592	54,320,393	54.16%
Prepaid Expenses	4,666,026	4,542,291	123,735	2.72%
Prepaid Inventoried Items	4,596	5,004	(408)	-8.15%
CalPERS Net Pension Asset	107,720	107,720	0	0.00%
Deferred CalPERS Outflow	4,500,150	4,500,150	0	0.00%
TOTAL CURRENT ASSETS	**382,215,727**	**335,019,701**	**47,196,026**	**14.09%**
OTHER ASSETS:				
Restricted Assets	350,000	700,000	(350,000)	-50.00%
TOTAL OTHER ASSETS	**350,000**	**700,000**	**(350,000)**	**-50.00%**
PROPERTY AND EQUIPMENT:				
Land, Building & Improvements	9,543,020	9,543,020	0	0.00%
Furniture And Equipment	13,966,724	13,922,950	43,773	0.31%
Leasehold Improvement	924,350	924,350	0	0.00%
Internally-Developed Software	16,824,002	16,824,002	0	0.00%
Fixed Assets at Cost	41,258,095	41,214,322	43,773	0.11%
Less: Accumulated Depreciation	(31,268,827)	(31,086,578)	(182,250)	0.59%
NET PROPERTY AND EQUIPMENT	**9,989,268**	**10,127,744**	**(138,476)**	**-1.37%**
TOTAL ASSETS	**$392,554,995**	**$345,847,446**	**$46,707,549**	**13.51%**
CURRENT LIABILITIES:				
Accounts Payable	$8,480,722	$2,836,228	$5,644,494	199.01%
Pass-Through Liabilities	71,803,613	23,509,727	48,293,886	205.42%
Claims Payable	16,800,144	23,452,255	(6,652,111)	-28.36%
IBNP Reserves	90,532,546	91,578,553	(1,046,007)	-1.14%
Payroll Liabilities	2,873,725	2,866,677	7,048	0.25%
CalPERS Deferred Inflow	2,529,197	2,529,197	0	0.00%
Risk Sharing	2,593,893	2,510,684	83,209	3.31%
Provider Grants/ New Health Program	795,704	867,823	(72,119)	-8.31%
TOTAL CURRENT LIABILITIES	**196,409,544**	**150,151,143**	**46,258,401**	**30.81%**
TOTAL LIABILITIES	**196,409,544**	**150,151,143**	**46,258,401**	**30.81%**
NET WORTH:				
Contributed Capital	840,233	840,233	0	0.00%
Restricted & Unrestricted Funds	179,907,022	179,907,022	0	0.00%
Year-to Date Net Income / (Loss)	15,398,196	14,949,048	449,148	3.00%
TOTAL NET WORTH	**196,145,451**	**195,696,303**	**449,148**	**0.23%**
TOTAL LIABILITIES AND NET WORTH	**$392,554,995**	**$345,847,446**	**$46,707,549**	**13.51%**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 1/31/2020

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received From:				
Capitation Received from State of CA	$21,248,603	$180,034,962	$495,823,641	$582,134,455
Commercial Premium Revenue	2,060,137	6,188,343	12,414,565	14,445,230
Other Income	999,421	2,168,168	3,451,991	3,286,735
Investment Income	504,868	997,761	2,684,842	3,330,956
Cash Paid To:				
Medical Expenses	(81,158,526)	(217,578,014)	(437,188,647)	(512,188,234)
Vendor & Employee Expenses	496,516	(13,235,932)	(25,459,779)	(29,804,926)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	(55,848,981)	(41,424,712)	51,726,613	61,204,216
Cash Flows from Financing Activities:				
Purchases of Fixed Assets	(43,773)	(117,837)	(439,504)	(495,167)
Net Cash Provided By (Used In) Financing Activities	(43,773)	(117,837)	(439,504)	(495,167)
Cash Flows from Investing Activities:				
Changes in Investments	0	0	0	0
Restricted Cash	48,643,886	35,234,135	(61,600,674)	(97,279,188)
Net Cash Provided By (Used In) Investing Activities	48,643,886	35,234,135	(61,600,674)	(97,279,188)
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Net Change in Cash	**(7,248,868)**	**(6,308,414)**	**(10,313,565)**	**(36,570,139)**
Cash @ Beginning of Period	225,521,023	224,580,568	228,585,720	254,842,294
Subtotal	$218,272,155	$218,272,154	$218,272,155	$218,272,155
Rounding	0	1	0	0
Cash @ End of Period	**$218,272,155**	**$218,272,155**	**$218,272,155**	**$218,272,155**
RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:				
Net Income / (Loss)	$449,148	$5,781,585	$13,127,293	$15,398,196
Depreciation	182,250	541,940	1,075,290	1,249,107
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	(54,321,567)	(57,436,776)	23,443,677	34,746,322
Prepaid Expenses	(123,327)	(361,803)	155,483	(430,047)
Trade Payables	5,644,494	520,210	463,075	880,193
Claims payable & IBNP	(7,614,908)	9,511,847	13,605,214	9,664,931
Deferred Revenue	0	0	0	0
Accrued Interest	0	0	0	0
Other Liabilities	(65,071)	18,286	(143,418)	(304,486)
Subtotal	(55,848,981)	(41,424,711)	51,726,614	61,204,216
Rounding	0	(1)	(1)	0
Cash Flows from Operating Activities	**($55,848,981)**	**($41,424,712)**	**$51,726,613**	**$61,204,216**
Rounding Difference	0	(1)	(1)	0

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 1/31/2020

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	$2,060,137	$6,188,343	$12,414,565	$14,445,230
Total	2,060,137	6,188,343	12,414,565	14,445,230
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	75,085,574	235,662,359	469,469,604	547,748,840
Allowance for Doubtful Accounts	0	0	0	0
Deferred Premium Revenue	0	0	0	0
Premium Receivable	(53,836,971)	(55,627,397)	26,354,037	34,385,615
Total	21,248,603	180,034,962	495,823,641	582,134,455
Investment & Other Income Cash Flows				
Other Revenue (Grants)	999,421	2,168,168	3,451,991	3,286,735
Interest Income	506,042	1,012,020	2,666,501	3,258,246
Interest Receivable	(1,174)	(14,259)	18,341	72,710
Total	1,504,289	3,165,929	6,136,833	6,617,691
Medical & Hospital Cash Flows				
Total Medical Expenses	(72,988,077)	(225,222,622)	(447,619,561)	(521,836,023)
Other Receivable	(483,422)	(1,795,120)	(2,928,701)	287,997
Claims Payable	(6,652,111)	2,534,262	8,672,683	7,499,836
IBNP Payable	(1,046,007)	6,730,213	7,221,963	4,369,820
Risk Share Payable	83,209	247,372	(2,289,432)	(2,204,726)
Health Program	(72,119)	(72,119)	(245,599)	(305,139)
Other Liabilities	1	0	0	1
Total	(81,158,526)	(217,578,014)	(437,188,647)	(512,188,234)
Administrative Cash Flows				
Total Administrative Expenses	(5,213,949)	(14,026,684)	(27,255,808)	(31,504,832)
Prepaid Expenses	(123,327)	(361,803)	155,483	(430,047)
CalPERS Pension Asset	0	0	0	0
CalPERS Deferred Outflow	0	0	0	0
Trade Accounts Payable	5,644,494	520,210	463,075	880,193
Other Accrued Liabilities	0	0	0	0
Payroll Liabilities	7,048	90,405	102,181	653
Depreciation Expense	182,250	541,940	1,075,290	1,249,107
Total	496,516	(13,235,932)	(25,459,779)	(29,804,926)
Interest Paid				
Debt Interest Expense	0	0	0	0
Total Cash Flows from Operating Activities	**(55,848,981)**	**(41,424,712)**	**51,726,613**	**61,204,216**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 1/31/2020

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM INVESTING ACTIVITIES				**CASH I**
Restricted Cash & Other Asset Cash Flows				
Provider Pass-Thru-Liabilities	48,293,886	35,235,262	(61,597,601)	(97,276,115)
Restricted Cash	350,000	(1,127)	(3,073)	(3,073)
	48,643,886	35,234,135	(61,600,674)	(97,279,188)
Fixed Asset Cash Flows				
Depreciation expense	182,250	541,940	1,075,290	1,249,107
Fixed Asset Acquisitions	(43,773)	(117,837)	(439,504)	(495,167)
Change in A/D	(182,250)	(541,940)	(1,075,290)	(1,249,107)
	(43,773)	(117,837)	(439,504)	(495,167)
Total Cash Flows from Investing Activities	**48,600,113**	**35,116,298**	**(62,040,178)**	**(97,774,355)**
Financing Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Total Cash Flows	**(7,248,868)**	**(6,308,414)**	**(10,313,565)**	**(36,570,139)**
Rounding	0	1	0	0
Cash @ Beginning of Period	225,521,023	224,580,568	228,585,720	254,842,294
Cash @ End of Period	**$218,272,155**	**$218,272,155**	**$218,272,155**	**$218,272,155**
Difference (rounding)	0	0	0	0

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 1/31/2020

	MONTH	3 MONTHS	6 MONTHS	YTD
NET INCOME RECONCILIATION				
Net Income / (Loss)	$449,148	$5,781,585	$13,127,293	$15,398,196
Add back: Depreciation	182,250	541,940	1,075,290	1,249,107
Receivables				
Premiums Receivable	(53,836,971)	(55,627,397)	26,354,037	34,385,615
First Care Receivable	0	0	0	0
Family Care Receivable	0	0	0	0
Healthy Kids Receivable	0	0	0	0
Interest Receivable	(1,174)	(14,259)	18,341	72,710
Other Receivable	(483,422)	(1,795,120)	(2,928,701)	287,997
FQHC Receivable	0	0	0	0
Allowance for Doubtful Accounts	0	0	0	0
Total	(54,321,567)	(57,436,776)	23,443,677	34,746,322
Prepaid Expenses	(123,327)	(361,803)	155,483	(430,047)
Trade Payables	5,644,494	520,210	463,075	880,193
Claims Payable, IBNR & Risk Share				
IBNP	(1,046,007)	6,730,213	7,221,963	4,369,820
Claims Payable	(6,652,111)	2,534,262	8,672,683	7,499,836
Risk Share Payable	83,209	247,372	(2,289,432)	(2,204,726)
Other Liabilities	1	0	0	1
Total	(7,614,908)	9,511,847	13,605,214	9,664,931
Unearned Revenue				
Total	0	0	0	0
Other Liabilities				
Accrued Expenses	0	0	0	0
Payroll Liabilities	7,048	90,405	102,181	653
Health Program	(72,119)	(72,119)	(245,599)	(305,139)
Accrued Sub Debt Interest	0	0	0	0
Total Change in Other Liabilities	(65,071)	18,286	(143,418)	(304,486)
Cash Flows from Operating Activities	**($55,848,981)**	**($41,424,711)**	**$51,726,614**	**$61,204,216**
Difference (rounding)	0	1	1	0

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE CURRENT MONTH - JANUARY 2020

	Child	Adults	Medi-Cal SPD	ACA OE	Duals	Medi-Cal Total	Group Care	Grand Total
Enrollment	88,329	31,620	25,571	77,093	17,800	240,413	6,048	246,461
Net Revenue	$10,861,770	$9,626,698	$24,843,460	$27,822,210	$3,029,789	$76,183,927	$2,081,712	$78,265,638
Medical Expense	$9,168,031	$9,917,691	$24,219,091	$25,291,107	$2,404,680	$71,000,600	$1,987,476	$72,988,077
Gross Margin	$1,693,740	($290,994)	$624,369	$2,531,103	$625,109	$5,183,326	$94,235	$5,277,562
Administrative Expense	$425,632	$734,404	$1,880,051	$1,808,587	$160,796	$5,009,470	$179,413	$5,188,883
Operating Income / (Expense)	$1,268,108	($1,025,398)	($1,255,682)	$722,516	$464,313	$173,856	($85,178)	$88,679
Other Income / (Expense)	$27,284	$51,660	$132,251	$127,614	$10,038	$348,847	$11,623	$360,470
Net Income / (Loss)	$1,295,391	($973,738)	($1,123,431)	$850,130	$474,351	$522,703	($73,554)	$449,148
Revenue PMPM	$122.97	$304.45	$971.55	$360.89	$170.21	$316.89	$344.20	$317.56
Medical Expense PMPM	$103.79	$313.65	$947.13	$328.06	$135.09	$295.33	$328.62	$296.14
Gross Margin PMPM	$19.18	($9.20)	$24.42	$32.83	$35.12	$21.56	$15.58	$21.41
Administrative Expense PMPM	$4.82	$23.23	$73.52	$23.46	$9.03	$20.84	$29.66	$21.05
Operating Income / (Expense) PMPM	$14.36	($32.43)	($49.11)	$9.37	$26.08	$0.72	($14.08)	$0.36
Other Income / (Expense) PMPM	$0.31	$1.63	$5.17	$1.66	$0.56	$1.45	$1.92	$1.46
Net Income / (Loss) PMPM	$14.67	($30.80)	($43.93)	$11.03	$26.65	$2.17	($12.16)	$1.82
Medical Loss Ratio	84.4%	103.0%	97.5%	90.9%	79.4%	93.2%	95.5%	93.3%
Gross Margin Ratio	15.6%	-3.0%	2.5%	9.1%	20.6%	6.8%	4.5%	6.7%
Administrative Expense Ratio	3.9%	7.6%	7.6%	6.5%	5.3%	6.6%	8.6%	6.6%
Net Income Ratio	11.9%	-10.1%	-4.5%	3.1%	15.7%	0.7%	-3.5%	0.6%

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

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

	Medi-Cal					Medi-Cal	Group	Grand
	Child	Adults	SPD	ACA OE	Duals	Total	Care	Total
Member Months	633,042	229,025	179,984	557,040	123,998	1,723,089	42,275	1,765,364
Net Revenue	$75,817,724	$73,671,002	$177,701,014	$203,393,093	$20,831,196	$551,414,030	$14,466,805	$565,880,834
Medical Expense	$65,138,008	$71,139,266	$168,183,753	$184,985,651	$18,668,463	$508,115,140	$13,720,882	$521,836,023
Gross Margin	$10,679,716	$2,531,735	$9,517,261	$18,407,443	$2,162,734	$43,298,889	$745,922	$44,044,811
Administrative Expense	$2,847,805	$4,270,249	$10,753,586	$11,364,955	$1,069,291	$30,305,886	$1,007,078	$31,312,964
Operating Income / (Expense)	$7,831,911	($1,738,514)	($1,236,325)	$7,042,488	$1,093,443	$12,993,003	($261,156)	$12,731,847
Other Income / (Expense)	$215,809	$365,641	$938,349	$988,813	$83,247	$2,591,859	$74,491	$2,666,349
Net Income / (Loss)	$8,047,720	($1,372,873)	($297,976)	$8,031,301	$1,176,690	$15,584,861	($186,665)	$15,398,196
Revenue PMPM	$119.77	$321.67	$987.32	$365.13	$168.00	$320.01	$342.21	$320.55
Medical Expense PMPM	$102.90	$310.62	$934.44	$332.09	$150.55	$294.89	$324.56	$295.60
Gross Margin PMPM	$16.87	$11.05	$52.88	$33.05	$17.44	$25.13	$17.64	$24.95
Administrative Expense PMPM	$4.50	$18.65	$59.75	$20.40	$8.62	$17.59	$23.82	$17.74
Operating Income / (Expense) PMPM	$12.37	($7.59)	($6.87)	$12.64	$8.82	$7.54	($6.18)	$7.21
Other Income / (Expense) PMPM	$0.34	$1.60	$5.21	$1.78	$0.67	$1.50	$1.76	$1.51
Net Income / (Loss) PMPM	$12.71	($5.99)	($1.66)	$14.42	$9.49	$9.04	($4.42)	$8.72
Medical Loss Ratio	85.9%	96.6%	94.6%	90.9%	89.6%	92.1%	94.8%	92.2%
Gross Margin Ratio	14.1%	3.4%	5.4%	9.1%	10.4%	7.9%	5.2%	7.8%
Administrative Expense Ratio	3.8%	5.8%	6.1%	5.6%	5.1%	5.5%	7.0%	5.5%
Net Income Ratio	10.6%	-1.9%	-0.2%	3.9%	5.6%	2.8%	-1.3%	2.7%

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

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				ADMINISTRATIVE EXPENSE SUMMARY				
$2,465,952	$2,841,785	$375,833	13.2%	Personnel Expenses	$16,216,924	$17,477,367	$1,260,443	7.2%
510,354	566,300	55,946	9.9%	Benefits Administration Expense	3,998,026	4,016,880	18,854	0.5%
546,390	697,076	150,686	21.6%	Purchased & Professional Services	4,094,004	5,942,383	1,848,379	31.1%
363,395	377,108	13,713	3.6%	Occupancy	2,503,487	2,661,114	157,627	5.9%
830,516	264,607	(565,909)	(213.9%)	Printing Postage & Promotion	1,406,315	1,295,149	(111,166)	(8.6%)
457,502	478,205	20,703	4.3%	Licenses Insurance & Fees	2,990,963	3,700,446	709,483	19.2%
14,775	16,746	1,971	11.8%	Supplies & Other Expenses	103,246	172,044	68,798	40.0%
2,722,931	2,400,042	(322,889)	(13.5%)	Total Other Administrative Expense	15,096,040	17,788,016	2,691,976	15.1%
$5,188,883	**$5,241,827**	**$52,944**	**1.0%**	**Total Administrative Expenses**	**$31,312,964**	**$35,265,383**	**$3,952,419**	**11.2%**

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

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				Personnel Expenses				
$1,533,989	$1,664,983	$130,994	7.9%	Salaries & Wages	$10,574,115	$10,847,508	$273,393	2.5%
135,774	174,496	38,722	22.2%	Paid Time Off	976,243	1,066,631	90,388	8.5%
1,720	7,487	5,767	77.0%	Incentives	8,885	49,934	41,050	82.2%
0	329	329	100.0%	Employee of the Month	1,075	1,974	899	45.5%
0	0	0	0.0%	Severance Pay	20,147	0	(20,147)	0.0%
116,021	141,829	25,809	18.2%	Payroll Taxes	264,676	329,881	65,205	19.8%
8,815	8,965	150	1.7%	Overtime	76,461	73,228	(3,234)	(4.4%)
132,801	140,555	7,754	5.5%	CalPERS ER Match	800,099	904,218	104,120	11.5%
399,524	527,745	128,221	24.3%	Employee Benefits	2,746,443	3,045,768	299,325	9.8%
72,897	84,899	12,002	14.1%	Personal Floating Holiday	74,099	85,010	10,911	12.8%
0	0	0	0.0%	Premium Hour Pay	617	0	(617)	0.0%
5,843	10,199	4,357	42.7%	Employee Relations	77,231	101,143	23,912	23.6%
1,528	1,991	463	23.3%	Transportation Reimbursement	9,724	14,796	5,072	34.3%
5,373	4,550	(823)	(18.1%)	Travel & Lodging	33,130	92,565	59,435	64.2%
8,160	27,200	19,040	70.0%	Temporary Help Services	198,944	286,868	87,925	30.6%
36,547	35,490	(1,057)	(3.0%)	Staff Development/Training	173,437	373,465	200,027	53.6%
6,959	11,067	4,107	37.1%	Staff Recruitment/Advertising	181,597	204,379	22,782	11.1%
2,465,952	**2,841,785**	**375,833**	**13.2%**	**Total Employee Expenses**	**16,216,924**	**17,477,367**	**1,260,443**	**7.2%**
				Benefit Administration Expense				
348,657	352,552	3,895	1.1%	RX Administration Expense	2,573,438	2,498,798	(74,640)	(3.0%)
161,696	213,748	52,051	24.4%	Behavioral Hlth Administration Fees	1,424,588	1,518,082	93,494	6.2%
510,354	**566,300**	**55,946**	**9.9%**	**Total Employee Expenses**	**3,998,026**	**4,016,880**	**18,854**	**0.5%**
				Purchased & Professional Services				
144,616	286,416	141,800	49.5%	Consulting Services	1,678,756	2,737,513	1,058,758	38.7%
229,500	269,304	39,804	14.8%	Computer Support Services	1,477,084	2,104,060	626,976	29.8%
8,750	9,200	450	4.9%	Professional Fees-Accounting	61,250	63,950	2,700	4.2%
0	0	0	0.0%	Professional Fees-Medical	552	0	(552)	0.0%
66,889	77,238	10,349	13.4%	Other Purchased Services	299,735	510,243	210,508	41.3%
7,308	6,369	(939)	(14.7%)	Maint.& Repair-Office Equipment	48,823	52,687	3,864	7.3%
55,282	0	(55,282)	0.0%	HMS Recovery Fees	132,060	0	(132,060)	0.0%
0	0	0	0.0%	MIS Software (Non-Capital)	0	2,830	2,830	100.0%
1,063	3,000	1,937	64.6%	Hardware (Non-Capital)	27,768	28,211	443	1.6%
6,794	7,548	754	10.0%	Provider Relations-Credentialing	47,671	52,389	4,718	9.0%
26,188	38,000	11,812	31.1%	Legal Fees	320,306	390,500	70,194	18.0%
546,390	**697,076**	**150,686**	**21.6%**	**Total Purchased & Professional Services**	**4,094,004**	**5,942,383**	**1,848,379**	**31.1%**
				Occupancy				
156,142	172,449	16,306	9.5%	Depreciation	1,066,355	1,123,825	57,471	5.1%
26,107	26,107	0	0.0%	Amortization	182,752	291,569	108,817	37.3%
63,024	63,024	0	0.0%	Building Lease	441,165	441,165	0	0.0%
3,167	3,161	(6)	(0.2%)	Leased and Rented Office Equipment	22,590	22,151	(439)	(2.0%)
13,614	16,664	3,050	18.3%	Utilities	95,736	109,183	13,447	12.3%
86,519	79,270	(7,249)	(9.1%)	Telephone	607,300	559,611	(47,689)	(8.5%)
14,821	16,434	1,613	9.8%	Building Maintenance	87,590	113,609	26,020	22.9%

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ADMIN YTD 2020
02/28/20
REPORT #6

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

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
$363,395	**$377,108**	**$13,713**	**3.6%**	**Total Occupancy**	**$2,503,487**	**$2,661,114**	**$157,627**	**5.9%**
				Printing Postage & Promotion				
20,033	32,096	12,063	37.6%	Postage	226,968	306,669	79,700	26.0%
4,505	3,300	(1,205)	(36.5%)	Design & Layout	18,955	38,300	19,345	50.5%
65,038	38,120	(26,918)	(70.6%)	Printing Services	298,870	344,646	45,776	13.3%
6,708	4,500	(2,208)	(49.1%)	Mailing Services	30,607	31,500	893	2.8%
1,653	3,100	1,447	46.7%	Courier/Delivery Service	17,800	20,793	2,993	14.4%
8	675	667	98.8%	Pre-Printed Materials and Publications	617	6,625	6,008	90.7%
451	0	(451)	0.0%	Promotional Products	863	43,000	42,137	98.0%
0	5,100	5,100	100.0%	Promotional Services	0	5,700	5,700	100.0%
726,983	173,917	(553,066)	(318.0%)	Community Relations	773,949	459,917	(314,032)	(68.3%)
5,138	3,800	(1,338)	(35.2%)	Translation - Non-Clinical	37,686	38,000	314	0.8%
830,516	**264,607**	**(565,909)**	**(213.9%)**	**Total Printing Postage & Promotion**	**1,406,315**	**1,295,149**	**(111,166)**	**(8.6%)**
				Licenses Insurance & Fees				
0	0	0	0.0%	Regulatory Penalties	0	125,000	125,000	100.0%
16,902	20,700	3,798	18.3%	Bank Fees	124,010	144,132	20,122	14.0%
48,446	49,154	708	1.4%	Insurance	339,120	344,078	4,958	1.4%
334,231	341,278	7,047	2.1%	Licenses, Permits and Fees	2,096,061	2,503,192	407,130	16.3%
57,923	67,073	9,150	13.6%	Subscriptions & Dues	431,772	584,044	152,273	26.1%
457,502	**478,205**	**20,703**	**4.3%**	**Total Licenses Insurance & Postage**	**2,990,963**	**3,700,446**	**709,483**	**19.2%**
				Supplies & Other Expenses				
4,465	6,850	2,385	34.8%	Office and Other Supplies	39,857	60,650	20,793	34.3%
2,229	1,375	(854)	(62.1%)	Ergonomic Supplies	9,925	14,625	4,700	32.1%
7,111	7,821	710	9.1%	Commissary-Food & Beverage	48,013	66,269	18,256	27.5%
970	700	(270)	(38.6%)	Member Incentive Expense	5,450	30,500	25,050	82.1%
14,775	**16,746**	**1,971**	**11.8%**	**Total Supplies & Other Expense**	**103,246**	**172,044**	**68,798**	**40.0%**
$5,188,883	**$5,241,827**	**$52,944**	**1.0%**	**TOTAL ADMINISTRATIVE EXPENSE**	**$31,312,964**	**$35,265,383**	**$3,952,419**	**11.2%**

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

		Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	$ Variance Fav/(Unf.)
1. Hardware:							
	Laptops	IT-FY20-01	$ 49,225	$ 18,019	**$ 67,244**	$ 60,000	$ (7,244)
	Tablets, Surfaces, Macs	IT-FY20-02	$ -		**$ -**	$ 30,000	$ 30,000
	Monitors-(Dual per User)	IT-FY20-03	$ 7,210		**$ 7,210**	$ 33,971	$ 26,761
	Cisco IP Phone	IT-FY20-04	$ -		**$ -**	$ 20,000	$ 20,000
	Conference Phones	IT-FY20-05	$ -		**$ -**	$ 10,000	$ 10,000
	Cage Equipment (Racks, Bins, Tools)	IT-FY20-06	$ -		**$ -**	$ 10,000	$ 10,000
	Data Center Equipment (Cables, Interface cards, KVM)	IT-FY20-07	$ -		**$ -**	$ 10,000	$ 10,000
	Headsets (Wired and Wireless)	IT-FY20-08	$ 4,286		**$ 4,286**	$ 20,000	$ 15,714
	Docking Stations	IT-FY20-09	$ 4,098		**$ 4,098**	$ 20,000	$ 15,902
	Desk Tops	IT-FY20-10	$ 76,823		**$ 76,823**	$ 112,000	$ 35,177
	Cisco UCS Blade Servers	IT-FY20-11	$ 99,906		**$ 99,906**	$ 150,000	$ 50,094
	Veeam Backup (Additional Shelf)	IT-FY20-12	$ -		**$ -**	$ 50,000	$ 50,000
	Pure Storage Upgrade (Additional Shelf)	IT-FY20-13	$ -		**$ -**	$ 90,000	$ 90,000
	DLP Hardware (Security - Data Loss Prevention)	IT-FY20-14	$ -		**$ -**	$ 160,000	$ 160,000
	Cisco Networking Equipment Upgrades (DR)	IT-FY20-15	$ 76,128		**$ 76,128**	$ 50,000	$ (26,128)
	Cisco Wireless Access Points	IT-FY20-16	$ -		**$ -**	$ 20,000	$ 20,000
	Network Cabling (Moves, Construction Projects)	IT-FY20-17	$ -		**$ -**	$ 150,000	$ 150,000
	Conference Room Upgrades (Projectors / Flat Screen)	IT-FY20-18	$ 10,381	$ 22,372	**$ 32,753**	$ 30,000	$ (2,753)
	Keyboards, Mouse, Speakers	IT-FY20-19	$ -		**$ -**	$ 50,000	$ 50,000
	Unplanned Hardware	IT-FY20-20	$ -		**$ -**	$ -	$ -
	Carryover from FY19	IT-FY20-21	$ 26,887		**$ 26,887**	$ -	$ (26,887)
Hardware Subtotal			**$ 354,943**	**$ 40,391**	**$ 395,334**	**$ 1,075,971**	**$ 680,637**
2. Software:							
	Service Now (New Ticketing System)	AC-FY20-01	$ -		**$ -**	$ -	$ -
	IBM (HealthSuite) Backup Solution	AC-FY20-02	$ -		**$ -**	$ 130,000	$ 130,000
	Veeam Backup Licenses (for new backup shelf)	AC-FY20-03	$ -		**$ -**	$ -	$ -
	Computer Imaging Software	AC-FY20-04	$ -		**$ -**	$ 3,000	$ 3,000
	Window VDI	AC-FY20-05	$ -		**$ -**	$ 10,000	$ 10,000
	Windows Server OS (2nd payment)	AC-FY20-06	$ -		**$ -**	$ 80,000	$ 80,000
	Calabrio (Version Upgrade)	AC-FY20-07	$ -		**$ -**	$ -	$ -
	Cisco Alien Vault (Security - Anti-Virus)	AC-FY20-08	$ -		**$ -**	$ 40,000	$ 40,000
	File Access Monitoring (Security)	AC-FY20-09	$ -		**$ -**	$ 20,000	$ 20,000
	Application Monitoring Software	AC-FY20-10	$ -		**$ -**	$ -	$ -
	Microsoft Office 365	AC-FY20-11	$ -		**$ -**	$ -	$ -
	VMWare NSX Data Center (Extending Network)	AC-FY20-12	$ -		**$ -**	$ 100,000	$ 100,000
	VMWare vRealize (Monitoring)	AC-FY20-13	$ -		**$ -**	$ 50,000	$ 50,000
	VMWare Licensing (for new blades)	AC-FY20-14	$ -		**$ -**	$ -	$ -
	Carryover from FY19 / unplanned	AC-FY20-15	$ -		**$ -**	$ -	$ -
Software Subtotal			**$ -**	**$ -**	**$ -**	**$ 433,000**	**$ 433,000**
3. Building Improvement:							
	1240 HVAC - Air Balance Trane 50 Ton & 400K Furnace unit, 42 VAV boxes, 6 AC package units, and 2 AC split systems	FA-FY20-01	$ -		**$ -**	$ 30,000	$ 30,000
	ACME Security Readers, Cameras, Doors, HD Boxes, if needed or repairs	FA-FY20-02	$ -		**$ -**	$ 20,000	$ 20,000
	Appliances over 1K for 1240, 1320 all suites, if needed to be replaced	FA-FY20-03	$ -		**$ -**	$ 5,000	$ 5,000

		Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	$ Variance Fav/(Unf.)
	Red Hawk Full Fire Equipment upgrades (carryover from FY19)	FA-FY20-04	$ -		**$ -**	$ 45,000	$ 45,000
	Electrical work for projects, cube re-orgs/requirements, repairs (interior/exterior)	FA-FY20-05	$ -		**$ -**	$ 20,000	$ 20,000
	Construction (projects ad hoc, patch/paint)	FA-FY20-06	$ 6,855		**$ 6,855**	$ 20,000	$ 13,145
	Seismic Improvements (as per Seismic Evaluation reports)	FA-FY20-07	$ -		**$ -**	$ 150,000	$ 150,000
	ACME Security Readers, Cameras, Doors, HD Boxes, if needed or repairs	FA-FY20-08	$ -		**$ -**	$ -	$ -
	ACME Badge printer, supplies, sofwares/extra security (est.)	FA-FY20-09	$ -		**$ -**	$ 80,000	$ 80,000
	Red Hawk Full Fire Equipment upgrades (est.)	FA-FY20-10	$ -		**$ -**	$ -	$ -
	Appliances over 1K for 1240, 1320 all suites, if needed to be replaced	FA-FY20-11	$ -		**$ -**	$ -	$ -
	Upgrade the Symmetry system	FA-FY20-12	$ -		**$ -**	$ -	$ -
	1240 Lighting: sensors, energy efficient bulbs (est.)	FA-FY20-13	$ -		**$ -**	$ -	$ -
	1240 (3) Water heater replacements (est.)	FA-FY20-14	$ -		**$ -**	$ -	$ -
	Unplanned Building Improvements	FA-FY20-15	$ -		**$ -**	$ -	$ -
	Carryover from FY19	FA-FY20-16	$ 32,082		**$ 32,082**	$ -	$ (32,082)
Building Improvement Subtotal			**$ 38,937**	**$ -**	**$ 38,937**	**$ 370,000**	**$ 331,063**
4. Furniture & Equipment:							
	Office Desks, cabinets, box files/ shelves old/broken	FA-FY20-17	$ 1,427		**$ 1,427**	$ 100,000	$ 98,573
	Reconfigure Cubicles and Workstations (MS area)	FA-FY20-18	$ 6,700		**$ 6,700**	$ 250,000	$ 243,300
	Facilities/Warehouse Shelvings, for re-organization	FA-FY20-19	$ -		**$ -**	$ 35,000	$ 35,000
	Mailroom shelvings, re-organization	FA-FY20-20	$ 2,509		**$ 2,509**	$ 5,000	$ 2,491
	Varidesks/ Ergotrons - Ergo	FA-FY20-21	$ 11,787		**$ 11,787**	$ 30,000	$ 18,213
	Tasks Chairs : Various sizes, special order or for Ergo	FA-FY20-22	$ -		**$ -**	$ 20,000	$ 20,000
	Electrical work (projects, cubes, ad hoc requests)	FA-FY20-23	$ -		**$ -**	$ -	$ -
	Carryover from FY19 / unplanned	FA-FY20-24	$ 5,391	$ 3,382	**$ 8,773**	$ -	$ (8,773)
Furniture & Equipment Subtotal			**$ 27,814**	**$ 3,382**	**$ 31,197**	**$ 440,000**	**$ 408,803**
5. Leasehold Improvement:							
	1320, Suite 100 Carpet Replacement & Paint (est.)	FA-FY20-25	$ -		**$ -**	$ 80,000	$ 80,000
	1320, Suite 100 Construction, Kitchenette renovation	FA-FY20-26	$ 29,700		**$ 29,700**	$ 45,000	$ 15,300
	1320, Suite 100 Patch/paint, Kitchenette renovation	FA-FY20-27	$ -		**$ -**	$ 5,000	$ 5,000
	Carryover from FY19 / unplanned	FA-FY20-28	$ -		**$ -**	$ 40,000	$ 40,000
Leasehold Improvement Subtotal			**$ 29,700**	**$ -**	**$ 29,700**	**$ 170,000**	**$ 140,300**
6. Contingency:							
	Contingency	FA-FY20-29	$ -		**$ -**	$ -	$ -
	Emergency Kits Reorder	FA-FY20-30	$ -		**$ -**	$ -	$ -
	Shelving for Cage (vendor: Uline)	FA-FY20-31	$ -		**$ -**	$ -	$ -
Contingency Subtotal			**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
GRAND TOTAL			**$ 451,395**	**$ 43,773**	**$ 495,168**	**$ 2,488,971**	**$ 1,993,803**

7. Reconciliation to Balance Sheet:

Fixed Assets @ Cost - 12/31/19	**$ 41,258,095**
Fixed Assets @ Cost - 6/30/19	**$ 40,762,929**
Fixed Assets Acquired YTD	**$ 495,168**

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

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

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
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)
CD Pledged to DMHC	(346,927)	(346,927)	(348,873)	(348,873)	(698,873)	(700,000)	(350,000)
Liquid TNE (Liquid Reserves)	**$172,046,179**	**$171,891,312**	**$175,927,307**	**$179,601,622**	**$179,403,188**	**$184,868,559**	**$185,806,183**
Liquid TNE as Multiple of Required	**5.29**	**5.27**	**5.42**	**5.51**	**5.42**	**5.62**	**5.70**

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

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

	Actual Jul-19	Actual Aug-19	Actual Sep-19	Actual Oct-19	Actual Nov-19	Actual Dec-19	Actual Jan-20	Actual Feb-20	Actual Mar-20	Actual Apr-20	Actual May-20	Actual Jun-20	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	92,397	91,728	91,224	90,597	89,711	89,056	88,329						633,042
Adults	33,670	33,448	33,092	32,772	32,357	32,066	31,620						229,025
SPD	25,804	25,751	25,727	25,753	25,691	25,687	25,571						179,984
ACA OE	81,171	80,966	80,483	80,069	79,104	78,154	77,093						557,040
Duals	17,627	17,700	17,666	17,650	17,779	17,776	17,800						123,998
Medi-Cal Program	250,669	249,593	248,192	246,841	244,642	242,739	240,413						1,723,089
Group Care Program	5,976	6,020	6,023	6,060	6,056	6,092	6,048						42,275
Total	**256,645**	**255,613**	**254,215**	**252,901**	**250,698**	**248,831**	**246,461**						**1,765,364**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	(1,039)	(669)	(504)	(627)	(886)	(655)	(727)						(5,107)
Adults	(505)	(222)	(356)	(320)	(415)	(291)	(446)						(2,555)
SPD	(78)	(53)	(24)	26	(62)	(4)	(116)						(311)
ACA OE	(201)	(205)	(483)	(414)	(965)	(950)	(1,061)						(4,279)
Duals	70	73	(34)	(16)	129	(3)	24						243
Medi-Cal Program	(1,753)	(1,076)	(1,401)	(1,351)	(2,199)	(1,903)	(2,326)						(12,009)
Group Care Program	13	44	3	37	(4)	36	(44)						85
Total	**(1,740)**	**(1,032)**	**(1,398)**	**(1,314)**	**(2,203)**	**(1,867)**	**(2,370)**						**(11,924)**
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%
Adults % of Medi-Cal	13.4%	13.4%	13.3%	13.3%	13.2%	13.2%	13.2%						13.3%
SPD % of Medi-Cal	10.3%	10.3%	10.4%	10.4%	10.5%	10.6%	10.6%						10.4%
ACA OE % of Medi-Cal	32.4%	32.4%	32.4%	32.4%	32.3%	32.2%	32.1%						32.3%
Duals % of Medi-Cal	7.0%	7.1%	7.1%	7.2%	7.3%	7.3%	7.4%						7.2%
Medi-Cal Program % of Total	97.7%	97.6%	97.6%	97.6%	97.6%	97.6%	97.5%						97.6%
Group Care Program % of Total	2.3%	2.4%	2.4%	2.4%	2.4%	2.4%	2.5%						2.4%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**						**100.0%**

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

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

	Actual Jul-19	Actual Aug-19	Actual Sep-19	Actual Oct-19	Actual Nov-19	Actual Dec-19	Actual Jan-20	Actual Feb-20	Actual Mar-20	Actual Apr-20	Actual May-20	Actual Jun-20	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted													
Directly Contracted (DCP)	49,531	49,463	49,220	48,753	48,482	47,978	47,700						341,127
Alameda Health System	47,759	47,630	47,328	47,241	46,652	46,232	45,665						328,507
	97,290	97,093	96,548	95,994	95,134	94,210	93,365						669,634
Delegated:													
CFMG	30,752	30,542	30,214	30,114	29,790	29,654	29,460						210,526
CHCN	94,820	94,360	93,936	93,460	92,730	92,167	91,165						652,638
Kaiser	33,783	33,618	33,517	33,333	33,044	32,800	32,471						232,566
Delegated Subtotal	159,355	158,520	157,667	156,907	155,564	154,621	153,096						1,095,730
Total	**256,645**	**255,613**	**254,215**	**252,901**	**250,698**	**248,831**	**246,461**						**1,765,364**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	(799)	(197)	(545)	(554)	(860)	(924)	(845)						(4,724)
Delegated:													
CFMG	(139)	(210)	(328)	(100)	(324)	(136)	(194)						(1,431)
CHCN	(509)	(460)	(424)	(476)	(730)	(563)	(1,002)						(4,164)
Kaiser	(293)	(165)	(101)	(184)	(289)	(244)	(329)						(1,605)
Delegated Subtotal	(941)	(835)	(853)	(760)	(1,343)	(943)	(1,525)						(7,200)
Total	**(1,740)**	**(1,032)**	**(1,398)**	**(1,314)**	**(2,203)**	**(1,867)**	**(2,370)**						**(11,924)**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	37.9%	38.0%	38.0%	38.0%	37.9%	37.9%	37.9%						37.9%
Delegated:													
CFMG	12.0%	11.9%	11.9%	11.9%	11.9%	11.9%	12.0%						11.9%
CHCN	36.9%	36.9%	37.0%	37.0%	37.0%	37.0%	37.0%						37.0%
Kaiser	13.2%	13.2%	13.2%	13.2%	13.2%	13.2%	13.2%						13.2%
Delegated Subtotal	62.1%	62.0%	62.0%	62.0%	62.1%	62.1%	62.1%						62.1%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**						**100.0%**

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

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

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

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

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

	Variance Jul-19	Variance Aug-19	Variance Sep-19	Variance Oct-19	Variance Nov-19	Variance Dec-19	Variance Jan-20	Variance Feb-20	Variance Mar-20	Variance Apr-20	Variance May-20	Variance Jun-20	YTD Member Month Variance
Enrollment Variance by Plan & Aid Category - Favorable/(Unfavorable)													
Medi-Cal Program:													
Child	0	(438)	(712)	(1,109)	(1,766)	(2,192)	(2,007)						(8,224)
Adults	0	(138)	(410)	(646)	(977)	(1,185)	(1,299)						(4,655)
SPD	0	12	52	142	144	204	343						897
ACA OE	0	(29)	(337)	(576)	(1,366)	(2,142)	(2,507)						(6,957)
Duals	0	117	127	155	328	369	567						1,663
Medi-Cal Program	0	(476)	(1,280)	(2,034)	(3,637)	(4,946)	(4,903)						(17,276)
Group Care Program	0	44	47	84	80	116	72						443
Total	**0**	**(432)**	**(1,233)**	**(1,950)**	**(3,557)**	**(4,830)**	**(4,831)**						**(16,833)**
Current Direct/Delegate Enrollment Variance - Favorable/(Unfavorable)													
Directly-Contracted	0	23	(302)	(636)	(1,276)	(1,980)	(1,953)						(6,124)
Delegated:													
CFMG	0	(133)	(384)	(407)	(655)	(715)	(607)						(2,901)
CHCN	0	(239)	(443)	(699)	(1,210)	(1,554)	(1,684)						(5,829)
Kaiser	0	(83)	(104)	(208)	(416)	(581)	(587)						(1,979)
Delegated Subtotal	0	(455)	(931)	(1,314)	(2,281)	(2,850)	(2,878)						(10,709)
Total	**0**	**(432)**	**(1,233)**	**(1,950)**	**(3,557)**	**(4,830)**	**(4,831)**						**(16,833)**

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

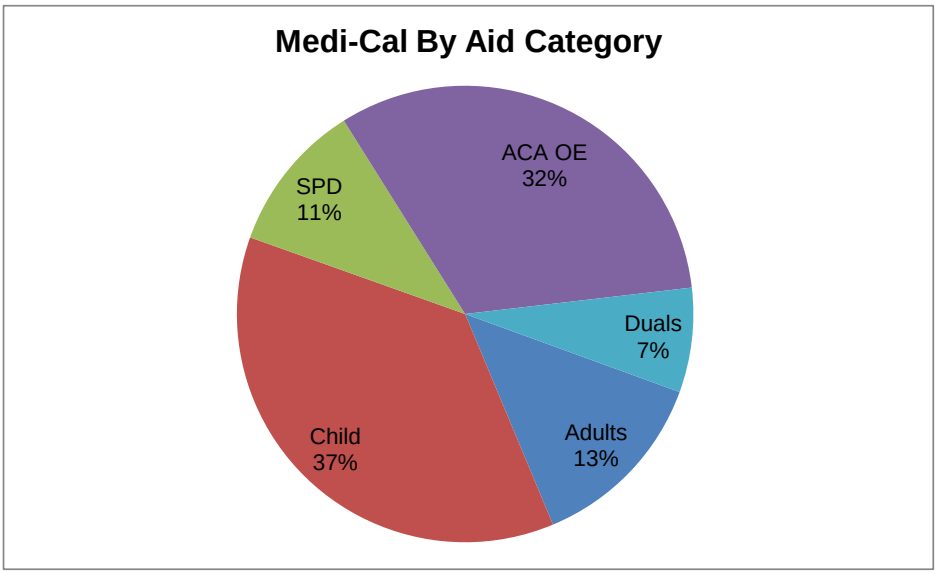
CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				CAPITATED MEDICAL EXPENSES:				
$1,623,522	$1,619,443	($4,079)	(0.3%)	PCP-Capitation	$11,646,225	$11,529,801	($116,424)	(1.0%)
2,629,995	2,728,332	98,337	3.6%	PCP-Capitation - FQHC	18,821,952	19,181,462	359,510	1.9%
255,938	257,668	1,730	0.7%	Specialty-Capitation	1,834,714	1,833,721	(993)	(0.1%)
2,686,363	2,914,925	228,562	7.8%	Specialty-Capitation FQHC	19,260,020	20,129,806	869,786	4.3%
252,935	257,168	4,234	1.6%	Laboratory-Capitation	1,806,794	1,823,690	16,896	0.9%
1,247,486	628,231	(619,255)	(98.6%)	Transportation (Ambulance)-Cap	6,680,751	4,457,366	(2,223,385)	(49.9%)
185,767	188,450	2,683	1.4%	Vision Cap	1,329,303	1,338,049	8,746	0.7%
74,394	77,300	2,906	3.8%	CFMG Capitation	533,282	547,633	14,352	2.6%
136,497	144,698	8,201	5.7%	Anc IPA Admin Capitation FQHC	977,746	1,008,534	30,789	3.1%
4,749,626	6,983,192	2,233,566	32.0%	Kaiser Capitation	48,313,665	49,865,791	1,552,126	3.1%
1,080,164	558,456	(521,708)	(93.4%)	BHT Supplemental Expense	4,718,989	3,478,387	(1,240,602)	(35.7%)
(10,252)	6,286	16,538	263.1%	Hep-C Supplemental Expense	85,313	82,668	(2,645)	(3.2%)
235,258	306,143	70,885	23.2%	Maternity Supplemental Expense	2,189,809	1,859,538	(330,271)	(17.8%)
492,018	485,826	(6,192)	(1.3%)	DME - Cap	3,469,001	3,450,302	(18,699)	(0.5%)
15,639,708	**17,156,118**	**1,516,410**	**8.8%**	**5-TOTAL CAPITATED EXPENSES**	**121,667,561**	**120,586,748**	**(1,080,813)**	**(0.9%)**
				FEE FOR SERVICE MEDICAL EXPENSES:				
137,828	0	(137,828)	0.0%	IBNP-Inpatient Services	2,827,500	0	(2,827,500)	0.0%
4,135	0	(4,135)	0.0%	IBNP-Settlement (IP)	84,825	0	(84,825)	0.0%
11,027	0	(11,027)	0.0%	IBNP-Claims Fluctuation (IP)	226,200	0	(226,200)	0.0%
18,689,661	20,415,567	1,725,906	8.5%	Inpatient Hospitalization-FFS	119,453,095	145,238,849	25,785,754	17.8%
1,109,838	0	(1,109,838)	0.0%	IP OB - Mom & NB	7,226,657	0	(7,226,657)	0.0%
149,578	0	(149,578)	0.0%	IP Behavioral Health	826,748	0	(826,748)	0.0%
1,108,061	0	(1,108,061)	0.0%	IP - Long Term Care	7,687,789	0	(7,687,789)	0.0%
734,969	0	(734,969)	0.0%	IP - Facility Rehab FFS	4,395,439	0	(4,395,439)	0.0%
21,945,097	**20,415,567**	**(1,529,530)**	**(7.5%)**	**6-Inpatient Hospital & SNF FFS Expense**	**142,728,253**	**145,238,849**	**2,510,596**	**1.7%**
87,296	0	(87,296)	0.0%	IBNP-PCP	156,616	0	(156,616)	0.0%
2,619	0	(2,619)	0.0%	IBNP-Settlement (PCP)	4,698	0	(4,698)	0.0%
6,983	0	(6,983)	0.0%	IBNP-Claims Fluctuation (PCP)	12,526	0	(12,526)	0.0%
1,060,952	1,150,011	89,059	7.7%	Primary Care Non-Contracted FF	8,132,118	8,225,877	93,759	1.1%
37,690	110,529	72,839	65.9%	PCP FQHC FFS	450,827	758,873	308,046	40.6%
1,557,630	1,682,110	124,480	7.4%	Prop 56 Direct Payment Expenses	11,243,414	11,956,673	713,259	6.0%
42,552	0	(42,552)	0.0%	Prop 56-Trauma Expense	304,035	0	(304,035)	0.0%
58,522	0	(58,522)	0.0%	Prop 56-Dev. Screening Exp.	416,739	0	(416,739)	0.0%
463,290	0	(463,290)	0.0%	Prop 56-Fam. Planning Exp.	3,394,315	0	(3,394,315)	0.0%
435,179	0	(435,179)	0.0%	Prop 56-Value Based Purchasing	3,128,443	0	(3,128,443)	0.0%
3,752,714	**2,942,650**	**(810,064)**	**(27.5%)**	**7-Primary Care Physician FFS Expense**	**27,243,730**	**20,941,423**	**(6,302,307)**	**(30.1%)**
(13,918)	0	13,918	0.0%	IBNP-Specialist	539,498	0	(539,498)	0.0%
1,828,044	0	(1,828,044)	0.0%	Specialty Care-FFS	14,416,447	0	(14,416,447)	0.0%
106,611	0	(106,611)	0.0%	Anesthesiology - FFS	911,101	0	(911,101)	0.0%
676,309	0	(676,309)	0.0%	Spec Rad Therapy - FFS	4,365,231	0	(4,365,231)	0.0%
139,106	0	(139,106)	0.0%	Obstetrics-FFS	760,009	0	(760,009)	0.0%
204,388	0	(204,388)	0.0%	Spec IP Surgery - FFS	1,561,207	0	(1,561,207)	0.0%
444,197	0	(444,197)	0.0%	Spec OP Surgery - FFS	3,089,553	0	(3,089,553)	0.0%
389,604	3,650,973	3,261,369	89.3%	Spec IP Physician	2,460,183	26,081,702	23,621,519	90.6%
24,355	113,528	89,173	78.5%	SCP FQHC FFS	461,842	799,602	337,760	42.2%
(417)	0	417	0.0%	IBNP-Settlement (SCP)	16,189	0	(16,189)	0.0%
(1,115)	0	1,115	0.0%	IBNP-Claims Fluctuation (SCP)	43,159	0	(43,159)	0.0%
3,797,162	**3,764,501**	**(32,661)**	**(0.9%)**	**8-Specialty Care Physician Expense**	**28,624,418**	**26,881,304**	**(1,743,114)**	**(6.5%)**
(219,306)	0	219,306	0.0%	IBNP-Ancillary	427,197	0	(427,197)	0.0%
(6,580)	0	6,580	0.0%	IBNP Settlement (ANC)	12,819	0	(12,819)	0.0%
(17,544)	0	17,544	0.0%	IBNP Claims Fluctuation (ANC)	34,178	0	(34,178)	0.0%
230,321	0	(230,321)	0.0%	Acupuncture/Biofeedback	1,927,996	0	(1,927,996)	0.0%
132,640	0	(132,640)	0.0%	Hearing Devices	834,516	0	(834,516)	0.0%
42,312	0	(42,312)	0.0%	Imaging/MRI/CT Global	194,276	0	(194,276)	0.0%
26,388	0	(26,388)	0.0%	Vision FFS	280,822	0	(280,822)	0.0%
12,417	0	(12,417)	0.0%	Family Planning	78,271	0	(78,271)	0.0%
206,835	0	(206,835)	0.0%	Laboratory-FFS	1,677,355	0	(1,677,355)	0.0%
101,538	0	(101,538)	0.0%	ANC Therapist	744,033	0	(744,033)	0.0%
268,946	0	(268,946)	0.0%	Transportation (Ambulance)-FFS	1,849,561	0	(1,849,561)	0.0%
108,571	0	(108,571)	0.0%	Transportation (Other)-FFS	695,028	0	(695,028)	0.0%

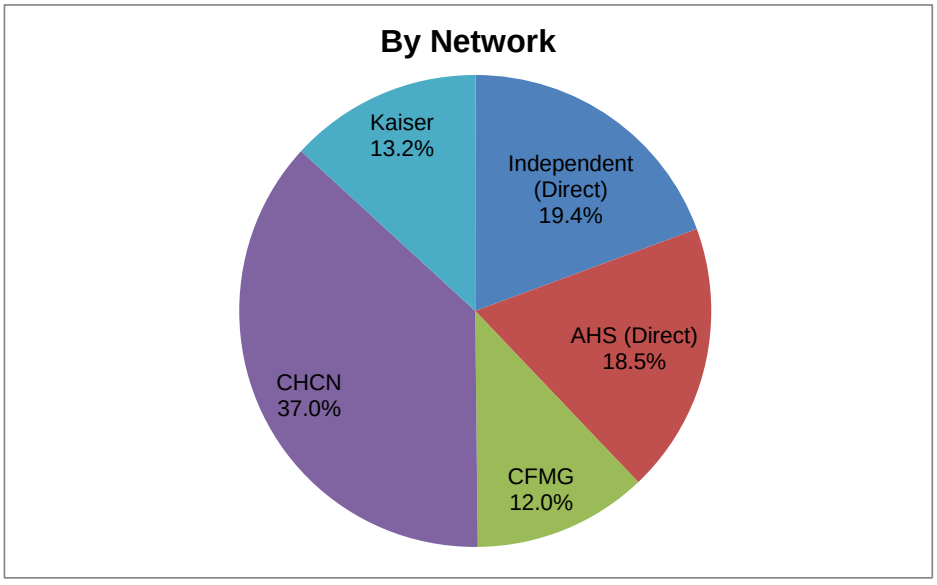
ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED January 31, 2020

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
$425,150	$0	($425,150)	0.0%	Hospice	$2,546,457	$0	($2,546,457)	0.0%
493,503	0	(493,503)	0.0%	Home Health Services	3,474,083	0	(3,474,083)	0.0%
0	2,516,256	2,516,256	100.0%	Other Medical-FFS	0	18,324,871	18,324,871	100.0%
0	0	0	0.0%	Denials	320	0	(320)	0.0%
(45,790)	0	45,790	0.0%	HMS Medical Refunds	(261,019)	0	261,019	0.0%
528	0	(528)	0.0%	Refunds-Medical Payments	11	0	(11)	0.0%
328,660	0	(328,660)	0.0%	DME & Medical Supplies	2,066,300	0	(2,066,300)	0.0%
125,845	554,239	428,394	77.3%	GEMT Direct Payment Expense	2,829,310	3,939,473	1,110,163	28.2%
416,391	0	(416,391)	0.0%	Community Based Adult Services (CBAS)	3,342,564	0	(3,342,564)	0.0%
2,630,824	**3,070,495**	**439,671**	**14.3%**	**9-Ancillary Medical Expense**	**22,754,078**	**22,264,344**	**(489,734)**	**(2.2%)**
33,104	0	(33,104)	0.0%	IBNP-Outpatient	76,128	0	(76,128)	0.0%
992	0	(992)	0.0%	IBNP Settlement (OP)	2,281	0	(2,281)	0.0%
2,647	0	(2,647)	0.0%	IBNP Claims Fluctuation (OP)	6,087	0	(6,087)	0.0%
1,170,563	7,308,591	6,138,028	84.0%	Out-Patient FFS	9,177,457	50,386,495	41,209,038	81.8%
1,199,930	0	(1,199,930)	0.0%	OP Ambul Surgery - FFS	7,228,642	0	(7,228,642)	0.0%
938,842	0	(938,842)	0.0%	OP Fac Imaging Services-FFS	7,472,675	0	(7,472,675)	0.0%
1,329,528	0	(1,329,528)	0.0%	Behav Health - FFS	13,915,128	0	(13,915,128)	0.0%
260,508	0	(260,508)	0.0%	OP Facility - Lab FFS	1,789,915	0	(1,789,915)	0.0%
77,055	0	(77,055)	0.0%	OP Facility - Cardio FFS	666,595	0	(666,595)	0.0%
46,621	0	(46,621)	0.0%	OP Facility - PT/OT/ST FFS	47,322	0	(47,322)	0.0%
1,765,126	0	(1,765,126)	0.0%	OP Facility - Dialysis FFS	11,328,459	0	(11,328,459)	0.0%
6,824,917	**7,308,591**	**483,674**	**6.6%**	**10-Outpatient Medical Expense Medical Expense**	**51,710,689**	**50,386,495**	**(1,324,194)**	**(2.6%)**
(320,880)	0	320,880	0.0%	IBNP-Emergency	(74,316)	0	74,316	0.0%
(9,628)	0	9,628	0.0%	IBNP Settlement (ER)	(2,228)	0	2,228	0.0%
(25,670)	0	25,670	0.0%	IBNP Claims Fluctuation (ER)	(5,943)	0	5,943	0.0%
547,450	0	(547,450)	0.0%	Special ER Physician-FFS	4,104,117	0	(4,104,117)	0.0%
2,889,197	3,219,525	330,328	10.3%	ER-Facility	18,777,626	22,649,503	3,871,877	17.1%
3,080,469	**3,219,525**	**139,056**	**4.3%**	**11-Emergency Expense**	**22,799,256**	**22,649,503**	**(149,753)**	**(0.7%)**
(646,467)	0	646,467	0.0%	IBNP-Pharmacy	(15,849)	0	15,849	0.0%
(19,394)	0	19,394	0.0%	IBNP Settlement (RX)	(478)	0	478	0.0%
(51,719)	0	51,719	0.0%	IBNP Claims Fluctuation (RX)	(1,267)	0	1,267	0.0%
4,320,746	3,058,088	(1,262,658)	(41.3%)	RX - Non-PBM FFFS	26,107,420	22,478,591	(3,628,829)	(16.1%)
10,285,611	10,311,784	26,173	0.3%	Pharmacy-FFS	69,264,453	72,650,852	3,386,399	4.7%
(732,433)	(407,064)	325,369	(79.9%)	Pharmacy-Rebate	(3,972,313)	(3,006,231)	966,082	(32.1%)
13,156,344	**12,962,808**	**(193,536)**	**(1.5%)**	**12-Pharmacy Expense**	**91,381,966**	**92,123,212**	**741,246**	**0.8%**
55,187,527	**53,684,137**	**(1,503,390)**	**(2.8%)**	**13-TOTAL FFS MEDICAL EXPENSES**	**387,242,390**	**380,485,130**	**(6,757,260)**	**(1.8%)**
0	(175,043)	(175,043)	100.0%	Clinical Vacancy	0	(1,351,894)	(1,351,894)	100.0%
77,634	124,764	47,130	37.8%	Quality Analytics	465,907	730,642	264,734	36.2%
414,207	432,010	17,803	4.1%	Health Plan Services Department Total	2,616,368	2,891,296	274,927	9.5%
678,869	724,628	45,759	6.3%	Case & Disease Management Department Total	4,050,696	4,227,558	176,863	4.2%
152,648	187,589	34,941	18.6%	Medical Services Department Total	959,147	1,171,045	211,897	18.1%
459,396	485,295	25,899	5.3%	Quality Management Department Total	3,061,696	3,481,703	420,007	12.1%
136,116	149,708	13,593	9.1%	Pharmacy Services Department Total	802,777	965,655	162,879	16.9%
26,341	30,772	4,431	14.4%	Regulatory Readiness Total	203,395	218,532	15,137	6.9%
1,945,209	**1,959,723**	**14,514**	**0.7%**	**14-Other Benefits & Services**	**12,159,986**	**12,334,537**	**174,551**	**1.4%**
				Reinsurance Expense				
(245,930)	(331,603)	(85,673)	25.8%	Reinsurance Recoveries	(2,513,870)	(2,010,540)	503,330	(25.0%)
378,354	390,121	11,767	3.0%	Stop-Loss Expense	2,696,001	2,754,802	58,801	2.1%
132,424	**58,518**	**(73,906)**	**(126.3%)**	**15-Reinsurance Expense**	**182,131**	**744,262**	**562,131**	**75.5%**
				Preventive Health Services				
83,209	83,208	(1)	0.0%	Risk Sharing PCP	583,956	583,956	0	0.0%
83,209	**83,208**	**(1)**	**0.0%**	**16-Risk Pool Distribution**	**583,956**	**583,956**	**0**	**0.0%**
72,988,077	**72,941,704**	**(46,373)**	**(0.1%)**	**17-TOTAL MEDICAL EXPENSES**	**521,836,023**	**514,734,633**	**(7,101,390)**	**(1.4%)**

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Current Membership by Network By Category of Aid							
Category of Aid	**Jan 2020**	**% of Medi-Cal**	**Independent (Direct)**	**AHS (Direct)**	**CFMG**	**CHCN**	**Kaiser**
Adults	31,620	13%	7,573	6,633	235	12,100	5,079
Child	88,329	37%	8,109	8,098	27,073	30,073	14,976
SPD	25,571	11%	8,558	3,720	1,180	10,262	1,851
ACA OE	77,093	32%	13,643	24,474	971	29,576	8,429
Duals	17,800	7%	7,168	1,912	1	6,583	2,136
Medi-Cal	240,413		45,051	44,837	29,460	88,594	32,471
Group Care	6,048		2,649	828	-	2,571	-
Total	**246,461**	**100%**	**47,700**	**45,665**	**29,460**	**91,165**	**32,471**
Medi-Cal %	97.5%		94.4%	98.2%	100.0%	97.2%	100.0%
Group Care %	2.5%		5.6%	1.8%	0.0%	2.8%	0.0%
	Network Distribution		*19.4%*	*18.5%*	*12.0%*	*37.0%*	*13.2%*
			% Direct:	**38%**		**% Delegated:**	**62%**

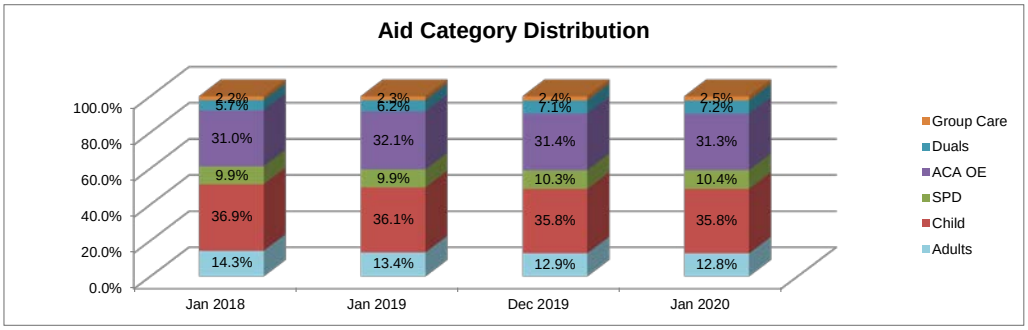




Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

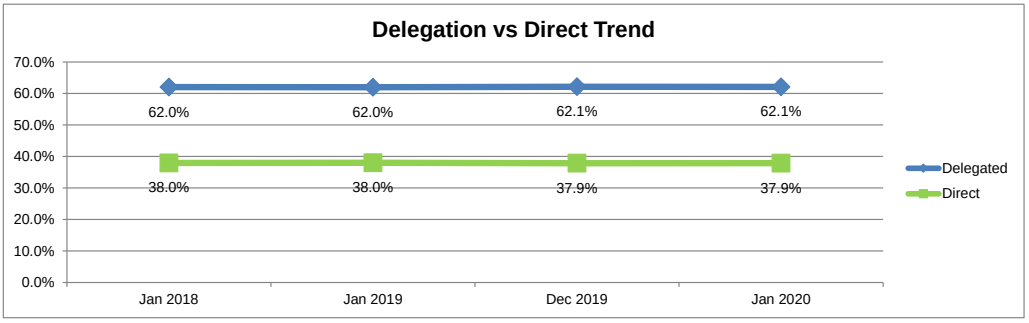
Category of Aid Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Category of Aid	Jan 2018	Jan 2019	Dec 2019	Jan 2020	Jan 2018	Jan 2019	Dec 2019	Jan 2020	Jan 2018 to Jan 2019	Jan 2019 to Jan 2020	Dec 2019 to Jan 2020
Adults	38,177	35,034	32,066	31,620	14.3%	13.4%	12.9%	12.8%	-8.2%	-9.7%	-1.4%
Child	98,460	94,491	89,056	88,329	36.9%	36.1%	35.8%	35.8%	-4.0%	-6.5%	-0.8%
SPD	26,367	26,002	25,687	25,571	9.9%	9.9%	10.3%	10.4%	-1.4%	-1.7%	-0.5%
ACA OE	82,693	84,010	78,154	77,093	31.0%	32.1%	31.4%	31.3%	1.6%	-8.2%	-1.4%
Duals	15,143	16,099	17,776	17,800	5.7%	6.2%	7.1%	7.2%	6.3%	10.6%	0.1%
Medi-Cal Total	260,840	255,636	242,739	240,413	97.8%	97.7%	97.6%	97.5%	-2.0%	-6.0%	-1.0%
Group Care	5,743	5,890	6,092	6,048	2.2%	2.3%	2.4%	2.5%	2.6%	2.7%	-0.7%
Total	**266,583**	**261,526**	**248,831**	**246,461**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**-1.9%**	**-5.8%**	**-1.0%**



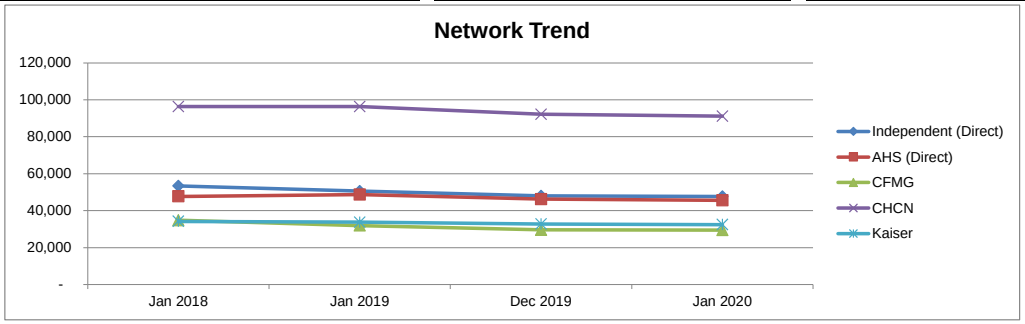
Delegation vs Direct Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Members	Jan 2018	Jan 2019	Dec 2019	Jan 2020	Jan 2018	Jan 2019	Dec 2019	Jan 2020	Jan 2018 to Jan 2019	Jan 2019 to Jan 2020	Dec 2019 to Jan 2020
Delegated	165,370	162,124	154,621	153,096	62.0%	62.0%	62.1%	62.1%	-2.0%	-5.6%	-1.0%
Direct	101,213	99,402	94,210	93,365	38.0%	38.0%	37.9%	37.9%	-1.8%	-6.1%	-0.9%
Total	**266,583**	**261,526**	**248,831**	**246,461**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**-1.9%**	**-5.8%**	**-1.0%**



Network Trend

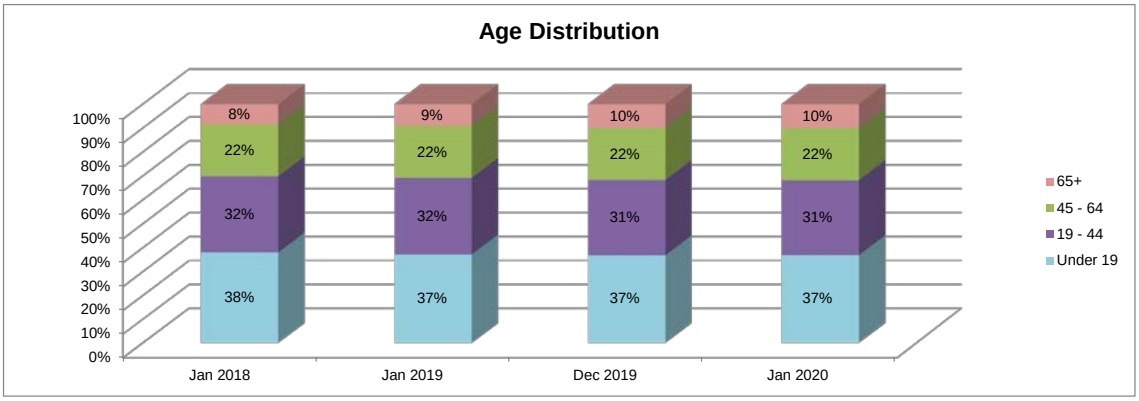
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Network	Jan 2018	Jan 2019	Dec 2019	Jan 2020	Jan 2018	Jan 2019	Dec 2019	Jan 2020	Jan 2018 to Jan 2019	Jan 2019 to Jan 2020	Dec 2019 to Jan 2020
Independent (Direct)	53,448	50,615	47,978	47,700	20.0%	19.4%	19.3%	19.4%	-5.3%	-5.8%	-0.6%
AHS (Direct)	47,765	48,787	46,232	45,665	17.9%	18.7%	18.6%	18.5%	2.1%	-6.4%	-1.2%
CFMG	34,805	31,962	29,654	29,460	13.1%	12.2%	11.9%	12.0%	-8.2%	-7.8%	-0.7%
CHCN	96,313	96,389	92,167	91,165	36.1%	36.9%	37.0%	37.0%	0.1%	-5.4%	-1.1%
Kaiser	34,252	33,773	32,800	32,471	12.8%	12.9%	13.2%	13.2%	-1.4%	-3.9%	-1.0%
Total	**266,583**	**261,526**	**248,831**	**246,461**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**-1.9%**	**-5.8%**	**-1.0%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

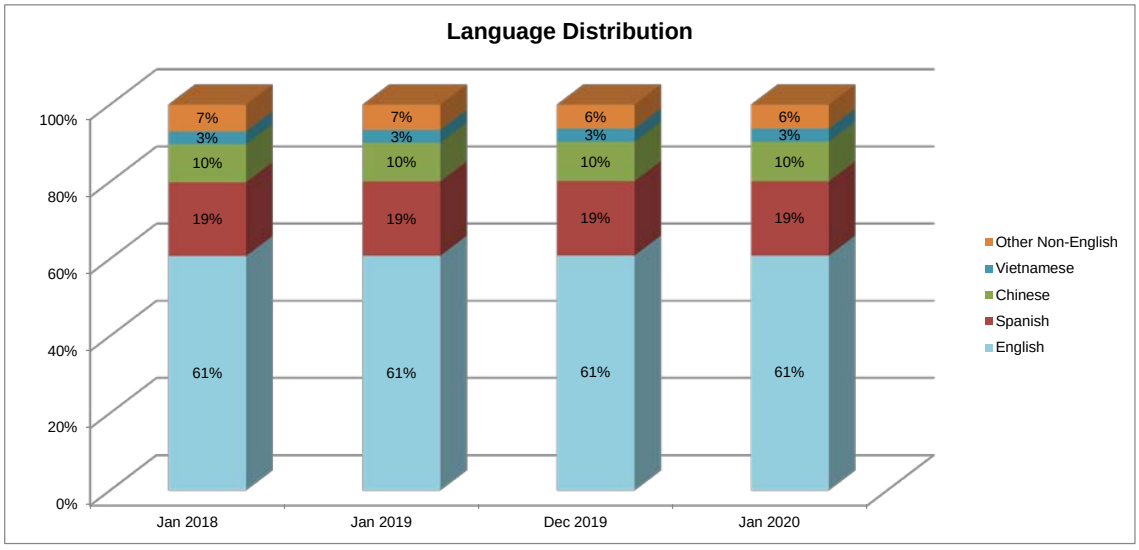
Age Category Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Age Category	Jan 2018	Jan 2019	Dec 2019	Jan 2020	Jan 2018	Jan 2019	Dec 2019	Jan 2020	Jan 2018 to Jan 2019	Jan 2019 to Jan 2020	Dec 2019 to Jan 2020
Under 19	101,364	97,304	91,641	90,897	38%	37%	37%	37%	-4%	-7%	-1%
19 - 44	84,784	83,556	78,271	77,224	32%	32%	31%	31%	-1%	-8%	-1%
45 - 64	57,967	56,766	54,210	53,632	22%	22%	22%	22%	-2%	-6%	-1%
65+	22,468	23,900	24,709	24,708	8%	9%	10%	10%	6%	3%	0%
Total	**266,583**	**261,526**	**248,831**	**246,461**	**100%**	**100%**	**100%**	**100%**	**-2%**	**-6%**	**-1%**



Language Trend

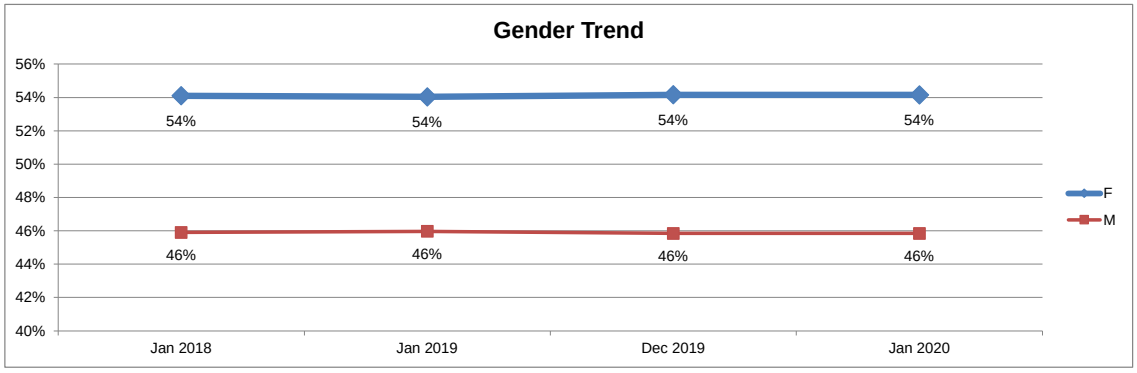
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Language	Jan 2018	Jan 2019	Dec 2019	Jan 2020	Jan 2018	Jan 2019	Dec 2019	Jan 2020	Jan 2018 to Jan 2019	Jan 2019 to Jan 2020	Dec 2019 to Jan 2020
English	161,841	158,970	151,420	149,918	61%	61%	61%	61%	-2%	-6%	-1%
Spanish	51,049	50,384	47,994	47,516	19%	19%	19%	19%	-1%	-6%	-1%
Chinese	26,270	26,286	25,431	25,284	10%	10%	10%	10%	0%	-4%	-1%
Vietnamese	8,822	8,696	8,446	8,360	3%	3%	3%	3%	-1%	-4%	-1%
Other Non-English	18,601	17,190	15,540	15,383	7%	7%	6%	6%	-8%	-11%	-1%
Total	**266,583**	**261,526**	**248,831**	**246,461**	**100%**	**100%**	**100%**	**100%**	**-2%**	**-6%**	**-1%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

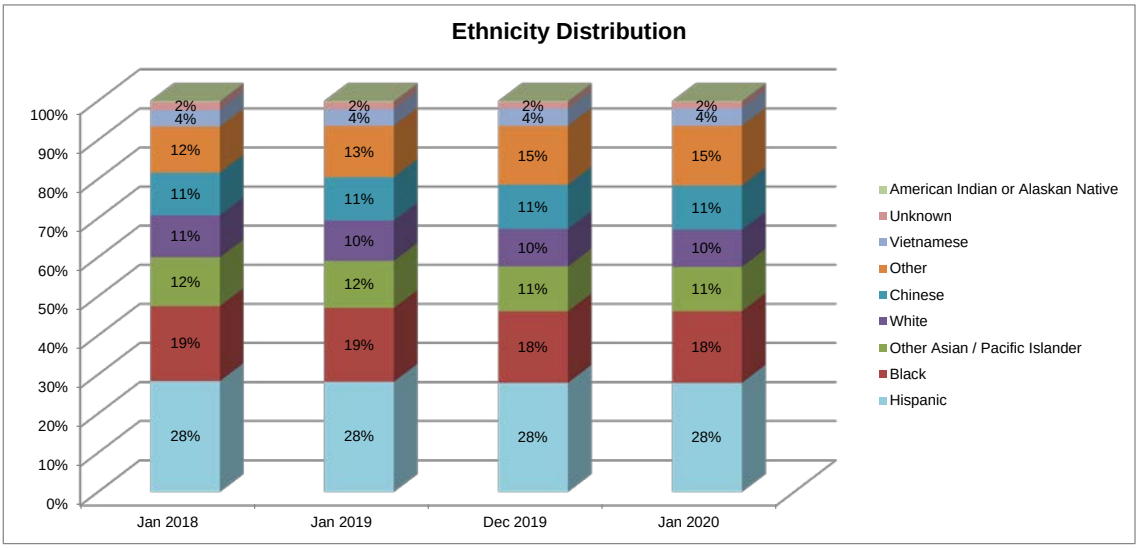
Gender Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Gender	Jan 2018	Jan 2019	Dec 2019	Jan 2020	Jan 2018	Jan 2019	Dec 2019	Jan 2020	Jan 2018 to Jan 2019	Jan 2019 to Jan 2020	Dec 2019 to Jan 2020
F	144,212	141,314	134,760	133,472	54%	54%	54%	54%	-2%	-6%	-1%
M	122,371	120,212	114,071	112,989	46%	46%	46%	46%	-2%	-6%	-1%
Total	**266,583**	**261,526**	**248,831**	**246,461**	**100%**	**100%**	**100%**	**100%**	**-2%**	**-6%**	**-1%**



Ethnicity Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Ethnicity	Jan 2018	Jan 2019	Dec 2019	Jan 2020	Jan 2018	Jan 2019	Dec 2019	Jan 2020	Jan 2018 to Jan 2019	Jan 2019 to Jan 2020	Dec 2019 to Jan 2020
Hispanic	75,484	73,561	69,362	68,682	28%	28%	28%	28%	-3%	-7%	-1%
Black	51,185	49,456	45,608	45,213	19%	19%	18%	18%	-3%	-9%	-1%
Other Asian / Pacific Islander	33,190	31,452	28,396	27,864	12%	12%	11%	11%	-5%	-11%	-2%
White	28,717	27,062	24,035	23,487	11%	10%	10%	10%	-6%	-13%	-2%
Chinese	29,082	28,970	28,014	27,859	11%	11%	11%	11%	0%	-4%	-1%
Other	31,350	34,404	37,544	37,693	12%	13%	15%	15%	10%	10%	0%
Vietnamese	11,439	11,174	10,972	10,856	4%	4%	4%	4%	-2%	-3%	-1%
Unknown	5,393	4,749	4,280	4,214	2%	2%	2%	2%	-12%	-11%	-2%
American Indian or Alaskan Native	743	698	620	593	0%	0%	0%	0%	-6%	-15%	-4%
Total	**266,583**	**261,526**	**248,831**	**246,461**	**100%**	**100%**	**100%**	**100%**	**-2%**	**-6%**	**-1%**



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

Medi-Cal By City

City	Jan 2020	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	98,607	41%	11,311	21,915	13,160	43,005	9,216
Hayward	36,883	15%	7,786	7,425	4,466	10,949	6,257
Fremont	20,906	9%	8,459	2,892	706	5,611	3,238
San Leandro	21,531	9%	3,717	3,139	3,206	8,063	3,406
Union City	10,325	4%	3,972	1,423	373	2,697	1,860
Alameda	9,557	4%	1,792	1,385	1,516	3,563	1,301
Berkeley	8,510	4%	1,068	1,433	1,131	3,699	1,179
Livermore	6,830	3%	955	558	1,598	2,559	1,160
Newark	5,501	2%	1,579	1,686	172	1,066	998
Castro Valley	5,665	2%	1,160	840	922	1,673	1,070
San Lorenzo	4,931	2%	869	784	639	1,721	918
Pleasanton	3,566	1%	853	328	416	1,385	584
Dublin	3,837	2%	923	338	513	1,382	681
Emeryville	1,437	1%	235	282	229	483	208
Albany	1,388	1%	166	186	304	482	250
Piedmont	243	0%	40	54	22	73	54
Sunol	54	0%	9	10	8	10	17
Antioch	22	0%	8	3	2	6	3
Other	620	0%	149	156	77	167	71
Total	**240,413**	**100%**	**45,051**	**44,837**	**29,460**	**88,594**	**32,471**

Group Care By City

City	Jan 2020	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	2,138	35%	550	379	-	1,209	-
Hayward	666	11%	378	118	-	170	-
Fremont	659	11%	509	45	-	105	-
San Leandro	558	9%	212	72	-	274	-
Union City	332	5%	237	30	-	65	-
Alameda	273	5%	111	26	-	136	-
Berkeley	200	3%	56	21	-	123	-
Livermore	85	1%	38	2	-	45	-
Newark	139	2%	95	26	-	18	-
Castro Valley	193	3%	103	21	-	69	-
San Lorenzo	116	2%	53	16	-	47	-
Pleasanton	47	1%	26	3	-	18	-
Dublin	96	2%	43	6	-	47	-
Emeryville	28	0%	12	3	-	13	-
Albany	14	0%	4	2	-	8	-
Piedmont	12	0%	4	1	-	7	-
Sunol	-	0%	-	-	-	-	-
Antioch	21	0%	6	4	-	11	-
Other	471	8%	212	53	-	206	-
Total	**6,048**	**100%**	**2,649**	**828**	**-**	**2,571**	**-**

Total By City

City	Jan 2020	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	100,745	41%	11,861	22,294	13,160	44,214	9,216
Hayward	37,549	15%	8,164	7,543	4,466	11,119	6,257
Fremont	21,565	9%	8,968	2,937	706	5,716	3,238
San Leandro	22,089	9%	3,929	3,211	3,206	8,337	3,406
Union City	10,657	4%	4,209	1,453	373	2,762	1,860
Alameda	9,830	4%	1,903	1,411	1,516	3,699	1,301
Berkeley	8,710	4%	1,124	1,454	1,131	3,822	1,179
Livermore	6,915	3%	993	560	1,598	2,604	1,160
Newark	5,640	2%	1,674	1,712	172	1,084	998
Castro Valley	5,858	2%	1,263	861	922	1,742	1,070
San Lorenzo	5,047	2%	922	800	639	1,768	918
Pleasanton	3,613	1%	879	331	416	1,403	584
Dublin	3,933	2%	966	344	513	1,429	681
Emeryville	1,465	1%	247	285	229	496	208
Albany	1,402	1%	170	188	304	490	250
Piedmont	255	0%	44	55	22	80	54
Sunol	54	0%	9	10	8	10	17
Antioch	43	0%	14	7	2	17	3
Other	1,091	0%	361	209	77	373	71
Total	**246,461**	**100%**	**47,700**	**45,665**	**29,460**	**91,165**	**32,471**

ALAMEDA Alliance FOR HEALTH

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

Fiscal Year 2020 Second Quarter Forecast

As of March 13, 2020

2020 Second Quarter Forecast
Table of Contents

2020 Second Quarter Forecast

Forecast Highlights

- **Highlights**
  - Projected Net Income of $12.9M as compared to original budget of $295K net loss.
    - Group Care: increased net loss from $595K to $765K, or $170K increase
    - Medi-Cal: increased net income from $299K to $13.6M, or $13.3M increase
  - Medi-Cal enrollment approximately 4,500 lower than budget. The Child, ACA OE and Adults populations show the greatest variance from budget. Group Care enrollment remains steady at 5,900 to 6,100 per month.
  - IBNP adjustment of $4M related to the Alameda Health System's (AHS) conversion to EPIC, and potential billing delays; actual adjustment may vary based on revised forecast by AHS.
  - PMPM Revenue is $10 higher than Budget due to rate increases and new Prop 56 programs which were announced after the budget was finalized, higher than anticipated retro-active revenue and BHT Kick Payments. Total Revenue is $19M higher than Budget.
  - Non-medical transportation expense is $3.5M higher than budgeted.
  - PMPM fee-for-service medical expense is unfavorable, mainly due to higher Proposition 56, higher Behavioral Health, Dialysis and Specialty Care expense. Increased ACA OE Inpatient utilization has been partially offset by lower SPD Inpatient expense.
  - Administrative department expense is $4.2M favorable to budget, mainly due to anticipated delays until FY 2021 for IT projects resulting delays in consulting fees and other project costs.
  - Other Income / (Expense) is favorable to budget primarily due to increased investment income.

2020 Second Quarter Forecast
Highlights versus Budget

$ in Thousands

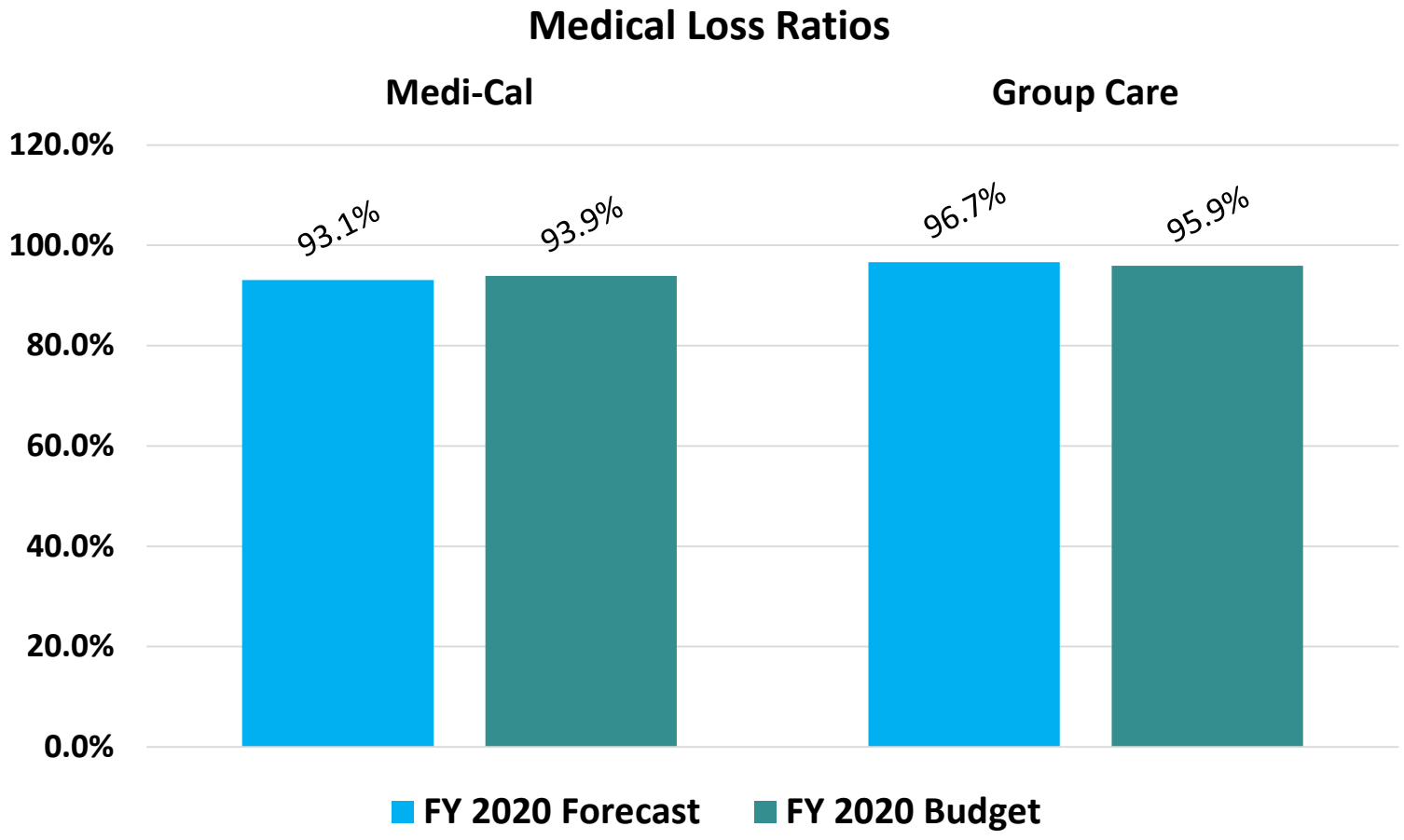
Net Income Variance Highlights vs. Budget

▪ Retro Enrollment: Paid Membership higher than Financial Membership	$5,758
▪ DHCS Medi-Cal Acuity Adjustment to to Base Rates 9/13/19	$4,978
▪ Departmental Expense	$4,712
▪ Kick Supplemental Revenue, mostly Behavioral Health Therapy	$2,841
▪ Enrollment Volume	($670)
▪ Medical Expense Trends/Other	($978)
▪ Non-medical Transportation	($3,473)
	$13,167

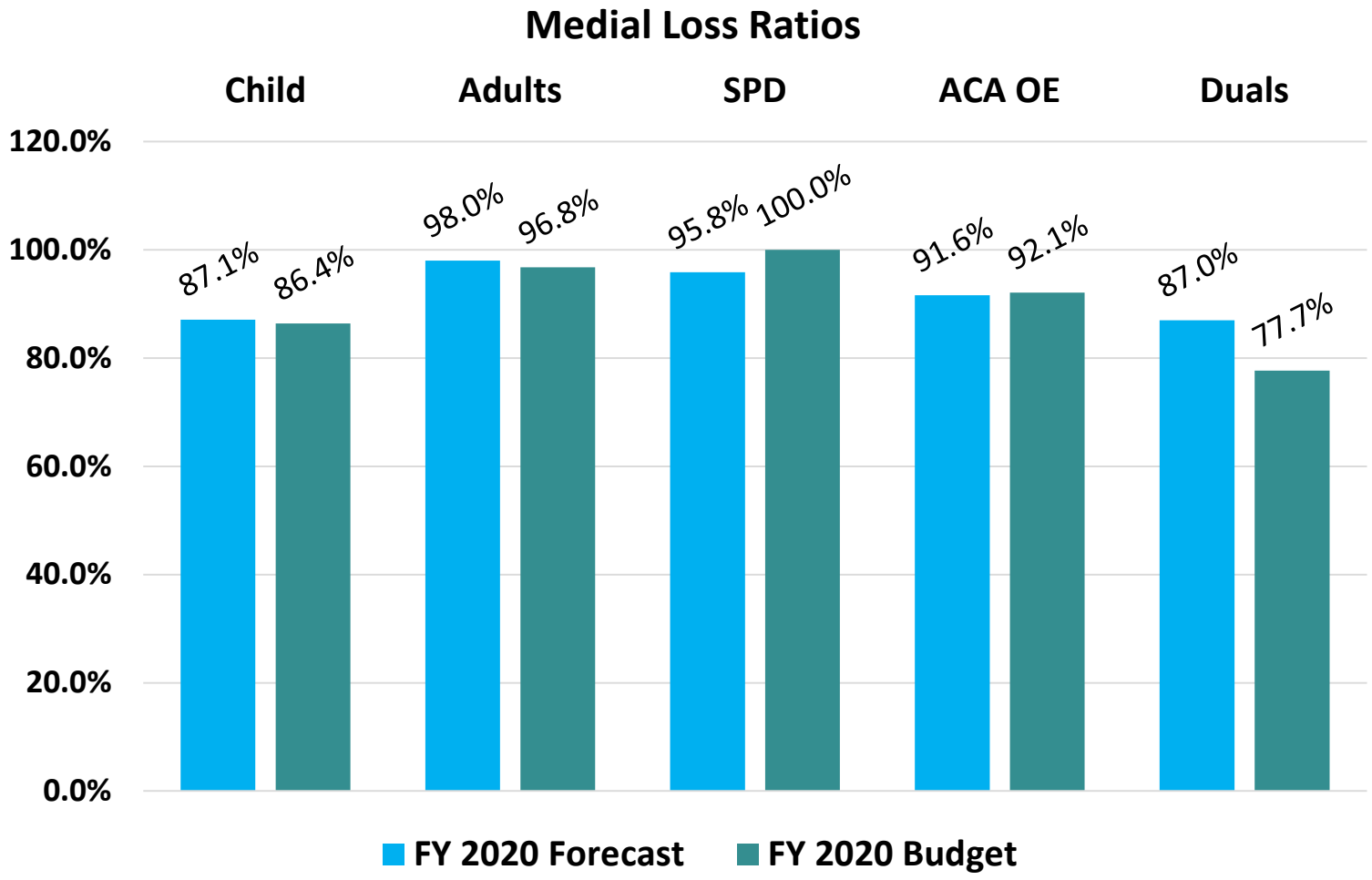
2020 Second Quarter Forecast
Forecast versus Budget

$ in Thousands	FY 2020 Q2 Forecast			FY 2020 Budget			Variance F/(U)		
	Medi-Cal	Group Care	Total	Medi-Cal	Group Care	Total	Medi-Cal	Group Care	Total
Enrollment at Year-End	**237,827**	**6,092**	**243,919**	**242,396**	**5,976**	**248,372**	**(4,569)**	**116**	**(4,453)**
Member Months	**2,917,629**	**72,735**	**2,990,364**	**2,958,173**	**71,712**	**3,029,885**	**(40,544)**	**1,023**	**(39,521)**
Revenues	$929,606	$24,821	$954,428	$911,099	$24,384	$935,483	$18,507	$437	$18,944
Medical Expense	865,074	23,993	889,068	855,783	23,391	879,174	(9,292)	(603)	(9,894)
Gross Margin	**64,532**	**828**	**65,360**	**55,316**	**993**	**56,310**	**9,216**	**(166)**	**9,050**
Administrative Expense	54,710	1,701	56,410	58,921	1,698	60,618	4,211	(3)	4,208
Operating Margin	**9,822**	**(873)**	**8,949**	**(3,604)**	**(704)**	**(4,309)**	**13,426**	**(169)**	**13,258**
Other Income / (Expense)	3,814	108	3,923	3,904	109	4,013	(89)	(1)	(90)
Net Income / (Loss)	**$13,637**	**($765)**	**$12,872**	**$299**	**($595)**	**($295)**	**$13,337**	**($170)**	**$13,167**
Administrative Expense % of Revenue	**5.9%**	**6.9%**	**5.9%**	**6.5%**	**7.0%**	**6.5%**	**0.6%**	**0.1%**	**0.6%**
Medical Loss Ratio	**93.1%**	**96.7%**	**93.2%**	**93.9%**	**95.9%**	**94.0%**	**0.9%**	**-0.7%**	**0.8%**
TNE at Year-End			**$195,268**			**$180,450**			**$14,818**
TNE Percent of Required at Year-End			**603.6%**			**564.9%**			**38.7%**

2020 Second Quarter Forecast MLR by Line of Business



2020 Second Quarter Forecast
MLR by Category of Aid



2020 Second Quarter Forecast

Full-time Equivalent Employees

Administrative FTEs	FY19 YE Actual	Dec 2019 Actual	FY20 YE Forecast	FY20 YE Budget
Administrative Vacancy	0.0	0.0	(9.0)	(9.0)
Operations	3.0	3.0	3.0	3.0
Executive	2.0	2.0	3.0	3.0
Finance	19.0	19.0	22.0	22.0
Healthcare Analytics	11.0	9.0	13.0	13.0
Claims	34.0	31.0	37.0	37.0
Information Technology	5.0	4.0	4.0	4.0
IT Infrastructure	11.0	11.0	13.0	13.0
IT Applications	12.0	12.0	13.0	13.0
IT Development	26.0	24.0	29.0	28.0
Member Services	42.8	37.9	42.8	43.0
Provider Relations	14.0	15.0	17.0	17.0
Network Data Validation	7.0	8.0	8.0	8.0
Credentialing	2.0	1.8	2.0	2.0
Clinical Admin	1.0	1.0	1.0	1.0
Human Resources	4.0	4.0	7.0	7.0
Legal	4.0	3.0	5.0	5.0
Facilities	7.0	8.0	8.0	8.0
Community Relations	5.0	6.0	8.0	8.0
Regulatory Compliance	7.0	8.0	10.0	10.0
Delegation Oversight / G&A	9.0	7.0	10.0	10.0
Program Development	0.0	0.0	10.0	0.0
Total Administrative FTEs	**225.8**	**214.7**	**256.8**	**246.0**

Clinical FTEs	FY19 YE Actual	Dec 2019 Actual	FY20 YE Forecast	FY20 YE Budget
Clinical Vacancy	0.0	0.0	(6.5)	(5.1)
Quality Analytics	3.0	4.0	6.0	6.0
Utilization Management	31.9	32.9	37.9	36.9
Disease Mgmt. / Care Mgmt.	23.0	23.0	30.0	27.0
Medical Services	4.0	5.0	5.5	5.3
Quality Management	14.5	14.5	19.0	18.5
Accreditation	0.0	0.0	0.0	0.0
Pharmacy Services	9.0	10.0	11.0	11.0
Regulatory Readiness	1.0	2.0	2.0	2.0
Total Clinical FTEs	**86.4**	**91.4**	**104.8**	**101.5**

Total FTEs	**312.1**	**306.0**	**361.6**	**347.5**

FTEs on LOAs or Reduced Schedule	**9.0**
Total AAH FTEs per HR	**315.0**

ALAMEDA Alliance FOR HEALTH

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

Operations

Matt Woodruff

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

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

Date: **March 13, 2020**

Subject: **Operations Report**

Member Services

- 12-month Trend Summary:
    - The Member Services Department received a five (5%) percent increase in calls in February 2020, totaling 17,709 compared to 16,861 in February 2019.
    - The abandonment rate for February 2020 was six percent (6%), which was two percent higher (4%) than in February 2019.
    - The service level for the Department was twelve percent (12%) lower in February 2020, seventy percent (70%), compared to eighty-two percent (82%) in February 2019. The Department experienced a higher number of unplanned staff leaves (flu season/LOAs) in February, which impacted the Department's ability to meet service metrics. The call center continues to interview candidates to fill current open MSR I bilingual positions. However, while we have a new hire starting mid-March, we are minus an MSR due to an internal promotion. Member Services works closely with Human Resources to recruit candidates.
    - The top five call reasons for February 2020 remained unchanged for that of February 2019: 1) Eligibility/Enrollment 2). Change of PCP 3). Kaiser, 4). Benefits, 5). ID Card Request.
    - The average talk time (ATT) was seven minutes and fifty-nine seconds (07:59) for February 2020 compared to six minutes and fifty-eight seconds (06:58) for February 2019.

Claims

- 12-Month Trend Summary:
    - The Claims Department received 118,309 claims in February 2020 compared to 117,729 in February 2019.

- The Auto Adjudication was 75.8% in February 2020 compared to 72.2% in February 2019.
- Claims Compliance for the 30-day turn-around time was 97.9% in February 2020 compared to 98.9% in February 2019. The 45-day turn-around time was 99.9% in February 2020 compared to 99.9% in February 2019.

- Staffing:

  - The following open positions were filled internally:
    - Claims Specialist
    - Claims Processor II (2)
    - Claims Processor I
  - Recruitment is underway for the following positions:
    - Claims Specialist
    - Claims Processor I

- Training:

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

- Monthly Analysis:

  - In February, we received a total of 118,309 claims in the HEALTHsuite system.
  - We received 77% of claims via EDI and 23% of claims via paper.
  - During February, 99.9% of our claims were processed within 45 working days.
  - The Auto Adjudication rate was 78.6% for February.

Provider Services

- 12-Month Trend Summary:

  - The Provider Services Department's call volume decreased in February 2020 to 5,179 calls compared to 6,262 calls in February 2019.
  - We are anticipating our call volume to increase this year due to the Cal Aim initiatives that are forthcoming in 2020 in preparation for 2021. Provider Services continuously works to achieve first call resolution and reduction of

the abandonment rates. Our efforts are to promote the provider's satisfaction is our first priority.
- The Provider Services department completed 141 visits during February.
- The Provider Services department answered over 5,179 calls for February and made over 1,187 outbound calls.

Credentialing Department

- 12-Month Trend Summary:
  - At the Peer Review and Credentialing (PRCC) meeting held on February 18, 2020, there were three (3) initial providers approved; 0 primary care provider, (2) specialists, 0 ancillary providers, and one (1) midlevel providers. Additionally, forty-six (46) providers were re-credentialed at this meeting; five (5) primary care providers, twenty-eight (28) specialists, four (4) ancillary provider, and nine (9) midlevel providers.
  - For more information, please refer to the Credentialing charts and graphs located in the Operations supporting documentation.

Provider Dispute Resolution

- 12-Month Trend Summary:
  - In February 2020, the Provider Dispute Resolution (PDR) department received 790 PDRs versus 637 in February 2019.
  - The PDR department resolved 708 cases in February 2020 compared to 705 cases in February 2019.
  - In February 2020, the PDR department upheld 79% of cases versus 70% in February 2019.
  - The PDR department resolved 99% of cases within the compliance standard of 95% within 45 working days in February 2020 compared to 98% in February 2019.

- Staffing:
  - Training continues for the two PDR Analysts who were promoted last year.

- Monthly Analysis:

    - AAH received 790 PDRs in February 2020.
    - In February, 708 PDRs were resolved. Out of the 708 PDRs, 562 were upheld and 146 were overturned.
    - The overturn rate for PDRs was 21% which met our goal of 25% or less.
    - 34% of the overturned PDRs were attributed to "general" configuration issues; the re-design of the PDR database is underway which will allow for more specificity of these configuration issues going forward.
    - 703 out of 708 cases were resolved within 45 working days resulting in a 99% compliance rate.
    - There are 1,416 PDRs currently pending resolution; only two are older than 45 working days.

Community Relations and Outreach

- 12-Month Trend Summary:

    - The Communications & Outreach (C&O) Department completed 28 out of 33 events (85% completion rate) in February 2020 compared to 46 out of 52 events (88% completion rate) in February 2019.
    - The C&O Department reached 855 people in the community in February 2020 compared to 1,348 in February 2019.
    - The C&O Department events were held in 9 cities/unincorporated areas throughout Alameda County in February 2020 compared to 12 cities/unincorporated areas in February 2019.

- Monthly Analysis:

    - In February 2020, the C&O Department completed 28 out of 33 events (85% completion rate).
    - In February 2020, the C&O Department reached 855 individuals (266 or 31% self-identified as Alliance members) during outreach events and activities.
    - In February 2020, the C&O Department completed events in 9 cities/unincorporated areas throughout Alameda County.
    - Please see attached Addendum A.

Operations

Supporting Documents

Member Services

Blended Results	February 2020
Incoming Calls (R/V)	17,709
Abandoned Rate (R/V)	6%
Answered Calls (R/V)	16,685
Average Speed to Answer (ASA)	01:04
Calls Answered in 30 Seconds (R/V)	70%
Average Talk Time (ATT)	07:59
Outbound Calls	10,126

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

Member Walk-Ins Feb 2020
ID Card Request
Change of PCP
Eligibility/Enrollment
Total Walk-Ins: 46

Claims Department

January 2020 Final and February 2020 Final

METRICS

Claims Compliance	Jan-20	Feb-20
90% of clean claims processed within 30 calendar days	97.9%	97.9%
95% of all claims processed within 45 working days	99.9%	99.9%

Claims Volume (Received)	Jan-20	Feb-20
Paper claims	27,022	26,834
EDI claims	99,022	91,475
Claim Volume Total	**126,044**	**118,309**

Percentage of Claims Volume by Submission Method	Jan-20	Feb-20
% Paper	21.44%	22.68%
% EDI	78.56%	77.32%

Claims Processed	Jan-20	Feb-20
HEALTHsuite Paid (original claims)	87,935	87,043
HEALTHsuite Denied (original claims)	27,294	24,901
HEALTHsuite Original Claims Sub-Total	**115,229**	**111,944**
HEALTHsuite Adjustments	4,595	3,264
HEALTHsuite Total	**119,824**	**115,208**

Claims Expense	Jan-20	Feb-20
Medical Claims Paid	$43,545,887	$39,341,688
Interest Paid	$25,066	$24,268

Auto Adjudication	Jan-20	Feb-20
Claims Auto Adjudicated	87,306	89,083
% Auto Adjudicated	75.8%	79.6%

Average Days from Receipt to Payment	Jan-20	Feb-20
HEALTHsuite	23	23

Pended Claim Age	Dec-19	Jan-20
0-29 calendar days		
HEALTHsuite	15,094	16,899
30-59 calendar days		
HEALTHsuite	181	475
Over 60 calendar days		
HEALTHsuite	9	0

Overall Denial Rate	Jan-20	Feb-20
Claims denied in HEALTHsuite	27,294	24,901
% Denied	22.8%	21.6%

Claims Department

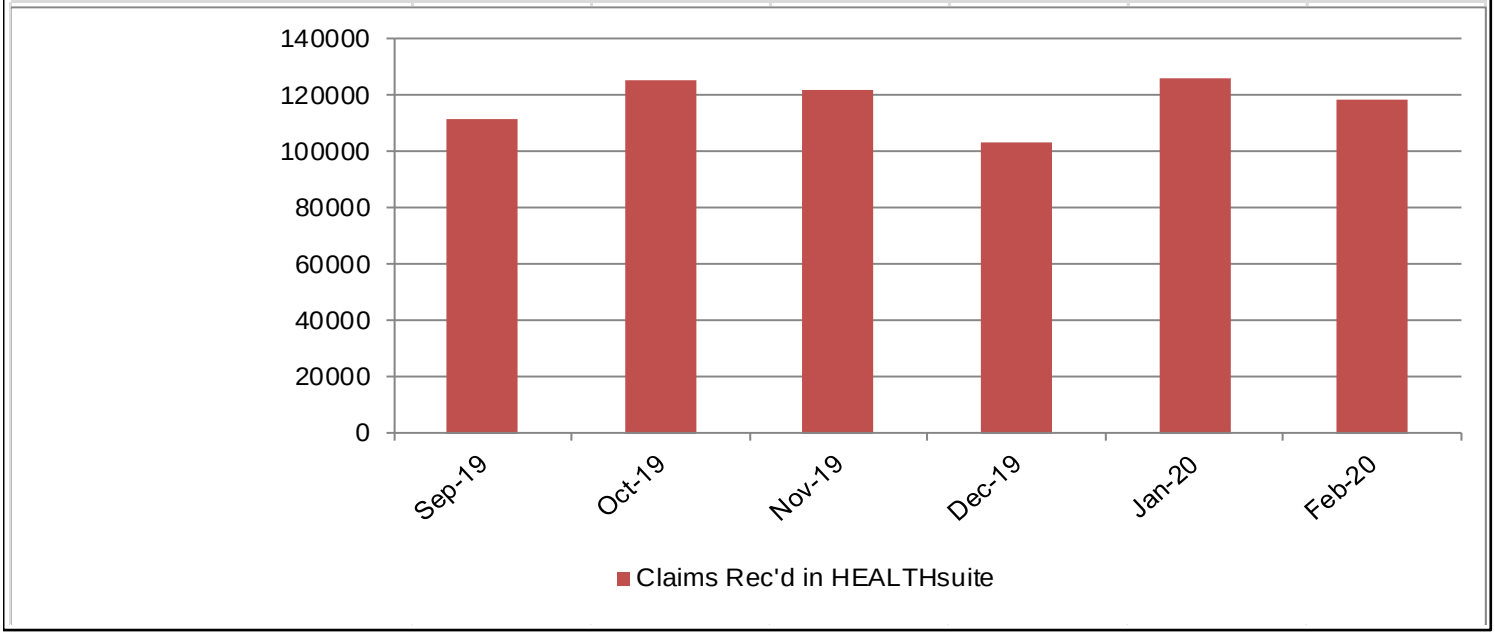
January 2020 Final and February 2020 Final

Feb-20

Top 5 HEALTHsuite Denial Reasons	% of all denials
Responsibility of Provider	26%
Duplicate Claim	15%
Must Submit as a Paper Claim with Copy of Primary Payer EOB	13%
No Benefits Found For Dates of Service	9%
Non-Covered Benefit For This Plan	7%
% Total of all denials	**70%**

Claims Received By Month

Claims Received Through	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Claims Rec'd in HEALTHsuite	111,578	125,442	122,333	103,216	126,044	118,309



Provider Relations Dashboard February 2020

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

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

Field Visit Activity Details

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

ALLIANCE NETWORK SUMMARY, CURRENTLY CREDENTIALED PRACTITIONERS

Credentialed Practitioners		AHP 385	PCP 355	SPEC 650	PCP/SPEC 19
AAH/AHS/CHCN Breakdown		AAH 436	AHS 199	CHCN 399	COMBINATION OF GROUPS 375
Facilities	**237**				

VENDOR SUMMARY
Credentialing Verification Organization, Gemini Diversified Services

	Number	Average Calendar Days in Process	Goal - Business Days	Goal - 98% Accuracy	Compliant
Initial Files in Process	22	74	25	Y	N
Recred Files in Process	41	48	25	Y	Y
Expirables updated Insurance, License, DEA, Board Certifications					Y
Files currently in process	**63**				

CAQH Applications Processed in February 2020

	Invoice not received
Standard Providers and Allied Health	

February 2020 Peer Review and Credentialing Committee Approvals

Initial Credentialing	Number
PCP	0
SPEC	2
ANCILLARY	0
MIDLEVEL/AHP	1
	3
Recredentialing	
PCP	5
SPEC	28
ANCILLARY	4
MIDLEVEL/AHP	9
	46
TOTAL	**49**

February 2020 Facility Approvals

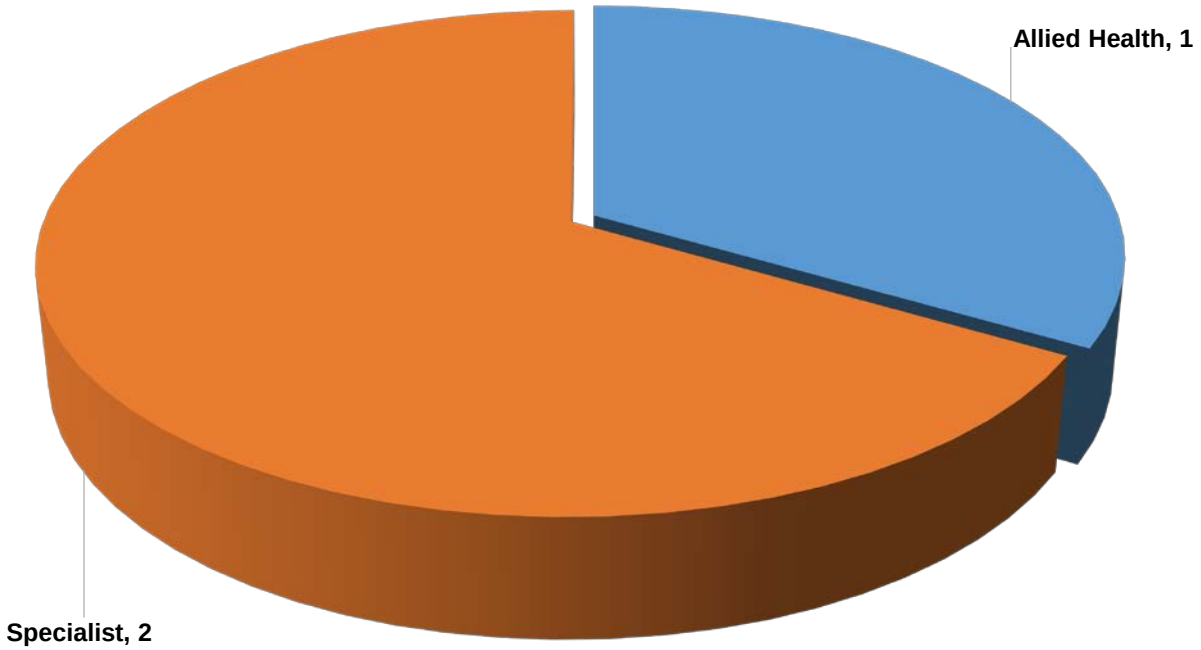
Initial Credentialing	2
Recredentialing	2
Facility Files in Process	41

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

Initial/Recred				
LAST NAME	**FIRST NAME**	**CATEGORY**	**INITIAL/RECRED**	**CRED DATE**
Li	Tsung	Specialist	Initial	2/18/2020
McClellan	Mary	Specialist	Initial	2/18/2020
Ndimah	Maurine	Allied Health	Initial	2/18/2020
Agcaoili	Carmencita	Specialist	Recred	2/18/2020
Ahmadi	Ebrahim	Primary Care Physician	Recred	2/18/2020
Al-Bander	Hamoudi	Specialist	Recred	2/18/2020
Aldaz-Perry	Victoria	Allied Health	Recred	2/18/2020
Barrie	Stacy	Specialist	Recred	2/18/2020
Bui	David	Specialist	Recred	2/18/2020
Coleman	Renee	Allied Health	Recred	2/18/2020
Dai	Jing	Specialist	Recred	2/18/2020
DiLaura	Angela	Allied Health	Recred	2/18/2020
Doherty	Deborah	Specialist	Recred	2/18/2020
Dos Santos -Kellum	Silvia	Ancillary	Recred	2/18/2020
Driscoll	Helen	Primary Care Physician	Recred	2/18/2020
Gangopadhyay	Thien	Allied Health	Recred	2/18/2020
Gentry	Yvette	Specialist	Recred	2/18/2020
Goldin	Michael	Specialist	Recred	2/18/2020
Han	James	Specialist	Recred	2/18/2020
Hua	Sherwin	Specialist	Recred	2/18/2020
Kadakia	Mitul	Specialist	Recred	2/18/2020
Katta	Prasad	Specialist	Recred	2/18/2020
Kay	Kerry	Primary Care Physician	Recred	2/18/2020
Kelly	Kerry-Ann	Specialist	Recred	2/18/2020
Khakmahd	Oliver	Specialist	Recred	2/18/2020
Krouse	John	Specialist	Recred	2/18/2020
Lai	James	Specialist	Recred	2/18/2020
Mampalam	Thomas	Specialist	Recred	2/18/2020
Marzouk	Joseph	Specialist	Recred	2/18/2020
Nevin	Alyssa	Allied Health	Recred	2/18/2020
Pai	Shan	Specialist	Recred	2/18/2020
Pardini	Aaron	Specialist	Recred	2/18/2020
Pareek	Gautam	Primary Care Physician	Recred	2/18/2020
Parma	Jennifer	Primary Care Physician	Recred	2/18/2020
Patel	Kiritkumar	Specialist	Recred	2/18/2020
Penrose	Philip	Specialist	Recred	2/18/2020
Polisetty	Rama	Specialist	Recred	2/18/2020
Saeed	Niala	Allied Health	Recred	2/18/2020
Santos	Andrea	Allied Health	Recred	2/18/2020
Schiff	Steve	Allied Health	Recred	2/18/2020
Sheppard	Barry	Specialist	Recred	2/18/2020
Tamboli	Kavita	Ancillary	Recred	2/18/2020
Tigno	Donna	Specialist	Recred	2/18/2020
Tolbert	Regina	Allied Health	Recred	2/18/2020
Tran	Xuananh	Specialist	Recred	2/18/2020
Trivedi	Zalak	Ancillary	Recred	2/18/2020
Tukenmez	Denise	Specialist	Recred	2/18/2020
Veerappan	Annamalai	Specialist	Recred	2/18/2020
Young	Steven	Ancillary	Recred	2/18/2020

FEBRUARY PEER REVIEW AND CREDENTIALING
INITIAL APPROVALS BY SPECIALISTS

Allied Health	1
Specialists	2
Total	3



Provider Dispute Resolution

January 2020 Final and February 2020 Final

METRICS

PDR Compliance	Jan-20	Feb-20
# of PDRs Resolved	659	708
# Resolved Within 45 Working Days	639	703
% of PDRs Resolved Within 45 Working Days	97%	99%

PDRs Received	Jan-20	Feb-20
# of PDRs Received	920	790
PDR Volume Total	**920**	**790**

PDRs Resolved	Jan-20	Feb-20
# of PDRs Upheld	484	562
% of PDRs Upheld	73%	79%
# of PDRs Overturned	175	146
% of PDRs Overturned	27%	21%
Total # of PDRs Resolved	**659**	**708**

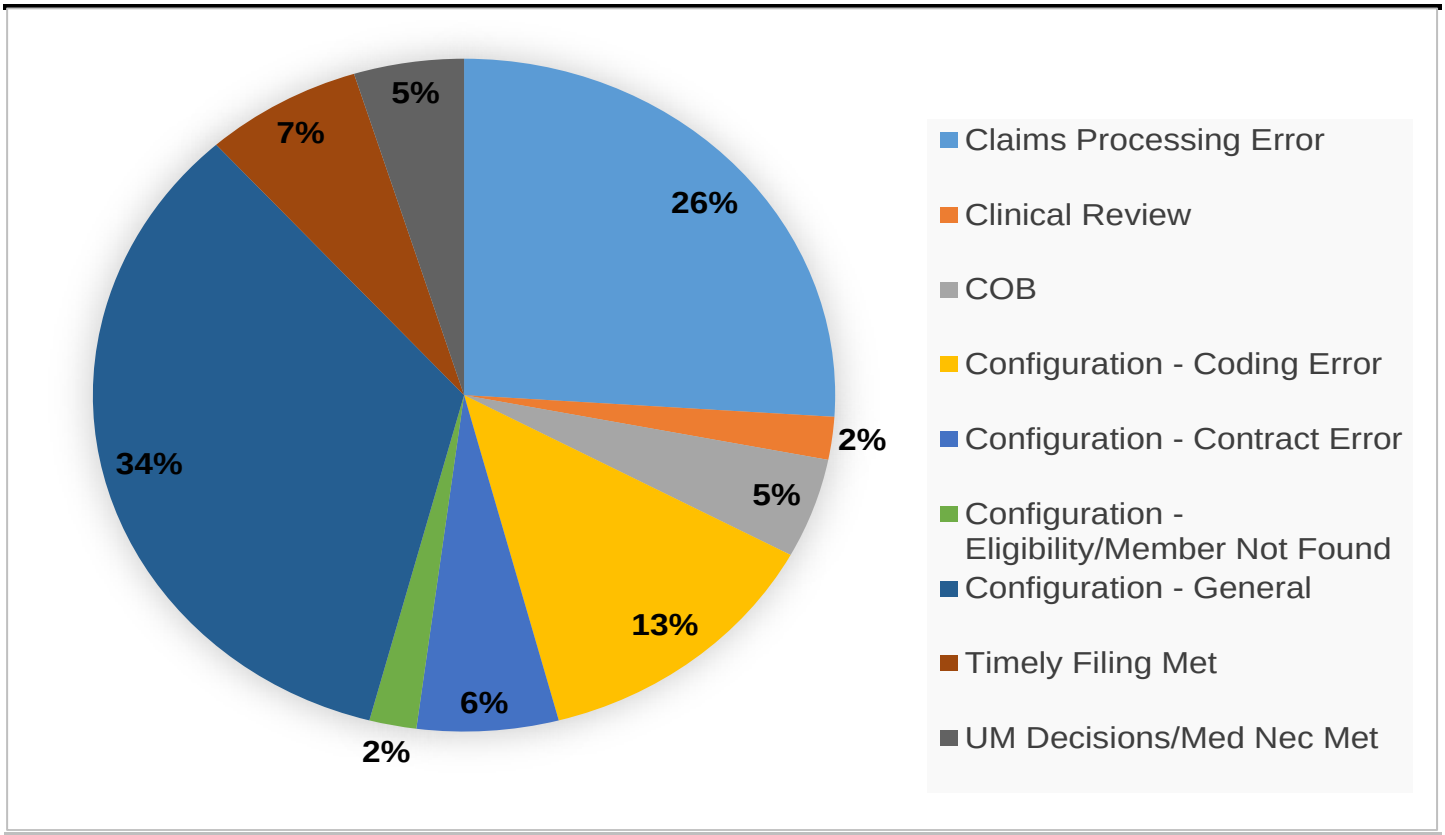
Unresolved PDR Age	Jan-20	Feb-20
0-45 Working Days	1,470	1,414
Over 45 Working Days	1	2
Total # of Unresolved PDRs	**1,471**	**1,416**

Provider Dispute Resolution

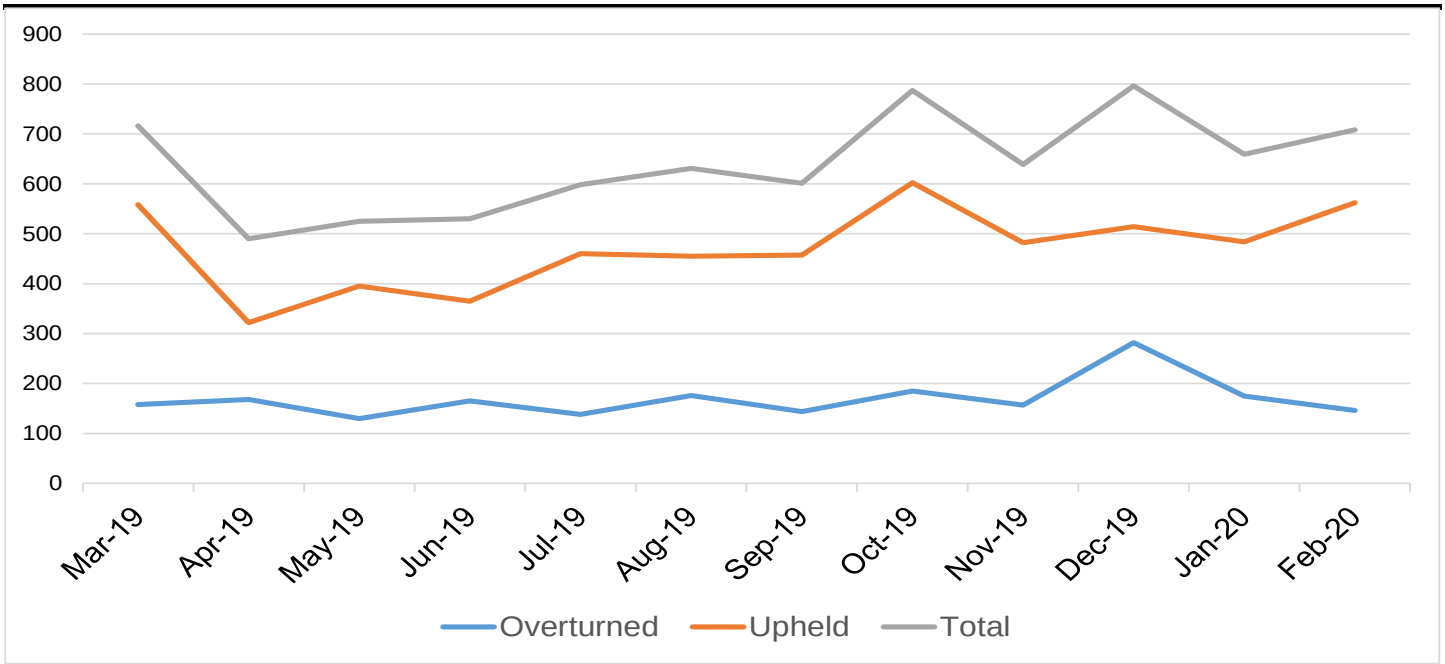
January 2020 Final and February 2020 Final

Jan-20

PDR Resolved Case Overturn Reasons



Rolling 12-Month PDR Trend Line



Project Management Office Portfolio Overview for February 2020

Alliance Portal Redesign Project

- We successfully went live with the Provider Portal and Alliance Website the weekend of 2/28/20 Phase 1.
- Phase 1: Portal Redesign includes a Redesigned Provider Portal on the 4.2.7a data spec, Provider Directory, Authorization Submissions, Care Plans, an EOP, custom ExRs, and custom Design work.

- Phase 1: Alliance Website includes Adaptive Response, new Alliance Service Excellence Form and Service by the Numbers, simplified navigation and 3-click maximum limit, enhanced search function feature, and enhanced user engagement and interactive features.

Date	Provider Portal / Alliance Website	Milestone	Status
8/27/19	Provider Portal	Initial Data Analysis and File Creation	Complete
10/15/19	Provider Portal	Care Plan Sign-off	Complete
12/13/19	Provider Portal	Data File Updates Sign-off	Complete
2/14/20	Provider Portal	Provider Portal Redesign	Complete
2/14/20	Provider Portal	Provider Directory Sign-off	Complete
2/14/20	Provider Portal	Authorization Submission Sign-off	Complete
2/14/20	Provider Portal	UAT Sign-off	Complete
2/14/20	Alliance Website	Design	Complete
2/28/20	Alliance Website	UAT Sign-off	Complete
2/28/20	Both	Phase 1 Go-Live	Complete
3/13/20	Provider Portal	Healthx / Post Go-Live Support	On Track
3/31/20	Alliance Website	Gaelan Rommes Post Go-Live Support	On Track

- Phase 2 will include a Redesigned Member Portal on the 4.2.7a data spec and the Member Mobile Application. The Member Portal project plan is currently being drafted and slated for internal review week of 3/16/20.

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

Contract Database Project

- On hold until March 2020

Preferred Vendor Project

No update

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

COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

FY 2019-2020 | FEBRUARY

During the month of February of Fiscal Year 2019-2020, the Alliance initiated and/or was invited to participate in a total of **33** events throughout Alameda County. The Alliance completed **28** out of the **33** events (85**%**). The Alliance reached a total of **855** people, and spent a total of **$220** in donation, fees, and/or sponsorships.*

The majority of the people reached at member orientations (MO) are Alliance Members. Approximately 20% of the people reached at community events are Medi-Cal Members, of which, 82% are estimated to be Alliance members based on Managed Care Enrollment Reports. Additionally, the Outreach Team began tracking Alliance members at community events in late February 2018. Since July 2018, **14,482** self-identified Alliance members were reached at community events, and member education events.

All events details can be reviewed at: **W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Outreach Reports\FY 2019-2020\Q3\1. February 2020**

* Includes refundable deposit.

ALLIANCE IN THE COMMUNITY

FY 2019-2020 | FEBRUARY

FEBRUARY **2019** TOTALS

14 COMMUNITY EVENTS
13 MEMBER EDUCATION EVENTS
20 MEMBER ORIENTATIONS
5 MEETINGS/ PRESENTATIONS
52 TOTAL INITIATED/ INVITED EVENTS
46 **TOTAL COMPLETED EVENTS**

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

389 TOTAL REACHED AT COMMUNITY EVENTS
787 TOTAL REACHED AT MEMBER EDUCATION EVENTS
58 TOTAL REACHED AT MEMBER ORIENTATIONS
114 TOTAL REACHED AT MEETINGS/PRESENTATIONS
571 MEMBERS REACHED AT ALL EVENTS
1348 **TOTAL REACHED AT ALL EVENTS**

$50
TOTAL SPENT IN DONATION, FEES & SPONSORSHIPS

FEBRUARY **2020** TOTALS

6 COMMUNITY EVENTS
6 MEMBER EDUCATION EVENTS
18 MEMBER ORIENTATIONS
2 MEETINGS/ PRESENTATIONS
1 COMMUNITY TRAINING
33 TOTAL INITIATED/ INVITED EVENTS
28 **TOTAL COMPLETED EVENTS**

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

315 TOTAL REACHED AT COMMUNITY EVENTS
265 TOTAL REACHED AT MEMBER EDUCATION EVENTS
135 TOTAL REACHED AT MEMBER ORIENTATIONS
53 TOTAL REACHED AT MEETINGS/PRESENTATIONS
87 TOTAL REACHED AT COMMUNITY TRAINING
266 MEMBERS REACHED AT ALL EVENTS
855 **TOTAL REACHED AT ALL EVENTS**

$220
TOTAL SPENT IN DONATION, FEES & SPONSORSHIPS*

** Includes refundable deposit.*

ALAMEDA Alliance FOR HEALTH

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

Compliance

Diana Sekhon

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

From: **Diana Sekhon, Compliance Director**

Date: **March 13, 2020**

Subject: **Compliance Report**

State Audit Updates

- 2019 DMHC Financial Audit
  - The DMHC conducted a routine financial audit starting in December that reviewed the Plan's financial performance, claims processing, and provider dispute resolutions (PDR). The DMHC had a preliminary closing conference on 2/11/20 with the Plan to discuss the potential findings. The preliminary audit report was issued on 2/13/20 that included five (5) findings. The Plan has 45 days to submit responses to the DMHC to address the preliminary audit report findings.

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

Regulatory Updates

- *COVID-19 Screening and Testing (DMHC All Plan Letter 20-006)*
  - DMHC released guidance on 3/5/20 for ensuring members have access to medically necessary screening and testing services for COVID-19. The DMHC requires plans to immediately waive cost sharing for all medically necessary screening and testing services including hospitals, urgent care visits, and provider office visits. The Plans are required to post this information on their public website and notify their provider network of the changes. DMHC also reminded plans of existing requirements for emergency care that do not require prior authorizations in or out of network. The Plan has implemented these changes and notified its provider network. Pharmacy and medical authorization for services and

medications will be reviewed closely to ensure members have access to services needed in case of an emergency.

- *DHCS Annual Network Certification (DHCS All Plan Letter 20-003)*
  - DHCS released updated guidance on 2/27/20 for the annual network certification reporting that demonstrates compliance with network adequacy requirements. The reporting requirements include data for assessing the plan's network capacity, provider to member ratios, mandatory provider types, and time and distance standards. Time and distance standards include primary care, hospitals, adult and pediatric core specialists, mental health providers, and pharmacies that must meet time and distance standards. If any time and distance standards cannot be met at 100% compliance and all reasonable contracting efforts have been exhausted, the plan must file alternative access standards to DHCS for review and approval with the reporting. The annual report is due to DHCS by 3/18/20.

- *Provider Directory Filing (DMHC All Plan Letter 20-003)*
  - The DMHC released guidance on 1/24/20 of the provider directory annual filing for this year that requires plans to review the DMHC checklist for meeting Title 28 Section 1367.27 compliance requirements for the online and paper provider directory policies and procedures. The Plan utilizes this checklist annually for complying with the provider directory requirements and will be filing the annual filing to the DMHC by 4/15/20 as required.

- *DHCS Preventive Care Outreach Campaign*
  - DHCS has started a preventive care outreach campaign for children this year to ensure they receive the appropriate preventive services in the right setting at the right time. DHCS plans to mail all Medi-Cal members in managed care and FFS under the age of 21 a notice with information of preventative care services in the upcoming two months. This notice will have information of the preventive care services available such as Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services, including Lead Screening, and how to access them. DHCS is requiring plans to perform outreach calls to their members under the age of 21 to assist with helping inform members of preventive care services available.

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

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

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

26	DHCS	19-013	10/21/2019	Proposition 56 Hyde Reimbursement Requirements for Specified Services	1) Plans must, directly or through their delegates entities/subcontractors, pay the individual rendering providers that are qualified to provide and bill for medical pregnancy termination services with dates of services between July 1, 2017- June, 30, 2020, using Prop 56 funds. 2) Plans or their delegated entities/subcontractors must pay the rate for CPT-4 code 59840 in the amount of $400 and 59841 in the amount of $700. 3) Plans must distribute payments within 90 calendar days from the date the Plan begins receiving capitation payments from DHCS. 4) Plans are responsible for ensuring that the specified CPT-4 codes are appropriate for the services being provided and that the information is submitted to DHCS in encounter data that is complete, accurate, reasonable, and timely. 5) Plans must have a formal procedure to accept, acknowledge, and resolve provider grievances related to the processing or non-payment of a Prop 56 directed payment. 6) Plans must communicate the payment process with providers on how to process payments, file a provider grievance, and determine the payer. 7) Plans are responsible for ensuring delegates/subcontractors comply.	Ongoing
27	DMHC	19-014	6/14/2019	Guidance Regarding General Licensure Regulation	1) The regulation applies to any contract entered into, amended, or renewed on or after July 1, 2019 2) Entities that assume global risk must either obtain a license under Knox-Keene or receive an exemption from DMHC 3) During phase-in period, entities that assume global risk must file with DMHC their global risk contracts within 30 days of execution 4) Entity or someone acting on behalf of entity must submit Request for Expedited Exemption to the DMHC 30 days after parties have executed the contract or renewal or 30 days after the effective date of the contract or renewal	Ongoing
28	DMHC	19-015	7/8/2019	Governor's Declarations of Emergency in Kern and San Bernardino Counties-Ridgecrest Earthquakes	1) State of emergency due to severe thunderstorms for other counties- does not apply to AAH 2) Inform Member Services in the event that members from other counties are displaced to Alameda County for services	Completed
29	DHCS	19-014	11/12/2019	Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21	1) Inform members that EPSDT services are available for members under 21 years of age. 2) Provide access to comprehensive screening and prevention services but not limited to: health and development history; comprehensive unclothed physical examination; appropriate immunizations; lab tests and lead toxicity screening; screening services to identify developmental issues as early as possible. 3) Provide access to diagnostic and treatment services, including but not limited to, BHT services, when medically necessary based upon the recommendation of a licensed physician or psychologist.	Ongoing
30	DMHC	19-016	9/6/2019	Amendment to the Risk Bearing Organization Regulations	1) Effective date for the phase-in period for the new requirements is 10/01/2020 2) Plans must review the amended sections 1300.75.4, 1300.75.4.2, 1300.75.4.5, 1300.75.4.5, 1300.75.4.7, 1300.75.4.8, and 1300.76 of Title 28, California Code of Regulations 3) Amended regulations include: a) clarifying definition of an organization; b) update quarterly and annual financial survey report forms and corrective action form; c) submit quarterly and annual financials; d) clarify when an organization and affiliates are to provide financial survey reports on a combined basis; e)define cash-to-claims ration, sponsoring organization, sub-delegating organization, working capital, and TNE; f) restricts organizations use of a "sponsoring organization" for purposes of calculating TNE, working capital, and cash-to-claims ratio	Ongoing
31	DHCS	19-016	12/26/2019	Prop 56 Directed Payments for Developmental Screening Services	1)MCPs are required to ensure that developmental screening services provided for Members as part of the Early and Periodic Screening, Diagnostic, and Treatment benefit, comply with the AAP/Bright Futures periodicity schedule and guidelines. 2)MCPs either directly or through their delegated entities and Subcontractors to make directed payments to eligible Network Providers of $59.90 (was previously $59.50) for each qualifying developmental screening service on or after January 1, 2020, in accordance with the CMS approved preprint which will be made available on the DHCS Directed Payments Program website upon CMS approval.	Ongoing
32	DMHC	19-017	10/11/2019	Requirements Pursuant to AB 315 Pharmacy Benefit Management	1) PBMs to notify a purchaser in writing of any of its activities, policies, or practices that present a conflict of interest. 2) PBMs are also required to disclose, on a quarterly basis, certain information with respect to prescription product benefits specific to the purchaser, including the aggregate wholesale acquisition costs from a pharmaceutical manufacturer or labeler for certain therapeutic drugs and any administrative fees received from a pharmaceutical manufacturer or labeler. 3) Plans are prohibited from including in a contract with a pharmacy provider, or its contracting agent, a provision that prohibits the provider from informing a patient of a less costly alternative to a prescribed medication. 4) A Plan that contacts with PBM(s) for management of prescription drug coverage must require its contracted PBMs to register with the DMHC.	Ongoing
33	DMHC	19-018	10/14/2019	Governor's Proclamation of a State of Emergency Due to Fires in Los Angeles and Riverside Counties	1) State of emergency due to effects of fires in the Los Angeles and Riverside counties- does not apply to AAH 2) Inform Member Services in the event that members from other counties are displaced to Alameda County for services	Completed

34	DHCS	19-018	12/26/2019	Prop 56 Directed Payments for Adverse Childhood Experiences Screening Services	1)Both the ACEs questionnaire and the PEARLS tool are acceptable for use for Members aged 18 or 19 years. The ACEs screening portion (Part 1) of the PEARLS tool is also valid for use to conduct ACEs screenings among adults ages 20 years and older. 2)DHCS will provide and/or authorize ACEs-oriented trauma-informed care training for Providers and their ancillary office staff. DHCS must approve or authorize any other trauma-informed care training that is not provided by DHCS. The training will be available in person, including regional convening's, and online. The training will include both general training about trauma-informed care, as well as specific training on use of the ACEs questionnaire and PEARLS tool. It will also include training on ACEs Screening Clinical Algorithms to help Providers assess patient risk of toxic stress physiology and how to incorporate ACEs screening results into clinical care and follow-up plans. More information about training is available on https://www.acesaware.org/. 3)DHCS will maintain a list of Providers who have self-attested to their completion of the training. MCPs will have access to the list. Beginning July 1, 2020, Network Providers must attest to completing certified ACEs training on the DHCS website to continue receiving directed payments.	Ongoing
35	DMHC	19-019	10/14/2019	Requirements Pursuant to SB 546: Large Group Renewal Notice Requirements	1) All commercial full-service health plans are required to deliver written notice indicating changes in premium rates or coverage at least 60 days prior to the contract renewal effective date. 2) Renewal notices shall include a statement comparing the proposed rate change stated in a group health plan service contract to the average rate increases negotiated by CalPERS and by Covered Ca.	Ongoing
36	DMHC	19-020	10/21/2019	Guidance for Sec. 1365 Cancellation Regulations	1) Plans are required to provide an individual who receives the State advance premium assistance subsidy with a "federal grace period," which includes complying with all notice and timing requirements 2) Plans have the authority to implement a premium threshold policy. Plan must indicate so, and affirm in its 2019 Cancellation Regulations Compliance Filing that the Plan's premium payment threshold policy complies with the requirements of Rule 1300.65(a)(21). 3) Plans have the authority to nonrenewal or rescind an enrollment or subscription of an enrollee who received advanced premium assistance or subsidy or advance payments of the federal premium tax credit for nonpayment of premiums after a three-month grace is exhausted and all other requirements are met. Plans are to issue any notices developed by Covered California for this purpose or Federal grace period notices edited to reflect the enrollee is a recipient of only the State subsidy. 4) Templates notices for cancellation, rescissions, or nonrenewal based on nonpayment of premiums for enrollees who receive State APTC must be submitted as Exhibit I-9. 5) Plans are required to submit an Amendment filing demonstrating, at a minimum, certain plan documents meet requirements set forth in the Cancellation Regulations no later than December 2, 2019. 6) Any new or revised Enrollee Subscriber, Group Contract Holder Notices, Grievance Policies, Grievance Policies and Procedures, and Forms and Templates must be submitted by the Plan for the Department to review. 7) Plans must fully implement newly-approved notices no later than April 1, 2020 for any enrollee entitled to a grace period starting on or after April 1, 2020.	Completed
37	DMHC	19-021	10/25/2019	Governor's Proclamation of a State of Emergency	1) State of emergency due to effects of fires in Sonoma and Los Angeles counties- does not apply to AAH 2) Inform Member Services in the event that members from other counties are displaced to Alameda County for services	Completed
38	DMHC	19-022	10/28/2019	Governor's Proclamation of a Statewide State of Emergency	1) State of emergency statewide due to effects of fires and power outages 2) Inform Member Services in the event that members from other counties are displaced to Alameda County for services 3) Plans are to complete an Exhibit J-17 addressing the action plans in place for impacted members.	Completed
39	DMHC	19-023	12/4/2019	Standard Prescription Drug Formulary Template	1) Effective October 1, 2019, standard prescription drug formulary template was implemented for Plans to adhere to promote accessibility and transparency in prescription drug coverage. 2) Plans are required to submit via eFiling an Exhibit E-1 acknowledging affirming the plan's intent to comply with the Formulary Regulation requirements. 3) Plan is to review disclosure and coverage documents, including but not limited to its EOC, Disclosure Form, and Schedule of Benefits and other documents, to ensure no inconsistencies exist between these documents and the requirements of the Formulary Regulation.	Ongoing
2020 APLS						
1	DHCS	20-001	1/3/2020	2020-2021 Medi-Cal Managed Care Health Plan MEDS/834 Cutoff and Processing Schedule	1) MEDS/834 cutoff and processing schedule covers the period of Dec 2019-Jan 2021. These cutoff dates and timelines are established to ensure timely processing of eligibility files and data. 2) DHCS must receive all enrollments and disenrollments on a daily basis. 3) MCPs must adhere to the cutoff dates and timelines to allow adequate processing time and to ensure timely payments. 4) MCPs must notify the Managed Care Operations Division (MCOD) Systems Support Unit (SSU) of any MCP/MEDS/834 changes prior to the 15th of any given month by sending an email to ssuhelpdesk@dhcs.ca.gov. 5) MCPs send the original copy of their notification to their assigned MCOD Contract Mgr.	Completed
2	DMHC	20-001	1/15/2020	Newly Enacted Statutes Impacting Health Plans	14 new statutory requirements. 6 of the 14 are not applicable to AAH. The others are still under review.	Ongoing

3	DHCS	20-002	1/31/2020	Non-Contract Ground Emergency Medical Transport Payment Obligations (GEMT)	Provides Medi-Cal managed care health plans (MCPs) with pertinent information concerning enhanced reimbursement obligations for Fee-For-Service (FFS) ground emergency medical transport (GEMT) "Rogers Rates" On September 6, 2019, DHCS obtained federal approval from the Centers for Medicare and Medicaid Services (CMS) for California State Plan Amendment (SPA) 19-0020, with an effective date of July 1, 2019. SPA 19-0020 continues the GEMT QAF program and a reimbursement add-on amount for GEMT services provided by emergency medical transport providers to MCP Members beginning on July 1, 2019. DHCS intends to renew the GEMT QAF program and the reimbursement add-on for GEMT services provided by emergency medical transport providers for future program years. Beginning on July 1, 2019, in addition to the FFS fee schedule base rate for GEMT services, emergency medical transport providers will be entitled to a fixed add-on amount of $220.80 for non-contracted GEMT services provided to MCP Members. The resulting payment amounts will be equal to the sum of the FFS fee schedule base rate and the add-on amount for each CPT Code. The resulting total payment amount for CPT codes A0429, A0427, A0433, and A0434 is $339.00 and for CPT code A0225, it is $400.72.	Ongoing
4	DMHC	20-002	1/21/2020	Enrollment Data Reporting	New template to be used annually to report MEWA and Exchange Enrollment Report as of December 31st. Must be filed by 2/15/20 as an attachment to the 4Q19 Financial Statement via the DMHC's Financial Statements web portal. Subsequent years filing due by 2/15.	Completed
5	DMHC	20-003	1/24/2020	Provider Directory Annual filings 2020	Submit provider directory policies and procedures to the Department annually. Attached are the Department's Provider Directory Checklist – Annual Filing and the Model E-1 Exhibit for Section 1376.27 compliance filings.	Ongoing
6	DHCS	20-003	2/27/2020	Network Certification Requirements	Updated requirements for the annual network certification reporting that demonstrates compliance with network adequacy requirements. The reporting requirements include data for assessing the plan's network capacity, provider to member ratios, mandatory provider types, and time and distance standards. Time and distance standards include primary care, hospitals, adult and pediatric core specialists, mental health providers, and pharmacies that must meet time and distance standards. If any time and distance standards cannot be met at 100% compliance and all reasonable contracting efforts have been exhausted, the plan must file alternative access standards to DHCS for review and approval with the reporting. The annual report is due to DHCS by 3/18/20.	Ongoing
7	DMHC	20-004	2/7/2020	Federal SBC Template Filing	A new federal template must be used for the Summary of Benefits and Coverage (SBC) to enrollees. The template must be used in connection with Individual and Group contract issued, amended, or renewed for plan or policy years that begin on or after January 1, 2021. Filing is due March 2, 2020.	Completed
8	DHCS	20-005	2/7/2020	Plan Year 2021 QHP an QDP Filing Requirements	Not applicable to AAH	N/A
9	DMHC	20-006	3/5/2020	COVID-19 Screening and Testing	DMHC is taking action to ensure members have access to medically necessary screening and testing services for COVID-19. The DMHC requires plans to immediately waive cost sharing for all medically necessary screening and testing services including hospitals, urgent care visits, and provider office visits. The Plans are required to post this information on their public website and notify their provider network of the changes. DMHC also reminded plans of existing requirements for emergency care that do not require prior authorizations in or out of network	Ongoing

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: **March 13, 2020**

Subject: **Health Care Services Report**

UTILIZATION MANAGEMENT: OUTPATIENT

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

- The outpatient UM team has maintained Turn-Around-Times (TAT) above benchmark.
- The UM team has begun to receive authorizations submitted online via the Provider Portal. We are working with the IT team and a small group of providers to PDSA the process before expanding the online authorization process.
- NOA Letter processes continue to be monitored by the team to ensure regulatory compliance and has resulted in a more consistent and streamlined process.
- The UM team has almost completed work needed to prepare for the launch access to Stanford oncology for AAH members, which is expected in April 2020.

Outpatient Authorization Denial Rates			
Denial Rate Type	**December 2019**	**January 2020**	**February 2020**
Overall Denial Rate	4.7%	4.2%	3.4%
Denial Rate Excluding Partial Denials	4.6%	4.1%	3.4%
Partial Denial Rate	0.1%	0.1%	0%

Turn Around Time Compliance			
Line of Business	**December 2019**	**January 2020**	**February 2020**
Overall	97%	98%	98%
Medi-Cal	97%	98%	98%
IHSS	95%	96%	98%
Benchmark	*95%*	*95%*	*95%*

UTILIZATION MANAGEMENT: INPATIENT

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

- Standard work and level loading of the concurrent review team has led to more consistent and standardized reviews by the nursing team. Each nurse reviews about 20 of AAH's 200 members who are hospitalized each day.
- The inpatient team is working closely with Case Management on the implementation of the Transition of Care bundle for members transitioning out of Alameda Health System. This pilot is developed in conjunction with AHS CM team. Discharge phone calls, discharge appointments, medication reconciliation and home care/DME/transportation needs will be targeted working with our care partners.
- Long term care responsibilities for AAH will involve most areas in the organization but the inpatient team will have a key role in approving and monitoring utilization and in interacting with our long term care partners. Team members from the HCS and Operations visited Inland Empire Health Plan (IEHP) this week to attend their annual long term care symposium with their LTC partners.

Inpatient Utilization Total All Aid Categories **Actuals (excludes Maternity)**			
Metric	**November 2019**	**December 2019**	**January 2020**
Authorized LOS	4.4	4.0	4.1
Admits/1,000	58.1	63.5	68.2
Days/1,000	253.3	252.2	279.9

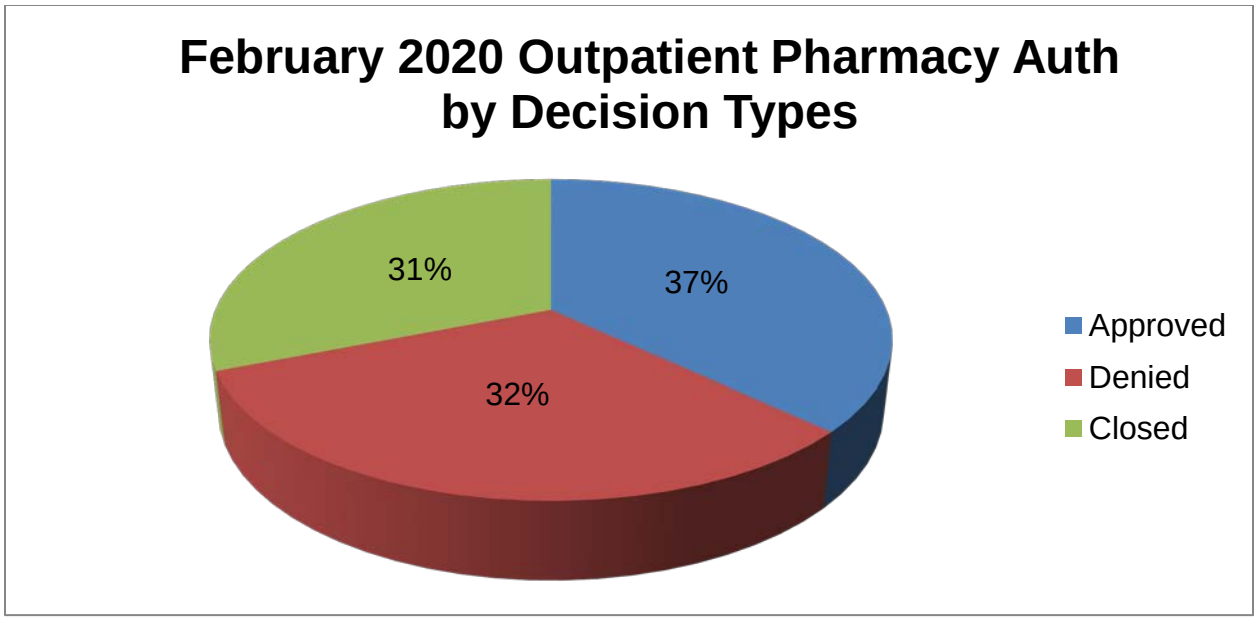
PHARMACY

Senior Director: Helen Lee

- Pharmacy continues strong turn-around-time performance i.e. 100% turn-around time compliance for all line of business.
- Outpatient initial approval rate is 37% and denial rates are 32%. The approval rate was slightly increased while denial rates also slightly dropped compared to previous reporting periods. Medications for pain, asthma/COPD, GERD, diabetes, heart attack or stroke and acne medications share formulary issues as the most common reason for denials. AAH offers clinically equal and more cost effective formulary alternatives.
- Starting 1/1/2021, the State of California will take back many pharmacy responsibilities including drug coverage, rebate, utilization management and pharmacy provider network. AAH is to maintain beneficiary care coordination, drug adherence, disease and medication management, in authorization, denial & appeals of physician administered drugs (PADS) and outpatient infusion drugs.
- Quality improvement and cost containment initiatives continue with focus on effective formulary management, coordination of benefit & joint collaboration with Quality and case management to improve drug adherence, disease medication management, and generic utilization. Senior Pharmacy Director Helen Lee is also leading initiatives on PAD, infusion strategy, and HCS special projects and HCS LTC readiness.

Summary Table February 2020

Decisions	Number of PAs Processed
Approved	614
Denied	528
Closed	516
Total	**1658**



Top 10 Drug Categories by Number of Denials

Rank	Drug Name	Common Use	Common Denial Reason
1	LIDOCAINE 5% PATCH	Pain	Criteria for approval not met
2	BREO ELLIPTA 100-25 MCG INH	Asthma or Chronic Obstructive Pulmonary Disease (COPD)	Criteria for approval not met
3	DEXILANT DR 60 MG CAPSULE	Gastroesophageal Reflux(GERD)	Criteria for approval not met
4	BRILINTA 90 MG TABLET	Heart attack or Stroke Criteria for approval not met	Criteria for approval not met
5	VASCEPA 1 GM CAPSULE	High triglycerides (fats)	Criteria for approval not met
6	JANUVIA 100 MG TABLET	Diabetes	Criteria for approval not met
7	FREESTYLE LIBRE 14 DAY SENSOR	Diabetes	Criteria for approval not met
8	TRETINOIN 0.025% CREAM	Acne	Criteria for approval not met
9	HUMALOG 100 UNITS/ML KWIKPEN	Diabetes	Criteria for approval not met
10	ADVAIR HFA 115-21 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

- Care bundles in Oncology and Dialysis are being developed that emphasize using transportation and other benefits as tools to help members more successfully engage in care. Members on dialysis are being assessed to see if they may qualify for additional benefits.
- The Transition of Care (TOC) bundle is being deployed in pilot phase with Alameda Health System's three campuses. TOC elements include:
    - Discharge phone call
    - Discharge appointment
    - Medication reconciliation
    - Transportation & DME assessment
- The TOC bundle is being integrated with Inpatient UM Team processes to ensure a smooth handoff and clinical information being used in the outpatient setting. TOC will be a focus of our Enhanced Case Management (ECM) program.

HEALTH HOMES & ALAMEDA COUNTY CARE CONNECT (AC3)

Director: Julie Anne Miller
Manager: Amy Stevenson

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

Case Type	New Cases Opened in January 2020	Total Open Cases As of January 2020
Care Coordination	259	660
Complex Case Management	34	57

GRIEVANCES & APPEALS

Director: Jennifer Karmelich
Manager: Loren Mariscal

- All cases were resolved within the goal of 95% within regulatory timeframes;
- Total grievances resolved in February went over our goal of less than 1 complaint per 1,000 members at 6.41 complaints per 1,000 members;
- The Alliance's goal is to have an overturn rate of less than 25%, for the reporting period of February 2020; we are slightly over our goal at 26.3% overturn rate. However, the Alliance has continued to experience a decrease in the overturn rate throughout the quarters;
- Grievance tracking and trending by quarter:
    - There was an increase of Quality of Care/Service grievances, a majority of the complaints were resolved as exempt grievances. The increase began in Q2 and continued throughout the year. The sub-category that presented with the steady increase was poor provider/staff attitude.
    - There was also an increase of grievances categorized as benefits/coverage in February, there were 96 member bill grievances due to the new system implementation with Alameda Health Systems, the system error showed that members were not eligible with the Alliance even though they were resulted in members being billed for services rendered at AHS facilities.

February 2020 Cases	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	364	30 Calendar Days	95% compliance within standard	361	99.2%	1.48
Expedited Grievance	6	72 Hours	95% compliance within standard	6	100.0%	0.02
Exempt Grievance	1.151	Next Business Day	95% compliance within standard	1,147	99.7%	4.68
Standard Appeal	53	30 Calendar Days	95% compliance within standard	53	100.0%	0.22
Expedited Appeal	4	72 Hours	95% compliance within standard	4	100.0%	0.02
Total Cases:	1,578		95% compliance within standard	1,571	99.6%	6.41

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

QUALITY ASSURANCE
Director: Jennifer Karmelich

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

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

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

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

Pediatric Pilot

July 2019-June 2020

Board of Governors Meeting – March 13, 2020

Pediatric Strategy: EPSDT

- Early & Periodic Screening, Diagnosis & Treatment
  - APL 19-010 (August 2019)
- Key focus of Governor Newsom
- Expansion of support for Trauma Screening and Developmental Screening (Prop 56)

Pediatric Strategy: GOALS

- Improve **access** to EPSDT services
- Improve **quality of care** as reflected by increased HEDIS scores
- Improve connection/understanding of community EPSDT partners.

Alameda County EPSDT Collaborative

HCSA

Asthma Start Program

ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT

CCS SERVICES

Community Based Organizations

Help Me Grow Alameda County

RCeB Regional Center of the East Bay

Provider Partners

ROOTS community health center

COMMUNITY HEALTH CENTER NETWORK

ALAMEDA HEALTH SYSTEM

CFMG Children First Medical Group

UCSF Benioff Children's Hospital Oakland

Alameda County MCP

ALAMEDA Alliance FOR HEALTH

AAH Pediatric Pilot

- Improve **access** to EPSDT services
  - TriCity: incentives to increase developmental visits
  - FINDconnect (UCSF BCHO)
- Improve **quality of care** as reflected by increased HEDIS scores
  - HEDIS Crunch incentives
  - Asthma Start (HCSA)
    - → Improved understanding
- Improve connection/understanding of community EPSDT partners.

2019 HEDIS CRUNCH TIME

TRI-CITY HealthCenter

Highlights

- Tri-City pediatric staff highly engaged
- Continuous communication with Tri-City's pediatric care coordinator
- QI staff has made two additional visits to the pediatric office because they needed additional gift cards
- 84 gift cards have been given

Goal (Plan)

- To improve the Plan's performance rate for W15, W34, and CAP12-19 to meet the 50% MPL by December 31, 2019.

Interventions (Do)

- To work with Tri-City on improving pediatric access to care by offering member incentives.
- QI provided Tri-City with the following information:
  - Gaps-in-Care Lists for October and November
  - Member Incentives ($25 gift cards)
    - 100 Safeway Gift Cards given to the office
    - 45 AMC Gift Cards given to the office
  - Measure overview for W15, W34, and CAP 12-19
  - QI Staff outreached to members
    - 65 calls made by the QI staff

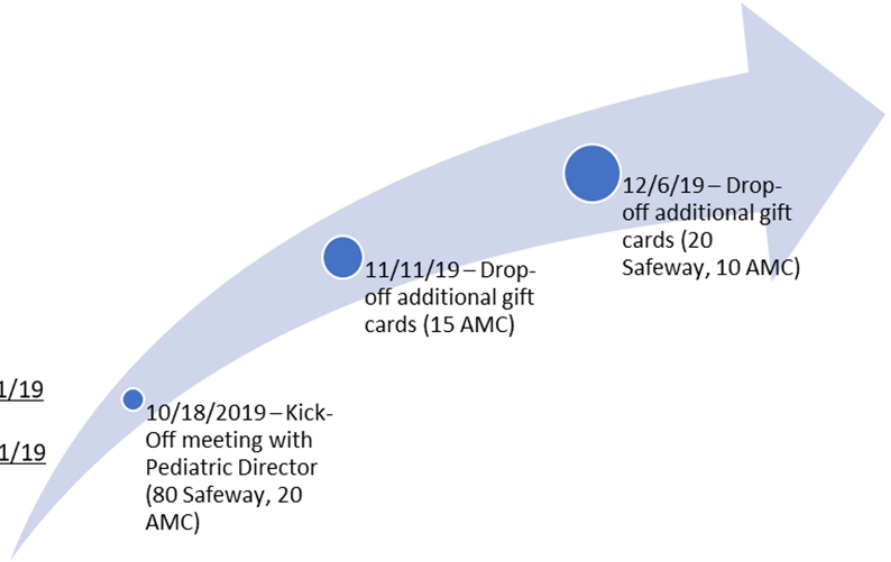
Issues/Risks/Barriers (Study)

- The claims lag prevents the Gaps-in-Care lists from being current
- Provider offices not being able to take the calls being transferred

Changes (Act)

- Have Tri-City's staff review the Gaps-in-Care reports and remove compliant patients based on the EMR/scheduling data.
- Have more than one contact at Tri-City

Timeline



Measure	Goal: 50% MPL	September 2019 Rate	October 2019 Rate	November 2019 Rate	Rate Change from September to November
W15	65.8%	59.09%	60.87%	58.33%	0.76
W34	72.87%	60.91%	66.74%	70.08%	9.17
CAP 12-19	90.21%	85.14%	86.58%	87.52%	2.38

QI Department 12/10/2019

2019 HEDIS CRUNCH TIME

Targeted Providers

- Tri-City Health Center
- Eastmont
- Hayward Wellness
- Highland Outpatient
- Dr. Ahmadi
- Dr. Wells
- Dr. De La Cruz
- Dr. Venzon
- Dr. Nolasco
- Bancroft
- Baychildrens – Ambulatory
- Baychildrens - Adolescent
- Bayside
- Castro Valley
- Primary Pediatrics
- International Pediatrics
- Dr. Bean
- Dr. Watts
- Hayward Wellness
- Kiwi Pediatric
- Laurel Pediatrics

Goal (Plan)

To improve the Plan's performance rate for W15, W34, and CAP12-19 to meet the 50% MPL by December 31, 2019.

Start date: 10/1/19

End date: 12/31/19

Interventions (Do)

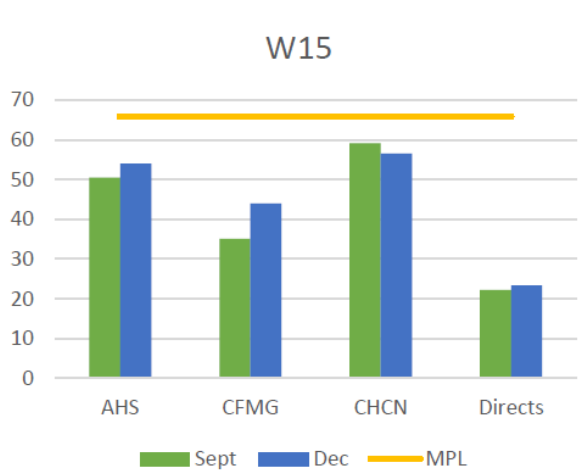
- To meet with identified providers that are currently performing below the 50% MPL for the three HEDIS measures.
- To give the office:
  - Gaps-in-Care Lists
  - $25 Member Incentives (Safeway or AMC)
  - Measure guides
  - AAH resources to make member outreach calls
- Reeducate providers on how to document/code to get credit for both P4P and HEDIS.
- 397 gift cards were given to AAH members

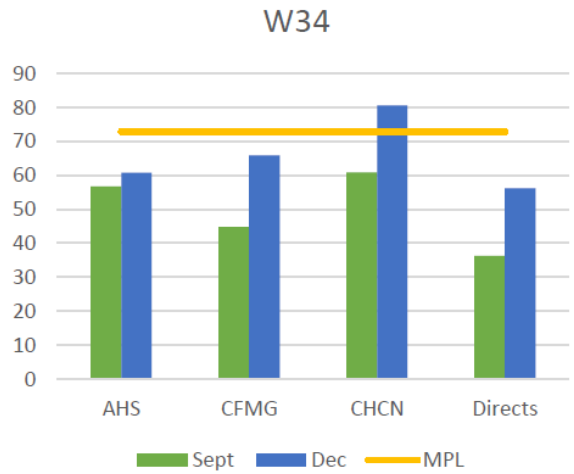
Issues/Risks/Barriers (Study)

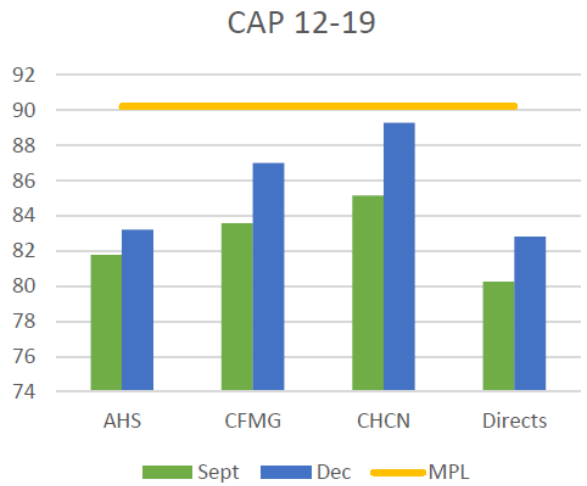
- The claims lag
- Office staff not available to accept the warm transfer from QI staff
- AAH not receiving all the claims data from CFMG
- AAH not aware of office specific P&Ps and provider age limitations
- No encounter data from AHS and CHCN due to EPIC transition
- Having the initial meetings with the provider and not including the office staff

Changes (Act)

- Have the provider's staff review the Gaps-in-Care reports against their EMR system and remove compliant patients
- Improve communication with CFMG
- Clinic staff to outreach to members to set up appointments directly
- Provide members with a choice for the incentive







Number of Participating Providers	21
Number of Safeway Gift Cards Given to Members	318
Number of AMC Gift Cards Given to Members	79
Number of Calls Made by QI	489
Total Number of Claims Received as of 1/10/20	212

QI Department 2/24/2019

Ongoing Opportunities

- Build on targeted incentive success
- Continue to explore pilot with FINDconnect
- Continue connections to Alameda County Public Health's CCS, RCEB
- Fiscal year 20-21:
  - Continue conversations with First 5 Alameda/Help Me Grow & Asthma Start
  - Leverage pediatric connections as ECM/ILOS and Long Term Care programs are developed

ALAMEDA Alliance FOR HEALTH

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

Information Technology

Sasikumar Karaiyan

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

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

Date: **March 13, 2020**

Subject: **Information Technology Report**

Call Center System Availability

- AAH phone systems and call center applications performed at 100% availability during the month of February. Overall, we are continuing to perform the following activities to optimize the call center eco-system (applications, backend integration, configuration, and network).
    - Upgrading the call manager environment (2 Ring, Calabrio, and Finesse software) – Project planning in progress.

Encounter Data

- In the month of February, AAH submitted 60 medical and 9 pharmacy encounter files to DHCS with a total of 482,943 encounters.

Enrollment

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

HEALTHsuite

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

TruCare

- The TruCare system continued to operate normally with an uptime of 99.99%. There were 7,992 authorizations loaded and processed in TruCare application.
- The Alliance is optimizing TruCare application which shall allow users to configure more business rules and also use the application more efficiently. The TruCare application optimization is scheduled to complete before end of March 2020.

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

- The conversion rate of authorization from paper to electronic uploads into TruCare application for the month of February is 82%.

Web Portal

- The web portal usage for the month of January 2019 among our group providers and members remains consistent with prior months.

- The Alliance went live with major upgrades to the provider, and public portal. The new provider and public portal shall enable the providers to view eligibility, view claims status, submit and view authorizations, submit provider disputes.

    - Provider and Public Portal upgrades went live as per schedule on February 28, 2020.

    - The Alliance is planning to complete the Member Portal rebuild before end of Q2, 2020.

Information Security

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

- Email based metrics currently monitored have decreased with a return to a reputation-based block for a total of 234.0k.

- Attempted information leaks detected and blocked at the firewall are slightly higher from 31 to 37 for the month.

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

- Attempted User Privilege Gain is higher at 27 from a previous six month's average of 7.

Information Technology

Supporting Documents

Enrollment

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

Month	Total MC[1]	MC[1] - Add/ Reinstatements	MC[1] - Terminated	Total GC[2]	GC[2] - Add/ Reinstatements	GC[2]- Terminated
February	246,111	5,384	7,051	6,006	160	203

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

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

Auto-Assignments	Member Count
Auto-assignments MC	1,460
Auto-assignments Expansion	985
Auto-assignments GC	49
PCP Changes (PCP Change Tool) Total	3,153

TruCare

- See Table 2-1 “Summary of TruCare Authorizations for the month of February 2020”.
- There were 7,992 authorizations (total authorizations loaded in TruCare production) processed through the system.
- TruCare Application Uptime – 99.99%.
- OCR-The conversion rate from paper to electronic uploads into TruCare application for the month of February is 82%.
- 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 February 2020

Transaction Type	Inbound EDI Auths	Failed PP-Already In TC	Failed PP-MNF	Failed PP-PNF	Failed PP-Procedure Code	Failed PP-Diagnosis Code	Misc	Total EDI Failure	New Auths Entered	Total Auths Loaded In TruCare Production
EDI-CHCN	4,368	100	0	15	4	5	6	130	0	4,238
Paper to EDI	2,426	0	0	0	0	0	0	0	0	2,426
Manual Entry	0	0	0	0	0	0	0	0	1328	1328
Total										7,992

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 January 2020

Group	Individual User Accounts	Individual User Accounts Accessed	Total Logins	New Users
Provider	3,296	2,493	129,275	218
MCAL	61,425	1,891	3,856	657
IHSS	2,436	70	189	16
AAH Staff	129	43	445	1
Total	**67,286**	**4,497**	**133,765**	**892**

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

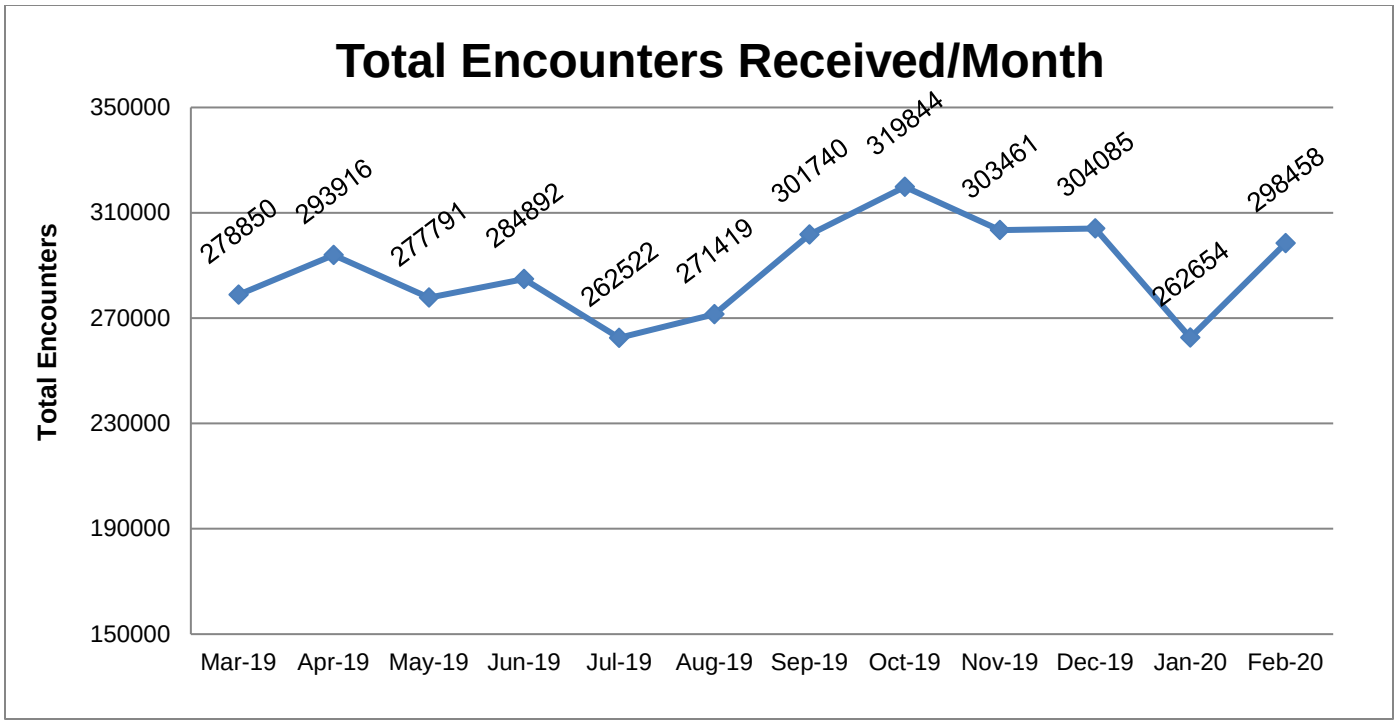
Top 25 Pages Viewed		
Category	**Page Name**	**Jan-20**
Provider	Member Eligibility	622,301
Provider	Member Roster	93,908
Provider	Claim Status	92,979
Provider	Auth Status	7,889
Member - Eligibility	Member Eligibility	5,841
Member - Claims	Claims - Services	3,927
Member - Help Center	Find a Doctor or Facility	2,760
Member - Help Center	Member ID Card	2,069
Provider - Provider Directory	Provider Directory - PCP/Specialist	577
Member - Help Center	Select/Change PCP	551
Member - Pharmacy	My Pharmacy Claims	546
Member - Help Center	Update My Contact Info	274
Member - Pharmacy	Pharmacy - Drugs	217
Member - Help Center	Contact Us	141
Provider - Provider Directory	Attestation	113
Member - Help Center	Authorizations & Referrals	99
Member - Health/Wellness	Personal Health Record - Intro	84
Provider	Pharmacy	83
Member - Forms/Resources	Authorized Representative Form	72
Member - Pharmacy	Pharmacy	70
Member - Health/Wellness	Personal Health Record - NoMoreClipboard	62
Member - Pharmacy	Find a Drug	58
Member - Health/Wellness	Member Materials	57
Provider - Provider Directory	Provider Directory - Facility	47
Member - Help Center	File a Grievance or Appeal	44

Encounter Data From Trading Partners 2020

- AHS:
  - February daily files (4,949 records) were received on time.
- Beacon:
  - February monthly files (14,626 records) were received on time.
- CHCN:
  - February weekly files (69,402 records) were received on time.
- CHME:
  - February monthly file (5,604 records) were received on time.
- CFMG:
  - February weekly files (16,607 records) were received on time.
- Docustream:
  - January weekly files (555 records) were received on time.
- PerformRx:
  - February monthly files (170,576 records) were received on time.
- Kaiser:
  - February monthly files (35,167 records) were received on time.
  - February monthly Kaiser Pharmacy files (20,506 records) were received on time.
- LogistiCare:
  - February weekly files (19,665 records) were received on time.
- March Vision:
  - February monthly file (0 records) were received on time.
- Quest Diagnostics:
  - February weekly files (13,574 records) were received on time.
  -

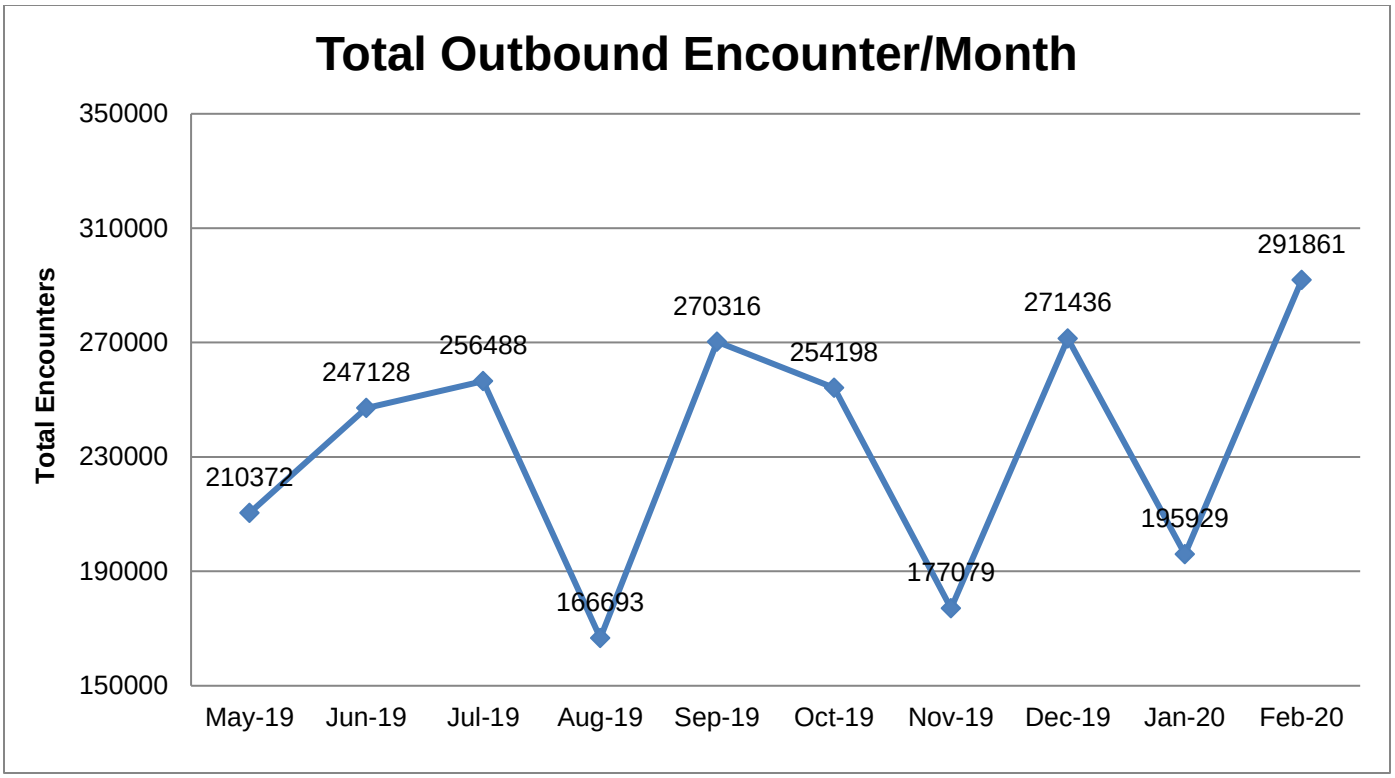
Trading Partner Encounter Inbound Submission History

Trading Partners	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
HEALTHsuite	124018	129482	121763	111286	116092	123889	111578	125442	122333	103132	104147	118309
Kaiser	33237	36876	47654	37506	27013	40478	37188	35517	44533	38079	34890	35167
LogistiCare	11401	14416	12392	13945	9831	7109	21036	18411	16867	14261	16911	19665
March Vision	1858	2651	2252	2369	2641	3598	3078	3428	3792	3183	5495	0
AHS	4952	5595	4835	4857	4886	4741	4802	3347	2531	12186	7385	4949
Beacon	7942	11797	3065	21619	9926	36	21217	12163	8328	8843	6407	14626
CHCN	64510	66233	58976	70192	66286	67396	75665	88478	72359	94805	60204	69402
CHME	3220	4396	3659	4258	4639	4807	4146	2963	3928	3090	7201	5604
Claimsnet	10963	8965	8674	7475	7239	6281	9255	15028	16604	13396	9027	16607
Quest	16749	13505	14521	11385	13969	13084	12987	14539	11593	12697	10509	13574
Docustream							788	528	593	413	478	555
Total	278850	293916	277791	284892	262522	271419	301740	319844	303461	304085	262654	298458



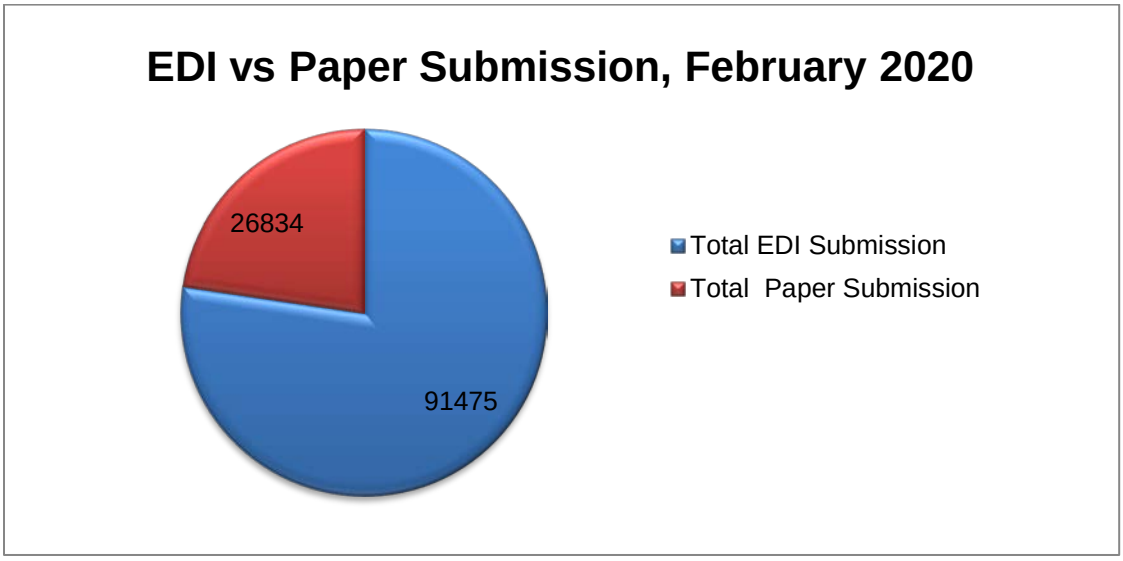
Outbound Encounter Submission

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



HEALTHsuite Paper vs EDI breakdown:

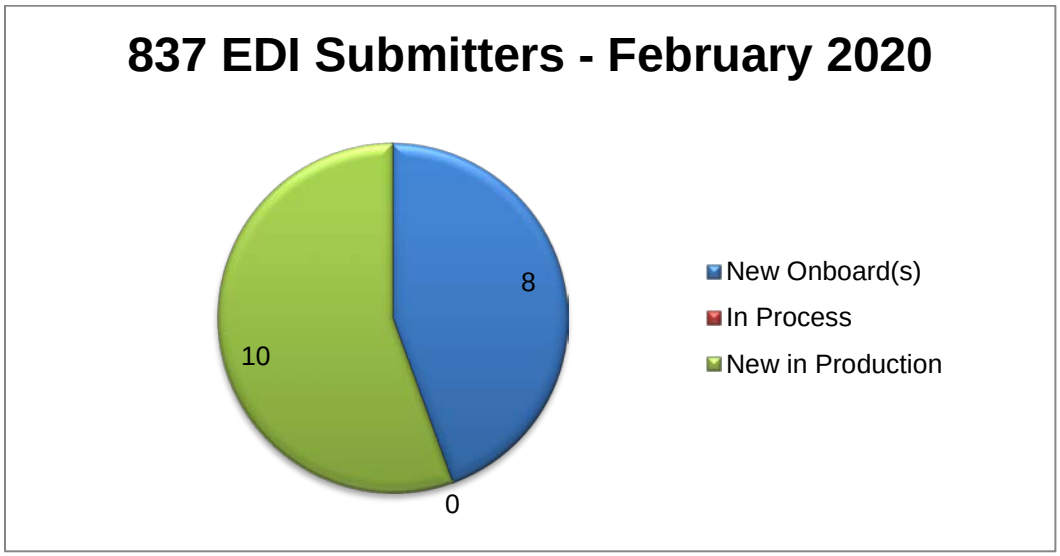
Period	Total EDI Submission	Total Paper Submission	Total claims
20-Feb	91475	26834	118309

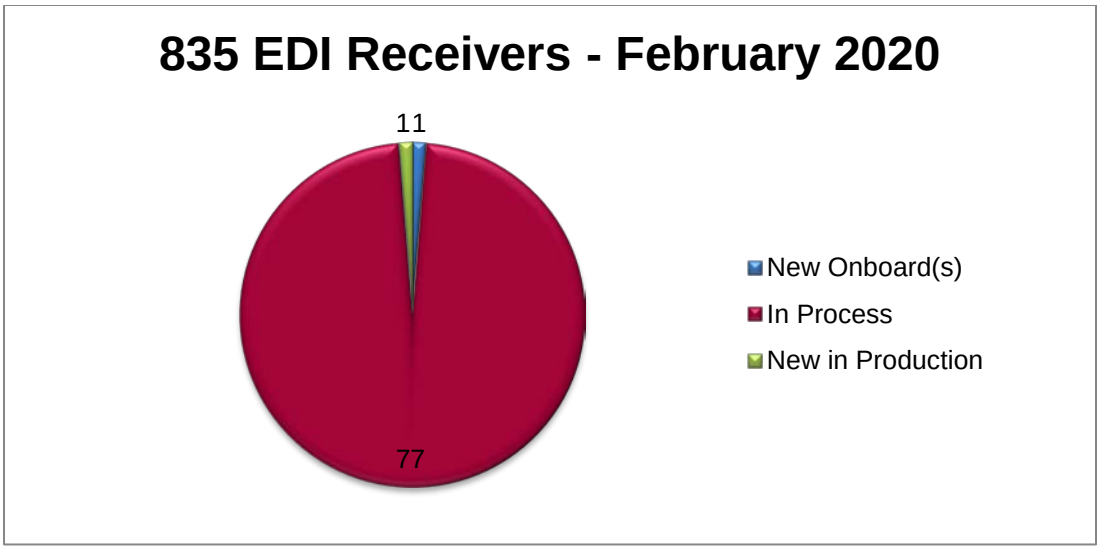


Onboarding EDI Providers - Updates:

- February 2020 EDI Claims:
  - A total of 867 new EDI submitters have been added since October 2015, with 10 added in February 2020.
  - The total number of EDI submitters is 1599 providers.
- February 2020 EDI Remittances (ERA):
  - A total of 184 new ERA receivers have been added since October 2015, with 1 added in February 2020.
  - The total number of ERA receivers is 223 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
Mar-19	22	3	19	1312	1	70	0	201
Apr-19	33	0	33	1345	2	71	1	202
May-19	13	5	8	1353	5	73	3	205
June-19	92	3	89	1442	2	73	2	207
Jul-19	21	0	21	1463	3	73	3	210
Aug-19	34	0	34	1497	2	73	2	212
Sep-19	32	1	31	1528	2	75	0	212
Oct-19	17	0	17	1545	6	76	5	217
Nov-19	18	0	18	1563	2	77	1	218
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





Lag Time

AAH Encounters: Outbound 837 (AAH to DHCS)	Feb-20	Target
Timeliness-% Within Lag Time - Institutional 0-90 days	89%	83%
Timeliness-% Within Lag Time - Institutional 0-180 days	99%	94%
Timeliness-% Within Lag Time - Professional 0-90 days	91%	87%
Timeliness-% Within Lag Time – Professional 0-180 days	98%	94%

Outbound Files sent to DHCS

	Feb-19
837 I Files	13
837 P Files	47
NCPDP	9
Total Files	69

*Note: The Number of Encounters comes from the total at bottom of this chart: **Outbound Encounter Submission**

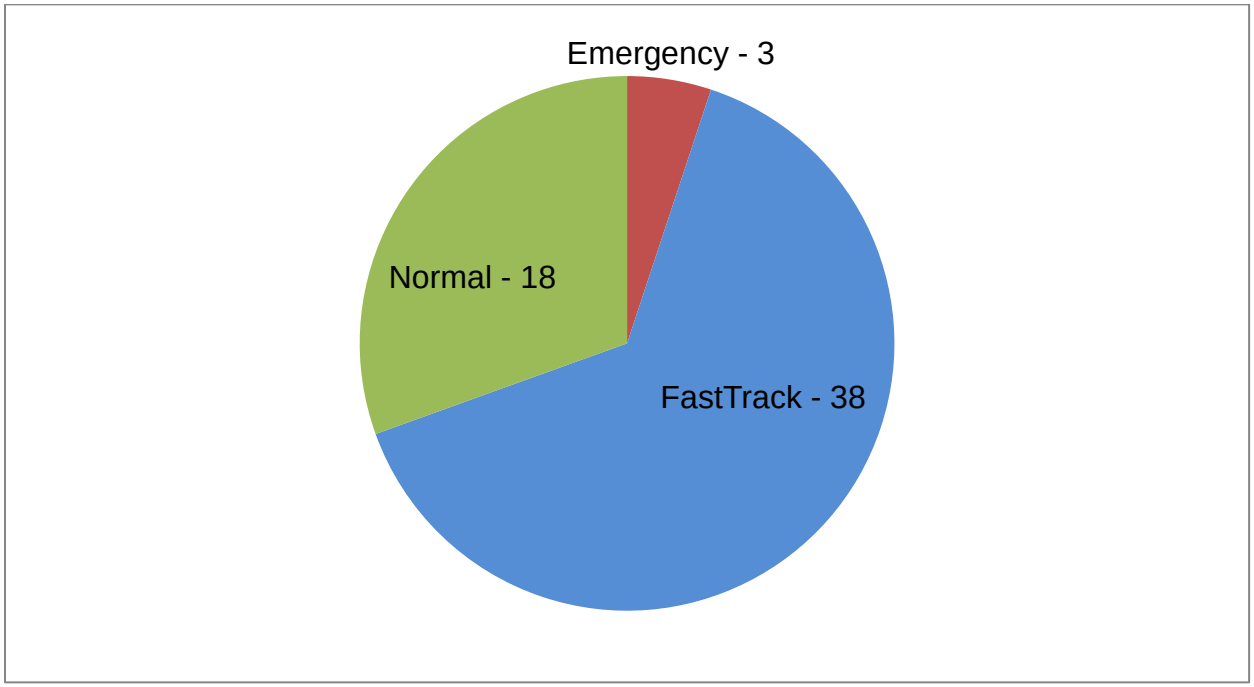
Change Management Key Performance Indicator (KPI)

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

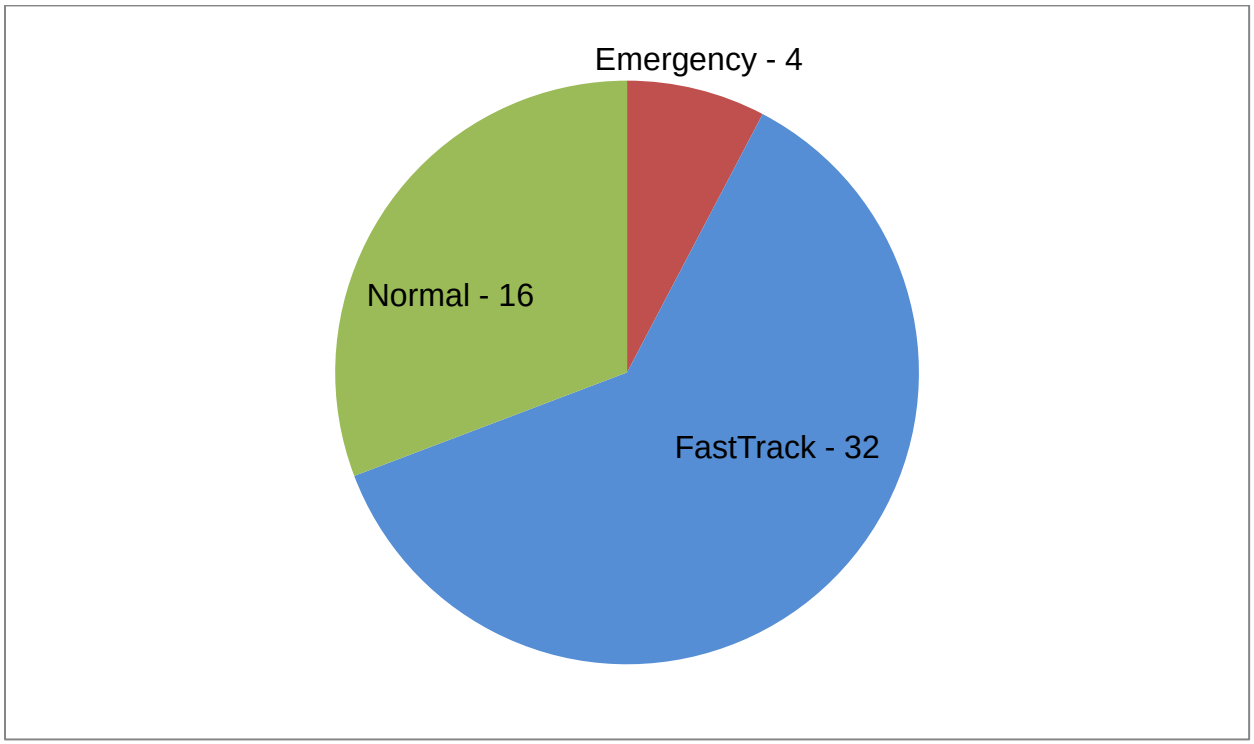
  KPI – Overall Summary:

  - 1,338 Changes, Submitted
  - 1,256 Changes, Completed, and Closed
  - 94 Active Changes
  - 161 Changes Cancelled/Rejected

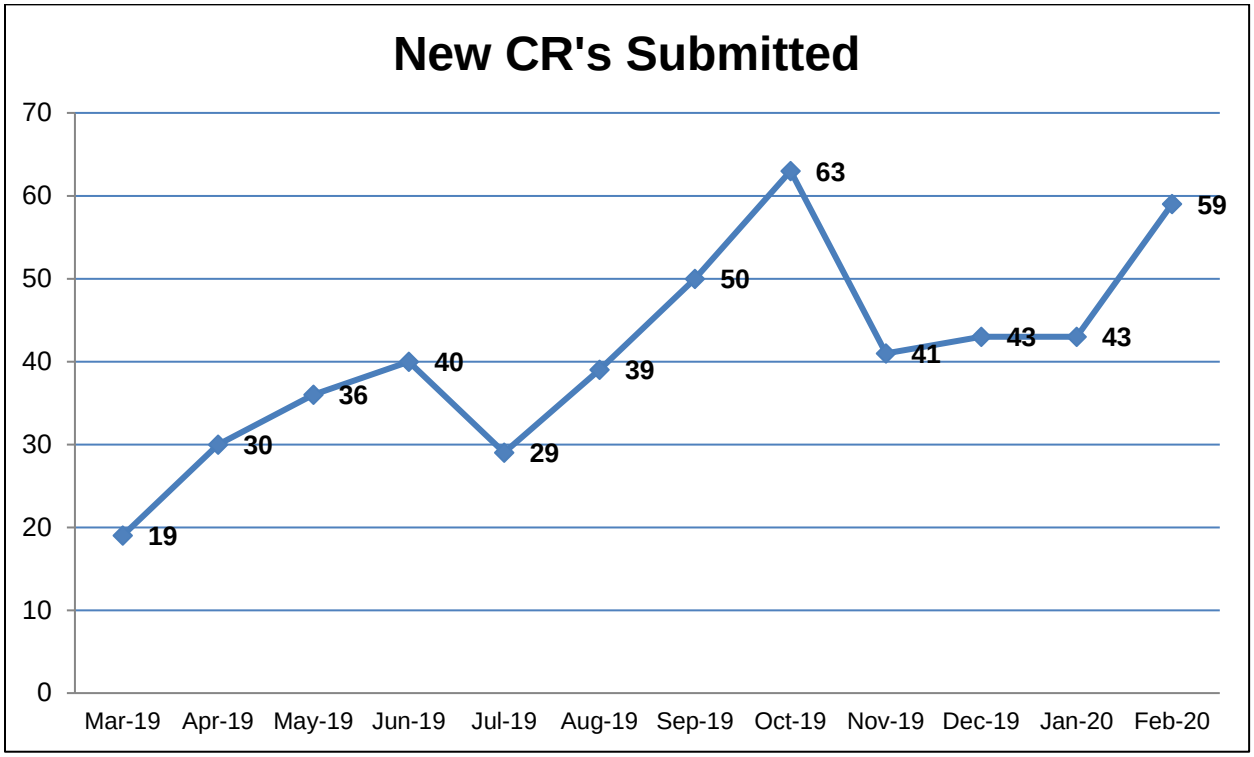
- 59 CRs Submitted/logged in the month of February 2020



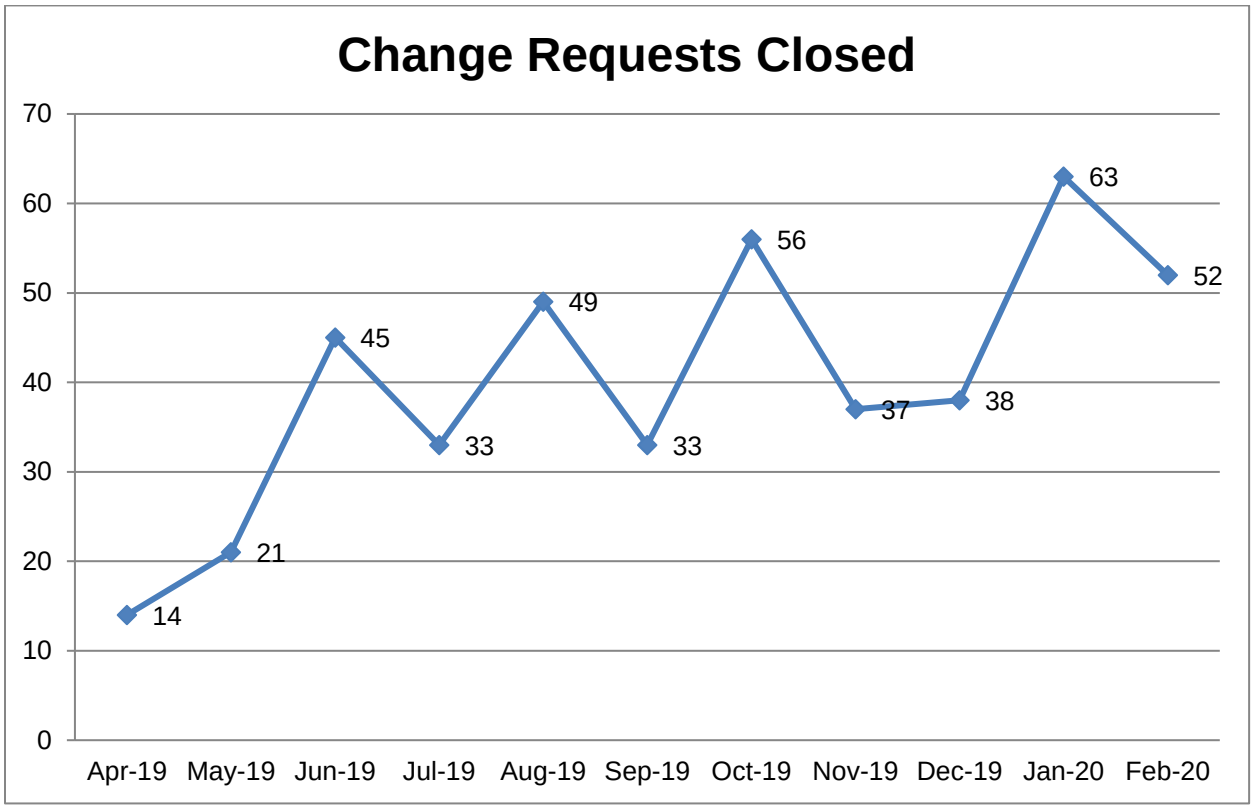
- 52 CRs Closed in the month of February 2020



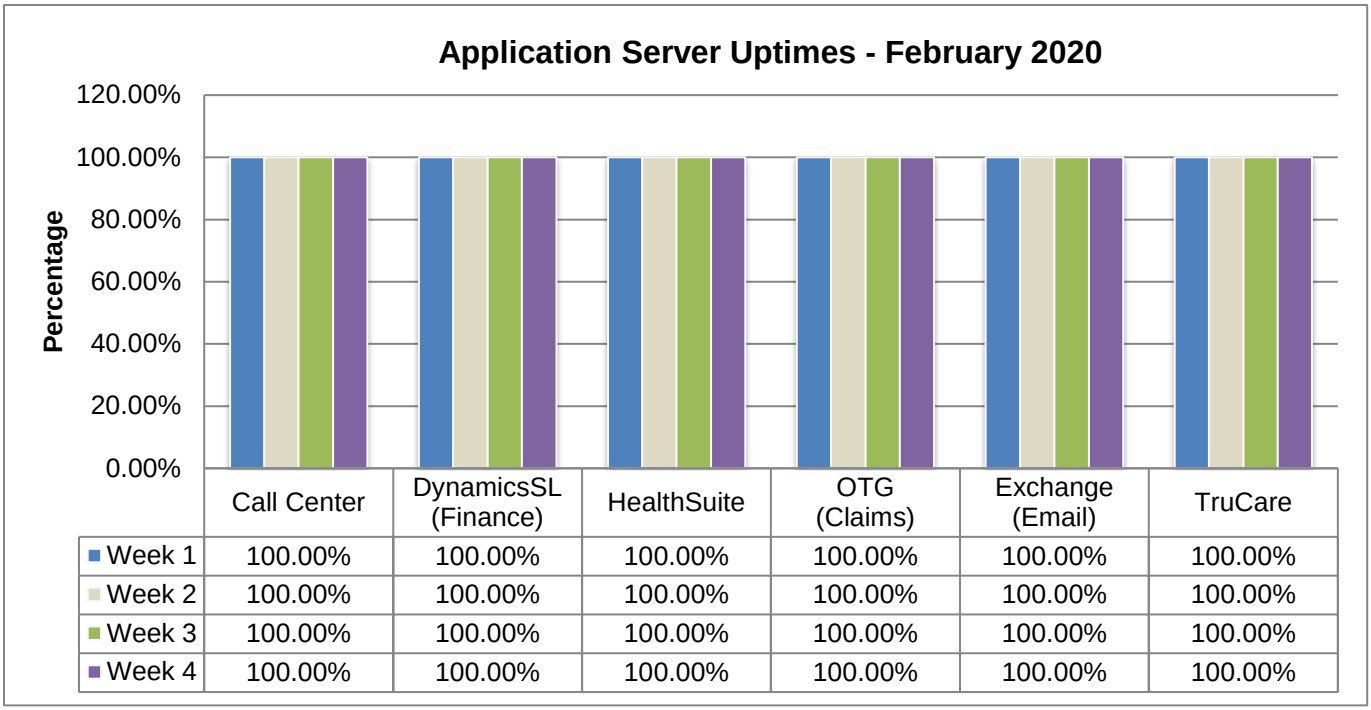
- CRs Submitted: Monthly Trend



- CRs Closed: Monthly Trend

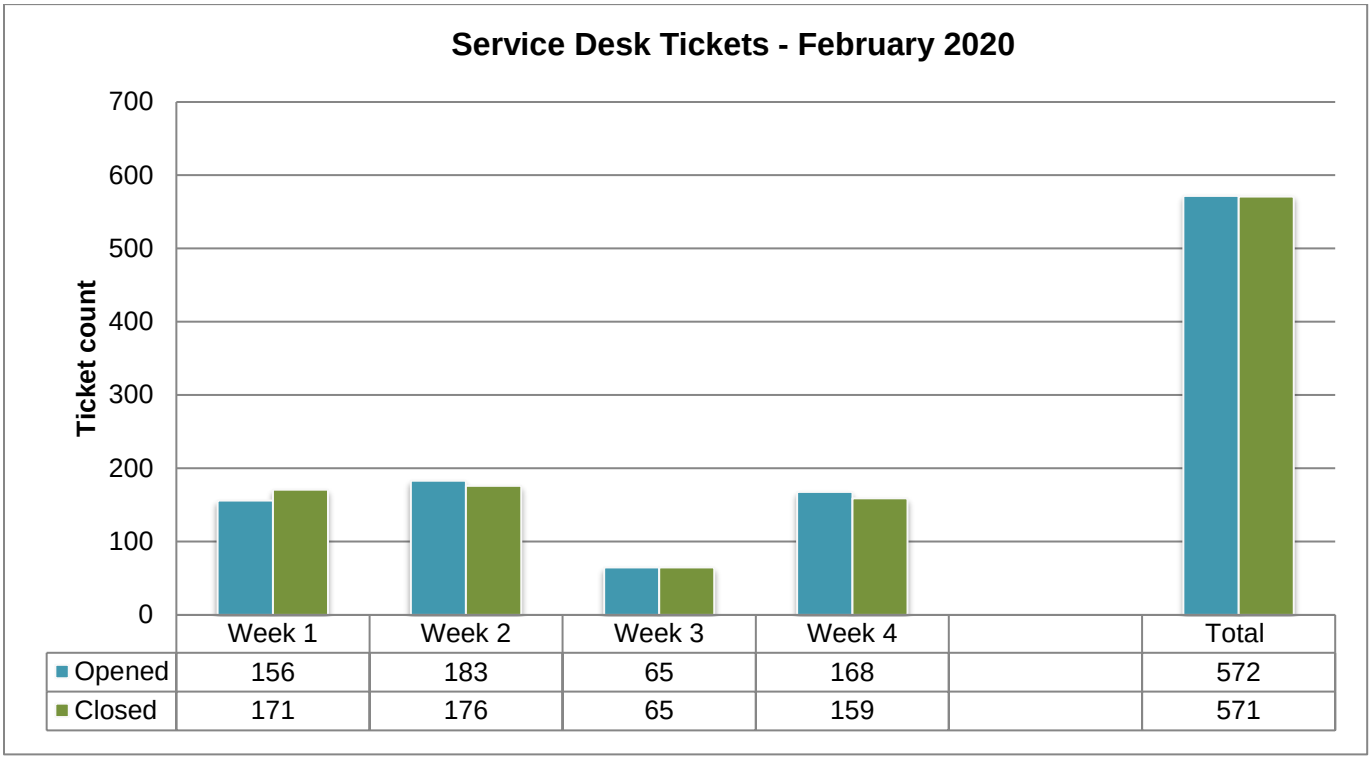


IT Stats: Infrastructure



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

- All mission critical applications are monitored and managed thoroughly.
- There were no outages experienced in the month of February.

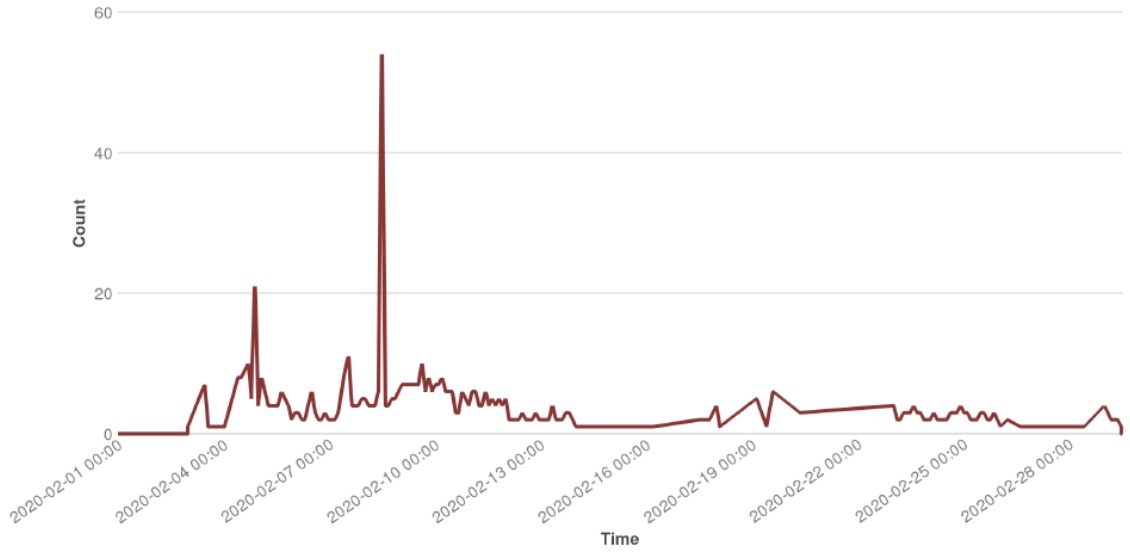


	Week 1	Week 2	Week 3	Week 4		Total
Opened	156	183	65	168		572
Closed	171	176	65	159		571

- 572 Service Desk tickets were opened in the month of February, which is 28.8% lower than the previous month and 571 Service Desk tickets were closed, which is 22.7% lower than the previous month.

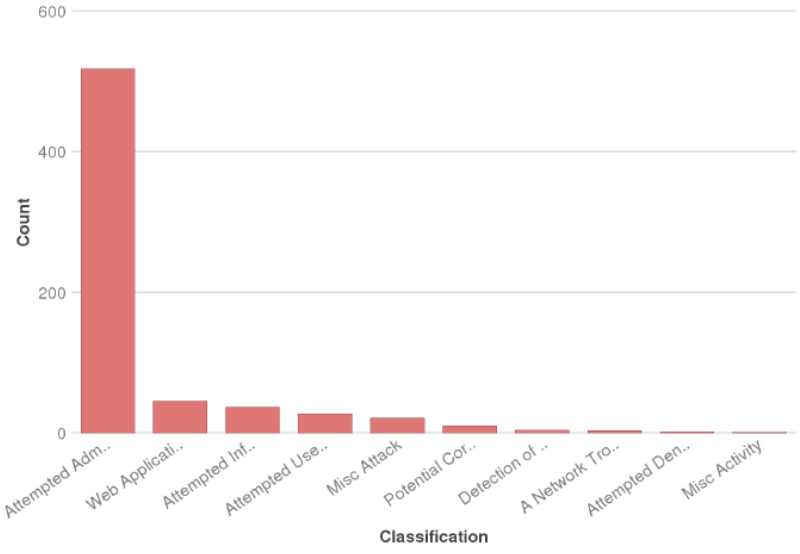
All Intrusion Events

Time Window: *2020-02-01 00:00:00 - 2020-02-29 11:33:00*

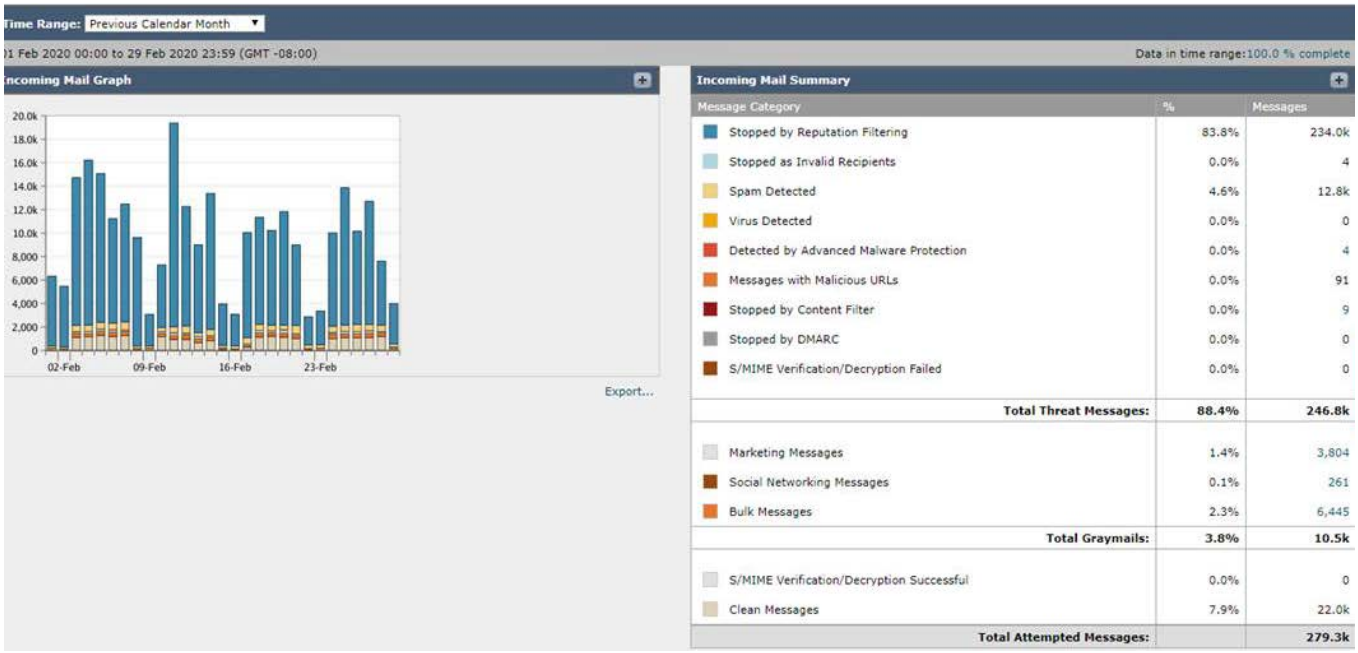


Dropped Intrusion Events

Time Window: *2020-02-01 00:00:00 - 2020-02-29 11:33:00*
Constraints: *Inline Result = dropped*



Classification	Count
Attempted Administrator Privilege Gain	518
Web Application Attack	45
Attempted Information Leak	37
Attempted User Privilege Gain	27
Misc Attack	21
Potential Corporate Policy Violation	10
Detection of a Network Scan	4
A Network Trojan was Detected	3
Attempted Denial of Service	2
Misc Activity	1



Item / Date	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	***Feb-20***
Stopped By Reputation	14.2K	339.1K	344.7k	339.1K	299.9k	10.7k	293.7k	301.0k	264.0k	275.3k	306.6k	***234.0k***
Invalid Recipients	0	31	33	31	299	0	22	51	0	4	0	***4***
Spam Detected	1,269	24.0K	26.2k	24.0K	23.2k	599	15.5k	17.1k	14.0k	12.0k	13.6k	***12.8k***
Virus Detected	1	0	2	0	2	0	2	3	13	0	0	***0***
Advanced Malware	0	5	2	5	1	1	3	4	1	1	0	***4***
Malicious URLs	4	174	263	174	86	21	117	140	239	81	122	***91***
Content Filter	1	13	23	13	6	0	14	10	17	7	4	***9***
Marketing Messages	179	4,475	4,347	4,475	3,909	145	1,748	4,606	4,677	3,854	4,211	***3,804***
Attempted Admin Privilege Gain	2,128	1,786	843	1,786	3,029	1,643	971	1,475	360	1,425	704	***518***
Attempted User Privilege Gain	78	3	84	3	20	116	1	8	0	12	7	***27***
Attempted Information Leak	47	36	54	36	67	46	30	38	46	43	31	***37***
Potential Corp Policy Violation	30	26	34	26	47	59	13	26	8	25	29	***10***
Network Scans Detected	4	2	0	2	5	6	12	18	3	4	1	***4***
Web Application Attack	42	46	22	46	83	111	19	40	45	35	72	***45***
Misc. Attack	18	1	7	1	30	29	7	18	21	1	30	***21***

- All security activity data is based on the current month's metrics as a percentage. This is compared to the previous three month's average, except as noted.
- Email based metrics currently monitored have decreased with a return to a reputation-based block for a total of 234.0k.
- Attempted information leaks detected and blocked at the firewall are slightly higher from 31 to 37 for the month.
- Network scans returned a value of four, which is in line with previous month's data.
- Attempted User Privilege Gain is higher at 27 from a previous six month's average.

ALAMEDA Alliance FOR HEALTH

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

Analytics

Tiffany Cheang

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

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

Date: **March 13, 2020**

Subject: **Performance & Analytics Report**

Membership Demographics

Membership demographics have been moved to the Finance section.

Member Cost Analysis

- The Member Cost Analysis below is based on the following 12 month rolling periods:
    - Current reporting period: December 2018 – November 2019 dates of service
    - Prior reporting period: December 2017 – November 2018 dates of service

(Note: Data excludes Kaiser membership data.)

- For the Current reporting period, the top 7.6% of members account for 81.3% of total costs.

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

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

    - The SPD (non duals) and ACA OE categories of aid slightly decreased to account for 58.8% of the members, with SPDs accounting for 29.1% and ACA OE's at 29.7%.
    - The percent of members with costs >= $30K has increased slightly from 1.4% to 1.5%.
    - Of those members with costs >= $100K, the percentage of total members has slightly increased at 0.4%.
        - For these members, non-trauma/pregnancy inpatient costs continue to comprise the majority of costs, remaining consistent at 51%.

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

- However, the age distribution of the top 7.7% is more concentrated in the 45-66 year old category (42%) compared to the overall population (22%).

Analytics

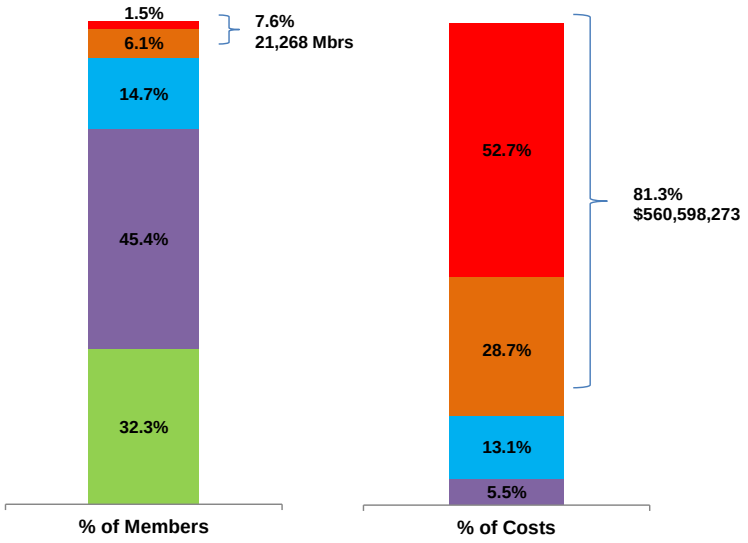
Supporting Documents

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

Note: Data incomplete due to claims lag

Run Date: 3/3/20

Member Cost Distribution



Cost Range	Members	% of Members	Costs	% of Costs
$30K+	4,264	1.5%	$ 363,073,840	52.7%
$5K - $30K	17,004	6.1%	$ 197,524,433	28.7%
$1K - $5K	40,921	14.7%	$ 90,373,234	13.1%
< $1K	126,569	45.4%	$ 38,217,993	5.5%
$0	89,955	32.3%	$ -	0.0%
Totals	**278,713**	**100.0%**	**$ 689,189,499**	**100.0%**

Top 7.6% of Members = 81.3% of Costs

Cost Range	Members	% of Total Members	Costs	% of Total Costs
$100K+	995	0.4%	$ 191,357,595	27.6%
$75K to $100K	521	0.2%	$ 44,934,076	6.5%
$50K to $75K	1,036	0.4%	$ 63,520,333	9.1%
$40K to $50K	689	0.2%	$ 30,728,248	4.4%
$30K to $40K	1,032	0.4%	$ 35,553,218	5.1%
SubTotal	***4,273***	***1.5%***	***$ 366,093,471***	***52.7%***
$20K to $30K	2,110	0.8%	$ 51,503,554	7.4%
$10K to $20K	6,089	2.2%	$ 84,212,258	12.1%
$5K to $10K	8,954	3.2%	$ 63,554,336	9.2%
SubTotal	***17,153***	***6.1%***	***$ 199,270,148***	***28.7%***
Total	**21,426**	***7.7%***	**$ 565,363,618**	***81.4%***

Enrollment Status	Members	Total Costs
Still Enrolled as of Nov 2019	220,519	$ 600,378,573
Dis-Enrolled During Year	58,843	$ 93,873,014
Totals	**279,362**	**$ 694,251,588**

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

Alameda Alliance for Health - Analytics Supporting Documentation: Member - Cost Analysis
7.6% of Members = 81.3% of Costs
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Dec 2018 - Nov 2019
Note: Data incomplete due to claims lag
Run Date: 3/3/20

7.6% of Members = 81.3% of Costs
29.7% of members are SPDs and account for 36.3% of costs.
29.1% of members are ACA OE and account for 27.3% of costs.
9.7% of members disenrolled as of Nov 2019 and account for 14.5% of costs.

Highest Cost Members; Cost Per Member >= $100K
41.6% of members are SPDs and account for 40.8% of costs.
25.7% of members are ACA OE and account for 25.2% of costs.
20.9% of members disenrolled as of Nov 2019 and account for 22.6% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Members	% of Members
IHSS	IHSS	105	568	673	3.2%
MCAL	MCAL - ADULT	433	2,817	3,250	15.3%
	MCAL - BCCTP	3	1	4	0.0%
	MCAL - CHILD	140	1,486	1,626	7.6%
	MCAL - ACA OE	1,212	4,977	6,189	29.1%
	MCAL - SPD	1,675	4,641	6,316	29.7%
	MCAL - DUALS	99	1,042	1,141	5.4%
Not Eligible	Not Eligible	597	1,472	2,069	9.7%
Total		**4,264**	**17,004**	**21,268**	**100.0%**

Member Breakout by LOB

LOB	Eligibility Category	Total Members	% of Members
IHSS	IHSS	17	1.7%
MCAL	MCAL - ADULT	75	7.6%
	MCAL - BCCTP	2	0.2%
	MCAL - CHILD	4	0.4%
	MCAL - ACA OE	254	25.7%
	MCAL - SPD	411	41.6%
	MCAL - DUALS	19	1.9%
Not Eligible	Not Eligible	206	20.9%
Total		**988**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Costs	% of Costs
IHSS	IHSS	$ 7,548,807	$ 6,321,359	$ 13,870,167	2.5%
MCAL	MCAL - ADULT	$ 32,981,282	$ 31,954,573	$ 64,935,855	11.6%
	MCAL - BCCTP	$ 435,535	$ 5,367	$ 440,902	0.1%
	MCAL - CHILD	$ 6,981,485	$ 16,601,454	$ 23,582,939	4.2%
	MCAL - ACA OE	$ 97,469,238	$ 55,401,314	$ 152,870,552	27.3%
	MCAL - SPD	$ 146,601,018	$ 56,852,871	$ 203,453,889	36.3%
	MCAL - DUALS	$ 7,183,970	$ 12,788,597	$ 19,972,567	3.6%
Not Eligible	Not Eligible	$ 63,872,505	$ 17,598,897	$ 81,471,403	14.5%
Total		**$ 363,073,840**	**$ 197,524,433**	**$ 560,598,273**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Total Costs	% of Costs
IHSS	IHSS	$ 3,049,467	1.6%
MCAL	MCAL - ADULT	$ 14,304,881	7.6%
	MCAL - BCCTP	$ 352,214	0.2%
	MCAL - CHILD	$ 640,533	0.3%
	MCAL - ACA OE	$ 47,576,839	25.2%
	MCAL - SPD	$ 76,873,968	40.8%
	MCAL - DUALS	$ 3,019,251	1.6%
Not Eligible	Not Eligible	$ 42,612,497	22.6%
Total		**$ 188,429,650**	**100.0%**

% of Total Costs By Service Type

Breakout by Service Type/Location

Cost Range	Trauma Costs	Hep C Rx Costs	Pregnancy, Childbirth & Newborn Related Costs	Pharmacy Costs	Inpatient Costs (POS 21)	ER Costs (POS 23)	Outpatient Costs (POS 22)	Office Costs (POS 11)	Dialysis Costs (POS 65)	Other Costs (All Other POS)
$100K+	6%	0%	1%	11%	59%	1%	12%	7%	2%	8%
$75K to $100K	5%	1%	2%	17%	44%	2%	7%	7%	9%	14%
$50K to $75K	3%	1%	2%	19%	42%	3%	8%	6%	10%	12%
$40K to $50K	3%	2%	4%	19%	45%	3%	8%	9%	2%	15%
$30K to $40K	4%	4%	5%	19%	43%	5%	8%	7%	2%	15%
$20K to $30K	4%	6%	7%	19%	39%	7%	9%	8%	2%	16%
$10K to $20K	1%	1%	12%	19%	35%	6%	13%	11%	3%	12%
$5K to $10K	0%	0%	11%	23%	23%	9%	13%	18%	1%	14%
Total	**4%**	**1%**	**5%**	**17%**	**45%**	**4%**	**11%**	**9%**	**3%**	**12%**

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

HEDIS Update

Measurement Year (MY) 2019

Alameda Alliance for Health Board of Governors Meeting – March 13, 2020

What is HEDIS?

- **HEDIS** = **H**ealthcare **E**ffectiveness **D**ata and **I**nformation **S**et
- NCQA standard metrics designed to measure quality improvement and performance
- NCQA accreditation requirement
- Comprised of 90+ measures across 6 domains:
  - Effectiveness of Care
  - Access/Availability of Care
  - Experience of Care
  - Utilization and Risk Adjusted Utilization
  - Health Plan Description Information
  - Measures Collected Using Electronic Clinical Data Systems
- Includes Administrative and Hybrid measures
- See DEFINITIONS on the last slide of this presentation.

Current Status

- HEDIS Medical Record Retrieval (MRR) project:
  - Collection of medical records for services not captured in the administrative data
  - Applies to Hybrid measures only
  - Chase timeframe: February 14th - May 6th
  - Total chases/medical records = **6,714**
  - Number of locations/providers = 230
  - As of March 9th, 39% of chases retrieved
- Final rates must be submitted by June 3rd

DHCS Measure Changes

- In April 2019, DHCS introduced the Managed Care Accountability Set (MCAS)
  - Mandated set of quality performance measures selected by DHCS to evaluate health plan performance.
  - Replaces the External Accountability Set (EAS).
  - Effective MY 2019+.
  - Based on the CMS Child and Adult Core Sets (NCQA HEDIS measures + other measure stewards new to the Alliance)
- Minimum Performance Level (MPL) increased from 25th to 50th percentile.
  - DHCS is measuring health plan performance based on a national index, and compares each quality measure

Measure Comparison

MY2018 *EAS*

- 29 measures
- 15 Hybrid and 14 Admin
- All NCQA HEDIS
- 21 measures held to MPL at **25th** percentile
- 0 new measures

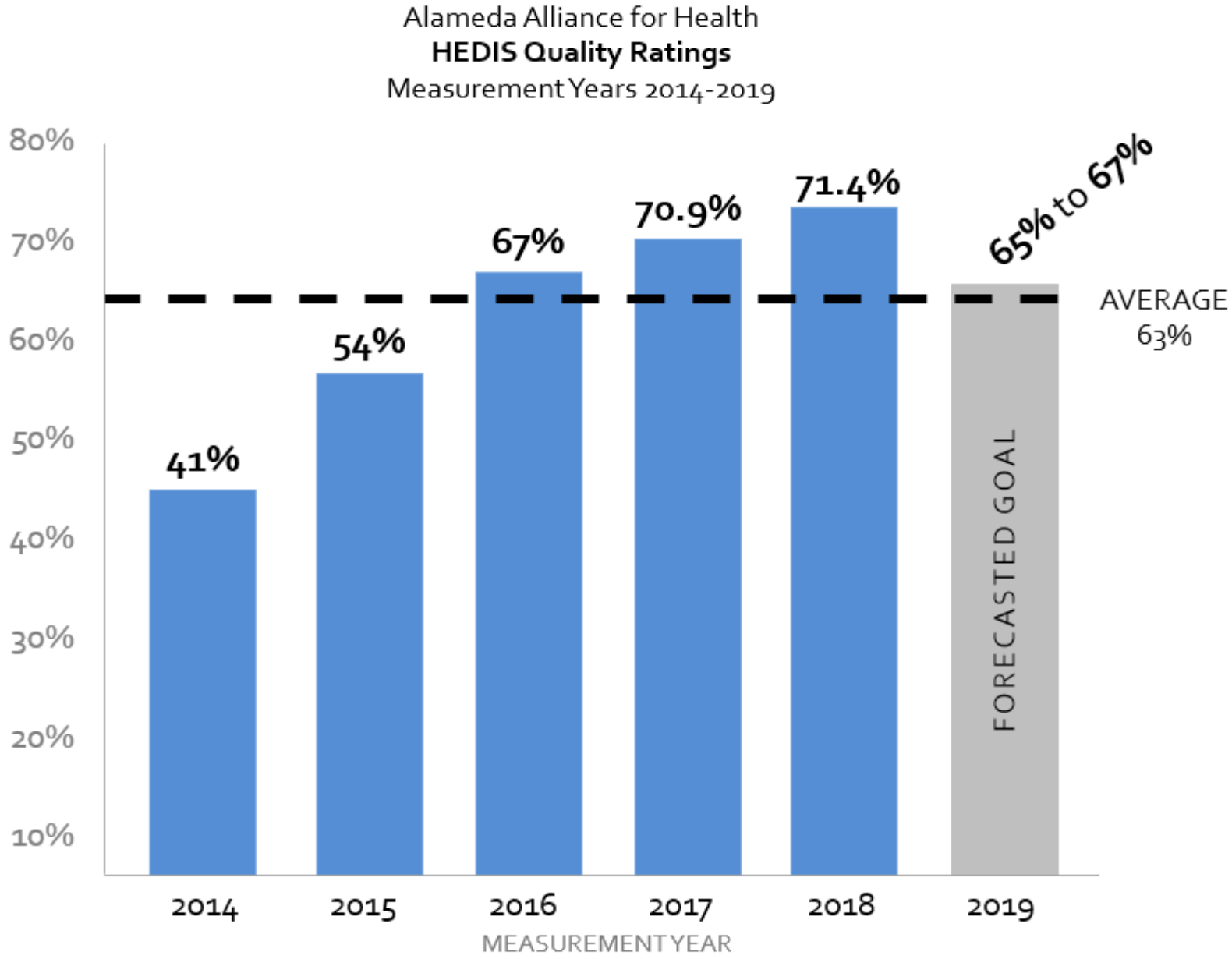
MY2019 *MCAS*

- 37 measures
- 13 Hybrid and 24 Admin
- 26 NCQA HEDIS + 11 Other Measure Stewards
- 19 measures held to MPL at **50th** percentile
- 21 new measures

Risks & Implications

- New MCAs measure set
- Major system conversions to EPIC during 2019 for two large safety-net systems of care [CHCN and AHS]
  - Temporary changes in utilization patterns & billings following a conversion to a new system (e.g. encounter reporting)
- Some MY 2019 P4P incentives do not directly align with the new MCAS measures due to the mid year notification.
- Forecast 4-6% reduction in MY 2019 (see next slide)

HEDIS Performance 2014-2019



Definitions

- MY = Measurement Year
- HEDIS = Healthcare Effectiveness Data and Information Set
- MRR = Medical Record Retrieval
- NCQA = National Committee for Quality Assurance
- MCAS = Managed Care Accountability Set
- EAS = External Accountability Set
- MPL = Minimum Performance Level
- HPL = High Performance Level
- P4P = Pay for Performance

Human Resources

Anastacia Swift

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

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

Date: **March 13, 2020**

Subject: **Human Resources Report**

Staffing

- As of March 1, 2020, the Alliance had 314 full time employees and 1-part time employees.

- On March 1, 2020, the Alliance had 36 open positions in which 6 signed offer acceptance letters have been received with start dates in the near future resulting in a total of 30 positions open to date. The Alliance is actively recruiting for the remaining 30 positions and several of these positions are in the interviewing or job offer stage.

- Summary of open positions by department:

Department	Open Positions March 1st	Signed Offers Accepted by Department	Remaining Recruitment Positions
Healthcare Services	11	3	14
Operations	8	3	11
Healthcare Analytics	3		3
Information Technology	4		4
Finance	1		1
Compliance	1		1
Human Resources	2		2
Total	30	6	36

- Our current recruitment rate is 11%.

Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in February 2020 included:
    - 5 years:
        - Errin Poston-McDaniels (Provider Services)
        - Andre Morgan (IT Development)
    - 7 years:
        - Tiffany Cheang (Healthcare Analytics)
        - Sandra Galindo (Legal)
    - 9 years:
        - Judith Rosas (Member Services)
    - 16 years:
        - Eric Val Verde (Finance)

Training

- The Alliance provided the following trainings to Management and Employees in the Month of February:
    - Advanced Business Writing
    - Can’t Change This
    - Supervising a Respectful Workplace