ALAMEDA Alliance FOR HEALTH

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

Board of Governors

Regular Meeting

Friday, December 8th, 2023
12:00 p.m. – 2:00 p.m.

Video Conference Call and

1240 South Loop Road, Alameda, CA 94502

AGENDA

BOARD OF GOVERNORS
Regular Meeting
Friday, December 8th, 2023
12:00 p.m. – 2:00 p.m.

In-Person and Video Conference Call

1240 S. Loop Road
Alameda, CA 94502
or
7830 MacArthur Blvd.
Oakland, CA 94605

PUBLIC COMMENTS: Public Comments can be submitted for any agendized item or for any item not listed on the agenda, by mailing your comment to: "Attn: Clerk of the Board," 1240 S. Loop Road, Alameda, CA 94502 or by emailing the Clerk of the Board at brmartinez@alamedaalliance.org. You may attend meetings in person or by computer by logging in to the following link: Click here to join the meeting. You may also listen to the meeting by calling in to the following telephone number: 1-510-210-0967 conference id 159517119#. If you use the link and participate via computer, you may use the chat function, and request an opportunity to speak on any agendized item, including general public comment. Your request to speak must be received before the item is called on the agenda. If you participate by telephone, please submit your comments to the Clerk of the Board at the email address listed above or by providing your comments during the meeting at the end of each agenda item. Oral comments to address the Board of Governors are limited to three (3) minutes per person. Whenever possible, the board would appreciate it if public comment communication was provided prior to the commencement of the meeting.

PLEASE NOTE: The Alameda Alliance for Health is making every effort to follow the spirit and intent of the Brown Act and other applicable laws regulating the conduct of public meetings.

1. CALL TO ORDER

(A regular meeting of the Alameda Alliance for Health Board of Governors will be called to order on December 8th, 2023, at 12:00 p.m. in Alameda County, California, by Rebecca Gebhart, Presiding Officer. This meeting is to take place in person and by video conference call)

2. ROLL CALL

3. AGENDA APPROVAL

4. INTRODUCTIONS

a) INTRODUCTIONS OF NEW BOARD MEMBERS

5. CONSENT CALENDAR

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

a) OCTOBER 10th, 2023, FINANCE COMMITTEE MEETING MINUTES

b) OCTOBER 13th, 2023, COMPLIANCE ADVISORY COMMITTEE MEETING MINUTES

c) OCTOBER 13th, 2023, BOARD OF GOVERNORS MEETING MINUTES

6. BOARD MEMBER REPORTS

a) COMPLIANCE ADVISORY COMMITTEE

b) FINANCE COMMITTEE

7. CEO UPDATE

8. BOARD BUSINESS

a) REVIEW AND APPROVE RESOLUTION 2023-10 UPDATING THE CONFLICT OF INTEREST CODE

b) REVIEW AND APPROVE RESOLUTION 2023-11 CHANGING MAC TO CAC

c) REVIEW AND APPROVE OCTOBER 2023 MONTHLY FINANCIAL STATEMENTS

d) REVIEW AND APPROVE FISCAL YEAR 2024 FINAL BUDGET

e) BEHAVIORAL HEALTH INSOURCING UPDATE

9. STANDING COMMITTEE UPDATES

a) PEER REVIEW AND CREDENTIALING COMMITTEE

b) QUALITY IMPROVEMENT HEALTH EQUITY COMMITTEE

10. STAFF UPDATES

11. UNFINISHED BUSINESS

12. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS

13. PUBLIC COMMENT (NON-AGENDA ITEMS)

14. ADJOURNMENT

NOTICE TO THE PUBLIC

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

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

Board of Governors meetings are regularly held on the second Friday of each month at 12:00 p.m., unless otherwise noted. This meeting is held both in person and as a video conference call. Meeting agendas and approved minutes are kept current on the Alameda Alliance for Health's website at www.alamedaalliance.org.

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

Supplemental Material Received After the Posting of the Agenda: Any supplemental materials or documents distributed to a majority of the Board regarding any item on this agenda after the posting of the agenda will be available for public review. To obtain a document, please call the Clerk of the Board at (510) 747-6160.

Submittal of Information by Members of the Public for Dissemination or Presentation at Public Meetings (Written Materials/handouts): Any member of the public who desires to submit documentation in hard copy form may do so prior to the meeting by sending it to "Attn: Clerk of the Board", 1240 S. Loop Road, Alameda, CA 94502. This information will be disseminated to the Committee at the time testimony is given.

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

I hereby certify that the agenda for the Board of Governors was posted on the Alameda Alliance for Health's web page at www.alamedaalliance.org by December 5th, 2023, by 12:00 p.m.

Brenda Martinez, Clerk of the Board

ALAMEDA Alliance FOR HEALTH

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

EXECUTIVE SUMMARY APPENDIX

Please click on the hyperlink(s) below to direct you to corresponding material for each item.

ALAMEDA Alliance FOR HEALTH

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

PRESENTATIONS APPENDIX

Please click on the hyperlink(s) below to direct you to corresponding material for each item.

ALAMEDA Alliance FOR HEALTH

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

SUPPORTING MATERIALS APPENDIX

Please click on the hyperlink(s) below to direct you to corresponding material for each item.

ALAMEDA Alliance FOR HEALTH

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

Consent Calendar

ALAMEDA Alliance FOR HEALTH

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

Finance Committee Meeting Minutes

ALAMEDA ALLIANCE FOR HEALTH
FINANCE COMMITTEE
REGULAR MEETING

October 10th, 2023
8:00 am – 9:00 am

SUMMARY OF PROCEEDINGS

Meeting Conducted in-person and by Teleconference.

Committee Members in-person: Dr. Rollington Ferguson, Dr. Michael Marchiano, James Jackson, Yeon Park, Gil Riojas

Board of Governor members in-person: Rebecca Gebhart

Alliance Staff in-person and on Conference Call: Matt Woodruff, Tiffany Cheang, Sasi Karaiyan, Richard Golfin III, Dr. Steve O'Brien, Anastacia Swift, Lao Paul Vang, Ruth Watson, Shulin Lin, Carol van Oosterwijk, Linda Ly, Maryam Maleki, Brenda Martinez, Jeanette Murray, Brett Kish, Renan Ramirez, Danube Serri, James Zhong Xu, Christine Corpus

CALL TO ORDER, ROLL CALL, AND INTRODUCTIONS

Dr. Ferguson called the Finance Committee meeting to order at 8:02 am. A Roll Call was then conducted.

Gil Riojas introduced the Moss Adams team, Chris Pritchard, Rianne Suico, and Gordon Lam

CONSENT CALENDAR

Dr. Ferguson presented the Consent Calendar.

There were no modifications to the Consent Calendar, and no items to approve.

a.) REVIEW AND APPROVE FISCAL YEAR 2023 ANNUAL AUDITED FINANCIAL STATEMENTS

Following a comprehensive presentation explaining their audit process and results, Moss Adams issued the Alliance an Unmodified Opinion which is "Financial statements are presented fairly and in accordance with generally accepted accounting principles". This is the highest level of assurance that can be issued from the audit firm.

The composition of assets were confirmed (cash and cash equivalents, premiums receivable, investments, reinsurance, capital assets) and noted that the Financial Statements are free of material misstatements. In addition, investments were tested to make sure that Management has recorded them at their fair market value as required by the Accounting Standards.

Liabilities and net position balance were confirmed (accounts payable, accrued expenses, claims payable, payable to other governmental agencies and hospital fee, net position, etc.) and were consistent.

The accounting estimates are reasonable, no audit adjustments, no issues discussed prior to our retention as auditors, no disagreements with management and there were no adjustments or issues completing work. In final, there is no awareness of any instances of fraud or noncompliance with regulations.

Motion: A motion was made by Mr. James Jackson and seconded by Ms. Yeon Park to approve the Fiscal Year 2023 Annual Audited Financial Statements for presentation to Board of Governors.

Motion Passed

No opposed or abstained.

b.) CEO UPDATE

Matthew Woodruff first thanked the finance team for the work and dedication leading to the consistent "Unmodified Opinion" we have received on all financial audits over the last six years.

Matt then provided updates to the committee on the following:

- Key Performance Indicators:
    - Regulatory Metrics:
        - All regulatory metrics were met for the month of August.
    - Non-Regulatory Metrics:
        - The member services department did not meet one metric for the month of September. The member services team had an abandonment rate of 6% instead of the internal metric of 5%.
- Program Implementations:
    - Community Supports
        - Friday at the Board of Governors, there will be a full presentation on the Community Supports offered by the Alliance. One noteworthy item is that currently our biggest loss in Community Supports is in housing. Housing is the only community support that is statewide, and that could mean that the State will make it a benefit as early as 2024.
    - Final Budget Discussion
        - In August, the Alliance decided to put more dollars back into the Alliance and the Community in order to help Alameda County with our quality and access. Contributing factors in this decision were:

            1. Kaiser's overall quality scores are higher than the Alliance and we have benefited from that while being contracted with them. We will lose 3-5% overall in quality scores due to the ending of the Kaiser contract.

            2. Anthem's overall quality is lower than the Alliance's so with their members coming in, we know we will also take a hit with quality measures there as well.

            On Friday Matt will discuss the different areas of change and the potential impact to the Alliance's preliminary budget projected $21 million net income for FY24. With these budget changes the Alliance is now projecting a net income of around $5-$7 million, however, we will not know for sure until we receive our draft rates later in October and operating and administrative budgets are updated for our Final Budget.

            Question: Dr. Ferguson asked if Matt could expand on the areas of change.

            Matt listed the programs expressing that he would go over them in detail on Friday:

            1. Hiring of staff
            2. Kaiser and Anthem transition
            3. Promote provider engagement by almost doubling the pool of dollars for the Pay for Performance Program

4. Hiring outbound call staff who reach out to members requiring preventive care services
5. Building out HealthSuite / TruCare / new platform allowing AAH staff to identify a member's preventive care needs
6. Using a vendor to engage AAH providers on billing and coding practices
7. Hiring dedicated QI staff who support pediatric metrics, behavioral health metrics, and health disparity projects

Question: Dr. Ferguson asked how staff hiring would affect the ALR. He also asked a follow-up question, how do we reach out to Anthem's private physicians and small groups to help educate them to improve the HEDIS scores, specifically the possibility of software development that could be given to small practices that would assist in capturing and reporting HEDIS measures.

Matt answered that we are currently working on the new ALR. All data was due last Friday and so those calculations are still in progress and will be available at the next Finance Committee meeting. He further added that the State put out a grant program that was just finalized about two weeks ago that is meant to assist smaller to midsize independent providers. We will make assistance decisions on a Provider-by-Provider basis, but we will not be developing or buying software for anyone.

Ruth Watson provided a few of the requirements for qualification for the grants stating that the target is Primary Care practices that provide Pediatric, Family Medicine, Internal Medicine, Primary Care, OBGYN services or Behavioral Health integrated into primary care. She advised the committee that we have pulled reports of which providers are eligible and have been sending out the necessary documentation for them to fill out, and if they are interested, we will help them through the application. More information will be provided on Friday.

- Pay Equity Salary Survey (Race, Gender, Ethnicity Salary Survey)
  - In June, the Alliance began a pay equity salary survey to ensure our employees are compensated appropriately. The pay equity salary survey showed overall that we have done very well as a company.
- Recruiting Incentives for our Network
  - Thank you to all the Board members who sent feedback. We will review the draft program with all edits at the December meeting or at the January Board Retreat.
- Board of Governors Grant Program
  - The Board grant program will be out for review before the December Board meeting, or we can review at the January Board Retreat.

Informational update to the Finance Committee. Vote not required.

b.) REVIEW AND APPROVE AUGUST 2023 MONTHLY FINANCIAL STATEMENTS

AUGUST 2023 Financial Statement Summary

Enrollment:

Enrollment continues to decrease, as expected, since July, we continue to see those decreases. It's a little lower than we expected, but we heard recently from the state that there were some issues on their end. So, there will be a cleanup, which will mean that most likely in September or October our decrease in enrollment will likely be higher than what we've seen for the first couple of months.

By category of aid, the Child, Adults, and Optional Expansion are the three main drivers of those decreases. A little bit of a dip in our Seniors and Persons with Disabilities (SPD). The Duals category remains a bit flat, and our Group Care also has shown slight decreases over the last 12 months. We have the new Long-Term Care (LTC) categories of aid, both LTC Medi-Cal, and LTC Duals, and both of those have seen small decreases from July to August.

Net Income:

For the month ending August 31st, 2023, the Alliance reported a Net Income of $2.3 million (versus budgeted Net Income of $161,000). The favorable variance is attributed to higher than anticipated Revenue, and higher than anticipated Total Other Income, and slightly offset by higher than anticipated Administrative Expense, and slightly higher than anticipated Medical Expense. For the year-to-date, the Alliance recorded a Net Income of $12.1 million versus a budgeted Net Income of $884,000.

Revenue:

For the month ending August 31st, 2023, actual Revenue was $138.4 million vs. our budgeted amount of $135.3 million. This slight positive variance is related to CalAIM incentive program. Our actual year-to-date Revenue is currently at $277.1 billion versus budgeted Revenue of $272.1 million.

Medical Expense:

Actual Medical Expenses for the month were $129.7 million, vs. our budgeted amount of $129.1 million. For the year-to-date, actual Medical Expenses were $255.8 million versus budgeted $260.2 million. Drivers leading to the favorable variance can be seen on the tables on pages 80 and 81, with further explanation on pages 81 and 82.

Medical Loss Ratio:

Our MLR ratio for this month was reported at 93.7%. Year-to-date MLR was at 92.3%.

Administrative Expense:

Actual Administrative Expenses for the month ending August 31st, 2023 were $8.4 million vs. our budgeted amount of $7.1 million. Our Administrative Loss Ratio (ALR) is 6.1% of our Revenue for the month, and 5.1% of Net Revenue for year-to-date. Gil called out the variance in Employee Expenses for the month of August include 1) unfavorable Employee Expense primarily driven by retroactive July 2023 merit salary increases paid in August, and 2) unfavorable Medical Benefits Admin Expense caused by $818,000 unbudgeted Behavioral Health Adminstrative fee relating to the termination of behavioral health service vendor.

Other Income / (Expense):

As of August 31st, 2023, our YTD interest income from investments show a gain of $5.1 million.

YTD claims interest expense is $141,000.

Tangible Net Equity (TNE):

The DMHC requires that we have $46.7 million in TNE, and we reported $336.8 million, so the excess of that is 291 million. As a percentage that means we have over 7 times the amount that is required. You can see from the chart that our TNE started at about the mid 600% range over the last 12 months and peaked at 778%, so as Rianne mentioned earlier, as our enrollment mix changes as we get new members, and as our expenses increase, that will increase the reserve amount required by the DMHC. So, as expected, we're seeing that our TNE excess actually decreased because of that increase in the requirement.

Cash and Cash Equivalents:

We reported $323.4 million in cash; $92.8 million is uncommitted. Our current ratio is above the minimum required at 1.70 compared to regulatory minimum of 1.0.

Capital Investments:

We have spent $433,000 in Capital Assets year-to-date. Our annual capital budget is $1.5 million.

Motion: A motion was made by Ms. Yeon Park and seconded by Dr. Michael Marchiano to accept the August 2023 Financial Statements.

Motion Passed

No opposed or abstained.

ADJOURNMENT

Dr. Ferguson adjourned the meeting at 8:59 a.m.

ALAMEDA Alliance FOR HEALTH

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

Compliance Advisory Committee Meeting Minutes

COMPLIANCE ADVISORY COMMITTEE
Regular Meeting Minutes
Friday, October 13th, 2023
10:30 a.m. – 11:30 a.m.

Video Conference Call and

1240 S. Loop Road
Alameda, CA 94502

CALL TO ORDER

Committee Members Attendance: Mr. Byron Lopez, Richard Golfin III

Committee Members Remote:

Committee Members Excused: Dr. Kelley Meade

1. CALL TO ORDER

The regular Compliance Advisory Committee meeting was called to order by Byron Lopez at 10:30 a.m.

2. ROLL CALL

A roll call was taken of the Committee Members, quorum was confirmed.

3. AGENDA APPROVAL OR MODIFICATIONS

There were no modifications to the agenda.

4. PUBLIC COMMENT (NON-AGENDA ITEMS)

None

5. CONSENT CALENDAR

a) **MAY 12th, 2023, COMPLIANCE ADVISORY COMMITTEE MEETING MINUTES**
b) **JUNE 9th, 2023, COMPLIANCE ADVISORY COMMITTEE MEETING MINUTES**
c) **SEPTEMBER 8th, COMPLIANCE ADVISORY COMMITTEE MEETING MINUTES**

Motion: A motion was made by Richard Golfin, III and seconded by Byron Lopez to approve Consent Calendar Agenda Items (a) through (c).

Vote: Motion unanimously passed.

No opposition or abstentions.

6. COMPLIANCE MEMBER REPORTS

a) COMPLIANCE ACTIVITY REPORT

i. Plan Audits and State Regulatory Oversight

1. Status Updates on State Audit Findings and Plan Responses

a. 2023 NCQA Certification Results: What Went Well, Discussion

- As a result of our standards review, the Medi-Cal line of business got 4 out of 5 stars, while the Commercial line of business had a 3 out of 5. Both lines of business have accreditation.
- For our last survey, we scored 98.66% on the standards review.
- Our policy and procedure updates are currently being worked on to incorporate some new standards around UM system controls and credentialing system controls with oversight that also affects our delegates.
- The next steps are to continue collaborating with our consultants, and to incorporate the new and updated standards and elements for our 2024 health plan standards, which were released just last month.
- The next survey is June 2025
- Preparations have begun for the HealthEquity accreditation that will be required by January 1st, 2026.

Question: Is there something that we need to address better with respect to the group care 3 out of 5 stars?

Answer: We were resurveyed for one CAP that was fixed within six to seven months and the three out of five-star rating is based on HEDIS and CAPs, which are highly dependent upon quality and satisfaction. As DHCS begins to align all standards with NCQA, we are putting more emphasis on quality.

b. 2021 DMHC Follow-Up Audit, October 26th, 2023

- The survey period is November 1st, 2022, through May 31st, 2023.
- All requested files have been submitted.
- In the onsite virtual session is scheduled for October 26th, and DMHC will address Grievances & Appeals, and Pharmacy reviews.

c. Compliance Dashboard

i. 2023 DHCS Routine Medical Preliminary Audit Findings & Self-Observations

- In reviewing the preliminary findings from the 2023 DHCS audit, there were a total of fifteen findings from DHCS, four of which DCHS identified as a repeat finding. There was an additional finding that was a repeat finding, but not identified by DHCS as a repeat finding. Finally, there were two additional self-identified findings.

1. Summary of the 2023 DHCS Routine Medical Preliminary Audit Findings and Self-Identified Observations

- (1.5.1) Notice of Action (NOA) Letters: The Plan did not ensure a delegate sent NOA letters to providers and members.
  - This was a Plan Observation as well as included in the DHCS Preliminary Report
  - Computer issue that started in October 2021 at CHCN resulted in 435 NOA letters not being sent.

- CHCN updated IT script, reconciliation for updating members and providers, daily report, all missing letters mailed in April.
- CHCN implemented UM checklist and updated workflows to ensure visibility into the process and monthly audit, which they are reporting to us.
- Fax failures reached out to cedar gate to perform external root cause analysis.
- Working with KP to obtain mailing confirmations.

- (2.1.1) Provision of an Initial Health Assessment (IHA): The Plan did not ensure the provision of a complete IHA for new members.
  - Plan Observation that was included in the DHCS Preliminary Report
  - This repeat finding was not identified by DHCS as a repeat finding – however we did have a finding for 2.1.1 on the 2022 DHCS audit as well, though the wording of the finding was different. In 2022 the finding was The Plan did not document attempts to contact members and schedule the IHA.
  - Four of 15 medical records reviewed contained IHAs that were missing information including health screenings and physical exam history.
- (2.3.1) Behavioral Health Treatment (BHT) Plan Elements: The Plan did not ensure members' BHT treatment plans contained all the required elements.
  - Plan Observation that was included in the DHCS Preliminary Report.
  - Some BHT Treatment Plans were missing estimated dates of mastery of goals and crisis plans.
- (3.1.1) First Prenatal Visit: The Plan's policies and procedures for a first prenatal visit for a pregnant member are not compliant with the standard of two weeks upon request.
  - Plan Observation that was included in the DHCS Preliminary Report.
  - P&Ps referenced 10 days instead of the standard of two weeks.
- (3.6.1) Non-contracted Provider Payments: The Plan did not pay non-contracted providers at the appropriate Medi-Cal fee-for-service rate.
  - Plan Observation that was included in the DHCS Preliminary Report
  - One out of 20 emergency services claims were not paid correctly.
- (3.6.2) Proposition 56 Family Planning Payments: The Plan did not distribute add-on payments for institutional family planning service claims as required by APL 22-011.
  - Plan Observation that was included in the DHCS Final Report
  - In one of seven claims reviewed, the add-on payment was not distributed to the provider.
- (3.8.1) Physician Certificate Statement (PCS) Forms: The Plan did not ensure PCS forms were on file for members receiving NEMT services.
  - Plan Observation that was included in the DHCS Preliminary Report
  - Repeat finding from 2021 and 2022 DHCS Audits
  - In seven of the cases, the Plan was unable to obtain PCS forms, despite multiple attempts to obtain them.

- (3.8.2) Transportation Providers' Medi-Cal Enrollment Status: The Plan did not ensure all transportation providers were enrolled in the Medi-Cal program.
    - Plan Observation that was included in the DHCS Preliminary Report
    - Nine out of 40 providers reviewed were not enrolled in Medi-Cal, however their applications were in process.
- (4.1.1) Grievance Acknowledgement and Resolution Letter Timeframes: The Plan did not send acknowledgement and resolution letters within the required timeframes.
    - Plan Observation that was included in the DHCS Preliminary Report
    - Repeat finding 2018, 2019, 2021, and 2022 DHCS Audits
    - 33 of 53 standard grievance letters were not sent within the required timeframes.
- (4.1.2) Grievance Letters in Threshold Languages: The Plan did not send acknowledgement, resolution delay, and resolution letters in threshold languages.
    - Plan Observation that was included in the DHCS Preliminary Report
    - Repeat finding from 2021 and 2022 DHCS Audits
    - 7 of 10 standard grievance letters requiring translation were not translated in a timely manner.
- (4.1.3) Written Notification of Grievance Resolution Delays: The Plan did not notify members of resolution delays in writing for grievances not resolved within 30 calendar days and did not resolve grievances by the estimated resolution date in the delay letters.
    - Plan Observation that was included in the DHCS Preliminary Report
    - Repeat finding from 2022 DHCS Audit
    - When grievances were not resolved within the 30-day requirement, notices of the delays were not always sent to members, and if they were, the Plan did not always resolve the grievance within the new estimated timeframe.
- (4.1.4) Grievance Delay Timeframes: The Plan inappropriately utilized a 14-calendar day delay timeframe for grievance resolutions.
    - Delay timeframes should be decided on a per case basis; however, the Plan applied a 14-calendar day delay timeframe as a standard to all grievance resolution delays.
- (4.1.5) Exempt Grievance Resolution: The Plan did not resolve exempt grievances by close of the next business day.
    - Plan Observation that was included in the DHCS Final Report
    - Cases were classified as exempt grievances, when they should have been classified as standard grievances in need of further review and resolution by the grievance department.
- (4.1.6) Grievance Identification: The Plan did not process and resolve all member expressions of dissatisfaction as grievances.
    - Plan Observation that was included in the DHCS Preliminary Report
    - Not all grievances expressed by members were resolved during the grievance review process.

- (SSS.1) Minimum Proposition 56 Payments: The Plan did not distribute minimum payments for a State Supported Services claim as described in APL 19-013.
    - In one of 20 cases reviewed, the Plan did not make the minimum payment for the contracted provider.
- (2.2) PCP and members are not consistently notified of Case Management case closures.
    - Self-identified finding not included on the DHCS Preliminary Report
- (6.2) The Plan did not report preliminary investigations of all suspected cases of fraud and abuse to DHCS within 10 working days of the Plan receiving notification of the incident.
    - Self-identified finding not included on the DHCS Preliminary Report

ii. Compliance Risk Assessment Results and Plan Progress will be discussed in December 2023

Follow-Up Item: Compliance Activity Report Agenda Item (ii) Compliance Risk Results and Progress will be discussed at the next Compliance Advisory meeting.

b) DELEGATION ACTIVITY and OVERSIGHT

None

c) MEDI-CAL PROGRAM UPDATES

None

7. COMPLIANCE ADVISORY COMMITTEE BUSINESS

a) REVISIT MOTION AND DISCUSSION FOR NEW COMPLIANCE ADVISORY COMMITTEE MEETING SCHEDULE.

Motion: A motion was made by Richard Golfin, III and seconded by Byron Lopez to match the Board of Governors meeting schedule.

Vote: Motion unanimously passed.

No opposition or abstentions.

8. STAFF UPDATES

None

9. UNFINISHED BUSINESS

None

10. STAFF ADVISORIES ON COMPLIANCE BUSINESS FOR FUTURE MEETINGS

None

11. ADJOURNMENT

Byron Lopez adjourned the meeting at 11:30 a.m.

ALAMEDA Alliance FOR HEALTH

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

Board of Governors Meeting Minutes

BOARD OF GOVERNORS
Regular Meeting Minutes
Friday, October 13th, 2023
12:00 p.m. – 2:00 p.m.

Video Conference Call and

1240 S. Loop Road
Alameda, CA 94502

1. CALL TO ORDER

Board of Governors Present: Rebecca Gebhart (Chair), Aarondeep Basrai, Dr. Rollington Ferguson, James Jackson, Byron Lopez, Dr. Michael Marchiano, Jody Moore, Yeon Park, Dr. Evan Seevak, Supervisor Lena Tam, Natalie Williams

Board of Governors Remote: None

Board of Governors Excused: Dr. Noha Aboelata (Vice-Chair), Dr. Marty Lynch, Dr. Kelley Meade, Andrea Schwab-Galindo

Alliance Staff Present: Matthew Woodruff, Dr. Steve O'Brien, Gil Riojas, Anastacia Swift, Ruth Watson, Sasi Karaiyan, Tiffany Cheang, Michelle Lewis, Lao Paul Vang

Chair Gebhart called the regular Board of Governors meeting to order at 12:00 p.m.

2. ROLL CALL

Roll call was taken, and a quorum was established.

3. AGENDA APPROVAL OR MODIFICATIONS

There were no modifications to the agenda.

4. INTRODUCTIONS

Matt Woodruff introduced the Moss Adams auditors who reviewed the financial reports.

5. CONSENT CALENDAR

a) SEPTEMBER 8th, 2023, COMPLIANCE ADVISORY COMMITTEE MEETING MINUTES

b) SEPTEMBER 8th, 2023, BOARD OF GOVERNORS MEETING MINUTES

c) REVIEW AND APPROVE RESOLUTION 2023-09 NOMINATING REBECCA GEBHART AS A MEMBER OF THE COMPLIANCE ADVISORY COMMITTEE

Motion: A motion was made by Dr. Rollington Ferguson and seconded by Dr. Evan Seevak to approve the Consent Calendar Agenda Items 5a through 5c.

Vote: The motion was passed unanimously.

Ayes: Aarondeep Basrai, Dr. Rollington Ferguson, James Jackson, Byron Lopez, Dr. Michael Marchiano, Jody Moore, Yeon Park, Dr. Evan Seevak, Supervisor Lena Tam, Natalie Williams, Chair Rebecca Gebhart.

No opposition or abstentions.

6. BOARD MEMBER REPORTS

a) COMPLIANCE ADVISORY COMMITTEE

Byron Lopez provided an update on the Compliance Advisory Committee meeting that was held on October 13th. During the meeting, the committee reviewed the NCQA and conducted a standard review, which was notified via email by Matt. The review covered the plan's performance metrics, such as hiatus and caps, which were analyzed along with other key roles. The Medi-Cal plan received four out of five stars, while the group care plan received three out of five stars. The status of the group care plan is accredited, but there was a finding that needs to be addressed as it was based on HEDIS and caps. The 2023 DHCS routine medical survey was also discussed, which had 14 findings, including four repeat findings and 55 repeat grievances related to timeframes. The committee is working on strengthening the processes to address these issues.

During the audit, Dr. O'Brien addressed the issue of having no utilization management findings. We performed well on the audit, with the UM team having zero findings. Although we had one UM finding related to one of our delegates, it was still an impressive achievement for the UM team. The case management team had only one finding, and he acknowledged Julie Ann Miller, Senior Director of Healthcare Services, who will be retiring at the end of the month. Julie Ann has been instrumental in helping build a team of capable, strong directors under her leadership, and she has been a huge positive energy source for Dr. O'Brien and her team at the organization.

b) FINANCE COMMITTEE

During the Finance Committee update on October 10th, Dr. Ferguson discussed the August financials and the Moss Adams report. Moss Adams found no inconsistencies in our financial reports over the past several years, and Moss Adams provided a positive report. However, there has been a decline in our numbers of about 3000, which was expected. Quality scores were also discussed, and it is anticipated that they will be declining. We spent a lot of time discussing this and potential solutions. Additionally, projected losses were discussed regarding the Housing projects we are taking on, which will be detailed in the financials.

7. ACCEPT AND REVIEW MOSS ADAMS FINANCIAL REVIEW

Ryan Suico and Gordon Lam presented the results of the 2023 audit, which aimed to determine whether the financial statements prepared by the management team were reasonably stated in accordance with generally accepted accounting principles. Moss Adams, the auditing firm, conducted audit procedures on the balances and materials provided by the management team. They also considered the internal controls related to financial reporting, such as payroll controls, claims, investment controls, and revenue recognition controls. However, they were not specifically

engaged to report on those internal controls. The Alliance would need to contract with them separately for that engagement.

After performing hundreds of hours of audit procedures, Moss Adams presented an unmodified audit opinion, which is the highest level of opinion that the CPA firm can give The Alliance regarding the financial statements. This reflects management's ability to accurately record transactions throughout the year and at year-end. This unmodified opinion has been consistent since Moss Adams became The Alliance's auditor.

Gordon briefly reviewed the audit procedures performed on the financial balances, which included examining the composition of assets and deferred outflows of resources. Specifically, for cash and cash equivalents, Moss Adams obtained management cash reconciliations and compared the bank balances to confirmations received directly from the bank. They also tested any reconciling items that were above their scope. For premium receivables, they tested cash receipts received after year-end to substantiate the receivable balance. For investments, they obtained the management investments roll forward and tested any purchases and sales of investments that were above their scope. They also agreed on the ending balances to investment confirmations received from the bank. Additionally, they reviewed the investment disclosure of footnotes to ensure that they were properly presented in accordance with the US gap.

For the assets and liabilities balances, they tested the calculations used by management to come up with the ending balances. For the capital assets, Moss Adams obtained management capital assets roll forward and tested any additions and disposals with capital assets to determine if those were reasonable. For accounts payable, they tested the vendor payments made after year-end to substantiate the accounts payable balance. For net pension liabilities, they reviewed and agreed on the actual reports and balances. They also tested the assumptions used by the actuaries to come up with the pension liabilities and reviewed the footnotes related to pensions to ensure they were presented in accordance with the US gap.

During the audit, Moss Adams performed a look-back procedure to test management's methodology for claims payable estimation. They reviewed different expense line items on the financial statements for operating expenses over the past three years. Based on this review, Moss Adams expects The Alliance's actual claims liability to be slightly lower than the estimated claims liability, which is consistent with prior years' trends.

Moss Adams and management had a very collaborative relationship and talked throughout the year to ensure a smooth audit plan and procedure with no surprises. There is no indication of any material non-compliance with laws and regulations.

CEO Matt Woodruff thanked the auditors and the Finance team.

Motion: A motion was made by Yeon Park and seconded by Dr. Evan Seevak to accept the Moss Adams Financial Audit review.

Vote: The motion was passed unanimously.

Ayes: Aarondeep Basrai, Dr. Rollington Ferguson, James Jackson, Byron Lopez, Dr. Michael Marchiano, Jody Moore, Yeon Park, Dr. Evan Seevak, Supervisor Lena Tam, Natalie Williams, Chair Rebecca Gebhart.

No opposition or abstentions.

8. CEO UPDATE

In the CEO Update, Matt Woodruff discussed the Final Budget. If the board remembers, back in June, we were predicting a $21 million net income. Since August, the team has been meeting internally to discuss what we can do to help the community get our quality and access scores up. We will put into our final budget that even though we had almost 100 positions we're asking for this year, there will be more. The reason why there's going to be more is that once we got through the Beacon transition and once we got through the long term care transition, we started to realize from information that we had received from both the State and from Beacon, there was a lot more work than we had been led to believe and so we have a lot more claims coming in, a lot more authorizations coming in. We are looking at more staffing based on the information that we now have.

As of January, our quality scores are expected to decrease by 3-5% since Kaiser is leaving, which is about what they contribute to our scores annually. Anthem is taking their place, but their quality scores are lower than ours. This means that from day one, our scores will suffer. However, we have devised a plan to help raise our scores and improve the overall quality of our services.

Firstly, we plan to promote provider engagement and increase the pool and provider P4P by almost double. This will incentivize providers to be more proactive and improve their performance. We will also hire outbound call staff to reach out to members requiring preventive care services every month. This team will specialize in doing this. Additionally, we need to build out HealthSuite and TruCare to identify more preventative needs, including social determinants of health. Our IT team is working on this.

We plan to use a vendor to engage our providers and community on billing and coding. We believe that work is being done in the community, but we may not be capturing all the work that's being done. We're going to talk to individual docs and larger systems and work on coding better or putting something into their current systems to capture data better.

Finally, we will be hiring dedicated QI staff who can support the pediatric metrics, behavioral health metrics and health disparity projects. We believe this investment in the community and the Alliance will potentially affect our overall net income.

Question: Could you explain why HealthSuite TruCare is not being included in the IT budget, given that we have been exceeding the IT budget almost every year? Also, what will happen to the Medical Loss Ratio (MLR) as none of these expenses seem to be medically related? Additionally, what impact will this have on the Annual Loss Reporting (ALR)?

Answer: We are currently focusing on developing the recruiting incentives as well as the Board of Governors grant program. Matt is working on the next draft and plans to present it to the Executive Committee for review by the end of October. The IT budget will cover the costs for HealthSuite and TruCare. Although these projects will be allocated to different budgets, they will be implemented simultaneously.

Community Support Services Impact Analysis Presentation

Community Support

With the 14 community support programs, by January 1st, there will only be two that we are not live in, which are short-term post-hospitalization housing and day habilitation programs. Overall, we are doing well.

Utilization Analysis

We analyzed the reenrollment and post-enrollment data for six months across various programs to identify the ones that were successful, particularly in the programs that are heavily utilized and attract more funding. We found that housing and food programs had the highest enrollment in the county. Project Open Hand provides assistance after hospitalization, while Rescue for Health helps in delivering food to the community when prescribed by a healthcare professional. Housing is the only community support program that is currently available statewide, which means it has the potential to become a benefit for everyone before any other program. Once it becomes a benefit, we will receive a specific amount of money per person in our plan. This is expected to happen by 2025, which is good news for those in need of housing. Currently, we are investing more money into housing with Alameda County. Luckily, there is some relief on the horizon. All the people who receive these services must pass through the county coordinated entry system, which is based on certain rules that require them to be homeless. The priority for these services is determined by various factors such as the severity of the illness, including serious mental illnesses. These factors are used to determine the priority level on the list. The county and its partners have been very creative in finding solutions to help those in need.

Question: Do we have evidence that the money we spend is effective in helping people transition from homelessness to housing and remain housed?

Answer: Matt believes that we have made a difference as we have provided housing to 1400 individuals. However, it is difficult to assess the impact on a larger scale. Those individuals who have received housing services have actually increased their expenses. While we may be able to save money over the long term, we do not have enough data at present to substantiate any significant long-term impact. As of now, we do not have any clear metrics to measure success in keeping people housed.

Comment: Mr. James Jackson commends the outstanding work and looks forward to seeing the data demonstrating its efficacy.

9. BOARD BUSINESS

a) REVIEW AND APPROVE AUGUST 2023 MONTHLY FINANCIAL STATEMENTS

During the meeting, Gil Riojas, the Chief Financial Officer, presented a general overview of the financial statements for August 2023. The complete packet, containing all the details, had already been presented to the Finance Committee earlier in the week.

To summarize, we lost approximately 3600 members in August, as we had anticipated. However, we reported a net income of $2.3 million, and our medical loss ratio represented about 93.7% of the revenue we received. Our tangible net equity, which is our reserve, decreased by three percentage points.

As we had expected, we anticipated a decrease in enrollment, and it did happen in August. We believe that the enrollment numbers may decline slightly more than we anticipated in September or October, as there are some estate cleanups that need to be done. We expect the number to go down, most likely in September.

Medical Loss Ratio (MLR):

- The Medical Loss Ratio was 93.7% for the month and 92.3% for the fiscal year-to-date. MLR percentages above 95% may result in net losses for the plan.

Tangible Net Equity (TNE):

- Reserves remain healthy at about seven times the amount required by the Department of Managed Healthcare requirements.

The Alliance continues to benefit from increased non-operating income. For August, we reported returns of $2.0M in the investment portfolio. Conversely, we experienced a negative variance of $1.3M in administrative expenses. This negative variance was a factor in reducing our reported Net Income for August.

Question: Mr. Jackson mentioned that during a detailed presentation by Moss Adams earlier this week, they discussed the TNE. He found it reassuring because they provided some context about our team's current position and future prospects, and also compared it with similar organizations across the state. He requested Gil to elaborate on this topic.

Answer: According to Gil, we receive tangible net equity results from our sister plans quarterly. We then compare these results to see where we stand in comparison to them. Typically, The Alliance's reserve amount falls within the middle range of our sister plans. Over the past few months, approximately half of the plans have had reserve amounts higher than ours, and the other half have had lower amounts. Although we are still in the middle, our reserve amount is trending towards the lower half. This doesn't mean our reserves are low, but they are on the lower side when compared to our sister plans. The thing about tangible net equity is that it's a big reserve, particularly when it increases beyond 1000%.

Question: Our plans seem to be slightly lower than those of other states. Could this be because we invest more in community supports? As we discussed earlier, we don't receive a lot of money for many of the services we provide, which means we use our TNE to cover the costs. Could this be a factor that contributes to our lower plans compared to other states?

Answer: Gil believes that we are one of the leading providers of community support. We understood that there would be a cost associated with this service, but it has had a positive impact on our team compared to other plans. As other plans begin to offer more community support, their total net expense may potentially decrease. However, we are currently at the

forefront in terms of the services we offer, and this has a significant impact on our total net expense.

Question: Is there a possibility that the variance that we see in the long-term care line includes items that could have been charged to different lines in the medical expenses here? In other words, while it looks intimidating to see that we lost $4.4 million or we varied from the budget by $4.4 million, is that misleading because some of the positive variances that we're seeing in other categories wouldn't be as great if the expenses were attributed correctly?

Answer: There might be some ancillary costs that were related to long-term care, and we see some favorability there, but for the most part, the long-term care category of aid and long-term care category of service should capture all those long-term care costs.

Motion: A motion was made by Natalie Williams and seconded by Dr. Evan Seevak to approve the August 2023 monthly financial statements.

Vote: The motion was passed unanimously.

Ayes: Aarondeep Basrai, Dr. Rollington Ferguson, James Jackson, Byron Lopez, Dr. Michael Marchiano, Jody Moore, Yeon Park, Dr. Evan Seevak, Supervisor Lena Tam, Natalie Williams, Chair Rebecca Gebhart.

No opposition or abstentions.

b) ALLIANCE PROPERTY DISCUSSION

Chief Operating Officer Ruth Watson provided a presentation on the Alliance Property Discussion and discussed the current state of our space at Suite 1320.

Current State

- Suite 1320 lease expires on May 31st, 2025.
- 1240 building assessed value in 2019 = $19M
    - Commercial real estate market for office space continues to be an evolving landscape – vacancy rates are high and property values have declined.
    - Building value will need to be re-assessed for current value.

Building Requirements

- Space to accommodate 300 Employees
    - 1 large conference room
    - 2 medium conference rooms
    - Estimated dedicated offices: 35
    - Minimum of 60,000 square feet
- Proposed Locations
    - Oakland
    - Downtown San Leandro
    - Hayward
- Member Accessibility
    - Close access to Public Transportation and BART
- Secure and safe environment for Alliance employees and Members

- Sufficient parking for staff, Members, and visitors

CEO Matt Woodruff went to inspect a couple of properties that were up for sale by Alameda County. However, the main issue with the properties that are currently for sale is that they would require a complete rebuild, and they do not meet the requirements for member accessibility. The reason we are discussing 2025 is that the lease for Suite 1320 will expire, and we have no plans to renew it. We are currently considering downsizing and continuing to operate in a remote hybrid environment.

Question: Are we planning to merge our two facilities into a new location or are we going to keep the 1240 building and search for a different space for the 1320 building since we won't be renewing our lease?

Answer: The plan is to sell the 1420 building if a new property is purchased, using the funds to pay for part or all of the new property.

Question: Several meetings ago, we had raised the question about the building next to the Coliseum. Do we have some idea of the cost to rebuild?

Answer: The nearest bus stop and BART station were located on the opposite side of the freeway. If someone wanted to take BART, they would still have to cross the freeway on foot, as it was about a mile and a half away. The closest bus stop was also on the other side of the freeway, which posed some concerns. At the Coliseum, there was a building that appeared to be brand new, but it had never been completed. The other two buildings were in a state of disrepair. If you're interested, we could perform some rough calculations, but it would cost millions of dollars.

Comment: Dr. Ferguson believes that the new requirements for membership are unnecessary because most members do not visit the office regularly. He also appreciates the decision to not renew the lease and save money. Matt notes that before the pandemic, they were averaging 2 members a day, which means they are currently experiencing a 50% decrease. However, the Member Services team still comes on-site, with seven team members taking turns in coming in weekly. They also accept walk-ins, averaging one per day currently, compared to two per day before the pandemic.

Question: Can we expect any further updates on what's going to happen next?

Answer: Our lease for Suite 1320 will continue for two more years. During this period of 18 months, we will remain in the current building. Once the lease ends, we will move everything to the 1420 building. We will begin planning for the move in 2027, as it will take 12-15 months to complete the entire process. This item will come back to the board for further discussion and updates.

Informational item only.

c) CYBER SECURITY UPDATE

Sasi Karaiyan, Chief Information Officer provided the board with an update on Information Security Operations in honor of cyber security month. Items of discussion included:

- Security Mission & Goals
- Security Strategies
- Accomplishments
- IT Security Function

- Security Training and Awareness
- AAH's Virtual Risk Officer
- AAH Email Security
- AAH Network Intrusion Detection
- Toolsets and Processes Aligned with Security Framework
- Vulnerability Management Program
- IT Security Roadmap (2021-2024)

Question: Are you conducting security audits or performing penetration testing, including social engineering tests on staff?

Answer: Yes, we conduct phishing tests and penetration tests. We provide endpoint connections to the security audit teams who try to penetrate our systems and identify vulnerabilities. The full audit end-to-end takes around 35-40 days to complete.

We have some ongoing initiatives. For instance, we are building a secondary data center in Sacramento for backup purposes. However, the modern hackers and security hackers can penetrate the secondary data centers too. To tackle this, we are creating an immutable storage where nobody can make any changes to the data or the backups. We aim to complete this by October 2023.

We are also working on enhancing our current business continuity plan. While we do have a plan in place, we want to ensure that we have all the necessary procedures and processes in place in case of a disaster. Our goal is to finish this enhancement before the end of 2023.

Question: Do we inform employees whether they passed or failed a phishing test?

Answer: A virtual risk officer calculates a risk score based on various factors such as the staff's response to phishing tests, their adherence to security training, and email exposure. The score also takes into account their job functions and titles. Our current risk score for the last six months is 27.8, which is a good score, considering the industry average of 41%. Our goal for the next six months is to bring it down to 25%, which is challenging due to the number of staff taking the test and the emotional aspect of emails. However, we are doing our best, and our current score is great. We test approximately 80-90 staff, and around 5% of them click on the phishing test, to whom we provide training. The industry average for staff clicking on phishing tests is 20%.

Comment: Chair Gebhart expressed her gratitude to Matt for his collaboration with Sasi and for elevating this matter in the organizational priorities. She also appreciated Sasi's informative and thorough presentation and suggested that it be conducted on an annual basis.

Informational item only.

10. STANDING COMMITTEE UPDATES

a) PEER REVIEW AND CREDENTIALING COMMITTEE

Dr. O'Brien gave an update on the Peer Review and Credentialing Committee's meeting held on September 19th. Out of the 104 initial applicants, 38 were recredentialed providers and 76 were behavioral health providers.

b) PHARMACY & THERAPEUTICS COMMITTEE

Dr. O'Brien gave an update on the Pharmacy & Therapeutics committee meeting held on September 26th. During the meeting, they updated 9 therapeutic categories and drug monographs, made 31 formulary modifications, and updated 56 prior off guidelines. The committee also discussed some new gene therapy treatments, including one for beta-thalassemia, one for Duchene muscular dystrophy, and a couple more that are expected to come out for sickle cell. This is particularly important for our community as sickle cell disproportionately affects us. However, each treatment costs $2-$3 million per person per dose, making them very expensive. While these game-changing therapies have the potential to be very helpful, they also present significant potential liability for a plan.

c) CONSUMER MEMBER ADVISORY COMMITTEE

On September 16th, the Consumer Member Advisory Committee held a meeting, and Matt Woodruff shared an update on the proceedings. The meeting involved four main presentations. The first presentation was a Grievance & Appeals presentation, followed by an outreach presentation that highlighted the places the committee has visited in the community. Additionally, there was an overview of the transition of ABA services, and an update on the timely access reporting. The MAC meeting also saw the election of a new chair and vice-chair. Melinda Mello is the new chair, while Tandra de Bose is the new vice-chair.

11. STAFF UPDATES

There were no staff updates.

12. UNFINISHED BUSINESS

None.

13. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS

None.

14. PUBLIC COMMENT (NON-AGENDA ITEMS)

There were no public comments for non-agenda items.

15. ADJOURNMENT

Chair Gebhart adjourned the meeting at 2:04 p.m.

ALAMEDA Alliance FOR HEALTH

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

CEO Update

Matthew Woodruff

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

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

Date: **December 8th, 2023**

Subject: **CEO Report**

- **Financials:**
  - **November 2023:** Net Operating Performance by Line of Business for the month of October 2023 and Year-To-Date (YTD):

	November	YTD
Medi-Cal	$3.6M	$20.4M
Group Care	$201K	$972K
Total	$3.8M	$21.4M

  - **Revenue was $135.7 million in October 2023 and $550.2 million Year-to-Date (YTD)**.
    - Medical expenses were $126.8 million in October and $508.9 million for the fiscal year-to-date; the medical loss ratio is 93.4% for the month and 92.5% for the fiscal year-to-date.
    - Administrative expenses were $8.6 million in October and $29.8 million year-to-date; the administrative loss ratio is 6.4% of net revenue for the month and 5.4% of net revenue year-to-date.
  - **Tangible Net Equity (TNE)**: Financial reserves are 695% of the required DMHC minimum, representing $295.7 million in excess TNE.
  - **Total enrollment in October 2023 was 354,067**, an increase of 3,519 Medi-Cal members compared to September.

- **Key Performance Indicators:**
  - **Regulatory Metrics:**
    - All regulatory metrics were met for the month of November.
  - **Non-Regulatory Metrics:**
    - All non-regulatory metrics were met for the month of November.

- **Program Implementations:**
  - **Final Budget Discussion**
    - Good news. We have heard from DHCS that they are re-looking at our rates. We will know around December 15th the outcome of any rate changes.
      - Final budget net income is projected around $9 million.

- We had discussed a few months back our TNE will drop due to Kaiser leaving the plan and the Anthem members joining the Alliance. Our projected TNE is 546% of the required minimum.
- Medical costs
  - Long term care is more than projected.
- Staffing will increase from 517 to 643.

- **Pay Equity Salary Survey**
  - In June of 2023, the Alliance started our inadvertent pay equity salary survey. All job descriptions and salary grades were reviewed to determine if the Alliance was paying, equitably by gender in the same by salary grade.
    - On November 17, 2024, the Alliance adjusted 29 employees (out of 508) that fell out of the range they were in based on job classification.
  - Next step the Alliance will rerun the data to finalize the changes made on November 17, 2024.
  - Last step, the Alliance will embark on a 9–12-month process to align job descriptions and a tenure process across the company.
- **Board Retreat**
  - Agenda is set
  - Scheduled for January 26, 2024
  - Location – Garre Winery in Livermore
- **Recruiting Incentives for our Network**
  - Thank you to all the Board members who sent feedback. We will distribute an updated program for review.
- **Proposed Board of Governors Community Investment Program**
  - The Board community investment program will be out for review this month.

ALAMEDA Alliance FOR HEALTH

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

Executive Dashboard

OPERATIONS DASHBOARD

DECEMBER 2023

12/4/2023 11:11:20 AM

Financials

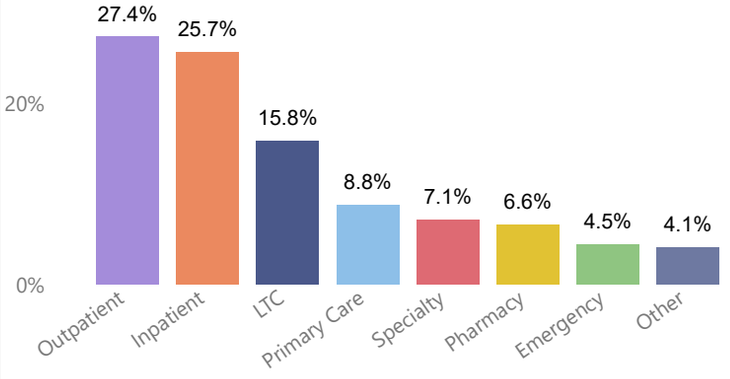
Income & Expenses

	OCTOBER 2023	FISCAL YTD
REVENUE	$ 135.7 M	$ 550.2 M
MEDICAL EXPENSE	$ (126.8) M	$ (508.9) M
ADMIN EXPENSE	$ (8.6) M	$ (29.8) M
OTHER	$ 3.5 M	$ 10.0 M
NET INCOME	$ 3.8 M	$ 21.4 M

Gross Margin %

7.5%

Medical Expenses



Liquid Reserves

MLR Net %

92.5%

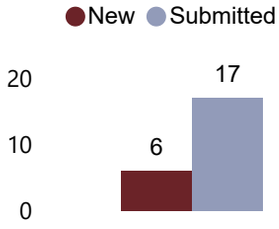
TNE %

695.2%

TNE $

$345.3M

Reinsurance Cases



Balance Sheet

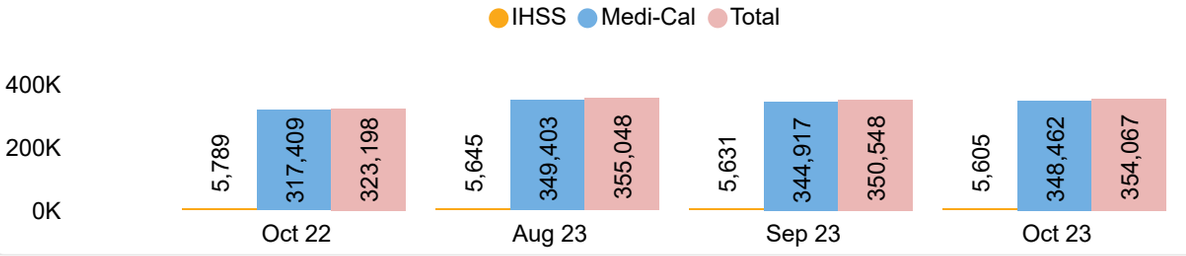
Cash Equivalents	$516.1M
Pass-Through Liabilities	$171.9M
Uncommitted Cash	$344.2M
Working Capital	$325.2M

Current Ratio

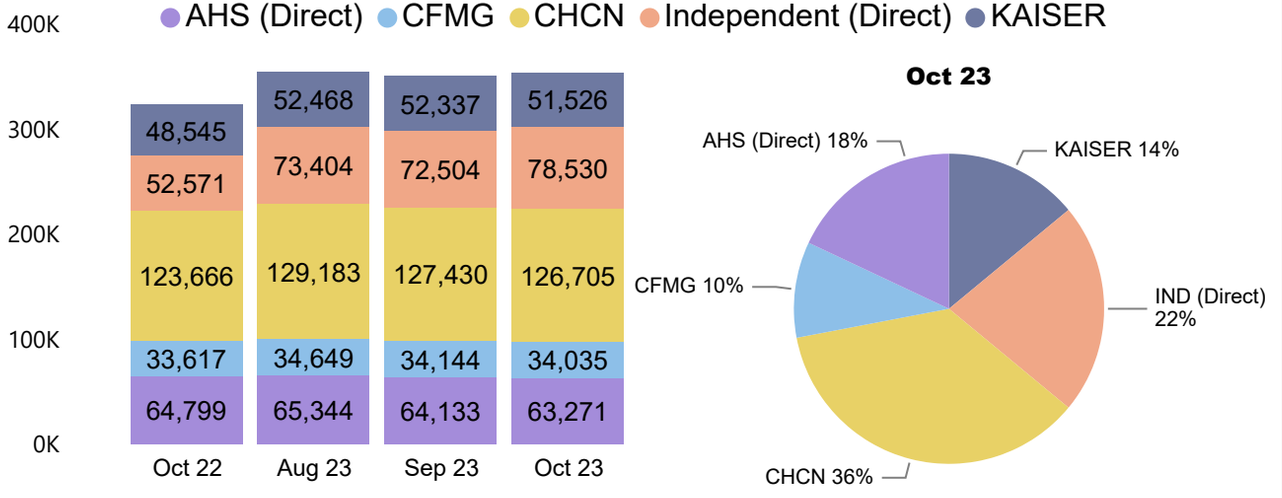
1.75

Membership

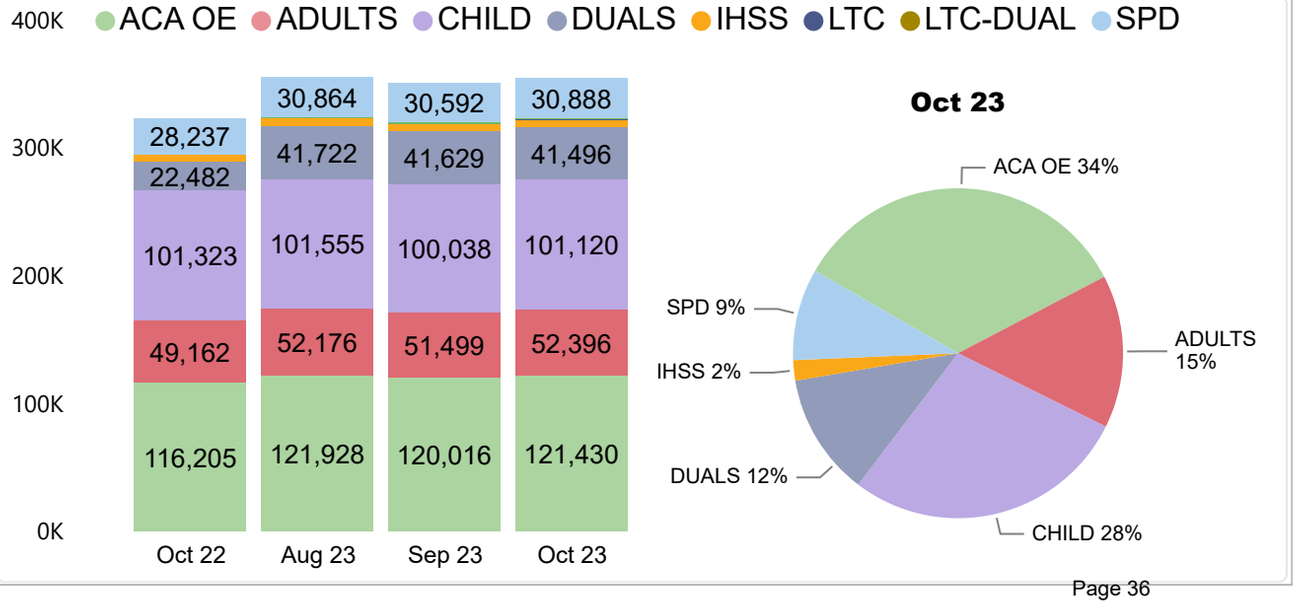
By Plan



By Network



By Category



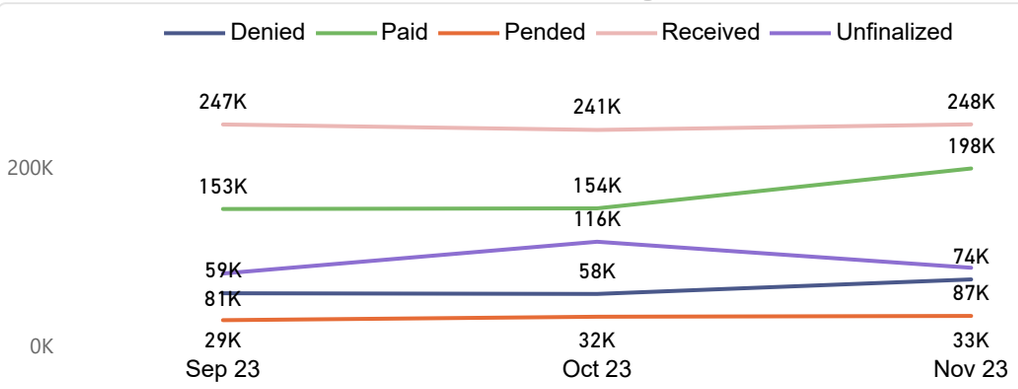
OPERATIONS DASHBOARD

DECEMBER 2023

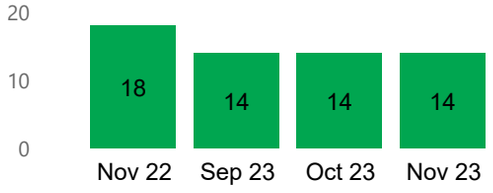
12/4/2023 11:11:20 AM

Claims

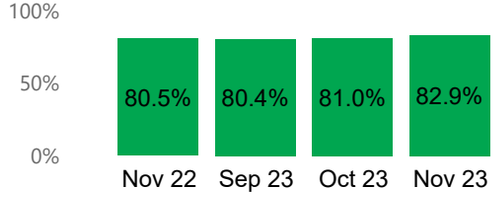
Claims Processing



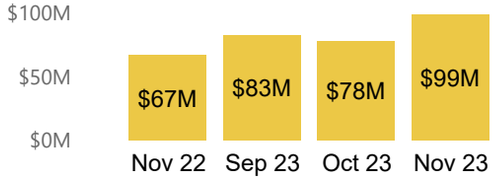
Average Payment TAT (Days)



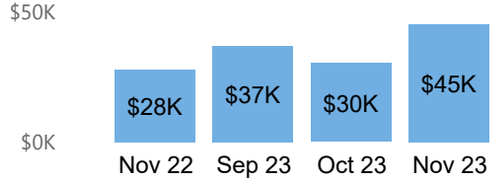
Auto Adjudication Rate (%)



Claims Paid ($)

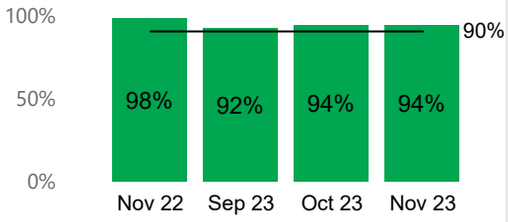


Interest Paid ($)

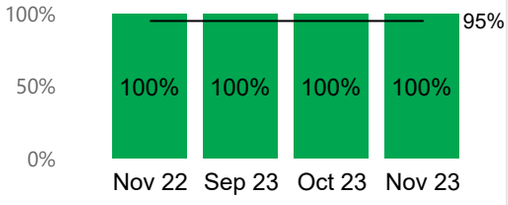


Claims Compliance

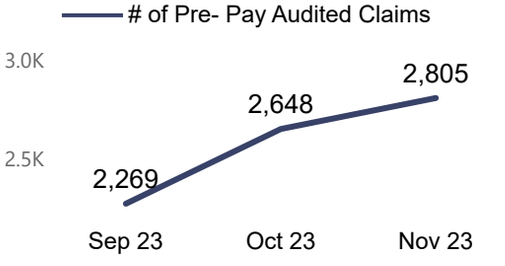
Processed 30 Cal Days (%)



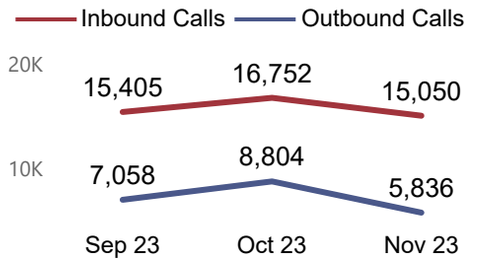
Processed 45 Work Days (%)



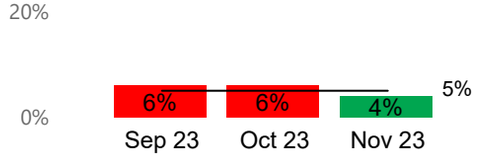
Claims Auditing



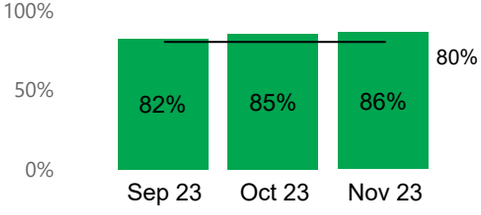
Member Services



Abandoned Call Rate (%)

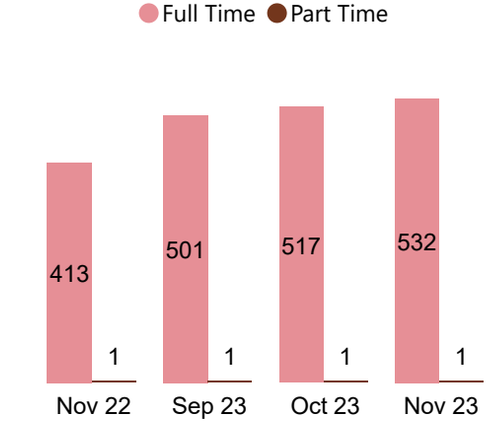


Calls Answered in 30 Seconds (%)



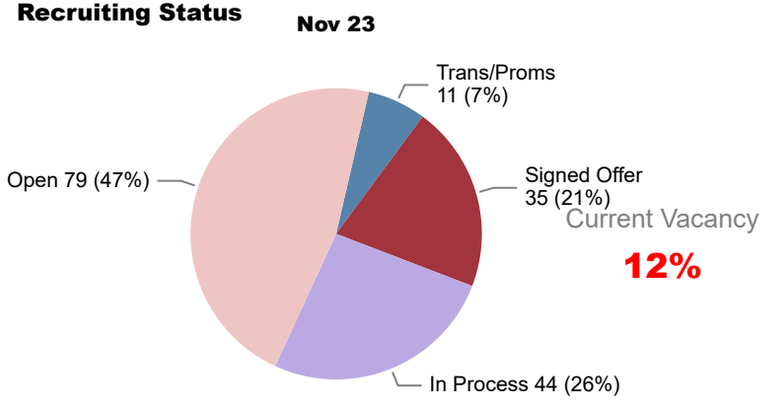
Average Call Times	Sep 23	Oct 23	Nov 23
Wait Time	00:38	00:32	00:27
Call Duration	06:36	06:40	06:48

Human Resources



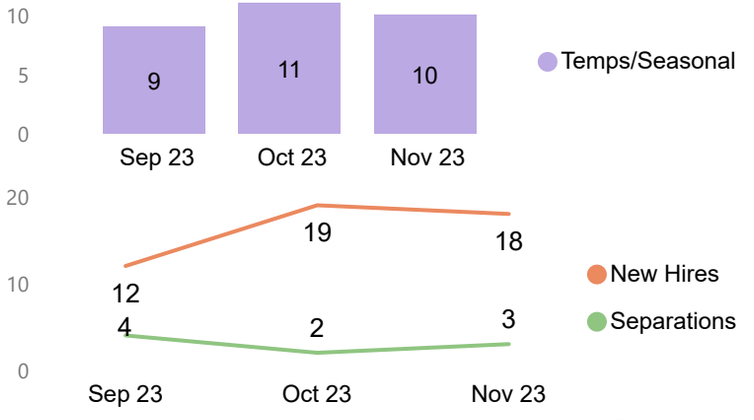
Recruiting Status

Nov 23



Current Vacancy

12%



Provider Services

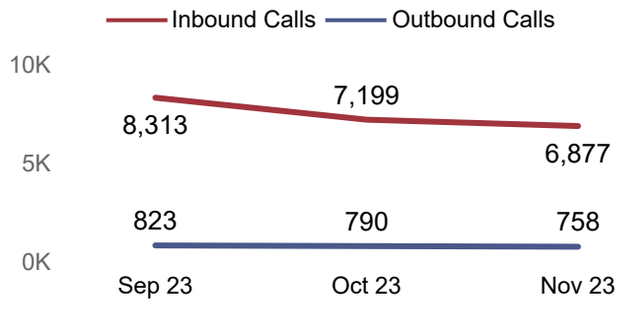
Provider Network

Hospital	17
Specialist	9,667
Primary Care Physician	776
Skilled Nursing Facility	109
Urgent Care	7
Health Centers (FQHCs and Non-FQHCs)	68
TOTAL	**10,644**

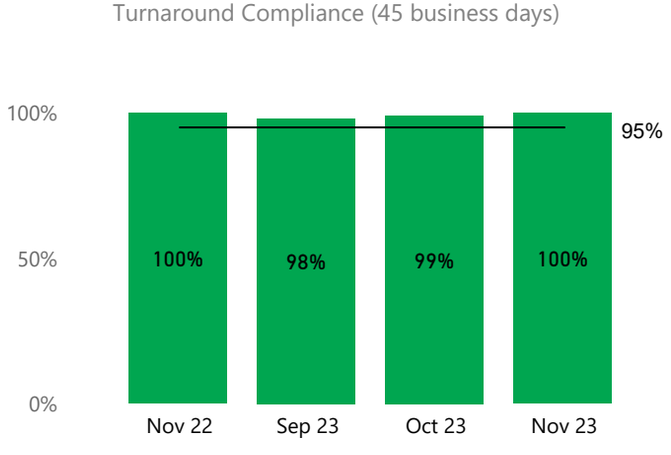
Provider Credentialing

2,927

Provider Call Center

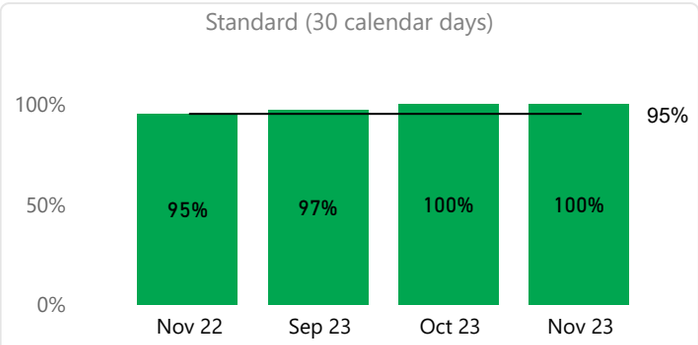


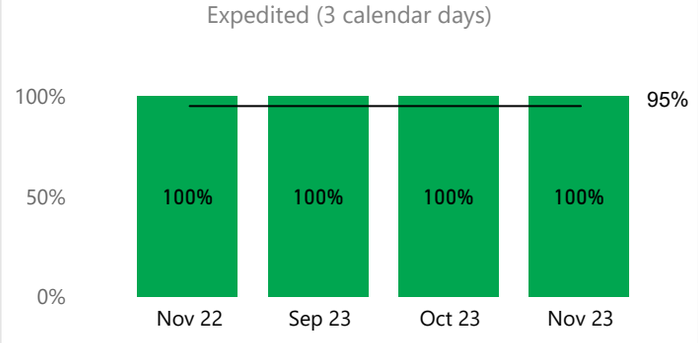
Provider Disputes & Resolutions



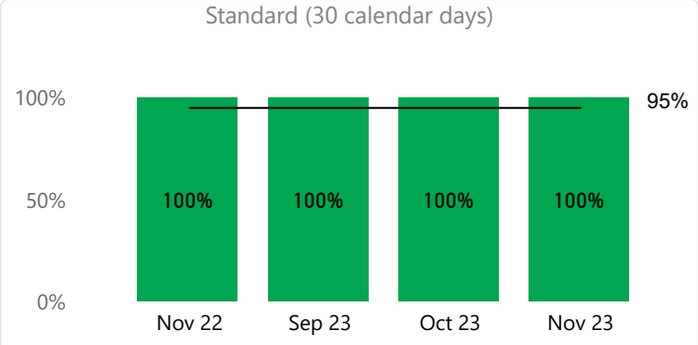
Compliance

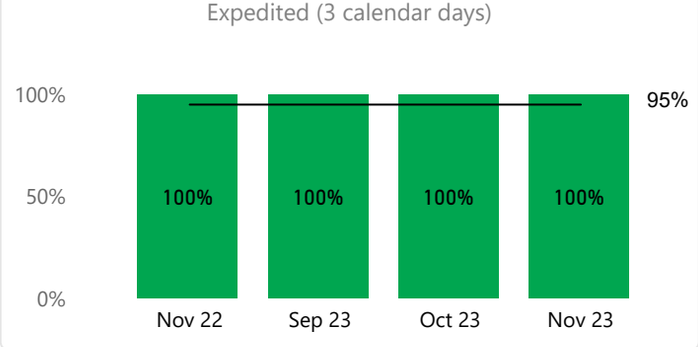
Member Grievances



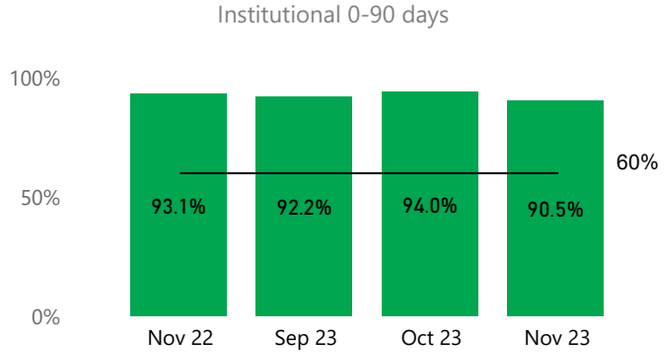


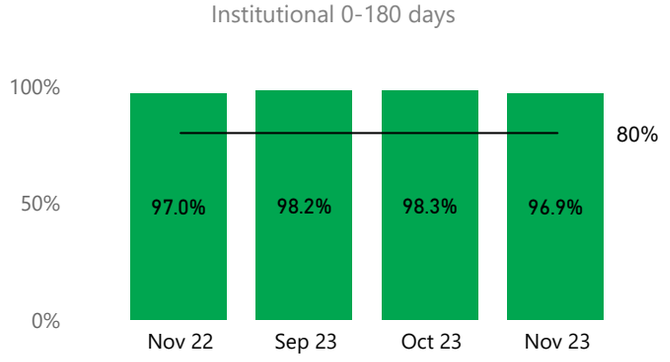
Member Appeals

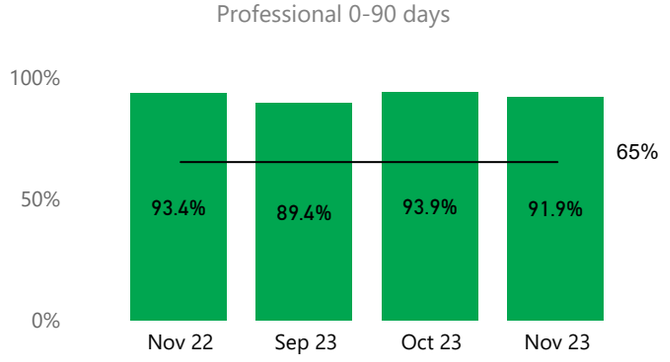


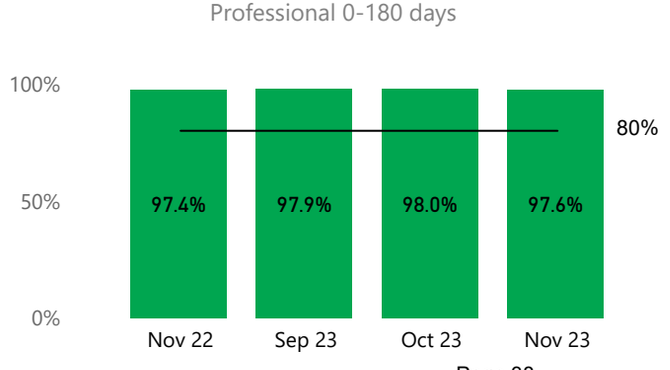


Encounter Data



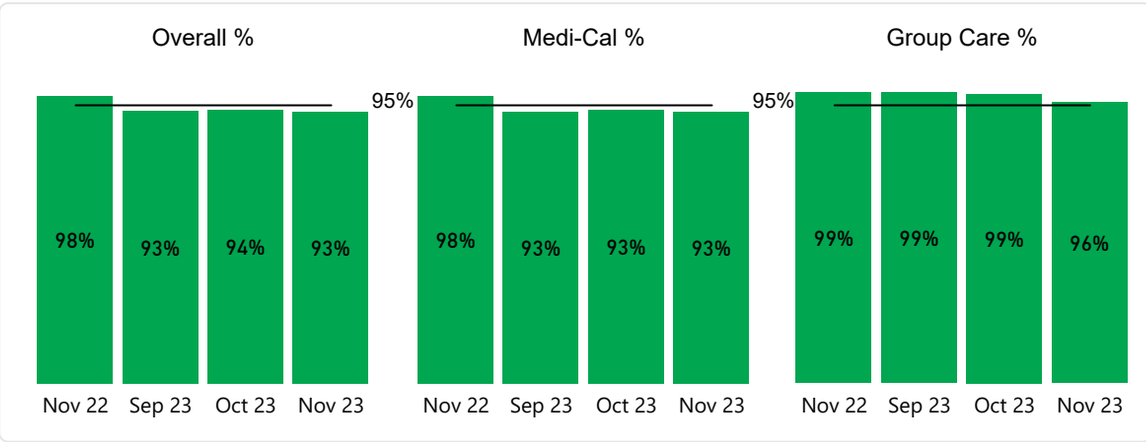




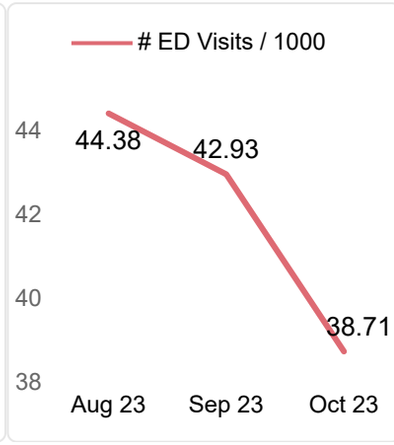


Health Care Services

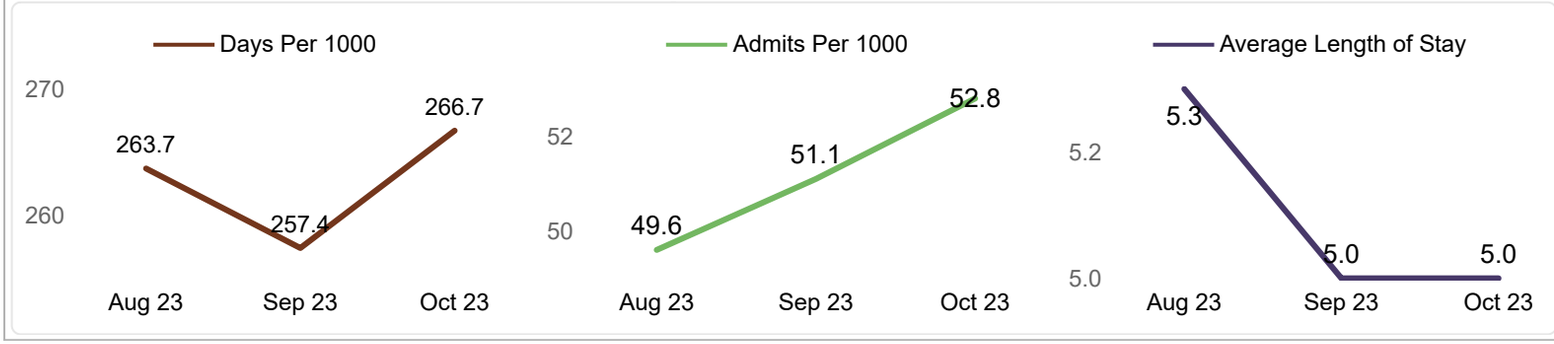
Authorization Turnaround



ED Utilization

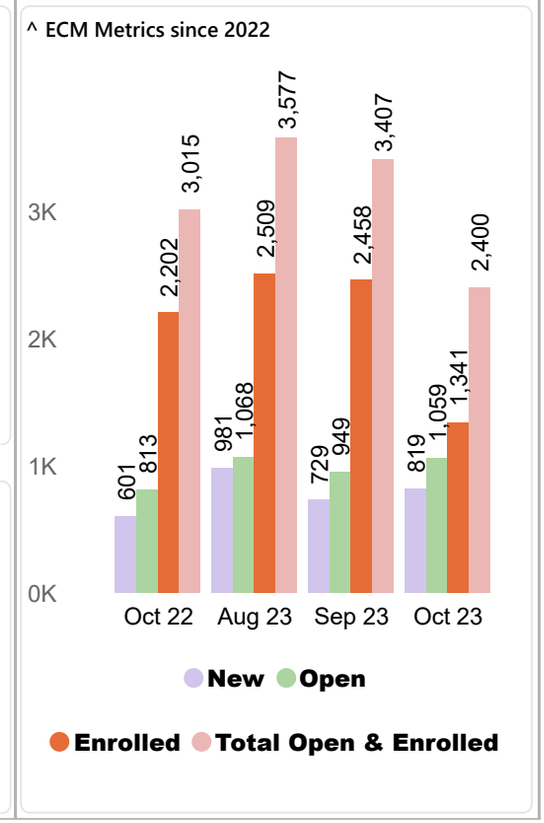


Inpatient Utilization

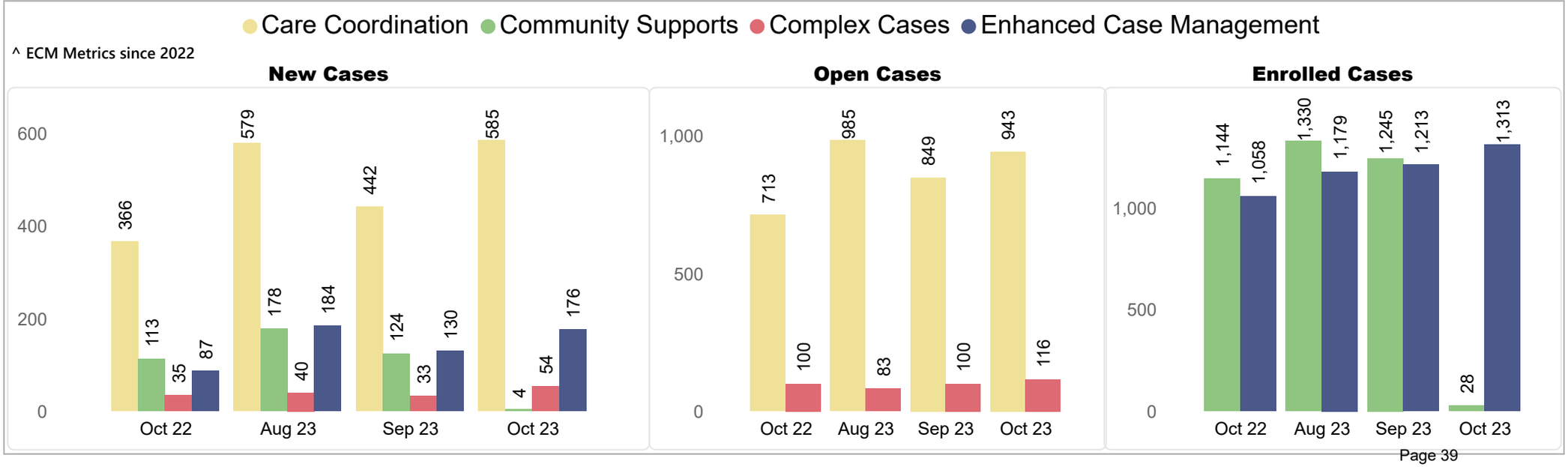


Case Management

Total Cases^



Case Management^



Technology (Business Availability)

Applications	Nov 22	Sep 23	Oct 23	Nov 23
HEALTHsuite System	100.0%	99.9%	100.0%	100.0%
Other Applications	100.0%	100.0%	100.0%	100.0%
TruCare System	100.0%	100.0%	100.0%	100.0%

Outpatient Authorization Denial Rates *

OP Authorization Denial Rates	Nov 22	Sep 23	Oct 23	Nov 23
Denial Rate Excluding Partial Denials (%)	3.7%	3.5%	4.1%	3.9%
Overall Denial Rate (%)	4.2%	3.7%	4.3%	4.2%
Partial Denial Rate (%)	0.5%	0.2%	0.2%	0.2%

*** IHSS and Medi-Cal Line Of Business**

Pharmacy Authorizations

Authorizations	Nov 22	Sep 23	Oct 23	Nov 23
Approved Prior Authorizations	32	29	37	37
Closed Prior Authorizations	110	92	98	67
Denied Prior Authorizations	39	28	29	39
Total Prior Authorizations	181	149	164	143

ALAMEDA Alliance FOR HEALTH

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

Legislative Tracking

2023 State Legislative Session Summary

Alliance Public Affairs Department

2023 Tracked Legislation

Enacted Bills

- AB 48 – Nursing Facility Resident Informed Consent Protection Act of 2023
- AB 118 (Health Trailer Bill)
- AB 254 – Confidentiality of Medical Information Act: reproductive or sexual health application information
- AB 425 – Medi-Cal: Pharmacogenomic testing
- AB 483 – Local Education Agency: Medi-Cal billing option
- AB 557 – Open Meetings: local agencies: teleconferences
- AB 614 – Medi-Cal
- AB 659 – Cancer Prevention Act
- AB 716 – Emergency Medical Ground Transportation
- AB 847 – Medi-Cal: pediatric palliative care services
- AB 948 – Prescription drugs
- AB 1481 – Medi-Cal: presumptive eligibility
- SB 43 – Behavioral Health
- SB 311 – Medi-Cal: Part A buy-in
- SB 326 – The Behavioral Health Services Act
- SB 496 – Biomarker testing
- SB 502 – Medi-Cal: children: mobile optometric office
- SB 717 – County mental health services
- SB 770 – Health Care: Unified Health Care
- SB 779 – Primary Care Clinic Data Modernization Act
- SB 786 – Prescription drug pricing
- SB 805 – Health Care Coverage: Pervasieve developmental disorders or autism

- A budget trailer bill that implements provisions of the 2023-24 budget package affecting health-related departments.
- Establishes the Medi-Cal Provider Payment Reserve Fund to receive money transferred from the managed care organization (MCO) enrollment fund to the tax on managed care organizations (MCO tax). Gives authority to the DHCS to use funds for the following:
  - Increased reimbursement rates for primary care services, obstetrics and doula services, and non-specialty mental health services to be greater than 87.5% of the lowest max allowance established by Medicare for the same/similar services beginning January 2024.
  - Transfer $75 million annually to expand the University of California graduate medical education program for primary care and specialty care physicians.
  - Transfer of $150 million to the Distressed Hospital Loan Program Fund with a payment requirement by June 30, 2024.
  - Transfer $50 million to the Small and Rural Hospital Relief Program for seismic assessment and construction with a repayment requirement by June 30, 2024.

Source: Bill Text – AB 118 Budget Act of 2023: Health

- Creates the Medi-Cal County Behavioral Fund to receive nonfederal money to be invested in implementing a Behavioral Health Payment Reform under CalAIM with the goal to move counties away from cost-based reimbursement.
- Specifies that mental health and substance use disorder treatment includes behavioral crisis services that are provided by 988 center, mobile crisis team, or other provider of behavioral health services.
- Strengthens oversight of substance use disorder licensing and certification and repeals the voluntary certification procedure for alcohol and other drug treatment recovery services and requires that those programs be certified.
- Requires all qualified Medi-Cal providers participating in eligibility programs to use the Newborn Hospital Gateway system to report a Medi-Cal eligible newborn baby in their facilities within 72 hours of birth and authorizes providers to submit newborn enrollment electronically on behalf of patients without a patient's signature.
- Requires claims for reimbursement of drug Medi-Cal services to be submitted within 12 months from the date of service.

Source: Bill Text – AB 118 Budget Act of 2023: Health

- Expands the authorization to establish a Whole Child Model (WCM) program to 13 specified counties by January 2025.
- Requires a managed care plan that participates in WCM to ensure that a CCS eligible child has a primary point of contact responsible for their care coordination and requires MCP's serving children with CCS eligible condition to support the referral pathway in non-WCM counties.
- Requires mandatory enrollment of foster children into WCM in counties operating a Single Plan model of care and requires plans to comply with access requirements and use existing Intercounty Transfer processes when a beneficiary moves to another county.

Source: Bill Text – AB 118 Budget Act of 2023: Health

- Declares that the Legislature endorses a health care system with unified financing, such as a single-payer health care system that provides accessible, affordable, equitable, and high-quality care for all Californians.
- Requires the secretary of CalHHS to consult with stakeholders and the federal government to pursue a waiver framework for a comprehensive package of medical, behavioral health, pharmaceutical, dental, and vision benefits.
- Requires that by November 1, 2025, the CalHHS Secretary provide the legislature and Governor Newsom with a report of the finalized waiver framework.

Source: Bill Text – SB 770 Unified Health: Unified Health Care Financing

- Requires a prescriber, prior to prescribing a psychotherapeautic drug for a resident of a skilled nursing facility (SNF) or intermediate care facility (ICF) to personally examine and obtain the informed written consent of the resident or the resident's representative.
- Requires to disclose to resident whether a proposed drug being prescribed has or has not been approved by the FDA.
- Adds language clarifying all SNF, and ICF residents have the right to appeal an involuntary transfer or discharge regardless of the resident's payment source, or the Medi-Cal or Medicare certification status of the facility they reside in.
- Require, if written translation services are not available, the consent form may be provided in English with oral interpretation in a language the resident understands.

Source: Bill Text – AB 48 Nursing Facility Resident Informed Consent Protection Act of 2023

- This bill, commencing July 1, 2024, add pharmacogenomic testing as a covered benefit under Medi-Cal. Pharmacogenomic testing is defined as laboratory genetic testing that includes, but is not limited to, a panel test, to identify how a person's genetics may impact the efficacy, toxicity, and safety of medications.
- Implementation of this bill is conditional based on receipt of federal approvals and availability of federal financial participation. It authorizes the department to implement these provisions through all-county letters.

Source: Bill Text – AB 425 Medi-Cal: Pharmacogenomic testing.

- This bill updates and amends legislation adopted under AB 361 in 2021 (COVID-era rules related to the Brown Act which allowed local agencies to meet remotely during certain state of emergency) and which were set to expire in 2023.
- Eliminates the sunset date on provisions of law allowing local agencies to use teleconferencing without complying with specified Brown Act requirement during a proclaimed state of emergency.
- Removes references to the authority for a legislative body to hold a meeting via teleconference when state or local officials have imposed or recommended measures to promote social distancing.
- Changes the 30-day renewal process that was implemented under AB 361 to 45 days, providing agencies with an additional 15 days to renew its resolution in order to continue to meet remotely under the modified Brown Act procedures.

Source: Bill Text – AB 557 Open Meetings: Local Agencies: Teleconferences.

- This bill prohibits the Department of Health Care Services from entering Medi-Cal managed care contracts with entities that are not Knox-Keene Health Care Services Plan Act of 1975 (Knox-Keene) licensed plans, except where otherwise authorized for exemption.
- It requires stakeholder input prior to DHCS issuing a new request for proposal or entering into new managed care contracts.

Source: Bill Text – AB 614 Medi-Cal.

- This bill allows an individual determined eligible for hospice services or palliative care in the Medi-Cal program, prior to 21 years of age, to continue to receive such services after 21 years of age if determined eligible by a health care provider.
- It adds intent to investigate future legislation to make pediatric palliative and hospice care more accessible to families.
- Recast provisions related to retaining eligibility for palliative care or hospice services and allow an individual to continue to retain services past 26 years of age as long as certified eligible by a health care provider.

Source: Bill Text – AB 847 Medi-Cal: pediatric palliative care services

- Requires the DHCS, for a pregnant person covered under the Presumptive Eligibility for Pregnant Women (PE4PW) program who applies for full-scope Medi-Cal benefits in a specified time window, to ensure the pregnant person is covered under the PE4PW program until the pregnant person is either enrolled in full-scope Medi-Cal benefits or has received a written denial notice in response to their application for full-scope Medi-Cal.
- It renames the program as Presumptive Eligibility for Pregnant People (PEAPP)
- Require DHCS to require providers participating in the program to provide information to pregnant persons on how to contact to person's county to expedite the county's determination of a Medi-Cal application.

Source: Bill Text – AB 1481 Medi-Cal: presumptive eligibility.

- Recasts the Mental Health Services Act (MHSA) as the Behavioral Health Services Act (BHSA) and modifies local and state spending priorities under the BHSA, including that 30% of all local funds be spent on housing interventions.
- Adds a state-level population-based prevention and stigma reduction program and statewide workforce program.
- Allows BHSA funding to be used to provide services to individuals with SUD regardless of whether they have additional mental health diagnosis.
- Makes most changes subject to voter approval on the March 5, 2024 primary election ballot. Bill would take effect immediately upon enactment.

Source: Bill Text – SB 326 The Behavioral Health Services Act.

- This bill requires Medi-Cal and health plans to cover medically necessary biomarker testing for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's or insured's disease or condition to guide treatment decisions if the test is supported by medical and scientific evidence.
- Provisions to the Medi-Cal program subject to utilization controls, and only to the extent federal financial participation is available and not otherwise jeopardized, and any necessary federal approvals have been obtained.
- Permits DHCS to implement this bill by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions, without taking any further regulatory action.

Source: Bill Text – SB 496 Biomarker testing.

- This bill requires the DHCS, subject to an appropriation, to file all necessary sate plan amendments to exercise the Health Services Initiative option made available under the federal CHIP provisions to cover vision services to low-income children statewide through a mobile optometric office.
- Authorizes the acceptance of payment from any of the state's CHIP programs, in addition to the Medi-Cal program, for the owner/operator of a mobile optometric office.
- Prohibits the use of General Fund moneys and requires the DHCS to seek other funding sources of funding including charitable donations.

Source: Bill Text – SB 502 Medi-Cal: Children: Mobile Optometric Office

- This bill expands the qualifications for Qualified Autism Service (QAS) professionals as found in California's mandate on health plans and insurers to cover behavioral health treatment (BHT) for pervasive developmental disorders or autism.
- It requires these QAS professionals to also meet educational or experiential qualifications and supervision requirements for these providers adopted by the Department of Developmental Services (DDS) on or before July 1, 2026 through regulations that also develop a rate.

Source: Bill Text – SB 805 Health Care Coverage: Pervasive developmental disorders or autism

2023 Tracked Legislation

Tracked Bills Vetoed by Governor

- AB 85 – Social determinants of health: screening and outreach
- AB 576 – Medi-Cal: reimbursement for abortion
- AB 608 – Medi-Cal: comprehensive perinatal services
- AB 620 – Health care coverage for metabolic disorders
- AB 632 – Health care coverage: prostate cancer screening
- AB 719 – Medi-Cal: nonmedical and nonemergency medical transportation
- AB 907 – Coverage for PANDAS and PANS
- AB 931 – Prior Authorization: physical therapy
- AB 1085 – Medi-Cal: housing supoort services
- AB 1202 – Medi-Cal: health care services data: children and pregnant or postpartum persons
- AB 1288 – Health care coverage: Medication assisted treatment
- AB 1437 – Medi-Cal: serious mental illness
- AB 1451 – Urgent and emergency mental health and substance use disorder treatment
- AB 1645 – Health care coverage: cost sharing
- SB 582 – Health information
- SB 694 – Medi-Cal: self-measured blood presssure devices and services

ALAMEDA Alliance FOR HEALTH

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

Board Business

ALAMEDA Alliance FOR HEALTH

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

Resolution 2023-10

RESOLUTION NO. 2023-10

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

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

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

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

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

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

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

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

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

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

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

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

PASSED AND ADOPTED by the Board at a meeting held on the 8th day of December 2023.

_____

CHAIR, BOARD OF GOVERNORS

ATTEST:

_____

Secretary

APPENDIX "A"

Designated Positions

Division	Position	Disclosure Category
N/A	Member, Board of Governors	**I, II**
Administration	Chief Executive Officer	**I, II**
Analytics	Chief Analytics Officer	**I, II**
Analytics	Senior Director, Analytics	**I**
Analytics	Manager, Quality Analytics	**I**
Compliance	Chief Compliance Officer & Chief Privacy Officer	**I, II**
Compliance	Director, Compliance & Special Investigations	**I**
Finance	Assistant Controller	**I**
Finance	Chief Financial Officer	**I**
Finance	Strategic Account Representative	**I**
Finance	Controller	**I**
Finance	Director, Vendor Management	**I**
Finance	Manager, Vendor Management	**I**
Finance	Senior Director, Financial Planning & Analysis	**I**
Health Care Services	Chief Medical Officer	**I, II**
Health Care Services	Director, Long Term Services and Supports	**I**
Health Care Services	Director of Population Health & Equity	**I**
Health Care Services	Director, Quality Assurance	**I**
Health Care Services	Director, Social Determinants of Health	**I**
Health Care Services	Director, Utilization Management	**I**
Health Care Services	Executive Director, Medicare Programs	**I**
Health Care Services	Medical Director, Case Management	**I**
Health Care Services	Medical Director, Community Health	**I**
Health Care Services	Medical Director, Long Term Supportive Services	**I**
Health Care Services	Medical Director, Utilization Management	**I**
Health Care Services	Senior Director, Health Care Services	**I**
Health Care Services	Senior Director, Quality	**I**
Health Care Services	Senior Director, Behavioral Health	**I**
Health Care Services	Senior Director, Pharmacy Services	**I**
Health Care Services	Senior Medical Director	**I**
Health Equity	Chief Health Equity Officer	**I, II**
Human Resources	Chief Human Resources Officer	**I, II**
Human Resources	Director, Human Resources	**I**
Human Resources	Human Resources Manager	**I**
Human Resources	Senior Director, Workforce Development	**I**
Human Resources	Director, Diversity, Equity, Inclusion	**I**

Information Technology	Chief Information Officer & Chief Security Officer	**I, II**
Information Technology	Associate Director, IT Ops & Quality Apps Management	**I**
Information Technology	Director, Applications Management, Quality & Process Improvement	**I**
Information Technology	Director, Data Exchange & Interoperability	**I**
Information Technology	Director, Data Integration & Application Development	**I**
Information Technology	Director, IT Infrastructure	**I**
Information Technology	Manager, IT Service Desk	**I**
Legal	Supervising Associate Counsel	**I, II**
Operations	Chief Operating Officer	**I, II**
Operations	Director, Claims	**I**
Operations	Director, Housing & Community Services Program	**I,II**
Operations	Director, Incentives & Reporting	**I**
Operations	Director, Provider Services & Provider Contracting	**I**
Operations	Executive Director, Operations	**I**
Operations	Manager, Networks & Contracting	**I**
Operations	Senior Director, Behavioral Health Services & Long Term Care Operations	**I**
Operations	Senior Director, Portfolio Management & Service Excellence	**I**
Operations	Senior Director, Facilities	**I, II**
Operations	Senior Director, Integrated Planning	**I**
Operations	Senior Director, Member Services	**I**
Operations	Senior Manager, Public Affairs & Media Relations	**I**
Operations	Senior Manager, Communications & Outreach	**I**
Operations	Senior Manager, Peer Review & Credentialing	**I**
All	Consultants[1]	**I**

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

APPENDIX "B"

Disclosure Categories

CATEGORY I

Persons in this category shall disclose all investments, income (including compensation for consulting work, loans (including bank loans, gifts, and travel payments) and business positions in:

a. Health care providers or other businesses under contract with or under consideration to contract with the Alliance.
b. Businesses engaged in the delivery of health care services or supplies, or services or supplies ancillary thereto of a type to be provided or arranged for by the Alliance.
c. Businesses that manufacture, provide, or sell services, supplies, materials, machinery, or equipment of a type purchased or leased by the Alliance.
d. Businesses subject to the regulatory, permitting or licensing authority of the Alliance.

CATEGORY II

Persons in this category shall disclose all interests in real property in Alameda County if the property or any part of it is located within or not more than two miles outside the boundaries of Alameda County or within two miles of any land owned or used by the Alliance.

Persons are not required to disclose a residence, such as a home or vacation cabin, used exclusively as a personal residence; however, a residence in which a person rents out a room or for which a person claims a business deduction may be reportable.

ALAMEDA Alliance FOR HEALTH

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

Resolution 2023-11

RESOLUTION NO. 2023-11

A RESOLUTION OF ALAMEDA ALLIANCE FOR HEALTH CHANGING THE STANDING CONSUMER ADVISORY COMMITTEE TO THE COMMUNITY ADVISORY COMMITTEE

WHEREAS, on June 21, 1994, the Alameda Alliance for Health ("Alliance") Board of Governors ("Board") adopted bylaws ("*Bylaws*") providing that there shall be a standing Community (Member) Advisory Committee of the Board ("MAC"); and

WHEREAS, the Board set forth the structure of the MAC in resolutions 1994-03, 1994-07, 1998-05, and 2007-01, as well as in subsequent updates to the Bylaws, in order to align with contractual, regulatory and operational requirements; and

WHEREAS, on September 28, 2021, the Alameda County Board of Supervisors adopted Ordinance No. 2021-38, authorizing the transition to a single Medi-Cal Managed Care Health Plan Model for the County of Alameda's Medi-Cal beneficiaries to be effective on January 1, 2024, with the Alliance assuming the role of the single Medi-Cal plan for Alameda County; and

WHEREAS, on September 3, 2022, the Alliance and the Department of Health Care Services ("DHCS") executed contract #22-20197setting forth requirements that the Alliance must put in place leading up to the January 1, 2024, single plan effective date; and

WHEREAS, the final draft of the Contract #23-30212 ("the Contract"), establishing the Single Plan Model will require that the Alliance form a Community Advisory Committee ("CAC") pursuant to 22 CCR section 53876(c), comprised primarily of Alliance members, as part of the Alliance's implementation and maintenance of member and community engagement with stakeholders, community advocates, traditional and safety-net providers and members; and

WHEREAS, the requirements for the structure, functions, and activities of the CAC are similar to, but not identical to those of the current MAC; and

WHEREAS, the Board would like to change the name of the MAC to the CAC, and to align its structure, functions, and activities to comply with upcoming requirements as set forth in the Contract; and

WHEREAS, the Bylaws require that standing committee meeting frequency, committee composition, and member term length and nomination process shall be as set forth by resolution.

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

SECTION 1. The MAC shall now be called the CAC.

SECTION 2. All references to the MAC found in Alliance internal and public facing documents and publications, including but not limited to charters, agendas, intranet pages, public webpages, and bylaws, shall be updated to refer to the CAC.

SECTION 3. All Alliance employee members of the CAC shall serve ex officio; non-Alliance members shall be nominated by the CAC Selection Committee in accordance with Section 5.2.11(E)(2) of the Contract. In compliance with State requirements, the CAC Selection Committee will be comprised of individuals on the Alliance's Board, and will include representation in the following areas: Safety Net Providers including Federally Qualified Health Centers, Behavioral Health Providers, Regional Centers, Local Education Agencies, dental providers, Individualized Health Care Plans (IHCPs), and Home and Community-Based Service program providers, and persons and community-based organizations who are representatives of each county within the Alliance's Service Area, adjusting for changes in membership diversity. The CAC Selection Committee shall ensure the CAC membership reflects the general Medi-Cal Member population in the Alliance's Service Area, including representatives from IHCPs, and adolescents and/or parents and/or caregivers of Children, including foster youth, as appropriate and be modified as the population changes to ensure the Alliance's community is represented and engaged, with a specific emphasis on including representatives that experience Health Disparities, such as individuals with diverse racial and ethnic backgrounds, genders, gender identity, and sexual orientation and physical disabilities. The CAC members shall be appointed to two-year terms by majority vote of the Board; non-Alliance members may be reappointed to serve additional terms with the CAC Selection Committee's approval.

SECTION 4. All other elements of the CAC shall remain the same as set forth in previously executed resolutions.

SECTION 5. The Alliance Secretary shall certify the adoption of this resolution.

.

PASSED AND ADOPTED by the Board at a meeting held on the 8th day of December 2023.

_____
CHAIR, BOARD OF GOVERNORS

ATTEST:

_____
Secretary

FY 2024 Final Budget

Presented to the Alameda Alliance Board of Governors

December 8th, 2023

ALAMEDA Alliance FOR HEALTH

Budget Process

- Preliminary Budget presented to Finance Committee on June 6th and to the Board of Governors on June 9th.
- Final Budget presented to Finance Committee on December 5th and to the Board of Governors on December 8th.
- DHCS has announced that new draft Medi-Cal CY 2024 rates will be issued sometime in December. These rates will be incorporated in the Second Quarter Forecast.
- Final CY 2024 rates should be delivered by June 2024.

Material Areas of Uncertainty

- Material changes in enrollment are estimates, DHCS has not sent Plan specific enrollment projections.
- New draft rates will be delivered in December after the BOG Meeting, which may include a material rate increase due to the following:
  - A greater allowance for administrative expense included in the rates.
  - An increasing acuity assumption for the remaining members after redetermination. Biggest impact could be in the ACA OE and Adult COAs.
  - Potential changes to the regional rate. Adjustments vs. Kaiser may become more favorable.
  - Consideration for a UIS Risk Corridor to offset general dissatisfaction with the UIS Rates.
  - A rate increase of 1% would yield approximately $10 million in FY 2024 revenue. Final rates should come by June 2024.

Material Areas of Uncertainty (continued)

- The ratio of members with Satisfactory versus Unsatisfactory Immigration Status may vary from DHCS projections.
- The responsibility for long-term care services transitioned from fee-for-service Medi-Cal in February, thus AAH still has limited LTC experience. Emerging data shows that costs for Long-term Care have been higher than anticipated.
- Medical Expense includes assumptions regarding the relative acuity of new populations, existing members, and departing members. These assumptions will need time to develop and validate. The costs of these cohorts will have significant impact on the medical loss ratios.
- The Alliance may be required to contract with many out-of-area providers in order to maintain continuity of care for members transitioning from Anthem.
- Contract changes for hospitals and delegated providers in projections have not been finalized.

Summary of Proposed Budget to the Board of Governors

Highlights

- 2024 Projected Net Income of $9.3 million.
- Projected TNE excess at 6/30/24 of $271.8 million is 546% of required TNE.
- Year-end enrollment is 29,000 higher than Preliminary Budget, due to higher than estimates for transitioning populations. Enrollment projected to peak at 404,000 in January 2024.
- Revenue is $1.8 billion in FY 2024, $51 million higher than Preliminary, due to higher enrollment.
- Total revenue includes approximately $120 million of pass-through funding. Revenue managed by AAH is approximately $1.7 billion.
- PMPM Fee-for-Service and Capitated Medical Expense decreases by 2.0%.
- $18.9 million in net savings are included for claims avoidance and recovery activities.
- Administrative expenses represent 5.8% of revenue, $12.0 million lower than Preliminary. Decreases include: Purchased & Professional Services ($6.1 million), Licenses, Insurance & Fees ($3.7 million), Printing/Postage/Promotion ($3.4 million), Employee Expense ($2.9 million). This was offset by an increase caused by a change in accounting treatment for subscription services ($2.9 million) and Other expenses ($1.2 million).
- Clinical expenses comprise 3.5% of revenue, $2.8 million lower than Preliminary. Timing changes for CalAIM incentives ($7.1 million), were partially offset by increases in Employee Expense ($2.4 million), Purchased & Professional Services ($1.6 million) and Other ($300K).
- Additional $4.5 million in accruals made for Provider Incentives and the MOT Risk Corridor.

Budget Assumptions

Staffing:

- Staffing includes 643 full-time equivalent employees by June 30, 2024. This includes 438 Administrative employees and 205 Clinical employees.
- There are 147 new positions requested for FY 2024. The new positions are in: Operations (57), Health Care Services (53), Information Technology (19), Finance/Vendor Management (6), Human Resources (5), Analytics (3), Compliance/Legal (2),and Integrated Planning (2). Some of the new positions will be offset by the release of temporary employees.

Enrollment:

- FY 2024 member months of 4,484,000 are 4.3% higher than the Preliminary Budget.
- The number of projected members at the end of the year has increased by 30,000.
- Increases to assumptions have been made to the number of members transitioning on January 1, 2024. This includes members transitioning from Anthem and new undocumented members aged 26-49 years old.
- Disenrollments have been slightly more moderate than anticipated.

Budget Assumptions (con't)

Revenue:

- 98% of Revenue for Medi-Cal, 2% for Group Care.
- PMPM draft Medi-Cal base rates are lower than anticipated. They are 0.6% lower than CY 2023 and 3.5% lower than Preliminary budget. This is driven by lower UIS rates in the ACA OE, SPD and Dual Categories of Aid.
- DHCS is considering several positive changes to final rates, however it is too early to quantify the possible impacts.
- ECM rates increased by 1.6% versus Preliminary.
- No draft rates have been received for the Targeted Rate Increase or Major Organ Transplants
- Per-member-per-month Group Care rates remain unchanged.

Medical Expense:

- 98% of Expense for Medi-Cal, 2% for Group Care.
- Medical loss ratio is 95.3%, an increase of 2.8% over the Preliminary Budget.
- Material increases in the Long-term Care Category of Service were partially offset by decreases in Ancillary, Inpatient and Capitated Expense.
- $3 million has been added to the Provider Incentive Pool
- An additional $1.5 million per month accrued for the Major Organ Transplant Risk Corridor.

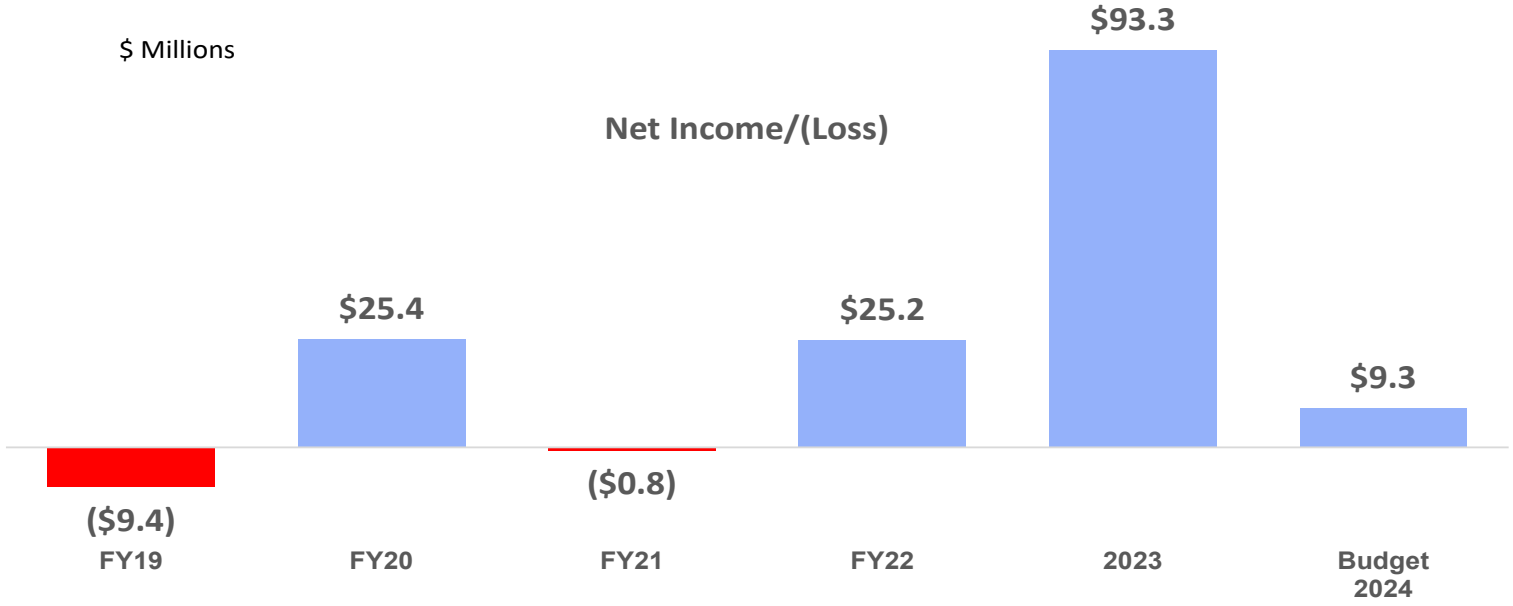
Hospital and Provider Rates:

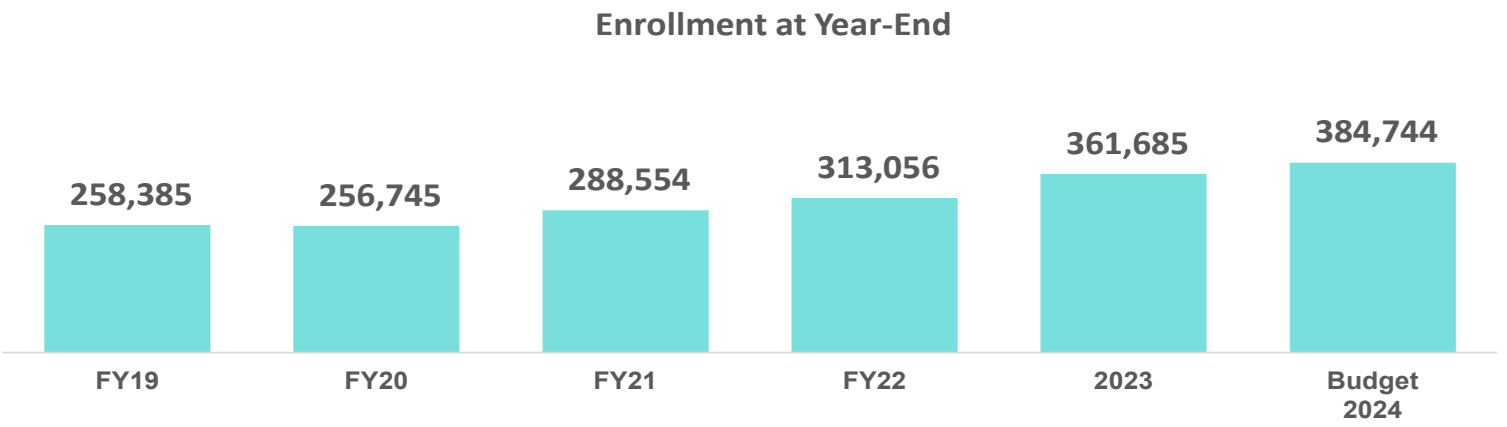
- FY2024 Hospital and SNF contract rates increase by $27.5 million over FY 2023.
- Professional capitation rates increase by $6.0 million.

Comparison to Preliminary Budget

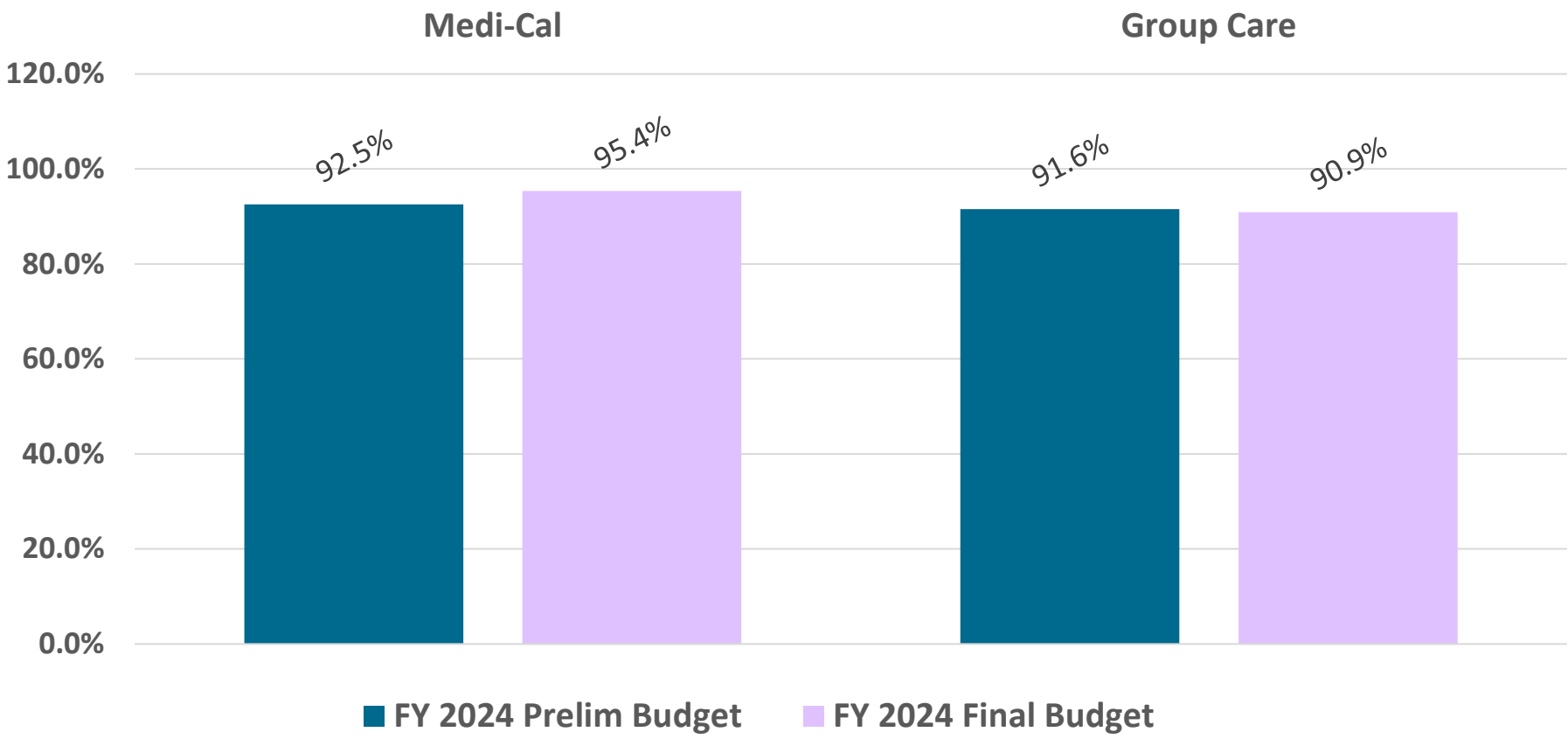
$ in Thousands	FY 2024 Final Budget				FY 2024 Prelimary Budget				Variance F/(U)			
	Medi-Cal	Group Care	Medicare	Total	Medi-Cal	Group Care	Medicare	Total	Medi-Cal	Group Care	Medicare	Total
Enrollment at Year-End	379,251	5,493	0	384,744	349,601	5,669	0	355,270	29,650	(176)	0	29,474
Member Months	4,416,822	66,886	0	4,483,708	4,232,862	68,028	0	4,300,890	183,960	(1,142)	0	182,818
Revenues	$1,746,538	$30,585	$0	$1,777,123	$1,695,380	$31,104	$0	$1,726,485	$51,158	($520)	$0	$50,638
Medical Expense	1,665,425	27,800	0	1,693,225	1,568,657	28,483	0	1,597,140	(96,769)	683	0	(96,086)
Gross Margin	81,113	2,785	0	83,897	126,723	2,622	0	129,345	(45,611)	163	0	(45,448)
Administrative Expense	101,608	2,009	613	104,230	113,061	2,296	1,295	116,652	11,452	287	682	12,421
Operating Margin	(20,496)	776	(613)	(20,333)	13,663	326	(1,295)	12,694	(34,158)	450	682	(33,026)
Other Income / (Expense)	29,104	485	0	29,589	9,079	161	0	9,240	20,024	324	0	20,349
Net Income / (Loss)	$8,608	$1,261	($613)	$9,256	$22,742	$487	($1,295)	$21,934	($14,134)	$774	$682	($12,678)
Admin. Expense % of Revenue	5.8%	6.6%		5.9%	6.7%	7.4%		6.8%	0.9%	0.8%		0.9%
Medical Loss Ratio	95.4%	90.9%		95.3%	92.5%	91.6%		92.5%	-2.8%	0.7%		-2.8%
TNE at Year-End				$332,795				$339,859				($7,064)
TNE Percent of Required at YE				546%				592%				(46%)

Operating Performance: 2019 to 2024

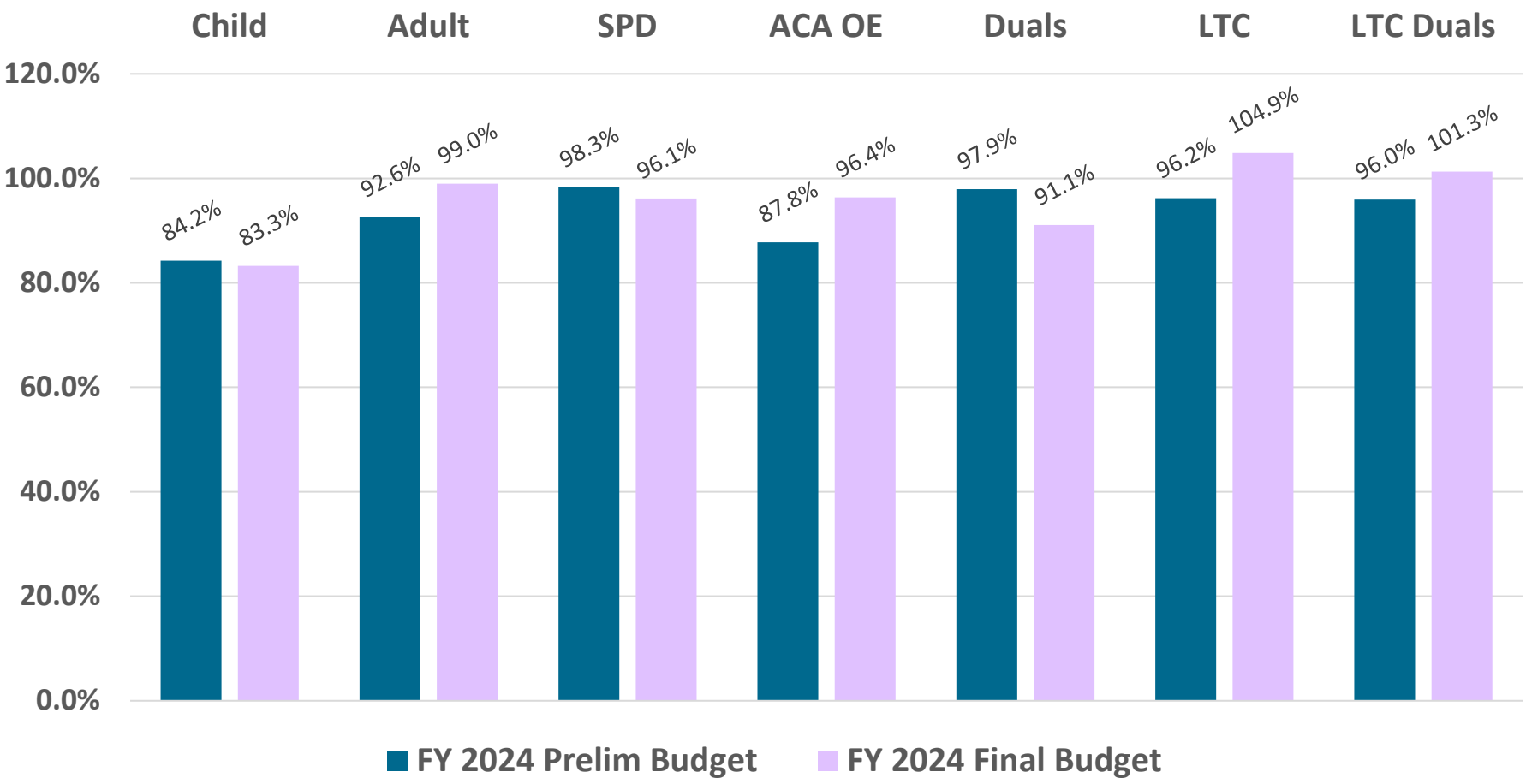




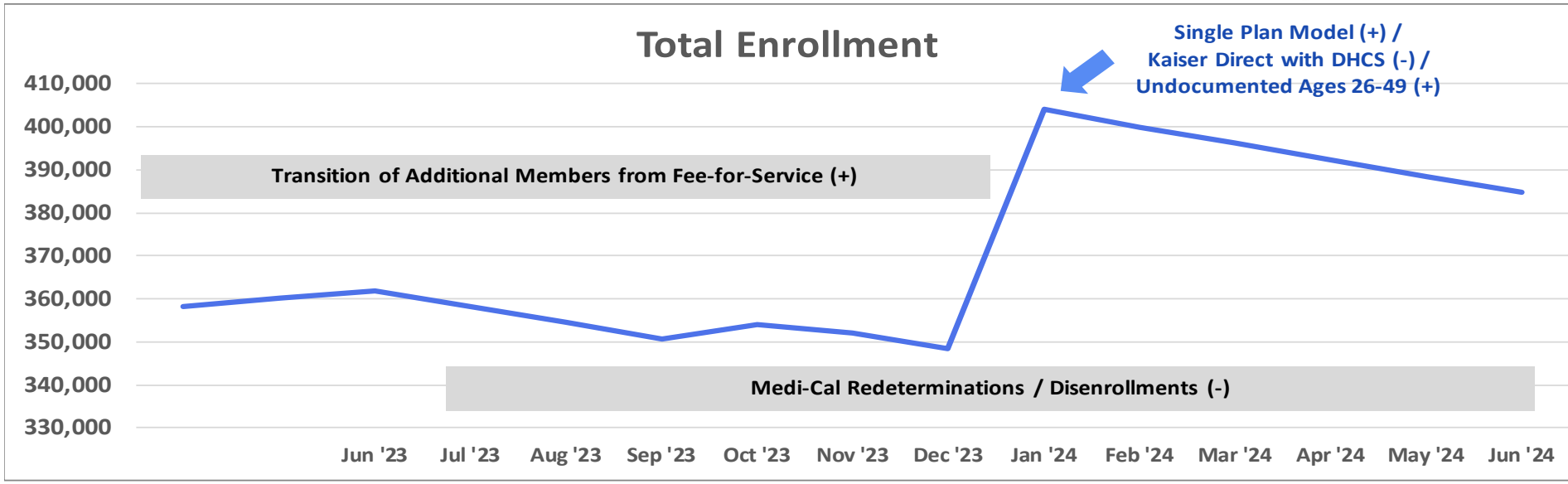
Medical Loss Ratio by Line of Business



Medi-Cal Loss Ratio by Category of Aid

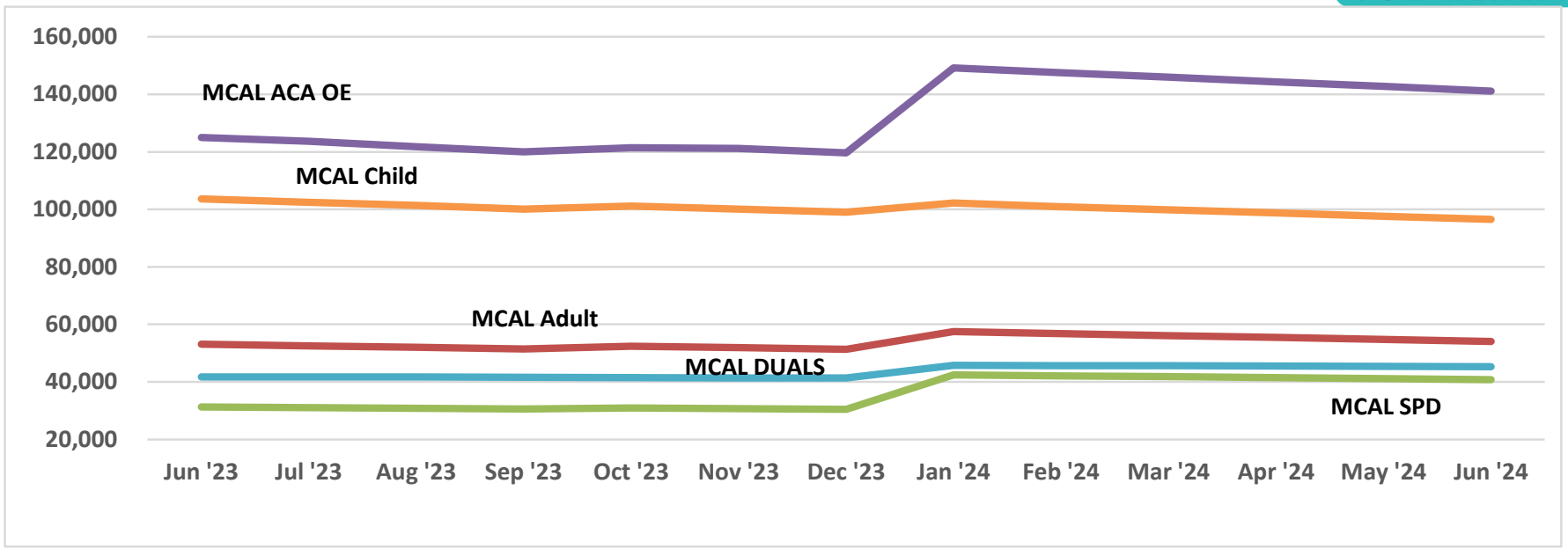


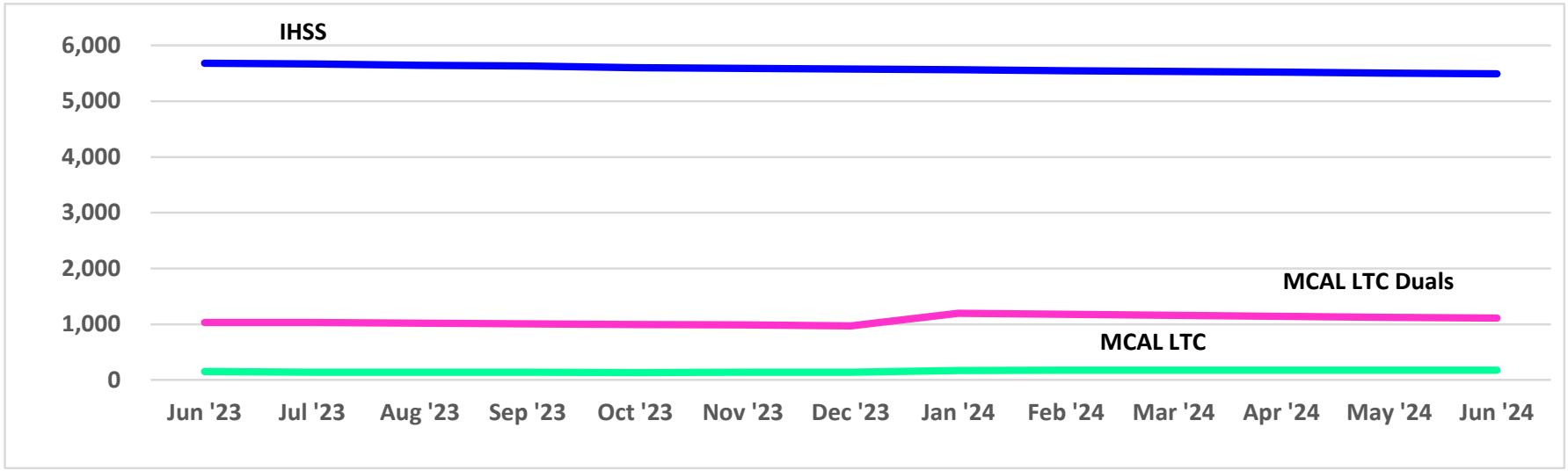
Enrollment by Month



- Medi-Cal disenrollments started in July 2023, on the member's anniversary date, effective over 12 months. The current forecast is a net reduction of approximately 4,000 per month. Duals and LTC members will not experience significant disenrollments.
- Anthem's approximately 81,000 members move to the Alliance in January 2024; members will be distributed into Alliance's direct and delegated provider network.
- Kaiser Permanente's Medi-Cal contract with DHCS begins in January 2024, decreasing the Alliance's enrollment by approximately 50,600 members.
- Approximately 16,300 adults enrolled in HealthPAC and 13,700 new undocumented adults (ages 26-49) are projected to transition into Medi-Cal managed care in January 2024.

Enrollment by Month & Population





Department Expenses by Line of Business

$ In Thousands

FY 2024 Final Budget

	Administrative Departments				Clinical Departments			
	Medi-Cal	Group Care	Medicare	Total	Medi-Cal	Group Care	Total	Total
Employee Related Expense	$65,194	$1,078	$0	$66,272	$31,046	$512	$31,558	97,830
Member Benefits Administration	$1,325	$288	$0	$1,613	$14,589	$0	$14,589	16,202
Purchased & Professional Svcs.	$11,531	$228	$613	$12,372	$8,693	$227	$8,919	21,292
Other	$23,559	$415	$0	$23,974	$6,182	$22	$6,204	30,178
Total	**$101,608**	**$2,009**	**$613**	**$104,230**	**$60,511**	**$761**	**$61,271**	**$165,502**

Capital Expenditures

Full Year budget of $1.6M in capitalized purchases for Information Technology and Facilities. This is an increase of $110K from the Preliminary Budget.

Information Technology: $1,446,700

- Hardware $1,320,700
- Software $126,000

Facilities: $155,000

- Building Improvements $125,000
- Furniture & Equipment $30,000

Staffing: Full-time Employees at Year-end

Administrative FTEs	FY24 Final Budget	FY24 Prelim. Budget	Increase/ Decrease
Administrative Vacancy	(46.5)	(5.0)	41.5
Operations	10.0	9.0	(1.0)
Executive	2.0	2.0	0.0
Finance	36.0	36.0	0.0
Healthcare Analytics	17.0	17.0	0.0
Claims	50.0	49.0	(1.0)
Information Technology	15.0	12.0	(3.0)
IT Infrastructure	8.0	8.0	0.0
Apps Mgmt., IT Quality & Process Imp.	18.0	17.0	(1.0)
IT Development	17.0	17.0	0.0
IT Data Exchange	9.0	9.0	0.0
IT-Ops and Quality Apps Mgt.	14.0	13.0	(1.0)
Member Services	111.0	114.0	3.0
Provider Services	38.0	36.0	(2.0)
Credentialing	7.0	7.0	0.0
Health Plan Operations	1.0	1.0	0.0
Human Resources	12.0	12.0	0.0
Vendor Management	8.0	8.0	0.0
Legal Services	5.0	7.0	2.0
Facilities & Support Services	7.0	7.0	0.0
Marketing & Communication	14.0	13.0	(1.0)
Privacy and SIU	17.0	14.0	(3.0)
Regulatory Affairs & Compliance	9.0	6.0	(3.0)
Grievance and Appeals	27.0	24.0	(3.0)
Integrated Planning	0.0	2.0	2.0
State Directed & Special Programs	7.0	7.0	0.0
Portfolio Mgmt. & Svc Excellence	14.0	14.0	0.0
Workforce Development	9.0	9.0	0.0
Health Equity	3.0	4.0	1.0
Total Administrative FTEs	**438.5**	**469.0**	**(30.5)**

Clinical FTEs	FY24 Final Budget	FY24 Prelim. Budget	Increase/ Decrease
Clinical Vacancy	(12.2)	(5.0)	7.2
Quality Analytics	4.0	4.0	0.0
Utilization Management	79.9	68.9	(11.0)
Case/Disease Management	57.0	55.0	(2.0)
Medical Services	5.0	5.0	0.0
Quality Management	38.0	34.0	(4.0)
HCS Behavioral Health	20.0	15.0	(5.0)
Pharmacy Services	9.2	9.0	(0.2)
Regulatory Readiness	4.0	4.0	0.0
Total Clinical FTEs	**204.8**	**189.9**	**15.0**

Total FTEs	**643.4**	**658.9**	**(15.5)**

**FTE = Full-Time Equivalent Personnel working approximately 2,080 hours per year. Includes Temporary Employees.*

Behavioral Health Update

Board of Governors

December 8th, 2023

ALAMEDA Alliance FOR HEALTH

Agenda

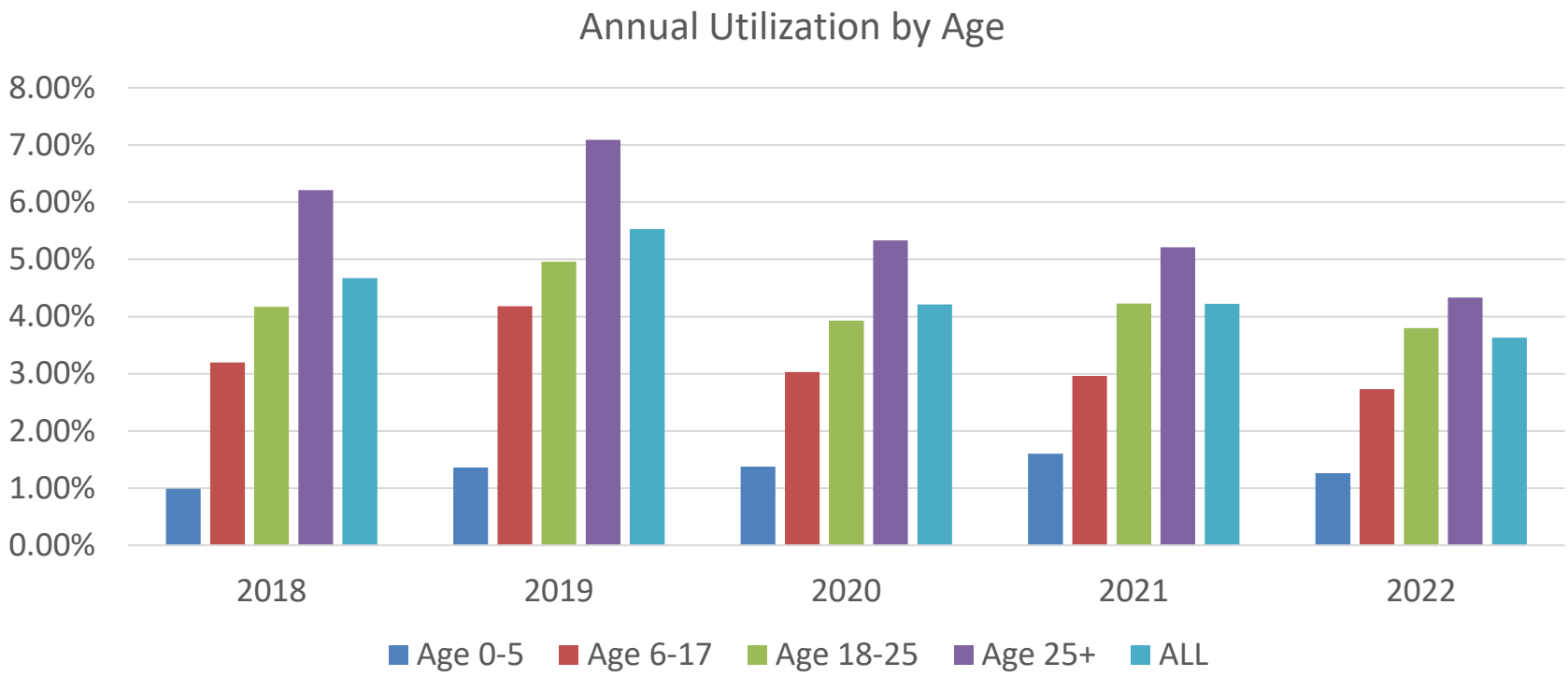
Mental Health

- Utilization
- Strengths/Challenges
- Network
- Grievances

BHT/ABA

- Beacon Waitlist
- Utilization
- Strengths/Challenges
- Network
- Grievances

Utilization: Pre-Insourcing



Mental Health Utilization decreased year-over-year

- 2019: 12,589 Unique Utilizers
- 2022: 9,894 Unique Utilizers

Utilization: Post-Insourcing (preliminary)

- Trend toward increased utilization

6,157 members → 7,424 members

4 mo before insourcing

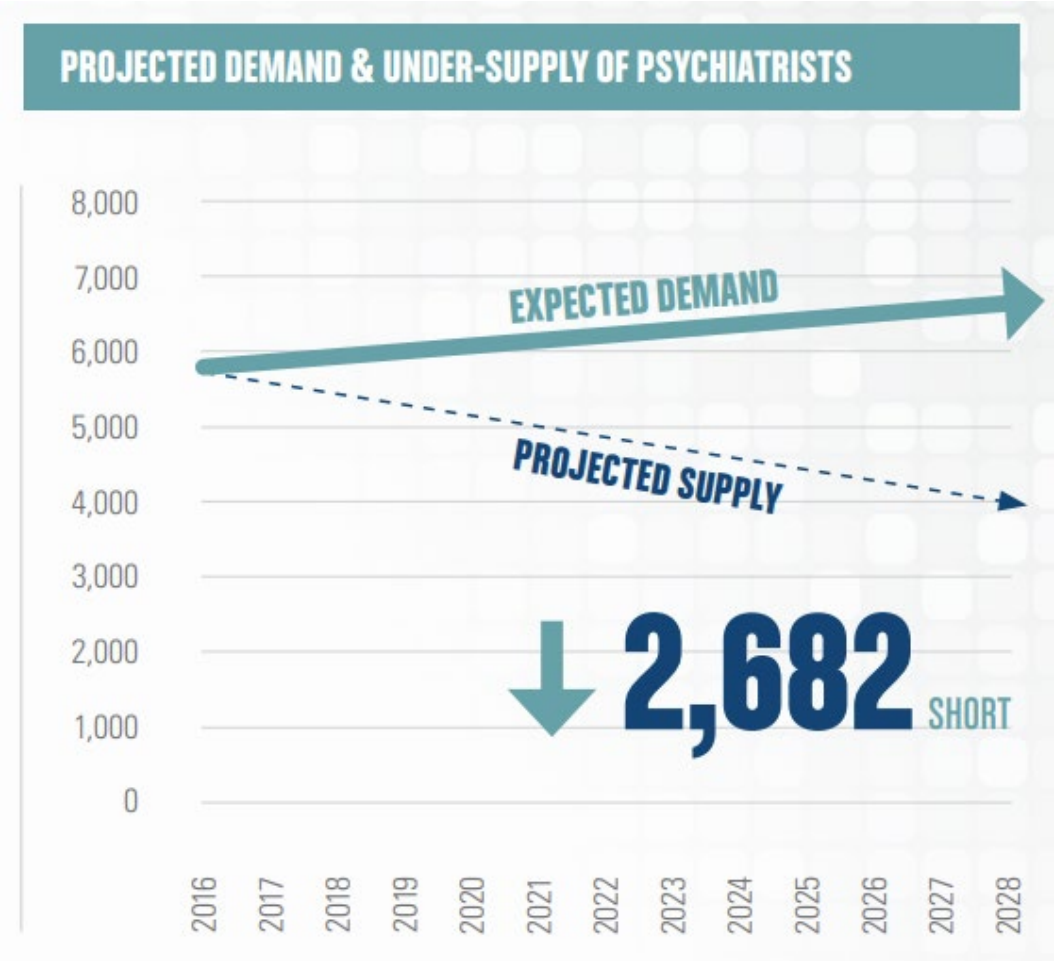
4 mo after insourcing

AgeGroup	Unique Utilizier	Unique Visit	Units	Units Per UU	Total Cost	Avg Cost Per Visit	Avg Cost Per Unit	Avg Cost Per UU
00 - 05	61	106	929.00	15.23	299,003	2,820.79	321.86	4,901.70
06 - 12	386	1,673	1,834.50	4.75	421,268	251.80	229.64	1,091.37
13 - 20	1,052	4,037	4,432.00	4.21	725,297	179.66	163.65	689.45
21 - 30	1,289	6,374	10,971.00	8.51	1,629,494	255.65	148.53	1,264.15
31 - 50	2,529	12,730	27,044.00	10.69	3,162,573	248.43	116.94	1,250.52
51 - 65	1,773	7,139	10,760.00	6.07	1,540,984	215.85	143.21	869.14
66 +	388	1,042	1,150.00	2.96	136,158	130.67	118.40	350.92
Total	**7,424**	**33,101**	**57,120.50**	**7.69**	**7,914,778**	**239.11**	**138.56**	**1,066.11**

Alliance Mental Health Network

- Credentialed >500 mental health providers during in-sourcing
  - >300 Master's level clinicians providing therapy
    - LMFTs, LCSWs
  - >100 PsyD/PhD providing therapy & psychological testing
  - >100 psychiatrists/prescribers
    - MD/DO

Workforce Challenges



"Over the next decade, California is expected to have 41% fewer psychiatrists than it needs—a shortfall of 2,682 qualified health professionals."[1]

[1] HOW MENTAL HEALTH SERVICES ACT FUNDS COULD BE USED TO ALLEVIATE CALIFORNIA'S GROWING SHORTAGE OF PSYCHIATRISTS. California Future Health Workforce Commission, In Partnership with Healthforce Center at UCSF. https://futurehealthworkforce.org/wp-content/uploads/2019/12/FutureHealth.FactSheet-FINAL.pdf.

Network Gaps

- **Psychiatrists** generally
  - Female psychiatrists & child psychiatrists especially
- Providers who see members **in-person**
- **Bilingual** Providers
  - Spanish, ASL, Chinese, Russian & Vietnamese

Network Development Actions

- Increase provider rates to a minimum of 100% of Medicare
  - in-sourcing contracting decision (*complete*)
- Bi-weekly Behavioral Health Network Development Meeting
  - Contracting, Provider Relations, Member Services (*ongoing)*
- Provider Utilization Pattern tracking report (*in process)*
- Crosswalk of the Anthem mental health network (*in process)*
- Collaboration with Behavioral Health Clinical Team to identify and contract new providers (*ongoing)*

Strengths

- Uptrending utilization
- Small number of grievances
- Incorporated regulatory requirements
  - No Wrong Door
  - Screening Tool
- Identified network opportunities
- Strengthening partnerships
  - ACBH
  - Large group practices

Current Challenges

- Member services & clinical BH team workload
  - Increased talk time
  - Higher volume than anticipated
- Coordinating SMI/mild-moderate benefits
  - No Wrong Door
- Wait times / limitation in network
  - Limited capacity

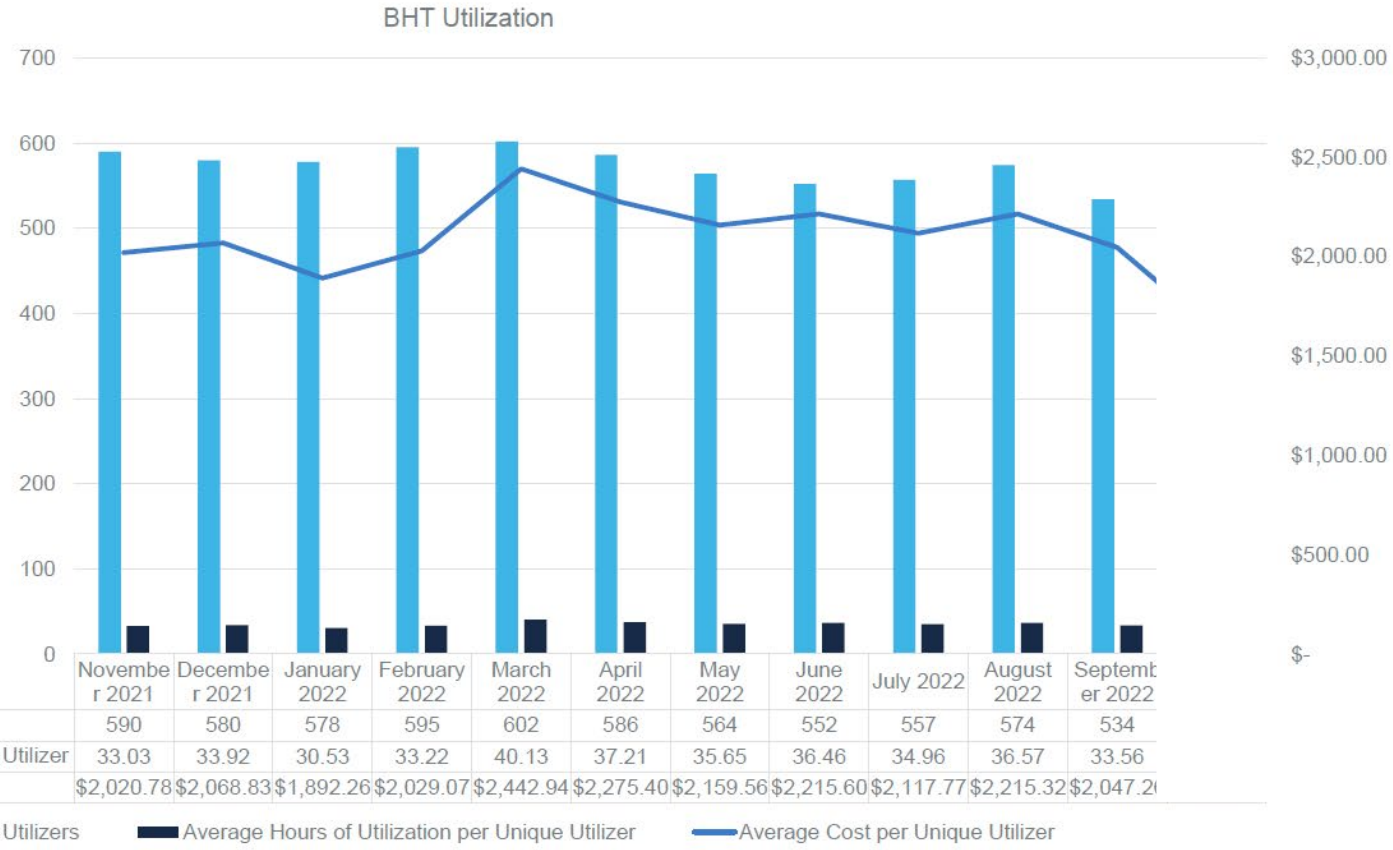
BHT/ABA

Beacon Waitlist

- 498 children/families waiting for services
  - Many not contacted for an extended time
- All active members have been called & authorized for services
  - Ongoing discussion with parents regarding provider availability
  - Members still awaiting care are at the front of the list

Utilization: Pre-Insourcing

BHT/ABA Utilization

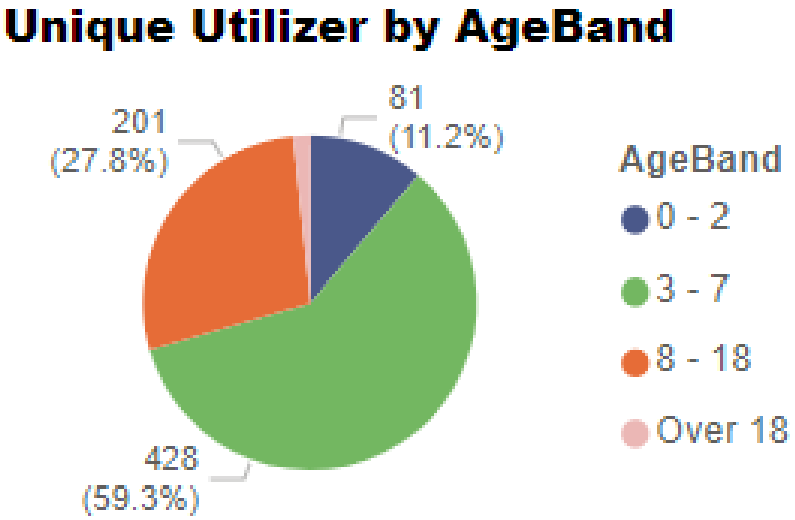


	November 2021	December 2021	January 2022	February 2022	March 2022	April 2022	May 2022	June 2022	July 2022	August 2022	September 2022
Unique Utilizers	590	580	578	595	602	586	564	552	557	574	534
Average Hours of Utilization per Unique Utilizer	33.03	33.92	30.53	33.22	40.13	37.21	35.65	36.46	34.96	36.57	33.56
Average Cost per Unique Utilizer	$2,020.78	$2,068.83	$1,892.26	$2,029.07	$2,442.94	$2,275.40	$2,159.56	$2,215.60	$2,117.77	$2,215.32	$2,047.2(

beacon

Utilization: Post-Insourcing

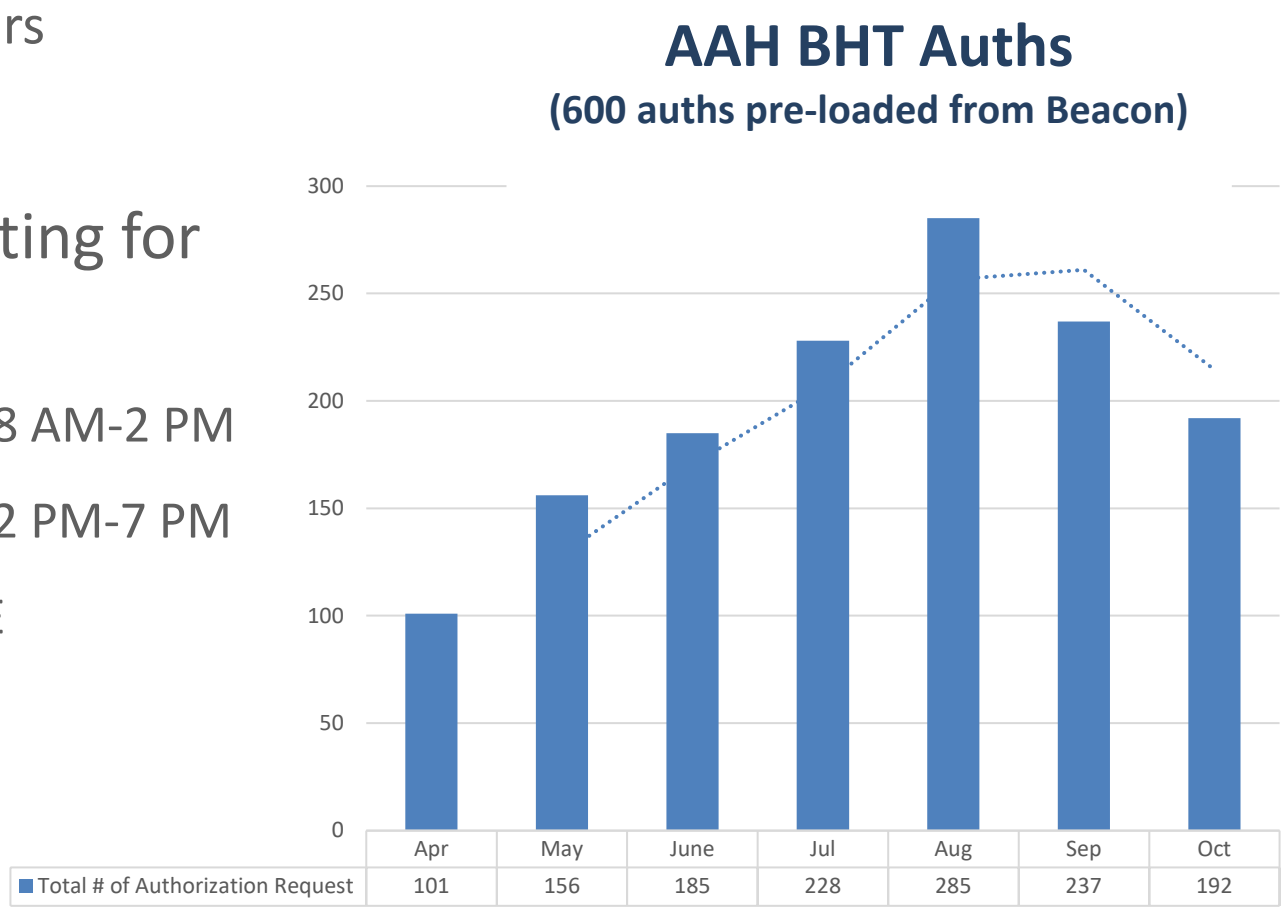
- **673 members** have received care since 4/1/23
  - Most children (~60%) are ages 3-7



BHT Utilization Data

April-Oct 2023

- Increased BHT auths
  - 673 unique utilizers
  - 1,384 total auths
- 384 members waiting for service:
  - 63 waiting for BHT 8 AM-2 PM
  - 62 waiting for BHT 2 PM-7 PM
  - 259 waiting for CDE



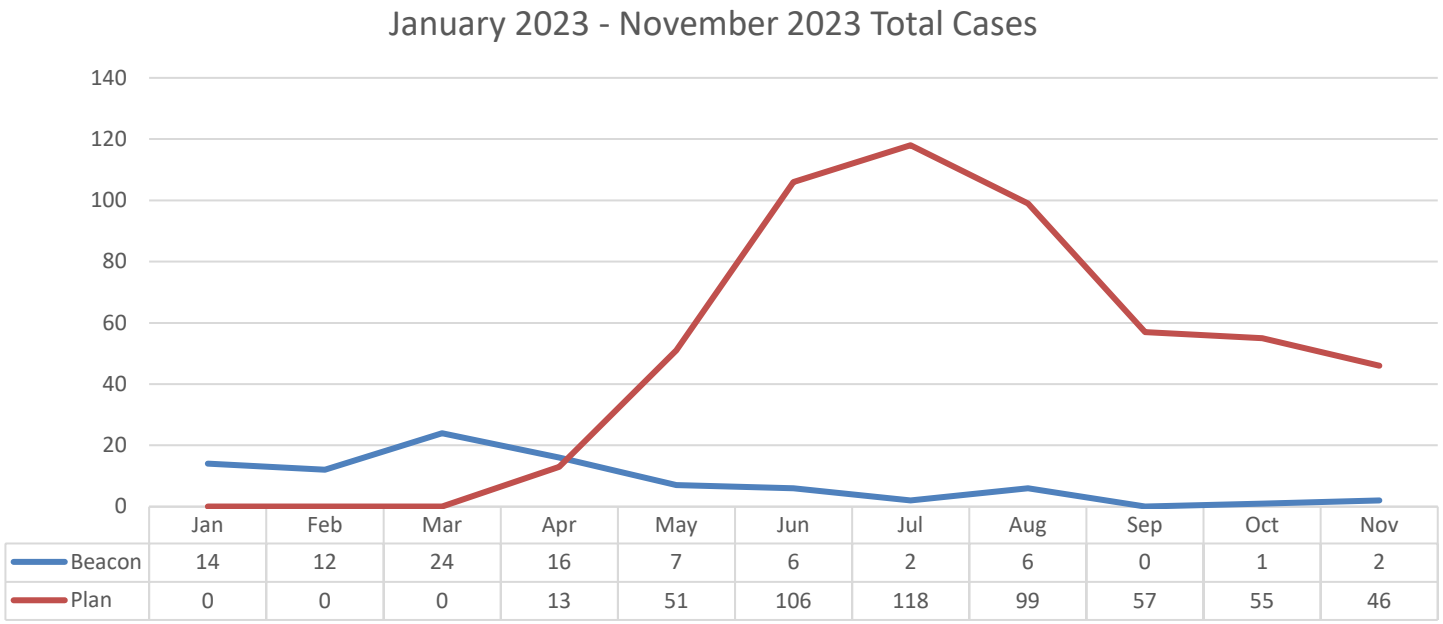
Network Development Strategy

- Credentialed >600 BHT/ABA providers
- Contracted the 3 Comprehensive Diagnostic Evaluation (CDE) providers from the Beacon network.
- Contracted a new CDE provider group & finalizing contract 2 new providers who performs CDEs.
- Outreached to all CDE and BHT providers in the summer. Met with all CDE providers and many BHT providers.
- Actively surveying BHT providers to update availability to include date, time, and range of services provided.

Network Expansion Opportunities

- In early discussions with AHS Outpatient Behavioral Health Services on the possibility of establishing a CDE center
- Exploring training providers to do CDEs
  - Beacon did this in 2016 with the support of the Alliance
- Exploring ideas on how to increase BHT provider capacity, especially from 2PM-7PM

Grievances: pre & post insourcing



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Beacon	14	12	24	16	7	6	2	6	0	1	2
Plan	0	0	0	13	51	106	118	99	57	55	46

- Significant increase in MH grievances
  - Almost all BHT….very few MH

Member Grievances

- Grievances are in 3 major buckets:
  - Clinical
  - Operations
  - Quality of Service & Access to care

Clinical Grievances with AAH team

Issue	Action taken
Challenge reaching care manager	• Care Manager assigned to each case • Direct phone numbers provided
Members did not receive return phone calls from ABA/BH teams	
Services authorized but member did not receive notification	• BCBA is calling member to given parent an update and referred to provider plus NOA
Transferred around to different department and teams •AAH Operations ←→ Clinical	• Team schedule on who to contact • Focused team meetings with member services and clinical BHT team

Operations Grievances

Issue	Action taken
Given Incorrect Contact information for BH/MH Providers	Provider outreach to obtain correct information and directory updated
Online provider directory listed incorrect information	Provider Relations annually validates the entire Provider Directory and makes 25 calls per week to confirm information in the Provider Directory

Access to Care Grievances

Issue	Action taken
Challenge reaching providers	• Assisting members in linking to a provider • Network strategy and development efforts
Difficulty securing BH/ABA services	
Contacted several ABA and BH providers, but none accepted at this time	
Difficulty securing timely appointments with BH Providers	
ABA waiting list	

Strengths

- Credentialed >600 BHT/ABA providers
- Connected with 498 members/families from the Beacon waiting list
- Good, transparent relationship with Special Needs Committee
- Established and maintaining connection to members/families receiving BHT care

Current Challenges

- 384 members awaiting services
  - 125 ABA
  - 259 CDE
- Network Availability, especially after school
- Staffing
  - HCS BHT team & member services both initially under-scoped staffing
    - Staffing has doubled in the MSR and BHT Teams since launch
- Provider Portal Development
  - Development underway but will take time

Take Away

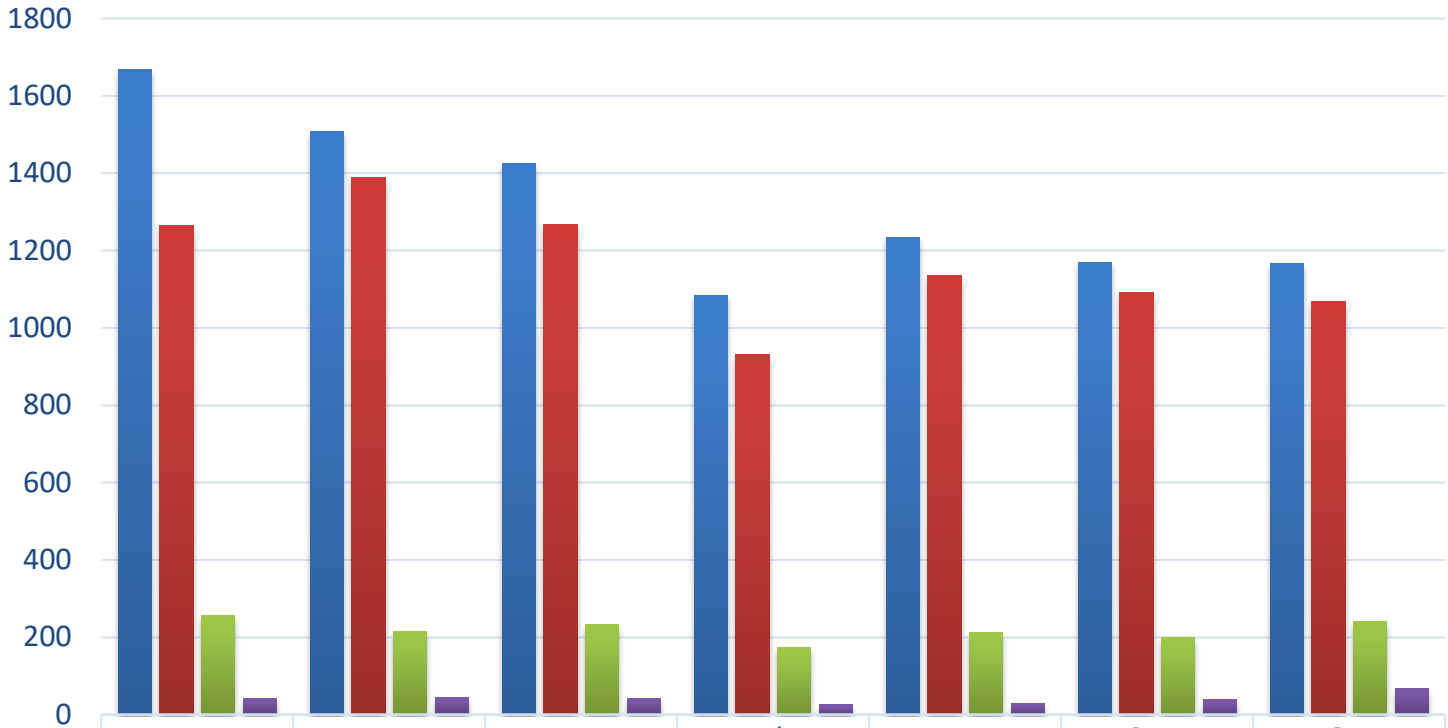
- Steep Learning Curve
- Down-trending Grievances
- Team responding to member needs
- Increase utilization
- Long Term Better Care Coordination

Thank You

Questions?

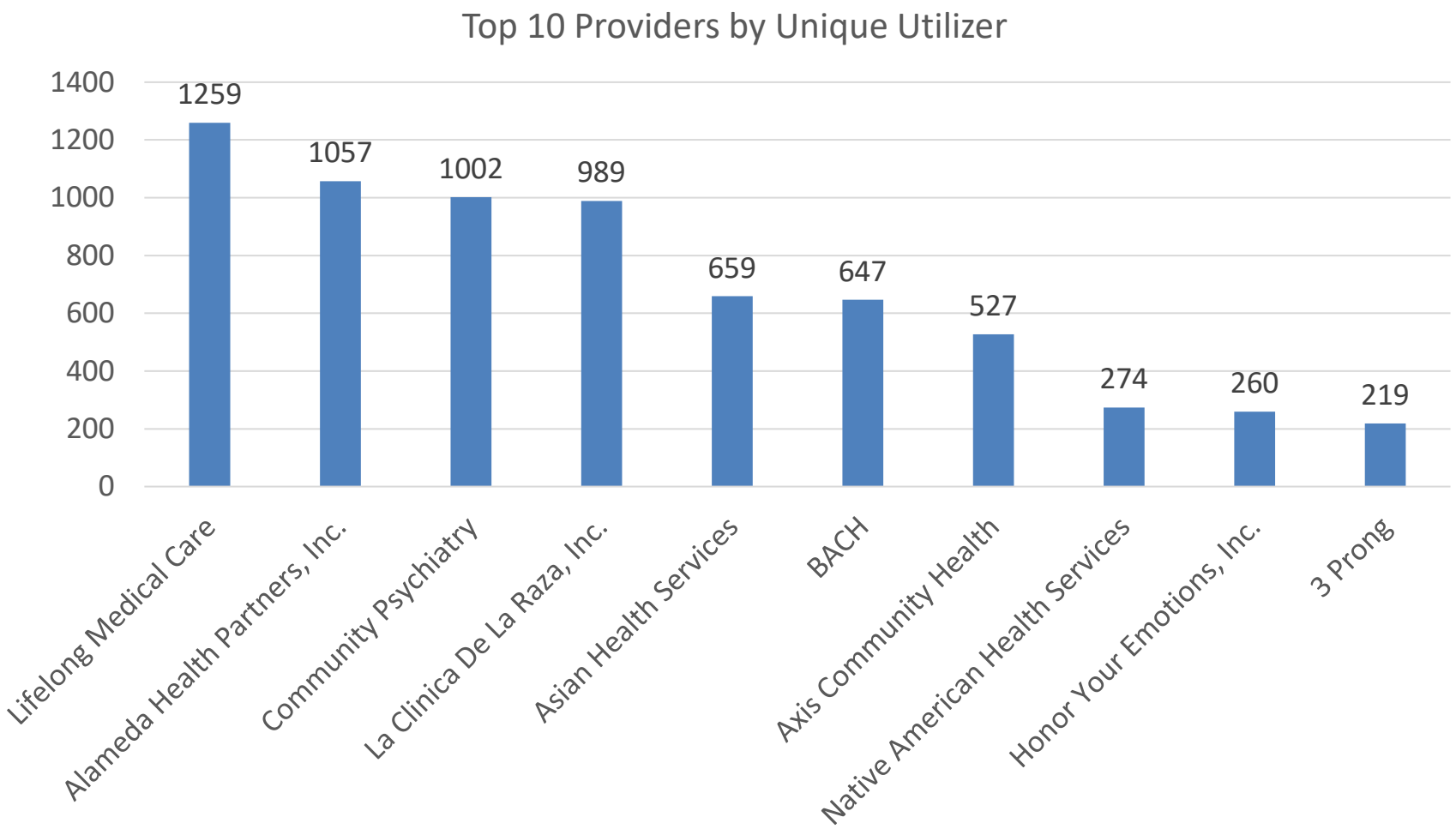
Supplemental Slides

ALAMEDA Alliance FOR HEALTH



	Apr	May	June	July	Aug	Sept	Oct
Incoming Calls	1668	1507	1424	1085	1235	1170	1165
Calls Answered	1265	1389	1267	930	1136	1091	1068
TruCare Screenings Completed	255	215	234	174	212	199	241
ACBH Referrals	42	44	42	25	30	38	67

Alliance Mental Health Network

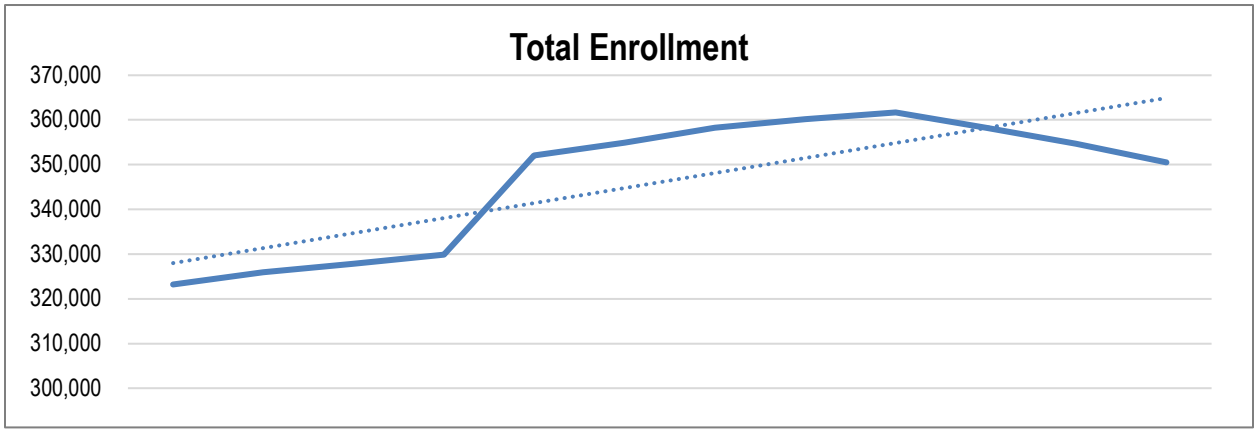


To: **Alameda Alliance for Health, Finance Committee**
From: **Gil Riojas, Chief Financial Officer**
Date: **November 10th, 2023**
Subject: **Finance Report –September 2023 Financials**

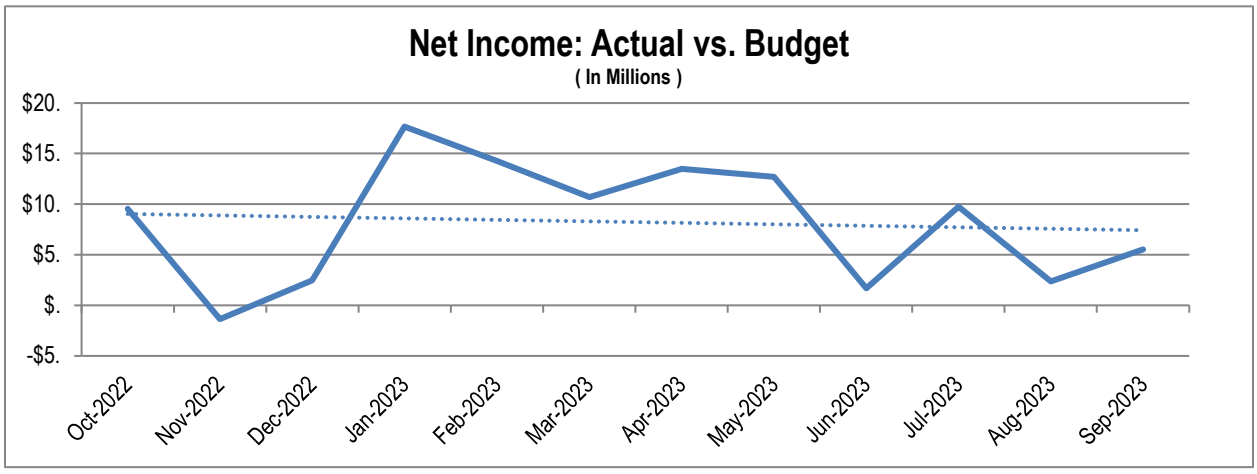
Executive Summary

For the month ended September 30th, 2023, the Alliance continued a decrease in enrollment related to redetermination efforts. Enrollment decreased by 4,123 members to 350,548 members. Net Income of $5.5 million was reported in September. The Plan's medical expenses represented 92.0% of revenue. Alliance reserves increased to 737% of required and remain well above minimum requirements.

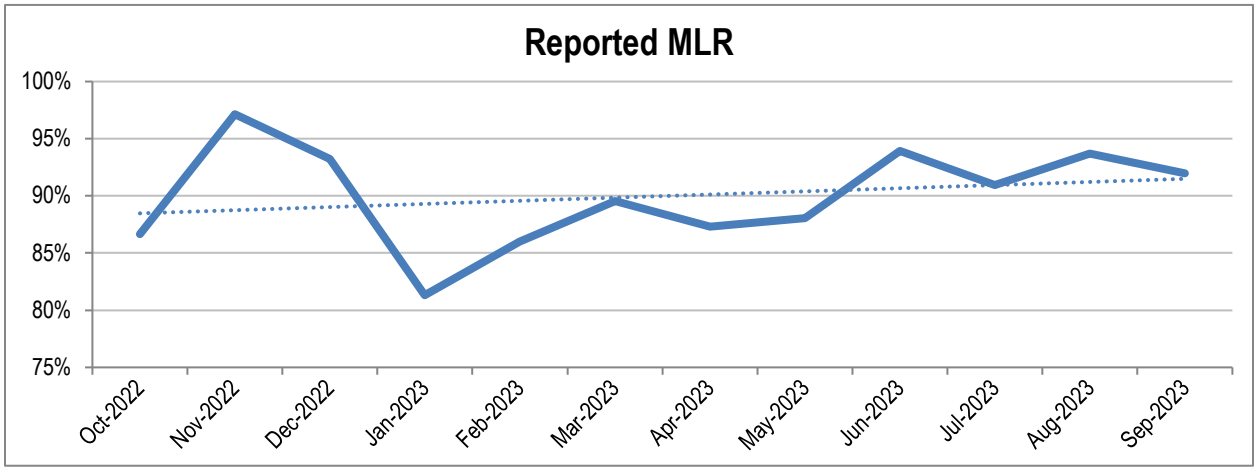
Enrollment – Enrollment continues to decline. In September, enrollment fell by 4,123 members due to redetermination. We anticipate an increase in enrollment in October as Anthem can no longer enroll members.



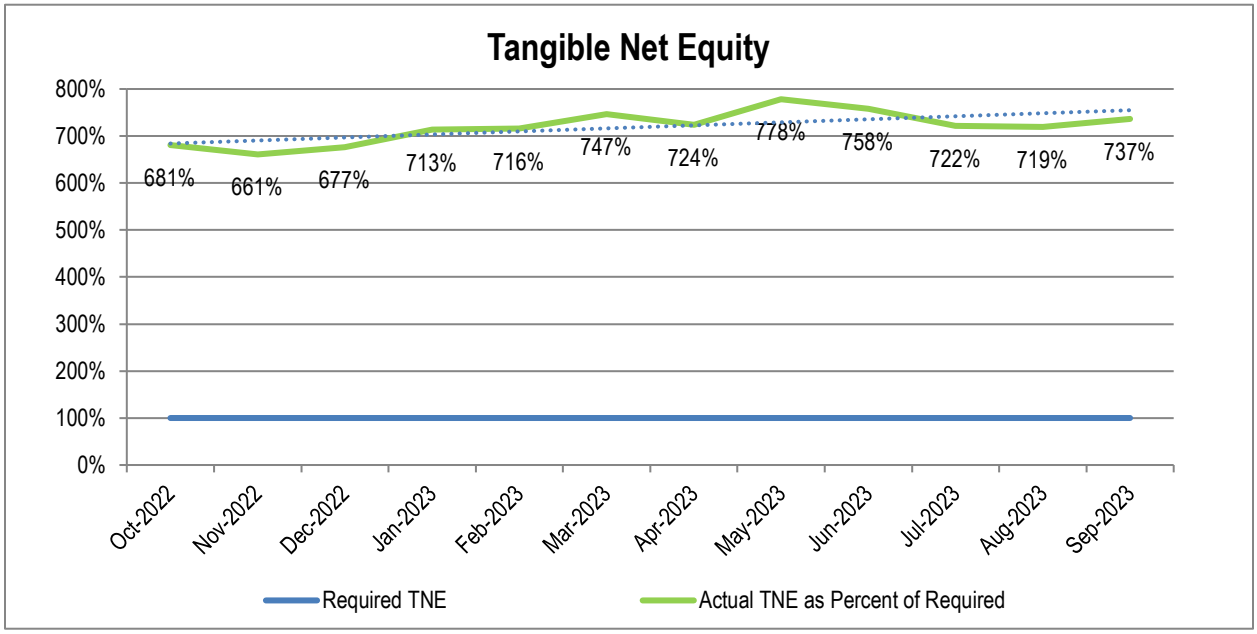
Net Income - For the month ended September 30th, 2023, actual Net Income was $5.5 million vs. budgeted Net Income of $843,000. Fiscal year-to-date actual Net Income was $17.6 million vs. Budgeted Net Loss of $41,000.



Medical Loss Ratio (MLR) – The Medical Loss Ratio was 92.0% for the month and 92.2% for the fiscal year-to-date. MLR percentages above 95% may result in net losses for the plan.



Tangible Net Equity (TNE) - The Department of Managed Health Care (DMHC) required $46.4M in reserves, we reported $341.6M. We had our first increase after seeing three months of slight decreases in reserves.



The Alliance continues to benefit from increased non-operating income. For September we reported returns of $1.6M, and year-to-date $6.6M, in the investment portfolio.

Supporting Documentation

To: **Alameda Alliance for Health, Finance Committee**

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

Date: **November 7th, 2023**

Subject: **Finance Report – September 2023**

Executive Summary

- For the month ended September 30th, 2023, the Alliance had enrollment of 350,548 members, a Net Income of $5.5 million and 737% of required Tangible Net Equity (TNE).

Overall Results: (in Thousands)

	Month	YTD
Revenue	$137,393	$414,488
Medical Expense	126,354	382,168
Admin. Expense	7,059	21,161
Other Inc. / (Exp.)	1,534	6,445
Net Income	**$5,514**	**$17,605**

Net Income by Program: (in Thousands)

	Month	YTD
Medi-Cal*	$5,769	$16,834
Group Care	(255)	771
	$5,514	**$17,605**

*Includes consulting cost for Medicare implementation.

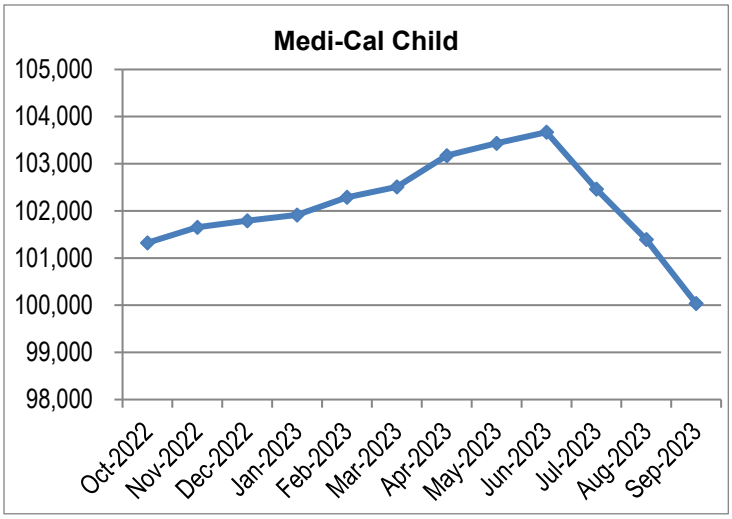
Enrollment

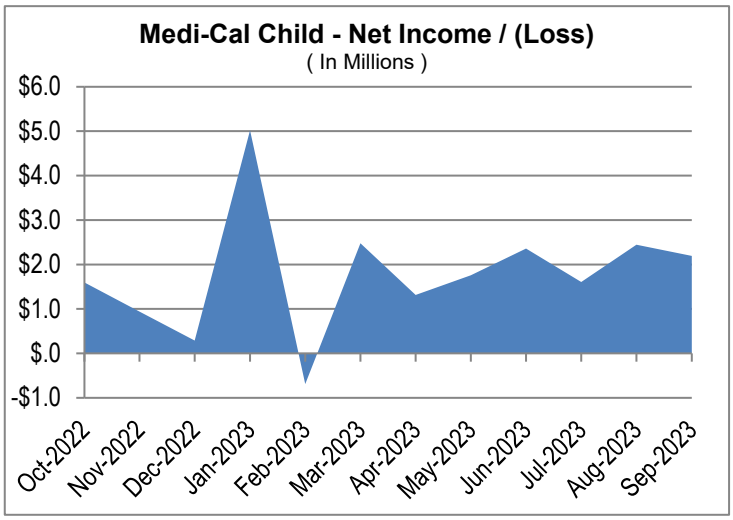
- Total enrollment decreased by 4,123 members since August 2023.
- Total enrollment decreased by 11,137 members since June 2023.

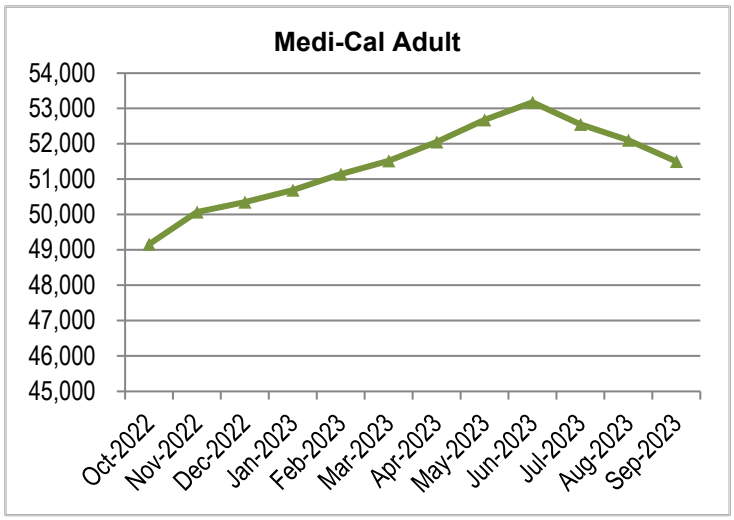
Monthly Membership and YTD Member Months
Actual vs. Budget
For the Month and Fiscal Year-to-Date

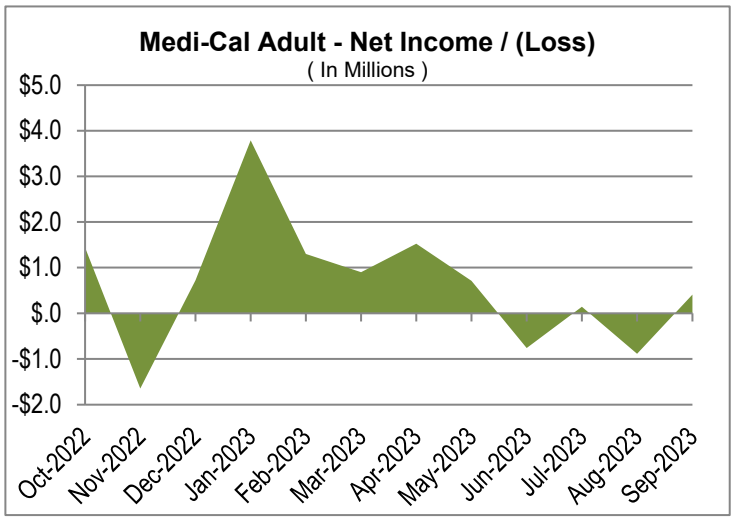
Enrollment					Member Months			
September 2023					Year-to-Date			
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
				Medi-Cal:				
51,499	49,772	1,727	3.5%	Adult	156,151	152,327	3,824	2.5%
100,038	102,632	(2,594)	-2.5%	Child	303,894	309,264	(5,370)	-1.7%
30,592	31,371	(779)	-2.5%	SPD	92,487	94,059	(1,572)	-1.7%
41,629	42,304	(675)	-1.6%	Duals	125,032	126,912	(1,880)	-1.5%
120,016	117,258	2,758	2.4%	ACA OE	365,542	360,610	4,932	1.4%
139	145	(6)	-4.1%	LTC	418	435	(17)	-3.9%
1,004	983	21	2.1%	LTC Duals	3,056	2,949	107	3.6%
344,917	**344,465**	**452**	**0.1%**	**Medi-Cal Total**	**1,046,580**	**1,046,556**	**24**	**0.0%**
5,631	5,669	(38)	-0.7%	Group Care	16,945	17,007	(62)	-0.4%
350,548	**350,134**	**414**	**0.1%**	**Total**	**1,063,525**	**1,063,563**	**(38)**	**0.0%**

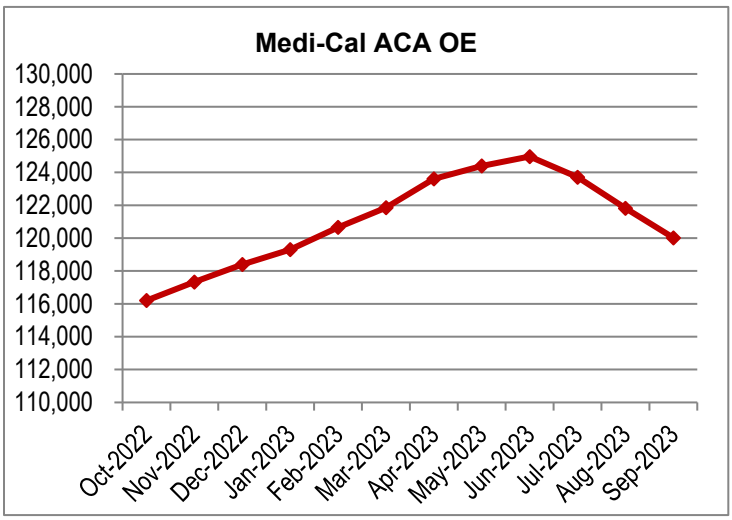
Enrollment and Profitability by Program and Category of Aid

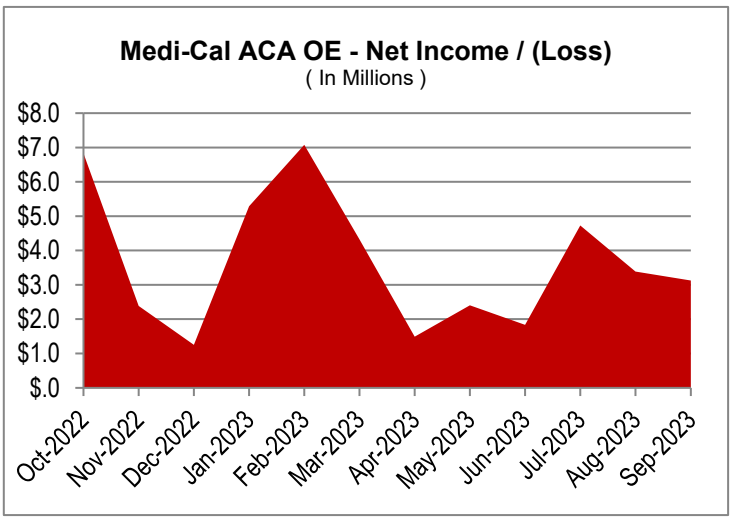




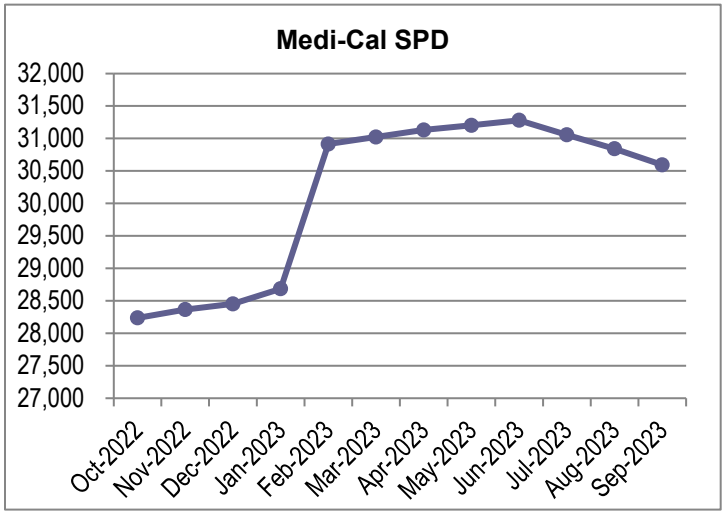


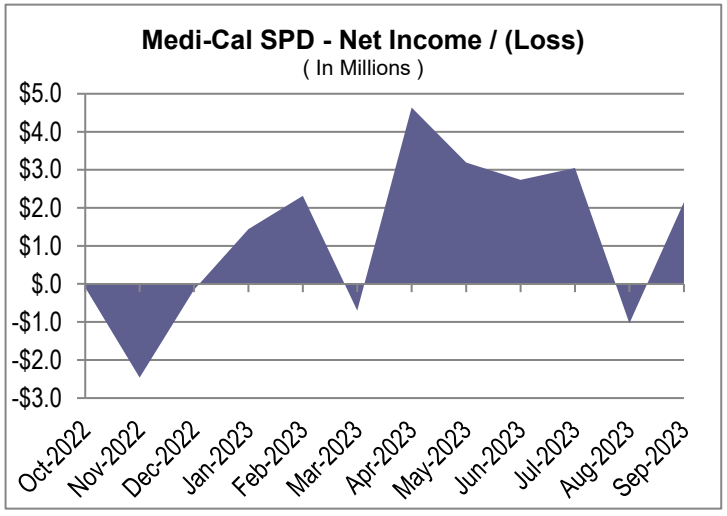


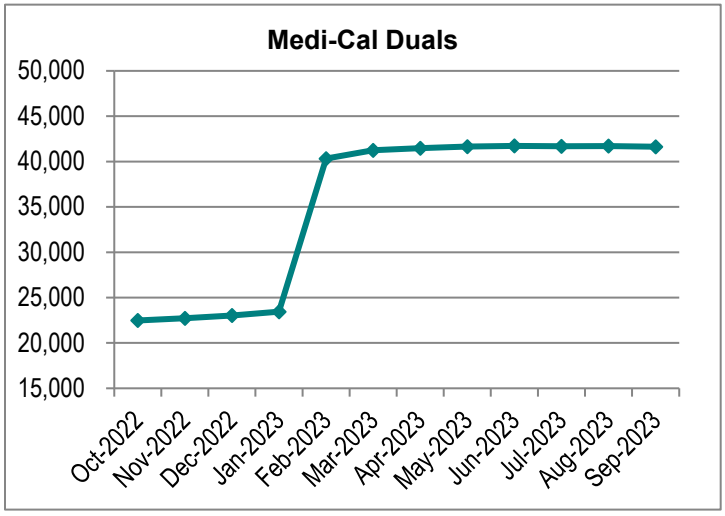


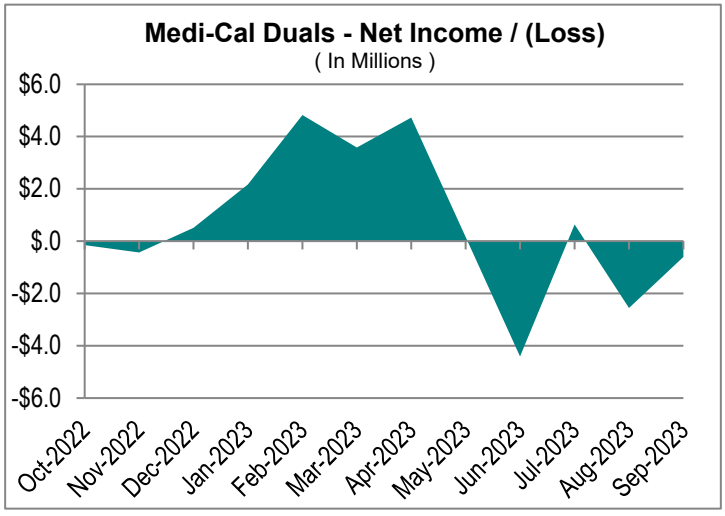


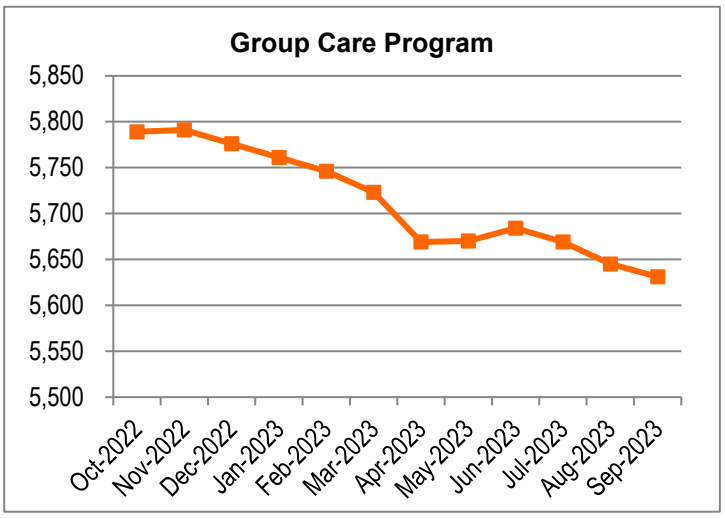
Enrollment and Profitability by Program and Category of Aid

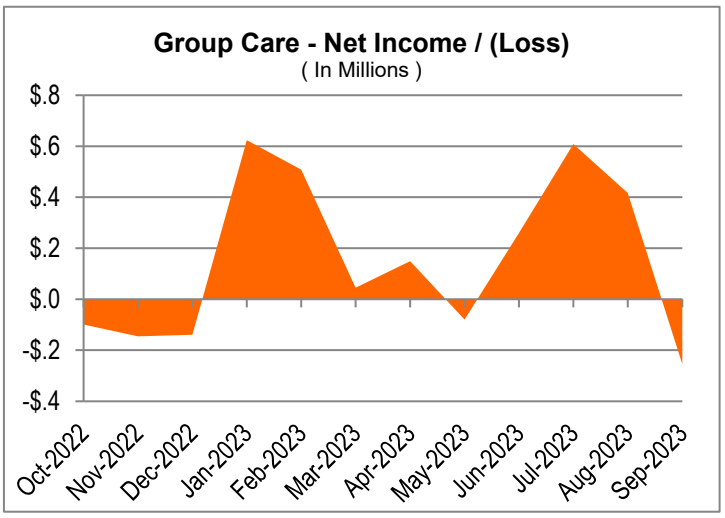




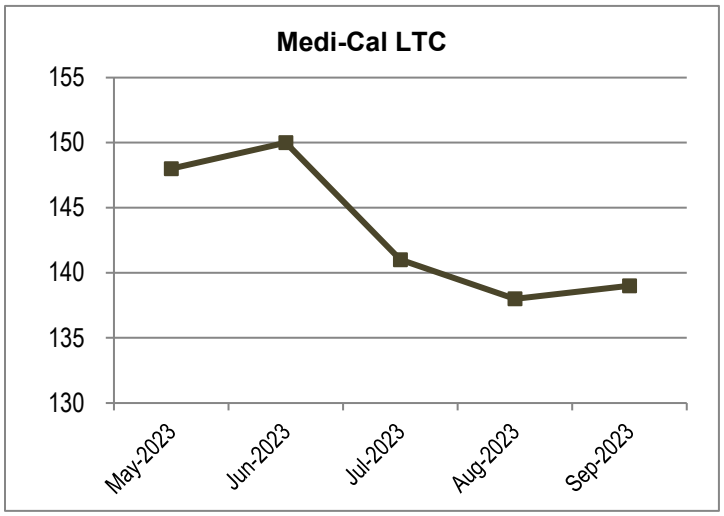


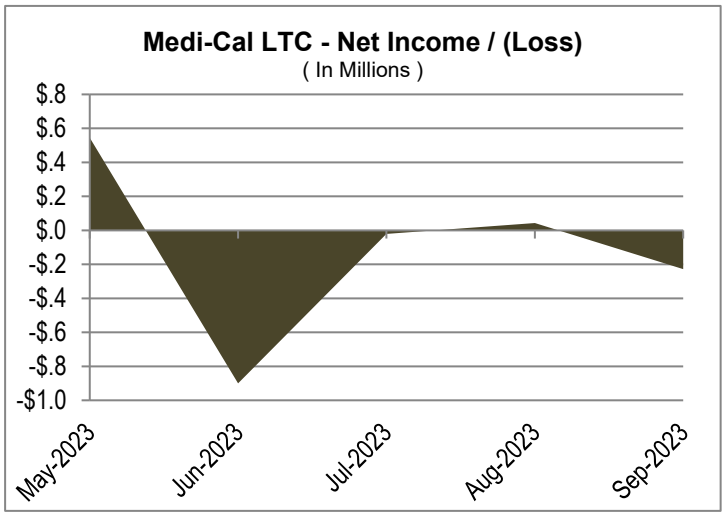


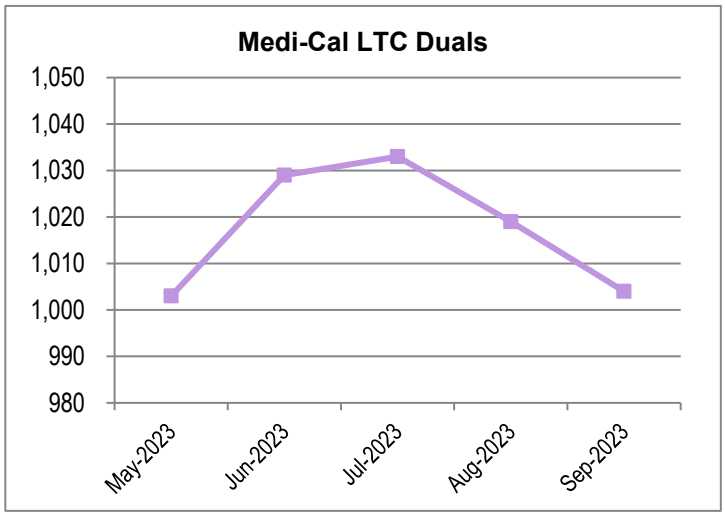


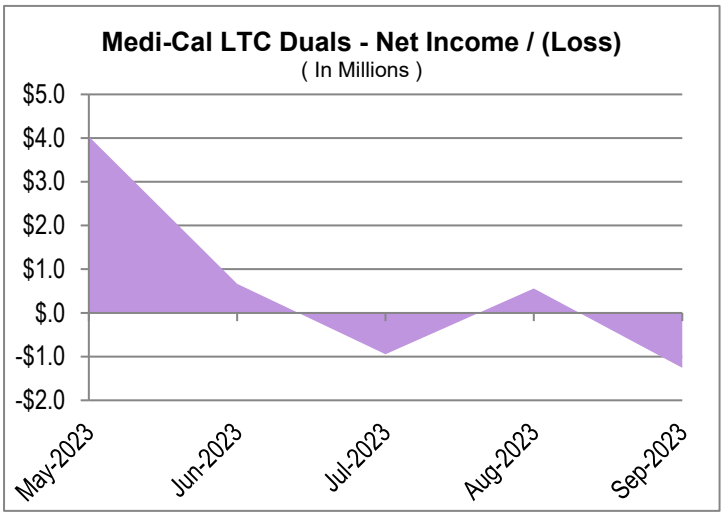


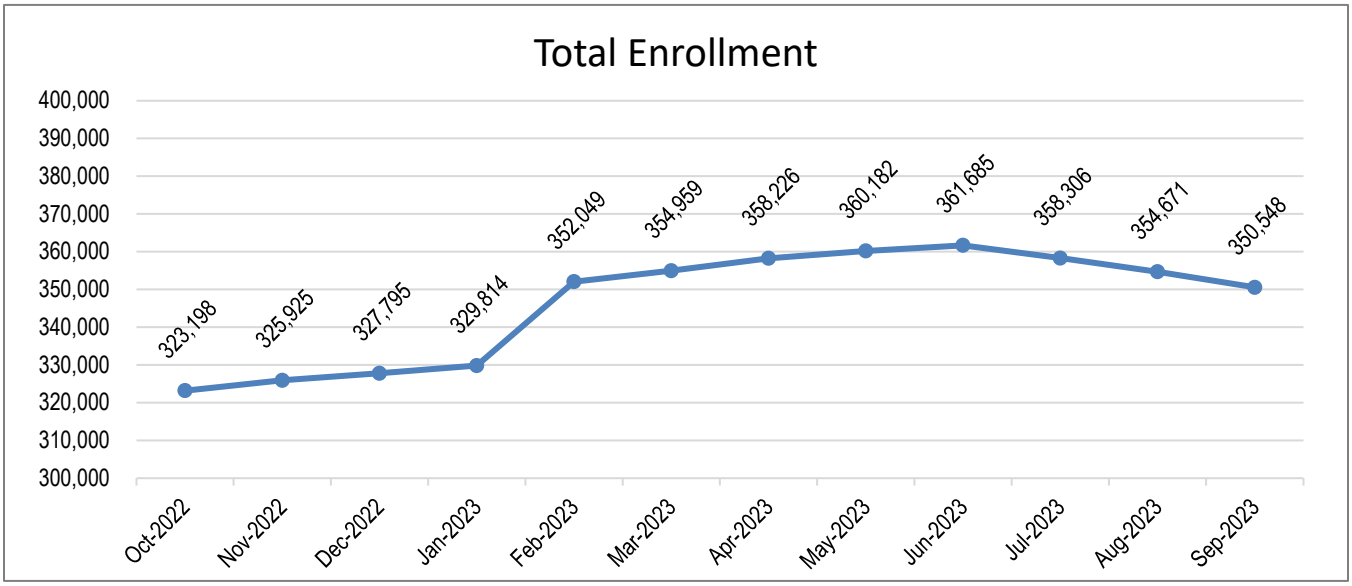
Enrollment and Profitability by Program and Category of Aid

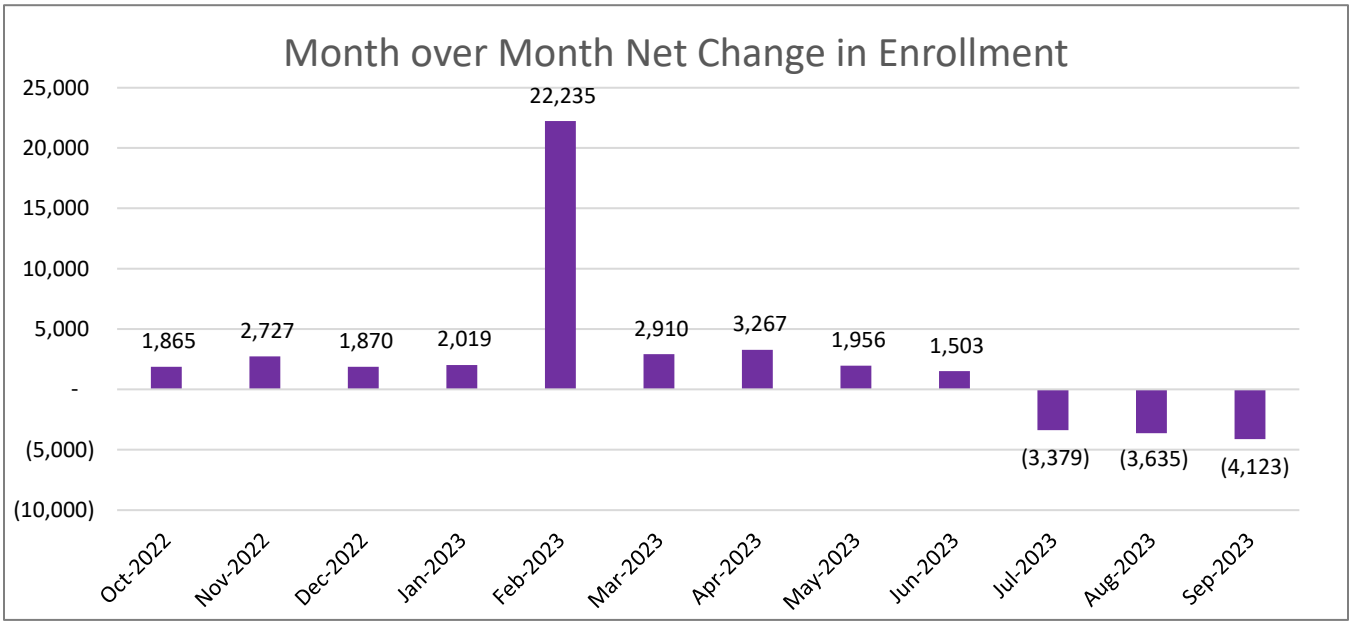










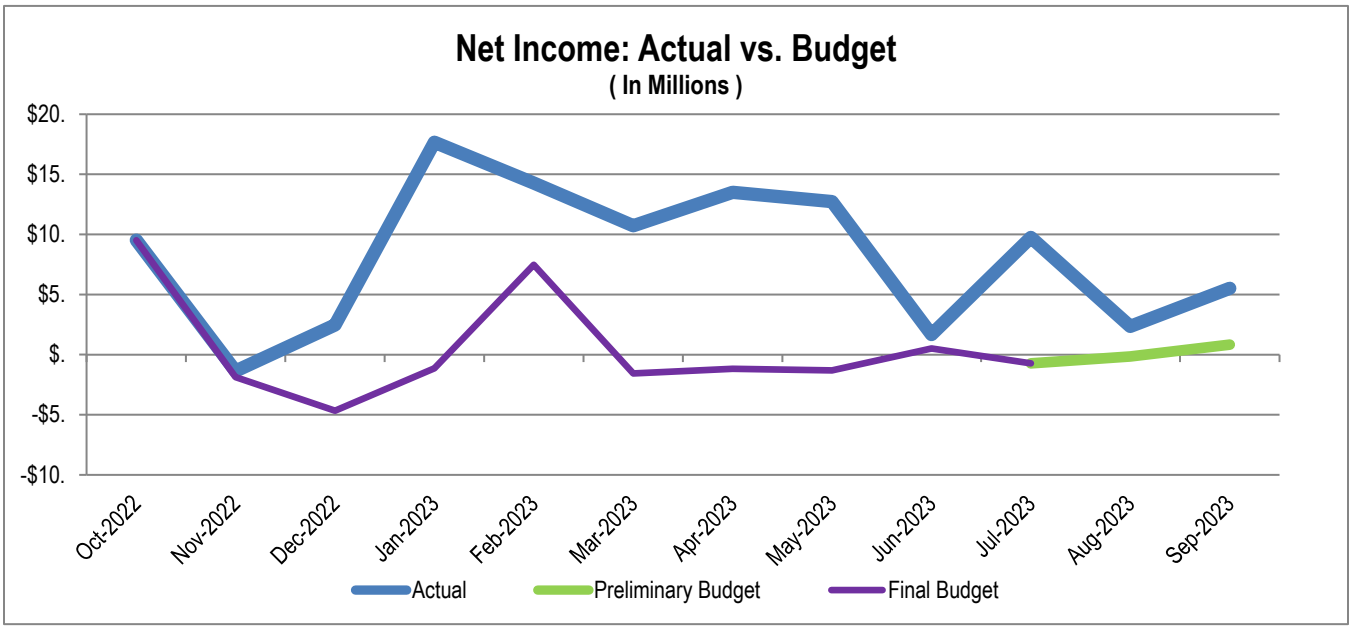


- The Public Health Emergency (PHE) ended May 2023. Disenrollments related to redetermination started in July 2023.

Net Income

- For the month ended September 30th, 2023
  - Actual Net Income $5.5 million.
  - Budgeted Net Income $843,000.

- For the fiscal YTD ended September 30th, 2023
  - Actual Net Income $17.6 million.
  - Budgeted Net Loss $41,000.

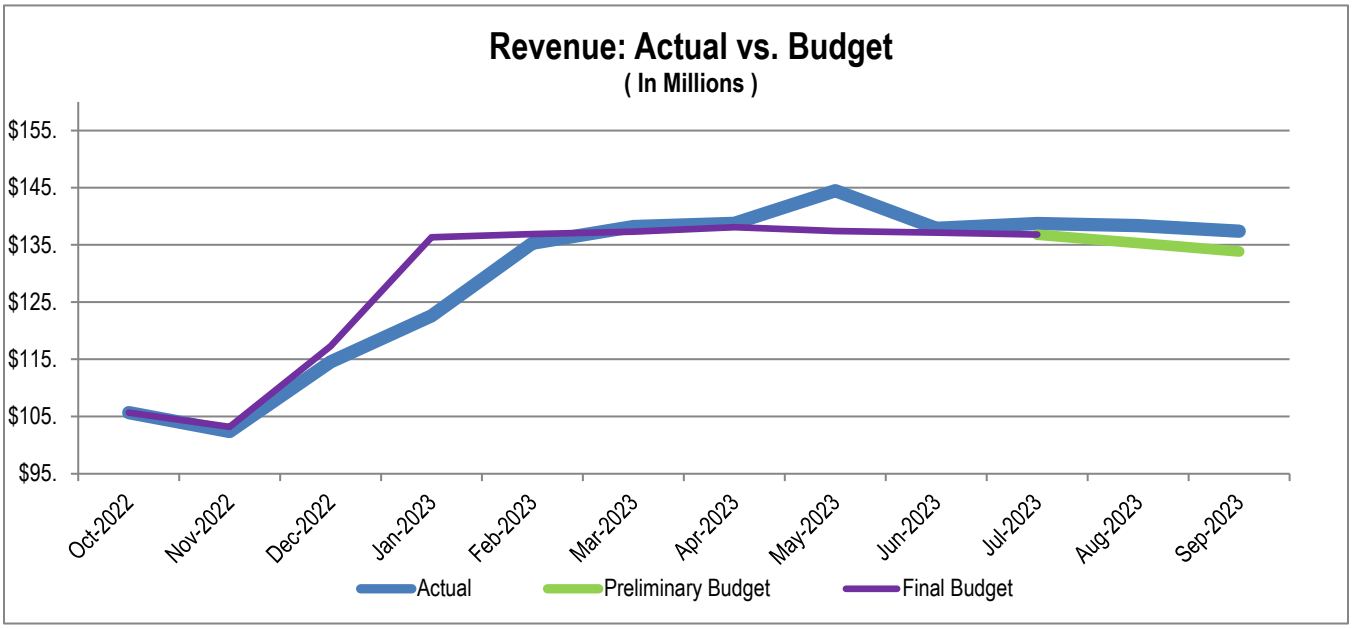


- The favorable variance of $4.7 million in the current month is primarily due to:
  - Favorable $3.5 million higher than anticipated Revenue.
  - Favorable $1.2 million lower than anticipated Administrative Expense.
  - Favorable $764,000 higher than anticipated Total Other Income/Expense
  - Unfavorable $822,000 higher than anticipated Medical Expense.

Revenue

- For the month ended September 30th, 2023
  - Actual Revenue: $137.4 million.
  - Budgeted Revenue: $133.8 million.

- For the fiscal YTD ended September 30th, 2023
  - Actual Revenue: $414.5 million.
  - Budgeted Revenue: $406.0 million.

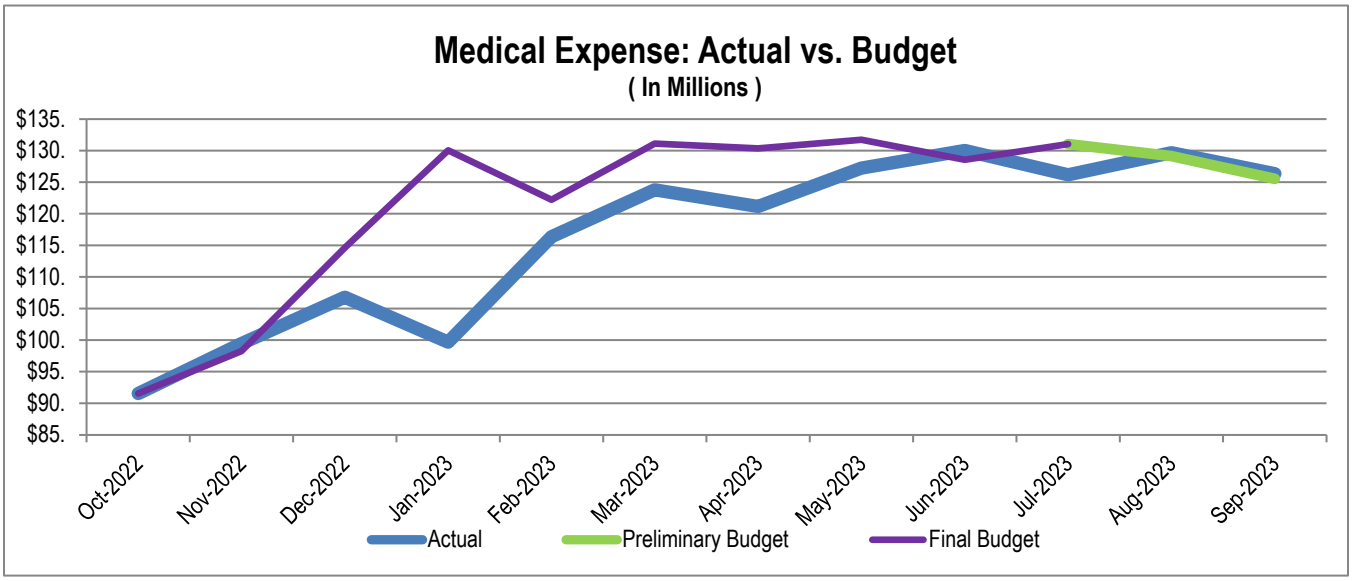


- For the month ended September 30th, 2023, the favorable revenue variance of $3.5 million is primarily due to timing of revenue recognition:
  - Favorable $2.1 million CalAIM Incentive Program revenue (IPP, HHIP, and SBHIP). The majority of this revenue has corresponding CalAIM Incentive expenses.
  - Favorable $733,000 capitation revenue due to higher proportion of members with higher rates and enrollment variance.

Medical Expense

- For the month ended September 30th, 2023
  - Actual Medical Expense: $126.4 million.
  - Budgeted Medical Expense: $125.5 million.
- For the fiscal YTD ended September 30th, 2023

- Actual Medical Expense: $382.2 million.
- Budgeted Medical Expense: $385.7 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 by our Actuarial Consultants.

- For September, updates to Fee-For-Service (FFS) increased the estimate for prior period unpaid Medical Expenses by $791,000. Year to date, the estimate for prior years increased by $7.7 million (per table below).

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

	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Adjusted	Change in IBNP	Reported		$	%
Capitated Medical Expense	$77,504,232	$0	$77,504,232	$78,953,770	$1,449,538	1.8%
Primary Care FFS	$16,731,723	$31,469	$16,763,192	$15,564,319	($1,167,404)	-7.5%
Specialty Care FFS	$15,666,342	($506,614)	$15,159,728	$16,717,671	$1,051,329	6.3%
Outpatient FFS	$23,717,397	$781,842	$24,499,239	$25,135,739	$1,418,342	5.6%
Ancillary FFS	$30,986,839	$1,945,058	$32,931,897	$36,315,646	$5,328,807	14.7%
Pharmacy FFS	$25,484,601	($419,576)	$25,065,025	$26,762,502	$1,277,901	4.8%
ER Services FFS	$16,676,729	$328,538	$17,005,266	$18,122,800	$1,446,072	8.0%
Inpatient Hospital & SNF FFS	$92,606,790	$6,168,620	$98,775,409	$105,449,967	$12,843,177	12.2%
Long Term Care FFS	$59,819,949	($675,597)	$59,144,352	$46,518,592	($13,301,357)	-28.6%
Other Benefits & Services	$13,700,412	$0	$13,700,412	$15,345,256	$1,644,844	10.7%
Net Reinsurance	$619,196	$0	$619,196	$800,776	$181,580	22.7%
Provider Incentive	$1,000,000	$0	$1,000,000	$0	($1,000,000)	-
	$374,514,211	**$7,653,740**	**$382,167,951**	**$385,687,039**	**$11,172,829**	**2.9%**

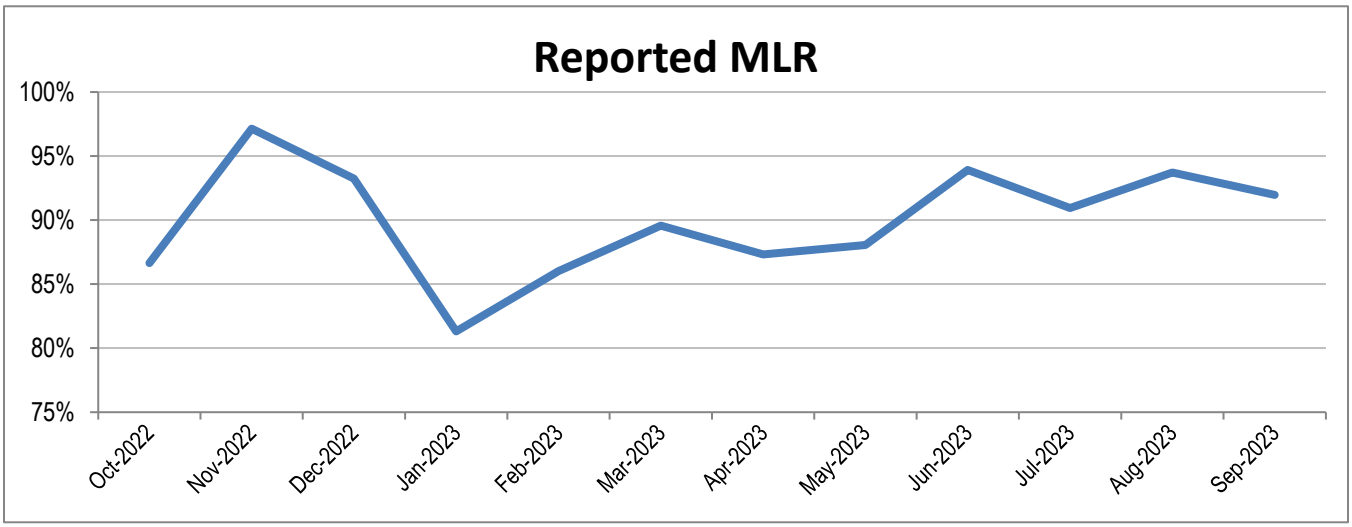
Medical Expense - Actual vs. Budget (Per Member Per Month) Adjusted to Eliminate the Impact of Prior Year IBNP Estimates						
	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Adjusted	Change in IBNP	Reported		$	%
Capitated Medical Expense	$72.87	$0.00	$72.87	$74.24	$1.36	1.8%
Primary Care FFS	$15.73	$0.03	$15.76	$14.63	($1.10)	-7.5%
Specialty Care FFS	$14.73	($0.48)	$14.25	$15.72	$0.99	6.3%
Outpatient FFS	$22.30	$0.74	$23.04	$23.63	$1.33	5.6%
Ancillary FFS	$29.14	$1.83	$30.96	$34.15	$5.01	14.7%
Pharmacy FFS	$23.96	($0.39)	$23.57	$25.16	$1.20	4.8%
ER Services FFS	$15.68	$0.31	$15.99	$17.04	$1.36	8.0%
Inpatient Hospital & SNF FFS	$87.08	$5.80	$92.88	$99.15	$12.07	12.2%
Long Term Care FFS	$56.25	($0.64)	$55.61	$43.74	($12.51)	-28.6%
Other Benefits & Services	$12.88	$0.00	$12.88	$14.43	$1.55	10.7%
Net Reinsurance	$0.58	$0.00	$0.58	$0.75	$0.17	22.7%
Provider Incentive	$0.94	$0.00	$0.94	$0.00	($0.94)	-
	$352.14	**$7.20**	**$359.34**	**$362.64**	**$10.49**	**2.9%**

- Excluding the impact of prior year estimates for IBNP, year-to-date medical expense variance is $11.2 million favorable to budget. On a PMPM basis, medical expense is 2.9% favorable to budget. For per-member-per-month expense:
    - Capitated Expense is slightly under budget, largely driven by favorable FQHC expense.
    - Primary Care Expense unfavorable compared to budget across all populations except for Duals, driven generally by unfavorable unit cost.
    - Specialty Care expenses are below budget, driven by favorable Dual population utilization.
    - Outpatient Expense is under budget, generally due to favorable dialysis utilization and facility other unit cost in the Dual category of aid.
    - Ancillary Expense is under budget mostly due to favorable unit cost in the SPD, ACA OE and Dual populations.
    - Pharmacy Expense is under budget, mostly due to favorable Non-PBM expense, driven by favorable utilization in the Adult, ACA OE and Dual populations.
    - Emergency Room Expense is under budget, driven by favorable unit cost in the SPD, ACA OE, Child and Dual populations.
    - Inpatient Expense is under budget, mostly driven by favorable utilization in the SPD, ACA OE, LTC Duals, Child and Duals populations offset by unfavorable utilization and unit cost in the Adult population.
    - Long Term Care expense is over budget, mostly due to unfavorable utilization in the ACA OE COA and unfavorable SPD, Dual and LTC Dual unit cost.
    - Other Benefits & Services is under budget, due to favorable Cal AIM Incentive, community relations and other purchased services expense.

- Net Reinsurance year-to-date is favorable because more recoveries were received than budgeted.

Medical Loss Ratio (MLR)

The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 92.0% for the month and 92.2% for the fiscal year-to-date.



Administrative Expense

- For the month ended September 30th, 2023
  - Actual Administrative Expense: $7.1 million.
  - Budgeted Administrative Expense: $8.2 million.

- For the fiscal YTD ended September 30th, 2023
  - Actual Administrative Expense: $21.2 million.
  - Budgeted Administrative Expense: $22.6 million.

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

Month					Year-to-Date			
Actual	Budget	Variance $	Variance %		Actual	Budget	Variance $	Variance %
$4,359,631	$4,400,692	$41,061	0.9%	Employee Expense	$13,325,693	$12,723,756	($601,937)	-4.7%
64,368	51,767	(12,601)	-24.3%	Medical Benefits Admin Expense	1,002,822	156,419	(846,404)	-541.1%
838,472	1,584,597	746,126	47.1%	Purchased & Professional Services	2,846,607	4,416,036	1,569,429	35.5%
1,796,967	2,204,806	407,839	18.5%	Other Admin Expense	3,985,804	5,345,989	1,360,185	25.4%
$7,059,439	$8,241,863	$1,182,424	14.3%	Total Administrative Expense	$21,160,926	$22,642,199	$1,481,273	6.5%

The year-to-date variances include:

- Delayed timing of start dates for Consulting for new projects and Computer Support Services.
- Delays in annual renewals of various administrative licenses.

The Administrative Loss Ratio (ALR) is 5.1% of net revenue for the month and 5.1% of net revenue year-to-date.

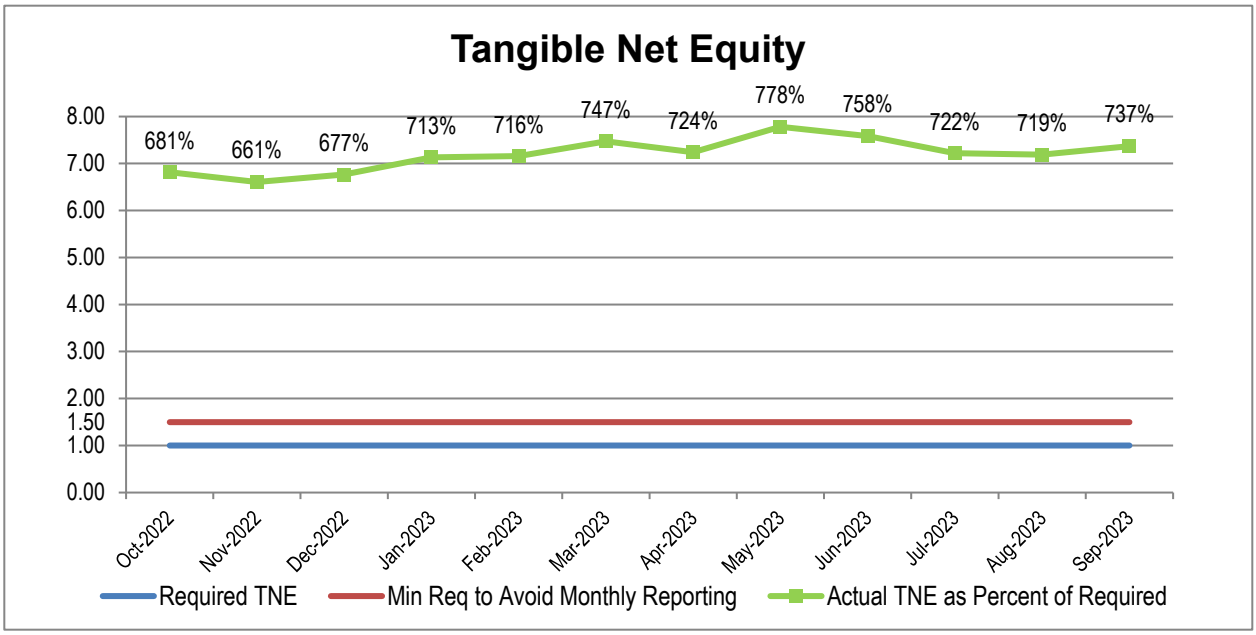
Other Income / (Expense)

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

- Fiscal year-to-date net investments show a gain of $6.6 million.
- Fiscal year-to-date claims interest expense, due to delayed payment of certain claims, or recalculated interest on previously paid claims is $177,000.

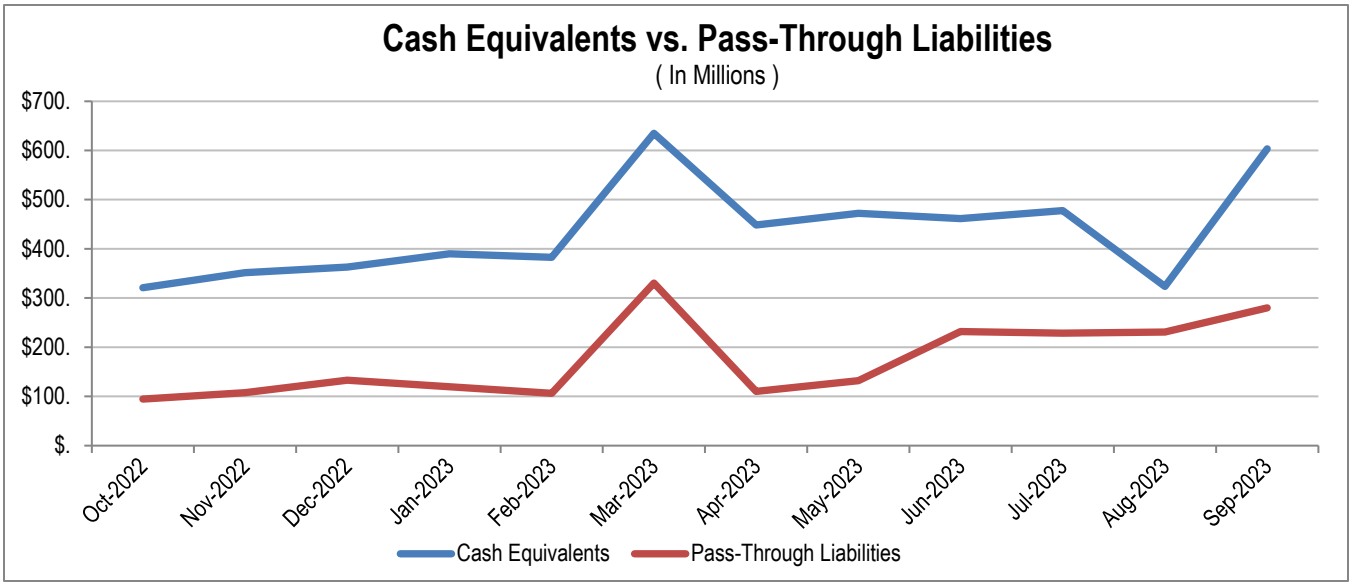
Tangible Net Equity (TNE)

- 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 $46.4 million
    - Actual TNE $341.6 million
    - Excess TNE $295.2 million
    - TNE % of Required TNE 737%



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

- Key Metrics
  - Cash & Cash Equivalents $603.2 million
  - Pass-Through Liabilities $280.0 million
  - Uncommitted Cash $323.2 million
  - Working Capital $325.2 million
  - Current Ratio 1.64 (regulatory minimum is 1.00)



Capital Investment

- Fiscal year-to-date capital assets acquired: $559,000
- Annual capital budget: $1.5 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.

ALAMEDA ALLIANCE FOR HEALTH

STATEMENT OF REVENUE & EXPENSES
ACTUAL VS. BUDGET (MEDICAL EXPENSE BY PAYMENT TYPE)
COMBINED BASIS (RESTRICTED & UNRESTRICTED FUNDS)
FOR THE MONTH AND FISCAL YTD ENDED SEPTEMBER 30, 2023

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				MEMBERSHIP				
344,917	344,465	452	0.1%	1 - Medi-Cal	1,046,580	1,046,556	24	0.0%
5,631	5,669	(38)	(0.7%)	2 - GroupCare	16,945	17,007	(62)	(0.4%)
350,548	**350,134**	**414**	**0.1%**	**3 - TOTAL MEMBER MONTHS**	**1,063,525**	**1,063,563**	**(38)**	**0.0%**
				REVENUE				
$137,393,488	**$133,846,030**	**$3,547,458**	**2.7%**	**4 - TOTAL REVENUE**	**$414,488,324**	**$405,978,335**	**$8,509,990**	**2.1%**
				MEDICAL EXPENSES				
				Capitated Medical Expenses:				
$25,830,192	$25,968,019	$137,826	0.5%	5 - Capitated Medical Expense	$77,504,232	$78,953,770	$1,449,538	1.8%
				Fee for Service Medical Expenses:				
$29,983,310	$34,059,467	$4,076,158	12.0%	6 - Inpatient Hospital FFS Expense	$98,775,409	$105,449,967	$6,674,558	6.3%
$5,157,344	$5,076,472	($80,871)	(1.6%)	7 - Primary Care Physician FFS Expense	$16,763,192	$15,564,320	($1,198,873)	(7.7%)
$5,321,869	$5,405,449	$83,580	1.5%	8 - Specialty Care Physician Expense	$15,159,728	$16,717,671	$1,557,943	9.3%
$9,497,264	$11,884,177	$2,386,913	20.1%	9 - Ancillary Medical Expense	$32,931,897	$36,315,646	$3,383,748	9.3%
$7,896,295	$8,121,539	$225,243	2.8%	10 - Outpatient Medical Expense	$24,499,239	$25,135,739	$636,500	2.5%
$6,346,241	$5,863,374	($482,868)	(8.2%)	11 - Emergency Expense	$17,005,266	$18,122,800	$1,117,534	6.2%
$9,172,766	$8,662,001	($510,766)	(5.9%)	12 - Pharmacy Expense	$25,065,025	$26,762,502	$1,697,477	6.3%
$20,836,998	$15,362,577	($5,474,421)	(35.6%)	13 - Long Term Care FFS Expense	$59,144,352	$46,518,592	($12,625,760)	(27.1%)
$94,212,087	$94,435,056	$222,969	0.2%	14 - Total Fee for Service Expense	$289,344,110	$290,587,238	$1,243,128	0.4%
$5,122,794	$4,864,427	($258,367)	(5.3%)	15 - Other Benefits & Services	$13,700,412	$15,345,255	$1,644,843	10.7%
$188,506	$263,805	$75,298	28.5%	16 - Reinsurance Expense	$619,196	$800,776	$181,580	22.7%
$1,000,000	$0	($1,000,000)	0.0%	17 - Risk Pool Distribution	$1,000,000	$0	($1,000,000)	0.0%
$126,353,580	**$125,531,306**	**($822,273)**	**(0.7%)**	**18 - TOTAL MEDICAL EXPENSES**	**$382,167,951**	**$385,687,039**	**$3,519,088**	**0.9%**
$11,039,908	**$8,314,724**	**$2,725,184**	**32.8%**	**19 - GROSS MARGIN**	**$32,320,374**	**$20,291,296**	**$12,029,078**	**59.3%**
				ADMINISTRATIVE EXPENSES				
$4,359,631	$4,400,692	$41,061	0.9%	20 - Personnel Expense	$13,325,693	$12,723,756	($601,937)	(4.7%)
$64,368	$51,767	($12,601)	(24.3%)	21 - Benefits Administration Expense	$1,002,822	$156,419	($846,404)	(541.1%)
$838,472	$1,584,597	$746,126	47.1%	22 - Purchased & Professional Services	$2,846,607	$4,416,036	$1,569,429	35.5%
$1,796,967	$2,204,806	$407,839	18.5%	23 - Other Administrative Expense	$3,985,804	$5,345,989	$1,360,185	25.4%
$7,059,439	**$8,241,863**	**$1,182,425**	**14.3%**	**24 - TOTAL ADMINISTRATIVE EXPENSES**	**$21,160,926**	**$22,642,199**	**$1,481,273**	**6.5%**
$3,980,470	**$72,861**	**$3,907,609**	**5,363.1%**	**25 - NET OPERATING INCOME / (LOSS)**	**$11,159,448**	**($2,350,904)**	**$13,510,351**	**574.7%**
				OTHER INCOME / EXPENSES				
$1,533,865	**$770,000**	**$763,865**	**99.2%**	**26 - TOTAL OTHER INCOME / (EXPENSES)**	**$6,445,281**	**$2,310,000**	**$4,135,281**	**179.0%**
$5,514,335	**$842,861**	**$4,671,474**	**554.2%**	**27 - NET INCOME / (LOSS)**	**$17,604,729**	**($40,904)**	**$17,645,632**	**43,139.6%**
5.1%	**6.2%**	**1.1%**	**17.7%**	**28 - ADMIN EXP % OF REVENUE**	**5.1%**	**5.6%**	**0.5%**	**8.9%**

ALAMEDA ALLIANCE FOR HEALTH
BALANCE SHEETS
CURRENT MONTH VS. PRIOR MONTH
FOR THE MONTH AND FISCAL YTD ENDED SEPTEMBER 30, 2023

	9/30/2023	8/31/2023	Difference	% Difference
CURRENT ASSETS:				
Cash & Equivalents				
Cash	$9,185,850	$4,648,471	$4,537,379	97.61%
Short-Term Investments	593,964,784	318,754,308	275,210,477	86.34%
Interest Receivable	450,138	545,674	(95,537)	-17.51%
Other Receivables - Net	213,845,802	431,590,802	(217,745,000)	-50.45%
Prepaid Expenses	5,501,708	5,211,393	290,315	5.57%
Prepaid Inventoried Items	58,330	88,105	(29,775)	-33.79%
CalPERS Net Pension Asset	(5,286,448)	(5,286,448)	0	0.00%
Deferred CalPERS Outflow	14,099,056	14,099,056	0	0.00%
TOTAL CURRENT ASSETS	**$831,819,219**	**$769,651,361**	**$62,167,859**	**8.08%**
OTHER ASSETS:				
Long-Term Investments	7,027,564	9,319,265	(2,291,701)	-24.59%
Restricted Assets	350,000	350,000	0	0.00%
Lease Asset - Office Space (Net)	1,252,769	1,315,408	(62,638)	-4.76%
Lease Asset - Office Equipment (Net)	147,375	150,650	(3,275)	-2.17%
SBITA Asset-GASB 96 (Net)	5,309,802	5,558,937	(249,136)	-4.48%
TOTAL OTHER ASSETS	**$14,087,510**	**$16,694,260**	**($2,606,750)**	**-15.61%**
PROPERTY AND EQUIPMENT:				
Land, Building & Improvements	10,129,539	10,113,570	15,969	0.16%
Furniture And Equipment	12,398,056	12,288,567	109,489	0.89%
Leasehold Improvement	902,447	902,447	0	0.00%
Internally-Developed Software	14,824,002	14,824,002	0	0.00%
Fixed Assets at Cost	38,254,044	38,128,585	125,458	0.33%
Less: Accumulated Depreciation	(32,645,422)	(32,589,321)	(56,100)	0.17%
NET PROPERTY AND EQUIPMENT	**$5,608,622**	**$5,539,264**	**$69,358**	**1.25%**
TOTAL ASSETS	**$851,515,352**	**$791,884,885**	**$59,630,467**	**7.53%**
CURRENT LIABILITIES:				
Accounts Payable	919,537	1,123,528	(203,991)	-18.16%
Other Accrued Expenses	17,980,983	16,930,498	1,050,485	6.20%
Interest Payable	106,591	90,276	16,315	18.07%
Pass-Through Liabilities	279,960,963	230,640,982	49,319,980	21.38%
Claims Payable	31,022,471	33,593,308	(2,570,837)	-7.65%
IBNP Reserves	156,895,226	151,339,847	5,555,379	3.67%
Payroll Liabilities	7,080,789	7,037,647	43,142	0.61%
CalPERS Deferred Inflow	5,004,985	5,004,985	0	0.00%
Risk Sharing	4,629,337	3,628,337	1,001,000	27.59%
Provider Grants/ New Health Program	(11,640)	(11,640)	0	0.00%
ST Lease Liability - Office Space	836,760	830,487	6,273	0.76%
ST Lease Liability - Office Equipment	39,300	39,300	0	0.00%
SBITA ST Liability-GASB 96	2,195,220	2,220,459	(25,239)	-1.14%
TOTAL CURRENT LIABILITIES	**$506,660,520**	**$452,468,013**	**$54,192,507**	**11.98%**
LONG TERM LIABILITIES:				
LT Lease Liability - Office Space	597,778	670,878	(73,100)	-10.90%
LT Lease Liability - Office Equipment	108,075	111,350	(3,275)	-2.94%
SBITA LT Liability -GASB 96	2,587,208	2,587,208	0	0.00%
TOTAL LONG TERM LIABILITIES	**$3,293,061**	**$3,369,436**	**($76,375)**	**-2.27%**
TOTAL LIABILITIES	**$509,953,581**	**$455,837,450**	**$54,116,132**	**11.87%**
NET WORTH:				
Contributed Capital	840,233	840,233	0	0.00%
Restricted & Unrestricted Funds	323,116,808	323,116,808	0	0.00%
Year-to Date Net Income / (Loss)	17,604,729	12,090,394	5,514,335	45.61%
TOTAL NET WORTH	**$341,561,770**	**$336,047,435**	**$5,514,335**	**1.64%**
TOTAL LIABILITIES AND NET WORTH	**$851,515,352**	**$791,884,885**	**$59,630,467**	**7.53%**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 9/30/2023

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	$2,573,291	$7,746,391	$15,502,066	$7,746,390
Total	2,573,291	7,746,391	15,502,066	7,746,390
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	134,820,138	406,741,724	820,731,713	406,741,724
Premium Receivable	216,879,405	85,191,635	(44,864,854)	85,191,635
Total	351,699,543	491,933,359	775,866,859	491,933,359
Investment & Other Income Cash Flows				
Other Revenue (Grants)	95,474	290,670	350,447	290,670
Investment Income	1,499,508	6,406,441	11,928,366	6,406,442
Interest Receivable	95,537	264,438	43,377	264,438
Total	1,690,519	6,961,549	12,322,190	6,961,550
Medical & Hospital Cash Flows				
Total Medical Expenses	(126,353,580)	(382,167,951)	(760,618,250)	(382,167,950)
Other Receivable	865,596	1,184,048	1,340,186	1,184,048
Claims Payable	(2,570,838)	(7,677,453)	(7,782,754)	(7,677,453)
IBNP Payable	5,555,379	(7,609,177)	5,298,421	(7,609,177)
Risk Share Payable	1,001,000	(977,846)	(990,582)	(977,846)
Health Program	0	(11,640)	(139,180)	(11,640)
Other Liabilities	0	(1)	0	0
Total	(121,502,443)	(397,260,020)	(762,892,159)	(397,260,018)
Administrative Cash Flows				
Total Administrative Expenses	(7,120,496)	(21,412,546)	(42,277,801)	(21,412,547)
Prepaid Expenses	(260,540)	(659,320)	1,885,831	(659,320)
CalPERS Pension Asset	0	0	0	0
CalPERS Deferred Outflow	0	0	0	0
Trade Accounts Payable	845,984	774,586	2,667,948	774,586
Other Accrued Liabilities	16,315	46,556	97,790	46,556
Payroll Liabilities	43,142	1,150,902	(1,347,025)	1,150,902
Net Lease Assets/Liabilities (Short term & Long term)	219,708	219,366	(545,266)	219,366
Depreciation Expense	56,100	168,297	353,127	168,297
Total	(6,199,787)	(19,712,159)	(39,165,396)	(19,712,160)
Interest Paid				
Debt Interest Expense	0	0	0	0
Total Cash Flows from Operating Activities	**228,261,123**	**89,669,120**	**1,633,560**	**89,669,121**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 9/30/2023

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM INVESTING ACTIVITIES				
Investment Cash Flows				
Long Term Investments	2,291,701	4,532,973	16,231,620	4,532,973
	2,291,701	4,532,973	16,231,620	4,532,973
Restricted Cash & Other Asset Cash Flows				
Provider Pass-Thru-Liabilities	49,320,492	48,122,073	(48,846,246)	48,122,073
Restricted Cash	0	0	0	0
	49,320,492	48,122,073	(48,846,246)	48,122,073
Fixed Asset Cash Flows				
Depreciation expense	56,100	168,297	353,127	168,297
Fixed Asset Acquisitions	(125,459)	(558,947)	(673,018)	(558,947)
Change in A/D	(56,100)	(168,297)	(353,127)	(168,297)
	(125,459)	(558,947)	(673,018)	(558,947)
Total Cash Flows from Investing Activities	**51,486,734**	**52,096,099**	**(33,287,644)**	**52,096,099**
Financing Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Total Cash Flows	**279,747,857**	**141,765,219**	**(31,654,084)**	**141,765,220**
Rounding	0	0	0	(1)
Cash @ Beginning of Period	323,402,777	461,385,415	634,804,718	461,385,415
Cash @ End of Period	**$603,150,634**	**$603,150,634**	**$603,150,634**	**$603,150,634**
Difference (rounding)	0	0	0	0

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 9/30/2023

	MONTH	3 MONTHS	6 MONTHS	YTD
NET INCOME RECONCILIATION				
Net Income / (Loss)	$5,514,335	$17,604,730	$45,616,543	$17,604,728
Add back: Depreciation	56,100	168,297	353,127	168,297
Receivables				
Premiums Receivable	216,879,405	85,191,635	(44,864,854)	85,191,635
Interest Receivable	95,537	264,438	43,377	264,438
Other Receivable	865,596	1,184,048	1,340,186	1,184,048
Total	217,840,538	86,640,121	(43,481,291)	86,640,121
Prepaid Expenses	(260,540)	(659,320)	1,885,831	(659,320)
Trade Payables	845,984	774,586	2,667,948	774,586
Claims Payable, IBNR & Risk Share				
IBNP	5,555,379	(7,609,177)	5,298,421	(7,609,177)
Claims Payable	(2,570,838)	(7,677,453)	(7,782,754)	(7,677,453)
Risk Share Payable	1,001,000	(977,846)	(990,582)	(977,846)
Other Liabilities	0	(1)	0	0
Total	3,985,541	(16,264,477)	(3,474,915)	(16,264,476)
Unearned Revenue				
Total	0	0	0	0
Other Liabilities				
Accrued Expenses	16,315	46,556	97,790	46,556
Payroll Liabilities	43,142	1,150,902	(1,347,025)	1,150,902
Net Lease Assets/Liabilities (Short term & Long term)	219,708	219,366	(545,266)	219,366
Health Program	0	(11,640)	(139,180)	(11,640)
Accrued Sub Debt Interest	0	0	0	0
Total Change in Other Liabilities	279,165	1,405,184	(1,933,681)	1,405,184
Cash Flows from Operating Activities	**$228,261,123**	**$89,669,121**	**$1,633,562**	**$89,669,120**
Difference (rounding)	0	1	2	(1)

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 9/30/2023

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received From:				
Capitation Received from State of CA	$351,699,543	$491,933,359	$775,866,859	$491,933,359
Commercial Premium Revenue	2,573,291	7,746,391	15,502,066	7,746,390
Other Income	95,474	290,670	350,447	290,670
Investment Income	1,595,045	6,670,879	11,971,743	6,670,880
Cash Paid To:				
Medical Expenses	(121,502,443)	(397,260,020)	(762,892,159)	(397,260,018)
Vendor & Employee Expenses	(6,199,787)	(19,712,159)	(39,165,396)	(19,712,160)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	228,261,123	89,669,120	1,633,560	89,669,121
Cash Flows from Financing Activities:				
Purchases of Fixed Assets	(125,459)	(558,947)	(673,018)	(558,947)
Net Cash Provided By (Used In) Financing Activities	(125,459)	(558,947)	(673,018)	(558,947)
Cash Flows from Investing Activities:				
Changes in Investments	2,291,701	4,532,973	16,231,620	4,532,973
Restricted Cash	49,320,492	48,122,073	(48,846,246)	48,122,073
Net Cash Provided By (Used In) Investing Activities	51,612,193	52,655,046	(32,614,626)	52,655,046
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Net Change in Cash	**279,747,857**	**141,765,219**	**(31,654,084)**	**141,765,220**
Cash @ Beginning of Period	323,402,777	461,385,415	634,804,718	461,385,415
Subtotal	$603,150,634	$603,150,634	$603,150,634	$603,150,635
Rounding	0	0	0	(1)
Cash @ End of Period	**$603,150,634**	**$603,150,634**	**$603,150,634**	**$603,150,634**
RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:				
Net Income / (Loss)	$5,514,335	$17,604,730	$45,616,543	$17,604,728
Depreciation	56,100	168,297	353,127	168,297
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	217,840,538	86,640,121	(43,481,291)	86,640,121
Prepaid Expenses	(260,540)	(659,320)	1,885,831	(659,320)
Trade Payables	845,984	774,586	2,667,948	774,586
Claims payable & IBNP	3,985,541	(16,264,477)	(3,474,915)	(16,264,476)
Deferred Revenue	0	0	0	0
Accrued Interest	0	0	0	0
Other Liabilities	279,165	1,405,184	(1,933,681)	1,405,184
Subtotal	228,261,123	89,669,121	1,633,562	89,669,120
Rounding	0	(1)	(2)	1
Cash Flows from Operating Activities	**$228,261,123**	**$89,669,120**	**$1,633,560**	**$89,669,121**
Rounding Difference	0	(1)	(2)	1

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE MONTH OF SEPTEMBER 2023

	Medi-Cal Child	Medi-Cal Adult	Medi-Cal SPD	Medi-Cal ACA OE	Medi-Cal Duals	Medi-Cal LTC	Medi-Cal LTC Duals	Medi-Cal Total	Group Care	Medicare	Grand Total
Enrollments	100,038	51,499	30,592	120,016	41,629	139	1,004	344,917	5,631	-	350,548
Net Revenue	$13,319,281	$16,961,878	$35,744,300	$47,054,103	$12,097,155	$1,490,689	$8,152,793	$134,820,198	$2,573,290	$0	$137,393,488
Medical Expense	$10,780,360	$15,977,445	$31,834,013	$42,196,698	$12,170,912	$1,643,132	$9,046,464	$123,649,024	$2,704,555	$0	$126,353,580
Gross Margin	$2,538,920	$984,433	$3,910,287	$4,857,405	($73,758)	($152,443)	($893,671)	$11,171,173	($131,265)	$0	$11,039,908
Administrative Expense	$434,959	$735,099	$2,262,841	$2,209,642	$682,648	$97,972	$466,112	$6,889,273	$150,165	$20,000	$7,059,439
Operating Income / (Expense)	$2,103,961	$249,335	$1,647,445	$2,647,764	($756,406)	($250,415)	($1,359,784)	$4,281,900	($281,430)	($20,000)	$3,980,470
Other Income / (Expense)	$88,646	$160,972	$502,673	$477,416	$149,969	$22,325	$105,115	$1,507,116	$26,750	$0	$1,533,865
Net Income / (Loss)	$2,192,607	$410,307	$2,150,119	$3,125,179	($606,437)	($228,090)	($1,254,669)	$5,789,016	($254,681)	($20,000)	$5,514,335
PMPM Metrics:											
Revenue PMPM	$133.14	$329.36	$1,168.42	$392.07	$290.59	$10,724.38	$8,120.31	$390.88	$456.99	$0.00	$391.94
Medical Expense PMPM	$107.76	$310.25	$1,040.60	$351.59	$292.37	$11,821.09	$9,010.42	$358.49	$480.30	$0.00	$360.45
Gross Margin PMPM	$25.38	$19.12	$127.82	$40.47	($1.77)	($1,096.71)	($890.11)	$32.39	($23.31)	$0.00	$31.49
Administrative Expense PMPM	$4.35	$14.27	$73.97	$18.41	$16.40	$704.83	$464.26	$19.97	$26.67	$0.00	$20.14
Operating Income / (Expense) PMPM	$21.03	$4.84	$53.85	$22.06	($18.17)	($1,801.55)	($1,354.37)	$12.41	($49.98)	$0.00	$11.35
Other Income / (Expense) PMPM	$0.89	$3.13	$16.43	$3.98	$3.60	$160.61	$104.70	$4.37	$4.75	$0.00	$4.38
Net Income / (Loss) PMPM	$21.92	$7.97	$70.28	$26.04	($14.57)	($1,640.94)	($1,249.67)	$16.78	($45.23)	$0.00	$15.73
Ratio:											
Medical Loss Ratio	80.9%	94.2%	89.1%	89.7%	100.6%	110.2%	111.0%	91.7%	105.1%	0.0%	92.0%
Gross Margin Ratio	19.1%	5.8%	10.9%	10.3%	-0.6%	-10.2%	-11.0%	8.3%	-5.1%	0.0%	8.0%
Administrative Expense Ratio	3.3%	4.3%	6.3%	4.7%	5.6%	6.6%	5.7%	5.1%	5.8%	0.0%	5.1%
Net Income Ratio	16.5%	2.4%	6.0%	6.6%	-5.0%	-15.3%	-15.4%	4.3%	-9.9%	0.0%	4.0%

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE FISCAL YEAR TO DATE SEPTEMBER 2023

	Medi-Cal Child	Medi-Cal Adult	Medi-Cal SPD	Medi-Cal ACA OE	Medi-Cal Duals	Medi-Cal LTC	Medi-Cal LTC Duals	Medi-Cal Total	Group Care	Medicare	Grand Total
Enrollments/Member Months	303,894	156,151	92,487	365,542	125,032	418	3,056	1,046,580	16,945	-	1,063,525
Net Revenue	$40,382,409	$50,915,610	$107,960,793	$141,855,669	$36,330,169	$4,483,507	$24,813,777	$406,741,934	$7,746,391	$0	$414,488,324
Medical Expense	$33,039,363	$49,691,908	$99,295,695	$126,008,205	$37,429,322	$4,502,730	$25,560,463	$375,527,686	$6,640,265	$0	$382,167,951
Gross Margin	$7,343,046	$1,223,702	$8,665,098	$15,847,464	($1,099,153)	($19,224)	($746,686)	$31,214,248	$1,106,126	$0	$32,320,374
Administrative Expense	$1,476,186	$2,227,566	$6,581,024	$6,639,980	$2,063,621	$281,796	$1,340,688	$20,610,862	$450,064	$100,000	$21,160,926
Operating Income / (Expense)	$5,866,860	($1,003,865)	$2,084,074	$9,207,483	($3,162,774)	($301,019)	($2,087,374)	$10,603,385	$656,062	($100,000)	$11,159,448
Other Income / (Expense)	$378,630	$671,052	$2,078,567	$2,032,093	$629,820	$94,166	$446,458	$6,330,787	$114,494	$0	$6,445,281
Net Income / (Loss)	$6,245,490	($332,813)	$4,162,641	$11,239,577	($2,532,954)	($206,853)	($1,640,915)	$16,934,172	$770,557	($100,000)	$17,604,729
PMPM Metrics:											
Revenue PMPM	$132.88	$326.07	$1,167.31	$388.07	$290.57	$10,726.09	$8,119.69	$388.64	$457.15	$0.00	$389.73
Medical Expense PMPM	$108.72	$318.23	$1,073.62	$344.72	$299.36	$10,772.08	$8,364.03	$358.81	$391.87	$0.00	$359.34
Gross Margin PMPM	$24.16	$7.84	$93.69	$43.35	($8.79)	($45.99)	($244.33)	$29.82	$65.28	$0.00	$30.39
Administrative Expense PMPM	$4.86	$14.27	$71.16	$18.16	$16.50	$674.15	$438.71	$19.69	$26.56	$0.00	$19.90
Operating Income / (Expense) PMPM	$19.31	($6.43)	$22.53	$25.19	($25.30)	($720.14)	($683.04)	$10.13	$38.72	$0.00	$10.49
Other Income / (Expense) PMPM	$1.25	$4.30	$22.47	$5.56	$5.04	$225.28	$146.09	$6.05	$6.76	$0.00	$6.06
Net Income / (Loss) PMPM	$20.55	($2.13)	$45.01	$30.75	($20.26)	($494.86)	($536.95)	$16.18	$45.47	$0.00	$16.55
Ratio:											
Medical Loss Ratio	81.8%	97.6%	92.0%	88.8%	103.0%	100.4%	103.0%	92.3%	85.7%	0.0%	92.2%
Gross Margin Ratio	18.2%	2.4%	8.0%	11.2%	-3.0%	-0.4%	-3.0%	7.7%	14.3%	0.0%	7.8%
Administrative Expense Ratio	3.7%	4.4%	6.1%	4.7%	5.7%	6.3%	5.4%	5.1%	5.8%	0.0%	5.1%
Net Income Ratio	15.5%	-0.7%	3.9%	7.9%	-7.0%	-4.6%	-6.6%	4.2%	9.9%	0.0%	4.2%

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED September 30, 2023

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				ADMINISTRATIVE EXPENSE SUMMARY				
$4,359,631	$4,400,692	$41,061	0.9%	Personnel Expenses	$13,325,693	$12,723,756	($601,937)	(4.7%)
64,368	51,767	(12,601)	(24.3%)	Benefits Administration Expense	1,002,822	156,419	(846,404)	(541.1%)
838,472	1,584,597	746,126	47.1%	Purchased & Professional Services	2,846,607	4,416,036	1,569,429	35.5%
457,705	269,502	(188,203)	(69.8%)	Occupancy	1,515,776	772,433	(743,342)	(96.2%)
607,821	714,913	107,091	15.0%	Printing Postage & Promotion	1,000,736	1,233,393	232,657	18.9%
703,338	1,200,150	496,813	41.4%	Licenses Insurance & Fees	1,392,987	3,291,554	1,898,567	57.7%
28,103	20,242	(7,861)	(38.8%)	Supplies & Other Expenses	76,305	48,609	(27,697)	(57.0%)
$2,699,807	$3,841,171	$1,141,364	29.7%	Total Other Administrative Expense	$7,835,233	$9,918,443	$2,083,210	21.0%
$7,059,439	$8,241,863	$1,182,425	14.3%	Total Administrative Expenses	$21,160,926	$22,642,199	$1,481,273	6.5%

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED September 30, 2023

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				Personnel Expenses				
2,956,225	2,939,751	(16,474)	(0.6%)	Salaries & Wages	8,950,014	8,426,928	(523,086)	(6.2%)
316,864	313,239	(3,625)	(1.2%)	Paid Time Off	981,829	888,099	(93,730)	(10.6%)
2,268	3,895	1,627	41.8%	Incentives	8,693	10,115	1,422	14.1%
45,611	52,923	7,312	13.8%	Payroll Taxes	140,678	240,629	99,952	41.5%
15,463	13,567	(1,897)	(14.0%)	Overtime	86,758	41,400	(45,358)	(109.6%)
241,706	248,237	6,531	2.6%	CalPERS ER Match	785,799	710,792	(75,007)	(10.6%)
663,296	546,054	(117,242)	(21.5%)	Employee Benefits	1,995,261	1,623,340	(371,921)	(22.9%)
199	0	(199)	0.0%	Personal Floating Holiday	2,978	0	(2,978)	0.0%
5,885	33,874	27,989	82.6%	Employee Relations	5,319	79,273	73,954	93.3%
15,830	20,450	4,620	22.6%	Work from Home Stipend	46,840	58,600	11,760	20.1%
209	5,735	5,526	96.4%	Transportation Reimbursement	1,143	15,052	13,909	92.4%
9,738	17,682	7,943	44.9%	Travel & Lodging	28,518	46,144	17,626	38.2%
29,941	144,560	114,619	79.3%	Temporary Help Services	222,341	403,987	181,646	45.0%
15,634	49,695	34,061	68.5%	Staff Development/Training	38,043	161,302	123,259	76.4%
40,762	11,031	(29,731)	(269.5%)	Staff Recruitment/Advertising	31,480	18,094	(13,386)	(74.0%)
$4,359,631	**$4,400,692**	**$41,061**	**0.9%**	**Total Employee Expenses**	**$13,325,693**	**$12,723,756**	**($601,937)**	**(4.7%)**
				Benefit Administration Expense				
25,637	21,808	(3,829)	(17.6%)	RX Administration Expense	68,146	65,424	(2,722)	(4.2%)
0	0	0	0.0%	Behavioral Hlth Administration Fees	817,710	0	(817,710)	0.0%
38,732	29,959	(8,772)	(29.3%)	Telemedicine Admin Fees	116,967	90,995	(25,972)	(28.5%)
$64,368	**$51,767**	**($12,601)**	**(24.3%)**	**Total Benefit Administration Expenses**	**$1,002,822**	**$156,419**	**($846,404)**	**(541.1%)**
				Purchased & Professional Services				
176,092	561,236	385,145	68.6%	Consulting Services	715,284	1,634,773	919,489	56.2%
359,026	619,047	260,022	42.0%	Computer Support Services	1,042,390	1,527,998	485,608	31.8%
11,875	12,500	625	5.0%	Professional Fees-Accounting	35,625	37,500	1,875	5.0%
0	33	33	100.0%	Professional Fees-Medical	0	100	100	100.0%
133,965	139,997	6,032	4.3%	Other Purchased Services	553,888	482,810	(71,078)	(14.7%)
34	717	683	95.2%	Maint.& Repair-Office Equipment	2,656	2,151	(505)	(23.5%)
1,180	0	(1,180)	0.0%	Maint.&Repair-Computer Hardware	1,180	0	(1,180)	0.0%
52,402	114,160	61,758	54.1%	HMS Recovery Fees	247,186	324,860	77,674	23.9%
3,765	43,854	40,089	91.4%	Hardware (Non-Capital)	116,575	119,188	2,613	2.2%
35,356	41,702	6,346	15.2%	Provider Relations-Credentialing	68,783	125,106	56,323	45.0%
64,777	51,350	(13,427)	(26.1%)	Legal Fees	63,039	161,550	98,511	61.0%
$838,472	**$1,584,597**	**$746,126**	**47.1%**	**Total Purchased & Professional Services**	**$2,846,607**	**$4,416,036**	**$1,569,429**	**35.5%**
				Occupancy				
56,100	60,874	4,774	7.8%	Depreciation	168,297	163,704	(4,593)	(2.8%)
62,638	74,147	11,509	15.5%	Building Lease	185,756	222,441	36,685	16.5%
6,772	5,870	(902)	(15.4%)	Leased and Rented Office Equipment	16,992	17,610	618	3.5%
15,273	14,700	(573)	(3.9%)	Utilities	82,373	32,200	(50,173)	(155.8%)
45,972	86,510	40,538	46.9%	Telephone	247,517	259,530	12,013	4.6%
21,814	27,401	5,587	20.4%	Building Maintenance	67,435	76,948	9,513	12.4%
249,136	0	(249,136)	0.0%	SBITA Amortization Expense-GASB 96	747,407	0	(747,407)	0.0%
$457,705	**$269,502**	**($188,203)**	**(69.8%)**	**Total Occupancy**	**$1,515,776**	**$772,433**	**($743,342)**	**(96.2%)**

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED September 30, 2023

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				Printing Postage & Promotion				
40,285	32,753	(7,533)	(23.0%)	Postage	117,140	99,358	(17,782)	(17.9%)
11,594	5,300	(6,294)	(118.8%)	Design & Layout	13,656	16,300	2,645	16.2%
54,452	45,987	(8,465)	(18.4%)	Printing Services	203,761	129,825	(73,936)	(57.0%)
9,577	6,910	(2,667)	(38.6%)	Mailing Services	31,548	20,730	(10,818)	(52.2%)
10,293	6,480	(3,813)	(58.8%)	Courier/Delivery Service	30,476	19,230	(11,245)	(58.5%)
4,006	1,250	(2,756)	(220.5%)	Promotional Products	4,193	1,250	(2,943)	(235.5%)
0	3,150	3,150	100.0%	Promotional Services	1,450	3,450	2,000	58.0%
455,608	540,417	84,809	15.7%	Community Relations	542,700	845,250	302,550	35.8%
22,006	72,667	50,661	69.7%	Translation - Non-Clinical	55,813	98,000	42,187	43.0%
$607,821	**$714,913**	**$107,091**	**15.0%**	**Total Printing Postage & Promotion**	**$1,000,736**	**$1,233,393**	**$232,657**	**18.9%**
				Licenses Insurance & Fees				
0	250,000	250,000	100.0%	Regulatory Penalties	0	500,000	500,000	100.0%
26,306	28,000	1,694	6.0%	Bank Fees	80,699	84,000	3,301	3.9%
75,060	89,100	14,040	15.8%	Insurance	225,179	267,299	42,120	15.8%
486,443	693,923	207,480	29.9%	Licenses, Permits and Fees	799,056	1,991,076	1,192,020	59.9%
115,529	139,128	23,599	17.0%	Subscriptions & Dues	288,054	449,179	161,125	35.9%
$703,338	**$1,200,150**	**$496,813**	**41.4%**	**Total Licenses Insurance & Postage**	**$1,392,987**	**$3,291,554**	**$1,898,567**	**57.7%**
				Supplies & Other Expenses				
22,569	4,584	(17,985)	(392.3%)	Office and Other Supplies	31,061	12,452	(18,609)	(149.4%)
0	0	0	0.0%	Furniture and Equipment	350	0	(350)	0.0%
2,735	3,700	965	26.1%	Ergonomic Supplies	9,959	9,100	(859)	(9.4%)
2,799	6,641	3,842	57.9%	Commissary-Food & Beverage	10,084	20,807	10,722	51.5%
0	0	0	0.0%	Miscellaneous Expense	20,000	0	(20,000)	0.0%
0	4,850	4,850	100.0%	Member Incentive Expense	4,850	4,850	0	0.0%
0	100	100	100.0%	Covid-19 IT Expenses	0	300	300	100.0%
0	367	367	100.0%	Covid-19 Non IT Expenses	0	1,100	1,100	100.0%
$28,103	**$20,242**	**($7,861)**	**(38.8%)**	**Total Supplies & Other Expense**	**$76,305**	**$48,609**	**($27,697)**	**(57.0%)**
$7,059,439	**$8,241,863**	**$1,182,425**	**14.3%**	**TOTAL ADMINISTRATIVE EXPENSE**	**$21,160,926**	**$22,642,199**	**$1,481,273**	**6.5%**

ALAMEDA ALLIANCE FOR HEALTH
CAPITAL SPENDING INCLUDING CONSTRUCTION-IN-PROCESS
ACTUAL VS. BUDGET
FOR THE FISCAL YEAR-TO-DATE ENDED JUNE 30, 2024

		Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	$ Variance Fav/(Unf.)
1. Hardware:							
	Cisco Catalyst 9300 - Catalyst Switches	IT-FY24-01	$ -		**$ -**	$ 50,000	$ 50,000
	Cisco Catalyst 8500 - Routers	IT-FY24-02	$ -		**$ -**	$ 60,000	$ 60,000
	Cisco AP-9166 - Access Point	IT-FY24-03	$ -		**$ -**	$ 10,000	$ 10,000
	Cisco UCS-X M6 or M7 Blades x 6	IT-FY24-04	$ 426,371	$ 100	**$ 426,471**	$ 310,000	$ (116,471)
	PURE Storage array	IT-FY24-05	$ -		**$ -**	$ 300,000	$ 300,000
	PKI management	IT-FY24-06	$ -		**$ -**	$ 20,000	$ 20,000
	IBM Power Hardware Upgrade	IT-FY24-07	$ -		**$ -**	$ 405,000	$ 405,000
	Misc Hardware	IT-FY24-08	$ 7,119		**$ 7,119**	$ 15,000	$ 7,881
	Network / AV Cabling	IT-FY24-09	$ -	$ 107,600	**$ 107,600**	$ 30,000	$ (77,600)
Hardware Subtotal			**$ 433,489**	**$ 107,701**	**$ 541,190**	**$ 1,200,000**	**$ 658,810**
2. Software:							
	Zerto renewal and Tier 2 add	AC-FY24-01	$ -		**$ -**	$ 126,000	$ 126,000
Software Subtotal			**$ -**	**$ -**	**$ -**	**$ 126,000**	**$ 126,000**
3. Building Improvement:							
	Appliances over 1k new/replacement (all buildings/suites)	FA-FY24-01	**$ -**	$ -	**$ -**	$ -	$ -
	ACME Security: Readers, HID boxes, Cameras, Doors (planned/unplanned	FA-FY24-02	$ -	$ -	**$ -**	$ 20,000	$ 20,000
	HVAC: Replace VAV boxes, duct work, replace old equipment	FA-FY24-03	$ -	$ -	**$ -**	$ 20,000	$ 20,000
	Electrical work for projects, workstations requirement	FA-FY24-04	$ -	$ -	**$ -**	$ 10,000	$ 10,000
	1240 Interior blinds replacement	FA-FY24-05	**$ -**	$ -	**$ -**	$ 25,000	$ 25,000
	EV Charging stations, if not completed in FY23 and carried over to FY24	FA-FY24-06	**$ -**	$ 15,969	**$ 15,969**	$ 50,000	$ 34,031
Building Improvement Subtotal			**$ -**	**$ 15,969**	**$ 15,969**	**$ 125,000**	**$ 109,031**
4. Furniture & Equipment:							
	Office desks, cabinets, shelvings (all building/suites: new or replacement)	FA-FY24-17	$ -	$ 1,789	**$ 1,789**	$ 20,000	$ 18,211
	Replace, reconfigure, re-design workstations	FA-FY24-18	$ -		**$ -**	20,000.00	$ 20,000
Furniture & Equipment Subtotal			**$ -**	**$ 1,789**	**$ 1,789**	**$ 40,000**	**$ 38,211**
GRAND TOTAL			**$ 433,489**	**$ 125,458**	**$ 558,947**	**$ 1,491,000**	**$ 932,053**

5. Reconciliation to Balance Sheet:

Fixed Assets @ Cost - 9/30/23	**$ 38,254,044**
Fixed Assets @ Cost - 6/30/23	**$ 37,695,096**
Fixed Assets Acquired YTD	**$ 558,947**

ALAMEDA ALLIANCE FOR HEALTH
TANGIBLE NET EQUITY (TNE) AND LIQUID TNE ANALYSIS
SUMMARY - FISCAL YEAR 2024

TANGIBLE NET EQUITY (TNE)

			QTR. END
	Jul-23	Aug-23	Sep-23
Current Month Net Income / (Loss)	$9,746,933	$2,343,460	$5,514,335
YTD Net Income / (Loss)	$9,746,933	$12,090,393	$17,604,728
Actual TNE			
Net Assets	$333,703,974	$336,047,435	$341,561,770
Subordinated Debt & Interest	$0	$0	$0
Total Actual TNE	**$333,703,974**	**$336,047,435**	**$341,561,770**
Increase/(Decrease) in Actual TNE	$9,746,933	$2,343,460	$5,514,335
Required TNE[(1)]	**$46,228,233**	**$46,744,204**	**$46,352,062**
Min. Req'd to Avoid Monthly Reporting (Increased from 130% to 150% of Required TNE effective July-2022)	$69,342,350	$70,116,307	$69,528,093
TNE Excess / (Deficiency)	$287,475,741	$289,303,231	$295,209,708
Actual TNE as a Multiple of Required	**7.22**	**7.19**	**7.37**

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	$333,703,974	$336,047,435	$341,561,770
Fixed Assets at Net Book Value	(5,169,098)	(5,539,264)	(5,608,622)
Net Lease Assets/Liabilities/Interest	(711,429)	(475,037)	(1,115,074)
CD Pledged to DMHC	(350,000)	(350,000)	(350,000)
Liquid TNE (Liquid Reserves)	**$328,184,876**	**$330,158,171**	**$335,603,148**
Liquid TNE as Multiple of Required	**7.10**	**7.06**	**7.24**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2024

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

	Actual Jul-23	Actual Aug-23	Actual Sep-23	Actual Oct-23	Actual Nov-23	Actual Dec-23	Actual Jan-24	Actual Feb-24	Actual Mar-24	Actual Apr-24	Actual May-24	Actual Jun-24	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	102,463	101,393	100,038										303,894
Adult	52,550	52,102	51,499										156,151
SPD	31,055	30,840	30,592										92,487
ACA OE	123,707	121,819	120,016										365,542
Duals	41,688	41,715	41,629										125,032
MCAL LTC	141	138	139										418
MCAL LTC Duals	1,033	1,019	1,004										3,056
Medi-Cal Program	352,637	349,026	344,917										1,046,580
Group Care Program	5,669	5,645	5,631										16,945
Total	**358,306**	**354,671**	**350,548**										**1,063,525**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	(1,207)	(1,070)	(1,355)										(3,632)
Adult	(624)	(448)	(603)										(1,675)
SPD	(225)	(215)	(248)										(688)
ACA OE	(1,260)	(1,888)	(1,803)										(4,951)
Duals	(43)	27	(86)										(102)
MCAL LTC	(9)	(3)	1										(11)
MCAL LTC Duals	4	(14)	(15)										(25)
Medi-Cal Program	(3,364)	(3,611)	(4,109)										(11,084)
Group Care Program	(15)	(24)	(14)										(53)
Total	**(3,379)**	**(3,635)**	**(4,123)**										**(11,137)**
Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	29.1%	29.1%	29.0%										29.0%
Adult % of Medi-Cal	14.9%	14.9%	14.9%										14.9%
SPD % of Medi-Cal	8.8%	8.8%	8.9%										8.8%
ACA OE % of Medi-Cal	35.1%	34.9%	34.8%										34.9%
Duals % of Medi-Cal	11.8%	12.0%	12.1%										11.9%
Medi-Cal Program % of Total	98.4%	98.4%	98.4%										98.4%
Group Care Program % of Total	1.6%	1.6%	1.6%										1.6%
Total	**100.0%**	**100.0%**	**100.0%**										**100.0%**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2024

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

	Actual Jul-23	Actual Aug-23	Actual Sep-23	Actual Oct-23	Actual Nov-23	Actual Dec-23	Actual Jan-24	Actual Feb-24	Actual Mar-24	Actual Apr-24	Actual May-24	Actual Jun-24	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted													
Directly Contracted (DCP)	74,547	73,027	72,504										220,078
Alameda Health System	66,089	65,344	64,133										195,566
	140,636	138,371	136,637										415,644
Delegated:													
CFMG	34,810	34,649	34,144										103,603
CHCN	130,230	129,183	127,430										386,843
Kaiser	52,630	52,468	52,337										157,435
Delegated Subtotal	217,670	216,300	213,911										647,881
Total	**358,306**	**354,671**	**350,548**										**1,063,525**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	(939)	(2,265)	(1,734)										(4,938)
Delegated:													
CFMG	(441)	(161)	(505)										(1,107)
CHCN	(1,721)	(1,047)	(1,753)										(4,521)
Kaiser	(278)	(162)	(131)										(571)
Delegated Subtotal	(2,440)	(1,370)	(2,389)										(6,199)
Total	**(3,379)**	**(3,635)**	**(4,123)**										**(11,137)**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	39.3%	39.0%	39.0%										39.1%
Delegated:													
CFMG	9.7%	9.8%	9.7%										9.7%
CHCN	36.3%	36.4%	36.4%										36.4%
Kaiser	14.7%	14.8%	14.9%										14.8%
Delegated Subtotal	60.7%	61.0%	61.0%										60.9%
Total	**100.0%**	**100.0%**	**100.0%**										**100.0%**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING

FOR THE FISCAL YEAR 2024	PRELIMINARY BUDGET												
	Budget Jul-23	Budget Aug-23	Budget Sep-23	Budget Oct-23	Budget Nov-23	Budget Dec-23	Budget Jan-24	Budget Feb-24	Budget Mar-24	Budget Apr-24	Budget May-24	Budget Jun-24	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program by Category of Aid:													
Child	103,544	103,088	102,632	102,175	101,718	101,260	107,566	107,077	106,587	106,097	105,607	105,116	1,252,467
Adult	51,779	50,776	49,772	48,768	47,763	46,758	49,018	47,940	46,861	45,781	44,701	43,620	573,537
SPD	31,335	31,353	31,371	31,389	31,407	31,425	35,606	35,627	35,648	35,669	35,690	35,711	402,231
ACA OE	123,148	120,204	117,258	114,310	111,361	108,410	138,802	134,913	131,022	127,129	123,234	119,336	1,469,127
Duals	42,304	42,304	42,304	42,304	42,304	42,304	44,536	44,536	44,536	44,536	44,536	44,536	521,040
MCAL LTC	145	145	145	145	145	145	175	175	175	175	175	175	1,920
MCAL LTC Duals	983	983	983	983	983	983	1,107	1,107	1,107	1,107	1,107	1,107	12,540
Medi-Cal Program	353,238	348,853	344,465	340,074	335,681	331,285	376,810	371,375	365,936	360,494	355,050	349,601	4,232,862
Group Care Program	5,669	5,669	5,669	5,669	5,669	5,669	5,669	5,669	5,669	5,669	5,669	5,669	68,028
Total	**358,907**	**354,522**	**350,134**	**345,743**	**341,350**	**336,954**	**382,479**	**377,044**	**371,605**	**366,163**	**360,719**	**355,270**	**4,300,890**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	1,335	(456)	(456)	(457)	(457)	(458)	6,306	(489)	(490)	(490)	(490)	(491)	2,907
Adult	1,459	(1,003)	(1,004)	(1,004)	(1,005)	(1,005)	2,260	(1,078)	(1,079)	(1,080)	(1,080)	(1,081)	(6,700)
SPD	(576)	18	18	18	18	18	4,181	21	21	21	21	21	3,800
ACA OE	3,641	(2,944)	(2,946)	(2,948)	(2,949)	(2,951)	30,392	(3,889)	(3,891)	(3,893)	(3,895)	(3,898)	(171)
Duals	(3,158)	0	0	0	0	0	2,232	0	0	0	0	0	(926)
MCAL LTC	(8)	0	0	0	0	0	30	0	0	0	0	0	22
MCAL LTC Duals	(201)	0	0	0	0	0	124	0	0	0	0	0	(77)
Medi-Cal Program	2,492	(4,385)	(4,388)	(4,391)	(4,393)	(4,396)	45,525	(5,435)	(5,439)	(5,442)	(5,444)	(5,449)	(1,145)
Group Care Program	(120)	0	0	0	0	0	0	0	0	0	0	0	(120)
Total	**2,372**	**(4,385)**	**(4,388)**	**(4,391)**	**(4,393)**	**(4,396)**	**45,525**	**(5,435)**	**(5,439)**	**(5,442)**	**(5,444)**	**(5,449)**	**(1,265)**
Enrollment Percentages:													
Medi-Cal Program:													
Child % (Medi-Cal)	29.3%	29.6%	29.8%	30.0%	30.3%	30.6%	28.5%	28.8%	29.1%	29.4%	29.7%	30.1%	29.6%
Adult % (Medi-Cal)	14.7%	14.6%	14.4%	14.3%	14.2%	14.1%	13.0%	12.9%	12.8%	12.7%	12.6%	12.5%	13.5%
SPD % (Medi-Cal)	8.9%	9.0%	9.1%	9.2%	9.4%	9.5%	9.4%	9.6%	9.7%	9.9%	10.1%	10.2%	9.5%
ACA OE % (Medi-Cal)	34.9%	34.5%	34.0%	33.6%	33.2%	32.7%	36.8%	36.3%	35.8%	35.3%	34.7%	34.1%	34.7%
Duals % (Medi-Cal)	12.0%	12.1%	12.3%	12.4%	12.6%	12.8%	11.8%	12.0%	12.2%	12.4%	12.5%	12.7%	12.3%
MCAL LTC % (Medi-Cal)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%
MCAL LTC Duals % (Medi-Cal)	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%
Medi-Cal Program % of Total	98.4%	98.4%	98.4%	98.4%	98.3%	98.3%	98.5%	98.5%	98.5%	98.5%	98.4%	98.4%	98.4%
Group Care Program % of Total	1.6%	1.6%	1.6%	1.6%	1.7%	1.7%	1.5%	1.5%	1.5%	1.5%	1.6%	1.6%	1.6%
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 2024	PRELIMINARY BUDGET												
	Budget Jul-23	Budget Aug-23	Budget Sep-23	Budget Oct-23	Budget Nov-23	Budget Dec-23	Budget Jan-24	Budget Feb-24	Budget Mar-24	Budget Apr-24	Budget May-24	Budget Jun-24	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted	141,664	139,841	138,017	136,193	134,368	132,542	175,235	172,548	169,859	167,168	164,475	161,781	1,833,691
Delegated:													
CFMG	34,754	34,568	34,382	34,196	34,010	33,824	44,249	43,997	43,745	43,493	43,241	42,989	467,448
CHCN	130,622	128,908	127,193	125,475	123,756	122,035	162,995	160,499	158,001	155,502	153,003	150,500	1,698,489
Kaiser	51,867	51,205	50,542	49,879	49,216	48,553	0	0	0	0	0	0	301,262
Delegated Subtotal	217,243	214,681	212,117	209,550	206,982	204,412	207,244	204,496	201,746	198,995	196,244	193,489	2,467,199
Total	**358,907**	**354,522**	**350,134**	**345,743**	**341,350**	**336,954**	**382,479**	**377,044**	**371,605**	**366,163**	**360,719**	**355,270**	**4,300,890**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	8,226	(1,823)	(1,824)	(1,824)	(1,825)	(1,826)	42,693	(2,687)	(2,689)	(2,691)	(2,693)	(2,694)	28,343
Delegated:													
CFMG	684	(186)	(186)	(186)	(186)	(186)	10,425	(252)	(252)	(252)	(252)	(252)	8,919
CHCN	(4,995)	(1,714)	(1,715)	(1,718)	(1,719)	(1,721)	40,960	(2,496)	(2,498)	(2,499)	(2,499)	(2,503)	14,883
Kaiser	(1,543)	(662)	(663)	(663)	(663)	(663)	0	0	0	0	0	0	(4,857)
Delegated Subtotal	(5,854)	(2,562)	(2,564)	(2,567)	(2,568)	(2,570)	51,385	(2,748)	(2,750)	(2,751)	(2,751)	(2,755)	18,945
Total	**2,372**	**(4,385)**	**(4,388)**	**(4,391)**	**(4,393)**	**(4,396)**	**94,078**	**(5,435)**	**(5,439)**	**(5,442)**	**(5,444)**	**(5,449)**	**47,288**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	39.5%	39.4%	39.4%	39.4%	39.4%	39.3%	45.8%	45.8%	45.7%	45.7%	45.6%	45.5%	42.6%
Delegated:													
CFMG	9.7%	9.8%	9.8%	9.9%	10.0%	10.0%	11.6%	11.7%	11.8%	11.9%	12.0%	12.1%	10.9%
CHCN	36.4%	36.4%	36.3%	36.3%	36.3%	36.2%	42.6%	42.6%	42.5%	42.5%	42.4%	42.4%	39.5%
Kaiser	14.5%	14.4%	14.4%	14.4%	14.4%	14.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7.0%
Delegated Subtotal	60.5%	60.6%	60.6%	60.6%	60.6%	60.7%	54.2%	54.2%	54.3%	54.3%	54.4%	54.5%	57.4%
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 2024

	Variance Jul-23	Variance Aug-23	Variance Sep-23	Variance Oct-23	Variance Nov-23	Variance Dec-23	Variance Jan-24	Variance Feb-24	Variance Mar-24	Variance Apr-24	Variance May-24	Variance Jun-24	YTD Member Month Variance
Enrollment Variance by Plan & Aid Category - Favorable/(Unfavorable)													
Medi-Cal Program:													
Child	(1,081)	(1,695)	(2,594)										(5,370)
Adult	771	1,326	1,727										3,824
SPD	(280)	(513)	(779)										(1,572)
ACA OE	559	1,615	2,758										4,932
Duals	(616)	(589)	(675)										(1,880)
MCAL LTC	(4)	(7)	(6)										(17)
MCAL LTC Duals	50	36	21										107
Medi-Cal Program	(601)	173	452										24
Group Care Program	0	(24)	(38)										(62)
Total	**(601)**	**149**	**414**										**(38)**
Current Direct/Delegate Enrollment Variance - Favorable/(Unfavorable)													
Directly-Contracted	(1,028)	(1,470)	(1,380)										(3,878)
Delegated:													
CFMG	56	81	(238)										(101)
CHCN	(392)	275	237										120
Kaiser	763	1,263	1,795										3,821
Delegated Subtotal	427	1,619	1,794										3,840
Total	**(601)**	**149**	**414**										**(38)**

ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED SEPTEMBER 30, 2023

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				CAPITATED MEDICAL EXPENSES:				
$1,152,331	$1,156,491	$4,160	0.4%	PCP Capitation	$3,490,159	$3,487,774	($2,385)	(0.1%)
4,362,747	4,600,634	237,887	5.2%	PCP Capitation FQHC	13,144,794	13,990,487	845,693	6.0%
296,765	298,607	1,842	0.6%	Specialty-Capitation	898,204	900,683	2,479	0.3%
3,801,148	3,974,772	173,624	4.4%	Specialty-Capitation FQHC	11,449,089	12,109,933	660,844	5.5%
489,854	487,632	(2,222)	(0.5%)	Laboratory Capitation	1,477,737	1,478,920	1,184	0.1%
251,366	252,058	692	0.3%	Vision Cap	759,237	764,918	5,680	0.7%
86,366	86,966	600	0.7%	CFMG Capitation	261,401	262,315	914	0.3%
188,343	197,903	9,560	4.8%	Anc IPA Admin Capitation FQHC	567,425	602,202	34,776	5.8%
14,143,702	13,546,530	(597,172)	(4.4%)	Kaiser Capitation	42,461,343	41,213,256	(1,248,087)	(3.0%)
344,752	599,313	254,562	42.5%	Maternity Supplemental Expense	847,903	1,834,902	986,999	53.8%
712,819	767,113	54,293	7.1%	DME Cap	2,146,941	2,308,381	161,440	7.0%
$25,830,192	**$25,968,019**	**$137,826**	**0.5%**	**5 - TOTAL CAPITATED EXPENSES**	**$77,504,232**	**$78,953,770**	**$1,449,538**	**1.8%**
				FEE FOR SERVICE MEDICAL EXPENSES:				
(213,784)	0	213,784	0.0%	IBNR Inpatient Services	(5,849,216)	0	5,849,216	0.0%
(6,413)	0	6,413	0.0%	IBNR Settlement (IP)	(175,476)	0	175,476	0.0%
(17,102)	0	17,102	0.0%	IBNR Claims Fluctuation (IP)	(467,936)	0	467,936	0.0%
27,171,564	34,059,467	6,887,904	20.2%	Inpatient Hospitalization FFS	94,874,633	105,449,967	10,575,334	10.0%
1,847,010	0	(1,847,010)	0.0%	IP OB - Mom & NB	5,866,854	0	(5,866,854)	0.0%
34,610	0	(34,610)	0.0%	IP Behavioral Health	859,899	0	(859,899)	0.0%
1,167,426	0	(1,167,426)	0.0%	IP Facility Rehab FFS	3,666,650	0	(3,666,650)	0.0%
$29,983,310	**$34,059,467**	**$4,076,158**	**12.0%**	**6 - Inpatient Hospital & SNF FFS Expense**	**$98,775,409**	**$105,449,967**	**$6,674,558**	**6.3%**
(7,169)	0	7,169	0.0%	IBNR PCP	(501,187)	0	501,187	0.0%
(215)	0	215	0.0%	IBNR Settlement (PCP)	(15,037)	0	15,037	0.0%
(574)	0	574	0.0%	IBNR Claims Fluctuation (PCP)	(40,094)	0	40,094	0.0%
1,653,958	1,730,418	76,460	4.4%	Primary Care Non-Contracted FF	5,888,438	5,362,440	(525,997)	(9.8%)
312,325	182,320	(130,006)	(71.3%)	PCP FQHC FFS	1,711,389	565,977	(1,145,412)	(202.4%)
2,289,357	3,163,734	874,377	27.6%	Prop 56 Physician Exp	6,955,661	9,635,902	2,680,241	27.8%
14,041	0	(14,041)	0.0%	Prop 56 Hyde Exp	42,645	0	(42,645)	0.0%
78,544	0	(78,544)	0.0%	Prop 56 Trauma Exp	238,884	0	(238,884)	0.0%
94,634	0	(94,634)	0.0%	Prop 56 Develop. Screening Exp	287,442	0	(287,442)	0.0%
722,442	0	(722,442)	0.0%	Prop 56 Family Planning Exp	2,195,052	0	(2,195,052)	0.0%
$5,157,344	**$5,076,472**	**($80,871)**	**(1.6%)**	**7 - Primary Care Physician FFS Expense**	**$16,763,192**	**$15,564,320**	**($1,198,873)**	**(7.7%)**
520,416	0	(520,416)	0.0%	IBNR Specialist	(1,069,623)	0	1,069,623	0.0%
295,879	0	(295,879)	0.0%	Psychiatrist FFS	706,352	0	(706,352)	0.0%
2,128,118	5,335,191	3,207,073	60.1%	Specialty Care FFS	7,152,333	16,499,701	9,347,368	56.7%
210,552	0	(210,552)	0.0%	Specialty Anesthesiology	571,653	0	(571,653)	0.0%
927,911	0	(927,911)	0.0%	Specialty Imaging FFS	3,454,504	0	(3,454,504)	0.0%
19,257	0	(19,257)	0.0%	Obstetrics FFS	50,879	0	(50,879)	0.0%
228,945	0	(228,945)	0.0%	Specialty IP Surgery FFS	929,523	0	(929,523)	0.0%
510,133	0	(510,133)	0.0%	Specialty OP Surgery FFS	1,887,119	0	(1,887,119)	0.0%
360,387	0	(360,387)	0.0%	Spec IP Physician	1,396,618	0	(1,396,618)	0.0%
63,027	70,258	7,231	10.3%	SCP FQHC FFS	198,027	217,970	19,942	9.1%
15,611	0	(15,611)	0.0%	IBNR Settlement (SCP)	(32,089)	0	32,089	0.0%
41,633	0	(41,633)	0.0%	IBNR Claims Fluctuation (SCP)	(85,569)	0	85,569	0.0%
$5,321,869	**$5,405,449**	**$83,580**	**1.5%**	**8 - Specialty Care Physician Expense**	**$15,159,728**	**$16,717,671**	**$1,557,943**	**9.3%**
(217,528)	0	217,528	0.0%	IBNR Ancillary	857,667	0	(857,667)	0.0%
(6,526)	0	6,526	0.0%	IBNR Settlement (ANC)	25,731	0	(25,731)	0.0%
(17,401)	0	17,401	0.0%	IBNR Claims Fluctuation (ANC)	68,613	0	(68,613)	0.0%
21,135	0	(21,135)	0.0%	IBNR Transportation FFS	22,194	0	(22,194)	0.0%
1,033,157	0	(1,033,157)	0.0%	Behavioral Health Therapy FFS	3,859,502	0	(3,859,502)	0.0%
947,920	0	(947,920)	0.0%	Psychologist & Other MH Prof.	2,988,892	0	(2,988,892)	0.0%
234,689	0	(234,689)	0.0%	Acupuncture/Biofeedback	864,511	0	(864,511)	0.0%
84,218	0	(84,218)	0.0%	Hearing Devices	300,058	0	(300,058)	0.0%
24,913	0	(24,913)	0.0%	Imaging/MRI/CT Global	127,289	0	(127,289)	0.0%
41,246	0	(41,246)	0.0%	Vision FFS	124,161	0	(124,161)	0.0%
10	0	(10)	0.0%	Family Planning	30	0	(30)	0.0%
400,657	0	(400,657)	0.0%	Laboratory-FFS	1,454,559	0	(1,454,559)	0.0%
88,339	0	(88,339)	0.0%	ANC Therapist	315,472	0	(315,472)	0.0%
805,862	0	(805,862)	0.0%	Transportation (Ambulance)-FFS	2,991,881	0	(2,991,881)	0.0%
1,548,419	0	(1,548,419)	0.0%	Transportation (Other)-FFS	4,423,311	0	(4,423,311)	0.0%
1,500,868	0	(1,500,868)	0.0%	Hospice	4,488,952	0	(4,488,952)	0.0%
1,032,319	0	(1,032,319)	0.0%	Home Health Services	3,937,301	0	(3,937,301)	0.0%
3,390	9,311,550	9,308,160	100.0%	Other Medical-FFS	3,390	28,660,800	28,657,411	100.0%
(46,125)	0	46,125	0.0%	Medical Refunds through HMS	(21,971)	0	21,971	0.0%
(369,752)	0	369,752	0.0%	Medical Refunds	(378,711)	0	378,711	0.0%
12,131	0	(12,131)	0.0%	DME & Medical Supplies	36,992	0	(36,992)	0.0%
0	0	0	0.0%	GEMT FFS	(373,988)	0	373,988	0.0%
1,427,859	1,441,031	13,172	0.9%	ECM Base/Outreach FFS Anc.	4,335,295	4,364,234	28,939	0.7%
23,794	76,791	52,996	69.0%	CS Housing Deposits FFS Ancillary	72,360	235,731	163,371	69.3%
196,657	502,571	305,914	60.9%	CS Housing Tenancy FFS Ancillary	631,846	1,497,876	866,030	57.8%
42,695	91,872	49,177	53.5%	CS Housing Navigation Services FFS Ancillary	132,170	274,410	142,240	51.8%
67,397	131,064	63,667	48.6%	CS Medical Respite FFS Ancillary	184,769	402,341	217,572	54.1%

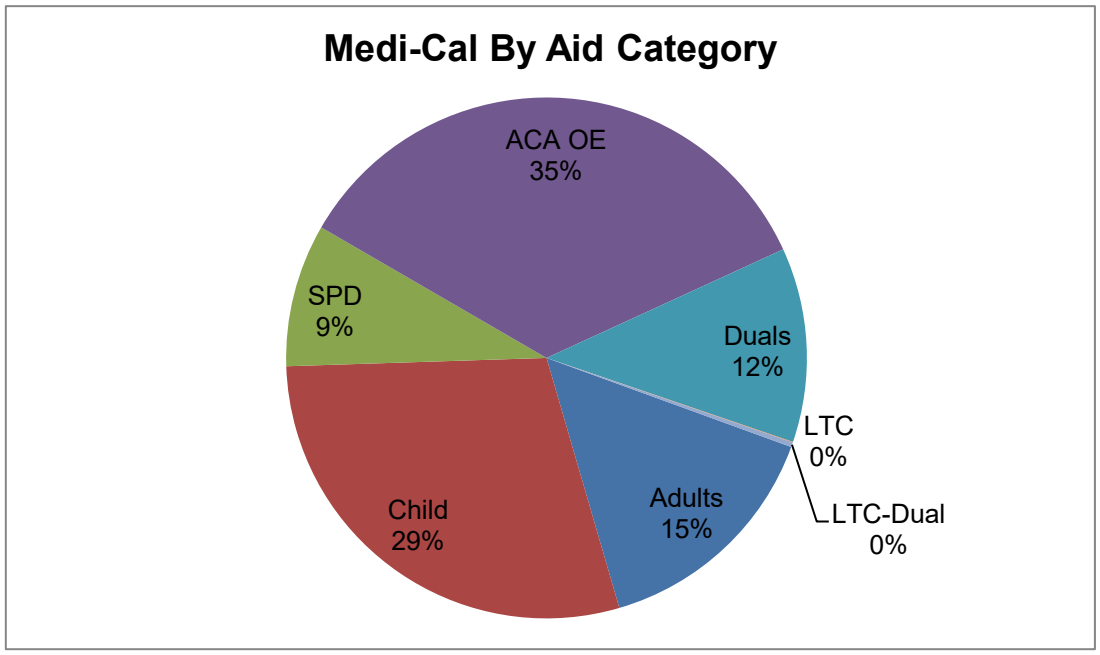
ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED SEPTEMBER 30, 2023

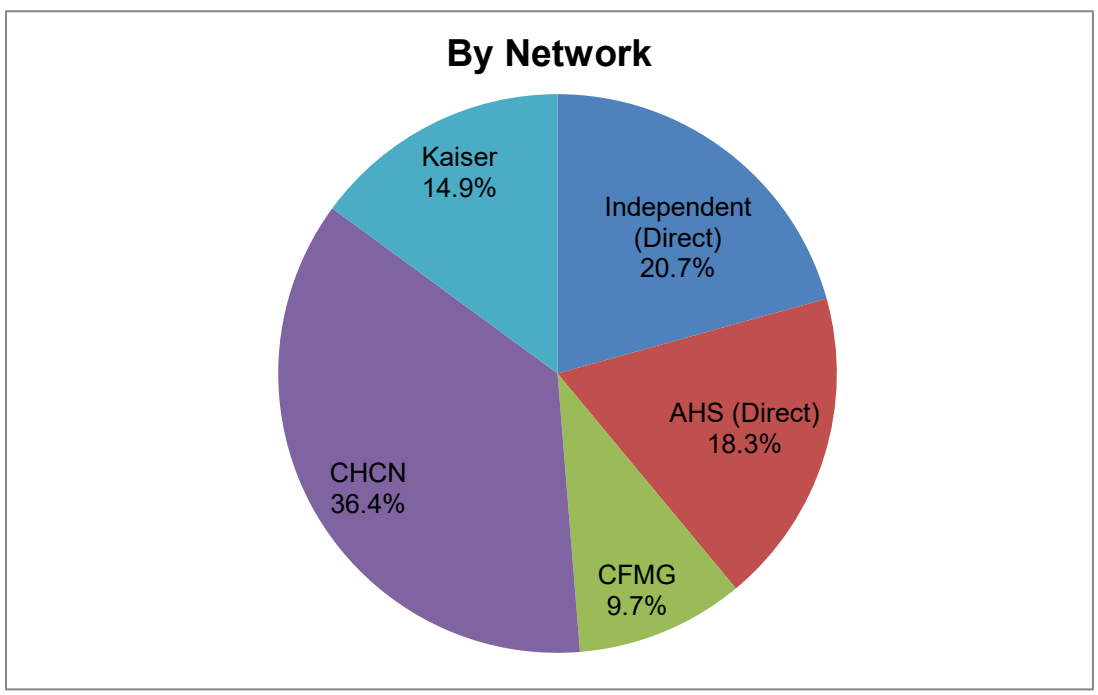
CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
24,423	82,827	58,404	70.5%	CS Medically Tailored Meals FFS Ancillary	54,113	246,844	192,731	78.1%
42	10,119	10,077	99.6%	CS Asthma Remediation FFS Ancillary	132	49,510	49,378	99.7%
0	10,002	10,002	100.0%	MOT Wrap Around (Non Medical MOT Cost)	0	30,006	30,006	100.0%
0	6,164	6,164	100.0%	CS Home Modifications FFS Ancillary	0	12,544	12,544	100.0%
0	108,278	108,278	100.0%	CS Personal Care & Homemaker Services FFS Ancillary	0	220,335	220,335	100.0%
0	20,988	20,988	100.0%	CS Caregiver Respite Services FFS Ancillary	0	42,709	42,709	100.0%
588,634	0	(588,634)	0.0%	Community Based Adult Services (CBAS)	1,393,908	0	(1,393,908)	0.0%
0	7,646	7,646	100.0%	CS Pilot LTC Diversion Expense	0	22,937	22,937	100.0%
3,823	3,823	0	0.0%	CS Pilot LTC Transition Expense	11,468	11,468	0	0.0%
0	79,452	79,452	100.0%	Justice Involved Pilot	0	243,902	243,902	100.0%
$9,497,264	**$11,884,177**	**$2,386,913**	**20.1%**	**9 - Ancillary Medical Expense**	**$32,931,897**	**$36,315,646**	**$3,383,748**	**9.3%**
634,153	0	(634,153)	0.0%	IBNR Outpatient	339,070	0	(339,070)	0.0%
19,024	0	(19,024)	0.0%	IBNR Settlement (OP)	10,170	0	(10,170)	0.0%
50,731	0	(50,731)	0.0%	IBNR Claims Fluctuation (OP)	27,126	0	(27,126)	0.0%
1,491,189	8,121,539	6,630,349	81.6%	Out Patient FFS	5,000,516	25,135,739	20,135,224	80.1%
1,744,319	0	(1,744,319)	0.0%	OP Ambul Surgery FFS	5,546,485	0	(5,546,485)	0.0%
1,494,270	0	(1,494,270)	0.0%	OP Fac Imaging Services FFS	5,068,419	0	(5,068,419)	0.0%
(4,978)	0	4,978	0.0%	Behav Health FFS	(57,669)	0	57,669	0.0%
571,150	0	(571,150)	0.0%	OP Facility Lab FFS	1,621,679	0	(1,621,679)	0.0%
140,944	0	(140,944)	0.0%	OP Facility Cardio FFS	466,038	0	(466,038)	0.0%
76,514	0	(76,514)	0.0%	OP Facility PT/OT/ST FFS	204,306	0	(204,306)	0.0%
1,678,978	0	(1,678,978)	0.0%	OP Facility Dialysis FFS	6,273,101	0	(6,273,101)	0.0%
$7,896,295	**$8,121,539**	**$225,243**	**2.8%**	**10 - Outpatient Medical Expense Medical Expense**	**$24,499,239**	**$25,135,739**	**$636,500**	**2.5%**
557,641	0	(557,641)	0.0%	IBNR Emergency	(312,999)	0	312,999	0.0%
16,730	0	(16,730)	0.0%	IBNR Settlement (ER)	(9,388)	0	9,388	0.0%
44,612	0	(44,612)	0.0%	IBNR Claims Fluctuation (ER)	(25,037)	0	25,037	0.0%
679,709	0	(679,709)	0.0%	Special ER Physician FFS	2,359,743	0	(2,359,743)	0.0%
5,047,549	5,863,374	815,824	13.9%	ER Facility	14,992,947	18,122,800	3,129,854	17.3%
$6,346,241	**$5,863,374**	**($482,868)**	**(8.2%)**	**11 - Emergency Expense**	**$17,005,266**	**$18,122,800**	**$1,117,534**	**6.2%**
378,100	0	(378,100)	0.0%	IBNR Pharmacy	(395,309)	0	395,309	0.0%
11,342	0	(11,342)	0.0%	IBNR Settlement (RX)	(11,863)	0	11,863	0.0%
30,249	0	(30,249)	0.0%	IBNR Claims Fluctuation (RX)	(31,624)	0	31,624	0.0%
502,762	378,159	(124,603)	(32.9%)	Pharmacy FFS	1,443,567	1,129,521	(314,046)	(27.8%)
109,425	8,253,412	8,143,987	98.7%	Pharmacy Non-PBM FFS-Other Anc	422,753	25,541,367	25,118,614	98.3%
5,906,891	0	(5,906,891)	0.0%	Pharmacy Non-PBM FFS-OP FAC	16,355,745	0	(16,355,745)	0.0%
173,261	0	(173,261)	0.0%	Pharmacy Non-PBM FFS-PCP	495,895	0	(495,895)	0.0%
2,076,173	0	(2,076,173)	0.0%	Pharmacy Non-PBM FFS-SCP	6,862,069	0	(6,862,069)	0.0%
6,537	0	(6,537)	0.0%	Pharmacy Non-PBM FFS-FQHC	30,768	0	(30,768)	0.0%
8,085	0	(8,085)	0.0%	Pharmacy Non-PBM FFS-HH	23,087	0	(23,087)	0.0%
(59)	0	59	0.0%	RX Refunds HMS	(63)	0	63	0.0%
(30,000)	30,429	60,429	198.6%	Pharmacy Rebate	(130,000)	91,614	221,614	241.9%
$9,172,766	**$8,662,001**	**($510,766)**	**(5.9%)**	**12 - Pharmacy Expense**	**$25,065,025**	**$26,762,502**	**$1,697,477**	**6.3%**
3,353,018	0	(3,353,018)	0.0%	IBNR LTC	76,480	0	(76,480)	0.0%
100,591	0	(100,591)	0.0%	IBNR Settlement (LTC)	2,295	0	(2,295)	0.0%
268,240	0	(268,240)	0.0%	IBNR Claims Fluctuation (LTC)	6,118	0	(6,118)	0.0%
14,015,674	0	(14,015,674)	0.0%	LTC Custodial Care	50,020,309	0	(50,020,309)	0.0%
3,099,475	15,362,577	12,263,102	79.8%	LTC SNF	9,039,150	46,518,592	37,479,443	80.6%
$20,836,998	**$15,362,577**	**($5,474,421)**	**(35.6%)**	**13 - Long Term Care FFS Expense**	**$59,144,352**	**$46,518,592**	**($12,625,760)**	**(27.1%)**
$94,212,087	**$94,435,056**	**$222,969**	**0.2%**	**14 - TOTAL FFS MEDICAL EXPENSES**	**$289,344,110**	**$290,587,238**	**$1,243,128**	**0.4%**
0	(225,263)	(225,263)	100.0%	Clinical Vacancy	0	(483,125)	(483,125)	100.0%
67,876	88,802	20,926	23.6%	Quality Analytics	309,399	289,156	(20,243)	(7.0%)
735,765	742,695	6,930	0.9%	Health Plan Services Department Total	2,114,465	2,099,303	(15,162)	(0.7%)
492,733	533,153	40,420	7.6%	Case & Disease Management Department Total	1,517,742	1,493,196	(24,546)	(1.6%)
2,892,597	2,601,821	(290,776)	(11.2%)	Medical Services Department Total	6,455,619	8,737,832	2,282,213	26.1%
492,185	652,929	160,744	24.6%	Quality Management Department Total	2,004,643	1,868,097	(136,546)	(7.3%)
242,089	253,393	11,304	4.5%	HCS Behavioral Health Department Total	715,065	746,037	30,972	4.2%
119,434	156,162	36,728	23.5%	Pharmacy Services Department Total	395,355	414,208	18,853	4.6%
80,115	60,734	(19,381)	(31.9%)	Regulatory Readiness Total	188,124	180,552	(7,572)	(4.2%)
$5,122,794	**$4,864,427**	**($258,367)**	**(5.3%)**	**15 - Other Benefits & Services**	**$13,700,412**	**$15,345,255**	**$1,644,843**	**10.7%**
(860,060)	(791,414)	68,646	(8.7%)	Reinsurance Recoveries	(2,569,060)	(2,402,328)	166,732	(6.9%)
1,048,566	1,055,218	6,652	0.6%	Reinsurance Premium	3,188,256	3,203,104	14,848	0.5%
$188,506	**$263,805**	**$75,298**	**28.5%**	**16- Reinsurance Expense**	**$619,196**	**$800,776**	**$181,580**	**22.7%**
1,000,000	0	(1,000,000)	0.0%	P4P Risk Pool Provider Incenti	1,000,000	0	(1,000,000)	0.0%
$1,000,000	**$0**	**($1,000,000)**	**0.0%**	**17 - Risk Pool Distribution**	**$1,000,000**	**$0**	**($1,000,000)**	**0.0%**
$126,353,580	**$125,531,306**	**($822,273)**	**(0.7%)**	**18 - TOTAL MEDICAL EXPENSES**	**$382,167,951**	**$385,687,039**	**$3,519,088**	**0.9%**

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Category of Aid Trend

Category of Aid	Sep 2023	% of Medi-Cal	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Adults	51,499	15%	9,645	9,863	796	21,587	9,608
Child	100,038	29%	7,116	9,252	30,908	33,581	19,181
SPD	30,592	9%	9,880	4,437	1,110	12,845	2,320
ACA OE	120,016	35%	17,844	37,127	1,328	47,018	16,699
Duals	41,629	12%	24,685	2,581	2	9,832	4,529
LTC	139	0%	139	-	-	-	-
LTC-Dual	1,004	0%	1,004	-	-	-	-
Medi-Cal	344,917		70,313	63,260	34,144	124,863	52,337
Group Care	5,631		2,191	873	-	2,567	-
Total	**350,548**	**100%**	**72,504**	**64,133**	**34,144**	**127,430**	**52,337**
Medi-Cal %	98.4%		97.0%	98.6%	100.0%	98.0%	100.0%
Group Care %	1.6%		3.0%	1.4%	0.0%	2.0%	0.0%
	Network Distribution		*20.7%*	*18.3%*	*9.7%*	*36.4%*	*14.9%*
			% Direct:	**39%**		**% Delegated:**	**61%**

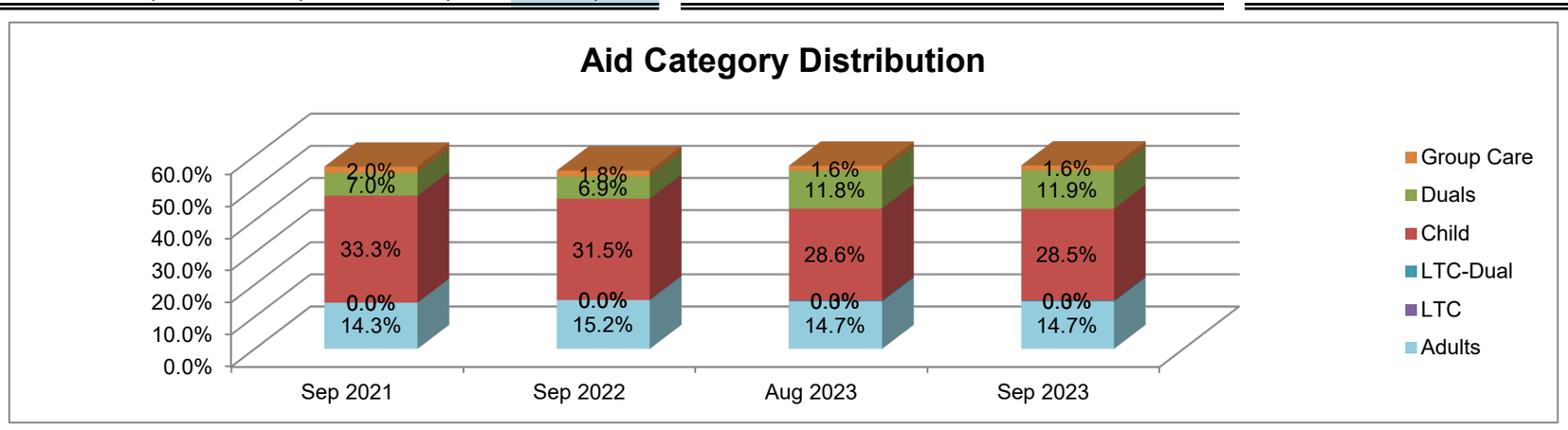




Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

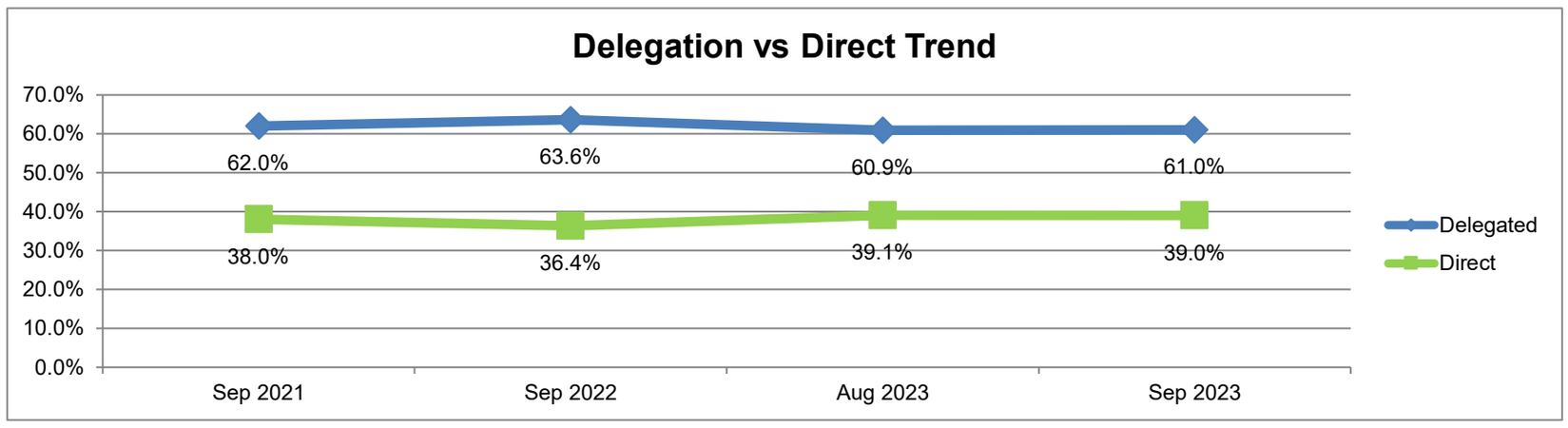
Category of Aid Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Category of Aid	Sep 2021	Sep 2022	Aug 2023	Sep 2023	Sep 2021	Sep 2022	Aug 2023	Sep 2023	Sep 2021 to Sep 2022	Sep 2022 to Sep 2023	Aug 2023 to Sep 2023
Adults	41,924	48,711	52,176	51,499	14.3%	15.2%	14.7%	14.7%	16.2%	5.7%	-1.3%
Child	97,460	101,276	101,555	100,038	33.3%	31.5%	28.6%	28.5%	3.9%	-1.2%	-1.5%
SPD	26,330	28,200	30,864	30,592	9.0%	8.8%	8.7%	8.7%	7.1%	8.5%	-0.9%
ACA OE	100,469	115,018	121,928	120,016	34.3%	35.8%	34.3%	34.2%	14.5%	4.3%	-1.6%
Duals	20,535	22,319	41,722	41,629	7.0%	6.9%	11.8%	11.9%	8.7%	86.5%	-0.2%
LTC	-	-	138	139	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.7%
LTC-Dual	-	-	1,020	1,004	0.0%	0.0%	0.3%	0.3%	0.0%	0.0%	-1.6%
Medi-Cal Total	286,718	315,524	349,403	344,917	98.0%	98.2%	98.4%	98.4%	10.0%	9.3%	-1.3%
Group Care	5,914	5,809	5,645	5,631	2.0%	1.8%	1.6%	1.6%	-1.8%	-3.1%	-0.2%
Total	**292,632**	**321,333**	**355,048**	**350,548**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**9.8%**	**9.1%**	**-1.3%**



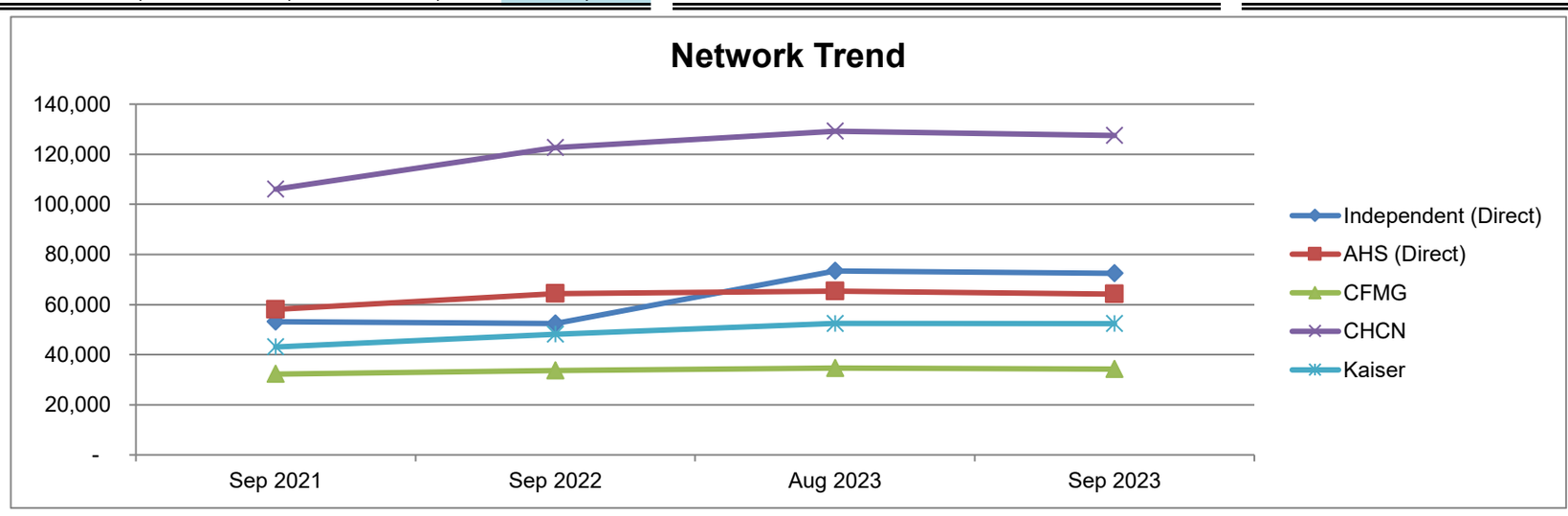
Delegation vs Direct Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Members	Sep 2021	Sep 2022	Aug 2023	Sep 2023	Sep 2021	Sep 2022	Aug 2023	Sep 2023	Sep 2021 to Sep 2022	Sep 2022 to Sep 2023	Aug 2023 to Sep 2023
Delegated	181,326	204,491	216,300	213,911	62.0%	63.6%	60.9%	61.0%	12.8%	4.6%	-1.1%
Direct	111,306	116,842	138,748	136,637	38.0%	36.4%	39.1%	39.0%	5.0%	16.9%	-1.5%
Total	**292,632**	**321,333**	**355,048**	**350,548**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**9.8%**	**9.1%**	**-1.3%**



Network Trend

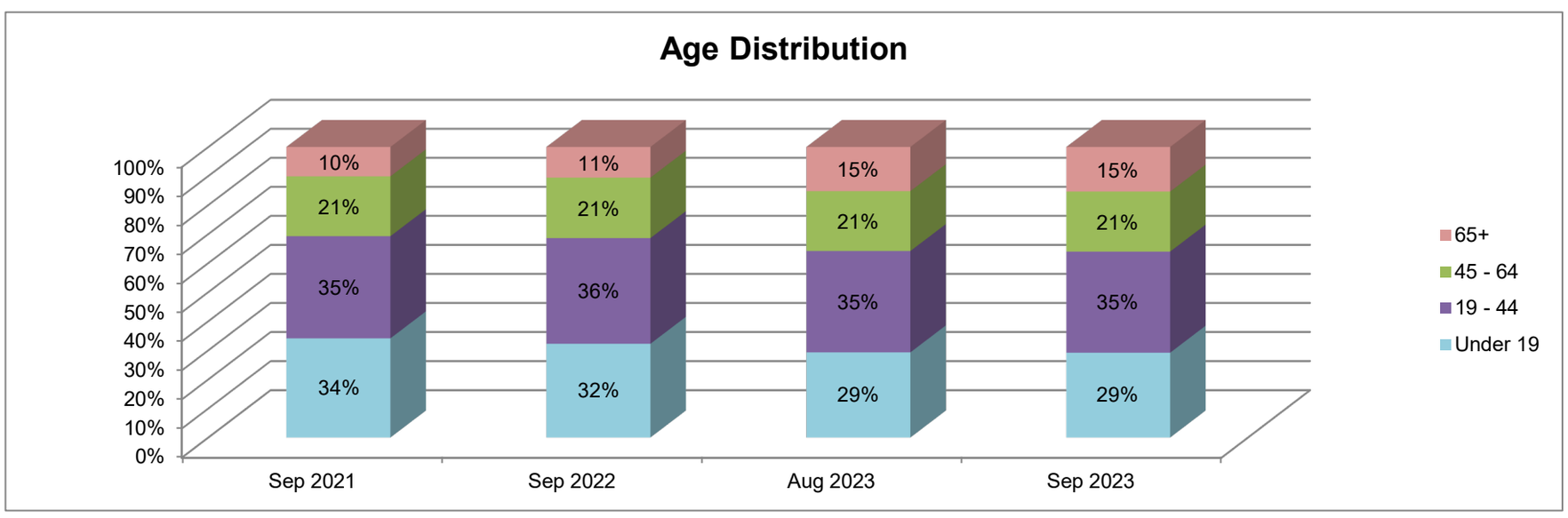
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Network	Sep 2021	Sep 2022	Aug 2023	Sep 2023	Sep 2021	Sep 2022	Aug 2023	Sep 2023	Sep 2021 to Sep 2022	Sep 2022 to Sep 2023	Aug 2023 to Sep 2023
Independent (Direct)	53,246	52,418	73,404	72,504	18.2%	16.3%	20.7%	20.7%	-1.6%	38.3%	-1.2%
AHS (Direct)	58,060	64,424	65,344	64,133	19.8%	20.0%	18.4%	18.3%	11.0%	-0.5%	-1.9%
CFMG	32,217	33,577	34,649	34,144	11.0%	10.4%	9.8%	9.7%	4.2%	1.7%	-1.5%
CHCN	106,050	122,696	129,183	127,430	36.2%	38.2%	36.4%	36.4%	15.7%	3.9%	-1.4%
Kaiser	43,059	48,218	52,468	52,337	14.7%	15.0%	14.8%	14.9%	12.0%	8.5%	-0.2%
Total	**292,632**	**321,333**	**355,048**	**350,548**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**9.8%**	**9.1%**	**-1.3%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

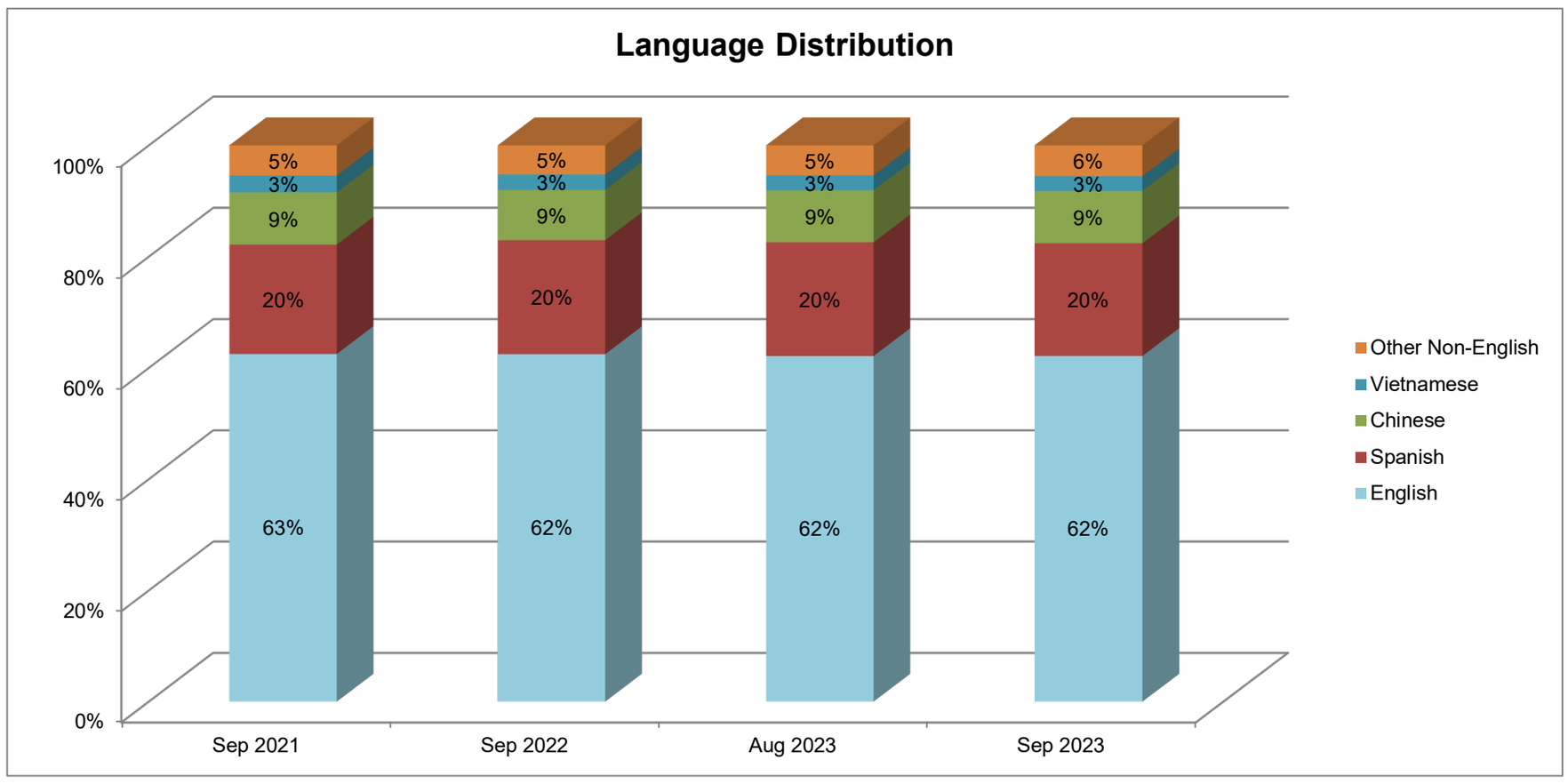
Age Category Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Age Category	Sep 2021	Sep 2022	Aug 2023	Sep 2023	Sep 2021	Sep 2022	Aug 2023	Sep 2023	Sep 2021 to Sep 2022	Sep 2022 to Sep 2023	Aug 2023 to Sep 2023
Under 19	99,751	103,516	103,911	102,104	34%	32%	29%	29%	4%	-1%	-2%
19 - 44	102,887	116,874	123,789	121,849	35%	36%	35%	35%	14%	4%	-2%
45 - 64	60,370	66,989	73,289	72,443	21%	21%	21%	21%	11%	8%	-1%
65+	29,624	33,954	54,059	53,863	10%	11%	15%	15%	15%	59%	0%
Total	**292,632**	**321,333**	**355,048**	**350,259**	**100%**	**100%**	**100%**	**100%**	**10%**	**9%**	**-1%**



Language Trend

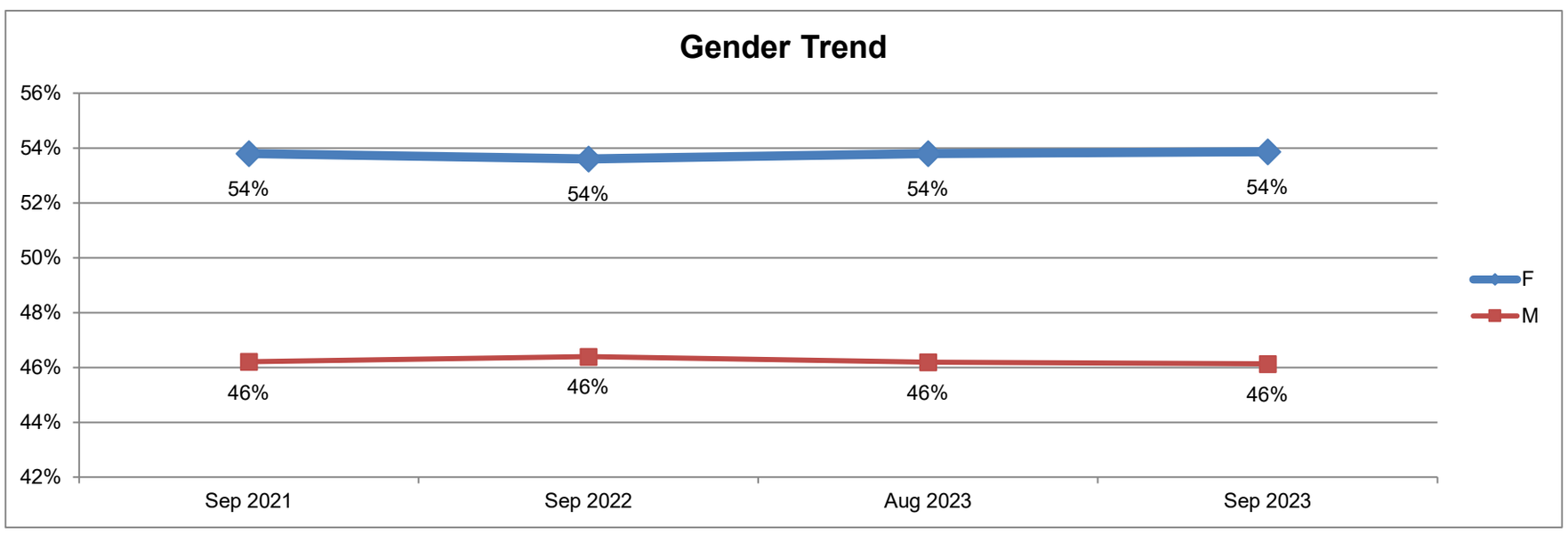
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Language	Sep 2021	Sep 2022	Aug 2023	Sep 2023	Sep 2021	Sep 2022	Aug 2023	Sep 2023	Sep 2021 to Sep 2022	Sep 2022 to Sep 2023	Aug 2023 to Sep 2023
English	182,896	200,696	220,565	217,655	63%	62%	62%	62%	10%	8%	-1%
Spanish	57,525	65,837	72,596	70,947	20%	20%	20%	20%	14%	8%	-2%
Chinese	27,513	29,053	33,152	33,023	9%	9%	9%	9%	6%	14%	0%
Vietnamese	8,789	8,928	9,609	9,233	3%	3%	3%	3%	2%	3%	-4%
Other Non-English	15,909	16,819	19,126	19,401	5%	5%	5%	6%	6%	15%	1%
Total	**292,632**	**321,333**	**355,048**	**350,259**	**100%**	**100%**	**100%**	**100%**	**10%**	**9%**	**-1%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

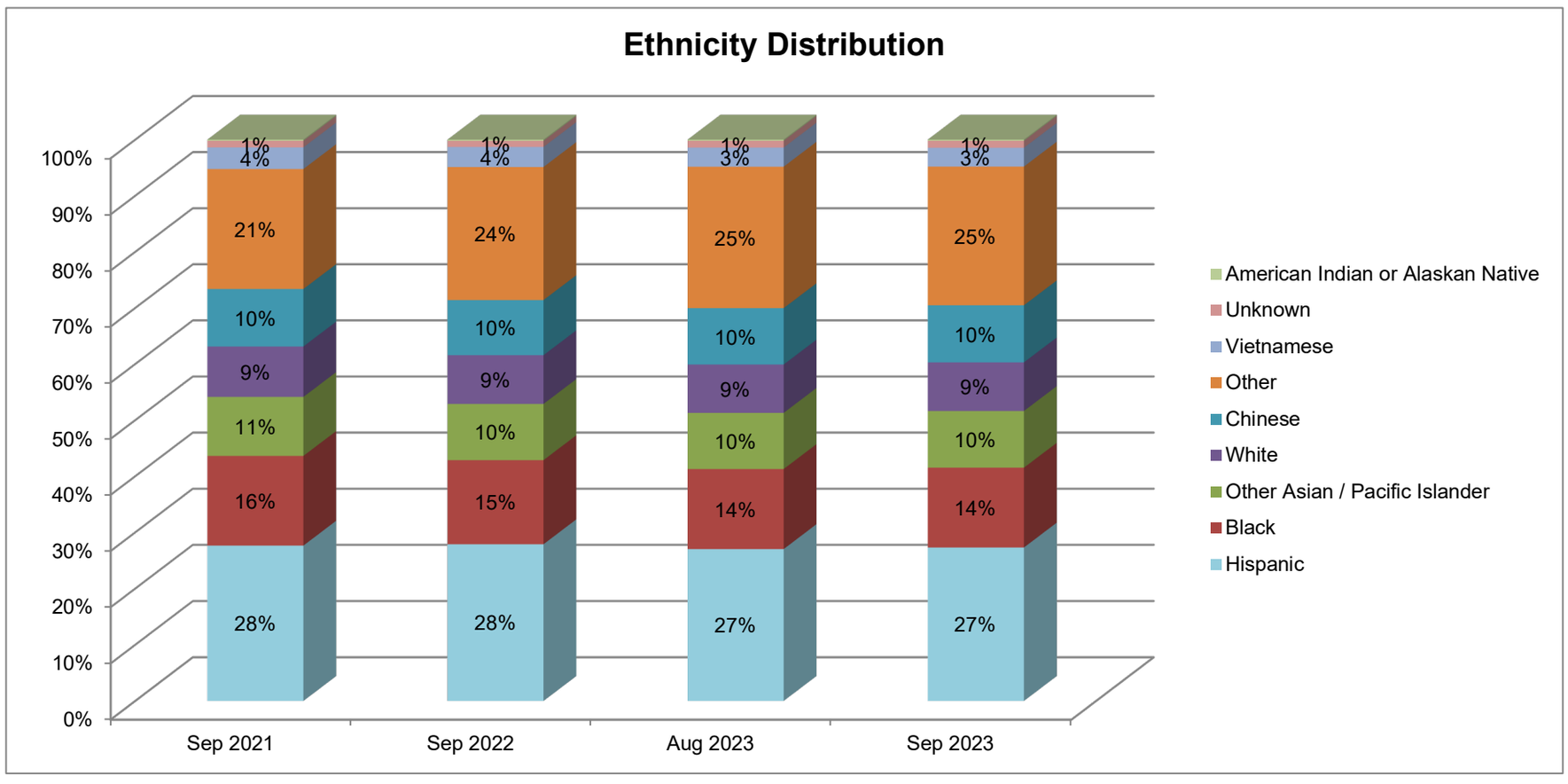
Gender Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Gender	Sep 2021	Sep 2022	Aug 2023	Sep 2023	Sep 2021	Sep 2022	Aug 2023	Sep 2023	Sep 2021 to Sep 2022	Sep 2022 to Sep 2023	Aug 2023 to Sep 2023
F	157,426	172,247	191,038	188,677	54%	54%	54%	54%	9%	10%	-1%
M	135,206	149,086	164,010	161,582	46%	46%	46%	46%	10%	8%	-1%
Total	**292,632**	**321,333**	**355,048**	**350,259**	**100%**	**100%**	**100%**	**100%**	**10%**	**9%**	**-1%**



Ethnicity Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Ethnicity	Sep 2021	Sep 2022	Aug 2023	Sep 2023	Sep 2021	Sep 2022	Aug 2023	Sep 2023	Sep 2021 to Sep 2022	Sep 2022 to Sep 2023	Aug 2023 to Sep 2023
Hispanic	80,857	89,573	95,902	95,595	28%	28%	27%	27%	11%	7%	0%
Black	46,756	48,141	50,614	49,809	16%	15%	14%	14%	3%	3%	-2%
Other Asian / Pacific Islander	30,769	32,208	35,566	35,405	11%	10%	10%	10%	5%	10%	0%
White	26,326	27,911	30,577	30,362	9%	9%	9%	9%	6%	9%	-1%
Chinese	29,994	31,599	35,715	35,649	10%	10%	10%	10%	5%	13%	0%
Other	62,583	76,226	89,524	86,602	21%	24%	25%	25%	22%	14%	-3%
Vietnamese	11,278	11,448	12,104	11,738	4%	4%	3%	3%	2%	3%	-3%
Unknown	3,446	3,533	4,327	4,380	1%	1%	1%	1%	3%	24%	1%
American Indian or Alaskan Native	623	694	719	719	0%	0%	0%	0%	11%	4%	0%
Total	**292,632**	**321,333**	**355,048**	**350,259**	**100%**	**100%**	**100%**	**100%**	**10%**	**9%**	**-1%**



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

Medi-Cal By City

City	Sep 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	132,779	38%	18,910	29,673	13,963	55,529	14,704
Hayward	54,299	16%	10,509	11,492	5,883	17,011	9,404
Fremont	32,506	9%	12,692	4,753	1,287	8,525	5,249
San Leandro	31,224	9%	6,366	4,265	3,433	11,287	5,873
Union City	14,560	4%	5,122	2,148	617	3,906	2,767
Alameda	13,366	4%	2,914	1,994	1,694	4,547	2,217
Berkeley	12,873	4%	2,604	1,624	1,316	5,356	1,973
Livermore	10,552	3%	1,557	580	1,834	4,663	1,918
Newark	8,203	2%	2,468	2,499	296	1,485	1,455
Castro Valley	8,811	3%	1,860	1,298	1,114	2,623	1,916
San Lorenzo	7,258	2%	1,259	1,218	699	2,591	1,491
Pleasanton	6,036	2%	1,377	354	543	2,673	1,089
Dublin	6,450	2%	1,469	396	652	2,755	1,178
Emeryville	2,416	1%	517	436	312	735	416
Albany	1,996	1%	320	199	342	712	423
Piedmont	437	0%	83	119	29	89	117
Sunol	71	0%	17	9	6	23	16
Antioch	40	0%	12	7	7	11	3
Other	1,040	0%	257	196	117	342	128
Total	**344,917**	**100%**	**70,313**	**63,260**	**34,144**	**124,863**	**52,337**

Group Care By City

City	Sep 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	1,786	32%	391	340	-	1,055	-
Hayward	624	11%	299	137	-	188	-
Fremont	613	11%	426	60	-	127	-
San Leandro	583	10%	230	84	-	269	-
Union City	298	5%	193	39	-	66	-
Alameda	281	5%	98	21	-	162	-
Berkeley	166	3%	48	11	-	107	-
Livermore	98	2%	33	2	-	63	-
Newark	137	2%	92	27	-	18	-
Castro Valley	192	3%	78	30	-	84	-
San Lorenzo	129	2%	46	16	-	67	-
Pleasanton	61	1%	22	3	-	36	-
Dublin	101	2%	34	6	-	61	-
Emeryville	35	1%	14	6	-	15	-
Albany	21	0%	9	1	-	11	-
Piedmont	11	0%	2	-	-	9	-
Sunol	-	0%	-	-	-	-	-
Antioch	25	0%	6	8	-	11	-
Other	470	8%	170	82	-	218	-
Total	**5,631**	**100%**	**2,191**	**873**	**-**	**2,567**	**-**

Total By City

City	Sep 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	134,565	38%	19,301	30,013	13,963	56,584	14,704
Hayward	54,923	16%	10,808	11,629	5,883	17,199	9,404
Fremont	33,119	9%	13,118	4,813	1,287	8,652	5,249
San Leandro	31,807	9%	6,596	4,349	3,433	11,556	5,873
Union City	14,858	4%	5,315	2,187	617	3,972	2,767
Alameda	13,647	4%	3,012	2,015	1,694	4,709	2,217
Berkeley	13,039	4%	2,652	1,635	1,316	5,463	1,973
Livermore	10,650	3%	1,590	582	1,834	4,726	1,918
Newark	8,340	2%	2,560	2,526	296	1,503	1,455
Castro Valley	9,003	3%	1,938	1,328	1,114	2,707	1,916
San Lorenzo	7,387	2%	1,305	1,234	699	2,658	1,491
Pleasanton	6,097	2%	1,399	357	543	2,709	1,089
Dublin	6,551	2%	1,503	402	652	2,816	1,178
Emeryville	2,451	1%	531	442	312	750	416
Albany	2,017	1%	329	200	342	723	423
Piedmont	448	0%	85	119	29	98	117
Sunol	71	0%	17	9	6	23	16
Antioch	65	0%	18	15	7	22	3
Other	1,510	0%	427	278	117	560	128
Total	**350,548**	**100%**	**72,504**	**64,133**	**34,144**	**127,430**	**52,337**

To: **Alameda Alliance for Health, Finance Committee**

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

Date: **December 5th, 2023**

Subject: **Finance Report – October 2023**

Executive Summary

- For the month ended October 31st, 2023, the Alliance had enrollment of 354,067 members, a Net Income of $3.8 million and 695% of required Tangible Net Equity (TNE).

Overall Results: (in Thousands)

	Month	YTD
Revenue	$135,665	$550,153
Medical Expense	126,775	508,942
Admin. Expense	8,627	29,788
Other Inc. / (Exp.)	3,513	9,959
Net Income	**$3,776**	**$21,381**

Net Income by Program: (in Thousands)

	Month	YTD
Medi-Cal*	$3,575	$20,409
Group Care	201	972
	$3,776	**$21,381**

*Includes consulting cost for Medicare implementation.

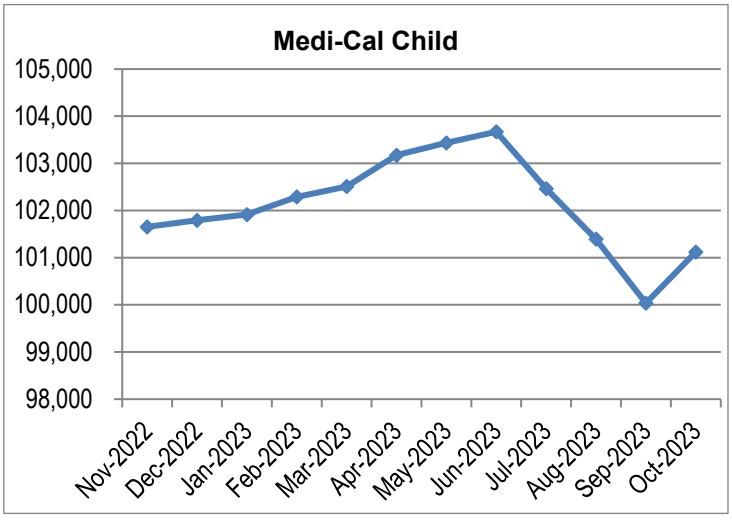
Enrollment

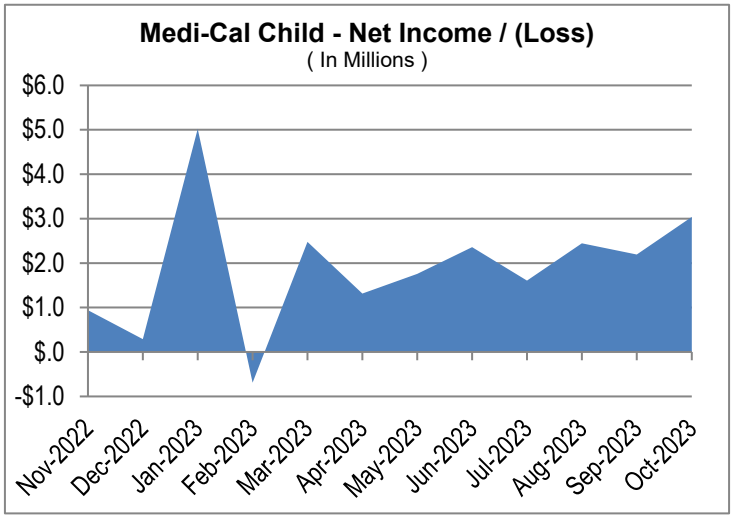
- Total enrollment increased by 3,519 members since September 2023.
- Total enrollment decreased by 7,618 members since June 2023.

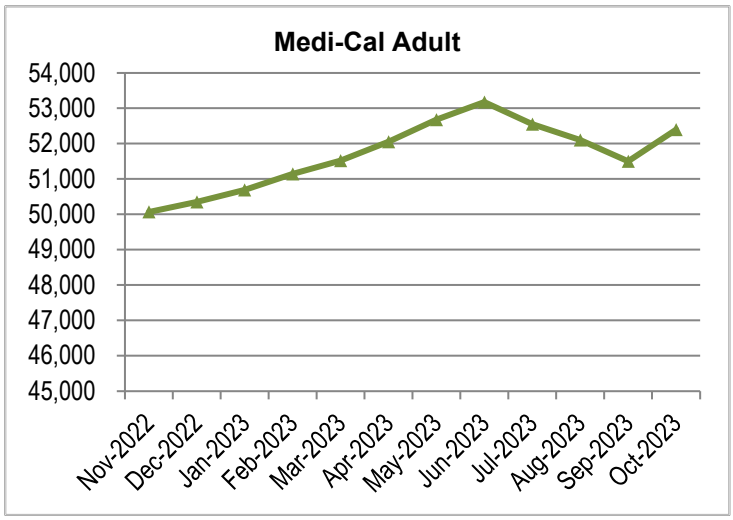
Monthly Membership and YTD Member Months
Actual vs. Budget
For the Month and Fiscal Year-to-Date

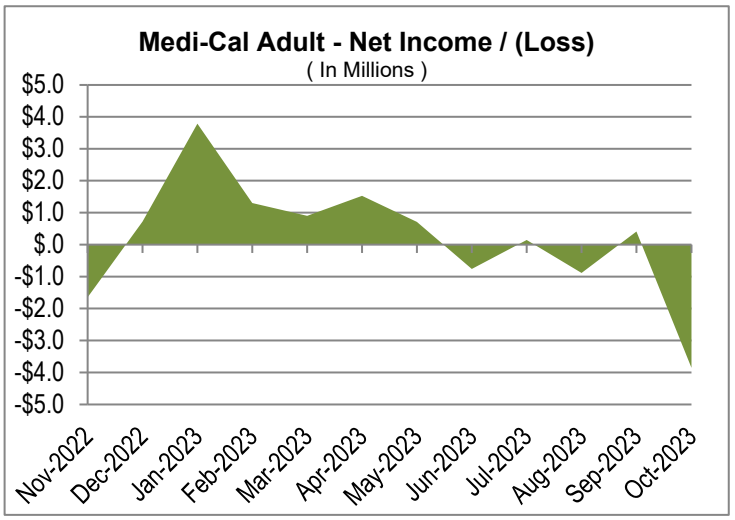
Enrollment					Member Months			
October 2023					Year-to-Date			
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
				Medi-Cal:				
52,396	48,768	3,628	7.4%	Adult	208,547	201,095	7,452	3.7%
101,120	102,175	(1,055)	-1.0%	Child	405,014	411,439	(6,425)	-1.6%
30,888	31,389	(501)	-1.6%	SPD	123,375	125,448	(2,073)	-1.7%
41,496	42,304	(808)	-1.9%	Duals	166,528	169,216	(2,688)	-1.6%
121,430	114,310	7,120	6.2%	ACA OE	486,972	474,920	12,052	2.5%
135	145	(10)	-6.9%	LTC	553	580	(27)	-4.7%
997	983	14	1.4%	LTC Duals	4,053	3,932	121	3.1%
348,462	**340,074**	**8,388**	**2.5%**	**Medi-Cal Total**	**1,395,042**	**1,386,630**	**8,412**	**0.6%**
5,605	5,669	(64)	-1.1%	Group Care	22,550	22,676	(126)	-0.6%
354,067	**345,743**	**8,324**	**2.4%**	**Total**	**1,417,592**	**1,409,306**	**8,286**	**0.6%**

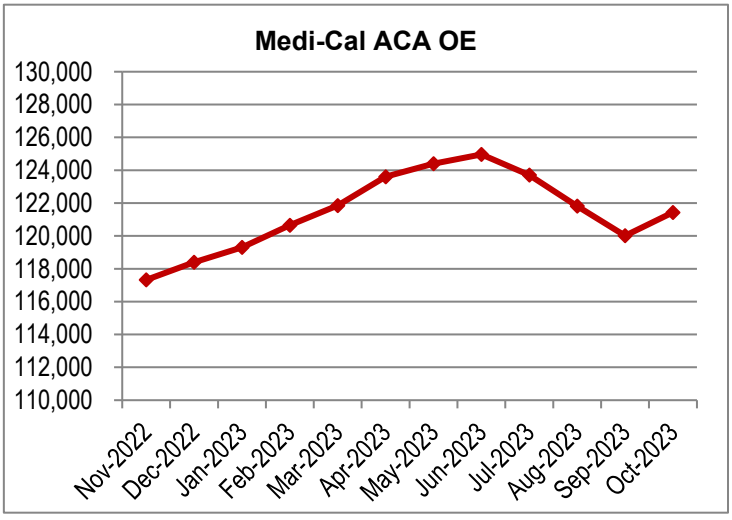
Enrollment and Profitability by Program and Category of Aid

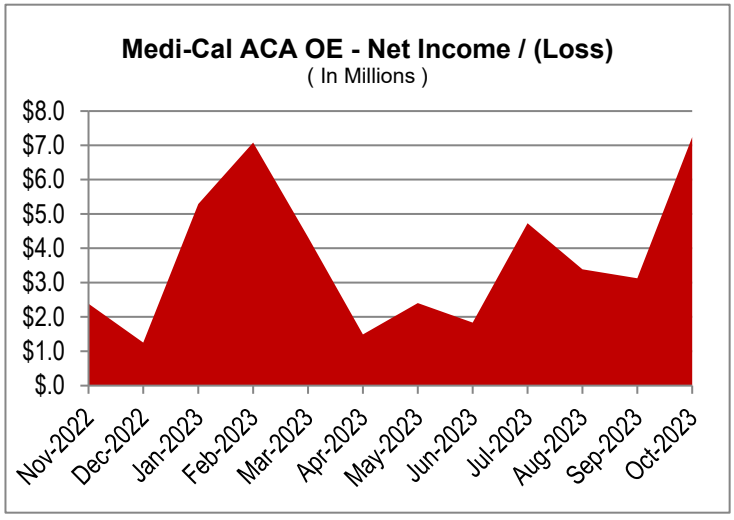




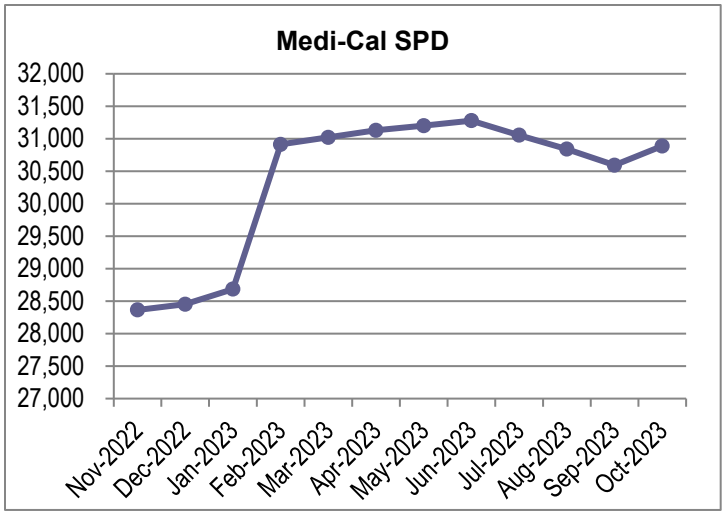


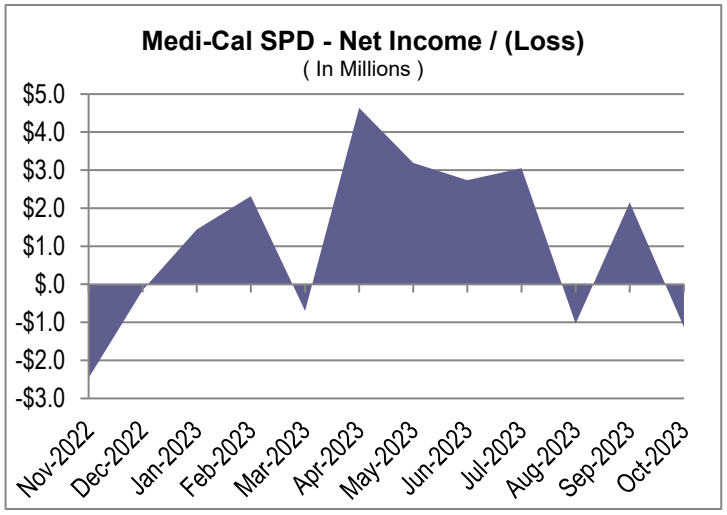


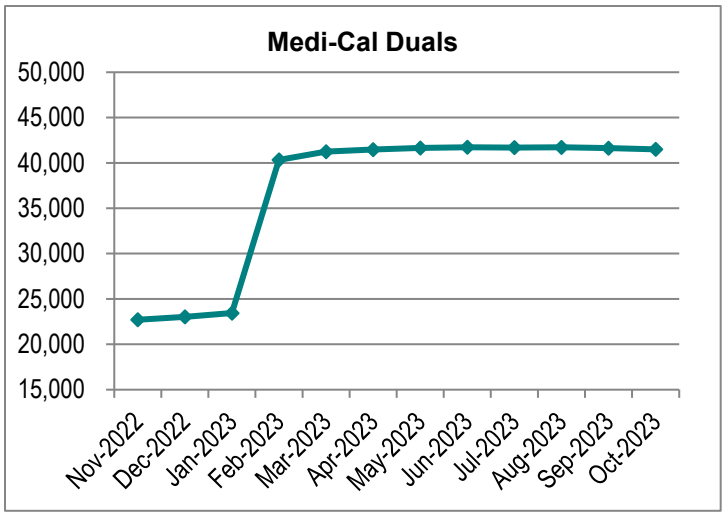


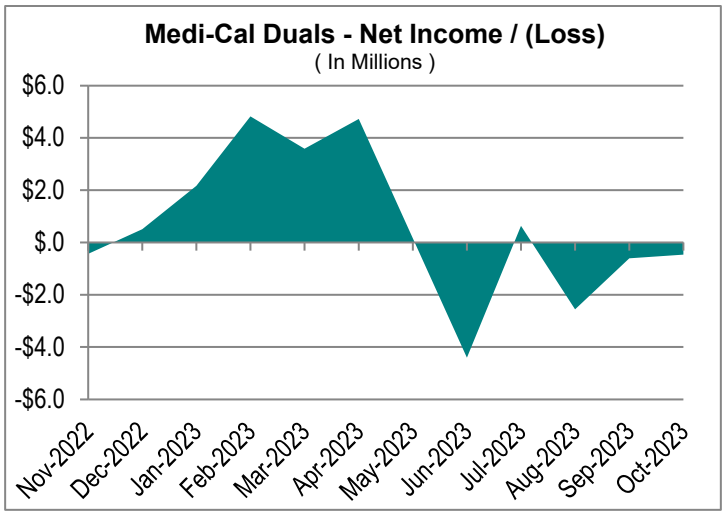


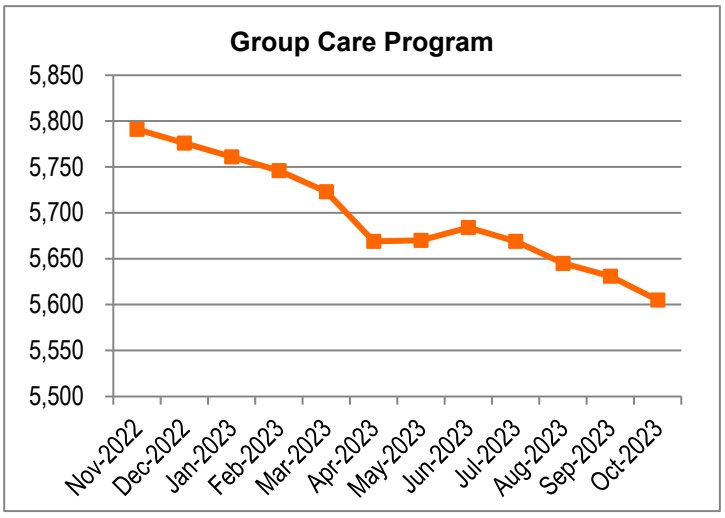
Enrollment and Profitability by Program and Category of Aid

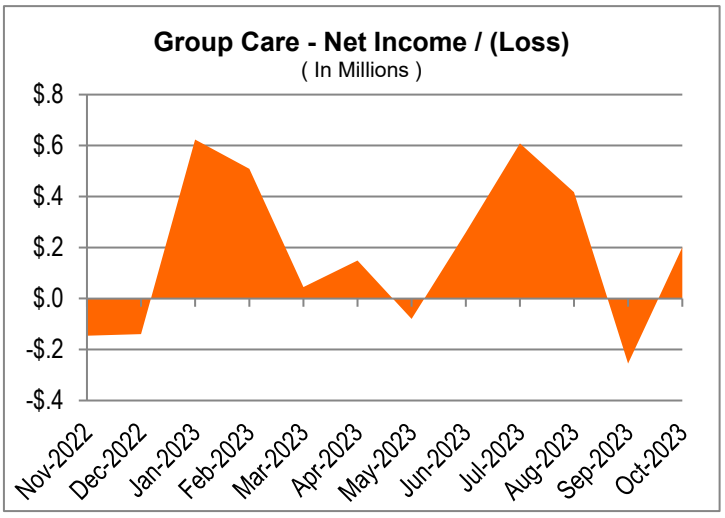




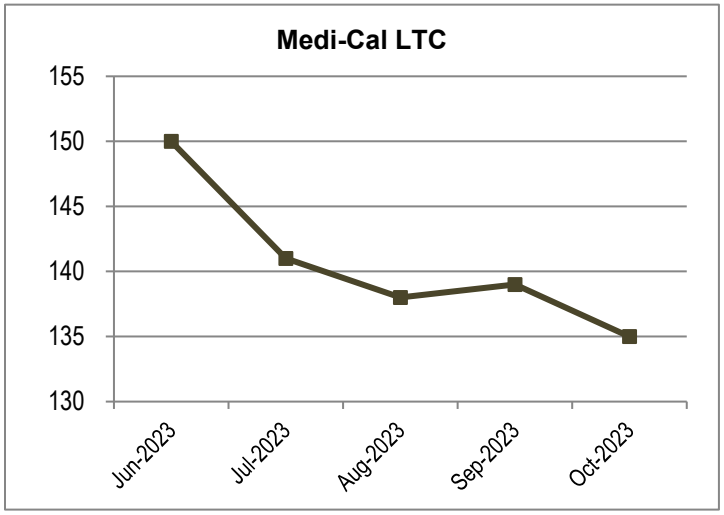


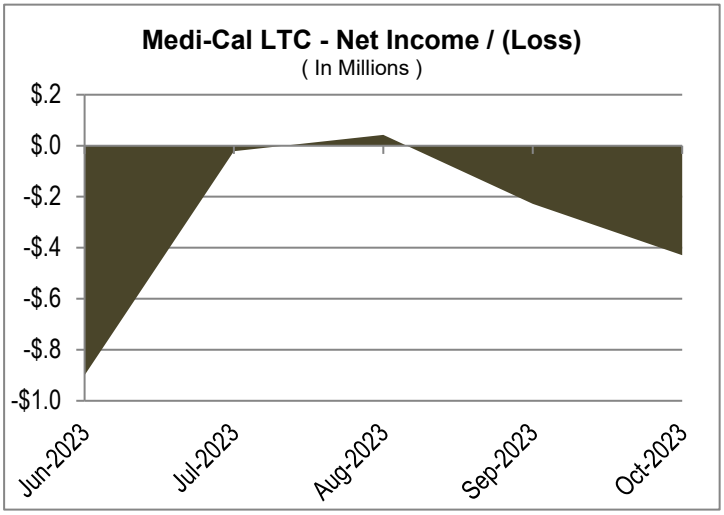


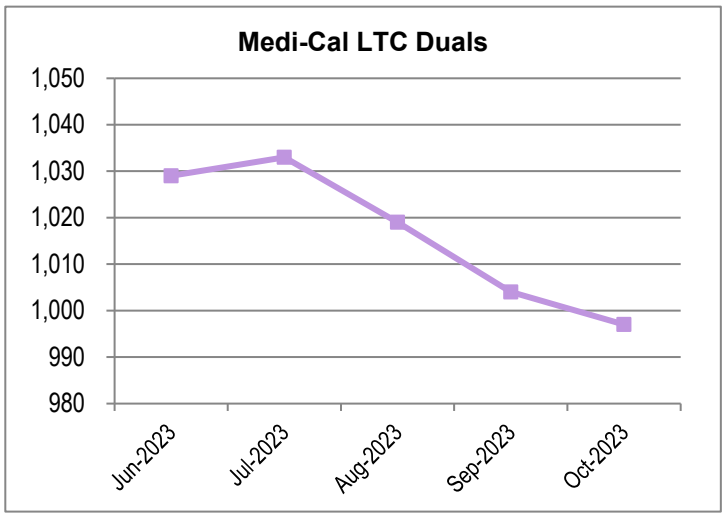


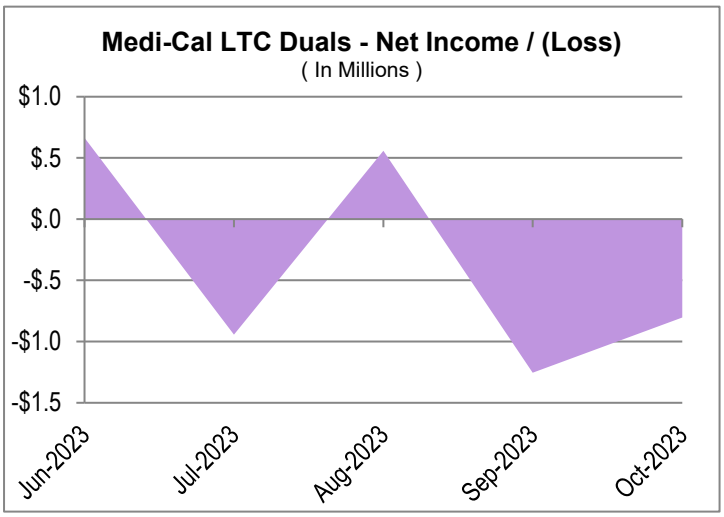


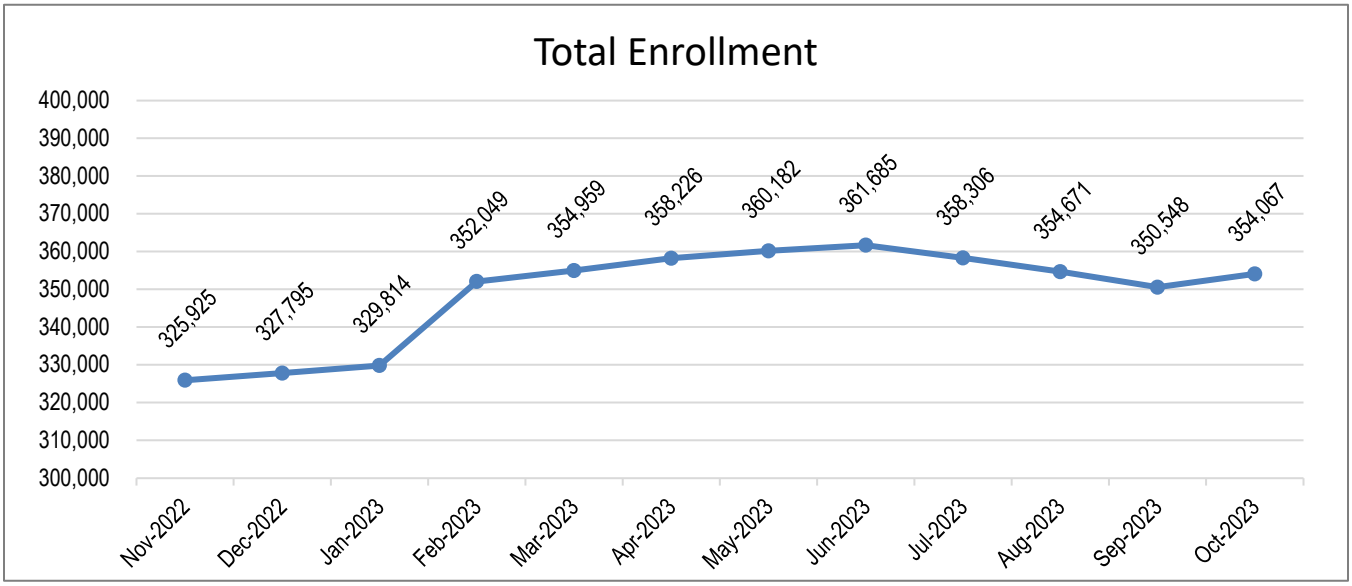
Enrollment and Profitability by Program and Category of Aid

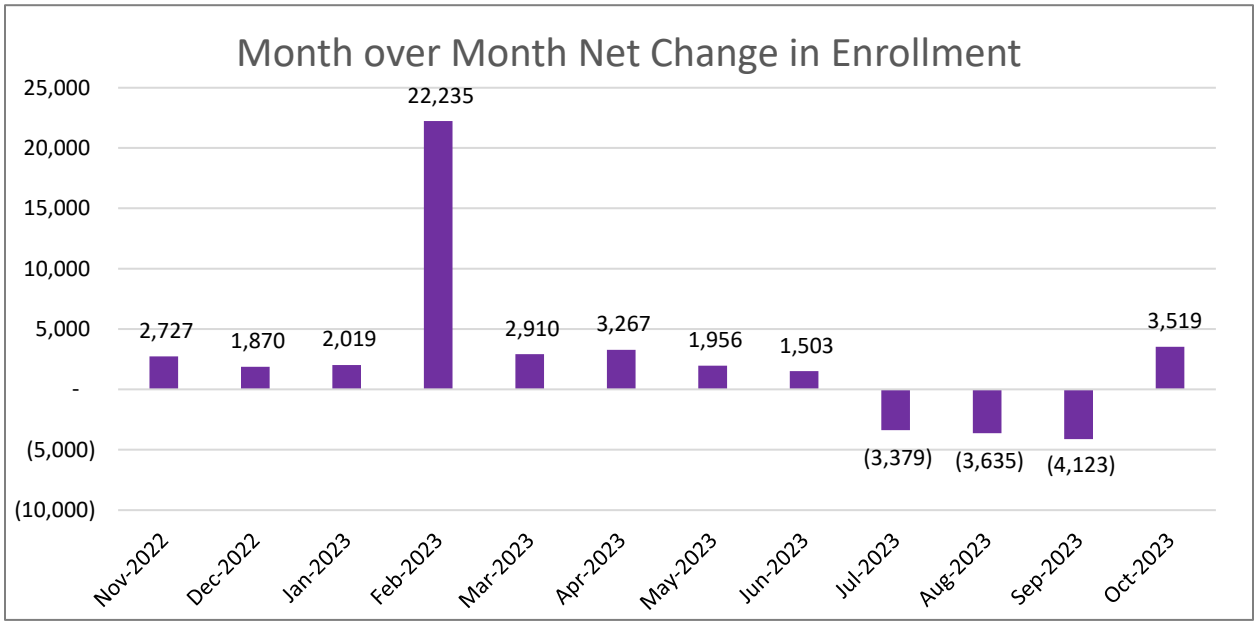










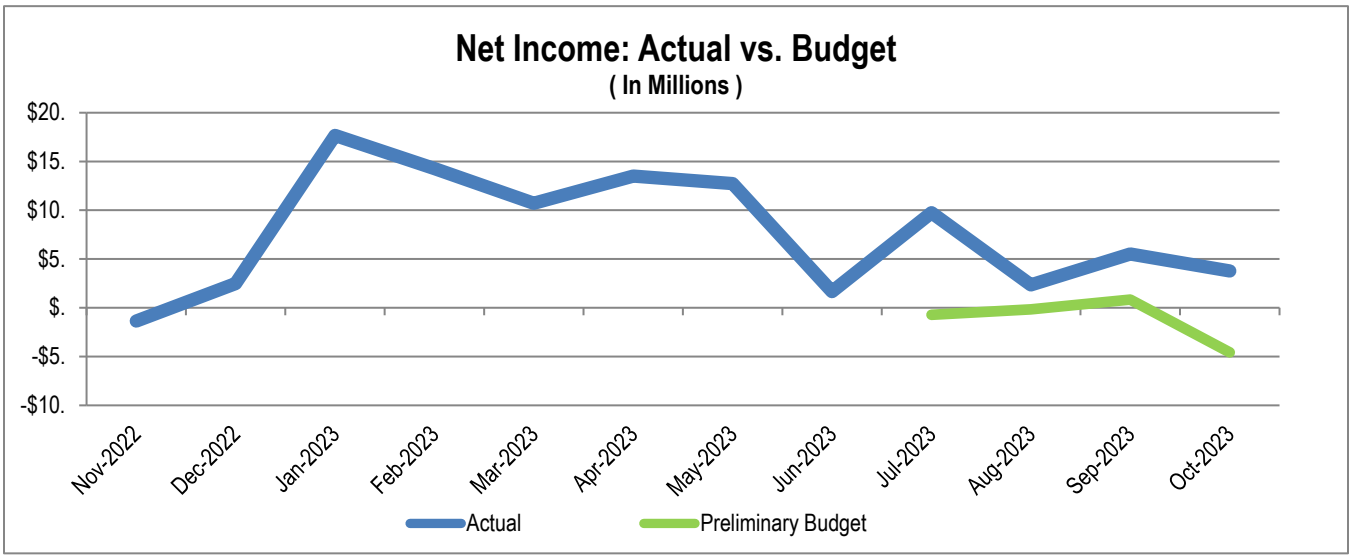


- The Public Health Emergency (PHE) ended May 2023. Disenrollments related to redetermination started in July 2023. In preparation for the Single Plan Model, DHCS is no longer assigning members to Anthem. New members are now all assigned to the Alliance. As a result, October's new members outweighed disenrollments.

Net Income

- For the month ended October 31st, 2023
  - Actual Net Income $3.8 million.
  - Budgeted Net Loss $4.6 million.

- For the fiscal YTD ended October 31st, 2023
  - Actual Net Income $21.4 million.
  - Budgeted Net Loss $4.6 million.

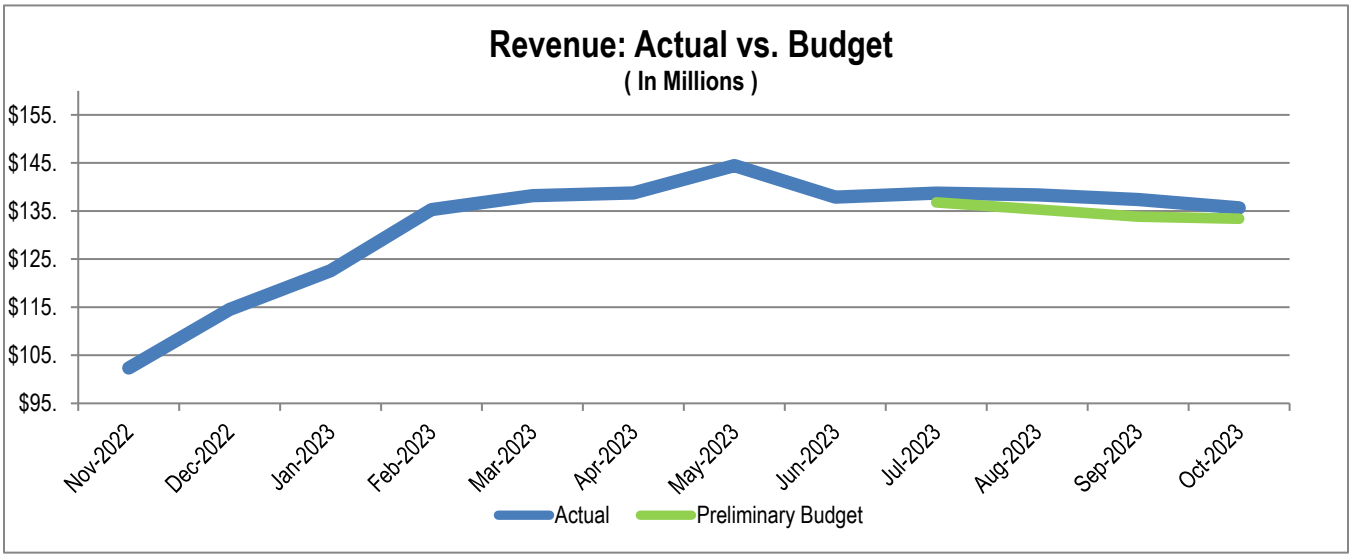


- The favorable variance of $8.3 million in the current month is primarily due to:
    - Favorable $2.7 million higher than anticipated Total Other Income/Expense.
    - Favorable $2.3 million higher than anticipated Revenue.
    - Favorable $1.9 million lower than anticipated Medical Expense.
    - Favorable $1.5 million lower than anticipated Administrative Expense.

Revenue

- For the month ended October 31st, 2023
    - Actual Revenue: $135.7 million.
    - Budgeted Revenue: $133.4 million.

- For the fiscal YTD ended October 31st, 2023
    - Actual Revenue: $550.2 million.
    - Budgeted Revenue: $539.4 million.

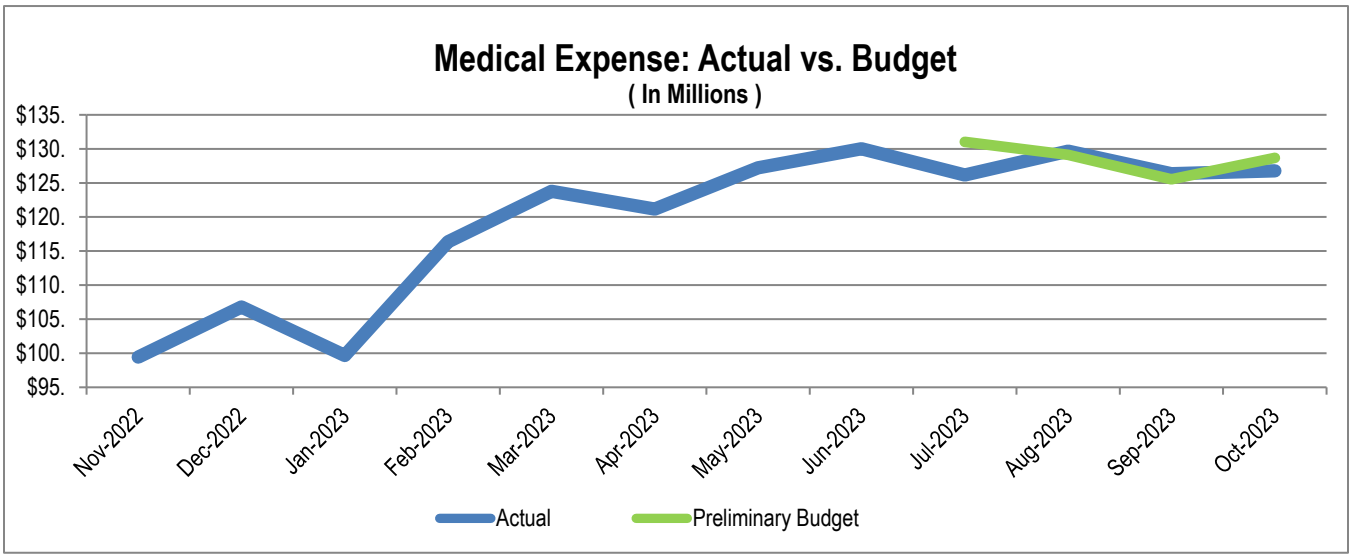


- For the month ended October 31st, 2023, the favorable revenue variance of $2.3 million is primarily due to timing of revenue recognition:
    - Favorable $2.6 million capitation revenue due to higher enrollment and a higher proportion of members with higher rates.
    - Favorable $1.2 million CalAIM Incentive Program revenue (IPP, HHIP, SBHIP, and Admin). The majority of this revenue has corresponding CalAIM Incentive expenses.
    - Unfavorable $1.5 million anticipated MOT Risk Corridor recoupment due to DHCS rates being higher than expenses.

Medical Expense

- For the month ended October 31st, 2023
    - Actual Medical Expense: $126.8 million.
    - Budgeted Medical Expense: $128.7 million.

- For the fiscal YTD ended October 31st, 2023
  - Actual Medical Expense: $508.9 million.
  - Budgeted Medical Expense: $514.4 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 by our actuarial consultants.

- For October, updates to Fee-For-Service (FFS) decreased the estimate for prior period unpaid Medical Expenses by $1.4 million. Year to date, the estimate for prior years increased by $8.1 million (per table below).

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

	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Adjusted	Change in IBNP	Reported		$	%
Capitated Medical Expense	$102,983,999	$0	$102,983,999	$104,571,543	$1,587,544	1.5%
Primary Care FFS	$22,492,875	$35,862	$22,528,737	$20,639,834	($1,853,041)	-9.0%
Specialty Care FFS	$20,648,691	($676,089)	$19,972,603	$22,263,595	$1,614,903	7.3%
Outpatient FFS	$31,331,319	$555,054	$31,886,373	$33,514,090	$2,182,771	6.5%
Ancillary FFS	$41,042,993	$1,896,170	$42,939,163	$48,628,595	$7,585,602	15.6%
Pharmacy FFS	$34,143,746	($566,947)	$33,576,799	$35,677,164	$1,533,419	4.3%
ER Services FFS	$22,349,632	$318,104	$22,667,735	$24,166,216	$1,816,585	7.5%
Inpatient Hospital & SNF FFS	$131,433,524	($778,619)	$130,654,905	$140,701,577	$9,268,053	6.6%
Long Term Care FFS	$73,341,614	$7,322,119	$80,663,734	$62,154,126	($11,187,488)	-18.0%
Other Benefits & Services	$18,712,527	$0	$18,712,527	$20,975,505	$2,262,978	10.8%
Net Reinsurance	$355,889	$0	$355,889	$1,061,457	$705,568	66.5%
Provider Incentive	$2,000,000	$0	$2,000,000	$0	($2,000,000)	-
	$500,836,810	**$8,105,655**	**$508,942,465**	**$514,353,703**	**$13,516,893**	**2.6%**

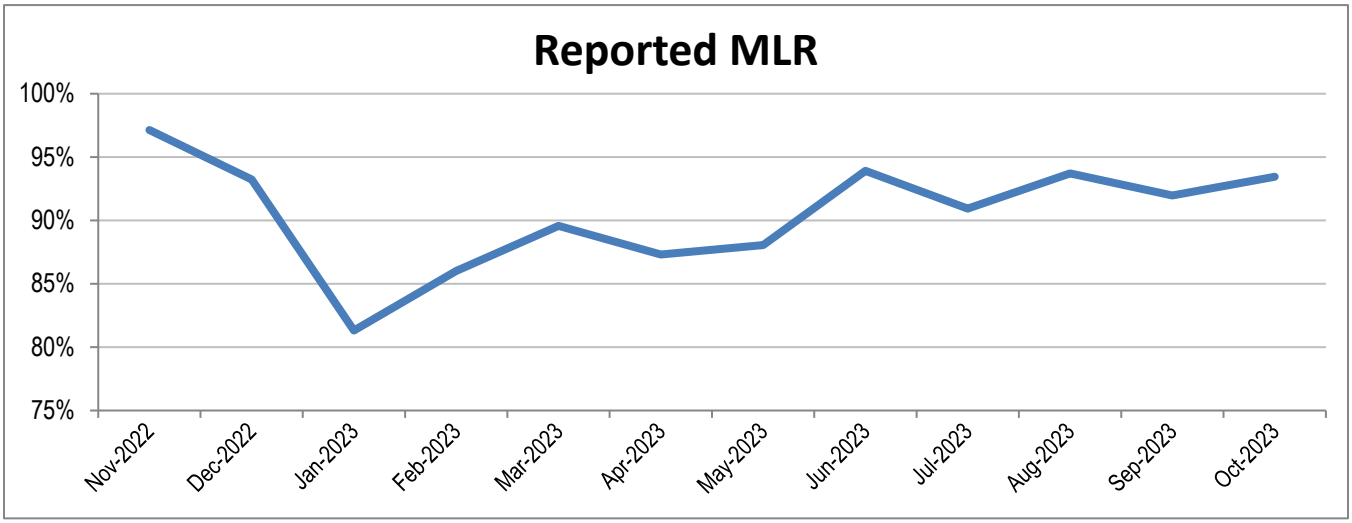
Medical Expense - Actual vs. Budget (Per Member Per Month) Adjusted to Eliminate the Impact of Prior Year IBNP Estimates						
	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Adjusted	Change in IBNP	Reported		$	%
Capitated Medical Expense	$72.65	$0.00	$72.65	$74.20	$1.55	2.1%
Primary Care FFS	$15.87	$0.03	$15.89	$14.65	($1.22)	-8.3%
Specialty Care FFS	$14.57	($0.48)	$14.09	$15.80	$1.23	7.8%
Outpatient FFS	$22.10	$0.39	$22.49	$23.78	$1.68	7.1%
Ancillary FFS	$28.95	$1.34	$30.29	$34.51	$5.55	16.1%
Pharmacy FFS	$24.09	($0.40)	$23.69	$25.32	$1.23	4.9%
ER Services FFS	$15.77	$0.22	$15.99	$17.15	$1.38	8.1%
Inpatient Hospital & SNF FFS	$92.72	($0.55)	$92.17	$99.84	$7.12	7.1%
Long Term Care FFS	$51.74	$5.17	$56.90	$44.10	($7.63)	-17.3%
Other Benefits & Services	$13.20	$0.00	$13.20	$14.88	$1.68	11.3%
Net Reinsurance	$0.25	$0.00	$0.25	$0.75	$0.50	66.7%
Provider Incentive	$1.41	$0.00	$1.41	$0.00	($1.41)	-
	$353.30	**$5.72**	**$359.02**	**$364.97**	**$11.67**	**3.2%**

- Excluding the impact of prior year estimates for IBNP, year-to-date medical expense variance is $13.5 million favorable to budget. On a PMPM basis, medical expense is 3.2% favorable to budget. For per-member-per-month expense:
    - Capitated Expense is slightly under budget, largely driven by favorable Supplemental Maternity Expense and FQHC expense, partially offset by unfavorable Global Subcontract, due to delay in contract amendment to increase rates.
    - Primary Care Expense is unfavorable compared to budget across all populations except for Duals driven generally by unfavorable utilization.
    - Specialty Care expenses are below budget, driven by favorable Dual category of aid utilization.
    - Outpatient Expense is under budget generally due to favorable dialysis utilization and Facility-Other unit cost in the Dual and SPD populations.
    - Ancillary Expense is under budget mostly due to favorable unit cost and utilization in the SPD, ACA OE and Dual populations.
    - Pharmacy Expense is under budget mostly due to favorable Non-PBM expense driven by favorable utilization in the SPD, Adult, ACA OE and Dual populations.
    - Emergency Room Expense is under budget driven by favorable unit cost in the SPD, ACA OE, Child and Dual populations.
    - Inpatient Expense is under budget mostly driven by favorable utilization in the SPD, Child and Duals populations offset by unfavorable utilization and unit cost in the Adult category of aid.
    - Long Term Care expense is over budget mostly due to unfavorable utilization in the ACA OE populations and unfavorable SPD, Dual and LTC Dual unit cost.

- Other Benefits & Services is under budget, due to favorable Cal AIM Incentive, community relations and other purchased services expense.
- Net Reinsurance year-to-date is favorable because more recoveries were received than budgeted.

Medical Loss Ratio (MLR)

The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 93.4% for the month and 92.5% for the fiscal year-to-date.



Administrative Expense

- For the month ended October 31st, 2023
  - Actual Administrative Expense: $8.6 million.
  - Budgeted Administrative Expense: $10.1 million.

- For the fiscal YTD ended October 31st, 2023
  - Actual Administrative Expense: $29.8 million.
  - Budgeted Administrative Expense: $32.7 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 %
$4,732,620	$6,466,630	$1,734,010	26.8%	Employee Expense	$18,058,313	$19,190,385	$1,132,073	5.9%
52,073	51,394	(678)	-1.3%	Medical Benefits Admin Expense	1,054,895	207,813	(847,082)	-407.6%
1,819,768	1,568,441	(251,327)	-16.0%	Purchased & Professional Services	4,666,375	5,984,477	1,318,102	22.0%
2,023,005	1,993,197	(29,808)	-1.5%	Other Admin Expense	6,008,808	7,339,186	1,330,377	18.1%
$8,627,465	$10,079,662	$1,452,197	14.4%	Total Administrative Expense	$29,788,391	$32,721,861	$2,933,470	9.0%

The year-to-date variances include:

- Favorable impact of delayed timing of start dates for Consulting for new projects and Computer Support Services.

- Favorable FTE variance and delayed Training, Travel, Recruitment, and other employee-related expenses.
- Partially offset by unfavorable Building and Occupancy expenses driven by new accounting standard GASB96.

The Administrative Loss Ratio (ALR) is 6.4% of net revenue for the month and 5.4% of net revenue year-to-date.

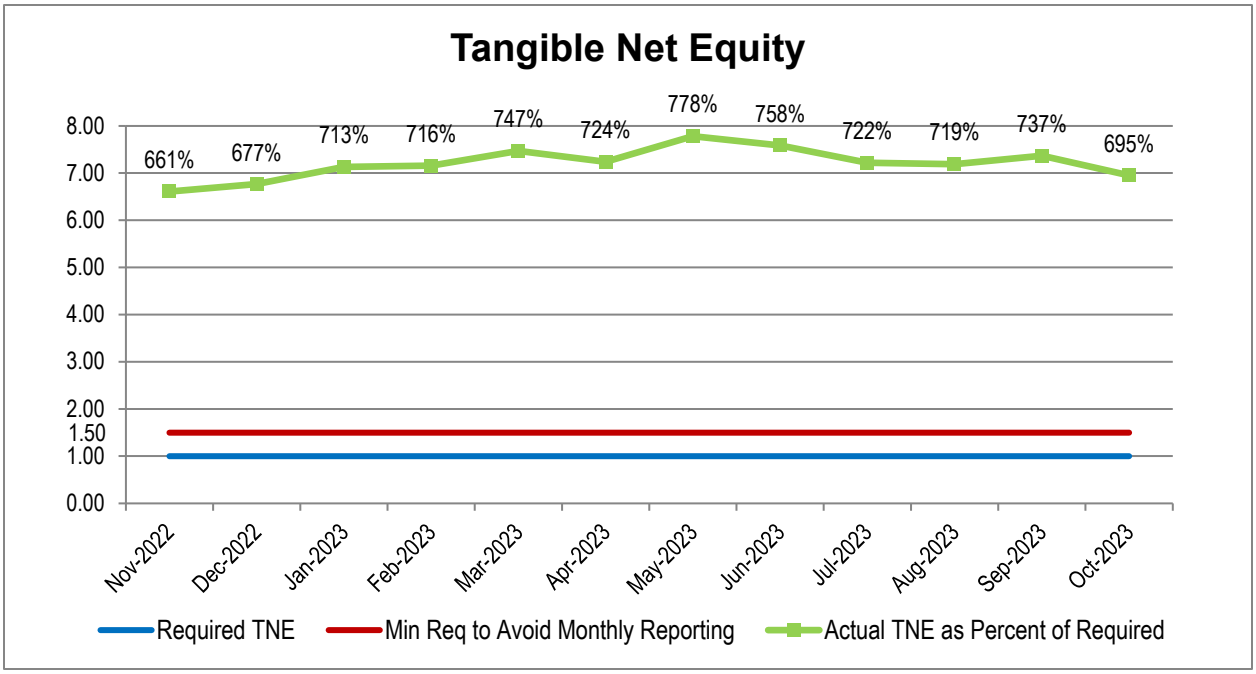
Other Income / (Expense)

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

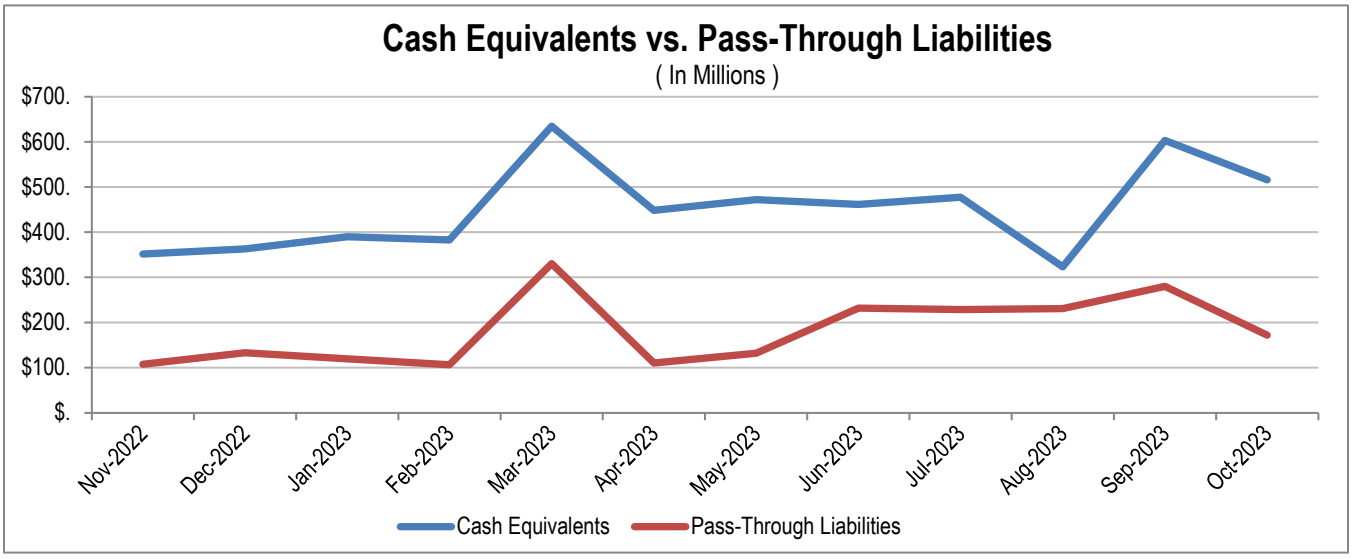
- Fiscal year-to-date net investments show a gain of $10.2 million.
- Fiscal year-to-date claims interest expense, due to delayed payment of certain claims, or recalculated interest on previously paid claims is $207,000.

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 $49.7 million
    - Actual TNE $345.3 million
    - Excess TNE $295.7 million
    - TNE % of Required TNE 695%



- To ensure appropriate liquidity and limit risk, the majority of Alliance financial assets are kept in short-term investments.
- Key Metrics
    - Cash & Cash Equivalents $516.1 million
    - Pass-Through Liabilities $171.9 million
    - Uncommitted Cash $344.2 million
    - Working Capital $328.6 million
    - Current Ratio 1.75 (regulatory minimum is 1.00)



Capital Investment

- Fiscal year-to-date capital assets acquired: $662,000
- Annual capital budget: $1.5 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 (MEDICAL EXPENSE BY PAYMENT TYPE)
COMBINED BASIS (RESTRICTED & UNRESTRICTED FUNDS)
FOR THE MONTH AND FISCAL YTD ENDED OCTOBER 31, 2023

CURRENT MONTH					FISCAL YEAR TO DATE			
		$ Variance	% Variance				$ Variance	% Variance
Actual	Budget	(Unfavorable)	(Unfavorable)	Account Description	Actual	Budget	(Unfavorable)	(Unfavorable)
				MEMBERSHIP				
348,462	340,074	8,388	2.5%	1 - Medi-Cal	1,395,042	1,386,630	8,412	0.6%
5,605	5,669	(64)	(1.1%)	2 - GroupCare	22,550	22,676	(126)	(0.6%)
354,067	**345,743**	**8,324**	**2.4%**	**3 - TOTAL MEMBER MONTHS**	**1,417,592**	**1,409,306**	**8,286**	**0.6%**
				REVENUE				
$135,665,172	**$133,410,513**	**$2,254,659**	**1.7%**	**4 - TOTAL REVENUE**	**$550,153,496**	**$539,388,848**	**$10,764,648**	**2.0%**
				MEDICAL EXPENSES				
				Capitated Medical Expenses:				
$25,479,767	$25,617,773	$138,007	0.5%	5 - Capitated Medical Expense	$102,983,999	$104,571,543	$1,587,544	1.5%
				Fee for Service Medical Expenses:				
$31,879,496	$35,251,610	$3,372,114	9.6%	6 - Inpatient Hospital FFS Expense	$130,654,905	$140,701,577	$10,046,672	7.1%
$5,765,545	$5,075,515	($690,030)	(13.6%)	7 - Primary Care Physician FFS Expense	$22,528,737	$20,639,834	($1,888,903)	(9.2%)
$4,812,874	$5,545,924	$733,049	13.2%	8 - Specialty Care Physician Expense	$19,972,603	$22,263,595	$2,290,992	10.3%
$10,007,266	$12,312,950	$2,305,684	18.7%	9 - Ancillary Medical Expense	$42,939,163	$48,628,595	$5,689,432	11.7%
$7,387,134	$8,378,351	$991,217	11.8%	10 - Outpatient Medical Expense	$31,886,373	$33,514,090	$1,627,717	4.9%
$5,662,469	$6,043,416	$380,947	6.3%	11 - Emergency Expense	$22,667,735	$24,166,216	$1,498,481	6.2%
$8,511,774	$8,914,662	$402,888	4.5%	12 - Pharmacy Expense	$33,576,799	$35,677,164	$2,100,365	5.9%
$21,519,382	$15,635,534	($5,883,848)	(37.6%)	13 - Long Term Care FFS Expense	$80,663,734	$62,154,126	($18,509,608)	(29.8%)
$95,545,940	$97,157,960	$1,612,020	1.7%	14 - Total Fee for Service Expense	$384,890,049	$387,745,198	$2,855,148	0.7%
$5,012,115	$5,630,249	$618,134	11.0%	15 - Other Benefits & Services	$18,712,527	$20,975,505	$2,262,977	10.8%
($263,308)	$260,681	$523,988	201.0%	16 - Reinsurance Expense	$355,889	$1,061,457	$705,568	66.5%
$1,000,000	$0	($1,000,000)	0.0%	17 - Risk Pool Distribution	$2,000,000	$0	($2,000,000)	0.0%
$126,774,514	**$128,666,664**	**$1,892,150**	**1.5%**	**18 - TOTAL MEDICAL EXPENSES**	**$508,942,465**	**$514,353,703**	**$5,411,238**	**1.1%**
$8,890,658	**$4,743,849**	**$4,146,808**	**87.4%**	**19 - GROSS MARGIN**	**$41,211,031**	**$25,035,145**	**$16,175,886**	**64.6%**
				ADMINISTRATIVE EXPENSES				
$4,732,620	$6,466,630	$1,734,010	26.8%	20 - Personnel Expense	$18,058,313	$19,190,385	$1,132,073	5.9%
$52,073	$51,394	($678)	(1.3%)	21 - Benefits Administration Expense	$1,054,895	$207,813	($847,082)	(407.6%)
$1,819,768	$1,568,441	($251,327)	(16.0%)	22 - Purchased & Professional Services	$4,666,375	$5,984,477	$1,318,101	22.0%
$2,023,005	$1,993,197	($29,808)	(1.5%)	23 - Other Administrative Expense	$6,008,808	$7,339,186	$1,330,377	18.1%
$8,627,465	**$10,079,662**	**$1,452,197**	**14.4%**	**24 - TOTAL ADMINISTRATIVE EXPENSES**	**$29,788,391**	**$32,721,861**	**$2,933,470**	**9.0%**
$263,192	**($5,335,813)**	**$5,599,005**	**104.9%**	**25 - NET OPERATING INCOME / (LOSS)**	**$11,422,640**	**($7,686,716)**	**$19,109,356**	**248.6%**
				OTHER INCOME / EXPENSES				
$3,513,306	**$770,000**	**$2,743,306**	**356.3%**	**26 - TOTAL OTHER INCOME / (EXPENSES)**	**$9,958,587**	**$3,080,000**	**$6,878,588**	**223.3%**
$3,776,499	**($4,565,813)**	**$8,342,311**	**182.7%**	**27 - NET INCOME / (LOSS)**	**$21,381,227**	**($4,606,716)**	**$25,987,943**	**564.1%**
6.4%	**7.6%**	**1.2%**	**15.8%**	**28 - ADMIN EXP % OF REVENUE**	**5.4%**	**6.1%**	**0.7%**	**11.5%**

ALAMEDA ALLIANCE FOR HEALTH
BALANCE SHEETS
CURRENT MONTH VS. PRIOR MONTH
FOR THE MONTH AND FISCAL YTD ENDED OCTOBER 31, 2023

	10/31/2023	9/30/2023	Difference	% Difference
CURRENT ASSETS:				
Cash & Equivalents				
Cash	$31,227,148	$9,185,850	$22,041,298	239.95%
Short-Term Investments	484,847,892	593,964,784	(109,116,892)	-18.37%
Interest Receivable	966,511	450,138	516,373	114.71%
Other Receivables - Net	237,406,808	213,845,802	23,561,006	11.02%
Prepaid Expenses	4,270,479	5,501,708	(1,231,230)	-22.38%
Prepaid Inventoried Items	30,530	58,330	(27,800)	-47.66%
CalPERS Net Pension Asset	(5,286,448)	(5,286,448)	0	0.00%
Deferred CalPERS Outflow	14,099,056	14,099,056	0	0.00%
TOTAL CURRENT ASSETS	**$767,561,974**	**$831,819,219**	**($64,257,245)**	**-7.72%**
OTHER ASSETS:				
Long-Term Investments	7,050,306	7,027,564	22,742	0.32%
Restricted Assets	350,000	350,000	0	0.00%
Lease Asset - Office Space (Net)	1,190,131	1,252,769	(62,638)	-5.00%
Lease Asset - Office Equipment (Net)	144,100	147,375	(3,275)	-2.22%
SBITA Asset-GASB 96 (Net)	5,079,495	5,309,802	(230,307)	-4.34%
TOTAL OTHER ASSETS	**$13,814,032**	**$14,087,510**	**($273,478)**	**-1.94%**
PROPERTY AND EQUIPMENT:				
Land, Building & Improvements	10,131,064	10,129,539	1,525	0.02%
Furniture And Equipment	12,499,409	12,398,056	101,353	0.82%
Leasehold Improvement	902,447	902,447	0	0.00%
Internally-Developed Software	14,824,002	14,824,002	0	0.00%
Fixed Assets at Cost	38,356,922	38,254,044	102,878	0.27%
Less: Accumulated Depreciation	(32,703,532)	(32,645,422)	(58,111)	0.18%
NET PROPERTY AND EQUIPMENT	**$5,653,389**	**$5,608,622**	**$44,768**	**0.80%**
TOTAL ASSETS	**$787,029,396**	**$851,515,352**	**($64,485,956)**	**-7.57%**
CURRENT LIABILITIES:				
Accounts Payable	1,206,137	919,537	286,600	31.17%
Other Accrued Expenses	44,051,558	17,980,983	26,070,575	144.99%
Interest Payable	(96,836)	106,591	(203,426)	-190.85%
Pass-Through Liabilities	171,867,405	279,960,963	(108,093,558)	-38.61%
Claims Payable	31,264,410	31,022,471	241,940	0.78%
IBNP Reserves	169,177,600	156,895,226	12,282,374	7.83%
Payroll Liabilities	7,803,322	7,080,789	722,533	10.20%
CalPERS Deferred Inflow	5,004,985	5,004,985	0	0.00%
Risk Sharing	5,629,337	4,629,337	1,000,000	21.60%
Provider Grants/ New Health Program	0	(11,640)	11,640	-100.00%
ST Lease Liability - Office Space	843,064	836,760	6,304	0.75%
ST Lease Liability - Office Equipment	39,300	39,300	0	0.00%
SBITA ST Liability-GASB 96	2,190,238	2,195,220	(4,982)	-0.23%
TOTAL CURRENT LIABILITIES	**$438,980,520**	**$506,660,520**	**($67,680,001)**	**-13.36%**
LONG TERM LIABILITIES:				
LT Lease Liability - Office Space	524,321	597,778	(73,457)	-12.29%
LT Lease Liability - Office Equipment	104,800	108,075	(3,275)	-3.03%
SBITA LT Liability -GASB 96	2,081,486	2,587,208	(505,722)	-19.55%
TOTAL LONG TERM LIABILITIES	**$2,710,607**	**$3,293,061**	**($582,454)**	**-17.69%**
TOTAL LIABILITIES	**$441,691,127**	**$509,953,581**	**($68,262,454)**	**-13.39%**
NET WORTH:				
Contributed Capital	840,233	840,233	0	0.00%
Restricted & Unrestricted Funds	323,116,808	323,116,808	0	0.00%
Year-to Date Net Income / (Loss)	21,381,227	17,604,729	3,776,499	21.45%
TOTAL NET WORTH	**$345,338,269**	**$341,561,770**	**$3,776,499**	**1.11%**
TOTAL LIABILITIES AND NET WORTH	**$787,029,396**	**$851,515,352**	**($64,485,956)**	**-7.57%**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 10/31/2023

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	$2,566,432	$7,720,786	$15,477,833	$10,312,823
Total	2,566,432	7,720,786	15,477,833	10,312,823
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	133,098,695	403,700,715	817,652,965	539,840,418
Premium Receivable	(22,550,617)	58,547,820	(67,341,518)	62,641,019
Total	110,548,078	462,248,535	750,311,447	602,481,437
Investment & Other Income Cash Flows				
Other Revenue (Grants)	32,883	259,239	372,956	323,553
Investment Income	3,464,965	7,002,566	13,254,239	9,871,406
Interest Receivable	(516,373)	(485,588)	(275,401)	(251,935)
Total	2,981,475	6,776,217	13,351,794	9,943,024
Medical & Hospital Cash Flows				
Total Medical Expenses	(126,774,514)	(382,786,875)	(766,232,336)	(508,942,461)
Other Receivable	(1,010,389)	118,489	(126,793)	173,659
Claims Payable	241,939	(1,665,642)	(10,593,338)	(7,435,513)
IBNP Payable	12,282,374	(5,444,683)	4,199,992	4,673,197
Risk Share Payable	1,000,000	22,154	9,418	22,154
Health Program	11,640	0	(128,650)	0
Other Liabilities	0	(1)	0	(1)
Total	(114,248,950)	(389,756,558)	(772,871,707)	(511,508,965)
Administrative Cash Flows				
Total Administrative Expenses	(8,611,966)	(24,262,136)	(44,638,028)	(30,024,509)
Prepaid Expenses	1,259,029	506,412	3,605,400	599,710
CalPERS Pension Asset	0	0	0	0
CalPERS Deferred Outflow	0	0	0	0
Trade Accounts Payable	21,542,454	21,627,017	22,370,420	22,317,040
Other Accrued Liabilities	(203,426)	(170,862)	(105,315)	(156,870)
Payroll Liabilities	722,533	1,532,114	(551,896)	1,873,435
Net Lease Assets/Liabilities (Short term & Long term)	(284,912)	154,940	(829,923)	(65,546)
Depreciation Expense	58,111	177,534	345,546	226,408
Total	14,481,823	(434,981)	(19,803,796)	(5,230,332)
Interest Paid				
Debt Interest Expense	0	0	0	0
Total Cash Flows from Operating Activities	**16,328,858**	**86,553,999**	**(13,534,429)**	**105,997,987**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 10/31/2023

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM INVESTING ACTIVITIES				
Investment Cash Flows				
Long Term Investments	(22,742)	4,530,037	13,938,382	4,510,231
	(22,742)	4,530,037	13,938,382	4,510,231
Restricted Cash & Other Asset Cash Flows				
Provider Pass-Thru-Liabilities	(103,278,834)	(51,801,881)	68,040,666	(55,156,763)
Restricted Cash	0	0	0	0
	(103,278,834)	(51,801,881)	68,040,666	(55,156,763)
Fixed Asset Cash Flows				
Depreciation expense	58,111	177,534	345,546	226,408
Fixed Asset Acquisitions	(102,878)	(661,826)	(661,826)	(661,826)
Change in A/D	(58,111)	(177,534)	(345,546)	(226,408)
	(102,878)	(661,826)	(661,826)	(661,826)
Total Cash Flows from Investing Activities	**(103,404,454)**	**(47,933,670)**	**81,317,222**	**(51,308,358)**
Financing Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Total Cash Flows	**(87,075,596)**	**38,620,329**	**67,782,793**	**54,689,629**
Rounding	1	0	(2)	(4)
Cash @ Beginning of Period	603,150,635	477,454,711	448,292,249	461,385,415
Cash @ End of Period	**$516,075,040**	**$516,075,040**	**$516,075,040**	**$516,075,040**
Difference (rounding)	0	0	0	0

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 10/31/2023

	MONTH	3 MONTHS	6 MONTHS	YTD
NET INCOME RECONCILIATION				
Net Income / (Loss)	$3,776,496	$11,634,294	$35,887,628	$21,381,227
Add back: Depreciation	58,111	177,534	345,546	226,408
Receivables				
Premiums Receivable	(22,550,617)	58,547,820	(67,341,518)	62,641,019
Interest Receivable	(516,373)	(485,588)	(275,401)	(251,935)
Other Receivable	(1,010,389)	118,489	(126,793)	173,659
Total	(24,077,379)	58,180,721	(67,743,712)	62,562,743
Prepaid Expenses	1,259,029	506,412	3,605,400	599,710
Trade Payables	21,542,454	21,627,017	22,370,420	22,317,040
Claims Payable, IBNR & Risk Share				
IBNP	12,282,374	(5,444,683)	4,199,992	4,673,197
Claims Payable	241,939	(1,665,642)	(10,593,338)	(7,435,513)
Risk Share Payable	1,000,000	22,154	9,418	22,154
Other Liabilities	0	(1)	0	(1)
Total	13,524,313	(7,088,172)	(6,383,928)	(2,740,163)
Unearned Revenue				
Total	0	0	0	0
Other Liabilities				
Accrued Expenses	(203,426)	(170,862)	(105,315)	(156,870)
Payroll Liabilities	722,533	1,532,114	(551,896)	1,873,435
Net Lease Assets/Liabilities (Short term & Long term)	(284,912)	154,940	(829,923)	(65,546)
Health Program	11,640	0	(128,650)	0
Accrued Sub Debt Interest	0	0	0	0
Total Change in Other Liabilities	245,835	1,516,192	(1,615,784)	1,651,019
Cash Flows from Operating Activities	**$16,328,859**	**$86,553,998**	**($13,534,430)**	**$105,997,984**
Difference (rounding)	1	(1)	(1)	(3)

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 10/31/2023

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received From:				
Capitation Received from State of CA	$110,548,078	$462,248,535	$750,311,447	$602,481,437
Commercial Premium Revenue	2,566,432	7,720,786	15,477,833	10,312,823
Other Income	32,883	259,239	372,956	323,553
Investment Income	2,948,592	6,516,978	12,978,838	9,619,471
Cash Paid To:				
Medical Expenses	(114,248,950)	(389,756,558)	(772,871,707)	(511,508,965)
Vendor & Employee Expenses	14,481,823	(434,981)	(19,803,796)	(5,230,332)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	16,328,858	86,553,999	(13,534,429)	105,997,987
Cash Flows from Financing Activities:				
Purchases of Fixed Assets	(102,878)	(661,826)	(661,826)	(661,826)
Net Cash Provided By (Used In) Financing Activities	(102,878)	(661,826)	(661,826)	(661,826)
Cash Flows from Investing Activities:				
Changes in Investments	(22,742)	4,530,037	13,938,382	4,510,231
Restricted Cash	(103,278,834)	(51,801,881)	68,040,666	(55,156,763)
Net Cash Provided By (Used In) Investing Activities	(103,301,576)	(47,271,844)	81,979,048	(50,646,532)
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Net Change in Cash	**(87,075,596)**	**38,620,329**	**67,782,793**	**54,689,629**
Cash @ Beginning of Period	603,150,635	477,454,711	448,292,249	461,385,415
Subtotal	$516,075,039	$516,075,040	$516,075,042	$516,075,044
Rounding	1	0	(2)	(4)
Cash @ End of Period	**$516,075,040**	**$516,075,040**	**$516,075,040**	**$516,075,040**
RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:				
Net Income / (Loss)	$3,776,496	$11,634,294	$35,887,628	$21,381,227
Depreciation	58,111	177,534	345,546	226,408
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	(24,077,379)	58,180,721	(67,743,712)	62,562,743
Prepaid Expenses	1,259,029	506,412	3,605,400	599,710
Trade Payables	21,542,454	21,627,017	22,370,420	22,317,040
Claims payable & IBNP	13,524,313	(7,088,172)	(6,383,928)	(2,740,163)
Deferred Revenue	0	0	0	0
Accrued Interest	0	0	0	0
Other Liabilities	245,835	1,516,192	(1,615,784)	1,651,019
Subtotal	16,328,859	86,553,998	(13,534,430)	105,997,984
Rounding	(1)	1	1	3
Cash Flows from Operating Activities	**$16,328,858**	**$86,553,999**	**($13,534,429)**	**$105,997,987**
Rounding Difference	(1)	1	1	3

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE MONTH OF OCTOBER 2023

	Medi-Cal Child	Medi-Cal Adult	Medi-Cal SPD	Medi-Cal ACA OE	Medi-Cal Duals	Medi-Cal LTC	Medi-Cal LTC Duals	Medi-Cal Total	Group Care	Medicare	Grand Total
Enrollments	101,120	52,396	30,888	121,430	41,496	135	997	348,462	5,605	-	354,067
Net Revenue	$13,725,368	$13,554,794	$33,942,767	$50,393,954	$12,081,024	$989,848	$8,410,984	$133,098,740	$2,566,432	$0	$135,665,172
Medical Expense	$10,362,831	$16,872,533	$33,446,062	$41,554,938	$12,053,241	$1,349,021	$8,882,362	$124,520,989	$2,253,525	$0	$126,774,514
Gross Margin	$3,362,538	($3,317,739)	$496,705	$8,839,016	$27,783	($359,173)	($471,379)	$8,577,751	$312,907	$0	$8,890,658
Administrative Expense	$526,634	$900,037	$2,772,379	$2,707,830	$835,963	$120,483	$573,197	$8,436,523	$172,817	$18,125	$8,627,465
Operating Income / (Expense)	$2,835,904	($4,217,776)	($2,275,674)	$6,131,186	($808,180)	($479,656)	($1,044,575)	$141,228	$140,089	($18,125)	$263,192
Other Income / (Expense)	$204,200	$364,985	$1,146,313	$1,107,179	$339,793	$50,242	$239,718	$3,452,430	$60,876	$0	$3,513,306
Net Income / (Loss)	$3,040,104	($3,852,792)	($1,129,361)	$7,238,366	($468,388)	($429,414)	($804,858)	$3,593,658	$200,965	($18,125)	$3,776,499
PMPM Metrics:											
Revenue PMPM	$135.73	$258.70	$1,098.90	$415.00	$291.14	$7,332.21	$8,436.29	$381.96	$457.88	$0.00	$383.16
Medical Expense PMPM	$102.48	$322.02	$1,082.82	$342.21	$290.47	$9,992.75	$8,909.09	$357.34	$402.06	$0.00	$358.05
Gross Margin PMPM	$33.25	($63.32)	$16.08	$72.79	$0.67	($2,660.54)	($472.80)	$24.62	$55.83	$0.00	$25.11
Administrative Expense PMPM	$5.21	$17.18	$89.76	$22.30	$20.15	$892.47	$574.92	$24.21	$30.83	$0.00	$24.37
Operating Income / (Expense) PMPM	$28.04	($80.50)	($73.68)	$50.49	($19.48)	($3,553.01)	($1,047.72)	$0.41	$24.99	$0.00	$0.74
Other Income / (Expense) PMPM	$2.02	$6.97	$37.11	$9.12	$8.19	$372.16	$240.44	$9.91	$10.86	$0.00	$9.92
Net Income / (Loss) PMPM	$30.06	($73.53)	($36.56)	$59.61	($11.29)	($3,180.84)	($807.28)	$10.31	$35.85	$0.00	$10.67
Ratio:											
Medical Loss Ratio	75.5%	124.5%	98.5%	82.5%	99.8%	136.3%	105.6%	93.6%	87.8%	0.0%	93.4%
Gross Margin Ratio	24.5%	-24.5%	1.5%	17.5%	0.2%	-36.3%	-5.6%	6.4%	12.2%	0.0%	6.6%
Administrative Expense Ratio	3.8%	6.6%	8.2%	5.4%	6.9%	12.2%	6.8%	6.3%	6.7%	0.0%	6.4%
Net Income Ratio	22.1%	-28.4%	-3.3%	14.4%	-3.9%	-43.4%	-9.6%	2.7%	7.8%	0.0%	2.8%

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE FISCAL YEAR TO DATE OCTOBER 2023

	Medi-Cal Child	Medi-Cal Adult	Medi-Cal SPD	Medi-Cal ACA OE	Medi-Cal Duals	Medi-Cal LTC	Medi-Cal LTC Duals	Medi-Cal Total	Group Care	Medicare	Grand Total
Enrollments/Member Months	405,014	208,547	123,375	486,972	166,528	553	4,053	1,395,042	22,550	-	1,417,592
Net Revenue	$54,107,778	$64,470,404	$141,903,560	$192,249,623	$48,411,193	$5,473,355	$33,224,761	$539,840,673	$10,312,823	$0	$550,153,496
Medical Expense	$43,402,194	$66,564,442	$132,741,757	$167,563,143	$49,482,563	$5,851,751	$34,442,825	$500,048,675	$8,893,790	$0	$508,942,465
Gross Margin	$10,705,584	($2,094,038)	$9,161,803	$24,686,480	($1,071,370)	($378,397)	($1,218,064)	$39,791,998	$1,419,033	$0	$41,211,031
Administrative Expense	$2,002,819	$3,127,604	$9,353,403	$9,347,811	$2,899,585	$402,278	$1,913,885	$29,047,385	$622,881	$118,125	$29,788,391
Operating Income / (Expense)	$8,702,764	($5,221,641)	($191,601)	$15,338,670	($3,970,954)	($780,675)	($3,131,949)	$10,744,613	$796,152	($118,125)	$11,422,640
Other Income / (Expense)	$582,830	$1,036,036	$3,224,880	$3,139,273	$969,613	$144,409	$686,176	$9,783,217	$175,370	$0	$9,958,587
Net Income / (Loss)	$9,285,594	($4,185,605)	$3,033,279	$18,477,942	($3,001,342)	($636,267)	($2,445,773)	$20,527,830	$971,522	($118,125)	$21,381,227
PMPM Metrics:											
Revenue PMPM	$133.59	$309.14	$1,150.18	$394.79	$290.71	$9,897.57	$8,197.57	$386.97	$457.33	$0.00	$388.09
Medical Expense PMPM	$107.16	$319.18	$1,075.92	$344.09	$297.14	$10,581.83	$8,498.11	$358.45	$394.40	$0.00	$359.02
Gross Margin PMPM	$26.43	($10.04)	$74.26	$50.69	($6.43)	($684.26)	($300.53)	$28.52	$62.93	$0.00	$29.07
Administrative Expense PMPM	$4.95	$15.00	$75.81	$19.20	$17.41	$727.45	$472.21	$20.82	$27.62	$0.00	$21.01
Operating Income / (Expense) PMPM	$21.49	($25.04)	($1.55)	$31.50	($23.85)	($1,411.71)	($772.75)	$7.70	$35.31	$0.00	$8.06
Other Income / (Expense) PMPM	$1.44	$4.97	$26.14	$6.45	$5.82	$261.14	$169.30	$7.01	$7.78	$0.00	$7.03
Net Income / (Loss) PMPM	$22.93	($20.07)	$24.59	$37.94	($18.02)	($1,150.57)	($603.45)	$14.71	$43.08	$0.00	$15.08
Ratio:											
Medical Loss Ratio	80.2%	103.2%	93.5%	87.2%	102.2%	106.9%	103.7%	92.6%	86.2%	0.0%	92.5%
Gross Margin Ratio	19.8%	-3.2%	6.5%	12.8%	-2.2%	-6.9%	-3.7%	7.4%	13.8%	0.0%	7.5%
Administrative Expense Ratio	3.7%	4.9%	6.6%	4.9%	6.0%	7.3%	5.8%	5.4%	6.0%	0.0%	5.4%
Net Income Ratio	17.2%	-6.5%	2.1%	9.6%	-6.2%	-11.6%	-7.4%	3.8%	9.4%	0.0%	3.9%

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED October 31, 2023

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				ADMINISTRATIVE EXPENSE SUMMARY				
$4,732,620	$6,466,630	$1,734,010	26.8%	Personnel Expenses	$18,058,313	$19,190,385	$1,132,073	5.9%
52,073	51,394	(678)	(1.3%)	Benefits Administration Expense	1,054,895	207,813	(847,082)	(407.6%)
1,819,768	1,568,441	(251,327)	(16.0%)	Purchased & Professional Services	4,666,375	5,984,477	1,318,101	22.0%
420,730	291,237	(129,493)	(44.5%)	Occupancy	1,936,505	1,063,670	(872,835)	(82.1%)
536,150	718,978	182,828	25.4%	Printing Postage & Promotion	1,536,886	1,952,371	415,485	21.3%
1,033,921	968,451	(65,470)	(6.8%)	Licenses Insurance & Fees	2,426,908	4,260,005	1,833,097	43.0%
32,204	14,532	(17,673)	(121.6%)	Supplies & Other Expenses	108,510	63,140	(45,370)	(71.9%)
$3,894,845	$3,613,032	($281,813)	(7.8%)	Total Other Administrative Expense	$11,730,079	$13,531,476	$1,801,397	13.3%
$8,627,465	$10,079,662	$1,452,197	14.4%	Total Administrative Expenses	$29,788,391	$32,721,861	$2,933,470	9.0%

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED October 31, 2023

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				Personnel Expenses				
3,180,638	3,075,933	(104,705)	(3.4%)	Salaries & Wages	12,130,652	11,502,861	(627,791)	(5.5%)
313,580	331,923	18,343	5.5%	Paid Time Off	1,295,409	1,220,022	(75,387)	(6.2%)
195	1,904,195	1,904,000	100.0%	Incentives	8,888	1,914,310	1,905,422	99.5%
52,301	54,710	2,409	4.4%	Payroll Taxes	192,978	295,340	102,361	34.7%
35,438	14,567	(20,871)	(143.3%)	Overtime	122,195	55,967	(66,229)	(118.3%)
257,313	260,075	2,762	1.1%	CalPERS ER Match	1,043,112	970,867	(72,245)	(7.4%)
720,835	551,808	(169,026)	(30.6%)	Employee Benefits	2,716,095	2,175,149	(540,947)	(24.9%)
(334)	0	334	0.0%	Personal Floating Holiday	2,644	0	(2,644)	0.0%
24,990	48,834	23,844	48.8%	Employee Relations	30,309	128,108	97,798	76.3%
15,980	21,375	5,395	25.2%	Work from Home Stipend	62,820	79,975	17,155	21.5%
798	4,296	3,498	81.4%	Transportation Reimbursement	1,941	19,348	17,407	90.0%
15,659	34,202	18,543	54.2%	Travel & Lodging	44,176	80,346	36,169	45.0%
54,301	118,544	64,243	54.2%	Temporary Help Services	276,642	522,531	245,889	47.1%
28,604	45,137	16,533	36.6%	Staff Development/Training	66,646	206,439	139,793	67.7%
32,325	1,031	(31,293)	(3,034.5%)	Staff Recruitment/Advertising	63,805	19,125	(44,680)	(233.6%)
$4,732,620	**$6,466,630**	**$1,734,010**	**26.8%**	**Total Employee Expenses**	**$18,058,313**	**$19,190,385**	**$1,132,073**	**5.9%**
				Benefit Administration Expense				
13,034	21,808	8,774	40.2%	RX Administration Expense	81,179	87,232	6,052	6.9%
0	0	0	0.0%	Behavioral Hlth Administration Fees	817,710	0	(817,710)	0.0%
39,039	29,586	(9,452)	(31.9%)	Telemedicine Admin Fees	156,006	120,581	(35,425)	(29.4%)
$52,073	**$51,394**	**($678)**	**(1.3%)**	**Total Benefit Administration Expenses**	**$1,054,895**	**$207,813**	**($847,082)**	**(407.6%)**
				Purchased & Professional Services				
774,806	576,386	(198,420)	(34.4%)	Consulting Services	1,490,090	2,211,159	721,069	32.6%
408,139	551,639	143,501	26.0%	Computer Support Services	1,450,529	2,079,638	629,109	30.3%
11,875	12,500	625	5.0%	Professional Fees-Accounting	47,500	50,000	2,500	5.0%
0	33	33	100.0%	Professional Fees-Medical	0	133	133	100.0%
92,360	153,472	61,112	39.8%	Other Purchased Services	646,249	636,282	(9,967)	(1.6%)
0	717	717	100.0%	Maint.& Repair-Office Equipment	2,656	2,868	212	7.4%
0	0	0	0.0%	Maint.&Repair-Computer Hardware	1,180	0	(1,180)	0.0%
201,370	113,303	(88,067)	(77.7%)	HMS Recovery Fees	448,555	438,163	(10,393)	(2.4%)
224,850	67,338	(157,512)	(233.9%)	Hardware (Non-Capital)	341,425	186,526	(154,899)	(83.0%)
44,042	41,702	(2,340)	(5.6%)	Provider Relations-Credentialing	112,826	166,808	53,982	32.4%
62,327	51,350	(10,977)	(21.4%)	Legal Fees	125,366	212,900	87,534	41.1%
$1,819,768	**$1,568,441**	**($251,327)**	**(16.0%)**	**Total Purchased & Professional Services**	**$4,666,375**	**$5,984,477**	**$1,318,101**	**22.0%**
				Occupancy				
58,111	70,374	12,263	17.4%	Depreciation	226,408	234,078	7,670	3.3%
62,638	74,147	11,509	15.5%	Building Lease	248,394	296,588	48,194	16.2%
15,427	5,870	(9,557)	(162.8%)	Leased and Rented Office Equipment	32,419	23,480	(8,939)	(38.1%)
1,766	14,700	12,934	88.0%	Utilities	84,138	46,900	(37,238)	(79.4%)
64,904	86,510	21,606	25.0%	Telephone	312,421	346,040	33,619	9.7%
25,026	39,636	14,610	36.9%	Building Maintenance	92,461	116,584	24,123	20.7%
192,858	0	(192,858)	0.0%	SBITA Amortization Expense-GASB 96	940,264	0	(940,264)	0.0%
$420,730	**$291,237**	**($129,493)**	**(44.5%)**	**Total Occupancy**	**$1,936,505**	**$1,063,670**	**($872,835)**	**(82.1%)**

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED October 31, 2023

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				Printing Postage & Promotion				
50,038	92,628	42,590	46.0%	Postage	167,178	191,986	24,808	12.9%
2,860	5,300	2,440	46.0%	Design & Layout	16,516	21,600	5,084	23.5%
126,899	117,552	(9,347)	(8.0%)	Printing Services	330,659	247,377	(83,283)	(33.7%)
18,673	6,910	(11,763)	(170.2%)	Mailing Services	50,221	27,640	(22,581)	(81.7%)
6,764	6,355	(409)	(6.4%)	Courier/Delivery Service	37,240	25,585	(11,655)	(45.6%)
1,178	0	(1,178)	0.0%	Promotional Products	5,371	1,250	(4,121)	(329.7%)
0	150	150	100.0%	Promotional Services	1,450	3,600	2,150	59.7%
325,836	477,417	151,581	31.8%	Community Relations	868,536	1,322,667	454,131	34.3%
60	0	(60)	0.0%	Health Education-Member	60	0	(60)	0.0%
3,842	12,667	8,824	69.7%	Translation - Non-Clinical	59,655	110,667	51,012	46.1%
$536,150	**$718,978**	**$182,828**	**25.4%**	**Total Printing Postage & Promotion**	**$1,536,886**	**$1,952,371**	**$415,485**	**21.3%**
				Licenses Insurance & Fees				
0	0	0	0.0%	Regulatory Penalties	0	500,000	500,000	100.0%
26,888	28,000	1,112	4.0%	Bank Fees	107,587	112,000	4,413	3.9%
103,620	89,100	(14,520)	(16.3%)	Insurance	328,798	356,398	27,600	7.7%
489,298	702,029	212,731	30.3%	Licenses, Permits and Fees	1,288,354	2,693,105	1,404,751	52.2%
414,115	149,322	(264,793)	(177.3%)	Subscriptions & Dues	702,170	598,501	(103,668)	(17.3%)
$1,033,921	**$968,451**	**($65,470)**	**(6.8%)**	**Total Licenses Insurance & Postage**	**$2,426,908**	**$4,260,005**	**$1,833,097**	**43.0%**
				Supplies & Other Expenses				
5,367	4,859	(508)	(10.4%)	Office and Other Supplies	36,428	17,311	(19,117)	(110.4%)
12,014	0	(12,014)	0.0%	Furniture and Equipment	12,364	0	(12,364)	0.0%
3,666	3,800	134	3.5%	Ergonomic Supplies	13,625	12,900	(725)	(5.6%)
3,210	5,406	2,196	40.6%	Commissary-Food & Beverage	13,295	26,213	12,918	49.3%
7,948	0	(7,948)	0.0%	Miscellaneous Expense	27,948	0	(27,948)	0.0%
0	0	0	0.0%	Member Incentive Expense	4,850	4,850	0	0.0%
0	100	100	100.0%	Covid-19 IT Expenses	0	400	400	100.0%
0	367	367	100.0%	Covid-19 Non IT Expenses	0	1,467	1,467	100.0%
$32,204	**$14,532**	**($17,673)**	**(121.6%)**	**Total Supplies & Other Expense**	**$108,510**	**$63,140**	**($45,370)**	**(71.9%)**
$8,627,465	**$10,079,662**	**$1,452,197**	**14.4%**	**TOTAL ADMINISTRATIVE EXPENSE**	**$29,788,391**	**$32,721,861**	**$2,933,470**	**9.0%**

ALAMEDA ALLIANCE FOR HEALTH
CAPITAL SPENDING INCLUDING CONSTRUCTION-IN-PROCESS
ACTUAL VS. BUDGET
FOR THE FISCAL YEAR-TO-DATE ENDED JUNE 30, 2024

		Project ID	Prior YTD Acquisitions	Current Month Acquisitions	Fiscal YTD Acquisitions	Capital Budget Total	$ Variance Fav/(Unf.)
1. Hardware:							
	Cisco Catalyst 9300 - Catalyst Switches	IT-FY24-01	$ -	$ -	**$ -**	$ 50,000	$ 50,000
	Cisco Catalyst 8500 - Routers	IT-FY24-02	$ -	$ -	**$ -**	$ 60,000	$ 60,000
	Cisco AP-9166 - Access Point	IT-FY24-03	$ -	$ -	**$ -**	$ 10,000	$ 10,000
	Cisco UCS-X M6 or M7 Blades x 6	IT-FY24-04	$ 426,471	$ -	**$ 426,471**	$ 310,000	$ (116,471)
	PURE Storage array	IT-FY24-05	$ -	$ -	**$ -**	$ 300,000	$ 300,000
	PKI management	IT-FY24-06	$ -	$ -	**$ -**	$ 20,000	$ 20,000
	IBM Power Hardware Upgrade	IT-FY24-07	$ -	$ 103,142	**$ 103,142**	$ 405,000	$ 301,858
	Misc Hardware	IT-FY24-08	$ 7,119	$ -	**$ 7,119**	$ 15,000	$ 7,881
	Network / AV Cabling	IT-FY24-09	$ 107,600	$ -	**$ 107,600**	$ 30,000	$ (77,600)
Hardware Subtotal			**$ 541,190**	**$ 103,142**	**$ 644,332**	**$ 1,200,000**	**$ 555,668**
2. Software:							
	Zerto renewal and Tier 2 add	AC-FY24-01	$ -	$ -	**$ -**	$ 126,000	$ 126,000
Software Subtotal			**$ -**	**$ -**	**$ -**	**$ 126,000**	**$ 126,000**
3. Building Improvement:							
	Appliances over 1k new/replacement (all buildings/suites)	FA-FY24-01	**$ -**	$ -	**$ -**	$ -	$ -
	ACME Security: Readers, HID boxes, Cameras, Doors (planned/unplanned	FA-FY24-02	$ -	$ -	**$ -**	$ 20,000	$ 20,000
	HVAC: Replace VAV boxes, duct work, replace old equipment	FA-FY24-03	$ -	$ -	**$ -**	$ 20,000	$ 20,000
	Electrical work for projects, workstations requirement	FA-FY24-04	$ -	$ -	**$ -**	$ 10,000	$ 10,000
	1240 Interior blinds replacement	FA-FY24-05	**$ -**	$ -	**$ -**	$ 25,000	$ 25,000
	EV Charging stations, if not completed in FY23 and carried over to FY24	FA-FY24-06	**$ 15,969**	$ 1,525	**$ 17,494**	$ 50,000	$ 32,506
Building Improvement Subtotal			**$ 15,969**	**$ 1,525**	**$ 17,494**	**$ 125,000**	**$ 107,506**
4. Furniture & Equipment:							
	Office desks, cabinets, shelvings (all building/suites: new or replacement)	FA-FY24-17	$ 1,789	$ (1,789)	**$ -**	$ 20,000	$ 20,000
	Replace, reconfigure, re-design workstations	FA-FY24-18	$ -	0	**$ -**	20,000.00	$ 20,000
Furniture & Equipment Subtotal			**$ 1,789**	**$ (1,789)**	**$ -**	**$ 40,000**	**$ 40,000**
GRAND TOTAL			**$ 558,947**	**$ 102,878**	**$ 661,826**	**$ 1,491,000**	**$ 829,174**

5. Reconciliation to Balance Sheet:

Fixed Assets @ Cost - 10/31/23	**$ 38,356,922**
Fixed Assets @ Cost - 6/30/23	**$ 37,695,096**
Fixed Assets Acquired YTD	**$ 661,826**

ALAMEDA ALLIANCE FOR HEALTH
TANGIBLE NET EQUITY (TNE) AND LIQUID TNE ANALYSIS
SUMMARY - FISCAL YEAR 2024

TANGIBLE NET EQUITY (TNE)

	QTR. END			
	Jul-23	**Aug-23**	**Sep-23**	**Oct-23**
Current Month Net Income / (Loss)	$9,746,933	$2,343,460	$5,514,335	$3,776,499
YTD Net Income / (Loss)	$9,746,933	$12,090,393	$17,604,728	$21,381,227
Actual TNE				
Net Assets	$333,703,974	$336,047,435	$341,561,770	$345,338,268
Subordinated Debt & Interest	$0	$0	$0	$0
Total Actual TNE	**$333,703,974**	**$336,047,435**	**$341,561,770**	**$345,338,268**
Increase/(Decrease) in Actual TNE	$9,746,933	$2,343,460	$5,514,335	$3,776,499
Required TNE[(1)]	**$46,228,233**	**$46,744,204**	**$46,352,062**	**$49,676,617**
Min. Req'd to Avoid Monthly Reporting (Increased from 130% to 150% of Required TNE effective July-2022)	$69,342,350	$70,116,307	$69,528,093	$74,514,926
TNE Excess / (Deficiency)	$287,475,741	$289,303,231	$295,209,708	$295,661,651
Actual TNE as a Multiple of Required	**7.22**	**7.19**	**7.37**	**6.95**

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	$333,703,974	$336,047,435	$341,561,770	$345,338,268
Fixed Assets at Net Book Value	(5,169,098)	(5,539,264)	(5,608,622)	(5,653,388)
Net Lease Assets/Liabilities/Interest	(711,429)	(475,037)	(1,115,074)	(504,935)
CD Pledged to DMHC	(350,000)	(350,000)	(350,000)	(350,000)
Liquid TNE (Liquid Reserves)	**$328,184,876**	**$330,158,171**	**$335,603,148**	**$339,334,880**
Liquid TNE as Multiple of Required	**7.10**	**7.06**	**7.24**	**6.83**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2024

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

	Actual Jul-23	Actual Aug-23	Actual Sep-23	Actual Oct-23	Actual Nov-23	Actual Dec-23	Actual Jan-24	Actual Feb-24	Actual Mar-24	Actual Apr-24	Actual May-24	Actual Jun-24	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	102,463	101,393	100,038	101,120									405,014
Adult	52,550	52,102	51,499	52,396									208,547
SPD	31,055	30,840	30,592	30,888									123,375
ACA OE	123,707	121,819	120,016	121,430									486,972
Duals	41,688	41,715	41,629	41,496									166,528
MCAL LTC	141	138	139	135									553
MCAL LTC Duals	1,033	1,019	1,004	997									4,053
Medi-Cal Program	352,637	349,026	344,917	348,462									1,395,042
Group Care Program	5,669	5,645	5,631	5,605									22,550
Total	**358,306**	**354,671**	**350,548**	**354,067**									**1,417,592**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	(1,207)	(1,070)	(1,355)	1,082									(2,550)
Adult	(624)	(448)	(603)	897									(778)
SPD	(225)	(215)	(248)	296									(392)
ACA OE	(1,260)	(1,888)	(1,803)	1,414									(3,537)
Duals	(43)	27	(86)	(133)									(235)
MCAL LTC	(9)	(3)	1	(4)									(15)
MCAL LTC Duals	4	(14)	(15)	(7)									(32)
Medi-Cal Program	(3,364)	(3,611)	(4,109)	3,545									(7,539)
Group Care Program	(15)	(24)	(14)	(26)									(79)
Total	**(3,379)**	**(3,635)**	**(4,123)**	**3,519**									**(7,618)**
Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	29.1%	29.1%	29.0%	29.0%									29.0%
Adult % of Medi-Cal	14.9%	14.9%	14.9%	15.0%									14.9%
SPD % of Medi-Cal	8.8%	8.8%	8.9%	8.9%									8.8%
ACA OE % of Medi-Cal	35.1%	34.9%	34.8%	34.8%									34.9%
Duals % of Medi-Cal	11.8%	12.0%	12.1%	11.9%									11.9%
Medi-Cal Program % of Total	98.4%	98.4%	98.4%	98.4%									98.4%
Group Care Program % of Total	1.6%	1.6%	1.6%	1.6%									1.6%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**									**100.0%**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING
FOR THE FISCAL YEAR 2024

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

	Actual Jul-23	Actual Aug-23	Actual Sep-23	Actual Oct-23	Actual Nov-23	Actual Dec-23	Actual Jan-24	Actual Feb-24	Actual Mar-24	Actual Apr-24	Actual May-24	Actual Jun-24	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted													
Directly Contracted (DCP)	74,547	73,027	72,504	78,530									298,608
Alameda Health System	66,089	65,344	64,133	63,271									258,837
	140,636	138,371	136,637	141,801									557,445
Delegated:													
CFMG	34,810	34,649	34,144	34,035									137,638
CHCN	130,230	129,183	127,430	126,705									513,548
Kaiser	52,630	52,468	52,337	51,526									208,961
Delegated Subtotal	217,670	216,300	213,911	212,266									860,147
Total	**358,306**	**354,671**	**350,548**	**354,067**									**1,417,592**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	(939)	(2,265)	(1,734)	5,164									226
Delegated:													
CFMG	(441)	(161)	(505)	(109)									(1,216)
CHCN	(1,721)	(1,047)	(1,753)	(725)									(5,246)
Kaiser	(278)	(162)	(131)	(811)									(1,382)
Delegated Subtotal	(2,440)	(1,370)	(2,389)	(1,645)									(7,844)
Total	**(3,379)**	**(3,635)**	**(4,123)**	**3,519**									**(7,618)**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	39.3%	39.0%	39.0%	40.0%									39.3%
Delegated:													
CFMG	9.7%	9.8%	9.7%	9.6%									9.7%
CHCN	36.3%	36.4%	36.4%	35.8%									36.2%
Kaiser	14.7%	14.8%	14.9%	14.6%									14.7%
Delegated Subtotal	60.7%	61.0%	61.0%	60.0%									60.7%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**									**100.0%**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING

FOR THE FISCAL YEAR 2024	PRELIMINARY BUDGET												
	Budget Jul-23	Budget Aug-23	Budget Sep-23	Budget Oct-23	Budget Nov-23	Budget Dec-23	Budget Jan-24	Budget Feb-24	Budget Mar-24	Budget Apr-24	Budget May-24	Budget Jun-24	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program by Category of Aid:													
Child	103,544	103,088	102,632	102,175	101,718	101,260	107,566	107,077	106,587	106,097	105,607	105,116	1,252,467
Adult	51,779	50,776	49,772	48,768	47,763	46,758	49,018	47,940	46,861	45,781	44,701	43,620	573,537
SPD	31,335	31,353	31,371	31,389	31,407	31,425	35,606	35,627	35,648	35,669	35,690	35,711	402,231
ACA OE	123,148	120,204	117,258	114,310	111,361	108,410	138,802	134,913	131,022	127,129	123,234	119,336	1,469,127
Duals	42,304	42,304	42,304	42,304	42,304	42,304	44,536	44,536	44,536	44,536	44,536	44,536	521,040
MCAL LTC	145	145	145	145	145	145	175	175	175	175	175	175	1,920
MCAL LTC Duals	983	983	983	983	983	983	1,107	1,107	1,107	1,107	1,107	1,107	12,540
Medi-Cal Program	353,238	348,853	344,465	340,074	335,681	331,285	376,810	371,375	365,936	360,494	355,050	349,601	4,232,862
Group Care Program	5,669	5,669	5,669	5,669	5,669	5,669	5,669	5,669	5,669	5,669	5,669	5,669	68,028
Total	**358,907**	**354,522**	**350,134**	**345,743**	**341,350**	**336,954**	**382,479**	**377,044**	**371,605**	**366,163**	**360,719**	**355,270**	**4,300,890**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	1,335	(456)	(456)	(457)	(457)	(458)	6,306	(489)	(490)	(490)	(490)	(491)	2,907
Adult	1,459	(1,003)	(1,004)	(1,004)	(1,005)	(1,005)	2,260	(1,078)	(1,079)	(1,080)	(1,080)	(1,081)	(6,700)
SPD	(576)	18	18	18	18	18	4,181	21	21	21	21	21	3,800
ACA OE	3,641	(2,944)	(2,946)	(2,948)	(2,949)	(2,951)	30,392	(3,889)	(3,891)	(3,893)	(3,895)	(3,898)	(171)
Duals	(3,158)	0	0	0	0	0	2,232	0	0	0	0	0	(926)
MCAL LTC	(8)	0	0	0	0	0	30	0	0	0	0	0	22
MCAL LTC Duals	(201)	0	0	0	0	0	124	0	0	0	0	0	(77)
Medi-Cal Program	2,492	(4,385)	(4,388)	(4,391)	(4,393)	(4,396)	45,525	(5,435)	(5,439)	(5,442)	(5,444)	(5,449)	(1,145)
Group Care Program	(120)	0	0	0	0	0	0	0	0	0	0	0	(120)
Total	**2,372**	**(4,385)**	**(4,388)**	**(4,391)**	**(4,393)**	**(4,396)**	**45,525**	**(5,435)**	**(5,439)**	**(5,442)**	**(5,444)**	**(5,449)**	**(1,265)**
Enrollment Percentages:													
Medi-Cal Program:													
Child % (Medi-Cal)	29.3%	29.6%	29.8%	30.0%	30.3%	30.6%	28.5%	28.8%	29.1%	29.4%	29.7%	30.1%	29.6%
Adult % (Medi-Cal)	14.7%	14.6%	14.4%	14.3%	14.2%	14.1%	13.0%	12.9%	12.8%	12.7%	12.6%	12.5%	13.5%
SPD % (Medi-Cal)	8.9%	9.0%	9.1%	9.2%	9.4%	9.5%	9.4%	9.6%	9.7%	9.9%	10.1%	10.2%	9.5%
ACA OE % (Medi-Cal)	34.9%	34.5%	34.0%	33.6%	33.2%	32.7%	36.8%	36.3%	35.8%	35.3%	34.7%	34.1%	34.7%
Duals % (Medi-Cal)	12.0%	12.1%	12.3%	12.4%	12.6%	12.8%	11.8%	12.0%	12.2%	12.4%	12.5%	12.7%	12.3%
MCAL LTC % (Medi-Cal)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%
MCAL LTC Duals % (Medi-Cal)	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%
Medi-Cal Program % of Total	98.4%	98.4%	98.4%	98.4%	98.3%	98.3%	98.5%	98.5%	98.5%	98.5%	98.4%	98.4%	98.4%
Group Care Program % of Total	1.6%	1.6%	1.6%	1.6%	1.7%	1.7%	1.5%	1.5%	1.5%	1.5%	1.6%	1.6%	1.6%
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 2024	PRELIMINARY BUDGET												
	Budget Jul-23	Budget Aug-23	Budget Sep-23	Budget Oct-23	Budget Nov-23	Budget Dec-23	Budget Jan-24	Budget Feb-24	Budget Mar-24	Budget Apr-24	Budget May-24	Budget Jun-24	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted	141,664	139,841	138,017	136,193	134,368	132,542	175,235	172,548	169,859	167,168	164,475	161,781	1,833,691
Delegated:													
CFMG	34,754	34,568	34,382	34,196	34,010	33,824	44,249	43,997	43,745	43,493	43,241	42,989	467,448
CHCN	130,622	128,908	127,193	125,475	123,756	122,035	162,995	160,499	158,001	155,502	153,003	150,500	1,698,489
Kaiser	51,867	51,205	50,542	49,879	49,216	48,553	0	0	0	0	0	0	301,262
Delegated Subtotal	217,243	214,681	212,117	209,550	206,982	204,412	207,244	204,496	201,746	198,995	196,244	193,489	2,467,199
Total	**358,907**	**354,522**	**350,134**	**345,743**	**341,350**	**336,954**	**382,479**	**377,044**	**371,605**	**366,163**	**360,719**	**355,270**	**4,300,890**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	8,226	(1,823)	(1,824)	(1,824)	(1,825)	(1,826)	42,693	(2,687)	(2,689)	(2,691)	(2,693)	(2,694)	28,343
Delegated:													
CFMG	684	(186)	(186)	(186)	(186)	(186)	10,425	(252)	(252)	(252)	(252)	(252)	8,919
CHCN	(4,995)	(1,714)	(1,715)	(1,718)	(1,719)	(1,721)	40,960	(2,496)	(2,498)	(2,499)	(2,499)	(2,503)	14,883
Kaiser	(1,543)	(662)	(663)	(663)	(663)	(663)	0	0	0	0	0	0	(4,857)
Delegated Subtotal	(5,854)	(2,562)	(2,564)	(2,567)	(2,568)	(2,570)	51,385	(2,748)	(2,750)	(2,751)	(2,751)	(2,755)	18,945
Total	**2,372**	**(4,385)**	**(4,388)**	**(4,391)**	**(4,393)**	**(4,396)**	**94,078**	**(5,435)**	**(5,439)**	**(5,442)**	**(5,444)**	**(5,449)**	**47,288**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	39.5%	39.4%	39.4%	39.4%	39.4%	39.3%	45.8%	45.8%	45.7%	45.7%	45.6%	45.5%	42.6%
Delegated:													
CFMG	9.7%	9.8%	9.8%	9.9%	10.0%	10.0%	11.6%	11.7%	11.8%	11.9%	12.0%	12.1%	10.9%
CHCN	36.4%	36.4%	36.3%	36.3%	36.3%	36.2%	42.6%	42.6%	42.5%	42.5%	42.4%	42.4%	39.5%
Kaiser	14.5%	14.4%	14.4%	14.4%	14.4%	14.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7.0%
Delegated Subtotal	60.5%	60.6%	60.6%	60.6%	60.6%	60.7%	54.2%	54.2%	54.3%	54.3%	54.4%	54.5%	57.4%
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 2024

	Variance Jul-23	Variance Aug-23	Variance Sep-23	Variance Oct-23	Variance Nov-23	Variance Dec-23	Variance Jan-24	Variance Feb-24	Variance Mar-24	Variance Apr-24	Variance May-24	Variance Jun-24	YTD Member Month Variance
Enrollment Variance by Plan & Aid Category - Favorable/(Unfavorable)													
Medi-Cal Program:													
Child	(1,081)	(1,695)	(2,594)	(1,055)									(6,425)
Adult	771	1,326	1,727	3,628									7,452
SPD	(280)	(513)	(779)	(501)									(2,073)
ACA OE	559	1,615	2,758	7,120									12,052
Duals	(616)	(589)	(675)	(808)									(2,688)
MCAL LTC	(4)	(7)	(6)	(10)									(27)
MCAL LTC Duals	50	36	21	14									121
Medi-Cal Program	(601)	173	452	8,388									8,412
Group Care Program	0	(24)	(38)	(64)									(126)
Total	**(601)**	**149**	**414**	**8,324**									**8,286**
Current Direct/Delegate Enrollment Variance - Favorable/(Unfavorable)													
Directly-Contracted	(1,028)	(1,470)	(1,380)	5,608									1,730
Delegated:													
CFMG	56	81	(238)	(161)									(262)
CHCN	(392)	275	237	1,230									1,350
Kaiser	763	1,263	1,795	1,647									5,468
Delegated Subtotal	427	1,619	1,794	2,716									6,556
Total	**(601)**	**149**	**414**	**8,324**									**8,286**

ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED OCTOBER 31, 2023

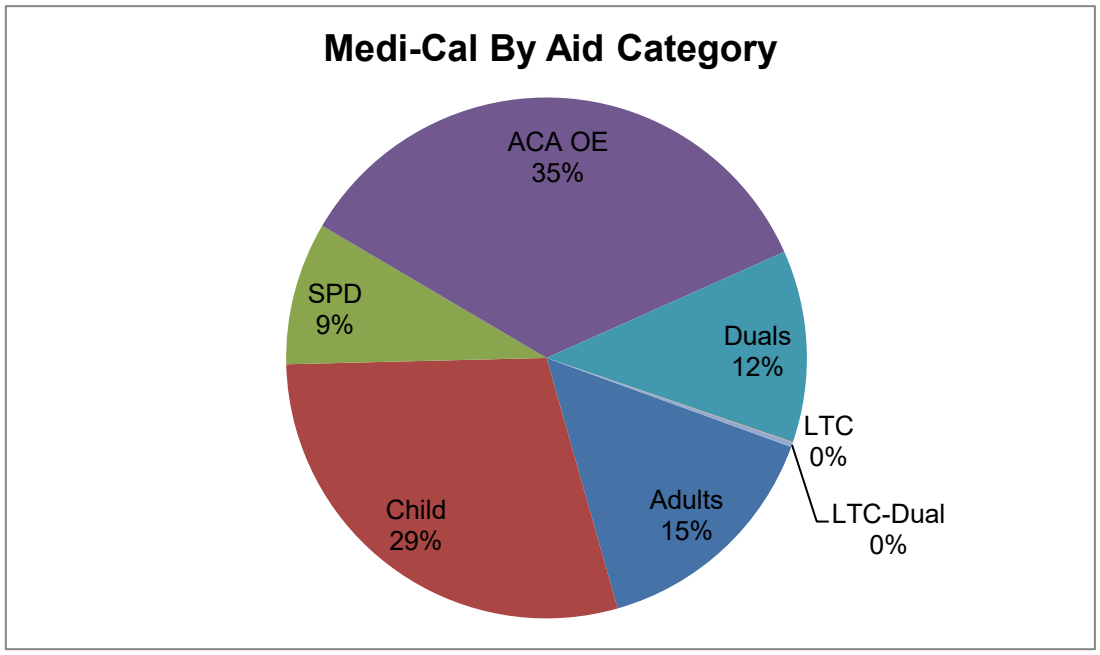
CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				CAPITATED MEDICAL EXPENSES:				
$1,144,790	$1,150,391	$5,600	0.5%	PCP Capitation	$4,634,949	$4,638,165	$3,216	0.1%
4,314,789	4,537,671	222,882	4.9%	PCP Capitation FQHC	17,459,583	18,528,158	1,068,575	5.8%
294,878	296,986	2,108	0.7%	Specialty-Capitation	1,193,082	1,197,669	4,587	0.4%
3,759,252	3,912,794	153,542	3.9%	Specialty-Capitation FQHC	15,208,341	16,022,727	814,386	5.1%
497,566	482,283	(15,283)	(3.2%)	Laboratory Capitation	1,975,303	1,961,204	(14,099)	(0.7%)
253,478	249,141	(4,337)	(1.7%)	Vision Cap	1,012,715	1,014,059	1,343	0.1%
85,818	86,493	675	0.8%	CFMG Capitation	347,218	348,808	1,590	0.5%
186,241	195,066	8,825	4.5%	Anc IPA Admin Capitation FQHC	753,666	797,268	43,602	5.5%
13,985,174	13,355,193	(629,981)	(4.7%)	Kaiser Capitation	56,446,517	54,568,449	(1,878,068)	(3.4%)
242,258	586,991	344,734	58.7%	Maternity Supplemental Expense	1,090,160	2,421,893	1,331,733	55.0%
715,523	764,763	49,240	6.4%	DME Cap	2,862,463	3,073,144	210,680	6.9%
$25,479,767	**$25,617,773**	**$138,007**	**0.5%**	**5 - TOTAL CAPITATED EXPENSES**	**$102,983,999**	**$104,571,543**	**$1,587,544**	**1.5%**
				FEE FOR SERVICE MEDICAL EXPENSES:				
3,542,918	0	(3,542,918)	0.0%	IBNR Inpatient Services	(2,306,298)	0	2,306,298	0.0%
106,288	0	(106,288)	0.0%	IBNR Settlement (IP)	(69,188)	0	69,188	0.0%
283,432	0	(283,432)	0.0%	IBNR Claims Fluctuation (IP)	(184,504)	0	184,504	0.0%
25,270,503	35,251,610	9,981,106	28.3%	Inpatient Hospitalization FFS	120,145,137	140,701,577	20,556,440	14.6%
1,595,778	0	(1,595,778)	0.0%	IP OB - Mom & NB	7,462,632	0	(7,462,632)	0.0%
35,584	0	(35,584)	0.0%	IP Behavioral Health	895,483	0	(895,483)	0.0%
1,044,992	0	(1,044,992)	0.0%	IP Facility Rehab FFS	4,711,642	0	(4,711,642)	0.0%
$31,879,496	**$35,251,610**	**$3,372,114**	**9.6%**	**6 - Inpatient Hospital & SNF FFS Expense**	**$130,654,905**	**$140,701,577**	**$10,046,672**	**7.1%**
548,170	0	(548,170)	0.0%	IBNR PCP	46,983	0	(46,983)	0.0%
16,446	0	(16,446)	0.0%	IBNR Settlement (PCP)	1,409	0	(1,409)	0.0%
43,853	0	(43,853)	0.0%	IBNR Claims Fluctuation (PCP)	3,759	0	(3,759)	0.0%
1,647,154	1,773,501	126,347	7.1%	Primary Care Non-Contracted FF	7,535,592	7,135,941	(399,650)	(5.6%)
346,944	186,552	(160,392)	(86.0%)	PCP FQHC FFS	2,058,333	752,529	(1,305,804)	(173.5%)
6,000	0	(6,000)	0.0%	Phys Extended Hours Incentive	6,000	0	(6,000)	0.0%
2,248,913	3,115,462	866,549	27.8%	Prop 56 Physician Exp	9,204,574	12,751,364	3,546,790	27.8%
15,612	0	(15,612)	0.0%	Prop 56 Hyde Exp	58,257	0	(58,257)	0.0%
78,061	0	(78,061)	0.0%	Prop 56 Trauma Exp	316,945	0	(316,945)	0.0%
96,340	0	(96,340)	0.0%	Prop 56 Develop. Screening Exp	383,782	0	(383,782)	0.0%
710,623	0	(710,623)	0.0%	Prop 56 Family Planning Exp	2,905,675	0	(2,905,675)	0.0%
7,428	0	(7,428)	0.0%	Prop 56 VBP Exp	7,428	0	(7,428)	0.0%
$5,765,545	**$5,075,515**	**($690,030)**	**(13.6%)**	**7 - Primary Care Physician FFS Expense**	**$22,528,737**	**$20,639,834**	**($1,888,903)**	**(9.2%)**
365,352	0	(365,352)	0.0%	IBNR Specialist	(704,271)	0	704,271	0.0%
221,145	0	(221,145)	0.0%	Psychiatrist FFS	927,497	0	(927,497)	0.0%
1,951,033	5,473,993	3,522,960	64.4%	Specialty Care FFS	9,103,366	21,973,694	12,870,328	58.6%
161,435	0	(161,435)	0.0%	Specialty Anesthesiology	733,088	0	(733,088)	0.0%
878,049	0	(878,049)	0.0%	Specialty Imaging FFS	4,332,553	0	(4,332,553)	0.0%
20,945	0	(20,945)	0.0%	Obstetrics FFS	71,825	0	(71,825)	0.0%
216,854	0	(216,854)	0.0%	Specialty IP Surgery FFS	1,146,377	0	(1,146,377)	0.0%
493,041	0	(493,041)	0.0%	Specialty OP Surgery FFS	2,380,160	0	(2,380,160)	0.0%
408,327	0	(408,327)	0.0%	Spec IP Physician	1,804,945	0	(1,804,945)	0.0%
56,504	71,931	15,426	21.4%	SCP FQHC FFS	254,532	289,901	35,369	12.2%
10,962	0	(10,962)	0.0%	IBNR Settlement (SCP)	(21,127)	0	21,127	0.0%
29,227	0	(29,227)	0.0%	IBNR Claims Fluctuation (SCP)	(56,342)	0	56,342	0.0%
$4,812,874	**$5,545,924**	**$733,049**	**13.2%**	**8 - Specialty Care Physician Expense**	**$19,972,603**	**$22,263,595**	**$2,290,992**	**10.3%**
1,264,888	0	(1,264,888)	0.0%	IBNR Ancillary	2,122,555	0	(2,122,555)	0.0%
37,946	0	(37,946)	0.0%	IBNR Settlement (ANC)	63,677	0	(63,677)	0.0%
101,192	0	(101,192)	0.0%	IBNR Claims Fluctuation (ANC)	169,805	0	(169,805)	0.0%
23,526	0	(23,526)	0.0%	IBNR Transportation FFS	45,720	0	(45,720)	0.0%
1,091,624	0	(1,091,624)	0.0%	Behavioral Health Therapy FFS	4,951,126	0	(4,951,126)	0.0%
1,226,572	0	(1,226,572)	0.0%	Psychologist & Other MH Prof.	4,215,464	0	(4,215,464)	0.0%
210,827	0	(210,827)	0.0%	Acupuncture/Biofeedback	1,075,338	0	(1,075,338)	0.0%
81,468	0	(81,468)	0.0%	Hearing Devices	381,525	0	(381,525)	0.0%
14,256	0	(14,256)	0.0%	Imaging/MRI/CT Global	141,544	0	(141,544)	0.0%
40,432	0	(40,432)	0.0%	Vision FFS	164,593	0	(164,593)	0.0%
0	0	0	0.0%	Family Planning	30	0	(30)	0.0%
463,053	0	(463,053)	0.0%	Laboratory-FFS	1,917,612	0	(1,917,612)	0.0%
79,728	0	(79,728)	0.0%	ANC Therapist	395,200	0	(395,200)	0.0%
754,604	0	(754,604)	0.0%	Transportation (Ambulance)-FFS	3,746,485	0	(3,746,485)	0.0%
1,505,756	0	(1,505,756)	0.0%	Transportation (Other)-FFS	5,929,067	0	(5,929,067)	0.0%
1,291,031	0	(1,291,031)	0.0%	Hospice	5,779,983	0	(5,779,983)	0.0%
1,056,735	0	(1,056,735)	0.0%	Home Health Services	4,994,036	0	(4,994,036)	0.0%
603	9,624,424	9,623,821	100.0%	Other Medical-FFS	3,993	38,285,224	38,281,231	100.0%
(287,991)	0	287,991	0.0%	Medical Refunds through HMS	(309,963)	0	309,963	0.0%
(186,372)	0	186,372	0.0%	Medical Refunds	(565,083)	0	565,083	0.0%
79,697	0	(79,697)	0.0%	DME & Medical Supplies	116,689	0	(116,689)	0.0%
0	0	0	0.0%	GEMT FFS	(373,988)	0	373,988	0.0%
795,507	1,427,305	631,799	44.3%	ECM Base/Outreach FFS Anc.	5,130,802	5,791,540	660,738	11.4%
14,476	79,472	64,997	81.8%	CS Housing Deposits FFS Ancillary	86,836	315,204	228,368	72.5%
135,040	535,693	400,653	74.8%	CS Housing Tenancy FFS Ancillary	766,886	2,033,568	1,266,683	62.3%

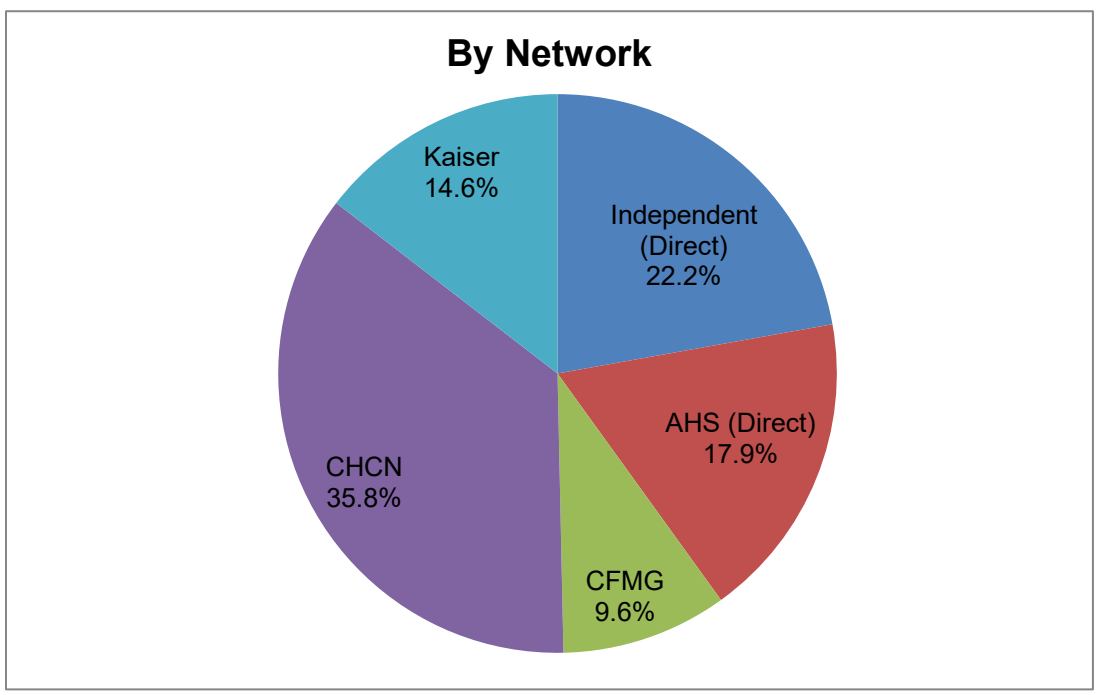
ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED OCTOBER 31, 2023

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
39,465	97,714	58,249	59.6%	CS Housing Navigation Services FFS Ancillary	171,635	372,123	200,488	53.9%
81,048	135,641	54,594	40.2%	CS Medical Respite FFS Ancillary	265,817	537,982	272,166	50.6%
44,797	88,291	43,494	49.3%	CS Medically Tailored Meals FFS Ancillary	98,910	335,135	236,225	70.5%
11,418	10,472	(946)	(9.0%)	CS Asthma Remediation FFS Ancillary	11,550	59,982	48,431	80.7%
0	10,002	10,002	100.0%	MOT Wrap Around (Non Medical MOT Cost)	0	40,007	40,007	100.0%
0	9,569	9,569	100.0%	CS Home Modifications FFS Ancillary	0	22,113	22,113	100.0%
0	168,089	168,089	100.0%	CS Personal Care & Homemaker Services FFS Ancillary	0	388,424	388,424	100.0%
0	32,582	32,582	100.0%	CS Caregiver Respite Services FFS Ancillary	0	75,292	75,292	100.0%
31,355	0	(31,355)	0.0%	Community Based Adult Services (CBAS)	1,425,263	0	(1,425,263)	0.0%
0	7,646	7,646	100.0%	CS Pilot LTC Diversion Expense	0	30,582	30,582	100.0%
4,587	3,823	(765)	(20.0%)	CS Pilot LTC Transition Expense	16,056	15,291	(765)	(5.0%)
0	82,227	82,227	100.0%	Justice Involved Pilot	0	326,128	326,128	100.0%
$10,007,266	**$12,312,950**	**$2,305,684**	**18.7%**	**9 - Ancillary Medical Expense**	**$42,939,163**	**$48,628,595**	**$5,689,432**	**11.7%**
83,556	0	(83,556)	0.0%	IBNR Outpatient	422,626	0	(422,626)	0.0%
2,507	0	(2,507)	0.0%	IBNR Settlement (OP)	12,677	0	(12,677)	0.0%
6,685	0	(6,685)	0.0%	IBNR Claims Fluctuation (OP)	33,811	0	(33,811)	0.0%
1,491,005	8,378,351	6,887,346	82.2%	Out Patient FFS	6,491,520	33,514,090	27,022,570	80.6%
1,390,911	0	(1,390,911)	0.0%	OP Ambul Surgery FFS	6,937,396	0	(6,937,396)	0.0%
1,602,204	0	(1,602,204)	0.0%	OP Fac Imaging Services FFS	6,670,623	0	(6,670,623)	0.0%
35,703	0	(35,703)	0.0%	Behav Health FFS	(21,966)	0	21,966	0.0%
460,185	0	(460,185)	0.0%	OP Facility Lab FFS	2,081,864	0	(2,081,864)	0.0%
142,060	0	(142,060)	0.0%	OP Facility Cardio FFS	608,098	0	(608,098)	0.0%
65,925	0	(65,925)	0.0%	OP Facility PT/OT/ST FFS	270,230	0	(270,230)	0.0%
2,106,394	0	(2,106,394)	0.0%	OP Facility Dialysis FFS	8,379,495	0	(8,379,495)	0.0%
$7,387,134	**$8,378,351**	**$991,217**	**11.8%**	**10 - Outpatient Medical Expense Medical Expense**	**$31,886,373**	**$33,514,090**	**$1,627,717**	**4.9%**
343,259	0	(343,259)	0.0%	IBNR Emergency	30,260	0	(30,260)	0.0%
10,298	0	(10,298)	0.0%	IBNR Settlement (ER)	910	0	(910)	0.0%
27,460	0	(27,460)	0.0%	IBNR Claims Fluctuation (ER)	2,423	0	(2,423)	0.0%
697,052	0	(697,052)	0.0%	Special ER Physician FFS	3,056,795	0	(3,056,795)	0.0%
4,584,400	6,043,416	1,459,015	24.1%	ER Facility	19,577,347	24,166,216	4,588,869	19.0%
$5,662,469	**$6,043,416**	**$380,947**	**6.3%**	**11 - Emergency Expense**	**$22,667,735**	**$24,166,216**	**$1,498,481**	**6.2%**
191,001	0	(191,001)	0.0%	IBNR Pharmacy	(204,308)	0	204,308	0.0%
5,730	0	(5,730)	0.0%	IBNR Settlement (RX)	(6,133)	0	6,133	0.0%
15,279	0	(15,279)	0.0%	IBNR Claims Fluctuation (RX)	(16,345)	0	16,345	0.0%
496,083	379,156	(116,927)	(30.8%)	Pharmacy FFS	1,939,650	1,508,678	(430,973)	(28.6%)
133,333	8,504,522	8,371,189	98.4%	Pharmacy Non-PBM FFS-Other Anc	556,086	34,045,889	33,489,804	98.4%
5,619,758	0	(5,619,758)	0.0%	Pharmacy Non-PBM FFS-OP FAC	21,975,503	0	(21,975,503)	0.0%
119,467	0	(119,467)	0.0%	Pharmacy Non-PBM FFS-PCP	615,362	0	(615,362)	0.0%
1,945,833	0	(1,945,833)	0.0%	Pharmacy Non-PBM FFS-SCP	8,807,902	0	(8,807,902)	0.0%
10,390	0	(10,390)	0.0%	Pharmacy Non-PBM FFS-FQHC	41,158	0	(41,158)	0.0%
4,900	0	(4,900)	0.0%	Pharmacy Non-PBM FFS-HH	27,987	0	(27,987)	0.0%
0	0	0	0.0%	RX Refunds HMS	(63)	0	63	0.0%
(30,000)	30,984	60,984	196.8%	Pharmacy Rebate	(160,000)	122,598	282,598	230.5%
$8,511,774	**$8,914,662**	**$402,888**	**4.5%**	**12 - Pharmacy Expense**	**$33,576,799**	**$35,677,164**	**$2,100,365**	**5.9%**
4,726,059	0	(4,726,059)	0.0%	IBNR LTC	4,802,539	0	(4,802,539)	0.0%
141,782	0	(141,782)	0.0%	IBNR Settlement (LTC)	144,077	0	(144,077)	0.0%
378,084	0	(378,084)	0.0%	IBNR Claims Fluctuation (LTC)	384,202	0	(384,202)	0.0%
13,371,867	0	(13,371,867)	0.0%	LTC Custodial Care	63,392,176	0	(63,392,176)	0.0%
2,901,590	15,635,534	12,733,944	81.4%	LTC SNF	11,940,739	62,154,126	50,213,387	80.8%
$21,519,382	**$15,635,534**	**($5,883,848)**	**(37.6%)**	**13 - Long Term Care FFS Expense**	**$80,663,734**	**$62,154,126**	**($18,509,608)**	**(29.8%)**
$95,545,940	**$97,157,960**	**$1,612,020**	**1.7%**	**14 - TOTAL FFS MEDICAL EXPENSES**	**$384,890,049**	**$387,745,198**	**$2,855,148**	**0.7%**
0	(250,366)	(250,366)	100.0%	Clinical Vacancy	0	(733,492)	(733,492)	100.0%
23,483	101,293	77,810	76.8%	Quality Analytics	332,882	390,449	57,567	14.7%
765,451	775,350	9,899	1.3%	Health Plan Services Department Total	2,879,916	2,874,653	(5,263)	(0.2%)
586,280	570,550	(15,731)	(2.8%)	Case & Disease Management Department Total	2,104,022	2,063,745	(40,277)	(2.0%)
2,205,536	2,601,843	396,307	15.2%	Medical Services Department Total	8,661,155	11,339,675	2,678,520	23.6%
996,885	1,370,205	373,319	27.2%	Quality Management Department Total	3,001,528	3,238,302	236,774	7.3%
242,475	253,390	10,915	4.3%	HCS Behavioral Health Department Total	957,540	999,427	41,887	4.2%
131,015	147,251	16,235	11.0%	Pharmacy Services Department Total	526,371	561,459	35,088	6.2%
60,989	60,734	(256)	(0.4%)	Regulatory Readiness Total	249,113	241,286	(7,827)	(3.2%)
$5,012,115	**$5,630,249**	**$618,134**	**11.0%**	**15 - Other Benefits & Services**	**$18,712,527**	**$20,975,505**	**$2,262,977**	**10.8%**
(1,155,941)	(782,042)	373,898	(47.8%)	Reinsurance Recoveries	(3,725,001)	(3,184,371)	540,630	(17.0%)
892,633	1,042,723	150,090	14.4%	Reinsurance Premium	4,080,890	4,245,828	164,938	3.9%
($263,308)	**$260,681**	**$523,988**	**201.0%**	**16- Reinsurance Expense**	**$355,889**	**$1,061,457**	**$705,568**	**66.5%**
1,000,000	0	(1,000,000)	0.0%	P4P Risk Pool Provider Incenti	2,000,000	0	(2,000,000)	0.0%
$1,000,000	**$0**	**($1,000,000)**	**0.0%**	**17 - Risk Pool Distribution**	**$2,000,000**	**$0**	**($2,000,000)**	**0.0%**
$126,774,514	**$128,666,664**	**$1,892,150**	**1.5%**	**18 - TOTAL MEDICAL EXPENSES**	**$508,942,465**	**$514,353,703**	**$5,411,238**	**1.1%**

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Category of Aid Trend							
Category of Aid	**Oct 2023**	**% of Medi-Cal**	**Independent (Direct)**	**AHS (Direct)**	**CFMG**	**CHCN**	**Kaiser**
Adults	52,396	15%	10,814	9,809	815	21,526	9,432
Child	101,120	29%	8,754	9,193	30,858	33,406	18,909
SPD	30,888	9%	10,320	4,379	1,106	12,764	2,319
ACA OE	121,430	35%	20,596	36,511	1,255	46,657	16,411
Duals	41,496	12%	24,726	2,532	1	9,782	4,455
LTC	135	0%	135	-	-	-	-
LTC-Dual	997	0%	997	-	-	-	-
Medi-Cal	348,462		76,342	62,424	34,035	124,135	51,526
Group Care	5,605		2,188	847	-	2,570	-
Total	**354,067**	**100%**	**78,530**	**63,271**	**34,035**	**126,705**	**51,526**
Medi-Cal %	98.4%		97.2%	98.7%	100.0%	98.0%	100.0%
Group Care %	1.6%		2.8%	1.3%	0.0%	2.0%	0.0%
	Network Distribution		*22.2%*	*17.9%*	*9.6%*	*35.8%*	*14.6%*
			% Direct:	**40%**		**% Delegated:**	**60%**

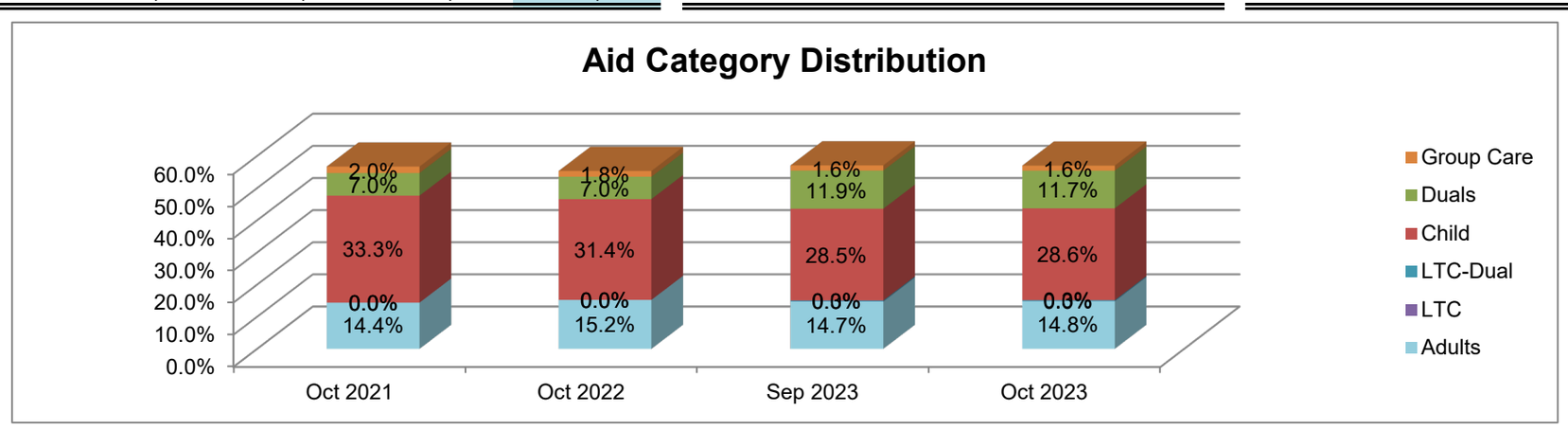




Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

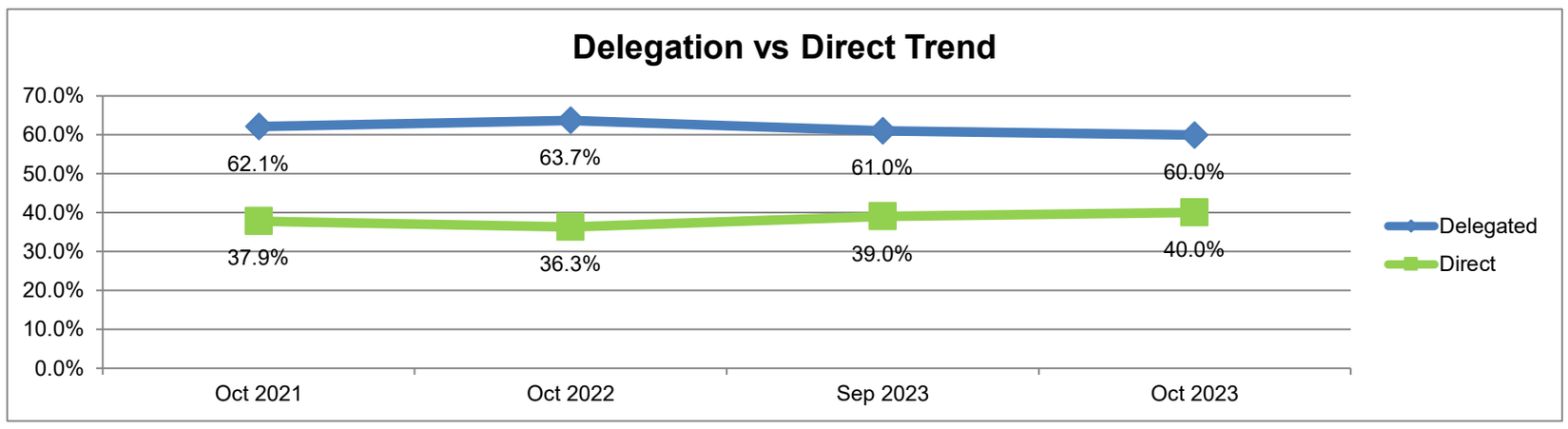
Category of Aid Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Category of Aid	Oct 2021	Oct 2022	Sep 2023	Oct 2023	Oct 2021	Oct 2022	Sep 2023	Oct 2023	Oct 2021 to Oct 2022	Oct 2022 to Oct 2023	Sep 2023 to Oct 2023
Adults	42,177	49,162	51,499	52,396	14.4%	15.2%	14.7%	14.8%	16.6%	6.6%	1.7%
Child	97,636	101,323	100,038	101,120	33.3%	31.4%	28.5%	28.6%	3.8%	-0.2%	1.1%
SPD	26,366	28,237	30,592	30,888	9.0%	8.7%	8.7%	8.7%	7.1%	9.4%	1.0%
ACA OE	100,844	116,205	120,016	121,430	34.3%	36.0%	34.2%	34.3%	15.2%	4.5%	1.2%
Duals	20,692	22,482	41,629	41,496	7.0%	7.0%	11.9%	11.7%	8.7%	84.6%	-0.3%
LTC	-	-	139	135	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-2.9%
LTC-Dual	-	-	1,004	997	0.0%	0.0%	0.3%	0.3%	0.0%	0.0%	-0.7%
Medi-Cal Total	287,715	317,409	344,917	348,462	98.0%	98.2%	98.4%	98.4%	10.3%	9.8%	1.0%
Group Care	5,880	5,789	5,631	5,605	2.0%	1.8%	1.6%	1.6%	-1.5%	-3.2%	-0.5%
Total	**293,595**	**323,198**	**350,548**	**354,067**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**10.1%**	**9.6%**	**1.0%**



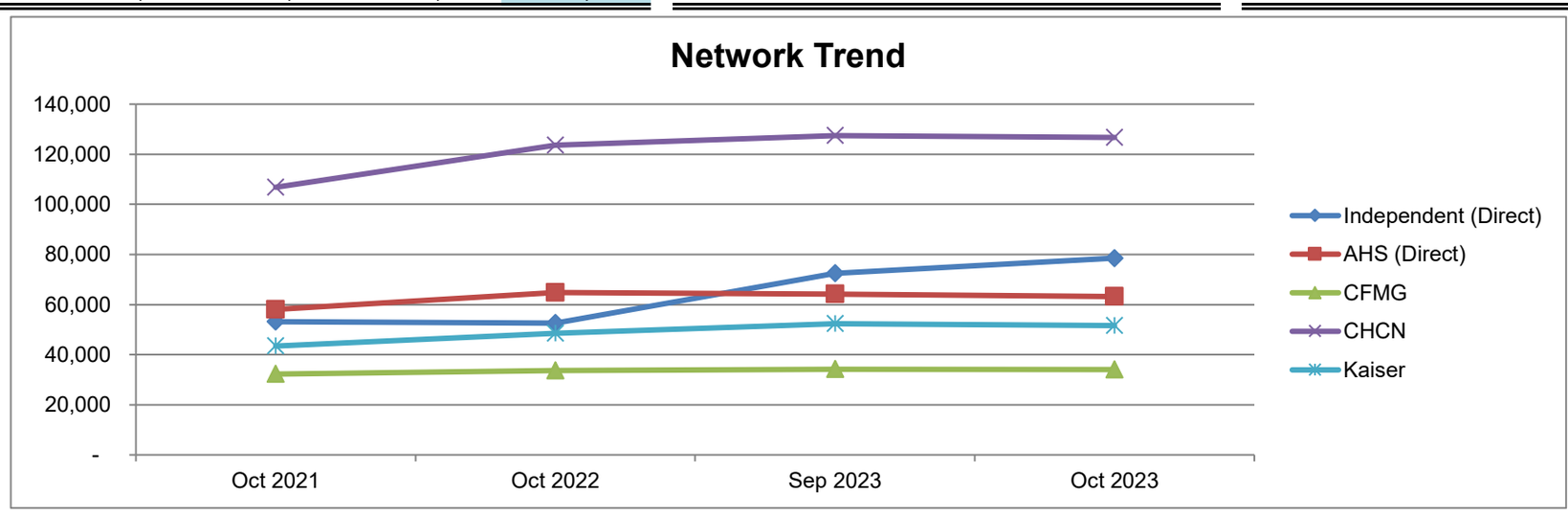
Delegation vs Direct Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Members	Oct 2021	Oct 2022	Sep 2023	Oct 2023	Oct 2021	Oct 2022	Sep 2023	Oct 2023	Oct 2021 to Oct 2022	Oct 2022 to Oct 2023	Sep 2023 to Oct 2023
Delegated	182,465	205,828	213,911	212,266	62.1%	63.7%	61.0%	60.0%	12.8%	3.1%	-0.8%
Direct	111,130	117,370	136,637	141,801	37.9%	36.3%	39.0%	40.0%	5.6%	20.8%	3.8%
Total	**293,595**	**323,198**	**350,548**	**354,067**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**10.1%**	**9.6%**	**1.0%**



Network Trend

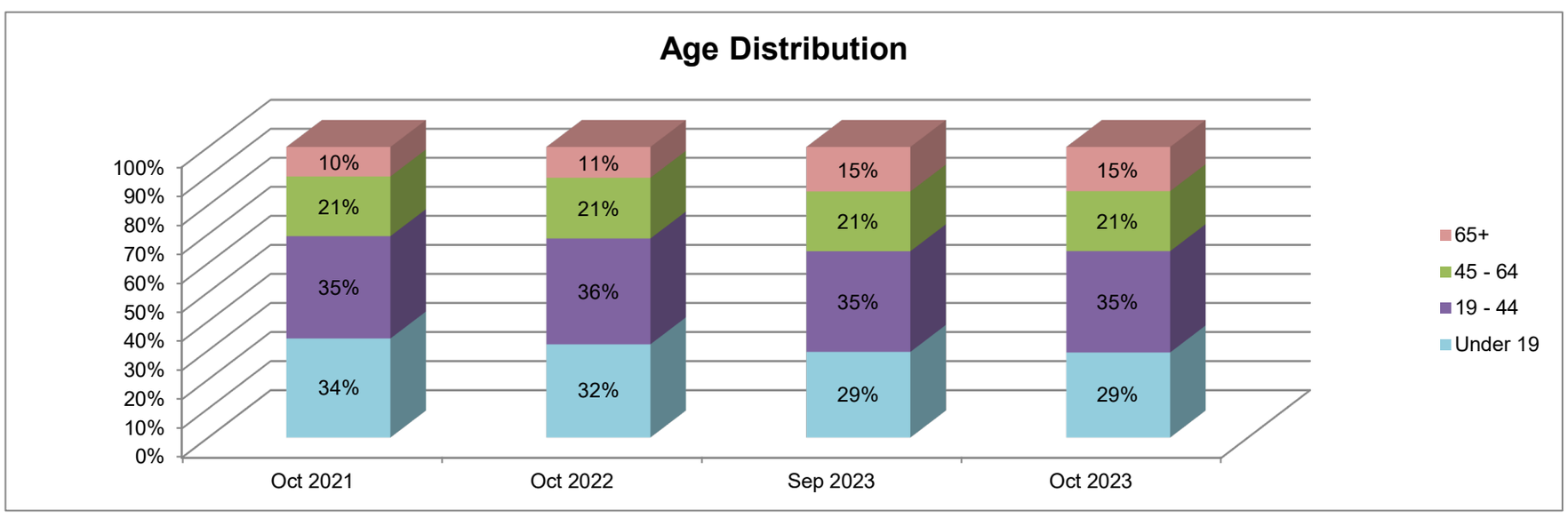
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Network	Oct 2021	Oct 2022	Sep 2023	Oct 2023	Oct 2021	Oct 2022	Sep 2023	Oct 2023	Oct 2021 to Oct 2022	Oct 2022 to Oct 2023	Sep 2023 to Oct 2023
Independent (Direct)	53,081	52,571	72,504	78,530	18.1%	16.3%	20.7%	22.2%	-1.0%	49.4%	8.3%
AHS (Direct)	58,049	64,799	64,133	63,271	19.8%	20.0%	18.3%	17.9%	11.6%	-2.4%	-1.3%
CFMG	32,232	33,617	34,144	34,035	11.0%	10.4%	9.7%	9.6%	4.3%	1.2%	-0.3%
CHCN	106,808	123,666	127,430	126,705	36.4%	38.3%	36.4%	35.8%	15.8%	2.5%	-0.6%
Kaiser	43,425	48,545	52,337	51,526	14.8%	15.0%	14.9%	14.6%	11.8%	6.1%	-1.5%
Total	**293,595**	**323,198**	**350,548**	**354,067**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**10.1%**	**9.6%**	**1.0%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

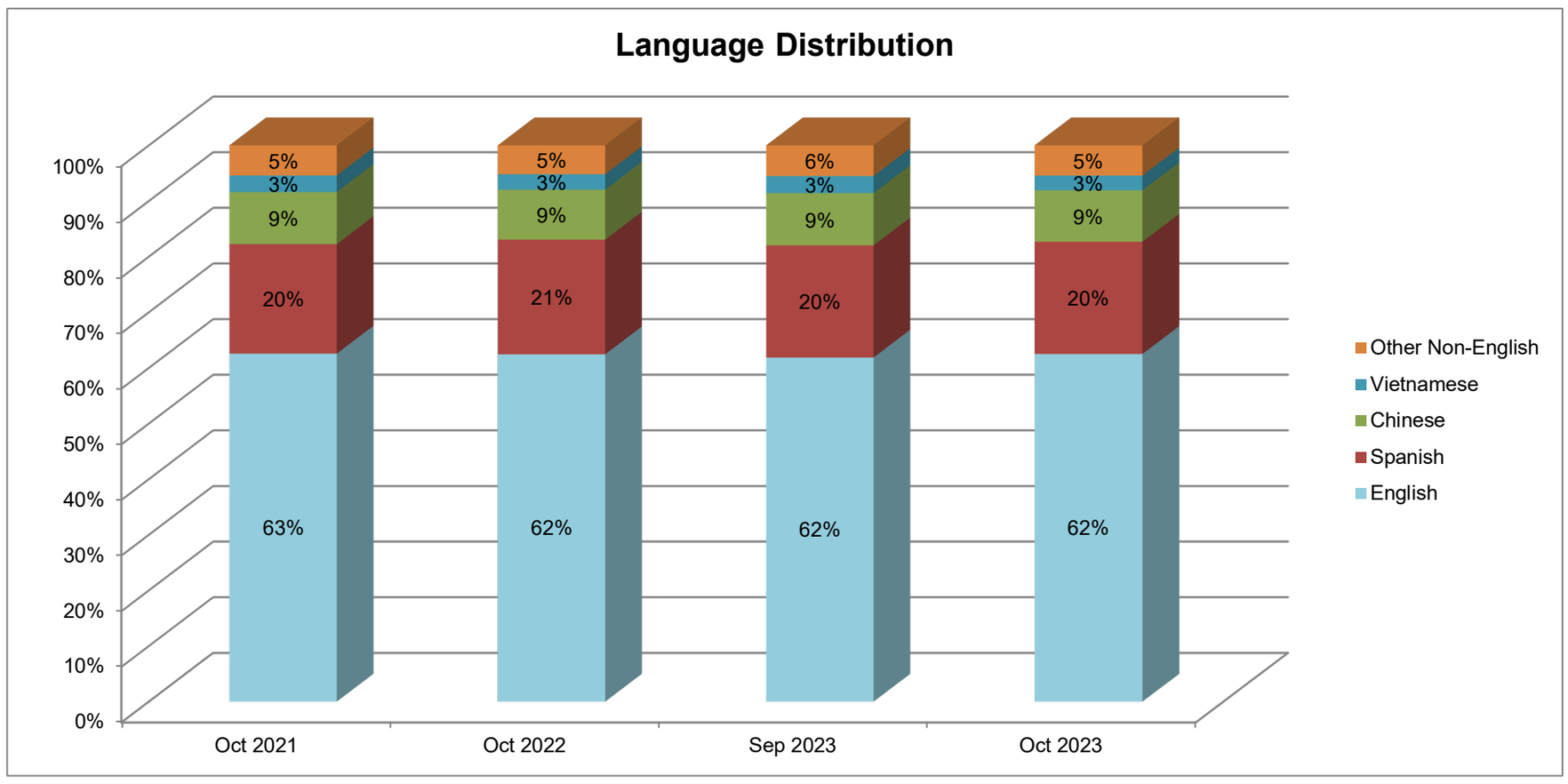
Age Category Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Age Category	Oct 2021	Oct 2022	Sep 2023	Oct 2023	Oct 2021	Oct 2022	Sep 2023	Oct 2023	Oct 2021 to Oct 2022	Oct 2022 to Oct 2023	Sep 2023 to Oct 2023
Under 19	99,912	103,541	103,548	103,512	34%	32%	29%	29%	4%	0%	0%
19 - 44	103,423	117,664	121,851	123,390	35%	36%	35%	35%	14%	5%	1%
45 - 64	60,392	67,687	72,445	73,229	21%	21%	21%	21%	12%	8%	1%
65+	29,868	34,306	54,016	53,936	10%	11%	15%	15%	15%	57%	0%
Total	**293,595**	**323,198**	**351,860**	**354,067**	**100%**	**100%**	**100%**	**100%**	**10%**	**10%**	**1%**



Language Trend

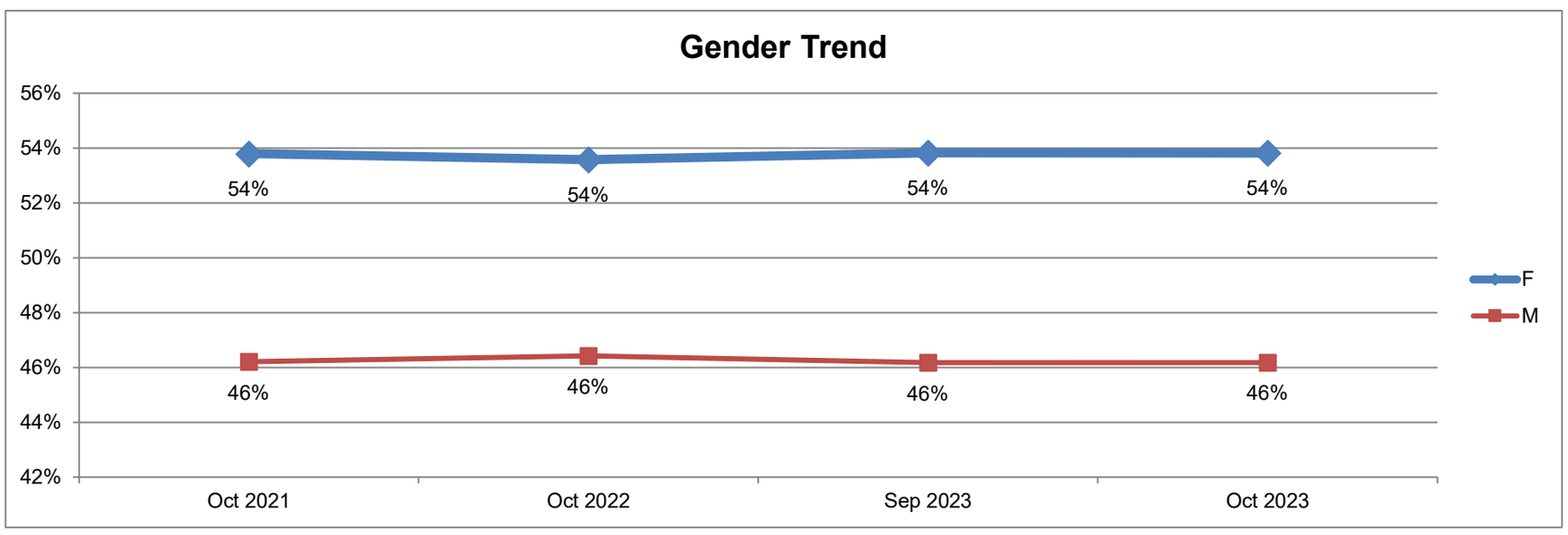
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Language	Oct 2021	Oct 2022	Sep 2023	Oct 2023	Oct 2021	Oct 2022	Sep 2023	Oct 2023	Oct 2021 to Oct 2022	Oct 2022 to Oct 2023	Sep 2023 to Oct 2023
English	183,672	201,780	217,655	221,283	63%	62%	62%	62%	10%	10%	2%
Spanish	57,766	66,629	70,947	71,409	20%	21%	20%	20%	15%	7%	1%
Chinese	27,509	29,052	33,023	32,770	9%	9%	9%	9%	6%	13%	-1%
Vietnamese	8,766	8,934	10,834	9,405	3%	3%	3%	3%	2%	5%	-13%
Other Non-English	15,882	16,803	19,401	19,200	5%	5%	6%	5%	6%	14%	-1%
Total	**293,595**	**323,198**	**351,860**	**354,067**	**100%**	**100%**	**100%**	**100%**	**10%**	**10%**	**1%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

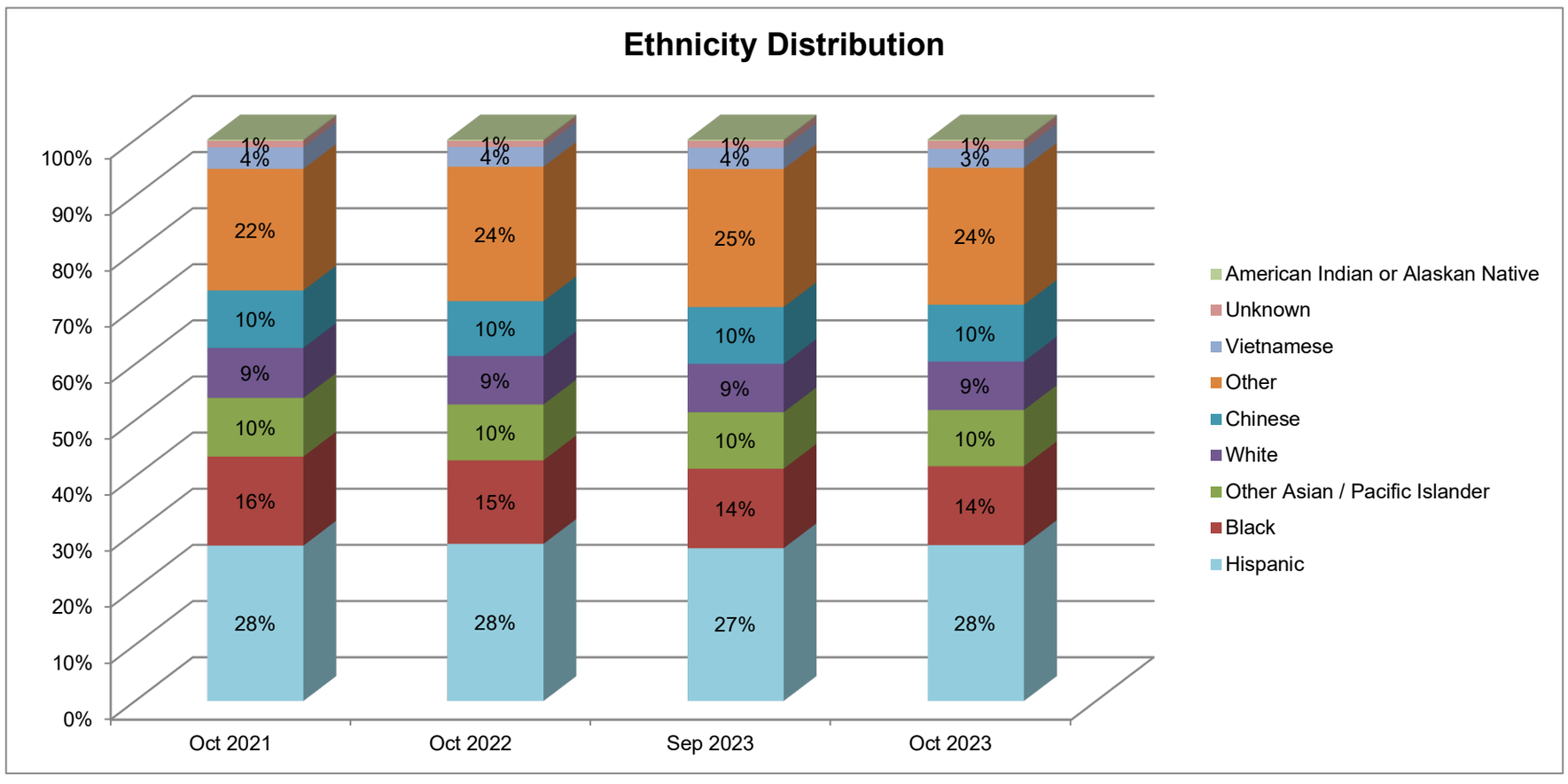
Gender Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Gender	Oct 2021	Oct 2022	Sep 2023	Oct 2023	Oct 2021	Oct 2022	Sep 2023	Oct 2023	Oct 2021 to Oct 2022	Oct 2022 to Oct 2023	Sep 2023 to Oct 2023
F	157,936	173,160	189,387	190,566	54%	54%	54%	54%	10%	10%	1%
M	135,659	150,038	162,473	163,501	46%	46%	46%	46%	11%	9%	1%
Total	**293,595**	**323,198**	**351,860**	**354,067**	**100%**	**100%**	**100%**	**100%**	**10%**	**10%**	**1%**



Ethnicity Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Ethnicity	Oct 2021	Oct 2022	Sep 2023	Oct 2023	Oct 2021	Oct 2022	Sep 2023	Oct 2023	Oct 2021 to Oct 2022	Oct 2022 to Oct 2023	Sep 2023 to Oct 2023
Hispanic	81,109	90,312	95,595	98,158	28%	28%	27%	28%	11%	9%	3%
Black	46,569	48,088	49,809	49,717	16%	15%	14%	14%	3%	3%	0%
Other Asian / Pacific Islander	30,710	32,221	35,405	35,487	10%	10%	10%	10%	5%	10%	0%
White	26,206	27,881	30,367	30,637	9%	9%	9%	9%	6%	10%	1%
Chinese	30,010	31,624	35,649	35,807	10%	10%	10%	10%	5%	13%	0%
Other	63,689	77,437	86,602	86,487	22%	24%	25%	24%	22%	12%	0%
Vietnamese	11,246	11,427	13,334	12,050	4%	4%	4%	3%	2%	5%	-10%
Unknown	3,430	3,514	4,380	4,980	1%	1%	1%	1%	2%	42%	14%
American Indian or Alaskan Native	626	694	719	744	0%	0%	0%	0%	11%	7%	3%
Total	**293,595**	**323,198**	**351,860**	**354,067**	**100%**	**100%**	**100%**	**100%**	**10%**	**10%**	**1%**



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

Medi-Cal By City

City	Oct 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	134,064	38%	21,182	29,276	13,851	55,299	14,456
Hayward	54,767	16%	11,356	11,404	5,849	16,885	9,273
Fremont	32,891	9%	13,244	4,669	1,347	8,450	5,181
San Leandro	31,343	9%	6,693	4,230	3,434	11,226	5,760
Union City	14,638	4%	5,293	2,104	631	3,869	2,741
Alameda	13,584	4%	3,228	1,963	1,672	4,530	2,191
Berkeley	13,106	4%	3,037	1,565	1,322	5,225	1,957
Livermore	10,702	3%	1,728	559	1,814	4,701	1,900
Newark	8,279	2%	2,578	2,482	310	1,483	1,426
Castro Valley	8,881	3%	1,993	1,292	1,118	2,613	1,865
San Lorenzo	7,261	2%	1,344	1,208	680	2,573	1,456
Pleasanton	6,110	2%	1,499	345	536	2,661	1,069
Dublin	6,535	2%	1,593	386	646	2,761	1,149
Emeryville	2,453	1%	579	430	307	723	414
Albany	2,047	1%	392	189	345	702	419
Piedmont	449	0%	101	118	27	87	116
Sunol	71	0%	18	9	6	22	16
Antioch	38	0%	14	7	9	7	1
Other	1,243	0%	470	188	131	318	136
Total	**348,462**	**100%**	**76,342**	**62,424**	**34,035**	**124,135**	**51,526**

Group Care By City

City	Oct 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	1,777	32%	390	333	-	1,054	-
Hayward	620	11%	299	132	-	189	-
Fremont	607	11%	421	60	-	126	-
San Leandro	588	10%	234	82	-	272	-
Union City	302	5%	196	39	-	67	-
Alameda	284	5%	99	20	-	165	-
Berkeley	163	3%	47	11	-	105	-
Livermore	104	2%	33	2	-	69	-
Newark	138	2%	87	30	-	21	-
Castro Valley	189	3%	82	27	-	80	-
San Lorenzo	129	2%	44	16	-	69	-
Pleasanton	59	1%	22	3	-	34	-
Dublin	97	2%	35	6	-	56	-
Emeryville	35	1%	16	6	-	13	-
Albany	21	0%	8	1	-	12	-
Piedmont	10	0%	2	-	-	8	-
Sunol	-	0%	-	-	-	-	-
Antioch	24	0%	6	7	-	11	-
Other	458	8%	167	72	-	219	-
Total	**5,605**	**100%**	**2,188**	**847**	**-**	**2,570**	**-**

Total By City

City	Oct 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	135,841	38%	21,572	29,609	13,851	56,353	14,456
Hayward	55,387	16%	11,655	11,536	5,849	17,074	9,273
Fremont	33,498	9%	13,665	4,729	1,347	8,576	5,181
San Leandro	31,931	9%	6,927	4,312	3,434	11,498	5,760
Union City	14,940	4%	5,489	2,143	631	3,936	2,741
Alameda	13,868	4%	3,327	1,983	1,672	4,695	2,191
Berkeley	13,269	4%	3,084	1,576	1,322	5,330	1,957
Livermore	10,806	3%	1,761	561	1,814	4,770	1,900
Newark	8,417	2%	2,665	2,512	310	1,504	1,426
Castro Valley	9,070	3%	2,075	1,319	1,118	2,693	1,865
San Lorenzo	7,390	2%	1,388	1,224	680	2,642	1,456
Pleasanton	6,169	2%	1,521	348	536	2,695	1,069
Dublin	6,632	2%	1,628	392	646	2,817	1,149
Emeryville	2,488	1%	595	436	307	736	414
Albany	2,068	1%	400	190	345	714	419
Piedmont	459	0%	103	118	27	95	116
Sunol	71	0%	18	9	6	22	16
Antioch	62	0%	20	14	9	18	1
Other	1,701	0%	637	260	131	537	136
Total	**354,067**	**100%**	**78,530**	**63,271**	**34,035**	**126,705**	**51,526**

Operations

Ruth Watson

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

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

Date: **December 8th, 2023**

Subject: **Operations Report**

Member Services

- 12-Month Trend Blended Summary:
    - The Member Services Department received a sixteen percent (16%) increase in calls in November 2023, totaling 15,050 compared to 12,587 in November 2022. Call volume pre-pandemic in November 2019 was 12,743 which is fifteen percent (15%) lower than the current call volume.
    - The abandonment rate for November 2023 was four percent (4%), compared to twenty-seven percent (27%) in November 2022.
    - The Department's service level was eighty-six percent (86%) in November 2023, compared to thirty-four percent (34%) in November 2022. The Department continues to recruit to fill open positions. Customer Service support service vendor continues to provide overflow call center support.
    - The average talk time (ATT) was six minutes and forty-eight seconds (06:48) for November 2023 compared to seven minutes and fifteen seconds (07:15) for November 2022.
    - One hundred percent (100%) of calls were answered within 10 minutes for November 2023 compared to fifty-six (56%) in November 2022.
    - The top five call reasons for November 2023 were: 1). Eligibility/Enrollment, 2). Change of PCP, 3). Benefits, 4). Grievance/Appeals, 5). ID Card Requests. The top five call reasons for November 2022 were: 1). Change of PCP, 2). Kaiser, 3). Eligibility/Enrollment, 4). Benefits, 5). ID Card Requests.
    - November utilization for the member automated eligibility IVR system totaled eleven hundred sixty-six (1,166) November 2023 compared to three hundred seventy-one (371) in November 2022.
    - The Department continues to service members via multiple communication channels (telephonic, email, online, web-based requests and in-person) while honoring the organization's policies. The Department responded to eight hundred thirty-three (833) web-based requests in November 2023 compared to seven hundred sixty-eight (768) in November 2022. The top three web reason requests for November 2023 were: 1). Change of PCP 2). ID Card Requests, 3). Update Contact Information. Twenty-four (24) members were assisted in-person in November 2023.

- Member Services Behavioral Health:

    - The Member Services Behavioral Health Unit received a total of nine hundred nineteen (919) calls in November 2023.
    - The abandonment rate was six percent (6%).
    - The service level was eighty-eight percent (88%).
    - Calls answered in 10 minutes were ninety-nine percent (99%)
    - The Average Talk Time (ATT) was nine minutes and thirty-nine seconds (09:39). ATT are impacted by the DHCS requirements to complete a screening for all members initiating MH services for the first time.
    - Nine hundred and ninety-one (991) outreach calls were made in November 2023.
    - One hundred eighty-three (183) screenings were completed in November 2023.
    - Forty-one (41) referrals were made to the County (ACCESS) in November 2023.
    - Fourteen (14) members were referred to Center Point for SUD services in November 2023.

Claims

- 12-Month Trend Summary:

    - The Claims Department received 247,537 claims in November 2023 compared to 174,429 in November 2022.
    - The Auto Adjudication was 82.9% in November 2023 compared to 80.5% in November 2022.
    - Claims compliance for the 30-day turn-around time was 94% in November 2023 compared to 99.5% in November 2022. The 45-day turn-around time was 99.9% in November 2023 compared to 99.9% in November 2022.

- Monthly Analysis:

    - In the month of November, we received a total of 247,537 claims in the HEALTHsuite system. This represents an increase of 2.59% from October and is higher, by 73,108 claims, than the number of claims received in November 2022; the higher volume of received claims remains attributed to an increased membership.
    - We received 87.78% of claims via EDI and 12.22% of claims via paper.
    - During the month of November, 99.9% of our claims were processed within 45 working days.
    - The Auto Adjudication rate was 81.0% for the month of November.

Provider Services

- 12-Month Trend Summary:

    - The Provider Services department's call volume in November 2023 was 6,877 calls compared to 5,439 calls in November 2022.
    - Provider Services continuously works to achieve first call resolution and reduction of the abandonment rates. Efforts to promote provider satisfaction is our first priority.
    - The Provider Services department completed 307 calls/visits during November 2023.
    - The Provider Services department answered 4,589 calls for November 2023 and made 758 outbound calls.

Credentialing

- 12-Month Trend Summary:

    - At the Peer Review and Credentialing (PRCC) meeting held on November 21, 2023, there were one hundred and ninety-two (192) initial network providers approved; six (6) primary care providers, eleven (11) specialists, four (4) ancillary providers, eight (8) midlevel providers, and one hundred and sixty-three (163) behavioral health providers. Additionally, forty-one (41) providers were re-credentialed at this meeting; fifteen (15) primary care providers, seventeen (17) specialists, two (2) ancillary providers, and seven (7) midlevel providers.

    - Please refer to the Credentialing charts and graphs located in the Operations supporting documentation for more information.

Provider Dispute Resolution

- 12-Month Trend Summary:

    - In November 2023, the Provider Dispute Resolution (PDR) team received 1276 PDRs versus 893 in November 2022.
    - The PDR team resolved 2028 cases in November 2023 compared to 963 cases in November 2022.
    - In November 2023, the PDR team upheld 77% of cases versus 63% in November 2022.
    - The PDR team resolved 100% of cases within the compliance standard of 95% within 45 working days in November 2023 compared to 99.7% in November 2022.

- Monthly Analysis:

    - AAH received 1276 PDRs in November 2023.
    - In the month of November 2028 PDRs were resolved. Out of the 2028 PDRs, 1552 were upheld and 476 were overturned.
    - The overturn rate for PDRs was 23%, which met our goal of 25% or less.
    - 2027 out of 2028 cases were resolved within 45 working days resulting in a 100% compliance rate.
    - There was 1 case closed past the 45 working days.
    - The average turnaround time for resolving PDRs in November was 36 days.
    - There were 2432 PDRs pending resolution as of 11/30/2023; with no cases older than 45 working days.

Community Relations and Outreach

- 12-Month Trend Summary:

    - In November 2023, the Alliance completed 837 member orientation outreach calls and 114 member orientations by phone.
    - The C&O Department reached 122 people (122 identified as Alliance members) during outreach activities, compared to 190 individuals (76% self-identified as Alliance members) in November 2022.
    - The Alliance spent a total of $0 in donations, fees, and/or sponsorships, compared to $1,500 in November 2022.
    - The C&O Department reached members in 15 cities/unincorporated areas throughout Alameda County, the Bay Area, and the U.S., compared to 13 cities in November 2022.

- Monthly Analysis:

    - In November 2023, the C&O Department completed 837 member orientation outreach calls, 114 member orientations by phone, 50 Alliance website inquiries, 5 service requests, and 1 community event.
    - Among the 122 people reached, 100% identified as Alliance members.
    - In November 2023, the C&O Department reached members in 15 locations throughout Alameda County and the Bay Area.
    - Please see attached **Addendum A**.

Operations

Supporting Documents

Member Services

Blended Call Results

Blended Results	November 2023
Incoming Calls (R/V)	15,030
Abandoned Rate (R/V)	4%
Answered Calls (R/V)	14,379
Average Speed to Answer (ASA)	00:27
Calls Answered in 30 Seconds (R/V)	86%
Average Talk Time (ATT)	06:48
Calls Answered in 10 minutes	100%
Outbound Calls	5,836

Top 5 Call Reasons (Medi-Cal and Group Care) November 2023
Eligibility/Enrollment
Change of PCP
Benefits
Grievances/Appeals
ID Card Request

Top 3 Web-Based Request Reasons (Medi-Cal and Group Care) November 2023
Change of PCP
ID Card Requests
Update Contact Info

Claims Department
October 2023 Final and November 2023 Final

METRICS

Claims Compliance	Oct-23	Nov-23
90% of clean claims processed within 30 calendar days	94.0%	94.0%
95% of all claims processed within 45 working days	99.9%	99.9%
Claims Volume (Received)	**Oct-23**	**Nov-23**
Paper claims	32,092	30,257
EDI claims	209,206	217,280
Claim Volume Total	**241,298**	**247,537**
Percentage of Claims Volume by Submission Method	**Oct-23**	**Nov-23**
% Paper	13.30%	12.22%
% EDI	86.70%	87.78%
Claims Processed	**Oct-23**	**Nov-23**
HEALTHsuite Paid (original claims)	153,586	198,196
HEALTHsuite Denied (original claims)	57,864	74,102
HEALTHsuite Original Claims Sub-Total	**211,450**	**272,298**
HEALTHsuite Adjustments	4,578	10,772
HEALTHsuite Total	**216,028**	**283,070**
Claims Expense	**Oct-23**	**Nov-23**
Medical Claims Paid	$77,888,843	$98,752,649
Interest Paid	$30,031	$44,980
Auto Adjudication	**Oct-23**	**Nov-23**
Claims Auto Adjudicated	171,234	225,804
% Auto Adjudicated	81.0%	82.9%
Average Days from Receipt to Payment	**Oct-23**	**Nov-23**
HEALTHsuite	14	14
Pended Claim Age	**Oct-23**	**Nov-23**
0-29 calendar days	30,274	30,590
HEALTHsuite		
30-59 calendar days	2,095	2,681
HEALTHsuite		
Over 60 calendar days	3	5
HEALTHsuite		
Overall Denial Rate	**Oct-23**	**Nov-23**
Claims denied in HEALTHsuite	57,864	74,102
% Denied	26.8%	26.2%

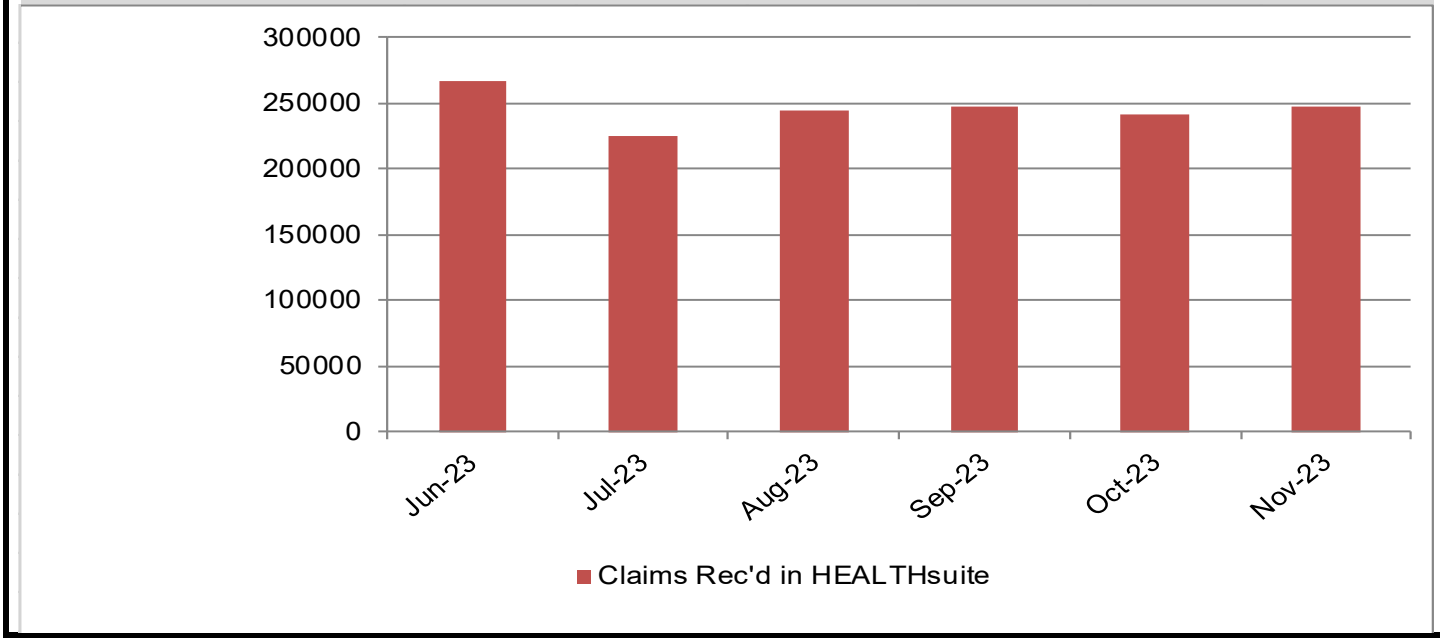
Claims Department
October 2023 Final and November 2023 Final

Nov-23

Top 5 HEALTHsuite Denial Reasons	% of all denials
Responsibility of Provider	24%
No Benefits Found For Dates of Service	13%
Duplicate Claims	11%
Non-Covered Benefit For This Plan	10%
Must Submit Paper Claim With Copy of Primary Payor EOB	6%
% Total of all denials	**64%**

Claims Received By Month

Run Date	7/1/2023	8/1/2023	9/1/2023	10/1/2023	11/1/2023	12/1/2023
Claims Received Through	**Jun-23**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**
Claims Rec'd in HEALTHsuite	267,437	224,540	244,907	247,423	241,298	247,537



Provider Relations Dashboard November 2023

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Incoming Calls (PR)	5588	5936	6283	6245	8056	8013	9623	9661	8313	7199	6877	
Abandoned Calls	1698	1904	1557	1808	3594	3598	5981	5002	3892	2029	2288	
Answered Calls (PR)	3890	4032	4726	4437	4462	4415	3642	4659	4421	5170	4589	
Recordings/Voicemails	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Incoming Calls (R/V)	1231	953	986	849	1611	1883	3601	758	1201	332	270	
Abandoned Calls (R/V)												
Answered Calls (R/V)	1231	953	983	849	1611	1883	3601	758	1201	332	270	
Outbound Calls	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Outbound Calls	741	758	910	855	904	828	700	965	823	790	758	
N/A												
Outbound Calls	741	758	910	855	904	828	700	965	823	790	758	
Totals	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Total Incoming, R/V, Outbound Calls	7560	7647	8179	7949	10568	10724	13924	11384	10337	8321	7905	
Abandoned Calls	1698	1904	1557	1808	3594	3598	5981	5002	3892	2029	2288	
Total Answered Incoming, R/V, Outbound Calls	5862	5743	6622	6141	6974	7126	7943	6382	6445	6292	5617	

Provider Relations Dashboard November 2023

Call Reasons (Medi-Cal and Group Care)

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Authorizations	5.3%	4.8%	5.3%	5.3%	5.9%	5.8%	4.4%	4.2%	4.1%	5.5%	4.6%	
Benefits	3.6%	3.4%	3.1%	3.6%	3.4%	5.1%	4.4%	4.7%	3.4%	4.3%	3.9%	
Claims Inquiry	46.7%	46.0%	48.8%	47.6%	49.0%	49.5%	51.9%	52.7%	54.0%	47.8%	46.7%	
Change of PCP	4.9%	3.8%	3.4%	3.1%	3.3%	3.1%	2.3%	2.8%	2.8%	3.0%	3.9%	
Complaint/Grievance (includes PDR's)	2.9%	1.7%	2.9%	3.4%	3.4%	3.6%	2.8%	4.4%	5.1%	5.7%	5.9%	
Contracts/Credentialing	0.9%	0.7%	0.9%	0.8%	0.7%	0.7%	1.2%	1.1%	1.2%	1.0%	0.8%	
Demographic Change	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Eligibility - Call from Provider	19.4%	20.6%	17.2%	15.7%	14.3%	13.2%	15.0%	13.1%	13.1%	15.8%	16.7%	
Exempt Grievance/ G&A	0.0%	0.0%	0.0%	3.5%	3.4%	0.1%	0.0%	4.5%	5.1%	0.0%	0.1%	
General Inquiry/Non member	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Health Education	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Intrepreter Services Request	0.7%	0.9%	0.4%	0.6%	0.4%	0.6%	0.4%	0.4%	0.6%	1.1%	0.4%	
Kaiser	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Member bill	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Provider Portal Assistance	2.7%	2.9%	2.5%	3.3%	4.3%	4.2%	3.8%	4.6%	3.5%	3.8%	3.9%	
Pharmacy	0.2%	0.1%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%	
Prop 56	0.4%	0.5%	0.4%	0.5%	0.6%	0.6%	0.4%	0.5%	0.4%	0.5%	0.5%	
Provider Network Info	0.0%	0.1%	0.0%	0.1%	0.0%	0.1%	0.1%	0.1%	0.2%	0.1%	0.1%	
Transportation Services	0.2%	0.4%	0.1%	0.1%	0.1%	0.2%	0.1%	0.1%	0.2%	0.1%	0.1%	
Transferred Call	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
All Other Calls	12.2%	14.0%	14.7%	12.4%	11.2%	13.3%	13.1%	6.4%	6.1%	11.2%	12.1%	
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Field Visit Activity Details

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Claims Issues	30	28	47	42	64	17	28	14	42	39	43	
Contracting/Credentialing	29	18	34	31	28	27	24	5	15	19	28	
Drop-ins	142	96	100	107	161	90	115	54	33	38	38	
JOM's	0	2	2	1	4	2	2	3	2	3	2	
New Provider Orientation	0	20	32	703	89	70	85	72	0	93	191	
Quarterly Visits	0	0	0	0	0	0	0	0	0	1	0	
UM Issues	13	18	0	9	3	3	0	0	4	3	5	
Total Field Visits	214	182	215	893	349	209	254	148	96	196	307	0

ALLIANCE NETWORK SUMMARY, CURRENTLY CREDENTIALED PRACTITIONERS

Practitioners		BH/ABA 1,370	AHP 486	PCP 370	SPEC 689	PCP/SPEC 12
AAH/AHS/CHCN Breakdown			AAH 1746	AHS 254	CHCN 557	COMBINATION OF GROUPS 370
Facilities	**390**					

VENDOR SUMMARY

Credentialing Verification Organization, Symply CVO

	Number	Average Calendar Days in Process	Goal - Business Days	Goal - 98% Accuracy	Compliant
Initial Files in Process	139	10	25	Y	Y
Recred Files in Process	21	9	25	Y	Y
Expirables updated Insurance, License, DEA, Board Certifications					Y
Files currently in process	**160**				

CAQH Applications Processed in November 2023

Standard Providers and Allied Health	**Invoice not received**

November 2023 Peer Review and Credentialing Committee Approvals

Initial Credentialing	**Number**
PCP	6
SPEC	11
ANCILLARY	4
MIDLEVEL/AHP	8
BH/ABA	163
	192
Recredentialing	
PCP	15
SPEC	17
ANCILLARY	2
MIDLEVEL/AHP	7
	41
TOTAL	**233**

November 2023 Facility Approvals

Initial Credentialing	**13**
Recredentialing	**6**
	19
Facility Files in Process	**56**

November 2023 Employee Metrics	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

LAST NAME	FIRST NAME	CATEGORY	INITIAL/RE-CRED	CRED DATE
Abdel-Wahab	Nancy	BH-Telehealth	INITIAL	11/21/2023
Acosta	Nicole	BH	INITIAL	11/21/2023
Ahmad	Rachida	ABA	INITIAL	11/21/2023
Akoon	Anil	Specialist	INITIAL	11/21/2023
Akpengbe	Tony	BH-Telehealth	INITIAL	11/21/2023
Aldaylam	Nadirah	ABA-Telehealth	INITIAL	11/21/2023
Anosike	Nnaemeka	BH-Telehealth	INITIAL	11/21/2023
Arambula	Jennifer	ABA	INITIAL	11/21/2023
Arenivar	Leroy	BH-Telehealth	INITIAL	11/21/2023
Arreguin	Claudia	ABA	INITIAL	11/21/2023
Barden	Margaret	Allied Health	INITIAL	11/21/2023
Barker	April	BH	INITIAL	11/21/2023
Barnes	Bryn	ABA-Telehealth	INITIAL	11/21/2023
Barton	Allison	ABA	INITIAL	11/21/2023
Basit	Shantrinia	BH-Telehealth	INITIAL	11/21/2023
Belai	Benjamin	BH	INITIAL	11/21/2023
Berry	Sarah	Allied Health	INITIAL	11/21/2023
Bhargava	Meghaa	BH	INITIAL	11/21/2023
Bodner	Sara	BH-Telehealth	INITIAL	11/21/2023
Bonura	Janelle	BH-Telehealth	INITIAL	11/21/2023
Bosworth	Janet	BH-Telehealth	INITIAL	11/21/2023
Braslavsky	Michelle	Specialist	INITIAL	11/21/2023
Brink	Michelle	BH-Telehealth	INITIAL	11/21/2023
Burge	Kayla	BH	INITIAL	11/21/2023
Cabrera	Hildamari	BH-Telehealth	INITIAL	11/21/2023
Camaya	Claire	Primary Care Physician	INITIAL	11/21/2023
Cancelada	Maria	BH-Telehealth	INITIAL	11/21/2023
Cassidy	Arianna	Specialist	INITIAL	11/21/2023
Chacon	Claret	ABA-Telehealth	INITIAL	11/21/2023
Chan	Lawrence	Specialist	INITIAL	11/21/2023
Chavez	Kim-Lien	BH-Telehealth	INITIAL	11/21/2023
Chen	Jenna	Primary Care Physician	INITIAL	11/21/2023
Claassen	Chelsey	Ancillary	INITIAL	11/21/2023
Connamacher	Anna Maria	ABA-Telehealth	INITIAL	11/21/2023
Cropper	Charlotte	ABA-Telehealth	INITIAL	11/21/2023
Cruz	Jose	ABA-Telehealth	INITIAL	11/21/2023
Cuellar	Luis	BH	INITIAL	11/21/2023
Dale	Amber	BH-Telehealth	INITIAL	11/21/2023
Dale	Jeana	BH-Telehealth	INITIAL	11/21/2023
Daly	Carrie	ABA	INITIAL	11/21/2023
Davis	Caleb	BH-Telehealth	INITIAL	11/21/2023
Davis	Clifton	BH-Telehealth	INITIAL	11/21/2023
Davis	Glen	BH-Telehealth	INITIAL	11/21/2023
Degaetano	Sean	ABA	INITIAL	11/21/2023
Del Rosario	Mutya Mithi	Primary Care Physician	INITIAL	11/21/2023
Delgado	Dani	ABA	INITIAL	11/21/2023
Ditto	Kara	BH-Telehealth	INITIAL	11/21/2023
Dixon	Nikita	BH-Telehealth	INITIAL	11/21/2023
El-Sokkary	Ahmed	BH	INITIAL	11/21/2023
Ertola	Brittany	ABA-Telehealth	INITIAL	11/21/2023
Estrada	Claudia	BH-Telehealth	INITIAL	11/21/2023
Faircloth	Crystal	ABA-Telehealth	INITIAL	11/21/2023
Flinders-Flaten	Shanna	ABA	INITIAL	11/21/2023

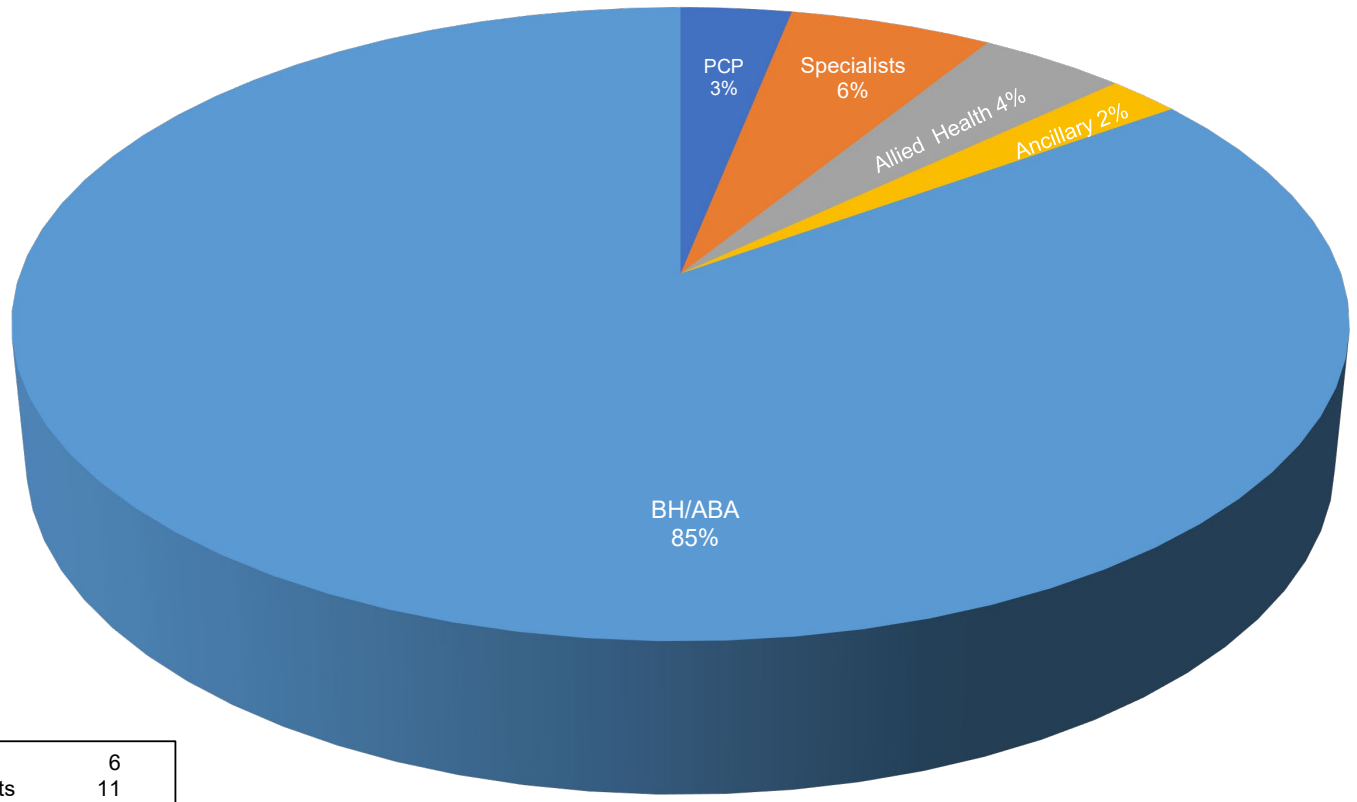
Garcia	Geni	Allied Health	INITIAL	11/21/2023
Gentz	Allison	BH	INITIAL	11/21/2023
Giardini	Alyson	BH-Telehealth	INITIAL	11/21/2023
Goldberger	Megan	ABA	INITIAL	11/21/2023
Gomez	Noemi	ABA	INITIAL	11/21/2023
Gonzalez	Arantxa	ABA	INITIAL	11/21/2023
Gonzalez-Sandoval	Wendolyn	ABA	INITIAL	11/21/2023
Goodman	Aaron	ABA	INITIAL	11/21/2023
Gryunshpan	Mariya	ABA	INITIAL	11/21/2023
Guzzetti	Gustavo	ABA	INITIAL	11/21/2023
Hank	Margaret	BH-Telehealth	INITIAL	11/21/2023
Hanoun	Taleen	ABA	INITIAL	11/21/2023
Harbin	Theresa	BH-Telehealth	INITIAL	11/21/2023
Hassard	Lorna	BH-Telehealth	INITIAL	11/21/2023
Hernandez	Rachel	ABA	INITIAL	11/21/2023
Hill	Sequoia	ABA	INITIAL	11/21/2023
Hines	Marcus	ABA	INITIAL	11/21/2023
Holt	Matthew	BH	INITIAL	11/21/2023
Hongsermeier	Levi	BH-Telehealth	INITIAL	11/21/2023
Hurtado-Reyes	Jacqueline	ABA	INITIAL	11/21/2023
Ilagan	Justine	ABA	INITIAL	11/21/2023
Ilze	Gulistan	ABA-Telehealth	INITIAL	11/21/2023
Imam	Zaid	Specialist	INITIAL	11/21/2023
Jaime	Monica	ABA-Telehealth	INITIAL	11/21/2023
Jessee	Shannon	BH-Telehealth	INITIAL	11/21/2023
Jones	Natalie	ABA	INITIAL	11/21/2023
Jordan	Xiomara	BH-Telehealth	INITIAL	11/21/2023
Kang	Mindy	ABA	INITIAL	11/21/2023
Kaplan	Annabel	ABA-Telehealth	INITIAL	11/21/2023
Kaus	Allison	BH-Telehealth	INITIAL	11/21/2023
Kechian	Paulien	ABA-Telehealth	INITIAL	11/21/2023
Kelly	Stephanie	BH	INITIAL	11/21/2023
Kilcorse	Melanie	ABA	INITIAL	11/21/2023
Kim	Jenny	ABA-Telehealth	INITIAL	11/21/2023
Kirishian	Alison	BH-Telehealth	INITIAL	11/21/2023
Koecklin	Lia	ABA	INITIAL	11/21/2023
Kovach	Kiersten Jade	ABA	INITIAL	11/21/2023
Kwekel	Samuel	ABA	INITIAL	11/21/2023
Larsh	Jennifer	BH	INITIAL	11/21/2023
Lilja	James	Specialist	INITIAL	11/21/2023
Lopez	Guadalupe	ABA-Telehealth	INITIAL	11/21/2023
Lopez-Rufino	Abril	ABA-Telehealth	INITIAL	11/21/2023
Lu	Tiffany	Specialist	INITIAL	11/21/2023
Lynch	Carol	BH-Telehealth	INITIAL	11/21/2023
Madrigal	Karina	ABA-Telehealth	INITIAL	11/21/2023
Malik Ochoa	Denise	ABA	INITIAL	11/21/2023
Manes	Nikol	BH	INITIAL	11/21/2023
Mann	Gurtej	BH-Telehealth	INITIAL	11/21/2023
Martin	Arabelle	ABA-Telehealth	INITIAL	11/21/2023
Maxwell	Molly	ABA	INITIAL	11/21/2023
McCaskey	Jasmine	ABA-Telehealth	INITIAL	11/21/2023
McMahan	Chelsea	ABA-Telehealth	INITIAL	11/21/2023
Medina	Emily	BH	INITIAL	11/21/2023
Meier	Brittany	BH	INITIAL	11/21/2023

Mendez	Gina	BH-Telehealth	INITIAL	11/21/2023
Meshesha	Meron	Primary Care Physician	INITIAL	11/21/2023
Methfessel	Diana	BH-Telehealth	INITIAL	11/21/2023
Michaelsen	Rachel	BH	INITIAL	11/21/2023
Mora-Aldrich	Olga	BH-Telehealth	INITIAL	11/21/2023
Morales-Ziegler	Monserrat	ABA-Telehealth	INITIAL	11/21/2023
Mosier	Ian	BH	INITIAL	11/21/2023
Mosqueda	Victoria	ABA	INITIAL	11/21/2023
Mugomba-Bird	Esther	BH-Telehealth	INITIAL	11/21/2023
Murdock	Chad	BH-Telehealth	INITIAL	11/21/2023
Murillo	Javier	ABA	INITIAL	11/21/2023
Murphy	Eugene	ABA-Telehealth	INITIAL	11/21/2023
Murphy	Yi-Chun (Irene)	ABA	INITIAL	11/21/2023
Netzer	April	BH	INITIAL	11/21/2023
Nichols	Monica	BH-Telehealth	INITIAL	11/21/2023
Nishida	Sydney	ABA-Telehealth	INITIAL	11/21/2023
Olesen	Erik	BH-Telehealth	INITIAL	11/21/2023
Oliveira	Flavio	Specialist	INITIAL	11/21/2023
Packard	Denita	BH	INITIAL	11/21/2023
Paris	Tiffany	ABA	INITIAL	11/21/2023
Park	Candice	ABA	INITIAL	11/21/2023
Parker	Alexandra	BH-Telehealth	INITIAL	11/21/2023
Perez	Luis	BH-Telehealth	INITIAL	11/21/2023
Phillips	Kassie	BH	INITIAL	11/21/2023
Pina	Cesar	BH-Telehealth	INITIAL	11/21/2023
Pittenger	Gabriel	ABA-Telehealth	INITIAL	11/21/2023
Poage	Rebecca	BH-Telehealth	INITIAL	11/21/2023
Pratt	Alison	BH-Telehealth	INITIAL	11/21/2023
Primak	Dmitry	BH-Telehealth	INITIAL	11/21/2023
Ramirez	Shannan	BH-Telehealth	INITIAL	11/21/2023
Ramos	Ariana	BH-Telehealth	INITIAL	11/21/2023
Ramos	Sandra	ABA	INITIAL	11/21/2023
Ramsubick	Chanelle	BH	INITIAL	11/21/2023
Reck	Kerry	ABA-Telehealth	INITIAL	11/21/2023
Rellan	Bindoo	Specialist	INITIAL	11/21/2023
Richardson	Amy	ABA-Telehealth	INITIAL	11/21/2023
Riley	Elizabeth	Allied Health	INITIAL	11/21/2023
Ritchey	Delain	ABA-Telehealth	INITIAL	11/21/2023
Rockich	Fabrice	Ancillary	INITIAL	11/21/2023
Romero	Maria	ABA	INITIAL	11/21/2023
Sajwani	Shaleena	Allied Health	INITIAL	11/21/2023
Salyer	Martin	BH-Telehealth	INITIAL	11/21/2023
Sanchez	Anjelica	ABA-Telehealth	INITIAL	11/21/2023
Sarvestani	Azen	ABA-Telehealth	INITIAL	11/21/2023
Scheer	Stephanie	ABA	INITIAL	11/21/2023
Seeley	Christine	Allied Health	INITIAL	11/21/2023
Shrestha	Usha	Ancillary	INITIAL	11/21/2023
Singleton	Carol Anne	ABA-Telehealth	INITIAL	11/21/2023
Sinh	Nipa	Primary Care Physician	INITIAL	11/21/2023
Skerbec	Linda	BH	INITIAL	11/21/2023
Smith	Kevin	Primary Care Physician	INITIAL	11/21/2023
Smith	Stainton	BH	INITIAL	11/21/2023
Solomon	Thomas	ABA	INITIAL	11/21/2023
Spears	Christina	ABA-Telehealth	INITIAL	11/21/2023

Stanley	Annika	ABA-Telehealth	INITIAL	11/21/2023
Steinberg	Alina	BH	INITIAL	11/21/2023
Steiner	Amanda	BH-Telehealth	INITIAL	11/21/2023
Stutler	Megan	BH-Telehealth	INITIAL	11/21/2023
Suarez	Erika	ABA	INITIAL	11/21/2023
Sun	Jingmei	ABA	INITIAL	11/21/2023
Sunley	Nicholas	ABA	INITIAL	11/21/2023
Syed	Saba	BH-Telehealth	INITIAL	11/21/2023
Sze	Hin Wah	ABA	INITIAL	11/21/2023
Thompson	Marcia	BH-Telehealth	INITIAL	11/21/2023
Ticzon	Therese	ABA	INITIAL	11/21/2023
Tom	Westin	Specialist	INITIAL	11/21/2023
Truong	Linh	BH	INITIAL	11/21/2023
Tunson	Meghan	BH	INITIAL	11/21/2023
Velasco	Victor	Specialist	INITIAL	11/21/2023
Velasquez	Adriana	BH-Telehealth	INITIAL	11/21/2023
Vien-Sanchez	Tiffany	ABA-Telehealth	INITIAL	11/21/2023
Villalobos	Cecilia	BH	INITIAL	11/21/2023
Vo	Thuy	Allied Health	INITIAL	11/21/2023
Walker	Kayla	ABA-Telehealth	INITIAL	11/21/2023
Waltz	John	Ancillary	INITIAL	11/21/2023
Waraich	Bhupinder	BH	INITIAL	11/21/2023
Webb	Claire	ABA	INITIAL	11/21/2023
Welsh	Laura	ABA	INITIAL	11/21/2023
Wenz	Lori	Allied Health	INITIAL	11/21/2023
White	Skye	ABA-Telehealth	INITIAL	11/21/2023
Wright	Cynthia	BH-Telehealth	INITIAL	11/21/2023
Xia	Yulin	ABA	INITIAL	11/21/2023
Yabut	Grace	ABA	INITIAL	11/21/2023
Zamora	Ivy	BH-Telehealth	INITIAL	11/21/2023
Zazueta	Lorena	BH-Telehealth	INITIAL	11/21/2023
Bass	Erica	Primary Care Physician	RE-CRED	11/21/2023
Benard	Robert	Allied Health	RE-CRED	11/21/2023
Brinton	Daniel	Specialist	RE-CRED	11/21/2023
Brown	Tanya	Allied Health	RE-CRED	11/21/2023
Chalot	Melissa	Allied Health	RE-CRED	11/21/2023
Dehghan	Amir	Specialist	RE-CRED	11/21/2023
D'Souza	Karina	Specialist	RE-CRED	11/21/2023
Feeney	Colin	Specialist	RE-CRED	11/21/2023
Govind	Akshay	Specialist	RE-CRED	11/21/2023
Gutierrez	Erin	Primary Care Physician	RE-CRED	11/21/2023
Hampapur	Kusuma	Primary Care Physician	RE-CRED	11/21/2023
Harrison	Phillip	Specialist	RE-CRED	11/21/2023
Hernandez	Jonathan	Specialist	RE-CRED	11/21/2023
Hu	Rebecca	Allied Health	RE-CRED	11/21/2023
Jacobs	Susan	Allied Health	RE-CRED	11/21/2023
Jensen	Marianne	Allied Health	RE-CRED	11/21/2023
Johnson	Eric	Specialist	RE-CRED	11/21/2023
Jumper	James	Specialist	RE-CRED	11/21/2023
Knight	Summer	Allied Health	RE-CRED	11/21/2023
Lai	Sunny	Primary Care Physician	RE-CRED	11/21/2023
Le	Thuy	Specialist	RE-CRED	11/21/2023
Liu	Jessie	Primary Care Physician	RE-CRED	11/21/2023
Marlow Lehrburger	Elizabeth	Specialist	RE-CRED	11/21/2023

Menezes	Reema	Primary Care Physician	RE-CRED	11/21/2023
Mitchell	Grace	Primary Care Physician	RE-CRED	11/21/2023
Moody	Dawnell	Primary Care Physician	RE-CRED	11/21/2023
Moraveji	Sharareh	Specialist	RE-CRED	11/21/2023
Pakter	David	Primary Care Physician	RE-CRED	11/21/2023
Payne	Margaret	Primary Care Physician	RE-CRED	11/21/2023
Ramos	Joshua	Ancillary	RE-CRED	11/21/2023
Sam	Peter	Primary Care Physician	RE-CRED	11/21/2023
Suh	Jee Won	Ancillary	RE-CRED	11/21/2023
Takakuwa	Natsuko	Primary Care Physician	RE-CRED	11/21/2023
Thakkar	Puja	Specialist	RE-CRED	11/21/2023
Tran	An	Primary Care Physician	RE-CRED	11/21/2023
Tran	Thuy-An	Primary Care Physician	RE-CRED	11/21/2023
Traynor	Colin	Specialist	RE-CRED	11/21/2023
Tsai	Clark	Specialist	RE-CRED	11/21/2023
Tsuchimoto	Erin	Primary Care Physician	RE-CRED	11/21/2023
Varner	Samantha	Specialist	RE-CRED	11/21/2023
Zahiruddin	Ayesha	Specialist	RE-CRED	11/21/2023

NOVEMBER PEER REVEW AND CREDENTAILING INITIAL APPROVALS BY SPECIALTY



PCP	6
Specialists	11
Allied Health	8
Ancillary	4
BH/ABA	163
Total	192

Provider Dispute Resolution
October 2023 and November 2023

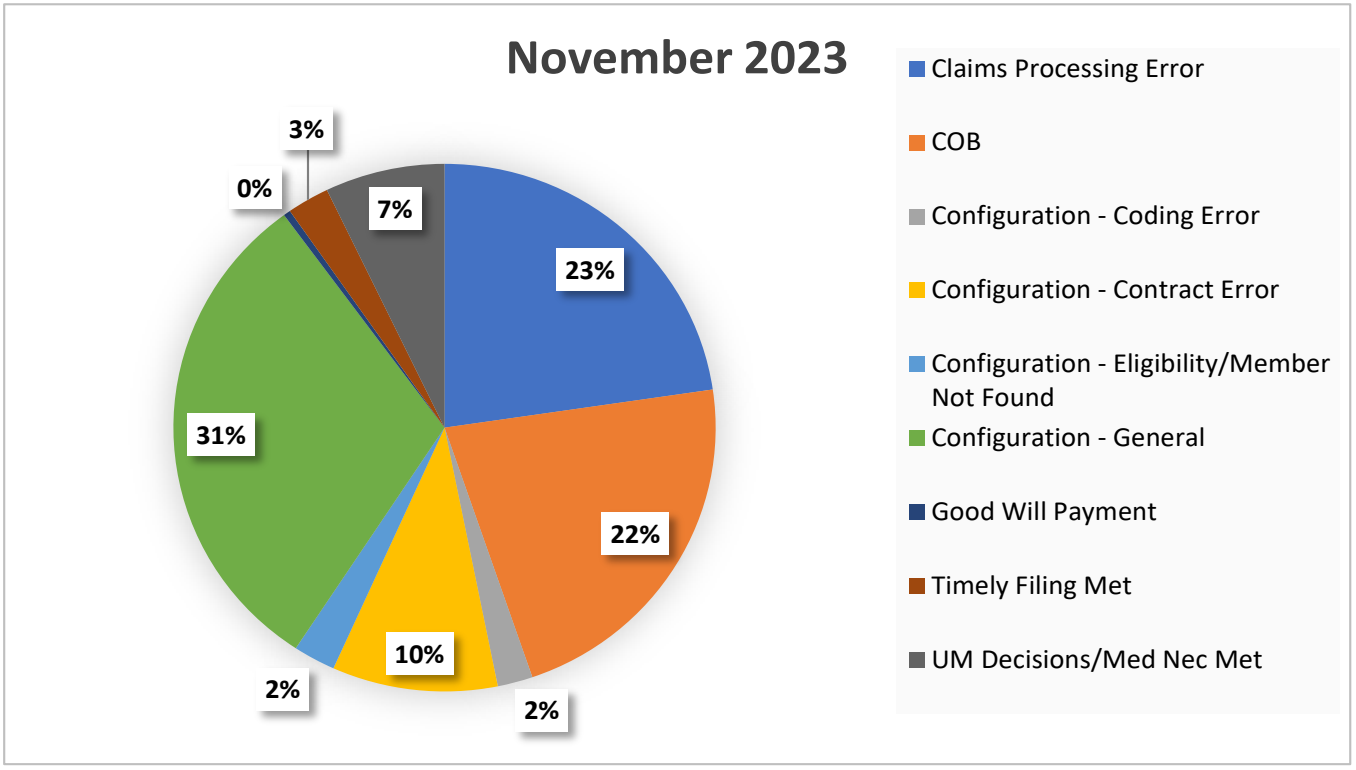
METRICS

PDR Compliance	Oct-23	Nov-23
# of PDRs Resolved	1,786	2,028
# Resolved Within 45 Working Days	1,781	2,027
% of PDRs Resolved Within 45 Working Days	99.0%	100.0%
PDRs Received	**Oct-23**	**Nov-23**
# of PDRs Received	1,560	1,276
PDR Volume Total	**1,560**	**1,276**
PDRs Resolved	**Oct-23**	**Nov-23**
# of PDRs Upheld	1,374	1,552
% of PDRs Upheld	77%	77%
# of PDRs Overturned	412	476
% of PDRs Overturned	23%	23%
Total # of PDRs Resolved	**1,786**	**2,028**
Average Turnaround Time	**Oct-23**	**Nov-23**
Average # of Days to Resolve PDRs	41	36
Oldest Unresolved PDR in Days	67	50
Unresolved PDR Age	**Oct-23**	**Nov-23**
0-45 Working Days	3,181	2,432
Over 45 Working Days	0	0
Total # of Unresolved PDRs	**3,181**	**2,432**

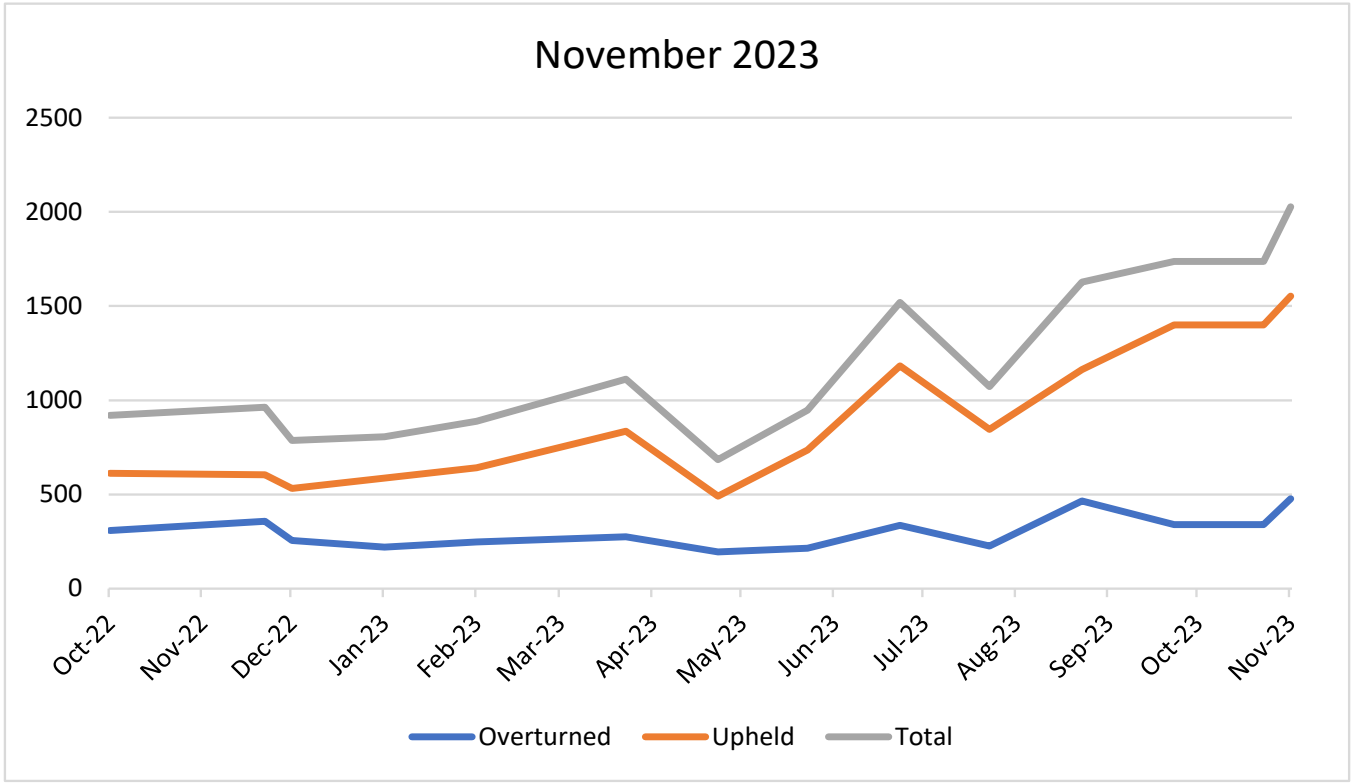
Provider Dispute Resolution
October 2023 and November 2023

Nov-23

PDR Resolved Case Overturn Reasons



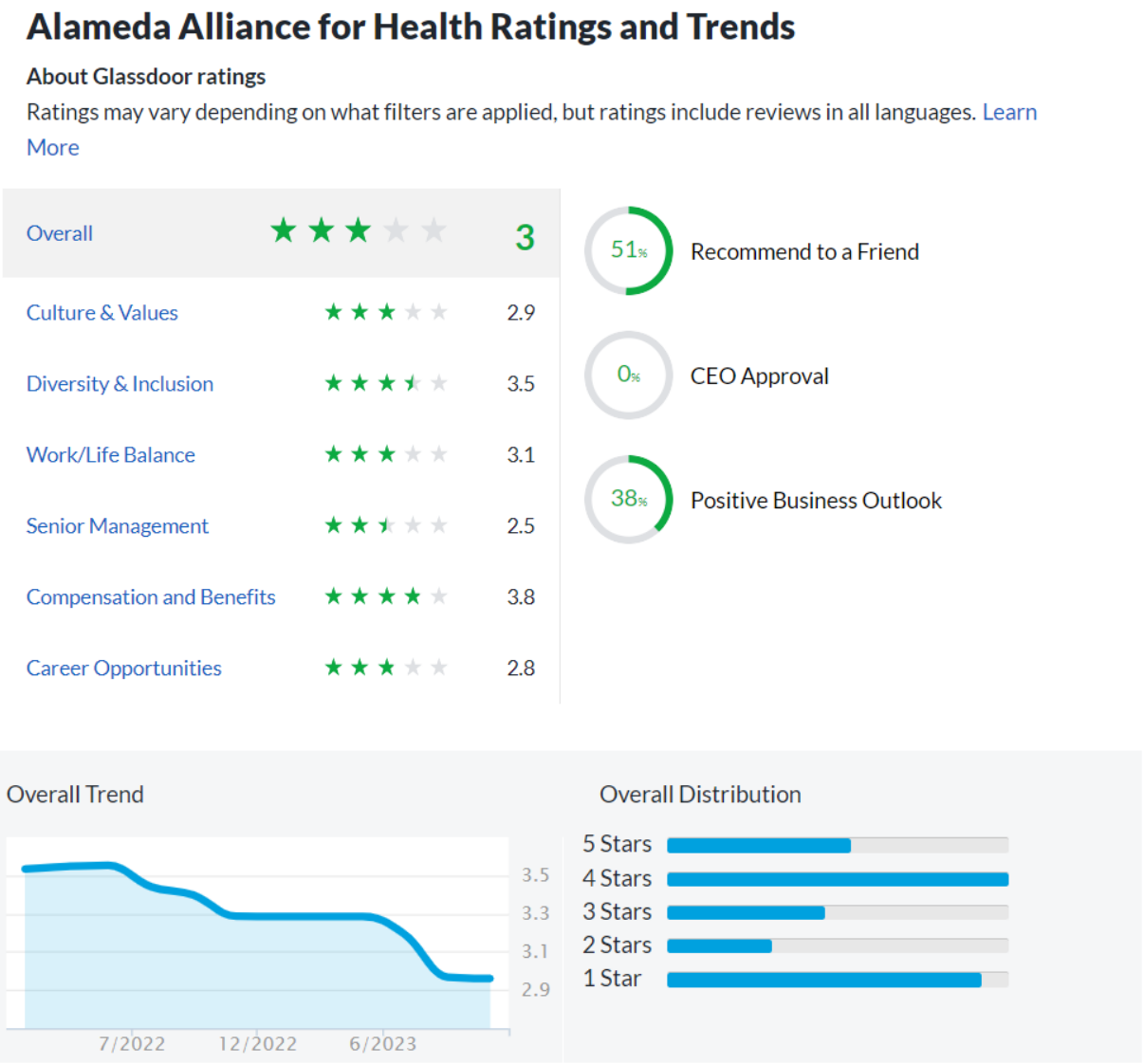
Rolling 12-Month PDR Trend Line



The Alliance Communications and Outreach (C&O) Department created the social media and website activity (SM&WA) Report to provide a high-level overview of stakeholder engagement through various digital media platforms. Between **November 1, 2023**, and **November 30, 2023**:

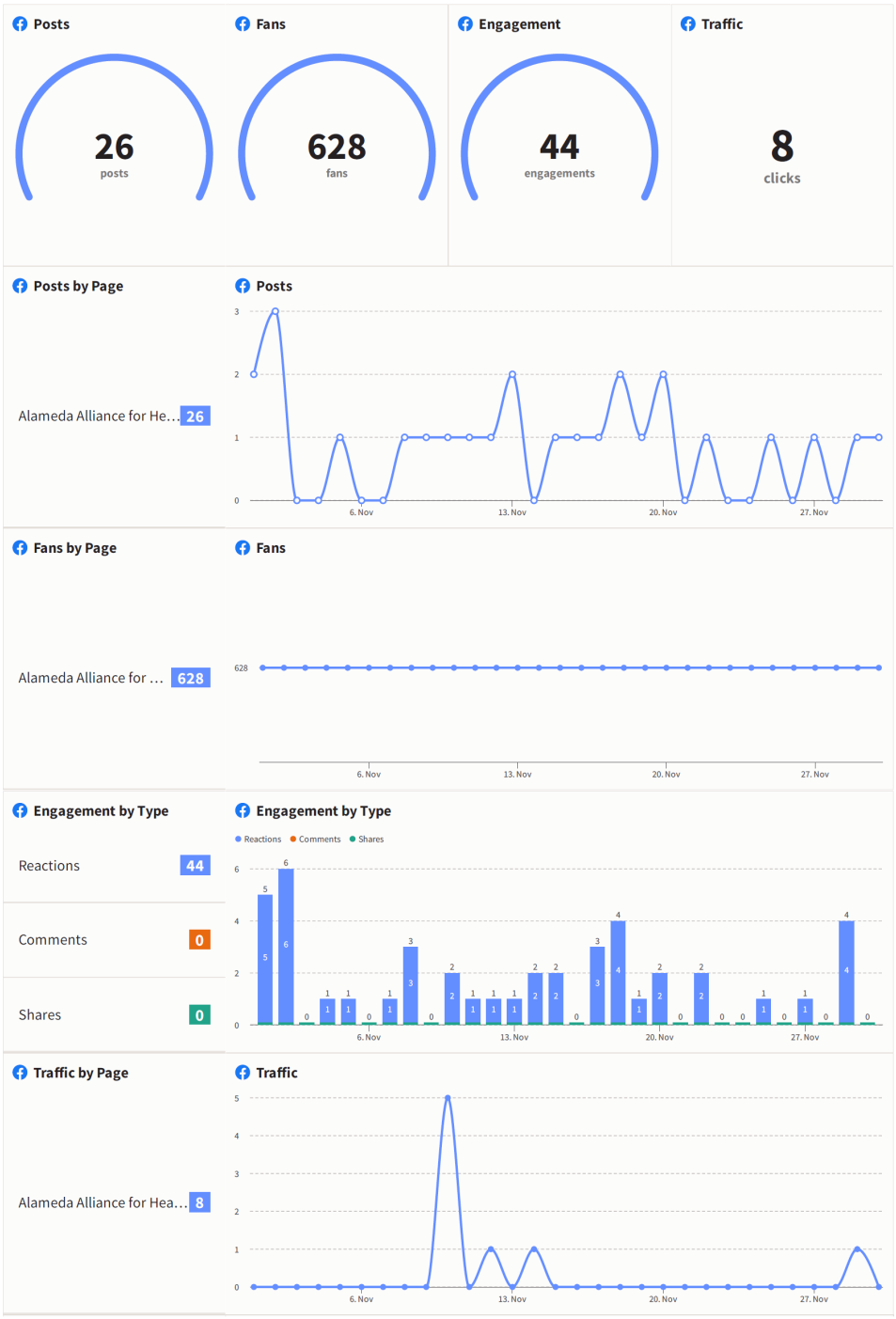
1. Alliance Website:
    - Received **12,000** unique visits
    - Received **9,500** new user visits
    - The top **10** website page visits were:
        i. Homepage
        ii. Provider Page
        iii. Find a Doctor
        iv. Medi-Cal Benefits and Services
        v. Careers
        vi. Contact Us
        vii. Members Medi-Cal
        viii. Members
        ix. Get a New ID Card
        x. About Us
2. Facebook Page:
    - Maintained Fans at **628**
    - Did not receive any reviews in **November 2023**
3. Glassdoor Page:
    - **3** out of a **5-star** overall rating
    - Did not receive any reviews in **November 2023**
4. Instagram Page:
    - Page debuted **June 10, 2021**
    - Slight decrease in followers from **476** to **475**
5. Twitter Page:
    - Slight increase in followers from **356 to 357**
6. LinkedIn Page:
    - Increased followers from **4.6k to 4.7k**
    - Received **306-**page clicks
7. Yelp Page:
    - Page visits **59**
    - Appeared in Yelp searches **91** times
    - Did not receive any reviews in **November 2023**
8. Google Page:
    - **3,830** website clicks made from the business profile
    - **1,271** calls made from the business profile
    - Did not receive any new reviews in **November 2023**

GLASSDOOR OVERVIEW



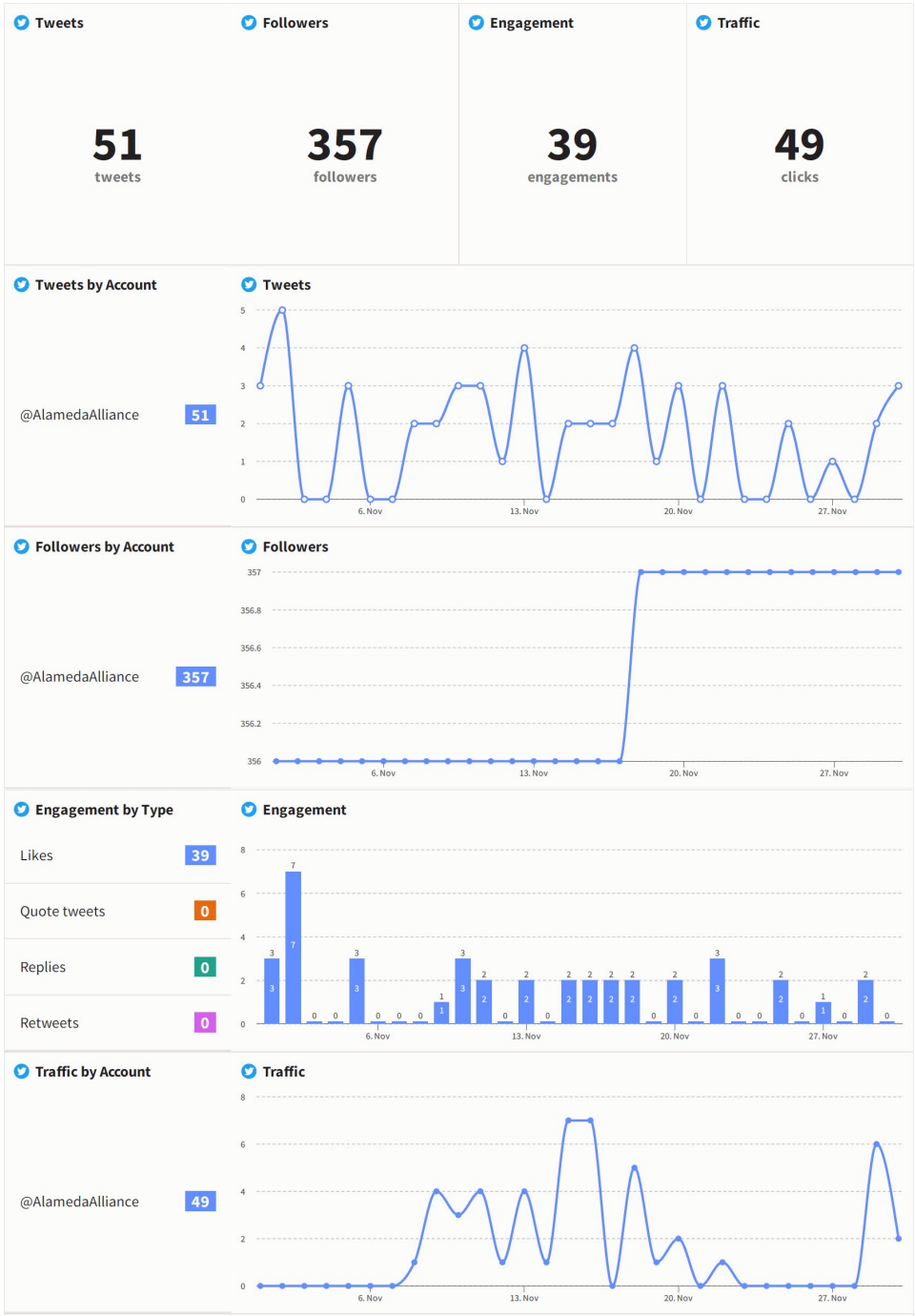
All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2023-2024\Q2\2. November 2023

FACEBOOK OVERVIEW



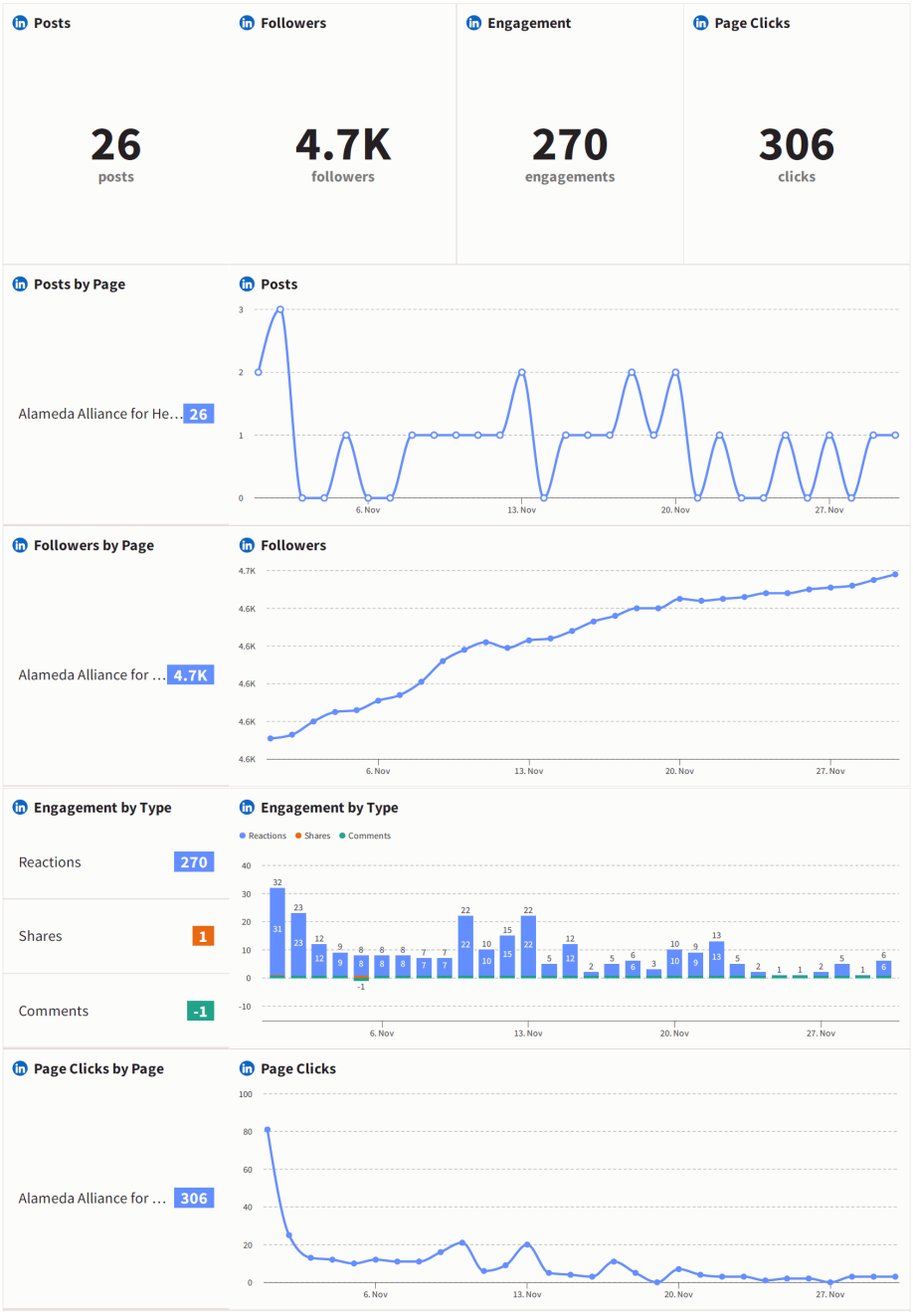
All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2023-2024\Q2\2. November 2023

TWITTER OVERVIEW



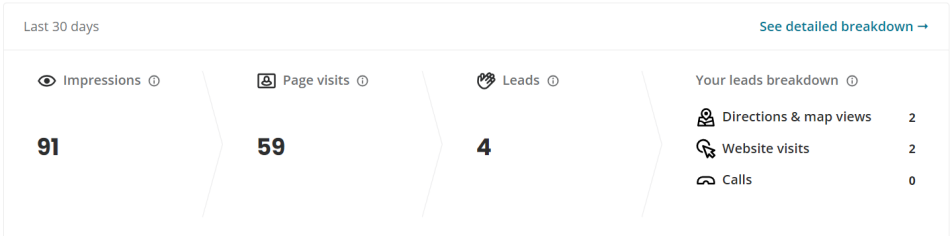
All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2023-2024\Q2\2. November 2023

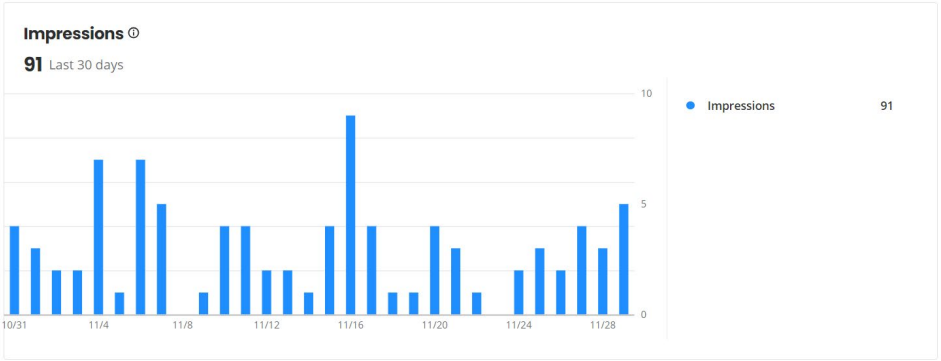
LINKEDIN OVERVIEW

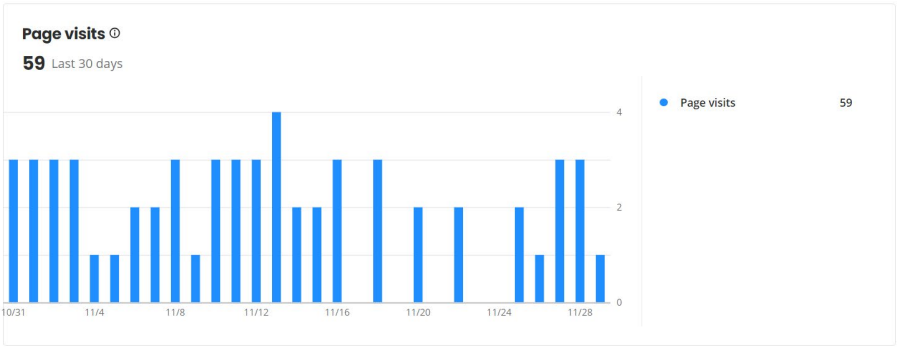


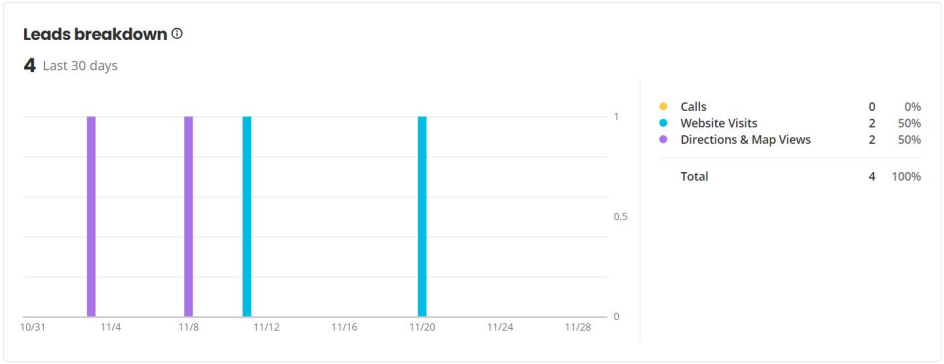
All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2023-2024\Q2\2. November 2023

YELP OVERVIEW



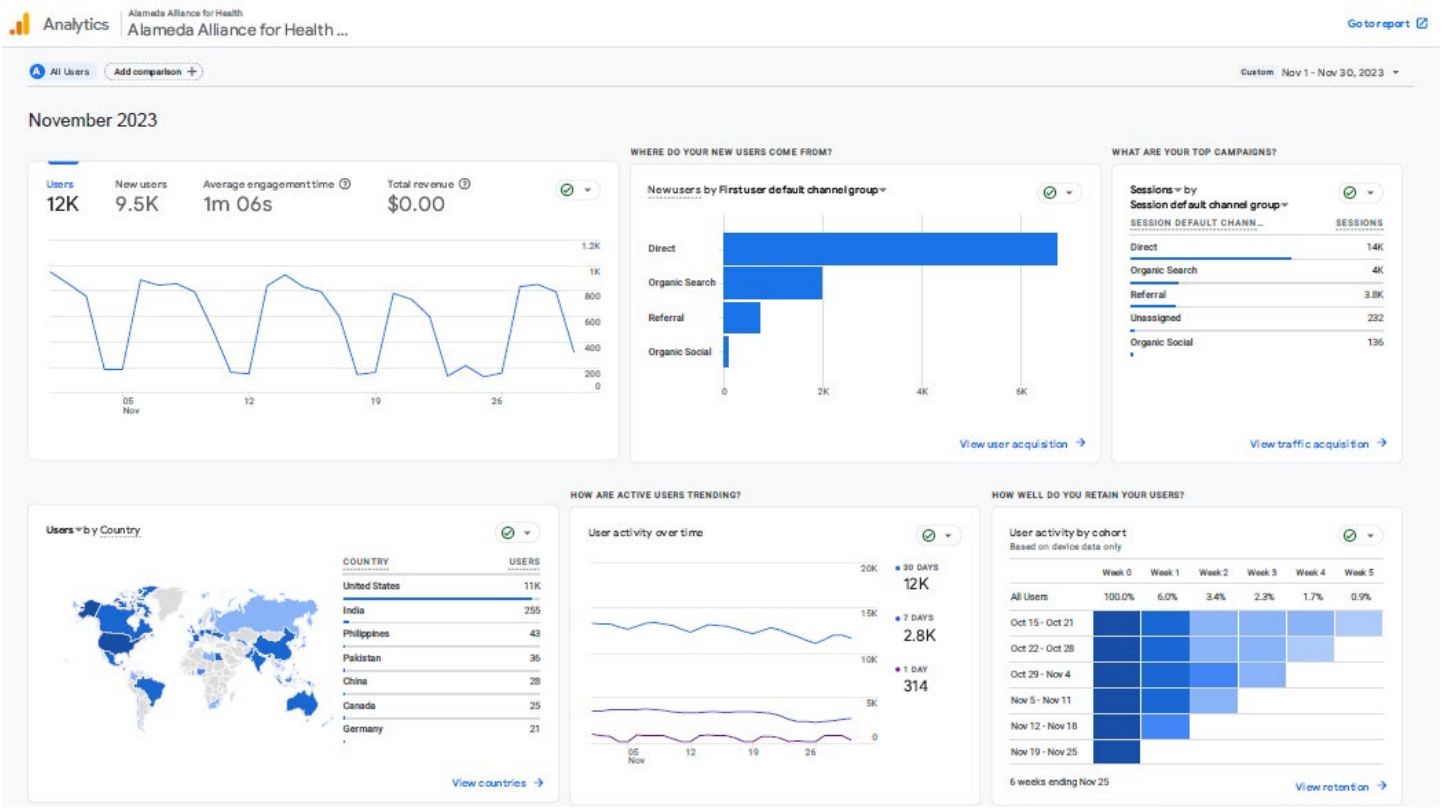






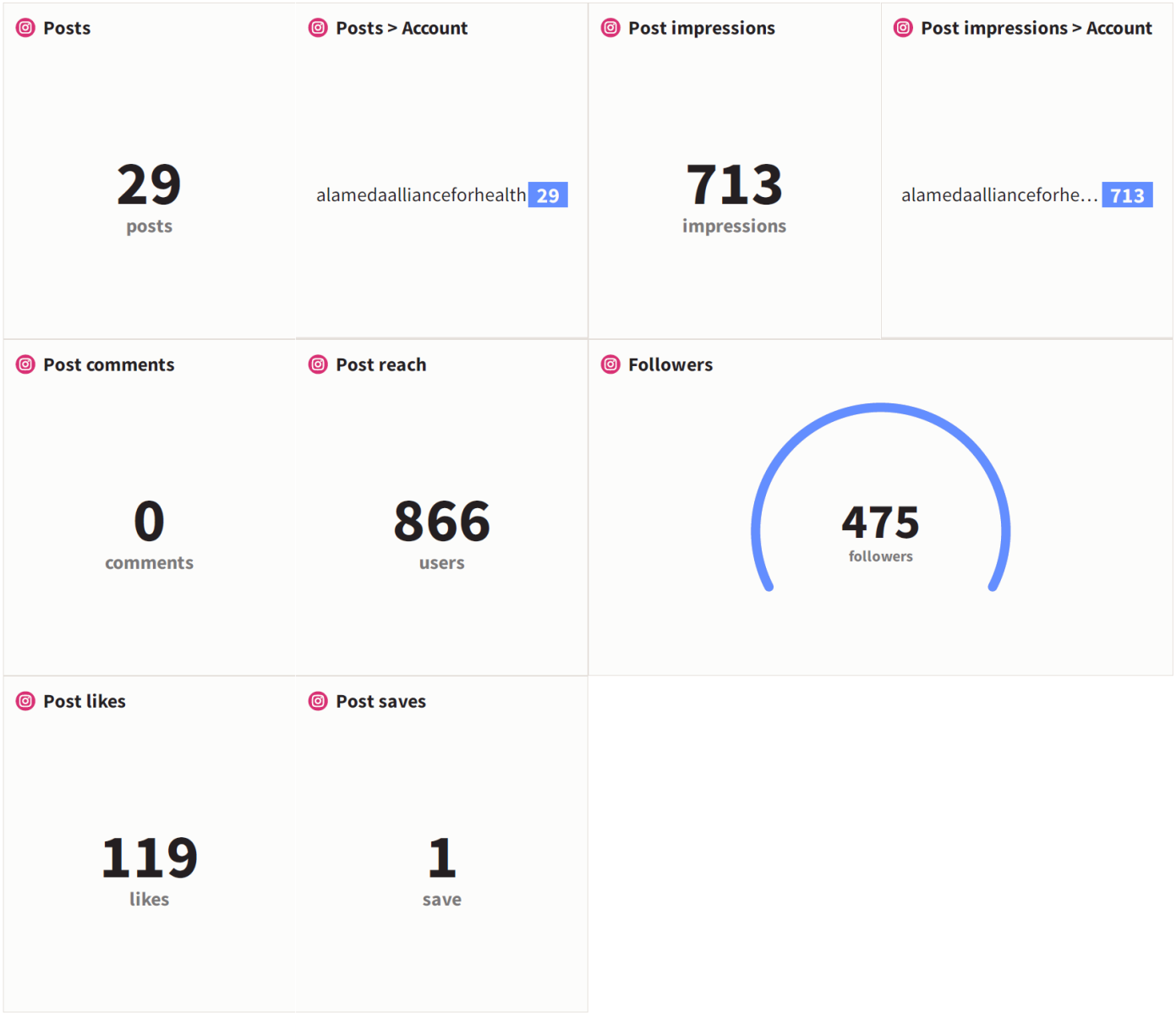
All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2023-2024\Q2\2. November 2023

ALLIANCE WEBSITE OVERVIEW:



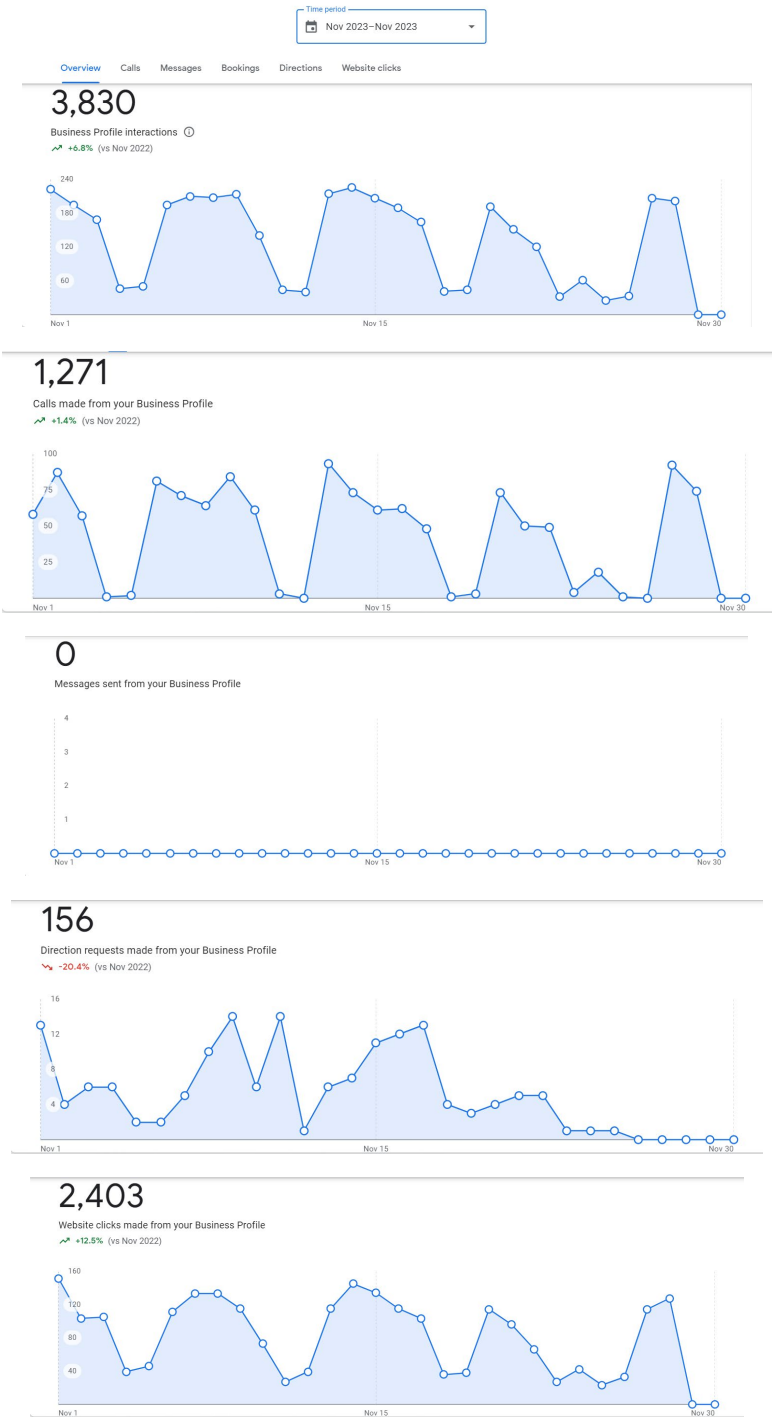
All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2023-2024\Q2\2. November 2023

Instagram OVERVIEW:



All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2023-2024\Q2\2. November 2023

Google OVERVIEW:



All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2023-2024\Q2\2. November 2023

Compliance

Richard Golfin III

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

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

Date: **December 8th, 2023**

Subject: **Compliance Division Report**

Compliance Audit Updates

- 2023 DHCS Routine Medical Survey:
    - The onsite virtual interview took place from April 17th, 2023, through April 28th, 2023. An exit interview took place on September 26th, 2023. There were p615 findings and 4 identified repeat findings. On October 20th, 2023, the Plan received the final report from the DHCS. The DHCS Managed Care Quality and Monitoring Division has asked that all corrective action plans be submitted to the Department by November 22nd, 2023. The Plan has submitted the CAP response to the Department. Internal meetings are being held with internal stakeholders to review CAP plans and implementation efforts as a means of eliminating repeat findings and lowering the number of overall deficiencies year-over-year.

- 2022 DHCS Routine Medical Survey:
    - The 2022 DHCS Routine Medical Survey was held on April 4th, 2022, and completed April 13th, 2022. On September 13th, 2022, the Plan received the Final Audit Report which detailed 15 findings, 9 of which were repeat findings from the previous audit year. On November 3rd, 2023, the Plan received the closing letter from DHCS; DHCS has identified that 4 of 15 findings were repeat findings on the subsequent 2023 Medical Audit; DHCS will assess remediation for the 4 repeat findings in the 2023 Corrective Action Plan (CAP) outlined in the summary above. DHCS accepts and will provisionally close the 2022 CAP with findings 3.8.1, 4.1.1, 4.1.2 and 4.1.3 still needing remediation.

- 2021 DMHC Follow-up Routine Survey
    - On June 26th, 2023, the Plan received notification from the DMHC that the Department will be conducting a Follow-Up Review (Survey) of the outstanding deficiencies identified in the October 23rd, 2022, Final Report of the 2021 DMHC Routine Survey of the Plan. The review period covered November 1st, 2022, through May 31st, 2023. Initially the Department scheduled an onsite virtual session for October 26th ,2023. On October 12th, 2023, the Department notified the Plan that it no longer needs the virtual interview session, and the meeting was cancelled. The DMHC's review is ongoing and has advised that they will contact the Plan should they require more information.

- 2022 DMHC Risk Bearing Organization (RBO) Audits:
    - In 2022, the DMHC examined the claims settlement practices and the provider dispute resolution mechanism of Children First Medical Group, Inc. (CFMG) and Community Health Center Network, Inc. (CHCN).
    - The Plan's oversight of these RBOs includes quarterly audits of claims settlement practices beginning with Q1 2023 dates of service. Case files for both CHCN and CFMG have been reviewed. There are 6 initial findings identified in the CHCN review and 28 initial findings in the CFMG review. Of the 28 initial findings in the CFMG review 24 came from the Policies and Procedures review due to missing supporting documents. The Plan is drafting the final report for both delegates.

Compliance Activity Updates

- 2024 RFP Contract Update:
    - The Emergency Preparedness and Response Plan will have an extended implementation date of January 1st, 2025. The Plan is expected to make its final Operational Readiness submissions for a total of ten (10) on December 29th, 2023. The Plan is on standby to receive additional information on the remaining undisclosed twenty (20) deliverables.
    - The Plan received a *Significant Changes* document from the State, highlighting the areas of the 2024 Contract that were updated since the distribution of the draft contract in July 2023.
    - On November 6th, 2023, the State distributed the Plan's final 2024 Primary and Secondary Contracts for the Single Plan Model, commencing on January 1st, 2024. The Plan is undergoing a review period of the final contract(s) through the first week of December. Signature on the final 2024 Contract is due to the State by December 12th, 2023.

- DMHC Material Modification- 2024 RFP Readiness Submission:
    - The Plan has completed the exercise of combing through all the documents previously submitted to DHCS to identify only the documents that meet the

criteria specified by DMHC. Additionally, Compliance has compiled the narratives from various Alliance stakeholders needed to provide DMHC with a high-level summary of the actions the Alliance has taken or is taking to prepare for the transition to a single plan model from a two-plan model. The submission timeline is as follows:

  - New and Revised Policy Submission: **10/6/2023**
  - Financial Impact Submission: **11/30/2023**
  - Significant Network Change Submission[1]: **12/1/2023**

- 2023 Annual Corporate Compliance Training
  - Annual Corporate Compliance Training was assigned on September 11, 2023. Staff will have ninety (90) days to complete assigned training, by December 11, 2023. Currently, 42% of all staff have completed the training. The Annual Training includes:
    - Health Insurance Portability and Accountability Act (HIPAA)
    - Fraud, Waste, and Abuse
    - Cultural Competence and Sensitivity Training

- Behavioral Health Insourcing:
  - Although the Alliance has received approval from the Departments of Managed Health Care (DMHC) and Health Care Services (DHCS), as expected, DMHC's approval was subject to and conditioned upon the Alliance's full performance to the Department's satisfaction of eight Undertakings. Six of the eight Undertakings require deliverables to the DMHC. Compliance is coordinating with internal stakeholders to gather responses for timely and complete submission of the deliverables. All undertakings deliverables have been filed with DMHC. The Alliance has received substantive comments for Undertaking six and is gathering responses.

[1] After the Alliance completes the gap analysis between its existing network and that of the Exiting Plan (Anthem) the Plan will begin its contracting efforts for non-network providers. Then the Alliance will submit its entire network for the DMHC's review and approval. The DMHC's approval of the Plan's network will be separate and apart from the approval of the Material Modification.

Outstanding Undertakings Chart:

Undertaking #	Deliverable	Initial Due Date	Progress
No. 6	Submit electronically an Amendment filing to demonstrate compliance with the federal Mental Health Parity and Addiction Equity Act ("MHPAEA") (42 USC § 300 gg-26) and its regulations (45 CFR § 146.136) and Section 1374.76 of the Act. Before submitting the Amendment, the Plan shall contact the Department's MHPAEA review team by May 28th, 2023, to obtain detailed filing instructions and DMHC MHPAEA template worksheets for completion as part of the MHPAEA compliance filing.	By July 12th, 2023	Received extensive comments to which the Plan will need to respond. Compliance is currently reviewing DMHC's comments and gathering responses.

Compliance

Supporting Documents

2023 APL/PL IMPLEMENTATION TRACKING LIST						
#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
1	DMHC	23-001	01/05/23	Large Group Renewal Notice Requirements	GROUP CARE	This letter provides guidance to plans on the timing and content requirements for renewal notices to large group contractholders under HSC section 1374.21 and HSC section 1385.046. For purposes of this section, large group plans include In Home Supportive Services (IHSS) products.
2	DHCS	23-001	01/06/23	Network Certification Requirements	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) on the Annual Network certification (ANC) requirements pursuant to Title 42 of the Code of Federal Regulations (CFR) sections 438.68, 438.206, and 438.207, and Welfare and Institutions Code (WIC) section 14197. This APL also advises MCPs of the new requirements pertaining to good faith contracting requirements with certain cancer centers and referral requirements pursuant to WIC section 14197.45, as set forth by Senate Bill (SB) 987 (Portantino, Chapter 608, Statutes of 2022).
3	DMHC	23-002	01/12/23	Senate Bill 979 – Health Emergencies Guidance	MEDI-CAL & GROUP CARE	This All Plan Letter (APL) sets forth the Department's guidance regarding how plans shall demonstrate compliance with SB 979. The department expects plans to comply with SB 979 effective January 1, 2023. On September 18, 2022, Governor Gavin Newsom signed Senate Bill (SB) 979. SB 979 requires health care service plans (health plans or plans) to provide an enrollee who has been displaced or whose health may otherwise be affected by a state of emergency, as declared by the Governor, or a health emergency, as declared by the State Public Health Officer, access to medically necessary health care services. SB 979 also authorizes the Department of Managed Health Care (Department) to issue guidance to plans regarding compliance with the bill's requirements during the first three years following the declaration of emergency, or until the emergency is terminated, whichever occurs first.
4	DHCS	23-002	01/17/23	2023-2024 Medi-Cal MCP MEDS/834 Cutoff and Processing Schedule	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with the 2023-2024 Medi-Cal Eligibility Data System (MEDS)/834 cutoff and processing schedule.
5	DMHC	23-003	01/24/23	AB 1982 Telehealth Dental Care	N/A	Assembly Bill (AB) 1982 (Santiago, Ch. 525, Stats. 2022) adds Health and Safety Code section 1374.142 to the Knox-Keene Health Care Service Plan Act of 1975, effective January 1, 2023. Requires a plan offering a product covering dental services that offers a service via telehealth through a third-party corporate telehealth provider to report certain information to the Department for each product offering the service. This All Plan Letter (APL) sets forth the Department of Managed Health Care's (DMHC or Department) guidance regarding how health care service plans (plans) shall comply with AB 1982.
6	DMHC	23-004	2/7/2023	Plan Year 2024 QHP, QDP, and Off-Exchange Filing Requirements	N/A	The Department of Managed Health Care (Department) issues this All Plan Letter (APL) 23-004 to assist in the preparation of Plan Year 2024 regulatory submissions, in compliance with the Knox- Keene Act at California Health and Safety Code sections 1340 et seq. (Act) and regulations promulgated by the Department at California Code of Regulations, title 28 (Rules). The Department offers current and prospective Qualified Health and Dental Plans, Covered California for Small Business Issuers, and health plans offering non-grandfathered Individual and Small Group product(s) outside of the California Health Benefit Exchange (Covered California), guidance to assist in the preparation of Plan Year 2024 regulatory submissions, in compliance with the Knox- Keene Act at California Health and Safety Code sections 1340 et seq. (Act) and regulations promulgated by the Department at California Code of Regulations, title 28 (Rules).
7	DMHC	23-005	2/13/2023	Network Service Area Confirmation Process	MEDI-CAL	DMHC is establishing the NSACP to ensure that all network service areas on file as part of the Plan's license are consistent with network service areas submitted for Timely Access Compliance and Annual Network Reporting. DMHC will transmit NSACP Workbook to all Reporting Plans (June 2023), including a summary of all reported network service areas in the RY 2023 Annual Network Report submission. The transmittal will include a specific due date for the health plan's response.
8	DMHC	23-006	2/24/2023	Independent Medical Review (IMR) Application/Complaint Form (DMHC 20-224)	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (Department) issues this All-Plan Letter (APL) to inform all licensed health care service plans that the Department has revised the Independent Medical Review Application/Complaint Form (DMHC 20-224).
9	DHCS	23-003	3/8/2023	California Advancing and Innovating Medi-Cal Incentive Payment Program	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCP) with guidance on the Incentive Payment Program implemented by the California Advancing and Innovating Medi-Cal (CalAIM) initiative.

#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
10	DHCS	23-004	3/14/2023	Skilled Nursing Facilities -- Long Term Care Benefit Standardization and Transition of Members to Managed Care (Supersedes APL 22-018)	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide requirements to all Medi-Cal managed care health plans (MCPs) on Skilled Nursing Facility (SNF) Long Term Care (LTC) benefit standardization provisions of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, including the mandatory transition of beneficiaries to managed care.
11	DHCS	23-005	3/16/2023	Requirements For Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21 (Supersedes APL 19-010)	MEDI-CAL	The purpose of this All Plan Letter (APL) is to clarify the responsibilities of Medi-Cal managed care health plans (MCPs) to provide Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services to eligible Members under the age of 21. This policy applies to all Members under the age of 21 who are enrolled in MCPs. This guidance is intended to reinforce existing state and federal laws and regulations regarding the provisions of Medi-Cal services, including EPSDT. This guidance is also intended to outline requirements for MCPs to ensure Members have access to information on EPSDT and Network Providers receive standardized training on EPSDT utilizing the newly developed DHCS Medi-Cal for Kids and Teens Outreach and Education Toolkit.
12	DMHC	23-007	3/23/2023	Provider Directory Annual Filing Requirements (2023)	MEDI-CAL & GROUP CARE	This All Plan Letter (APL) reminds health care service plans of California Health and Safety Code section 1367.27, subdivision (m)'s requirement to annually submit provider directory policies and procedures to the Department of Managed Health Care.
13	DMHC	23-008	3/24/2023	Health Plan Requirements to Timely Pay Claims	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (Department) issues this All Plan Letter (APL) 23-008 to highlight and remind plans of timely payment and utilization management obligations with respect to hospitals.
14	DHCS	23-006	3/28/2023	Delegation and Subcontractor Network Certification	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care plans (MCPs) with guidance on the requirements for delegation and monitoring of Subcontractors. This APL also details the Subcontractor Network Certification (SNC) process wherein MCPs must provide assurances that each Subcontractor's and Downstream Subcontractor's Provider Network meets state and federal Network adequacy and access requirements.
15	DMHC	23-009	3/30/2023	Health Plan Coverage of Preventive Services	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (Department) issues this All Plan Letter (APL) 23-009 reminding California health plans of their obligation to cover preventive services as required by the Knox-Keene Health Care Service Plan Act.
16	DHCS	20-004	4/4/2023	Emergency Guidance for Medi-Cal Managed Care Health Plans in Response to COVID-19 (REVISED)	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide information to Medi-Cal managed care health plans (MCPs) on temporary changes to federal requirements as a result of the ongoing global COVID-19 pandemic. As the Department of Health Care Services (DHCS) continues to respond to concerns and changing circumstances resulting from the pandemic, DHCS will provide updated guidance to MCPs.
17	DHCS	21-011	4/4/2023	(Supplement to APL 21-011) Emergency State Fair Hearing Timeframe Changes	MEDI-CAL	The purpose of this supplement to All Plan Letter (APL) 21-011 is to provide Medi-Cal managed care health plans (MCPs) with information regarding the Centers for Medicare and Medicaid Services' (CMS) approval of portions of the Department of Health Care Services' (DHCS) Section 1135 Waiver request as related to the Novel Coronavirus Disease (COVID-19) public health emergency (PHE).
18	DHCS	23-007	4/10/2023	Telehealth Services Policy	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide clarification to Medi-Cal managed care health plans (MCPs) on the Department of Health Care Services' (DHCS) policy on Covered Services offered through Telehealth modalities as outlined in the Medi-Cal Provider Manual. This includes clarification on those Covered Services which can be provided via Telehealth and the expectations related to documentation for Telehealth.
19	DMHC	23-010	4/10/2023	Coverage of Misoprostol-Only Abortion Care	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (DMHC) hereby issues this All Plan Letter (APL) 23-010 based on potential disruptions to the availability of mifepristone due to the recently issued federal district court decisions.
20	DMHC	23-011	4/10/2023	Annual Segregation Fund Report	N/A	Assembly Bill (AB) 2205 added California Health and Safety Code (HSC) section 1347.8. Effective July 1, 2023 and annually thereafter, a health plan that offers a qualified health plan through the California Health Benefit Exchange (Exchange) shall report to the director the total amount of funds maintained in a segregated account for abortion services pursuant to subdivision (a) of Section 1303 of the federal Patient protection and Affordable Care Act (Public Law 111-148). This APL provides guidance to health plans on the timing and content requirements for submitting annual segregation fund reports.
21	DMHC	23-012	4/17/2023	Health Plan Annual Assessments	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (DMHC) issues this All Plan Letter (APL) 23-012 to provide information to health care service plans (health plans) pertaining to the DMHC's fiscal year (FY) 2023- 24 annual assessment. Health plans are required to file the Report of enrollment Plan on the DMHC eFiling web portal by May 15, 2023.

#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
22	DHCS	20-021	4/19/2023	Acute Hospital Care at Home (REVISED)	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with policy guidance regarding hospitals participating in the Centers for Medicare & Medicaid Services' (CMS) Acute Hospital Care at Home program. The APL was revised to indicate that on December 29, 2022, President Biden signed into law the Consolidated Appropriations Act of 2023. This legislation included an extension of the Acute Hospital Care at Home program waiver that was initiated during the federal public health emergency. The Acute Hospital Care at Home program has been extended to December 31, 2024.
23	DMHC	23-013	4/20/2023	Large Group Coverage of Association Health Plans: Extension of Phase Out and Guidance	GROUP CARE	On December 9, 2019, the Department of Managed Health Care (DMHC) issued All Plan Letter (APL) 19-024 reminding health plans, solicitors, brokers and others of the law codified in Senate Bill 1375 (Stats 2018 ch 700 §3). The DMHC recognizes that some health plans and MEWAs continued to renew large group coverage while the DMHC reviewed compliance submissions for SB 255 and SB 718. As such, health plans contracting with MEWAs may continue to renew large group coverage for up to one year until December 31, 2023, if the health plan submits the required information to the DMHC on or before May 19, 2023.
24	DMHC	23-014	4/24/2023	Health Care Service Plans Are Mandatory Signatories to the CalHHS Data Exchange Framework	MEDI-CAL & GROUP CARE	The purpose of this All Plan Letter (APL) is to inform all health care service plans of their requirement to sign the Health and Human Services Data Exchange Framework (DxF) Data Sharing Agreement (DSA). This DSA defines the parties that are subject to the DxF's new data exchange rules and establishes a common set of terms, conditions, and obligations to support the secure exchange of and access to health and social services information in compliance with applicable laws, regulations, and policies.
25	DHCS	23-008	4/28/2023	Proposition 56 Directed Payments for Family Planning Services	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed health care plans (MCPs) with guidance on directed payments, funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), for the provision of specified family planning services.
26	DHCS	23-009	5/3/2023	Authorization for Post-Stabilization Care Services	MEDI-CAL	The purpose of this All Plan Letter (APL) is to clarify Medi-Cal managed care health plans (MCPs) contractual obligations for authorizing post-stabilization care services. In accordance with Title 28 CCR section 1300.71.4, when a Member is stabilized, but the health care Provider believes that they require additional Medically Necessary Covered Services and may not be discharged safely, the MCP, "shall approve or disapprove a health care provider's request for authorization to provide necessary post-stabilization medical care within one half hour of the request." To clarify, the "health care provider" as referenced herein refers to both Out-of-Network Providers (i.e., non-contracting Providers) and Network Providers.
27	DHCS	23-010	5/4/2023	Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) about the provision of Medically Necessary Behavioral Health Treatment (BHT) services for Members under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, as outlined in APL 19-010 or any superseding APL, and in accordance with mental health parity requirements. This APL clarifies that the MCP has primary responsibility for ensuring that all of a Member's needs for Medically Necessary BHT services are met across environments, including on-site at school or during virtual school sessions. For example, if educational BHT services provided to a Member by school-based Providers have been discontinued during the COVID-19 Public Health Emergency (PHE), the MCP must ensure that Medically Necessary BHT services are provided. The MCP is responsible for coordinating with other entities and covering any gap in Medically Necessary BHT services for the Member.
28	DHCS	23-011	5/8/2023	Treatment of Recoveries Made by the Managed Care Health Plan of Overpayments to Providers	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) relating to an MCP's recovery of all overpayments to providers.
29	DHCS	23-012	5/12/2023	Enforcement Actions: Administrative and Monetary Sanctions	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide clarification to Medi-Cal managed care health plans (MCPs) of the Department of Health Care Services' (DHCS) policy regarding the imposition of administrative and monetary sanctions, which are among the enforcement actions DHCS may take to enforce compliance with MCP contractual provisions and applicable state and federal laws. This APL supersedes APL 22-015.
30	DMHCS	23-015	5/16/2023	Supplemental Provider Directory Annual Filing Requirements	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (Department) issues this All Plan Letter (APL) 23-015, as a supplement to APL 23-007 (OPL) – Provider Directory Annual Filing Requirements (2023), to provide additional guidance and a filing extension to health care service plans (plans) regarding the Section 1367.27 Annual Compliance (2023) filing.

#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
31	DHCS	23-013	5/18/2023	Mandatory Signatories to the CalHHS Data Exchange Framework	MEDI-CAL	The purpose of this All Plan Letter (APL) is to inform Medi-Cal managed care health plans (MCPs) of their requirement to sign the California Health and Human Services Agency (CalHHS) Data Exchange Framework (DxF) Data Sharing Agreement (DSA). This DSA defines the parties that are subject to the DxF's new data exchange rules and establishes a common set of terms, conditions, and obligations to support the secure exchange of and access to health and social services information in compliance with applicable laws, regulations, and policies.
32	DHCS	21-004	5/24/2023	Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services (REVISED)	MEDI-CAL	This All Plan Letter (APL) serves to inform all Medi-Cal managed care health plans (MCPs) of the dataset for threshold and concentration languages and clarifies the threshold and concentration standards specified in state and federal law and MCP contracts. This dataset identifies the threshold and concentration languages in which, at a minimum, MCPs must provide written translated member information.
33	DHCS	23-014	6/9/2023	Proposition 56 Value-Based Payment Program Directed Payments	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with guidance on value-based directed payments, funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), to Network Providers for qualifying services tied to performance on designated health care quality measures in the domains of prenatal and postpartum care, early childhood prevention, chronic disease management, and behavioral health care.
34	DHCS	23-015	6/9/2023	Proposition 56 Directed Payments For Private Services	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with information on required directed payments, funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), for the provision of specified state-funded medical pregnancy termination services.
35	DHCS	23-016	6/9/2023	Directed Payments for Developmental Screening Services	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with guidance on directed payments, initially funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), for the provision of standardized developmental screening services for children.
36	DHCS	23-017	6/13/2023	Directed Payments for Adverse Childhood Experiences Screening Services	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with guidance on directed payments, initially funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), for the provision of standardized Adverse Childhood Experiences (ACE) screening services for adults (through 64 years of age) and children.
37	DHCS	23-018	6/23/2023	Managed Care Health Plan Transition Policy Guide	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance to all Medi-Cal managed care health plans (MCPs) regarding the 2024 MCP Transition effective January 1, 2024. The 2024 Managed Care Plan Transition Policy Guide (Policy Guide) establishes and details the requirements for the implementation of the 2024 MCP Transition.
38	DMHC	23-016	6/29/2023	Implementation of SB 1338 (2022) - Community Assistance, Recovery, and Empowerment (CARE)	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (Department) issues this All Plan Letter (APL) 23-016 to set out the Department's guidance about how health plans shall ensure they identify enrollees who are involved in CARE implemented by SB 1338 (the CARE Act) and how health plans shall process and pay claims arising from their enrollees' CARE agreements or CARE plans.
39	DMHC	23-017	7/21/2023	Impact of the End of the Federal PHE	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (DMHC) hereby issues this All Plan Letter (APL) 23-017, which addresses the impact of the end of the COVID-19 public health emergency (PHE) on health plan coverage of COVID-19 tests, immunizations, and therapeutics.
40	DHCS	23-019	7/25/2023	Proposition 56 Directed Payments for Physician Services	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with guidance on directed payments, funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), for the provision of specified physician services.
41	DHCS	23-020	7/26/2023	Requirements for Timely Payment of Claims	MEDI-CAL	The purpose of this All Plan Letter (APL) is to remind Medi-Cal managed care plans (MCPs) of their legal and contractual obligation to timely pay claims submitted by Providers for Covered Services to MCP Members.
42	DHCS	23-021	8/16/2023	Population Needs Assessment and Population Health Management Strategy	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance on the modified Population Needs Assessment (PNA) and new Population Health Management (PHM) Strategy requirements for Medi-Cal Managed Care Plans (MCPs). Additional operational details on the PNA and PHM Strategy are located in the PHM Policy Guide. Any future updates will also be communicated via the PHM Policy Guide.

#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
43	DHCS	23-022	8/16/2023	CoC for Medi-Cal Beneficiaries Who Newly Enroll in Medi-Cal Managed Care from Medi-Cal FFS, on or After January 1, 2023	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with guidance on Continuity of Care for beneficiaries who are mandatorily transitioning from Medi-Cal Fee-For-Service (FFS) to enroll as Members in Medi-Cal managed care. This APL applies to both Medi-Cal only beneficiaries and those dually eligible for Medicare and Medi-Cal, for their Medi-Cal Providers. This APL also describes other types of transitions into Medi-Cal managed care for specific Medi-Cal Member populations for which MCPs must allow Continuity of Care. This APL supersedes APL 22-032
44	DHCS	23-021	8/16/2023	Population Needs Assessment and Population Health Management Strategy	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide guidance on the modified Population Needs Assessment (PNA) and new Population Health Management (PHM) Strategy requirements for Medi-Cal Managed Care Plans (MCPs). Additional operational details on the PNA and PHM Strategy are located in the PHM Policy Guide. Any future updates will also be communicated via the PHM Policy Guide.
45	DHCS	23-022	8/16/2023	CoC for Medi-Cal Beneficiaries Who Newly Enroll in Medi-Cal Managed Care from Medi-Cal FFS, on or After January 1, 2023	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with guidance on Continuity of Care for beneficiaries who are mandatorily transitioning from Medi-Cal Fee-For-Service (FFS) to enroll as Members in Medi-Cal managed care. This APL applies to both Medi-Cal only beneficiaries and those dually eligible for Medicare and Medi-Cal, for their Medi-Cal Providers. This APL also describes other types of transitions into Medi-Cal managed care for specific Medi-Cal Member populations for which MCPs must allow Continuity of Care. This APL supersedes APL 22-032.
46	DMHC	23-018	8/17/2023	RY 2024/MY 2023 Provider Appointment Availability Survey NPMH Provider Follow-Up Appointment Initial Performance Target for Corrective Action	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (DMHC) hereby issues All Plan Letter (APL) 23-018 (OPM) – RY 2024/MY 2023 Provider Appointment Availability Survey (PAAS) Non-Physician Mental Health Provider Follow-Up Appointment Initial Performance Target for corrective Action. If this APL does not apply to your health plan, no further action is required related to this APL.
47	DHCS	23-023	8/18/2023	Intermediate Care Facilities for Individuals With Developmental Disabilities -- Long Term Care Benefit Standardization and Transition of Members to Managed Care (and associated Model Contract Language)	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide requirements to all Medi-Cal managed care plans (MCPs) for the Long-Term Care (LTC) Intermediate Care Facility/Home for Individuals with Developmental Disabilities1,2 services provisions of the California Advancing and Innovating Medi-Cal (CalAIM) benefit standardization initiative.3,4 This APL contains requirements related to Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) Homes, Intermediate Care Facilities for the Developmentally Disabled-Habilitative (ICF/DD-H) Homes, and Intermediate Care Facilities for the Developmentally Disabled-Nursing (ICF/DD-N) Homes.
50	DHCS	23-024	8/24/2023	Doula Services	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care plans (MCPs) with guidance regarding the qualifications for providing doula services, effective for dates of service on or after January 1, 2023.
51	DHCS	23-025	9/14/2023	Diversity, Equity, and Inclusion Training Program Requirements	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care plans (MCPs) with guidance regarding the Diversity, Equity, and Inclusion (DEI) training program requirements.
52	DHCS	22-016	9/18/2023	Community Health Worker Services Benefit - REVISED	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care plans (MCPs) with guidance regarding the qualifications for becoming a Community Health Worker (CHW), the definitions of eligible populations for CHW services, and descriptions of applicable conditions for the CHW benefit. Revised text is found in italics.
53	DMHC	23-019	9/21/2023	Health Plan Expansion for Medicare Medi-Cal Plans	MEDI-CAL & GROUP CARE	This All Plan Letter (APL) provides background and identifies the subsets of health care service plans (plans) regulated by the Department of Managed Health Care (Department) that are required to submit a filing for Medicare Medi-Cal Plans (MMPs), the California-specific names for Exclusively Aligned Enrollment Dual Eligible Special Needs Plans (EAE D-SNPs).
54	DHCS	23-026	9/25/2023	Federal Drug Utilization Review Requirements Designed to Reduce Opioid Related Fraud, Misuse and Abuse	MEDI-CAL	The purpose of this All Plan Letter (APL) is to inform Medi-Cal managed care plans (MCPs) of their responsibilities related to the implementation of federal Medicaid Drug Utilization Review (DUR) requirements outlined in section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (H.R. 6, the SUPPORT Act, P.L. 115-271).
55	DHCS	23-027	9/26/2023	Subacute Care Facilities -- Long Term Care Benefit Standardization and Transition of Members to Managed Care	MEDI-CAL	The purpose of this All Plan Letter (APL) is to provide requirements to all Medi-Cal managed care plans (MCPs) on the Subacute Care Facility Long Term Care (LTC) benefit standardization provisions of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, including the mandatory transition of Medi-Cal members to managed care.

#	Regulatory Agency	APL/PL #	Date Released	APL/PL Title	LOB	APL Purpose Summary
56	DHCS	23-028	10/3/2023	Dental Services – Intravenous Sedation and General Anesthesia Coverage	MEDI-CAL	The purpose of this All Plan Letter (APL) is to describe the requirements for Medi-Cal managed care health plans (MCPs) to cover intravenous (IV) moderate sedation and deep sedation/general anesthesia services provided by a physician in conjunction with dental services for MCP Members in hospitals, ambulatory surgical settings, or dental offices. This APL supersedes APL 15-012.1 This APL identifies information that MCPs must review and consider during the prior authorization process as described and detailed in the attached guidelines for IV moderate sedation and deep sedation/general anesthesia for dental procedures (Attachment A).
57	DHCS	23-029	10/11/2023	Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Third-Party Entities	MEDI-CAL	The purpose of this All Plan Letter (APL) is to clarify the intent of the Memorandum of Understanding (MOU) required to be entered into by the Medi-Cal managed care plans (MCPs) and Third Party Entities (defined below) under the Medi-Cal Managed Care Contract (MCP Contract) with the Department of Health Care Services (DHCS), and to specify the responsibilities of MCPs under those MOUs. In addition, this APL contains an MOU template with general provisions required to be included in all MOUs (Base Template) that the MCPs must execute pursuant to the MCP Contract and MOU templates tailored for certain programs, which contain the required general MOU provisions and program-specific provisions (Bespoke Templates). Further, this APL addresses DHCS' expectations and oversight of MCP obligations under this APL and the MOUs, including MCP reporting requirements.
58	DHCS	23-030	10/24/2023	Medi-Cal Justice-Involved Reentry Initiative-Related State Guidance	MEDI-CAL	The purpose of this All Plan Letter (APL) is to announce the release of the "Policy and Operational Guide for Planning and Implementing CalAIM Justice-Involved Reentry Initiative" for county welfare departments, state prisons, county correctional facilities, county youth correctional facilities, and/or their designated entity(ies). The Policy and Operational Guide (herein referred to as "The Guide") memorializes policy and operational requirements for implementing the Medi-Cal Justice-Involved Reentry Initiative.
59	DMHC	23-020	10/26/2023	Amendments to Rule 1300.67.2.2 and Incorporated Annual Network Submission Instruction Manual and Annual Network Report Forms for Reporting Year 2024	GROUP CARE	The Department of Managed Health Care (DMHC) issues this All Plan Letter (APL) to inform health care service plans (health plans) of new amendments to 28 CCR § 1300.67.2.2 and the incorporated Annual Network Submission Instruction Manual and Annual Network Report Forms for the reporting year (RY) 2024 Annual Network Report submission. These amendments are made in accordance with Senate Bill (SB) 221 (Wiener, Chapter 724, Statutes of 2021) and SB 225 (Wiener, Chapter 601, Statutes of 2022) which provided the DMHC with two exemptions from the Administrative Procedure Act (APA) to develop mandatory reporting methodologies and standards for the Annual Network Report and Timely Access Compliance submission.
60	DMHC	23-021	11/14/2023	Payment of COVID Claims for COVID-19 Tests Delivered Between March 4, 2020 and December 31, 2021	MEDI-CAL & GROUP CARE	The Department of Managed Health Care (DMHC) hereby issues this All Plan Letter (APL) 23-021, which provides information in regards to payment of COVID claims for COVID-19 tests delivered between March 4, 2020 and December 31, 2021.

ALAMEDA Alliance FOR HEALTH

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

Health Care Services

Steve O'Brien, MD

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

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

Date: **December 8th, 2023**

Subject: **Health Care Services Report**

Utilization Management: Outpatient

- Our Health Suite/Prior Authorization project to ensure up front PA alignment with back-end claims payment is in its final stages. At the conclusion of the project, we will create a PA coding master list by PA category as a resource for our provider partners. On an annual basis, coding will be reviewed and updated with any changes from DHCS. There will be an ongoing internal assessment to identify PA categories appropriate for this process.

- Planning and preparation for Single Plan Model continues

- Automation process for initial Continuity of Care (CoC) authorization determinations and letter generation for first 6-12 months

- An internal process to capture CoC requests from members and/or providers starting 11/1/23 has been developed. All applicable information is being stored within a Smartsheet for reference against our final PA and eligibility lists to ensure all requests have been addressed.

- Reporting is being analyzed for special populations to ensure enhanced CoC benefits are managed properly for our new members. Out of network providers will be outreached by provider relations contracting team to engage in contract negotiations prior to 1/1/24 and beyond.

- Anthem members with open authorizations where the rendering provider is INN with AAH will be analyzed against the current AAH PA requirements and applicable authorizations will be generated along with CoC authorizations in January.

- We are working with IT to develop an internal flag within our authorization database to identify Anthem transition and adult expansion members.

- Reporting requirements for DHCS began November 22nd and will continue through 12/31/2024 as part of the DHCS monitoring and oversight process.

- OP processed 3,817 processed authorizations for the month of October for a YTD total of 38,316. The top 5 categories of auth type are radiology at 23%, OP Rehab 18%, Tertiary Quaternary 16%, Outpatient Hospital 6.5% and Home Health 6%

Outpatient Authorization Denial Rates			
Denial Rate Type	**September 2023**	**October 2023**	**November 2023**
Overall Denial Rate	**3.7%**	**4.3%**	**4.2%**
Denial Rate Excluding Partial Denials	**3.5%**	**4.1%**	**3.9%**
Partial Denial Rate	**0.2%**	**0.2%**	**0.2%**

Turn Around Time Compliance			
Line of Business	**September 2023**	**October 2023**	**November 2023**
Overall	**98%**	**99%**	**99%**
Medi-Cal	**98%**	**99%**	**99%**
IHSS	**100%**	**99%**	**99%**
Benchmark	***95%***	***95%***	***95%***

Utilization Management: Inpatient

- The Inpatient UM team processed 2,207 authorizations and completed 5,355 corresponding clinical reviews in October, including: 1,321 acute, 371 skilled nursing and subacute, 62 short term custodial addition to discharge related services, IP UM Team maintained average TAT of 0.3 days.

- The 40% volume increase in SNF admissions related to 2023 volume increases from both the Long-Term Care carve-in and the dually eligible (MediCare and Medi-Cal) population has been sustained in quarter 3. These new populations have a higher hospitalization rate, which contributed to increases in acute inpatient admissions: Admits/1000.

- TruCare (our system of record for UM review and authorization,) was successfully upgraded.

- IP UM is receiving ADT feed for Authorization automation, from Alameda Health Sytem's, Alta Bates Summit Medical Center, Eden Hospital, Washington Hospital, and St Rose. IP UM team has, in working with IT, automated the auth request process for these hospitals. This will cut down on the administrative burden on the hospital provider side while facilitating real time communication on member admissions.

- As part of the Transitional Care Services (TCS) requirement for Population Health Management, the IP UM team is identifying high risk members admitted to a hospital, conducts discharge risk assessment, provides the name of Care Manager for inclusion in the discharge summary, and refers to Case Management department for follow up. In 2024, TCS will also include simplified requirements for low-risk members and the IP team will be working on operationalizing the requirements.

- In October IP UM implemented new weekly hospital rounds with tertiary care centers UCSF and Stanford, to review members currently inpatient, collaborate with discharge planning teams, and identify members eligible for Transitional Care Services, CM, and other Community Supports Services. IP UM meets weekly for rounds with contracted hospital providers; Alameda Health System, Sutter, Kindred LTACH, Kentfield LTACH, and Washington, to discuss UM issues, address discharge barriers, and improve throughput and real time communication.

- TruCare Upgrade testing and roll out completed at the end of September. This included testing and roll out of automation of authorization creation for facilities that are sending ADT feed for hospital admissions.

Inpatient Med-Surg Utilization			
Total All Aid Categories			
Actuals (excludes Maternity)			
Metric	**August 2023**	**September 2023**	**October 2023**
Authorized LOS	**5.3**	**5.0**	**5.0**
Admits/1,000	**49.6**	**51.1**	**52.8**
Days/1,000	**263.7**	**257.4**	**266.7**

Inpatient Authorization Denial Rates			
Denial Rate Type	**August 2023**	**September 2023**	**October 2023**
Full Denials Rate	**1.1%**	**0.6%**	**0.8%**
Partial Denials	**1.1%**	**1.4%**	**1.5%**
All Types of Denials Rate	**2.1%**	**2.0%**	**2.3%**

Utilization Management: Long Term Care

- LTC census during November was 1806 members.

- As of October 2023, LTC members had a total of 613 hospital admissions, with an average LOS of 6.7 days in the hospital.

- Deliverables packet sent to DHCS on 11/27/23 for the Phase II carve-in.

- Townhall meetings are scheduled for ICF/DD providers December 5th and 7th to do education on the 2024 LTC carve-in populations. Subacute provider Townhalls were completed in November. The LTC Leadership team has been in frequent contact with the Regional Center of East Bay (RCEB) to ensure that their staff is kept up to date related to the upcoming changes for their unique member population.

- LTSS Liaison is outreaching to ICF/DD and Subacute facilities individually. Outreach includes gathering data on current utilization of ancillary service providers and sharing with Contracting Dept for potential contracts and for DHCS CoC compliance. Outreach also includes informing facility providers of our capitated agreements with CHME and Modivcare.

- LTC team, along with other applicable AAH teams, will began open office hours for ICF/DD and Subacute Providers to get their questions answered about the upcoming carve-ins to AAH.

- LTC facility rounds template completed. LTC staff training in progress to begin rounding with facilities. Rounds are intended to help facilitate UM and CM collaborations with members who are preparing for discharge. Another benefit to frquent facility rounds is to balance the ebs and flows of the LTC Authorizations by helping reconcile census and authorizations. This allows us to have better oversite on members who are admitted to an inpatient facility as well as ensure that all care is coordinated and TCS is applied to members transitioning from the Long-Term Care facilities.

- LTC Completed auths:

COUNT ALL	Q1- 2023	Q2- 2023	Q3-2023
Post Service/ Retrospective	5	15	29
Routine (Non-Urgent) Pre-Service	1253	762	988
Urgent Pre-Service	26	15	43

Pharmacy

- Pharmacy Services processed 348 outpatient PAD (physician administered drugs) UM authorizations and met benchmark turnaround time of 95% for all lines of business.

LOB	Decisions	Number of PAs Processed
Medi-Cal	Approved	249
	Denied	5
	Closed	88
IHSS	Approved	5
	Denied	0
	Closed	1

- Top 10 Requested Drugs Submitted for Authorizations were as follows:

HCPCS Code	Drug Name	Authorizations
J9035	INJECTION BEVACIZUMAB 10 MG	19
J0178	INJECTION AFLIBERCEPT 1 MG	17
J1453	INJECTION FOSAPREPITANT 1 MG	17
J0585	BOTULINUM TOXIN TYPE A PER UNIT	16
J0897	INJECTION DENOSUMAB 1 MG	16
J2930	INJ METHYLPRDNISLN SODIM TO 125 MG	10
J2469	INJECTION PALONOSETRON HCL 25 MCG	10
J1100	INJ DEXMETHOSON SODIM PHOSHATE 1 MG	9
J2997	INJ ALTEPLASE RECOMBINANT 1 MG	8
J2506	INJ PEGFILGRASTIM EXC BIOSIM 0.5 MG	8

- As of November 17th, 2023, Medi-Cal Rx has:
    - Processed approximately 152.32 million point-of-sale pharmacy paid claims to participating pharmacies totaling approximately $14.99 billion in payments.
    - Processed 567,208 PA requests (i.e., 17,520 per 11/17 weekly data)
    - Answered 513,732 calls and 100 percent of virtual hold calls and voicemails have been returned (i.e., 12,559 per 11/17 weekly data)

Case and Disease Management

- CM is continuing to collaborate with internal and external partners in preparation for extending Transitional Care Services (TCS) to all members in January of 2024. CM collaborated with IT to prioritize the use of the ADT feed and automate referrals into the system of record when a member is admitted or discharged. CM is working closely with CHCN, AHS and ACBH to confirm regulatory requirements will be met in January.

- Major Organ Transplant (MOT) CM Bundle continues to be offered to members in need of evaluation and transplantation of major organs and bone marrow. The volume continues to increase, (currently 442 members). Case management nurses support members throughout the MOT process, and coordinate services with both the AAH UM department and the Centers of Excellence staff.

- CM continues to collaborate with UM and Pharmacy regarding high-risk utilizers, and CM has improved the workflow to increase CM engagement with high utilizers. The workgroup dives deep into high utilization cases with UM partners to understand the drivers of high utilization and identify areas for improvement. CM is also working to include high utilizers in its population health telephone outreach, where complex case management eligible members are invited to engage in complex case management.

- CM continues to be responsible for acquiring Physician Certification Statement (PCS) forms before Non-Emergency Medical Transportation (NEMT) trips to better align with DHCS requirements for members who need that higher level of transportation (former completed by Transportation broker, Modivcare). CM continues to educate the provider network, including hospital discharge planners, about PCS form requirements.

- In alignment with the Population Health Management Policy Guide, CM is working closely with the Population Health Management team to move Disease Management programs forward. The collaborative is working on final touches to the Asthma and Diabetes workflows. Cardiovascular Disease and Depression discussions are continuing.

Case Type	Cases Opened in October 2023	Total Open Cases as of October 2023	Cases Opened in November 2023	Total Open Cases as of November 2023
Care Coordination	585	943	292	727
Complex Case Management	19	117	20	101
Transitions of Care (TCS)	245	424	90	214

CalAIM

Enhanced Case Management

- ECM continues to work with IPD, Analytics and Provider Services to launch Populations of Focus (Justice Involved & Birth Equity) on 01/01/24.

- Meetings continue for the Justice Involved (JI) Pilot with ROOTS.

- Meetings continue with Anthem and Kaiser to discuss and plan for continuity of care for the ECM/CS conversion on 01/01/24.

- AAH is working with Health Care Services Agency (HCSA) to discuss Street Medicine in alignment with DHCS' APL. The Alliance will be bringing on the Street Medicine providers as ECM providers.

Case Type	ECM Outreach in August 2023	Total Open Cases as of August 2023	ECM Outreach in September 2023	Total Open Cases as of September 2023	ECM Outreach in October 2023	Total Open Cases as of October 2023
ECM	836	1286	474	1330	753	1490

Community Supports (CS)

- CS services are focused on offering services or settings that are medically appropriate and cost-effective alternatives. The Alliance now offers:
  - Housing Navigation
  - Housing Deposits
  - Tenancy Sustaining Services
  - Medical Respite
  - Medically Tailored/Supportive Meals
  - Asthma Remediation
  - (Caregiver) Respite Services
  - Personal Care & Homemaker Services
  - Environmental Accessibility Adaptations (Home Modifications)

- A Self-Funded Pilot for 2 additional Community Supports-like Services continues to support members diverting from skilled nursing or transitioning to home. East Bay Innovations (EBI) is the provider. The Alliance plans to end the pilot and expand the provider network for these services in January 2024.

- AAH CS staff team continues to meet regularly with each CS provider to work through logistical issues as they arise, including referral management, claims payment and member throughput.

- To meet the regulatory requirements of a closed loop referral process, AAH continues to work with FindHelp as the support platform. AAH has started with onboarding Community Supports providers and the CS team is working closely with each CS provider to bring them onto the platform.

- The CS team is meeting regularly with new CS providers to bring the following programming live 1/1/24:
  - Asthma Remediation for adults
  - Further network expansion for Nursing Facility Transition/Diversion
  - Further network expansion for Community Transition Services

- Sobering Centers
- Alameda County Community Food Bank for Medically Tailored Meals/Medically Supportive Food

Community Supports	Services Authorized in August 2023	Services Authorized in September 2023	Services Authorized in October 2023
Housing Navigation	510	501	566
Housing Deposits	139	132	110
Housing Tenancy	872	844	815
Asthma Remediation	61	59	53
Meals	1206	1217	1262
Medical Respite	86	77	80
Transition to Home	5	5	4
Nursing Facility Diversion	7	7	7
Accessibility Adaptations	2	2	2
Homemaker Services	10	20	49
Caregiver Respite	1	1	1

Grievances & Appeals

- All cases were resolved within the goal of 95% within regulatory timeframes. There was a 0.91% increase in the compliance rate from September 2023 to October 2023.

- Total grievances resolved in October were 6.79 complaints per 1,000 members.

- The Alliance's goal is to have an overturn rate of less than 25%, for the reporting period of October 2023; we met our goal at 22.2% overturn rate.

October 2023 Cases	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	933	30 Calendar Days	95% compliance within standard	931	99.7%	2.64
Expedited Grievance	0	72 Hours	95% compliance within standard	0	N/A	0.00
Exempt Grievance	1,831	Next Business Day	95% compliance within standard	1,830	99.9%	5.18
Standard Appeal	26	30 Calendar Days	95% compliance within standard	26	100.0%	0.07
Expedited Appeal	1	72 Hours	95% compliance within standard	1	100.0%	0.00
Total Cases:	2,791		95% compliance within standard	2,788	99.8%	6.79

*Calculation: the sum of all unique grievances for the month divided by the sum of all enrollment for the month multiplied by 1000.

Grievances

- 202 of 933 (21.6%) cases were related to Access to Care the top 3 categories are:
  - (58) Timely Access
  - (48) Provider Availability
  - (45) Technology/telephone
- Of the 58 Timely Access cases 14 were related to AHS clinics. The G&A team provided AHS with a report of all access related cases for a 2 year period to help them do RCA of their clinic access.
-
- 105 of 933 (11.3%) of grievances were related to mental and behavioral health:
  - 43 cases were related to Access to Care
  - 18 cases were related to Coverage Dispute
  - 5 cases were related to Quality of Care
  - 39 cases were related to Quality of Service

- The G&A team has begun to provide reporting to the BH/MH team and will continue on a monthly basis.

Appeals

- 6 of out of 27 (22.2%) appeals were overturned for the month of October 2023:
    - (3) Disputes Involving Medical Necessity
    - (2) Out of Network
    - (1) Coverage Disputes

Accreditation Department

Health Plan NCQA Reaccreditation

- Final reports from the Consultants have been shared with the stakeholders
- Met with stakeholders to review comments/recommendations from Consultants
- Revised documents are due to Accreditation team by January 15, 2024 for next onsite survey set for July 28-29, 2025

Health Equity NCQA Accreditation

- DHCS requirement to be accredited by January 1, 2026
- The Accreditation Team has met with the Consultants and our internal stakeholders to review the Health Equity standards and determine the required documents.
    - Readiness assessment documents are due by February 15, 2024
- Pre-application approved by NCQA
- Survey application in the process of being submitted

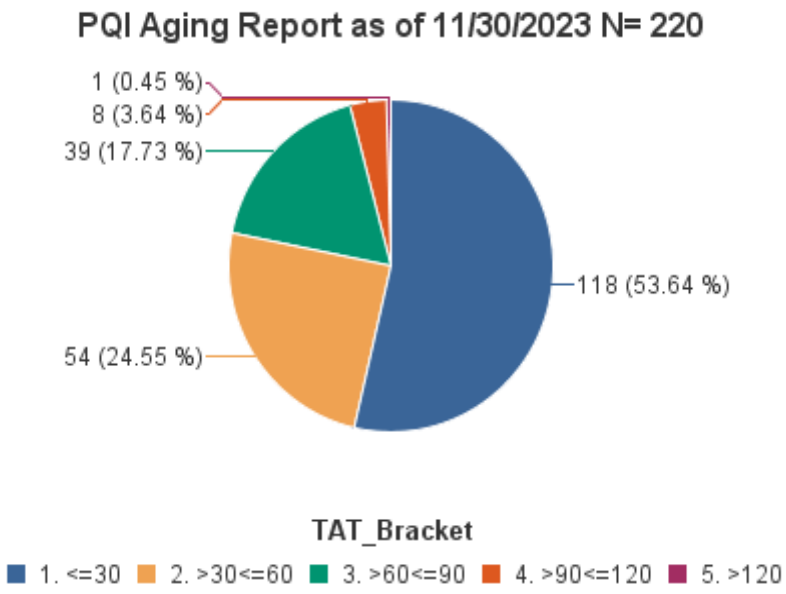
Quality

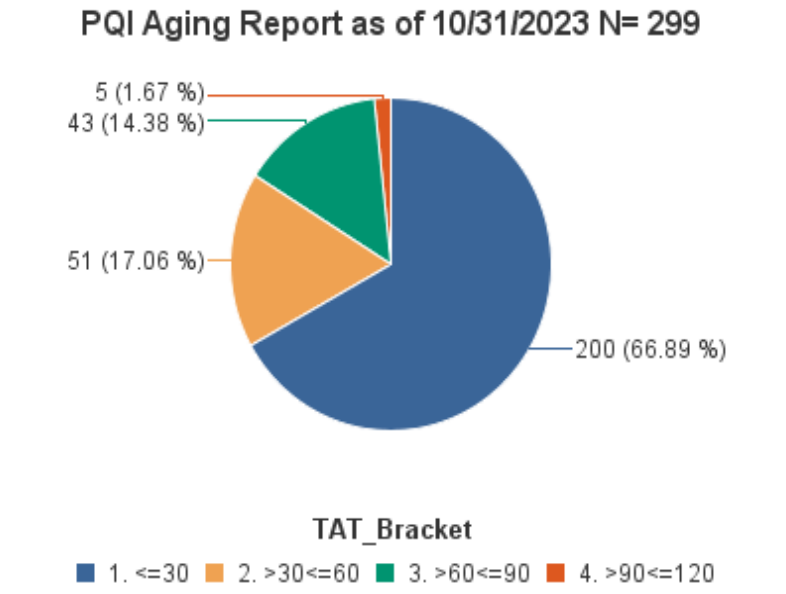
- Quality Improvement continues to track and trend PQI Turn-Around-Time (TAT) compliance. Our goal is closure of PQIs cases within 120 days from receipt to resolution via nurse investigation and procurement of medical records and/or provider responses followed by final MD review when applicable.

- As part of an effort to streamline the PQI review process, Quality of Access issues are reviewed by the Access & Availability team and Quality of Language issues by the Cultural & Linguistics team after they are triaged by the QI Clinical team. Quality of Care and Service issues continue to be reviewed by the QI Clinical staff.

- 100% of cases in October and 99.55% of cases in November were leveled and closed within the required 120-day turnaround timeframe. Therefore, turnaround times for case review and closure remain well within the benchmark of 95% per PQI P&P QI-104 for this lookback period.

- When cases are open for >120 days, it continues to be primarily due to delay in receipt of medical records or provider responses. Ongoing efforts are made to identify barriers with specific providers in order to find ways to better collaborate in order to achieve resolution.





Health Education

- Health Education continues to offer educational handouts and programs to members covering a wide variety of prevention, healthy lifestyle, and condition self-management topics.

- Distribution of health education materials and community referrals through member mailings from Health Education (963) and Case Management (1,677) totaled 2,640 YTD 2023 and included topics such as nutrition and exercise, heart health, diabetes and falls prevention and health care tools such as advance directives, medication lists, and health care visit checklist.

- Core health education programs in 2023 included:
    - Asthma Start pediatric case management (now offering asthma remediation services)
    - Alta Bates Summit Medical Center lactation services
    - Family Paths parenting classes
    - WW healthy lifestyle program
    - Diabetes Prevention Program (DPP)
    - Diabetes Self-Management Education and Supports (DSMES)
    - La Clinica nutrition counseling

- Health Education conducted targeted outreach and referrals for members living with asthma and diabetes and our birthing members in 2023.
    - Asthma: There were 354 Asthma Start pediatric asthma post emergency department visit referrals and member outreach. Asthma Start provided asthma education and remediation services to 156 members.
    - Diabetes: Alliance Health Education referred 55 members to DSMES services and Alliance providers offered DSMES to 374 unique members at hospital and clinic locations.
    - Pregnancy, Baby Care, and Lactation: Continued prenatal (3,896) and postpartum (2,099) mailing campaigns and referrals to Alameda County Black Infant Health (627) and Pacific Islander (47) programs for culturally responsive care.

- Health Education success in 2023 include:
    - Completed all planned program audits with no issues identified.
    - Increased Asthma Start pediatric case management referrals.
    - Executed contracts with two new Diabetes Prevention Program (DPP) providers.
    - Submitted DMHC filing to implement the Alliance Maternal Mental Health Program.
    - Contributed member newsletter articles about smoking hookah, preventing preterm births, and managing blood pressure.

- Health Education areas for Improvement in 2023 include:
    - Low enrollment in Diabetes Prevention Program (DPP) benefit due to termination of DPP vendor, Solera, contract.
    - Unmet engagement goals for WW (formerly Weight Watchers) which led to a termination of contract.
    - Low web-referral rate to Kick It CA (a program for tobacco cessation).
    - Low engagement with newly implemented doula program.

- Health education will address these areas through the following activities in 2024:
    - Implement a DPP provider engagement and member nutrition health literacy campaign through a virtual media service.
    - Update prenatal and postnatal mailing of resources to promote maternal mental health and doula benefits to members.

- Leverage Alliance expansion of case and disease management services coaching to increase tobacco cessation program referrals for members.

ALAMEDA Alliance FOR HEALTH

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

Health Equity

Lao Paul Vang

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

From: **Lao Paul Vang, Chief Health Equity Officer**

Date: **December 8th, 2023**

Subject: **Health Equity Report**

Health Equity Division's Four Quadrants of Priority:

- In consultation with the Chief Executive Officer and the Executive Leadership Team, the Chief Health Equity Officer (CHEO) has identified and established four quadrants of priority (See Below Chart) as areas of focus for implementing and managing Health Equity (HE) and Diversity, Equity, Inclusion and Belonging (DEIB) for the Alliance.

<u>Internal Collaboration:</u> (Quadrants 2, 3 & 4)

- **Meetings and check-ins with Division Chiefs** – Conducted ongoing 1:1 meetings with the CEO and all Chiefs of Divisions to ensure collaboration and alignment of health equity-related activities. In close collaboration with the CEO, the Health Equity Department will engage in community outreach to Alameda County's historically marginalized and underserved populations, namely the Native American/Indigenous and LGBTQ community, to establish partnerships to enhance health equity and build community relations.

- **Population Health Management (PHM), Quality Improvement (QI), and Utilization Management (UM)** – Conducted regular meetings with these teams to identify gaps and overlaps in health equity efforts to focus on the integration of all health equity-related work to enhance the collective deliverables of all units.

- **Vendor Management (VM) and Integrated Project Division (IPD)** – Collaborate with VM & IPD to develop and implement value contracting services to ensure that all vendors, particularly women and minority-owned businesses, have equal opportunities to do business with the Alliance.

<u>External Collaboration</u> (Quadrants 2 and 3)

- **Bi-weekly meetings with Local Health Plans' Chief Health Equity Officers (CHEOs)** – Attended bi-weekly meetings with other CHEOs to discuss and exchange ideas, lessons learned, and best practices for the implementations and management of Health Equity (HE) and Diversity, Equity, and Inclusion (DEI) initiatives and programs. CHEOs also discussed and shared various strategies and approaches to setting up health equity structures, models, and data collections, particularly on race and ethnicity, sexual orientation, and gender identity data for the purposes of assessing health disparities and achieving NCQA accreditation.

- **Monthly Meetings with DHCS' Chief Health Equity Officer (DHCS CHEO)** – Participated in the monthly meetings with the DHCS CHEO to discuss and share updates on DHCS health equity priorities and foster collaboration between DHCS and the local health plans CHEOs. There are several outstanding items that the local health plans' CHEOs are working with the DHCS' CHEO as follows:

    I. Guidelines on how to best collect Race/Ethnicity (RE) and Sexual Orientation/Gender Identity (SOGI) data.
    II. Guidelines on how to create a system approach to standardize the functionality and structure of local health plans' CHEO systems.

Advancing Health Equity Initiative (AHEI). (Quadrants 1, 2 & 3)

- **The 1:1 Leadership Session** with the key executive team has concluded. We are now scheduling **Key External Stakeholders 1:1 Sessions** and **Small Group Listening Sessions** that will take place in December. These meetings held with the consultant will help build the Alliance's roadmap.

- **The Data Committee Team (QI, UM, PHM, Analytics)** met in November with the Health Equity Team and our vendor. In our first meeting, the group discussed one of the Alliance Health Equity objectives, which is to increase the utilization of our members and understand the drivers of non-utilization- the why, who, and where. The group proposed to meet again to continue discussing strategies to understand our data better.

- Our first initiative is to research our 97k non-utilization members. The Alliance has defined a non-utilizer as a member who has not utilized services within 12 months. The Quality Improvement Department (QI) recently completed an outreach initiative for non-utilizers in May/June 2023, making outreach calls to over 7k members (3 attempts per member). Our next phase will dive deeper into the non-utilizer data by researching our race/ethnicity data to determine if there is a trend within specific racial groups. If a trend is found, the HE Department will then collaborate with our consultant to strategize on how to mitigate our non-utilization populations by engaging our community partners, outreaching to our members, and monitoring our identified non-utilization populations on an annual basis.

- Also discussed was creating a **Health Equity Workgroup** to serve as a resource for all equity-related data, analytics, research, and interventions. This Health Equity Workgroup would provide organization leaders, administrators, and other stakeholders opportunities to share their findings and collaborate with providers and regulatory bodies to enhance the Alliance's health equity goals. While also formulating strategies to mitigate social determinants of health that will assist in reducing and preventing health disparities with at-risk populations.

- Our next significant initiative the Health Equity Department will develop is our **Alliance Roadmap**, followed by the **DEI Training Curriculum**.

    I. **Alliance Roadmap –** In consultation and collaboration with all divisions, including incorporating health equity and DEI data, we will develop a comprehensive roadmap with clear strategies for implementing and managing health equity and DEI for the Alliance.

    II. **DEI Training Curriculum** – The Health Equity Department will review and analyze **DHCS' APL23-025** on DEI Training requirements and develop a comprehensive DEI training curriculum that would fully comply with the requirements of the

DHCS APL23-025. The first initial exploratory call to review the curriculum development with Key Alliance team members began in the middle of November.

Diversity, Equity, Inclusion, and Belonging Committee (DEIBC) and Values in Action Committee (VIAC):

- **DEIBC (Quadrants #1, 2 & 3)** – The original committee was named Diversity, Equity and Inclusion Committee (DEIC). However, the DEIC was restructured into the Diversity, Equity, Inclusion, and Belonging Committee (DEIBC). The DEIBC's goals are: - curating activities - recommending ways to create an inclusive environment - communicating health disparities on behalf of Alliance members and participating in activities or events that contribute to our staff's and community's overall well-being. The DEIBC promoted health equity by completing some of our goals this year. For example, many of our committee members have elected to participate in opportunities that assist in the education and transformation of our workplace and community, such as the annual Cultural Sensitivity training, the street health ride along with Life Long Medical, the Fall Fest, the interviews with our vendor re: AHEI, and the upcoming PIT count with our unsheltered populations.

- **VIA Committee (Quadrant #4)** – The CHEO chairs the monthly meeting of the Values in Action Committee. The VIA Committee members represent the Alliance staff. The VIA Committee's goal is to find ways for staff to interact with each other, so the Alliance has decided to have three yearly events: spring, summer, and fall. When we held the Alliance Fall Fest event in October, staff came together for a luncheon and socialization. Additionally, we selected minority-owned vendors from our community for Alliance Fall Fest to promote our Health Equity supplier diversity goal. The VIA Committee is discussing other events for the 2024 year. Our last event this year will be a gift drive for kids in partnership with Building Futures for the holiday season.

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, Chief Information & Security Officer**

Date: **December 8th, 2023**

Subject: **Information Technology Report**

Call Center System Availability

- AAH phone systems and call center applications performed at 100% availability during the month of November 2023 despite supporting 97% of staff working remotely.

- As part of the call center processes of efficiency and effectiveness, IT is implementing Calabrio Analytics and Speech to Text features which will accurately and cost-effectively analyze customer interactions and agent activity along with its multichannel artificial intelligence and deep learning, all-in-one solution that captures and transforms data, turning raw interactions into usable data for reporting.

    - Tuning phrases activities for Calabrio Analytics and Speech to Text is currently in-progress.

IT Security Program

- IT Security 3.0 initiative is one of the Alliance's top priorities for fiscal year 2023 and 2024. Our goal is to continue to elevate and further improve our security posture, ensure that our network perimeter is secure from threats and vulnerabilities, and to improve and strengthen our security policies and procedures.

- This program will include multiple phases and remediation efforts are now in progress.

    - **Key initiatives include:**

        - Remediating issues from security assessments. (e.g., Cyber, Microsoft Office 365, & Azure Cloud).

        - Continue to create, update, and implement policies and procedures to operationalize and maintain security level after remediation.

- Immutable Backup Implementation
    - Backup data seeding has completed successfully and is now running on a daily backup schedule.
    - One year contract has been approved and completed.
- The Azure Cloud Governance Framework centers to improve and strengthen our cloud security policies and procedures. It will also focus on Cost containment for cloud resources, Network and border security, Database security, Data storage security, Identity management, access control, Operational security, and Security monitoring and alerting. Additionally, it aims at Data Loss Prevention in the cloud space.
    - IT Leadership sign-off for final best practice recommendations documentation has been received. "Closing" phase activities in progress.

Encounter Data

- In the month of November 2023, the Alliance submitted 252 encounter files to the Department of Health Care Services (DHCS) with a total of 352,416 encounters.
- The percentage of timely submissions was above 90% for both Institutional and Professional Claims.

Enrollment

- The Medi-Cal Enrollment file for the month of November 2023 was received and loaded to HEALTHsuite.

HealthSuite

- The Alliance received 247,537 claims in the month of November 2023.
- A total of 272,298 claims were finalized during the month out of which 225,804 claims auto adjudicated. This sets the auto-adjudication rate for this period to 82.9%

TruCare

- A total of 16,932 authorizations were loaded and processed in the TruCare application.
- The TruCare application continues to operate with an uptime of 99.99%.

Information Technology

Supporting Documents

Enrollment

- See Table 1-1 “Summary of Medi-Cal and Group Care member enrollment in the month of November 2023”.
- See Table 1-2 “Summary of Primary Care Physician (PCP) Auto-assignment in the month of November 2023”.
- The following tables 1-1 and 1-2 are supporting documents from the enrollment summary section.

Table 1-1 Summary of Medi-Cal and Group Care Member enrollment in the month of November 2023

Month	Total MC[1]	MC[1] - Add/ Reinstatements	MC[1] - Terminated	Total GC[2]	GC[2] - Add/ Reinstatements	GC[2]- Terminated
November	352,429	6,067	8,534	5,586	155	176

1. MC – Medi-Cal Member 2. GC – Group Care Member

Table 1-2 Summary of Primary Care Physician (PCP) Auto-Assignment For the Month of November 2023

Auto-Assignments	Member Count
Auto-assignments MC	4,158
Auto-assignments Expansion	3,433
Auto-assignments GC	59
PCP Changes (PCP Change Tool) Total	2,972

TruCare Application

- See Table 2-1 “Summary of TruCare Authorizations for the month of November 2023”.
- There were 16,932 authorizations processed within the TruCare application.
- TruCare Application Uptime – 99.99%.
- The following table 2-1 is a supporting document from the TruCare summary section.

Table 2-1 Summary of TruCare Authorizations for the Month of November 2023*

Transaction Type	Inbound automated Auths	Errored	Total Auths Loaded in TruCare
Paper Fax to Scan (UM, BH)	1,951	1,456	1,067
Provider Portal Requests (UM, BH)	3,905	817	3,767
EDI (CHCN historical)	3,217	551	3,118
Provider Portal to AAH Online (Long Term Care)	22	15	21
IP Auth from ADT	905	487	512
Provider Portal to AAH Online (Behavioral Health)	74	25	65 *(Manual + Automated)*
Manual Entry (all other not automated or faxed vs portal use)	N/A	N/A	1,786
Total			10,336

Key: EDI – Electronic Data Interchange

Web Portal Consumer Platform

- The following table 3-1 is a supporting document from the Web Portal summary section. (Portal reports always one month behind current month)

Table 3-1 Web Portal Usage for the Month of October 2023

Group	Individual User Accounts	Individual User Accounts Accessed	Total Logins	New Users
Provider	3,979	2,765	196,296	345
MCAL	59,415	1,796	7,981	691
IHSS	1,984	46	96	10
Total	**65,378**	**4,607**	**204,373**	**1,046**

Table 3-2 Top Pages Viewed for the Month of October 2023

Category	Page Name	Page Views
Provider	Member Eligibility	824802
Provider	Claim Status	202445
Provider - Authorizations	Auth Submit	14462
Provider - Authorizations	Auth Search	6715
Member	Provider Directory	9284
Member My Care	Member Eligibility	4039
Provider - Claims	Submit professional claims	3939
Member Help Resources	Find a Doctor or Hospital	2427
Member Help Resources	ID Card	2258
Member Help Resources	Select or Change Your PCP	1439
Provider	Member Roster	1294
Member Home	MC ID Card	1271
Member My Care	My Claims Services	1059
Provider - Reports	Reports	826
Provider - Provider Directory	Provider Directory	740
Member My Care	Authorization	674
Member Help Resources	Request Kaiser as my Provider	658
Provider	Forms	467
Member My Care	My Pharmacy Medication Benefits	398
Provider	Behavior Health Forms SSO	394
Member My Care	Member Benefits Materials	329
Provider - Home	Long Term Care Forms SSO	314
Member Help Resources	Forms Resources	286

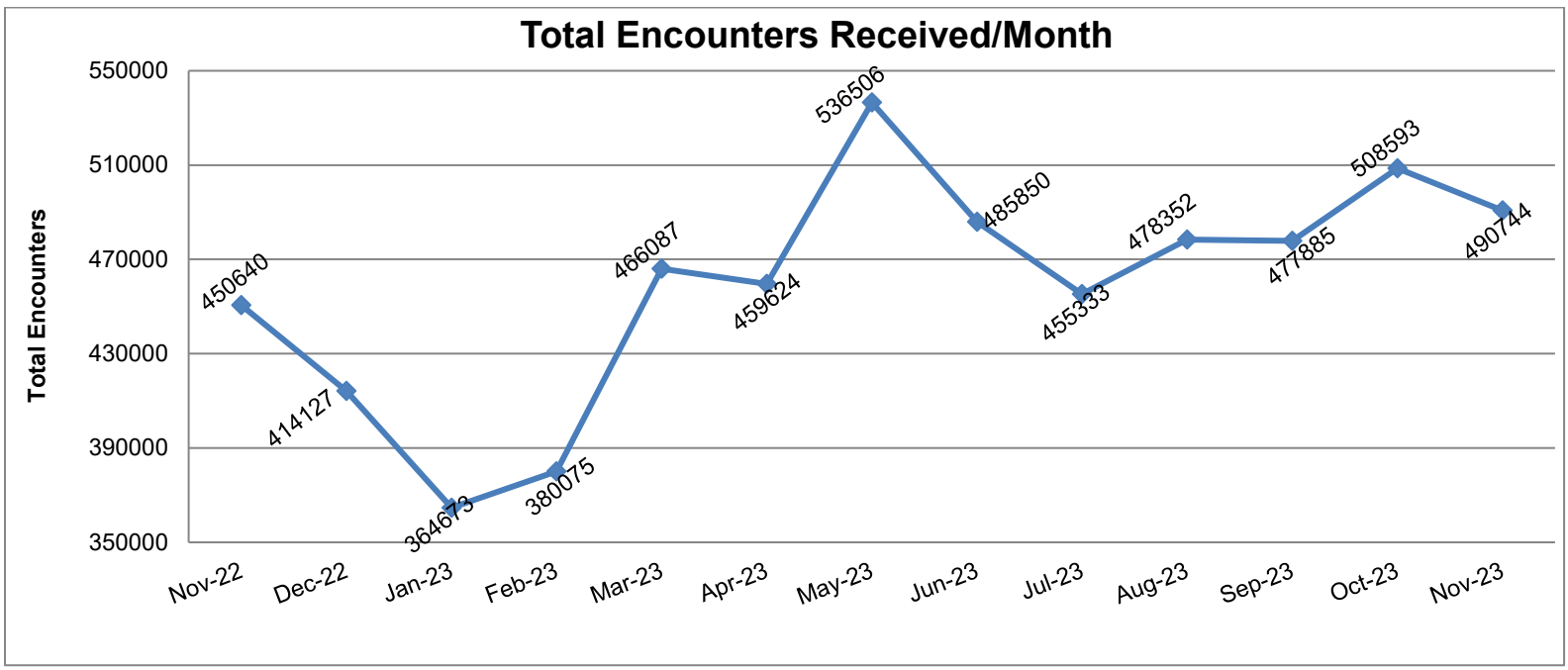
*Provider Portal (Green), Member Portal (Blue)

Encounter Data from Trading Partners 2023

- **ACBH**: November monthly files (0 records)
    - No longer receiving encounter files but through HCSA.
- **AHS**: November weekly files (5,243 records) were received on time.
- **BAC**: November monthly files (73 records) were received on time.
- **Beacon**: November weekly files (0 records).
    - No longer receiving encounter files.
- **CHCN**: November weekly files (87,839 records) were received on time.
- **CHME**: November monthly files (6,445 records) were received on time.
- **CFMG**: November weekly files (11,670 records) were received on time.
- **Docustream**: November monthly files (705 records) were received on time.
- **EBI**: November monthly files (823 records) were received on time.
- **FULLCIR**: November monthly files (598 records) were received on time.
- **HCSA**: November monthly files (2,403 records) were received on time.
- **IOA**: November monthly files (1,073 records) were received on time.
- **Kaiser**: November bi-weekly files (87,005 records) were received on time.
- **LAFAM**: November monthly files (0 records) were NOT received on time.
- **LogistiCare**: November weekly files (20,781 records) were received on time.
- **March Vision**: November monthly files (4,428 records) were received on time.
- **MED**: November monthly files (523 records) were received on time.
- **Quest Diagnostics**: November weekly files (13,077 records) were received on time.
- **SENECA**: November monthly files (56 records) were received on time.
- **Magellan**: November monthly files (358,934 records) were received on time.

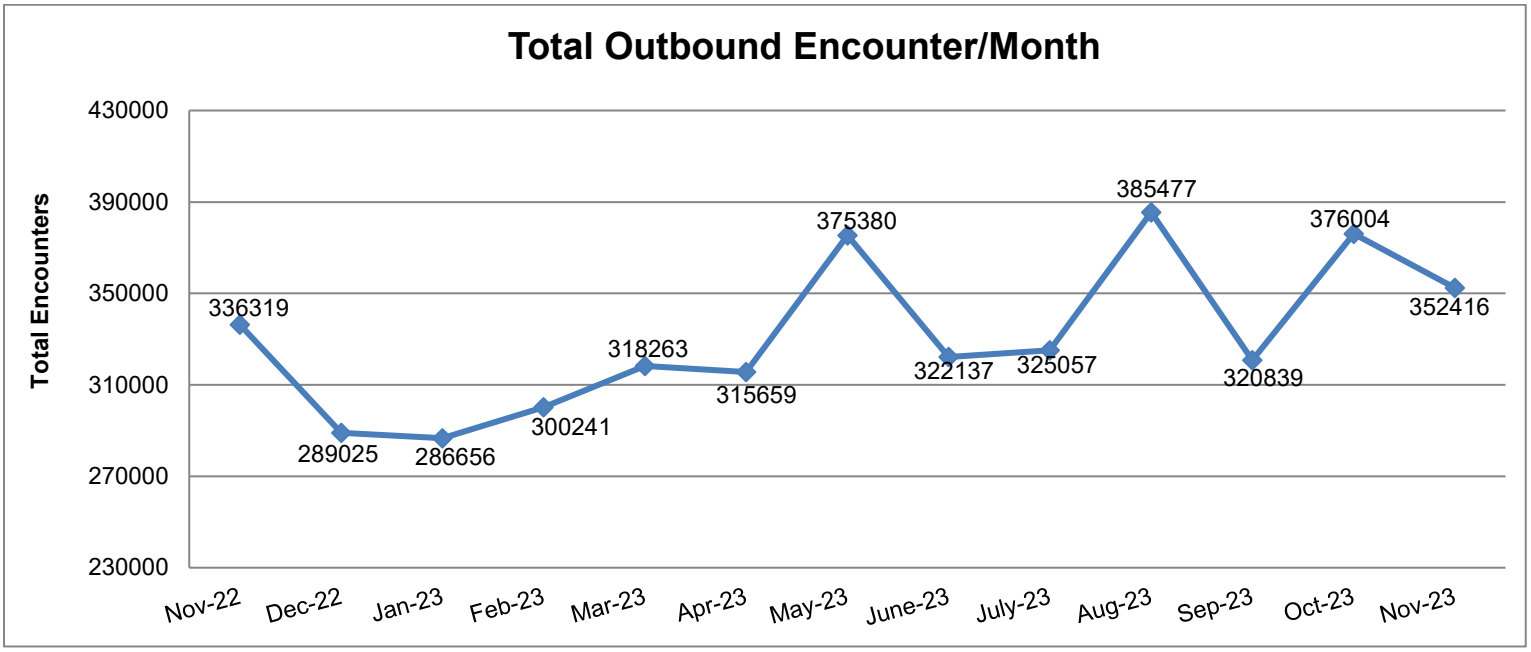
Trading Partner Medical Encounter Inbound Submission History

Trading Partners	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	July-23	Aug-23	Sep-23	Oct-23	Nov-23
Health Suite	174429	177828	163764	167475	238283	218296	251858	267437	224540	244907	247423	241298	247537
ACBH	51	87	86	39	95								
AHS	6015	6332	4568	5377	5088	6353	5380	6250	4363	4380	5479	5371	5243
BAC	38	35	199	34	32	38	40	37	39	38	38	57	73
Beacon	12883	10437	13824	11036	12159	15799	5822	4559	620				
CHCN	108148	83258	87182	83191	82394	84654	117764	90418	102081	85836	77060	111275	87839
CHME	5152	4822	4574	5303	4729	5277	4987	5692	5706	5704	6212	7609	6445
Claimsnet	19173	12790	9679	11694	8851	16155	12526	9986	12379	8946	12302	12167	11670
Docustream	1435	1487	1327	1794	1361	865	575	607	567	744	562	400	705
EBI						976	15	910	1664	814	867	718	823
FULLCIR												888	598
HCSA	3734	1781	1825	1976	590	78	72	5573	3824	3466	2490	1913	2403
IOA				172	156	201	325	974	424	673	1086	967	1073
Kaiser	76637	81333	35798	56965	73095	68883	91196	53820	56673	76278	79751	81985	87005
LAFAM												24	
Logisticare	23451	16946	24456	18034	21647	20558	28628	20859	22235	27129	22456	25509	20781
March Vision	3497	4427	3598	3434	3281	4275	3647	5101	4468	4563	4933	4427	4428
MED									9	11	144	194	523
Quest	15997	12564	13793	13551	14326	17216	13671	13627	15741	14859	17008	13712	13077
SENECA										4	74	79	56
TITANIUM													465
Total	450640	414127	364673	380075	466087	459624	536506	485850	455333	478352	477885	508593	490744



Outbound Medical Encounter Submission

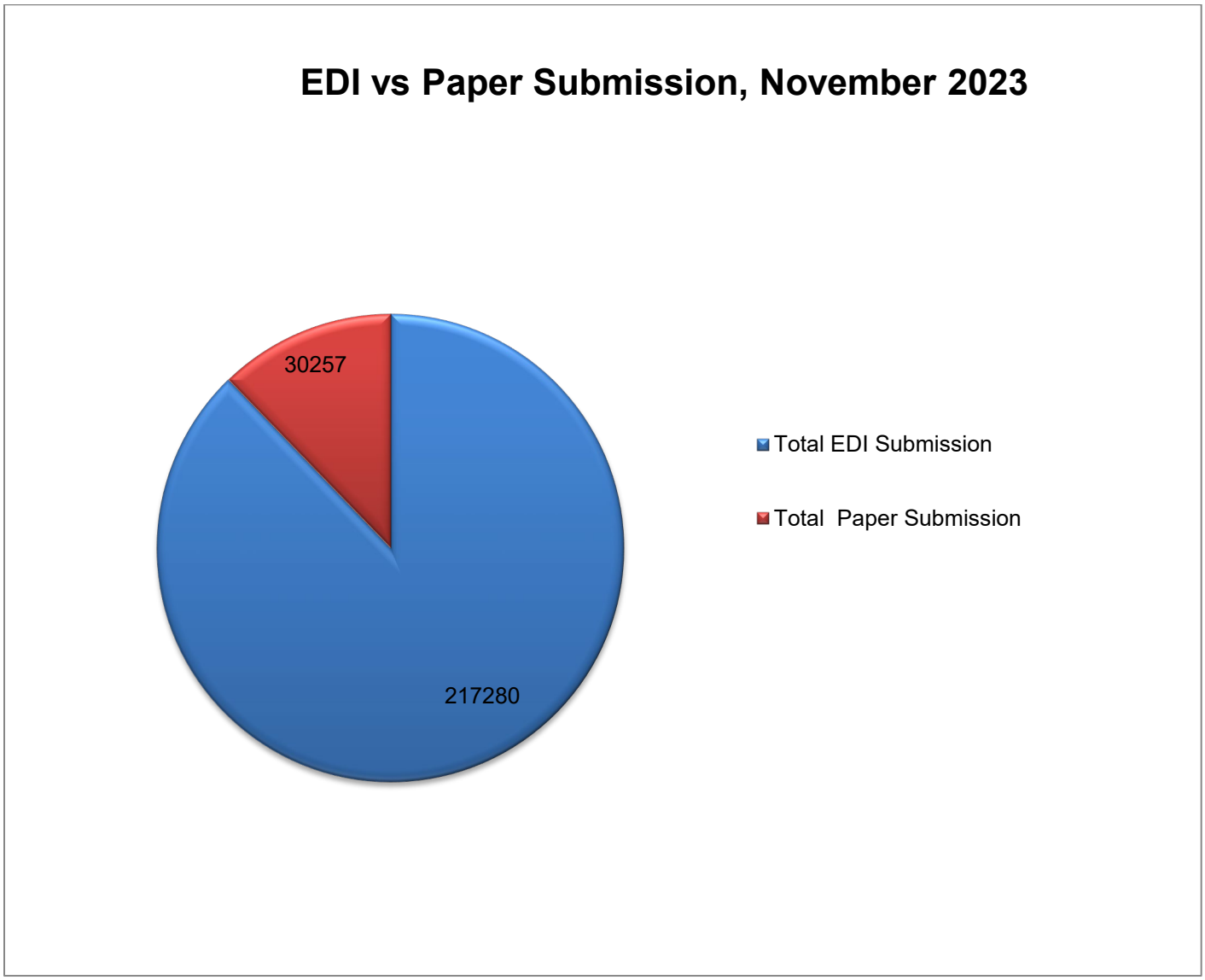
Trading Partners	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Health Suite	95516	97435	114224	128102	117672	117823	151866	126674	147199	170751	127465	163149	134823
ACBH	36	60	56	21	73								
AHS	5915	5208	5439	5260	3845	7300	5236	5070	5318	4251	4253	6355	5147
BAC	38	33	196	33	32	38	40	37	39	37	38	52	67
Beacon	10172	8001	11282	8910	9674	11927	2879	2233	318				
CHCN	92283	55698	58881	58279	59074	60373	79256	65595	56593	74313	55365	62962	73866
CHME	4843	4729	4470	5181	4606	5159	4864	5577	5595	5546	6063	7475	6321
Claimsnet	11118	8983	8241	8334	6361	9834	10891	7445	8849	6386	7075	7452	8031
Docustream	1134	1268	1117	1521	1232	481	411	378	347	529	441	270	573
EBI						906	15	872	1574	804	855	710	794
FULLCIR												806	516
HCSA	2001	1725	1777	1304	287	52	55	1781	3778	3405	2349	1876	2342
IOA				168	152	45	276	751	410	654	984	65	934
Kaiser	75808	80464	35360	55930	72409	65652	72893	68887	55988	75591	78162	81165	85807
LAFAM												2	
Logisticare	23178	16729	24291	12223	27071	20411	28455	20787	21686	26670	22142	24497	25951
March Vision	2396	2938	2454	2308	2400	3006	2366	3408	2720	2737	2992	2863	2661
MED									9	11	126	145	438
Quest	11881	5754	18868	12667	13375	12652	15877	12642	14634	13788	12456	16082	3655
SENECA										4	73	78	52
TITANIUM													438
Total	336319	289025	286656	300241	318263	315659	375380	322137	325057	385477	320839	376004	352416



HealthSuite Paper vs EDI Claims Submission Breakdown

Period	Total EDI Submission	Total Paper Submission	Total Claims
23-Nov	217280	30257	247537

Key: EDI – Electronic Data Interchange

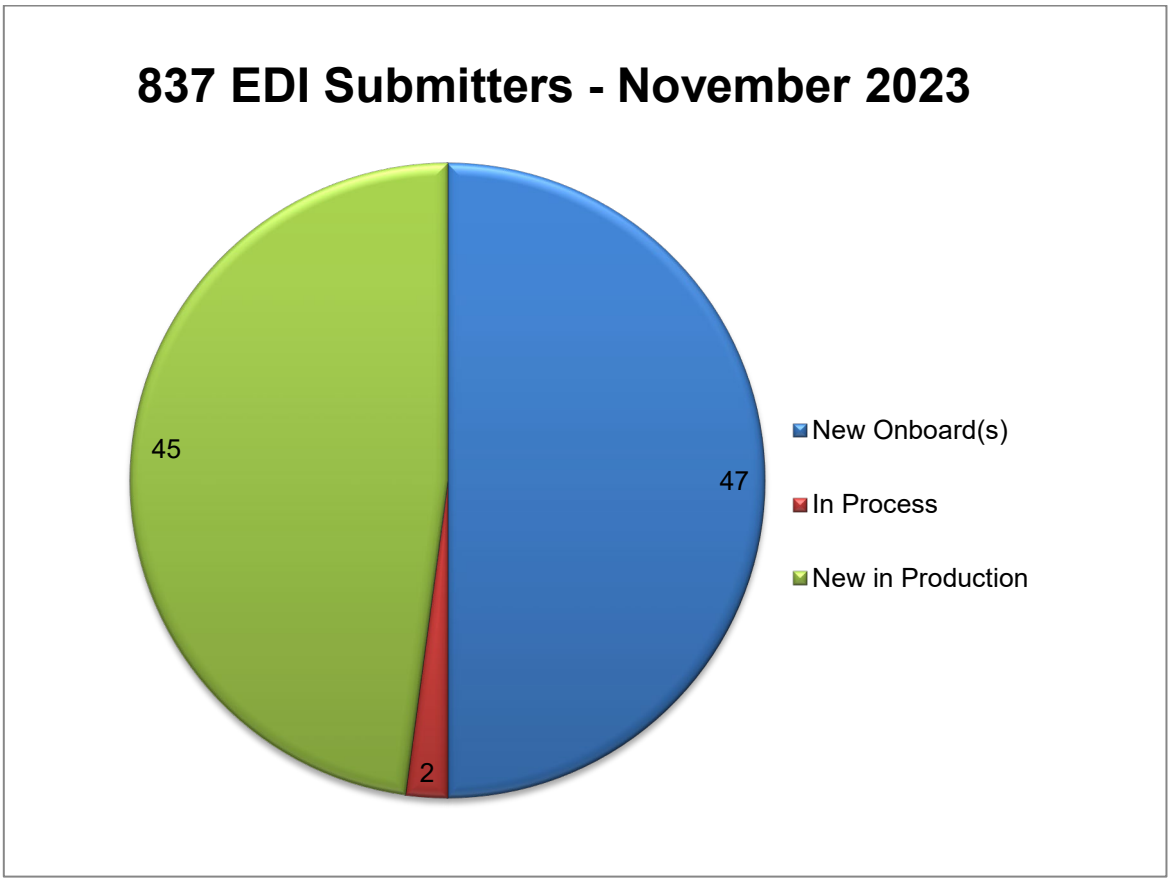


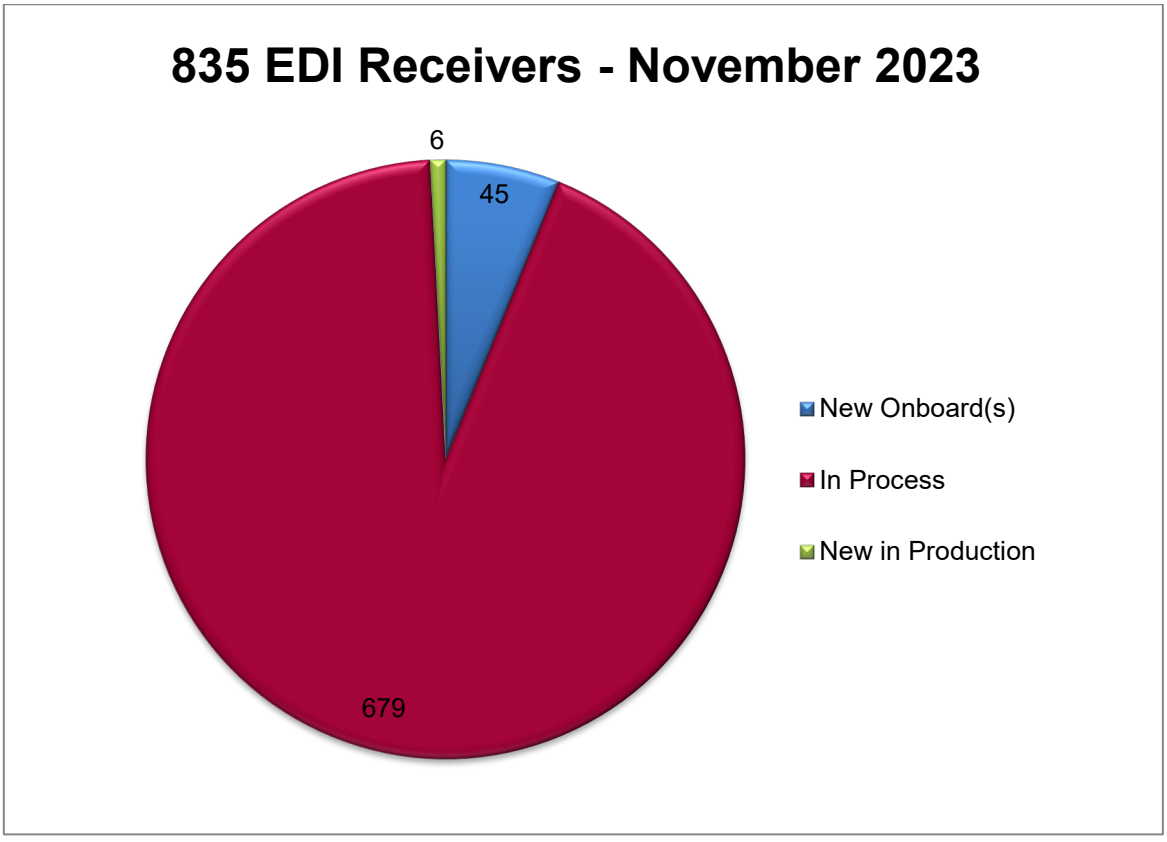
Onboarding EDI Providers - Updates

- November 2023 EDI Claims:
  - A total of 1970 new EDI submitters have been added since October 2015, with 45 added in November 2023.
  - The total number of EDI submitters is 2710 providers.

- November 2023 EDI Remittances (ERA):
  - A total of 827 new ERA receivers have been added since October 2015, with 6 added in November 2023.
  - The total number of ERA receivers is 843 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
Dec-22	19	0	19	2233	20	421	9	624
Jan-23	13	2	11	2244	21	423	19	643
Feb-23	24	0	24	2268	37	457	3	646
Mar-23	55	0	55	2323	78	472	63	709
Apr-23	50	3	47	2370	24	491	5	714
May-23	35	5	30	2400	44	527	8	722
Jun-23	79	7	72	2472	58	544	41	763
Jul-23	48	2	46	2518	62	583	23	786
Aug-23	44	1	43	2561	41	602	22	808
Sep-23	70	0	70	2631	46	621	27	835
Oct-23	36	2	34	2665	21	640	2	837
Nov-23	47	2	45	2710	45	679	6	843


837 EDI Submitters - November 2023
45
47
2
New Onboard(s)
In Process
New in Production


835 EDI Receivers - November 2023
6
45
679
New Onboard(s)
In Process
New in Production

Encounter Data Submission Reconciliation Form (EDSRF) and File Reconciliations

- EDSRF Submission: Below is the total number of encounter files that AAH submitted in the month of November 2023.

File Type	November-23
837 I Files	50
837 P Files	202
Total Files	252

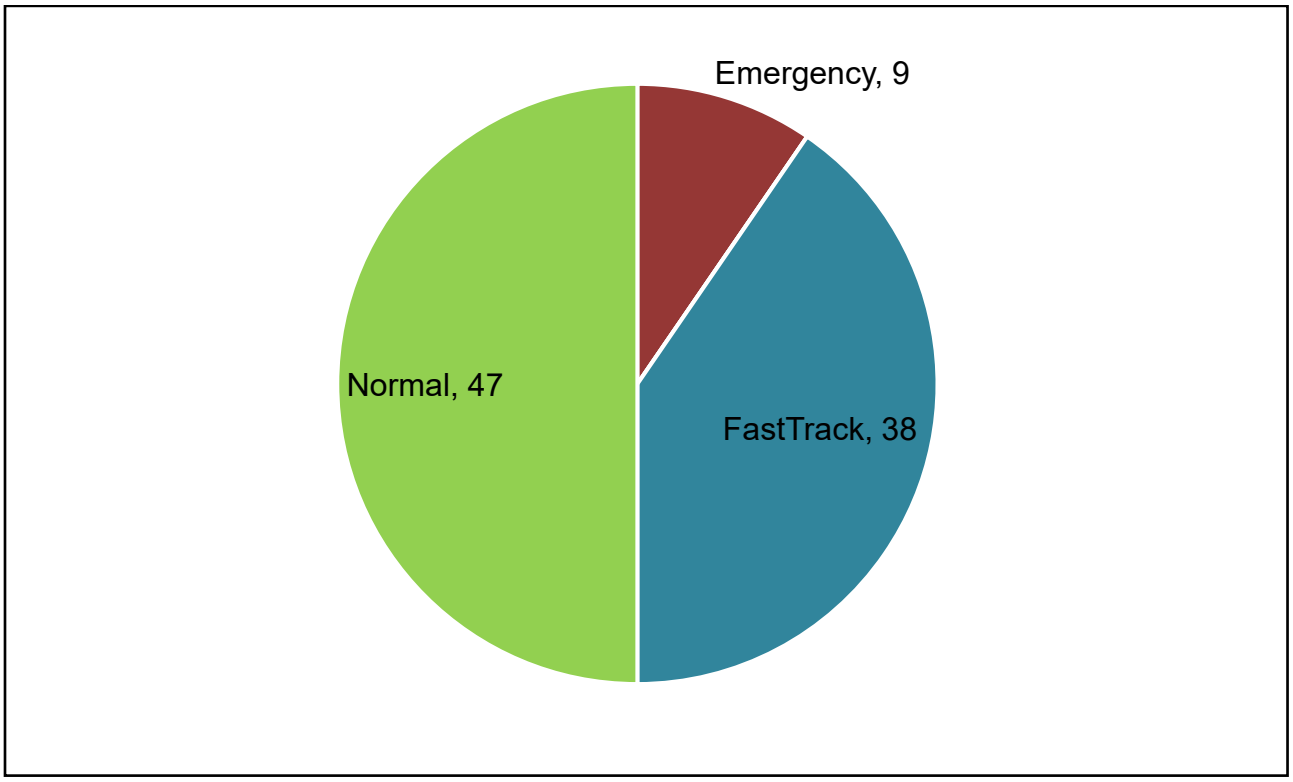
Lag-time Metrics/Key Performance Indicators (KPI)

AAH Encounters: Outbound 837	November-23	Target
Timeliness-% Within Lag Time – Institutional 0-90 days	94%	60%
Timeliness-% Within Lag Time – Institutional 0-180 days	99%	80%
Timeliness-% Within Lag Time – Professional 0-90 days	95%	65%
Timeliness-% Within Lag Time – Professional 0-180 days	99%	80%

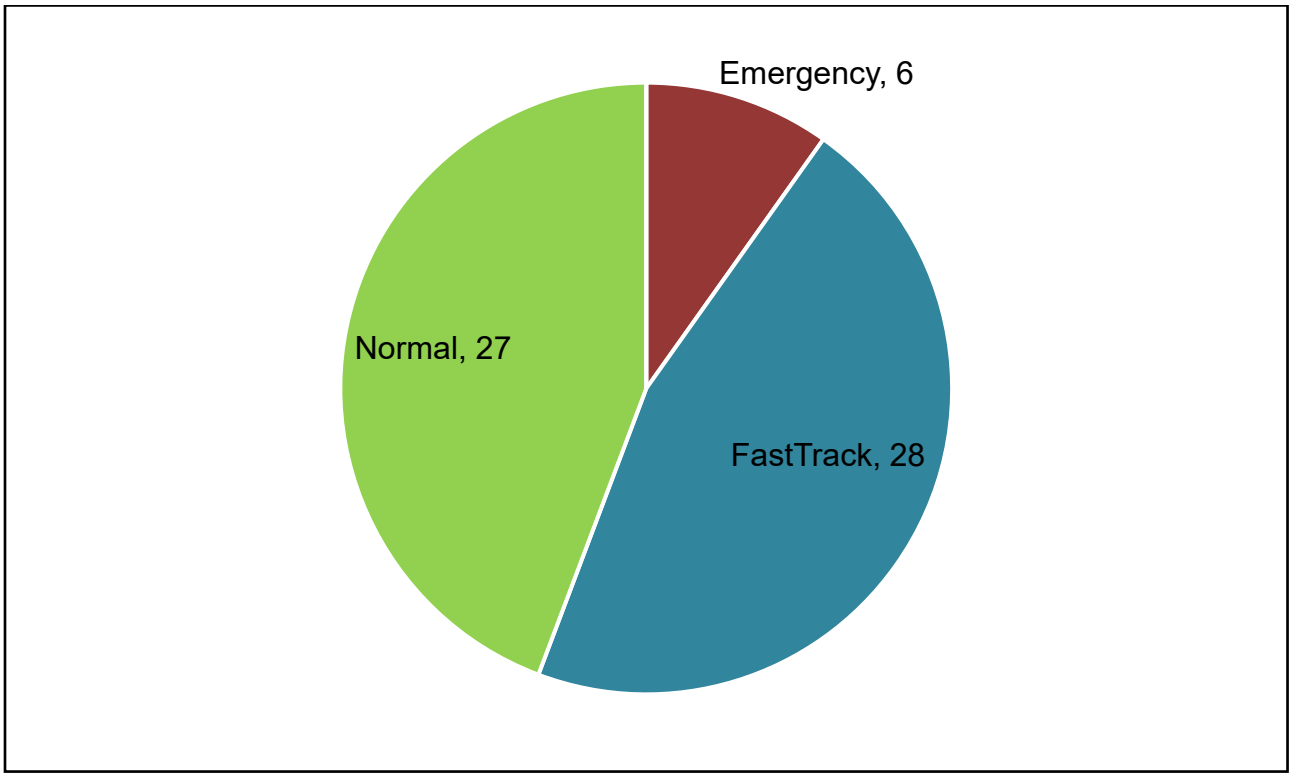
Change Management Key Performance Indicator (KPI)

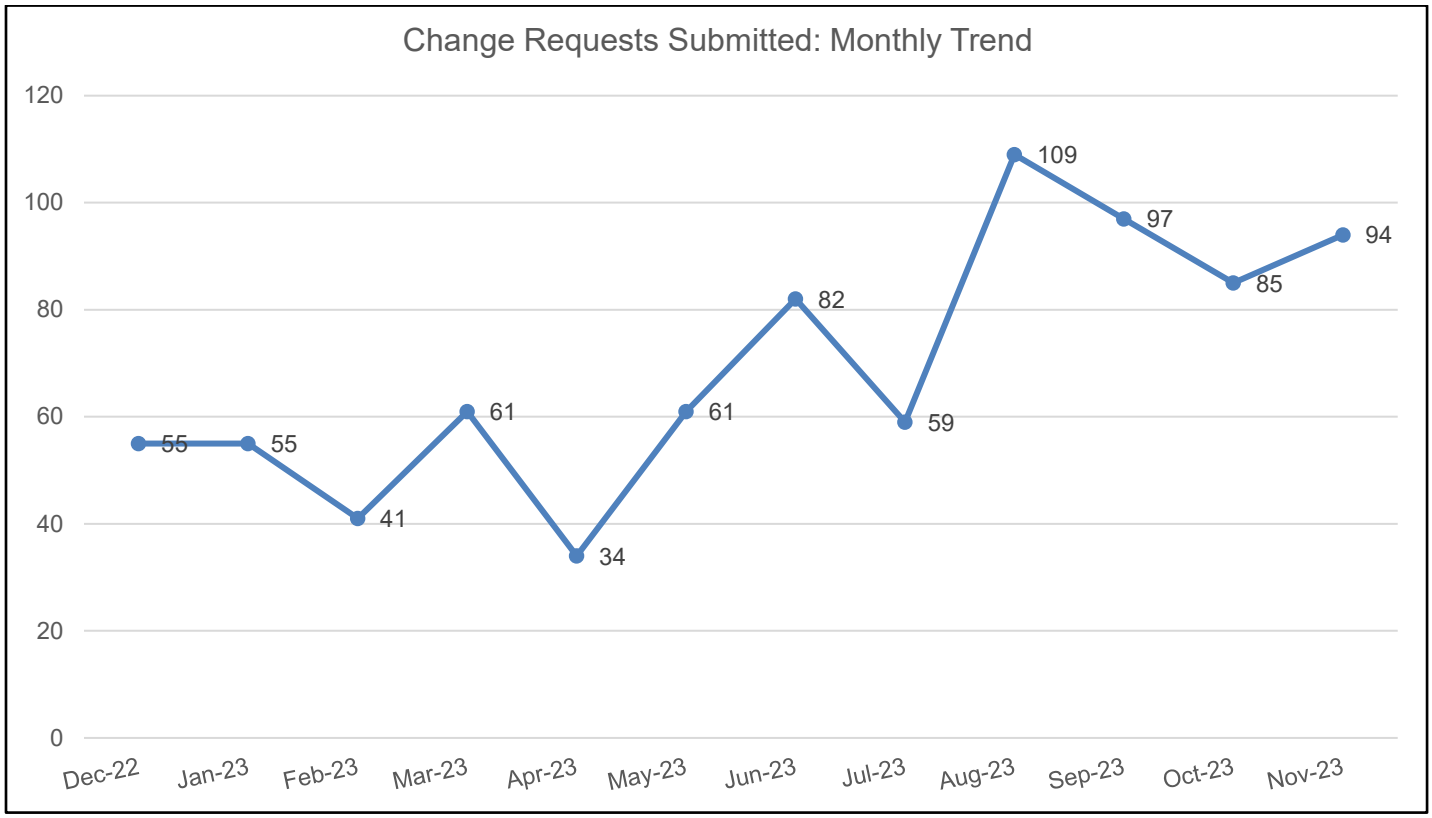
- Change Request Overall Summary in the month of November 2023 KPI:
  - 94 Changes Submitted.
  - 61 Changes Completed and Closed.
  - 208 Active Change Requests in pipeline.
  - 9 Change Requests Cancelled or Rejected.

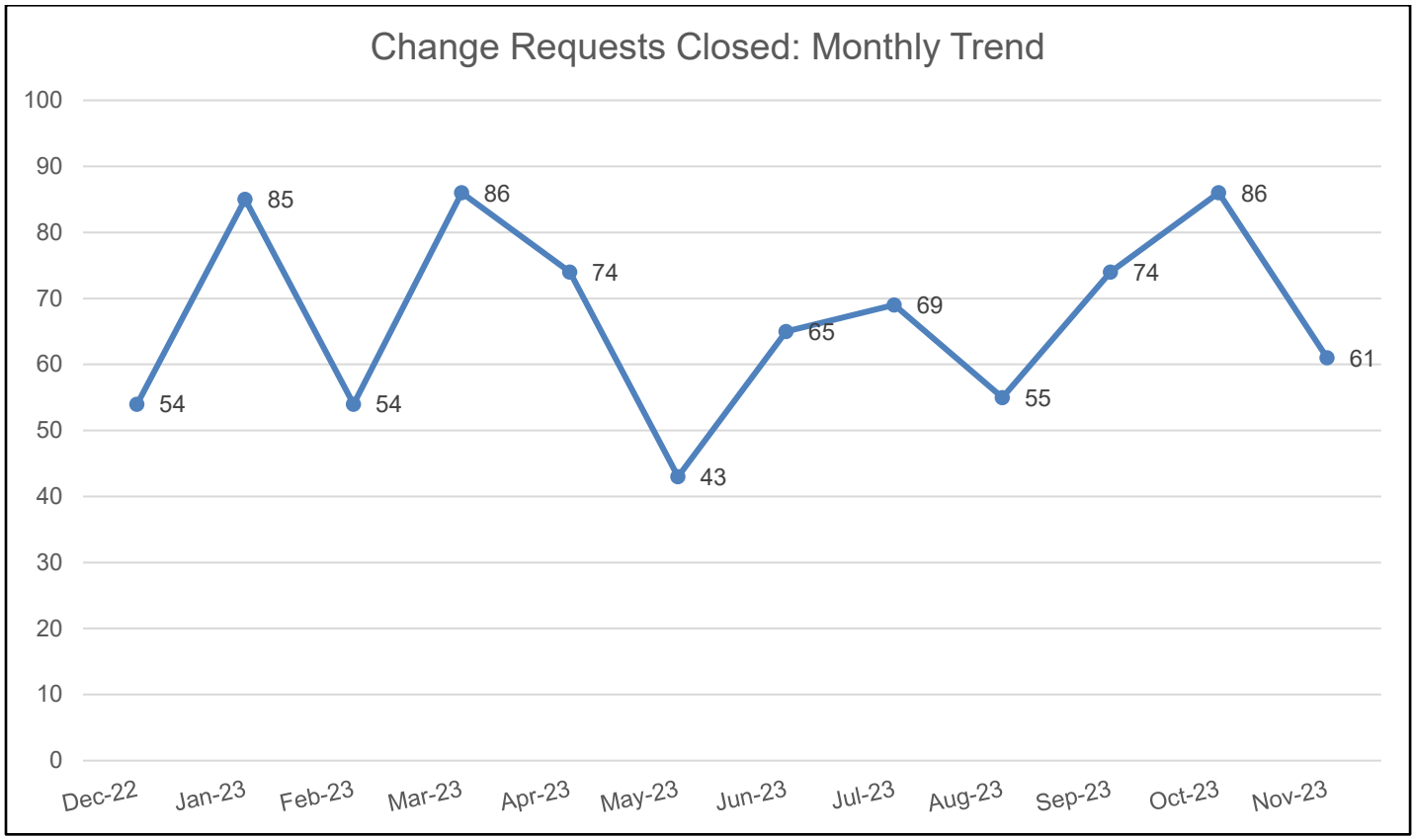
- 94 Change Requests Submitted/Logged in the month of November 2023



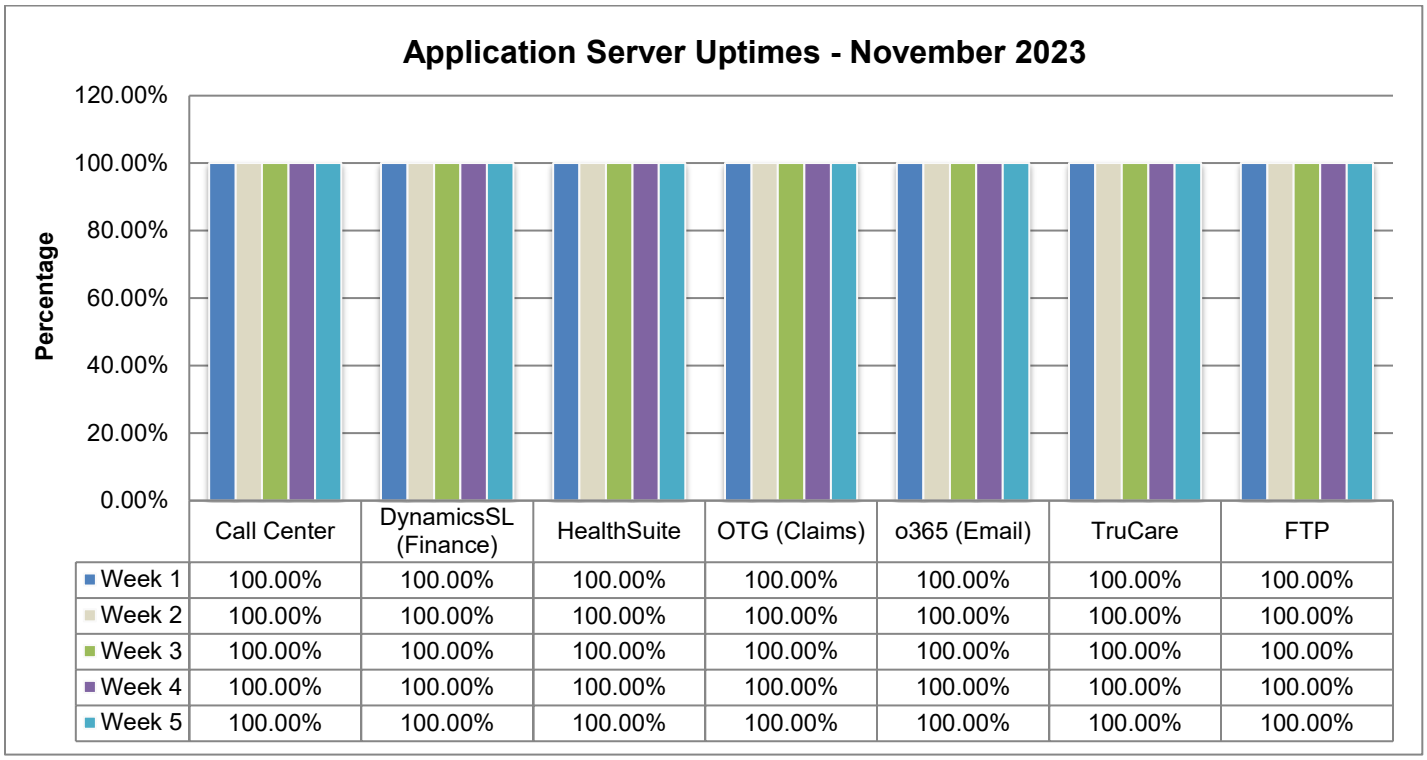
- 61 Change Requests Closed in the month of November 2023




Change Requests Submitted: Monthly Trend
120
100
80
60
40
20
0
55
55
41
61
34
61
82
59
109
97
85
94
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23
Oct-23
Nov-23

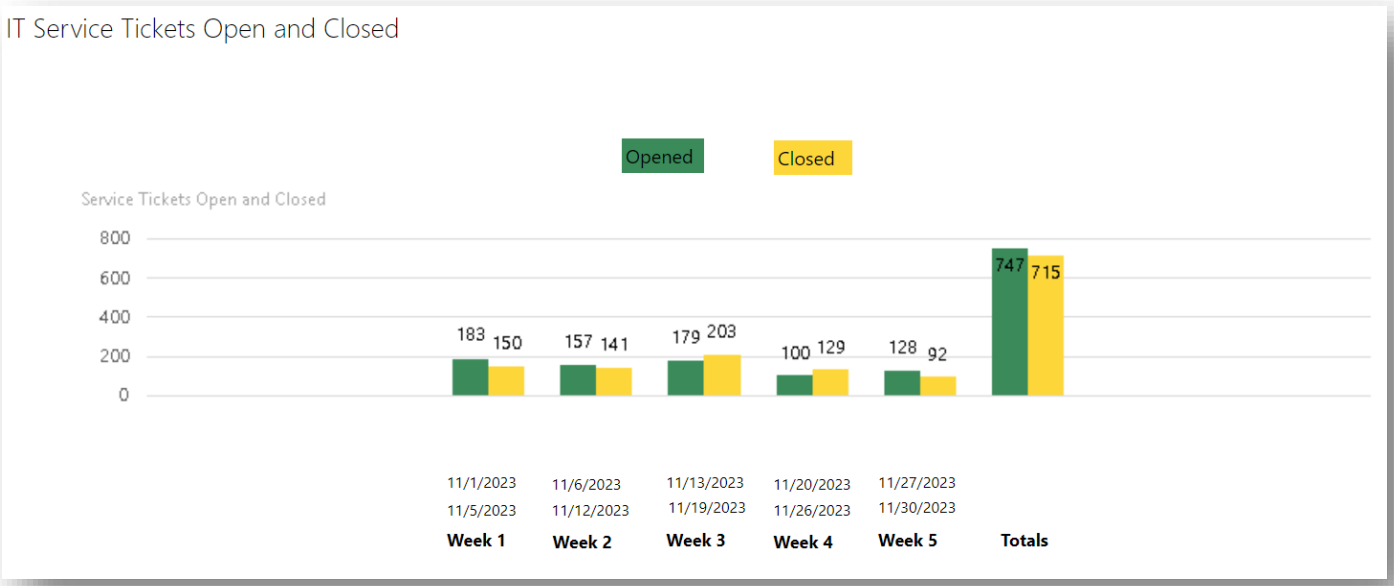

Change Requests Closed: Monthly Trend
100
90
80
70
60
50
40
30
20
10
0
54
85
54
86
74
43
65
69
55
74
86
61
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23
Oct-23
Nov-23

IT Stats: Infrastructure



	Call Center	DynamicsSL (Finance)	HealthSuite	OTG (Claims)	o365 (Email)	TruCare	FTP
Week 1	100.00%	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%	100.00%
Week 3	100.00%	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%	100.00%
Week 5	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

- All mission critical applications are monitored and managed thoroughly.
- We experienced delays with outbound faxes on November 17th, 2023, that lasted for 3 hours.
    - Outbound fax queue caught up and normalized by 6:30pm on November 17th, 2023.
- Responded to an external security incident that affected a tertiary partner that directly exchange data with one of our direct partners on November 21st, 2023.
    - Email
        - Blocked / Quarantined emails from chcnetwork.org / nativehealth.org.
    - FTP
        - Disabled CHCN Accounts.
        - Blocked / Quarantined chcnetwork.org / nativehealth.org.
    - Firewall
        - Blocked chcnetwork.org / nativehealth.org.



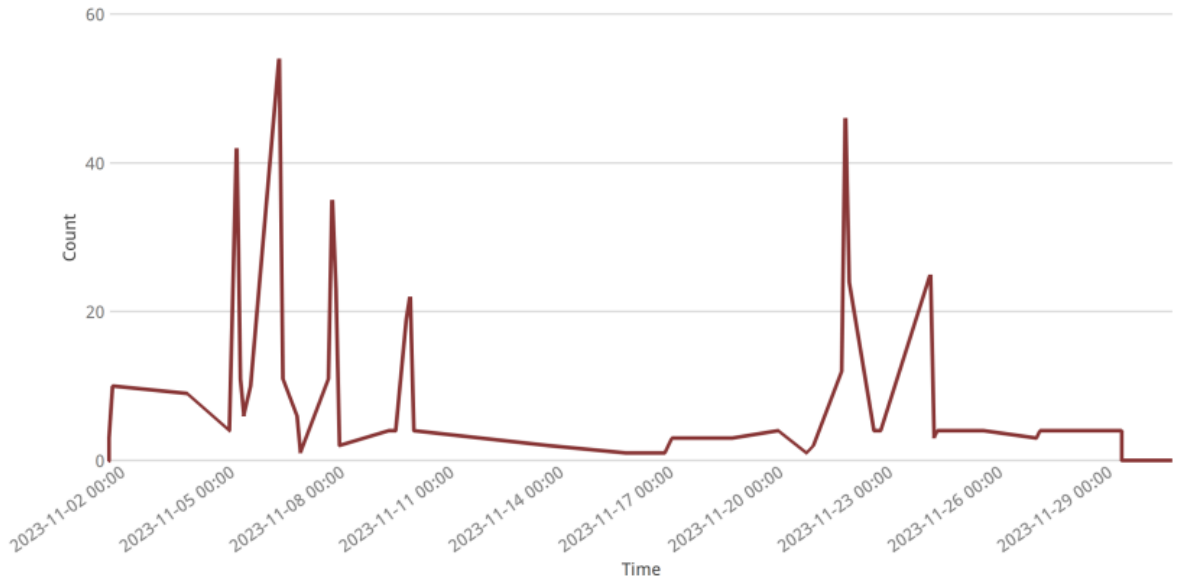
- 747 Service Desk tickets were opened in the month of November 2023, which is 10.6% lower than the previous month (831) and 20.5% lower than the previous 3-month average of 918.

- 715 Service Desk tickets were closed, which is 19.6% lower than the previous month (871) and 23.6% lower than the previous 3-month average of 907.

November 2023

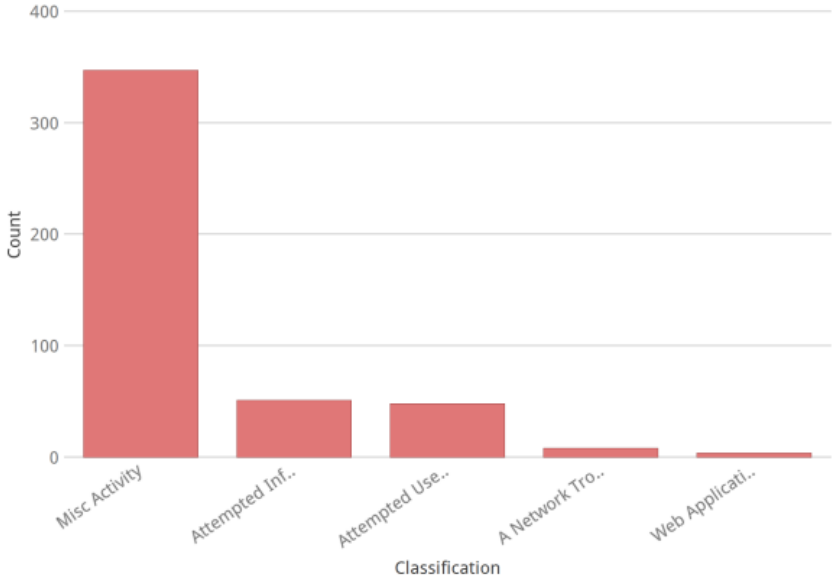
All Intrusion Events

Time Window: *2023-11-01 09:29:00 - 2023-11-30 09:29:00*



Dropped Intrusion Events

Time Window: *2023-11-01 09:30:00 - 2023-11-30 09:30:00*
Constraints: *Inline Result = !Alert,!Would **



Classification	Count
Misc Activity	347
Attempted Information Leak	51
Attempted User Privilege Gain	48
A Network Trojan was Detected	8
Web Application Attack	4

IronPort Email Security Gateways

Email Filters

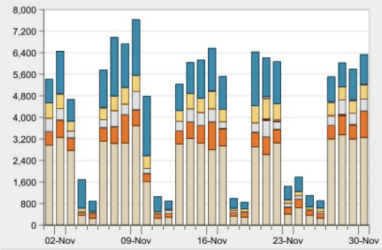
November 2023

MX4

Inbound Mail

01 Nov 2023 00:00 to 30 Nov 2023 23:59 (GMT -08:00) Data in time range:100.0 % complete

Incoming Mail Graph



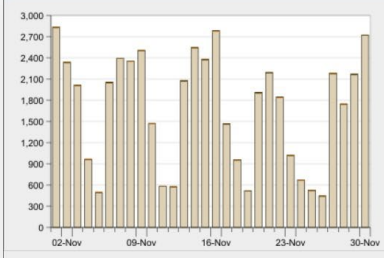
Export...

Incoming Mail Summary

Message Category	%	Messages
Stopped by IP Reputation Filtering	24.7%	32.5k
Stopped by Domain Reputation Filtering	0.3%	401
Stopped as Invalid Recipients	0.0%	41
Spam Detected	8.7%	11.5k
Virus Detected	0.0%	4
Detected by Advanced Malware Protection	0.0%	0
Messages with Malicious URLs	0.0%	4
Stopped by Content Filter	0.1%	167
Stopped by DMARC	0.0%	0
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	**33.8%**	**44.6k**
Marketing Messages	6.8%	8,973
Social Networking Messages	0.4%	511
Bulk Messages	10.7%	14.0k
Total Graymails:	**17.9%**	**23.5k**
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	48.3%	63.6k
Total Attempted Messages:		**131.7k**

Outbound Mail

Outgoing Mail Graph



Export...

Outgoing Mail Summary

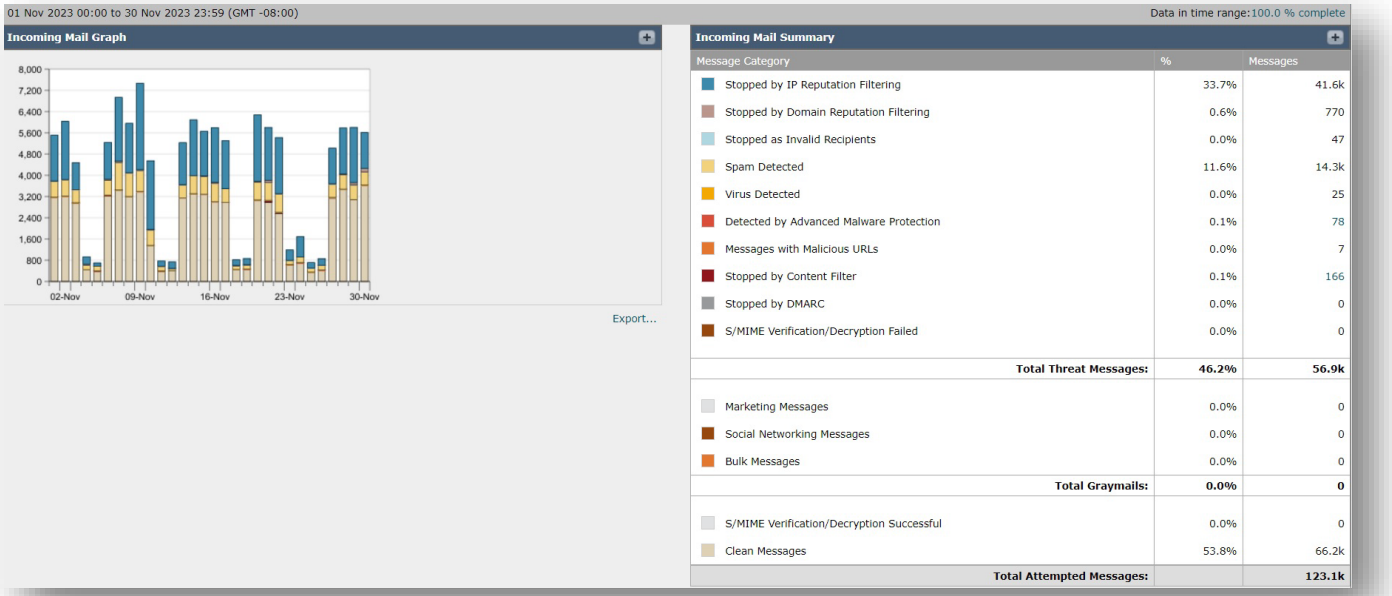
Message Processing	%	Messages
Spam Detected	0.1%	64
Virus Detected	0.0%	0
Detected by Advanced Malware Protection	0.0%	0
Messages with Malicious URLs	0.0%	0
Stopped by Content Filter	0.0%	0
Stopped by DLP	0.0%	0
Clean Messages	99.9%	50.6k
Total Messages Processed:		**50.7k**

Message Delivery	%	Messages
Hard Bounces	32.0%	16.0k
Delivered	68.0%	33.9k
Total Messages Delivered:		**49.9k**

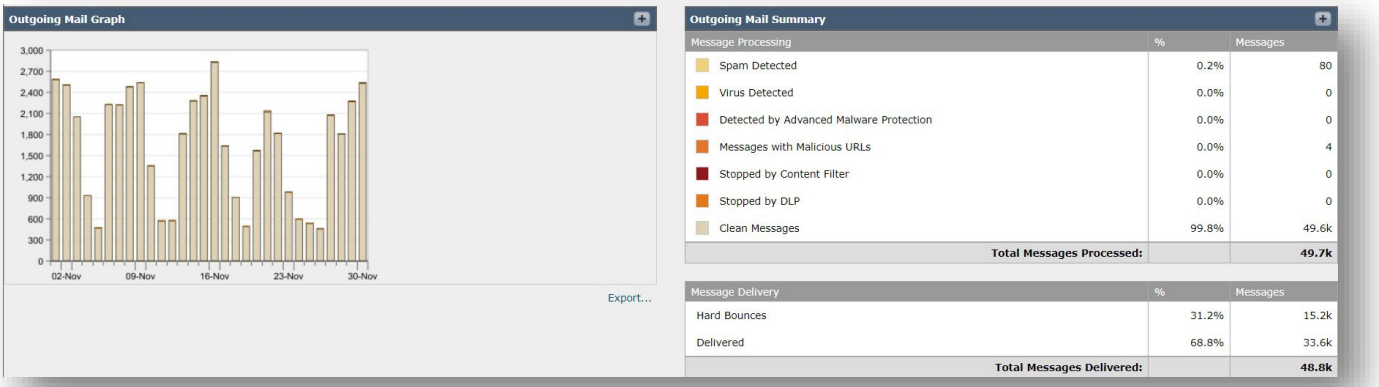
November 2023

MX9

Inbound Mail



Outbound Mail



Item / Date	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	*Sep-23*	Oct-23	*Nov-23*
Stopped By Reputation	23k	53.9k	41.9k	65.3k	60.9k	31.7k	33.2k	27.1k	30.4k	59.1k	*99.7k*	74k	*74.1k*
Invalid Recipients	87	184	204	68	75	97	113	92	82	79	*98*	86	*88*
Spam Detected	10.9k	10.8k	10.1k	12.5k	15.4k	14.5k	13.7k	14.1k	12.5k	27.9k	*33.1*	28.7k	*25.8k*
Virus Detected	3	2	1	3	0	2	9	1	5	3	*22*	10	*29*
Advanced Malware	0	0	1	1	0	0	3	1	0	1	*55*	37	*78*
Malicious URLs	61	14	35	34	27	6	478	233	170	6	*50*	97	*11*
Content Filter	77	23	37	33	40	115	127	162	56	39	*110*	114	*333*
Marketing Messages	16.1k	13.4k	13.7k	13.9k	15.5k	15.5k	18.5k	16.1k	15.7k	16.2k	*8.4k*	9.5k	*8.9k*
Attempted Admin Privilege Gain	40	112	61	61	115	170	4	50	173	51	*250*	6	*0*
Attempted User Privilege Gain	324	797	107	307	87	428	42	66	162	47	*329*	146	*48*
Attempted Information Leak	12.3k	78.9k	17.8k	17.1k	12.5k	24.4k	5	1	18	53	*118*	71	*51*
Potential Corp Policy Violation	0	1	0	0	0	0	4	2	0	0	*0*	0	*0*
Network Scans Detected	0	0	0	0	0	0	0	0	0	0	*0*	0	*0*
Web Application Attack	0	0	19	1	2	2	7	1	8	0	*15*	7	*4*
Attempted Denial of Service	214	117	0	0	2.9k	109	0	0	1	0	*4*	0	*0*
Misc. Attack	87	111	240	1,288	2	521	2	3	1,862	151	*2,901*	1,023	*347*

- 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 remained with a return to a reputation-based block for a total of 74.1k.
- Attempted information leaks detected and blocked at the firewall is at 51 for the month of November 2023.
- Network scans returned a value of 0, which is in line with previous month's data.
- Attempted User Privilege Gain is lower at 48 from a previous six-month average of 133.

ALAMEDA Alliance FOR HEALTH

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

Integrated Planning

Ruth Watson

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

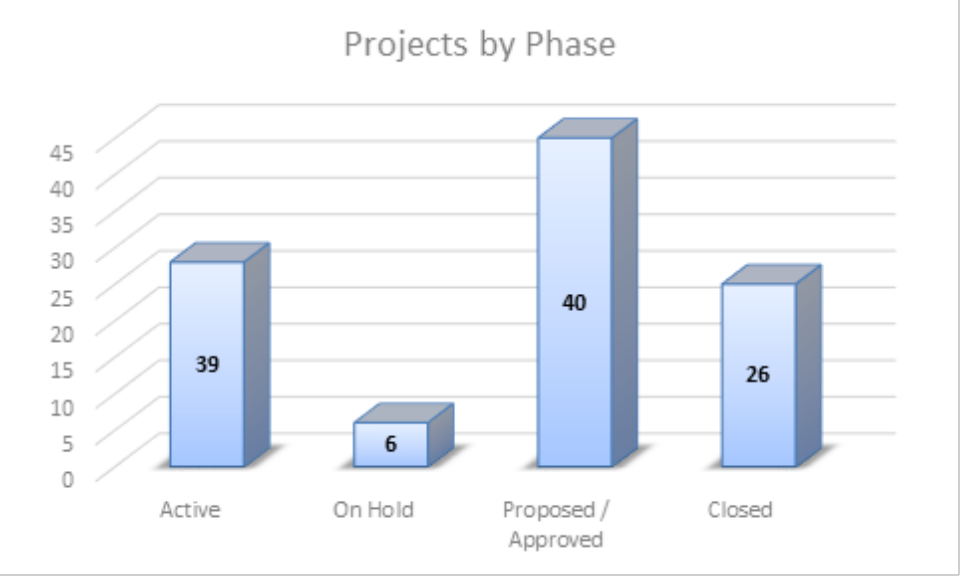
From: **Ruth Watson, Chief Operating Officer**

Date: **December 8th, 2023**

Subject: **Integrated Planning Division Report – November 2023 Activities**

Project Management Office

- 111 projects currently on the Alameda Alliance for Health (AAH) enterprise-wide portfolio
    - 39 Active projects (discovery, initiation, planning, execution, warranty)
    - 6 On Hold projects
    - 40 Proposed and Approved Projects
    - 26 Closed projects



Integrated Planning

CalAIM Initiatives

- Enhanced Care Management and Community Supports
    - Enhanced Care Management (ECM)
        - January 2024 ECM Populations of Focus (PoF)
            - Individuals Transitioning from Incarceration
                - ECM MOC Addendum III template was submitted to DHCS on October 12th, 2023

        - Updated Provider Capacity file submitted to DHCS on November 16th
    - Birth Equity – Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes
        - ECM MOC Addendum template was submitted to DHCS on October 2nd, 2023, and approved by DHCS on October 20th, 2023
        - Updated Provider Capacity document due to DHCS on November 1st, and approved by DHCS on November 15th, 2023
    - AAH will be contracting with additional providers to support these new PoFs
- Community Supports (CS)
    - MOC for January 2024 CS elections submitted to DHCS on July 5th, 2023, and is still awaiting approval
        - AAH is adding three (3) additional CS services effective January 1st, 2024
            - Sobering Centers
            - Nursing Facility Transition/Diversion to Assisted Living Facilities
            - Community Transition Services/Nursing Facility to a Home
        - AAH has received interest from various providers to contract for the provision of these new CS services

- Justice-Involved (JI) Initiative
    - DHCS announced the go-live date for the justice-involved initiative has moved from April 1st, 2024, to October 1st, 2024
        - Correctional facilities will have the ability to select their go-live date within a 24-month phase-in period (10/1/2024 – 9/30/2026)
        - Managed Care Plans (MCPs) must be prepared to coordinate with correctional facilities as of October 1st, 2024, even if facilities in their county will go-live at a later date
    - Bi-weekly workgroup meetings with Alameda County Sheriff's Office, Probation, and AAH continue to support collaboration on the strategy for this initiative
    - In November, AAH met with Alameda County Probation Department to understand their process flow and function within the carceral system
    - A follow-up meeting with HCSA was held on November 30th to continue discussing data sharing requirements for JI, specifically regarding data from the county's Social Health Information Exchange (SHIE) system
        - Additional meetings will be held internally to further define the data requirements for AAH to share with external agencies in support of the JI initiatives
    - AAH submitted our JI Provider Capacity Attachment and Exception Question response to DHCS on November 15th
    - AAH received approval from DHCS for the ECM MOC Addendum IV Birth Equity Provider Capacity spreadsheet on November 15th

- AAH sent contract amendments to the current ECM providers who are interesting in expanding their support to serve the JI population and a full contract was sent to one (1) new ECM provider
    - Weekly meetings to onboard the new ECM provider started on October 30th
- AAH continues to explore potential consultant services to support building our provider network, provide connections to the state prison system, and provide training for hiring and recruiting individuals with lived experience with the justice system
- AAH's pilot for post-release services began in July 2023 in preparation for the 2024 programs related to this population
    - Monthly reporting from Roots began in October; a one-time lookback report for July-September 2023 was also received that provided data from the start of the pilot program
    - The team has started analyzing the data we received from Roots to support the development of our strategy for the re-entry initiative that commences in 2024
    - Monthly check-ins with Roots are scheduled through 2023 and will continue into 2024

- Long Term Care (LTC) Carve-In – AAH became responsible for all members residing in LTC facilities as of January 1st, 2023, with the exception of Pediatric and Adult Subacute Facilities and Intermediate Care Facilities-Developmentally Disabled (ICF-DD), which go live January 1st, 2024
    - The following activities took place in November in preparation for this implementation:
        - Submitted 14 LTC Deliverables to DHCS on November 27th, 2023
        - Scheduled two (2) Subacute Provider Townhall Training sessions and two (2) ICF-DD Provider Townhall Training sessions for December
        - Analyzed the Treatment Authorization Request (TAR) data received from DHCS and initiated discussions with the Provider Contracting and Credentialing departments on how to prioritize efforts
        - LTSS Liaison continued to meet with ICF-DD homes to develop rapport and offer assistance with contracting
        - Continued configuration activities in various AAH IT platforms including claims and case management systems
        - Continued weekly meetings with the various AAH departments to complete deliverables
        - Created ICF-DD and Subacute Member and Provider Letters
        - Initiated planning activities for End-to-End testing in preparation for January 1st go-live
        - Continued preparation activities to create authorizations using the TAR data via a batch authorization process

- Population Health Management (PHM) Program – effective January 1st, 2023

- 2023 DHCS PHM Strategy deliverable
  - Submitted DHCS-required PHM Strategy documentation to DHCS on October 26th, 2023
  - Held initial meetings with Alameda County Health Care Services Agency (HCSA) and City of Berkeley, Health Housing and Community Services, regarding Alliance collaboration with the Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP)
  - Team will be proposing opportunities for collaborative goals that align with the Alliance PHM Strategy and the DHCS Clinical Quality Strategy Bold Goals
- 2023 DHCS PHM Monitoring requirements
  - Work continued to establish internal monitoring processes for PHM Key Performance Indicators (KPIs) and Quality metrics, including stratification by race, ethnicity, language, and age
  - Submitted 2nd quarterly report of PHM KPI data to DHCS on November 15th
  - Reviewing KPI performance and identifying areas for improvement

- Community Health Worker (CHW) Benefit – Medi-Cal benefit effective July 1st, 2022, designed to promote the MCP's contractual obligations to meet DHCS broader Population Health Management standards and as adjunctive services as part of the interventions to positively impact health outcomes
  - DHCS announced it will pause implementation of the certification process based on stakeholder input
    - AAH remains committed to building out it's CHW program and will adjust as new guidance is released
  - Developed a strategy to create infrastructure development, which includes:
    - Funding proposal to boost provider engagement; workgroup plans to present recommendations to COO by 12/8/2023
    - Exploring contracting and credentialing changes in adherence with DHCS updated All Plan Letter (APL) language
    - Creating workflows, advanced entity interest forms, and increase DEI datapoints
    - Collaborating with PHM team regarding risk stratification strategy to identify target populations
      - PHM internal meeting scheduled for 12/5/2023 to provide insight on specifics of target populations
      - Monitoring CHW Services (under PHM)
      - Developing data collection and quality strategy
    - Recruitment challenges remain a deterrent from program standup as many partners are CBOs and are new to billing Medi-Cal; additionally, the CHW reimbursement rate is low
  - CHW network building continues with potential CHW partners:
    - Youth Alive
    - Family Resource Navigators
    - Inspiring Communities
    - First 5

        - Dr. De La Cruz (pediatrics)
        - Pear Suite
        - Pair Team
        - Journey Health
        - Nutrible
    - AAH continues to participate in the HCSA CHW Practice Design Workgroup which includes County staff as well as representatives from organizations throughout the state who utilize CHWs (Community Health Workers)
    - Working with Provider Services department to develop communication strategy and documents

- CalAIM Incentive Payment Program (IPP) – three-year DHCS program to provide funding for the support of ECM and CS in 1) Delivery System Infrastructure, 2) ECM Provider Capacity Building, 3) Community Supports Provider Capacity Building and Community Supports Take-Up, and 4) Quality and Emerging CalAIM Priorities:
    - For Program Year 1 (1/1/2022 - 12/31/2022):
        - AAH earned $14.8M which was 100% of the allocated funds
        - AAH distributed funding to ten (10) providers and organizations to support the ECM and CS programs
    - For Program Year 2 (1/1/2023 - 12/31/2023):
        - AAH was allocated $15.1M for potential earnable dollars
        - On November 20th, the Alliance was notified by DHCS that it earned 60% of the 515 points allocated to Submission 3
            - DHCS will release funding no later than the estimated date of December 29th, 2023
        - AAH has distributed funding to twelve (12) providers and organizations to support the ECM and CS programs
    - AAH continues to work with Anthem in preparation for the January 2024 transition to a single plan model

- Dual Eligible Special Needs Plan (D-SNP) Implementation – All Medi-Cal MCPs will be required to implement a Medicare Medi-Cal Plan (MMP) as of January 1st, 2026
    - Evaluation of AAH systems to determine clinical and operational capabilities/readiness is in process and is on track for completion of the System Evaluation by December 29th, 2023
    - Initial review of the Proforma was completed on August 30th with COO and core project team
        - Proforma review with COO and CFO was completed on September 11th
        - AAH requested FY 2023 and 2024 information impacting financial projections to be added
        - Rebellis (project consultant) has updated the Proforma with the requested changes; follow-up review with the CEO, CFO, and COO is scheduled for December 14th
    - Development of the project schedule and project status reporting continues

Other Initiatives

Mental Health (Mild to Moderate/Autism Spectrum Disorder) Insourcing – services previously performed by Beacon Health Options were brought in-house on April 1st, 2023

- Coordination of Care Update Form – deployed 11/21/2023
- Project close-out is forecasted to be complete mid-December, 2023
    - Activities underway or completed include:
        - Business Transition Plan documented
        - Lessons Learned Survey conducted
        - Project Closure document created providing online locations of project artifacts
        - Documentation of additional efforts needed – New Project Requests must be submitted by the Project Driver
        - Meeting with Project Stakeholders to review closure plan

Student Behavioral Health Incentive Program (SBHIP) – DHCS program commenced January 1st, 2022, and continues through December 31st, 2024

- The first Bi-Quarterly Report (BQR) for the measurement period of January – June 2023, was submitted June 30th, 2023, and approved by DHCS on September 15th; payment in the amount of $1.1M (100% of eligible funds) was received on October 25th, 2023
- Partner meetings continue with Local Education Agencies (LEAs) to further refine project plan activities for successful completion of the milestones related to the July – December 2023 measurement period
    - Hayward Unified School District was highlighted at a DHCS webinar on November 30th, 2023, for their peer-to-peer counseling programs
- The Alameda County SBHIP Steering Group, comprised of Alameda County Office of Education (ACOE), Alameda County Center for Healthy Schools and Communities (CHSC), Alameda Alliance, and Anthem continues to meet to provide strategic program direction
    - The Steering Group will advise in the development of an Alameda County Learning Exchange (LE) which will support targeted interventions and development of sustainability resources for LEAs
- The Alliance has hosted two SBHIP LEs; participants include LEAs and Steering Group Partners, with a focus on program updates, LEA project plan sharing, current school-based behavioral landscape
    - In conjunction with Steering Group partners, the Alliance distributed a calendar of events for the remainder of the program period inclusive of Alliance, ACOE, and planned CHSC activities to promote foundational understanding, build capacity, and develop sustainability plans
    - ACOE hosted it's second SBHIP Medical Billing Learning Exchange on November 17th; these sessions are designed to help LEAs build billing capacity and to develop 'sustainability roadmaps' for SBHIP program activities
- To-date, $6.3M has been awarded to the Alliance for completed deliverables and a total of $5.4M has paid to LEA and SBHIP partners

Housing and Homelessness Incentive Program (HHIP) – DHCS program commenced January 1st, 2022, and continues through December 31st, 2023

- Compiling data and narrative responses for the Submission 2 (S2) Report for reporting period January – October 2023 is currently underway and is due to DHCS on December 29th, 2023
- HCSA continues to complete deliverables and milestones outlined in the December 2022 MOU:
    - HCSA has submitted eighteen (18) deliverables to-date:
        - HHIP data reporting (received on February 15th, 2023)
        - Housing Financial Supports Progress Report (received on March 30th and June 30th, 2023)
        - Street Medicine Data and Program Model and Contracting Recommendations (received on January 13th, March 30th, and June 20th, 2023)
        - 2023 Q1 and Q2 Housing Community Supports Capacity Building progress report (received April 20th, July 25th, 2023, and October 30th, 2023)
        - Housing Community Supports Legal Services Pilot grant agreement execution with legal service provider and hiring of 1.0 FTE staff attorney and completion of the first bi-quarterly program report
    - As of November 30th, $12.1M in total payments has been paid to HCSA for HHIP milestone completion
- Workgroup meetings continue with HCSA and Anthem Blue Cross, as well as internally, to implement Investment Plan initiatives related to street health, recuperative care coordination, medical respite, medically frail beds, data needs, and a housing community supports legal services pilot program
- DHCS previously shared a HHIP Reinvestment Fund Option (RFO) structure with MCPs in September; however, the RFO will no longer take place and DHCS is exploring other avenues for utilizing unearned funds

2024 Single Plan Model – activities related to the conversion from a two-plan model to a single plan model are included under one comprehensive program

- Managed Care Contract Operational Readiness (OR)
    - Group 2 Deliverables Status
        - Total Deliverables submitted to DHCS – 226
            - Approved by DHCS – 224
            - In Review – 0
            - Additional Information Requests (AIR) – 0
            - On Hold – 2
        - Upcoming Q4 2023 Operational Readiness Deliverable Dates
            - Deliverables due 12/29/2023 – ten (10) total deliverables
- MCP Member Transition
    - Anthem Member Transition – members currently assigned to Anthem will transition to AAH effective January 1st, 2024
        - 90-day notice was sent to transitioning members by Anthem on October 1st, notifying them of the transition
        - DHCS sent 60-day and 30-day notices on November 1st and December 1st

- Kaiser Direct Contract– members currently assigned to AAH but delegated to Kaiser will transition to Kaiser effective January 1st, 2024
  - Member assignment by AAH into the Kaiser subcontract froze on September 1st, 2023, except if the member qualified for CoC with Kaiser
  - 60-day and 30-day notices were sent to delegated members by Kaiser, notifying them of the transition.
- Bi-weekly workgroups are being held with Kaiser and Anthem in support of the transition work and collaboration between the plans
- DHCS released an updated MCP Member Transition Policy Guide on November 29th and now includes all chapters related to the transition
  - The guide was deconstructed by internal teams to identify deliverables within each section
- Project team is finalizing mapping of incoming data elements from Anthem to values within our medical management system, TruCare, to support development of a batch authorization process
- IT teams are currently developing a feature within our systems to flag members who were part of the member transition to support business units in their CoC workflows and case research efforts
- The initial submission of Previous MCP (Anthem) data was sent to AAH on Thursday, November 9th
  - As of November 30th, transportation data had not been received but is expected on December 1st
    - DHCS was made aware of this delay in data sharing for transportation
  - Weekly refreshes of Anthem CoC data will begin on December 5th
- AAH's initial review of our network overlap with Anthem varies widely from DHCS' estimates
  - A follow-up call with DHCS was held on November 30th to review AAH's internal analysis of network overlap with Anthem
  - DHCS is requesting an additional report of our internal analysis outlining our findings and discrepancies we have identified with the data received from Anthem
  - AAH will focus contracting efforts on providers in Alameda County and larger medical groups as our top priority; providers in contiguous counties will be the second priority
- DHCS Bi-weekly monitoring and oversight reporting began on November 22nd
  - Project team developed an internal process to gather the required reporting elements from the various business units
  - Next reporting submission to DHCS is on December 6th
- Member Transition CoC Workflow documentation is nearing completion for all impacted departments including Utilization Management, Case Management, Long-term Care, Behavioral Health, Provider Services, Member Services, and IT
  - Final workflows are out for approvals for each business unit.

- Business Continuity Plan – required as part of our 2024 Operational Readiness
  - Disaster Recovery Plan

        - Included in the overall Business Continuity Plan (BCP)
        - Development of the Disaster Recovery Plan is complete
    - Engagement with BCP Consultant – Quest
    - Quest is working with AAH business areas on the completion of the BCP Questionnaire
- Memorandums of Understanding (MOUs) with Third Parties – required as part of our 2024 Operational Readiness (OR)
    - MOUs associated with OR requirements due to DHCS on December 29th
    - DHCS has published seven (7) final DHCS MOU templates; one (1) MOU template for Women, Infant, and Children (WIC) is pending from DHCS
    - Two (2) MOUs have been moved from 12/29/2023 to 7/1/2024
        - Drug Medi-Cal/DMC-ODS MOU – Alcohol and Substance Use Disorder (SUD) treatment
        - LGA MOU – Targeted Case Management (TCM)
    - AAH will submit the first MOU Quarterly Report required by DHCS by December 29th, 2023

Adult Expansion – Effective January 1st, 2024, DHCS is expanding eligibility for full scope Medi-Cal to individuals who are 26 through 49 years of age and who do not have satisfactory immigration status (SIS) as required by Welfare and Institutions Code section 14011.2, if otherwise eligible. This new coverage is referred to as the Age 26-49 Adult Expansion.

- Estimated transitioning population is 25,000-30,000 members
- Transitioned members will be managed like our current Medi-Cal members
- The following activities are in progress in preparation for this expansion:
    - Member data transfer from CHCN completed; AHS member data transfer planned for December
        - Data from CHCN and AHS will include HealthPAC members
    - Completed network gap analysis utilizing the TAR data received in November
    - Preparing AAH's IT platforms to ingest the TAR data and create authorizations via a batch authorization process
    - Workgroups met to create Member benefit highlights on AAH's website utilizing the communication tool kit provided by DHCS

Equity and Practice Transformation (EPT) Payments Program – DHCS is implementing a one-time $700M primary care provider practice transformation program called the Equity and Practice Transformation (EPT) Payments Program. The five-year program is designed to advance health equity, reduce COVID-19-driven care disparities, and prepare practices to participate in alternative payment models.

- DHCS released program guidance, FAQs, assessment tool, and initial program application in August and September
- AAH identified provider practices eligible for the initial phase of the EPT program based on eligibility criteria provided by DHCS
- Sent fax blast to providers alerting them of the EPT program and added program information to AAH website on September 15th
- Preliminary meetings held with CHCN, AHS, CFMG, and interested practices to determine interest and address initial questions

- Engaged consultant to work with small and medium provider practices to assist in preparation of application
- A total of 14 program applications were submitted to DHCS on October 23rd, 2023, with the Alliance as the selected MCP
- AAH evaluated all 14 applications (5-6 are considered as small/medium sized practices) according to DHCS criteria and submitted scored applications to DHCS on November 21st, 2023
- DHCS will make final decisions on practices selected for program participation by December 11th, 2023, and the program will launch January 1st, 2024

Recruiting and Staffing

Integrated Planning Open position(s):

- No open positions at this time

Integrated Planning

Supporting Documents

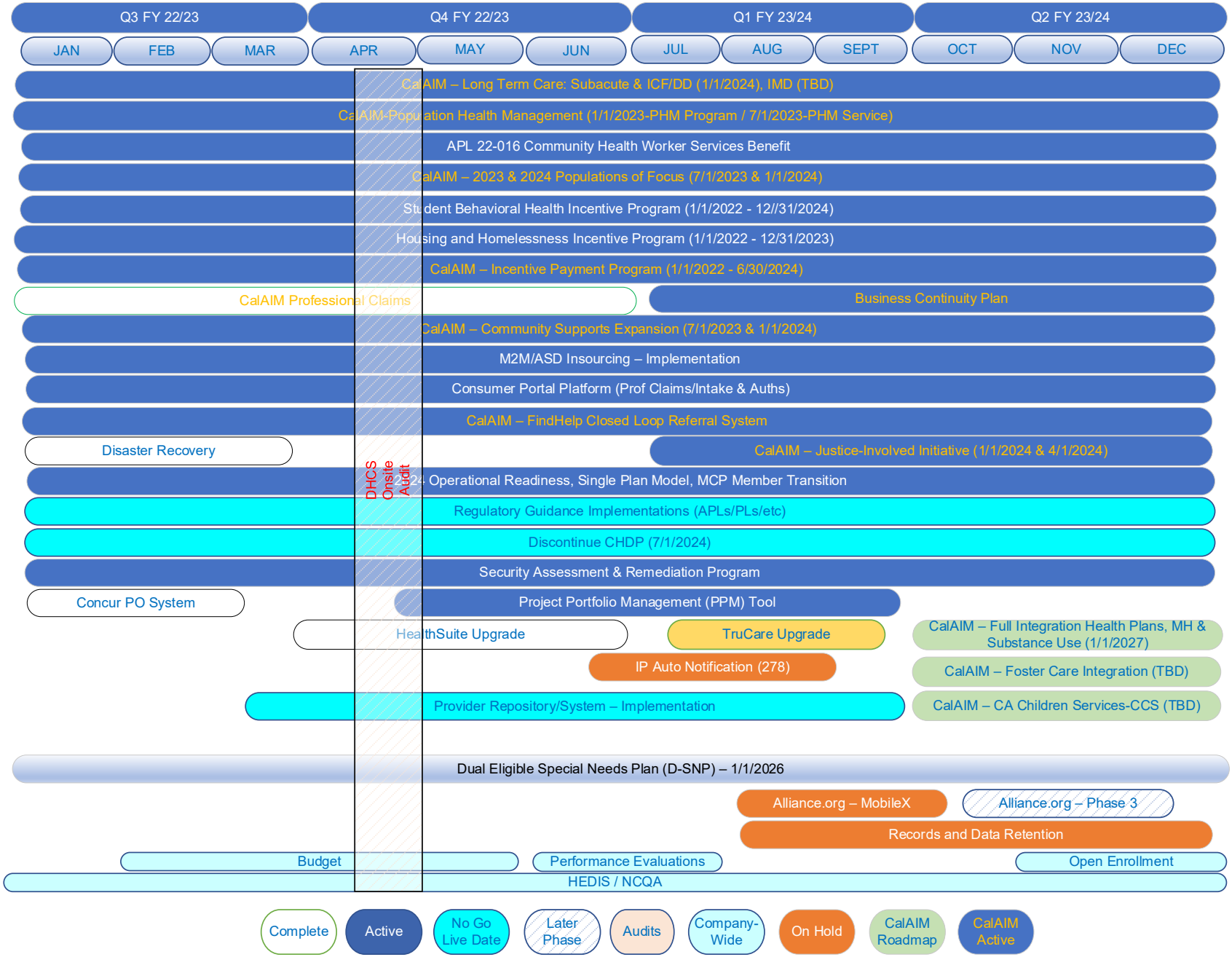
Project Descriptions

Key projects currently in-flight:

- California Advancing and Innovating Medi-Cal (CalAIM) – program to provide targeted and coordinated care for vulnerable populations with complex health needs
  - Enhanced Care Management (ECM) – ECM will target eight (8) specific populations of vulnerable and high-risk children and adults
    - Three (3) Populations of Focus (PoF) transitioned from HHP and/or WPC on January 1st, 2022
    - Two (2) additional PoF became effective on January 1st, 2023
    - One (1) PoF became effective on July 1st, 2023
    - Two (2) PoF will become effective on January 1st, 2024
  - Community Supports (CS) effective January 1st, 2022 – menu of optional services, including housing-related and flexible wraparound services, to avoid costlier alternatives to hospitalization, skilled nursing facility admission and/or discharge delays
    - As of January 1st, 2024, AAH will offer twelve (12) of the fourteen (14) DHCS-designated CS services
      - January 1st, 2022 – Six (6) Community Supports were implemented
      - July 1st, 2023 – Three (3) additional CS services went live
      - January 1st, 2024
        - Two (2) CS services that support the LTC PoFs that were effective January 2023 are being piloted in 7/1-12/31/2023 and will go live in January
        - One (1) additional CS service is also targeted for implementation
  - CalAIM Incentive Payment Program (IPP) – The CalAIM ECM and CS programs will require significant new investments in care management capabilities, ECM and CS infrastructure, information technology (IT) and data exchange, and workforce capacity across MCPs, city and county agencies, providers, and other community-based organizations. CalAIM incentive payments are intended to:
    - Build appropriate and sustainable ECM and ILOS capacity
    - Drive MCP investment in necessary delivery system infrastructure
    - Incentivize MCP take-up of ILOS
    - Bridge current silos across physical and behavioral health care service delivery
    - Reduce health disparities and promote health equity
    - Achieve improvements in quality performance
  - Long Term Care - benefit was carved into all MCPs effective January 1st, 2023, with the exception of Subacute and ICF-DD facilities which are scheduled for implementation January 1st, 2024; IMD facilities implementation date TBD
  - Justice Involved Initiative – adults and children/youth transitioning from incarceration or juvenile facilities will be enrolled into Medi-Cal upon release
    - DHCS is finalizing policy and operational requirements for MCPs to implement the CalAIM Justice-Involved Initiative
      - MCPs must be prepared to go live with ECM for the Individuals Transitioning from Incarceration as of January 1st, 2024

        - MCPs must be prepared to coordinate with correctional facilities to support reentry of members as the return to the community by October 1st, 2024
        - Correctional facilities will have two years from 10/1/2024-9/30/2026 to go live based on readiness
    - Population Health Management (PHM) – all Medi-Cal managed care plans were required to develop and maintain a whole system, person-centered population health management strategy effective January 1st, 2023. PHM is a comprehensive, accountable plan of action for addressing Member needs and preferences, and building on their strengths and resiliencies across the continuum of care that:
        - Builds trust and meaningfully engages with Members;
        - Gathers, shares, and assesses timely and accurate data on Member preferences and needs to identify efficient and effective opportunities for intervention through processes such as data-driven risk stratification, predictive analytics, identification of gaps in care, and standardized assessment processes;
        - Addresses upstream factors that link to public health and social services;
        - Supports all Members staying healthy;
        - Provides care management for Members at higher risk of poor outcomes;
        - Provides transitional care services for Members transferring from one setting or level of care to another; and
        - Identifies and mitigates social drivers of health to reduce disparities
    - Dual Eligible Special Needs Plan (D-SNP) Implementation – All Medi-Cal MCPs will be required to operate Medicare Medi-Cal Plans (MMPs), the California-specific program name for Exclusively Aligned Enrollment Dual Eligible Special Needs Plans (EAE D-SNPs) by January 2026 in order to provide better coordination of care and improve care integration and person-centered care. Additionally, this transition will create both program and financial alignment, simplify administration and billing for providers and plans, and provide a more seamless experience for dual eligible beneficiaries by having one plan manage both sets of benefits for the beneficiary.
- Community Health Worker Services Benefit – Community Health Worker (CHW) services became a billable Medi-Cal benefit effective July 1st, 2022. CHW services are covered as preventive services on the written recommendation of a physician or other licensed practitioner of the healing arts within their scope of practice under state law for individuals who need such services to prevent disease, disability, and other health conditions or their progression; prolong life; and promote physical and mental health and well-being
- Student Behavioral Health Incentive Program (SBHIP) – program launched in January 2022 to support new investments in behavioral health services, infrastructure, information technology and data exchange, and workforce capacity for school-based and school-affiliated behavioral health providers. Incentive payments will be paid to Medi-Cal managed care plans (MCPs) to build infrastructure, partnerships, and capacity, statewide, for school behavioral health services
- Housing and Homelessness Incentive Program (HHIP) – program launched in January 2022 and is part of the Home and Community-Based (HCBS) Spending Plan
    - Enables MCPs to earn incentive funds for making progress in addressing homelessness and housing insecurity as social determinants of health

    - MCPs must collaborate with local homeless Continuums of Care (CoCs) and submit a Local Homelessness Plan (LHP) to be eligible for HHIP funding
- 2024 Single Plan Model
    - 2024 Managed Care Plan Contract Operational Readiness – new MCP contract developed as part of Procurement RFP; all MCPs must adhere to new contract effective January 1st, 2024
        - Business Continuity Plan required as part of Operational Readiness
        - MOUs with third parties required as part of Operational Readiness
    - MCP Member Transition
        - Anthem members will transition to AAH effective January 1st, 2024
        - Members currently delegated to Kaiser will transition to Kaiser as part of their direct contract with DHCS effective January 1st, 2024
- Equity and Practice Transformation (EPT) Payments Program – new program released by DHCS in August 2023 and is a one-time $700M primary care provider practice transformation program designed to advance health equity, reduce COVID-19-driven care disparities, and prepare practices to participate in alternative payment models
    - EPT is for primary care practices, including Family Medicine, Internal Medicine, Pediatrics, Primary Care 0B/GYN, and/or Behavioral Health in an integrated primary care setting
    - Medi-Cal Managed Care Plan (MCP) Initial Provider Planning Incentive Payments
        - $25 million over one (1) year to incentivize MCPs to identify and work with small-to medium-sized independent practices as they develop practice transformation plans and applications to the larger EPT Provider Directed Payment Program
    - EPT Provider Directed Payment Program
        - $650 million over five (5) years to support delivery system transformation, specifically targeting primary care practices that provide primary care pediatrics, family medicine, internal medicine, primary care OB/GYN services, or behavioral health services that are integrated in a primary care setting to Medi-Cal members; $200 million of the $650 million will be dedicated to preparing practices for value-based care
    - The Statewide Learning Collaborative
        - $25 million over five (5) years to support participants in the Provider Directed Payment Program in implementation of practice transformation activities, sharing and spread of best practices, practice coaching activities, and achievement of stated quality and equity goals
- Adult Expansion – Senate Bill (SB) 184 (Chapter 47, Statutes of 2022) amended Welfare and Institutions Code section 14007.8 to expand eligibility for full scope Medi-Cal to individuals who are 26 through 49 years of age and who do not have satisfactory immigration status (SIS) as required by Welfare and Institutions Code section 14011.2, if otherwise eligible. This new coverage is referred to as the Age 26-49 Adult Expansion and is effective January 1st, 2024.


Q3 FY 22/23
Q4 FY 22/23
Q1 FY 23/24
Q2 FY 23/24
JAN
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEPT
OCT
NOV
DEC
CalAIM – Long Term Care: Subacute & ICF/DD (1/1/2024), IMD (TBD)
CalAIM-Population Health Management (1/1/2023-PHM Program / 7/1/2023-PHM Service)
APL 22-016 Community Health Worker Services Benefit
CalAIM – 2023 & 2024 Populations of Focus (7/1/2023 & 1/1/2024)
Student Behavioral Health Incentive Program (1/1/2022 - 12//31/2024)
Housing and Homelessness Incentive Program (1/1/2022 - 12/31/2023)
CalAIM – Incentive Payment Program (1/1/2022 - 6/30/2024)
CalAIM Professional Claims
Business Continuity Plan
CalAIM – Community Supports Expansion (7/1/2023 & 1/1/2024)
M2M/ASD Insourcing – Implementation
Consumer Portal Platform (Prof Claims/Intake & Auths)
CalAIM – FindHelp Closed Loop Referral System
Disaster Recovery
CalAIM – Justice-Involved Initiative (1/1/2024 & 4/1/2024)
DHCS Onsite Audit
24 Operational Readiness, Single Plan Model, MCP Member Transition
Regulatory Guidance Implementations (APLs/PLs/etc)
Discontinue CHDP (7/1/2024)
Security Assessment & Remediation Program
Concur PO System
Project Portfolio Management (PPM) Tool
HealthSuite Upgrade
TruCare Upgrade
CalAIM – Full Integration Health Plans, MH & Substance Use (1/1/2027)
IP Auto Notification (278)
CalAIM – Foster Care Integration (TBD)
Provider Repository/System – Implementation
CalAIM – CA Children Services-CCS (TBD)
Dual Eligible Special Needs Plan (D-SNP) – 1/1/2026
Alliance.org – MobileX
Alliance.org – Phase 3
Records and Data Retention
Budget
Performance Evaluations
Open Enrollment
HEDIS / NCQA
Complete
Active
No Go Live Date
Later Phase
Audits
Company-Wide
On Hold
CalAIM Roadmap
CalAIM Active

Analytics

Tiffany Cheang

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

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

Date: **December 8th, 2023**

Subject: **Performance & Analytics Report**

Member Cost Analysis

The Member Cost Analysis below is based on the following 12 month rolling periods:

Current reporting period: Sep 2022 – Aug 2023 dates of service
Prior reporting period: Sep 2021 – Aug 2022 dates of service
(Note: Data excludes Kaiser membership data.)

- For the Current reporting period, the top 9.9% of members account for 87.7% of total costs.
- In comparison, the Prior reporting period was lower at 9.4% of members accounting for 83.6% of total costs.
- Characteristics of the top utilizing population remained fairly consistent between the reporting periods:
    - The SPD (non duals) and ACA OE categories of aid decreased to account for 57.1% of the members, with SPDs accounting for 24.5% and ACA OE's at 32.5%.
    - The percent of members with costs >= $30K increased from 2.0% to 2.7%.
    - Of those members with costs >= $100K, the percentage of total members has slightly increased to 0.6%.
        - For these members, non-trauma/pregnancy inpatient costs continue to comprise the majority of costs, decreasing to 42.3%.
    - 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 9.9% is more concentrated in the 45-66 year old category (38.2%) compared to the overall population (20.7%).

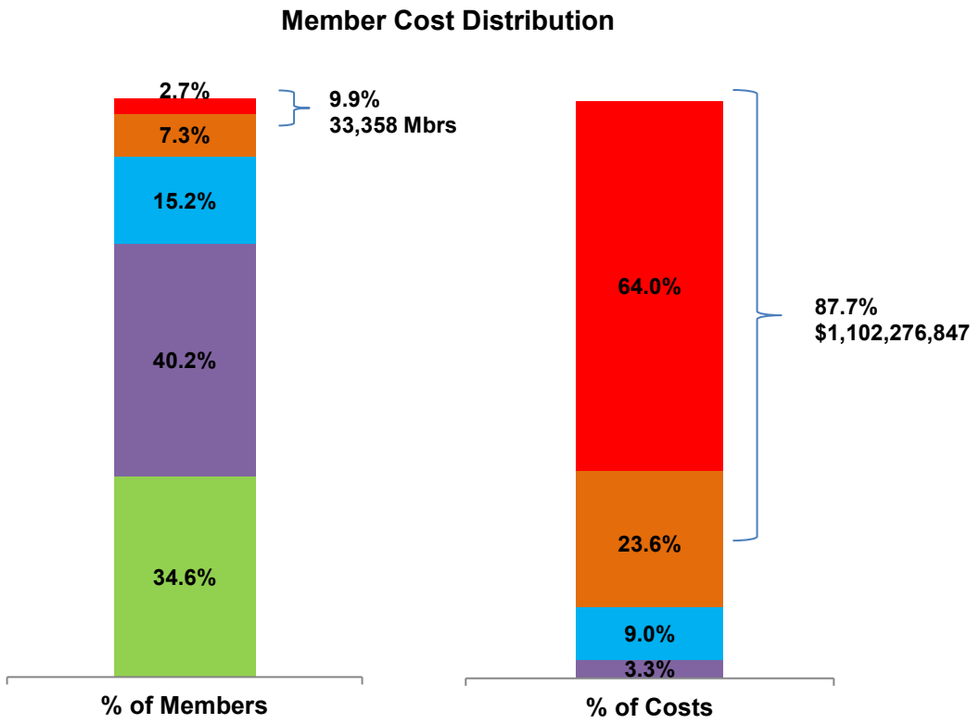
Analytics

Supporting Documents

Alameda Alliance for Health - Analytics Supporting Documentation: Member - Cost Analysis
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Sep 2022 - Aug 2023

Note: Data incomplete due to claims lag

Run Date: 11/29/2023



Cost Range	Members	% of Members	Costs	% of Costs
$30K+	9,024	2.7%	$ 805,144,916	64.0%
$5K - $30K	24,334	7.3%	$ 297,131,931	23.6%
$1K - $5K	50,995	15.2%	$ 113,692,768	9.0%
< $1K	134,922	40.2%	$ 41,469,933	3.3%
$0	116,118	34.6%	$ -	0.0%
Totals	**335,393**	**100.0%**	**$ 1,257,439,548**	**100.0%**

Top 9.9% of Members = 87.7% of Costs

Cost Range	Members	% of Total Members	Costs	% of Total Costs
$100K+	1,924	0.6%	$ 429,571,057	34.2%
$75K to $100K	959	0.3%	$ 82,479,188	6.6%
$50K to $75K	2,461	0.7%	$ 150,047,047	11.9%
$40K to $50K	1,536	0.5%	$ 68,838,696	5.5%
$30K to $40K	2,144	0.6%	$ 74,208,928	5.9%
SubTotal	***9,024***	***2.7%***	***$ 805,144,916***	***64.0%***
$20K to $30K	3,471	1.0%	$ 84,863,112	6.7%
$10K to $20K	9,153	2.7%	$ 128,373,211	10.2%
$5K to $10K	11,710	3.5%	$ 83,895,608	6.7%
SubTotal	***24,334***	***7.3%***	***$ 297,131,931***	***23.6%***
Total	**33,358**	***9.9%***	**$ 1,102,276,847**	***87.7%***

Enrollment Status	Members	Total Costs
Still Enrolled as of Aug 2023	302,503	$ 1,138,249,671
Dis-Enrolled During Year	32,890	$ 119,189,877
Totals	**335,393**	**$ 1,257,439,548**

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
9.9% of Members = 87.7% of Costs
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Sep 2022 - Aug 2023
Note: Data incomplete due to claims lag
Run Date: 11/29/2023

9.9% of Members = 87.7% of Costs
24.5% of members are SPDs and account for 29.6% of costs.
32.5% of members are ACA OE and account for 31.9% of costs.
6.8% of members disenrolled as of Aug 2023 and account for 10.0% of costs.

Highest Cost Members; Cost Per Member >= $100K
35.6% of members are SPDs and account for 34.2% of costs.
34.0% of members are ACA OE and account for 34.9% of costs.
13.0% of members disenrolled as of Aug 2023 and account for 14.3% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Members	% of Members
IHSS	IHSS	154	605	759	2.3%
MCAL	MCAL - ADULT	835	4,585	5,420	16.2%
	MCAL - BCCTP	-	-	-	0.0%
	MCAL - CHILD	372	1,942	2,314	6.9%
	MCAL - ACA OE	2,648	8,206	10,854	32.5%
	MCAL - SPD	2,725	5,458	8,183	24.5%
	MCAL - DUALS	592	1,956	2,548	7.6%
	MCAL - LTC	114	5	119	0.4%
	MCAL - LTC-DUAL	788	89	877	2.6%
Not Eligible	Not Eligible	796	1,488	2,284	6.8%
Total		**9,024**	**24,334**	**33,358**	**100.0%**

Member Breakout by LOB

LOB	Eligibility Category	Total Members	% of Members
IHSS	IHSS	27	1.4%
MCAL	MCAL - ADULT	177	9.2%
	MCAL - BCCTP	-	0.0%
	MCAL - CHILD	42	2.2%
	MCAL - ACA OE	654	34.0%
	MCAL - SPD	684	35.6%
	MCAL - DUALS	38	2.0%
	MCAL - LTC	28	1.5%
	MCAL - LTC-DUAL	23	1.2%
Not Eligible	Not Eligible	251	13.0%
Total		**1,924**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Costs	% of Costs
IHSS	IHSS	$ 11,416,585	$ 6,913,231	$ 18,329,816	1.7%
MCAL	MCAL - ADULT	$ 74,902,466	$ 53,269,423	$ 128,171,889	11.6%
	MCAL - BCCTP	$ -	$ -	$ -	0.0%
	MCAL - CHILD	$ 24,997,185	$ 22,470,251	$ 47,467,436	4.3%
	MCAL - ACA OE	$ 252,008,615	$ 99,847,250	$ 351,855,866	31.9%
	MCAL - SPD	$ 255,644,102	$ 70,500,249	$ 326,144,351	29.6%
	MCAL - DUALS	$ 38,921,801	$ 23,568,027	$ 62,489,828	5.7%
	MCAL - LTC	$ 9,572,664	$ 68,053	$ 9,640,717	0.9%
	MCAL - LTC-DUAL	$ 46,651,149	$ 1,552,675	$ 48,203,824	4.4%
Not Eligible	Not Eligible	$ 91,030,348	$ 18,942,772	$ 109,973,120	10.0%
Total		**$ 805,144,916**	**$ 297,131,931**	**$ 1,102,276,847**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Total Costs	% of Costs
IHSS	IHSS	$ 4,696,652	1.1%
MCAL	MCAL - ADULT	$ 41,781,471	9.7%
	MCAL - BCCTP	$ -	0.0%
	MCAL - CHILD	$ 9,636,320	2.2%
	MCAL - ACA OE	$ 149,805,159	34.9%
	MCAL - SPD	$ 146,879,958	34.2%
	MCAL - DUALS	$ 8,487,401	2.0%
	MCAL - LTC	$ 3,965,547	0.9%
	MCAL - LTC-DUAL	$ 2,874,639	0.7%
Not Eligible	Not Eligible	$ 61,443,909	14.3%
Total		**$ 429,571,057**	**100.0%**

% of Total Costs By Service Type

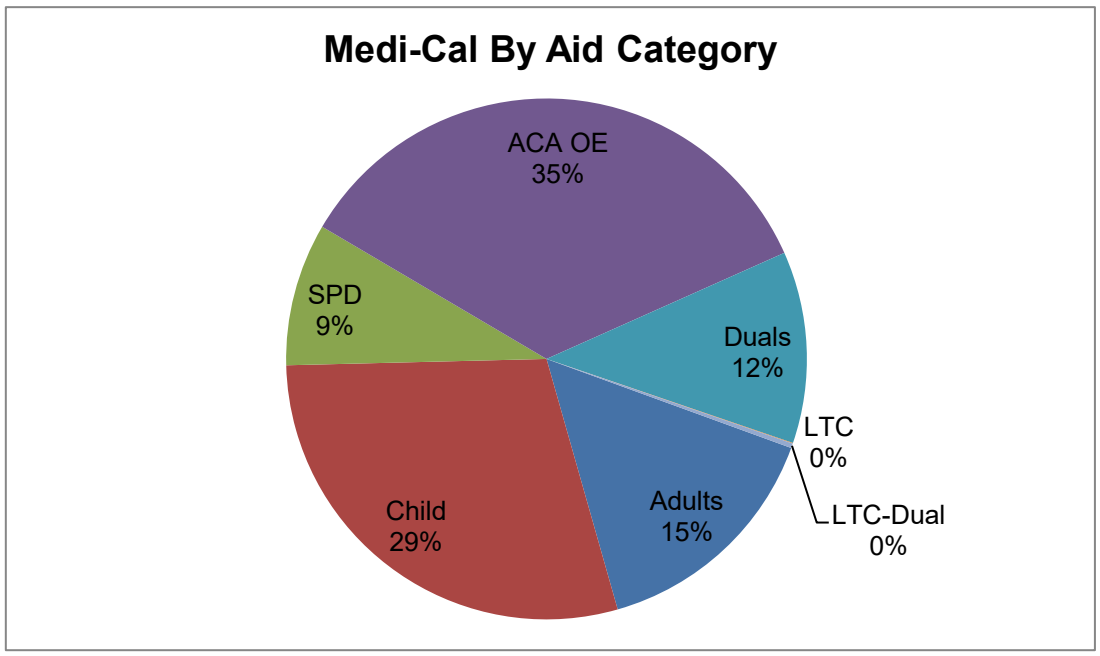
Breakout by Service Type/Location

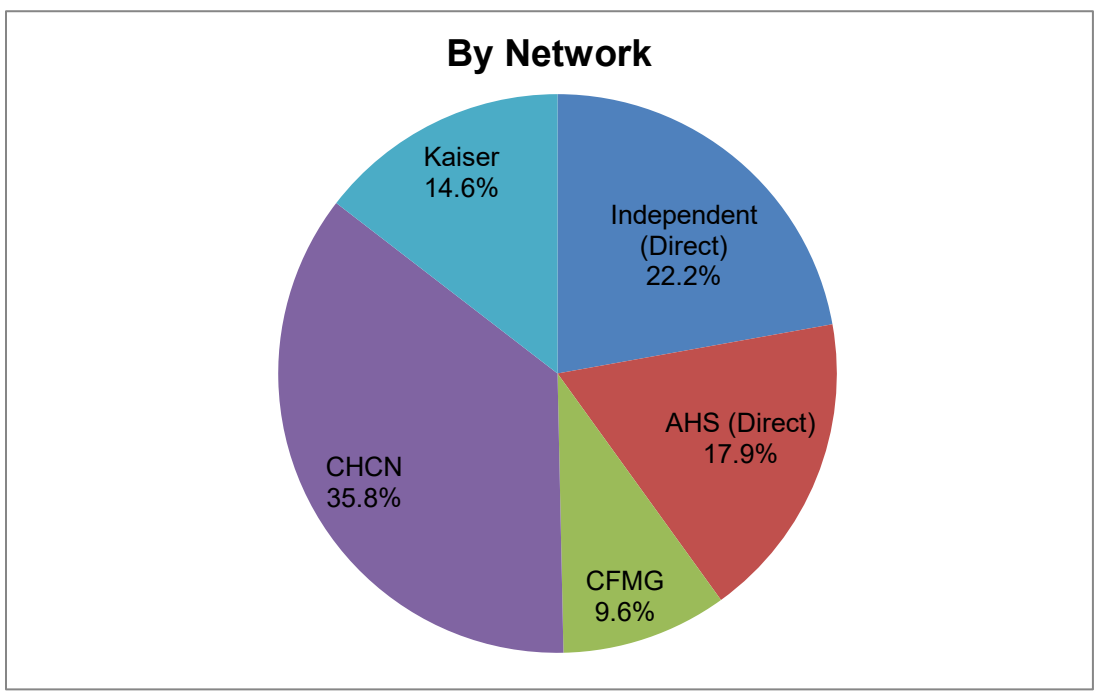
Cost Range	Trauma Costs	Hep C Rx Costs	Pregnancy, Childbirth & Newborn Related Costs	Pharmacy Costs	Inpatient Costs (POS 21)	ER Costs (POS 23)	Outpatient Costs (POS 22)	Office Costs (POS 11)	Dialysis Costs (POS 65)	Other Costs (All Other POS)
$100K+	8%	0%	1%	0%	51%	1%	14%	4%	2%	10%
$75K to $100K	5%	0%	1%	1%	30%	2%	7%	4%	6%	28%
$50K to $75K	3%	0%	2%	0%	24%	2%	5%	4%	5%	43%
$40K to $50K	5%	0%	1%	1%	28%	5%	5%	5%	1%	28%
$30K to $40K	10%	0%	2%	0%	25%	11%	6%	5%	1%	20%
$20K to $30K	3%	1%	4%	0%	25%	6%	7%	7%	1%	17%
$10K to $20K	0%	0%	10%	1%	26%	5%	10%	8%	2%	14%
$5K to $10K	0%	0%	11%	1%	21%	7%	11%	11%	1%	16%
Total	**5%**	**0%**	**3%**	**0%**	**36%**	**3%**	**10%**	**5%**	**2%**	**19%**

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

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Category of Aid Trend							
Category of Aid	**Oct 2023**	**% of Medi-Cal**	**Independent (Direct)**	**AHS (Direct)**	**CFMG**	**CHCN**	**Kaiser**
Adults	52,396	15%	10,814	9,809	815	21,526	9,432
Child	101,120	29%	8,754	9,193	30,858	33,406	18,909
SPD	30,888	9%	10,320	4,379	1,106	12,764	2,319
ACA OE	121,430	35%	20,596	36,511	1,255	46,657	16,411
Duals	41,496	12%	24,726	2,532	1	9,782	4,455
LTC	135	0%	135	-	-	-	-
LTC-Dual	997	0%	997	-	-	-	-
Medi-Cal	348,462		76,342	62,424	34,035	124,135	51,526
Group Care	5,605		2,188	847	-	2,570	-
Total	**354,067**	**100%**	**78,530**	**63,271**	**34,035**	**126,705**	**51,526**
Medi-Cal %	98.4%		97.2%	98.7%	100.0%	98.0%	100.0%
Group Care %	1.6%		2.8%	1.3%	0.0%	2.0%	0.0%
	Network Distribution		*22.2%*	*17.9%*	*9.6%*	*35.8%*	*14.6%*
			% Direct:	**40%**		**% Delegated:**	**60%**

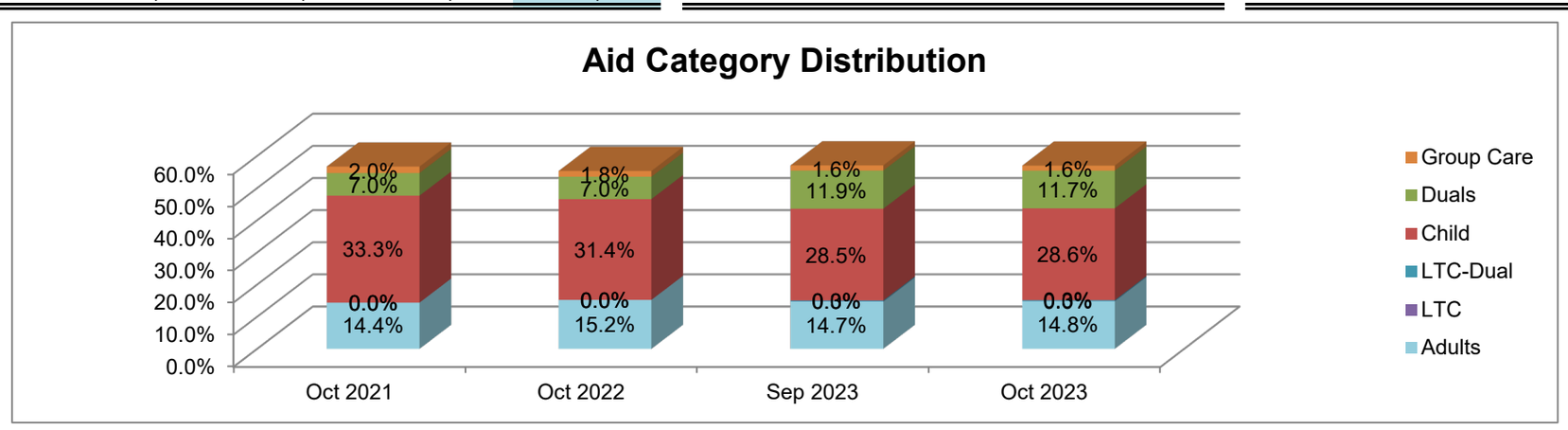




Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

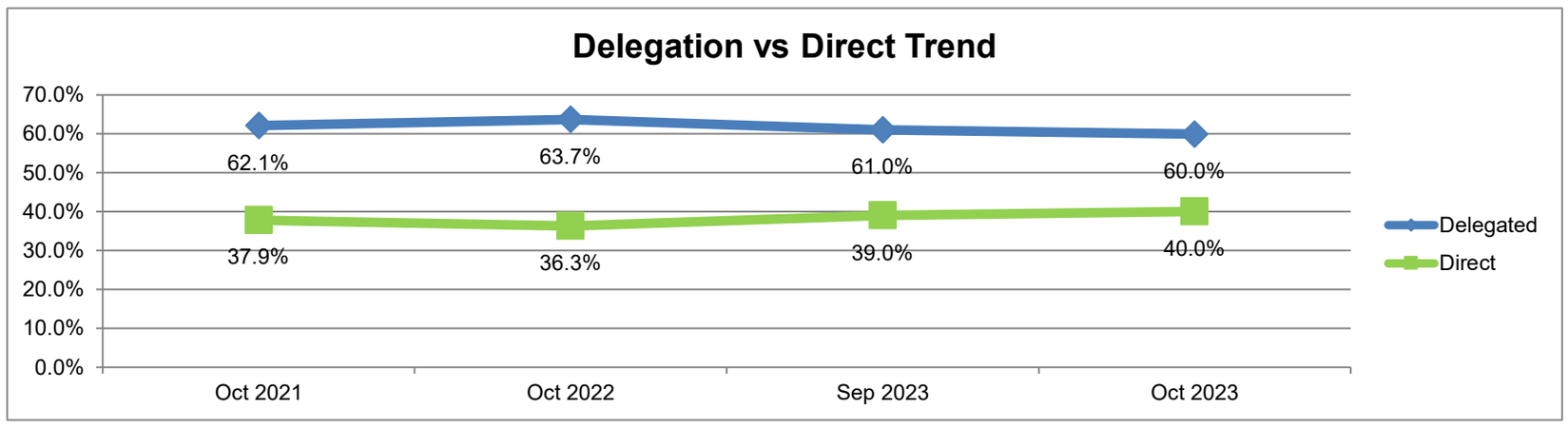
Category of Aid Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Category of Aid	Oct 2021	Oct 2022	Sep 2023	Oct 2023	Oct 2021	Oct 2022	Sep 2023	Oct 2023	Oct 2021 to Oct 2022	Oct 2022 to Oct 2023	Sep 2023 to Oct 2023
Adults	42,177	49,162	51,499	52,396	14.4%	15.2%	14.7%	14.8%	16.6%	6.6%	1.7%
Child	97,636	101,323	100,038	101,120	33.3%	31.4%	28.5%	28.6%	3.8%	-0.2%	1.1%
SPD	26,366	28,237	30,592	30,888	9.0%	8.7%	8.7%	8.7%	7.1%	9.4%	1.0%
ACA OE	100,844	116,205	120,016	121,430	34.3%	36.0%	34.2%	34.3%	15.2%	4.5%	1.2%
Duals	20,692	22,482	41,629	41,496	7.0%	7.0%	11.9%	11.7%	8.7%	84.6%	-0.3%
LTC	-	-	139	135	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-2.9%
LTC-Dual	-	-	1,004	997	0.0%	0.0%	0.3%	0.3%	0.0%	0.0%	-0.7%
Medi-Cal Total	287,715	317,409	344,917	348,462	98.0%	98.2%	98.4%	98.4%	10.3%	9.8%	1.0%
Group Care	5,880	5,789	5,631	5,605	2.0%	1.8%	1.6%	1.6%	-1.5%	-3.2%	-0.5%
Total	**293,595**	**323,198**	**350,548**	**354,067**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**10.1%**	**9.6%**	**1.0%**



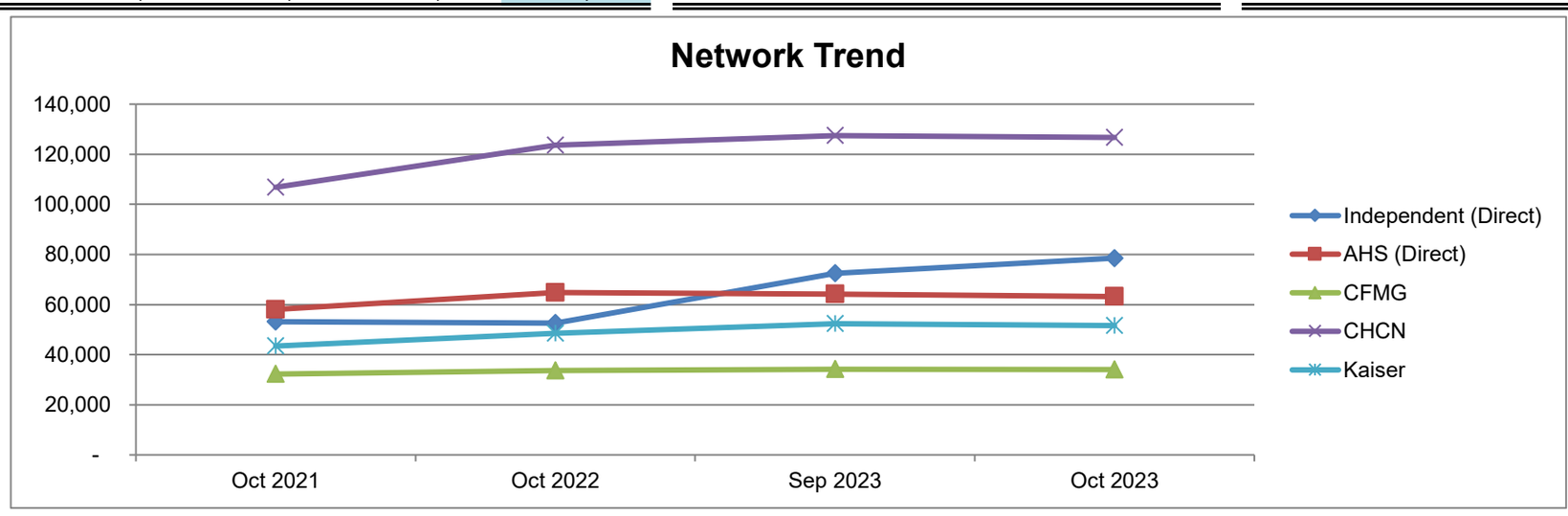
Delegation vs Direct Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Members	Oct 2021	Oct 2022	Sep 2023	Oct 2023	Oct 2021	Oct 2022	Sep 2023	Oct 2023	Oct 2021 to Oct 2022	Oct 2022 to Oct 2023	Sep 2023 to Oct 2023
Delegated	182,465	205,828	213,911	212,266	62.1%	63.7%	61.0%	60.0%	12.8%	3.1%	-0.8%
Direct	111,130	117,370	136,637	141,801	37.9%	36.3%	39.0%	40.0%	5.6%	20.8%	3.8%
Total	**293,595**	**323,198**	**350,548**	**354,067**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**10.1%**	**9.6%**	**1.0%**



Network Trend

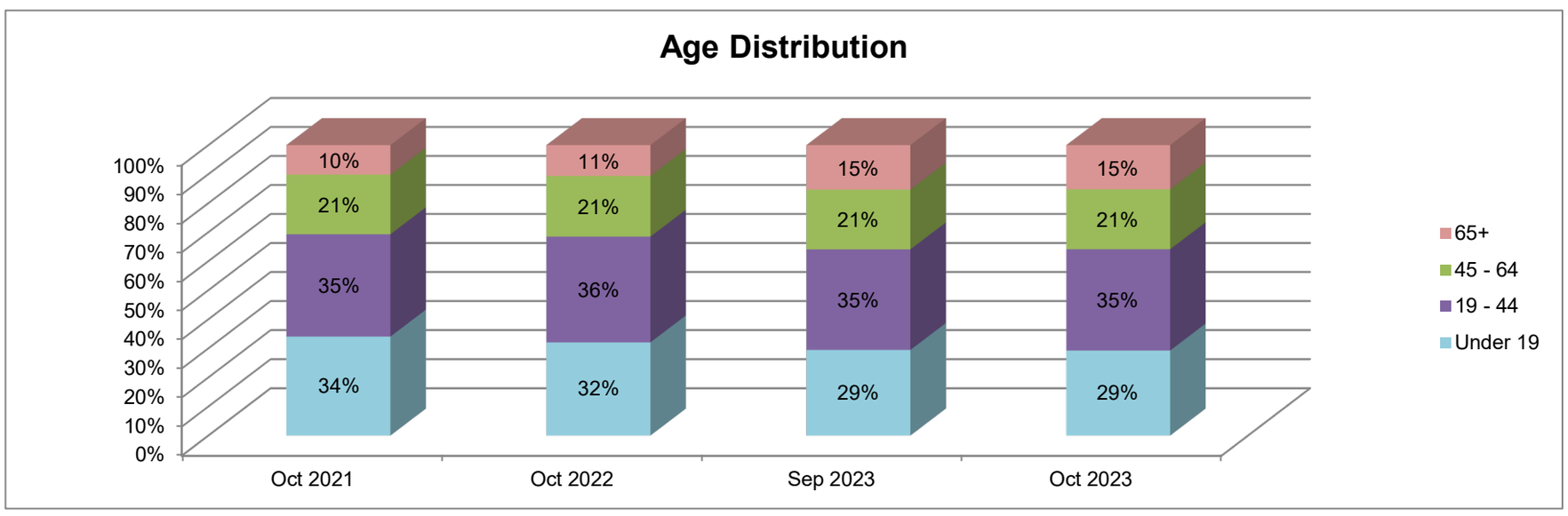
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Network	Oct 2021	Oct 2022	Sep 2023	Oct 2023	Oct 2021	Oct 2022	Sep 2023	Oct 2023	Oct 2021 to Oct 2022	Oct 2022 to Oct 2023	Sep 2023 to Oct 2023
Independent (Direct)	53,081	52,571	72,504	78,530	18.1%	16.3%	20.7%	22.2%	-1.0%	49.4%	8.3%
AHS (Direct)	58,049	64,799	64,133	63,271	19.8%	20.0%	18.3%	17.9%	11.6%	-2.4%	-1.3%
CFMG	32,232	33,617	34,144	34,035	11.0%	10.4%	9.7%	9.6%	4.3%	1.2%	-0.3%
CHCN	106,808	123,666	127,430	126,705	36.4%	38.3%	36.4%	35.8%	15.8%	2.5%	-0.6%
Kaiser	43,425	48,545	52,337	51,526	14.8%	15.0%	14.9%	14.6%	11.8%	6.1%	-1.5%
Total	**293,595**	**323,198**	**350,548**	**354,067**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**10.1%**	**9.6%**	**1.0%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

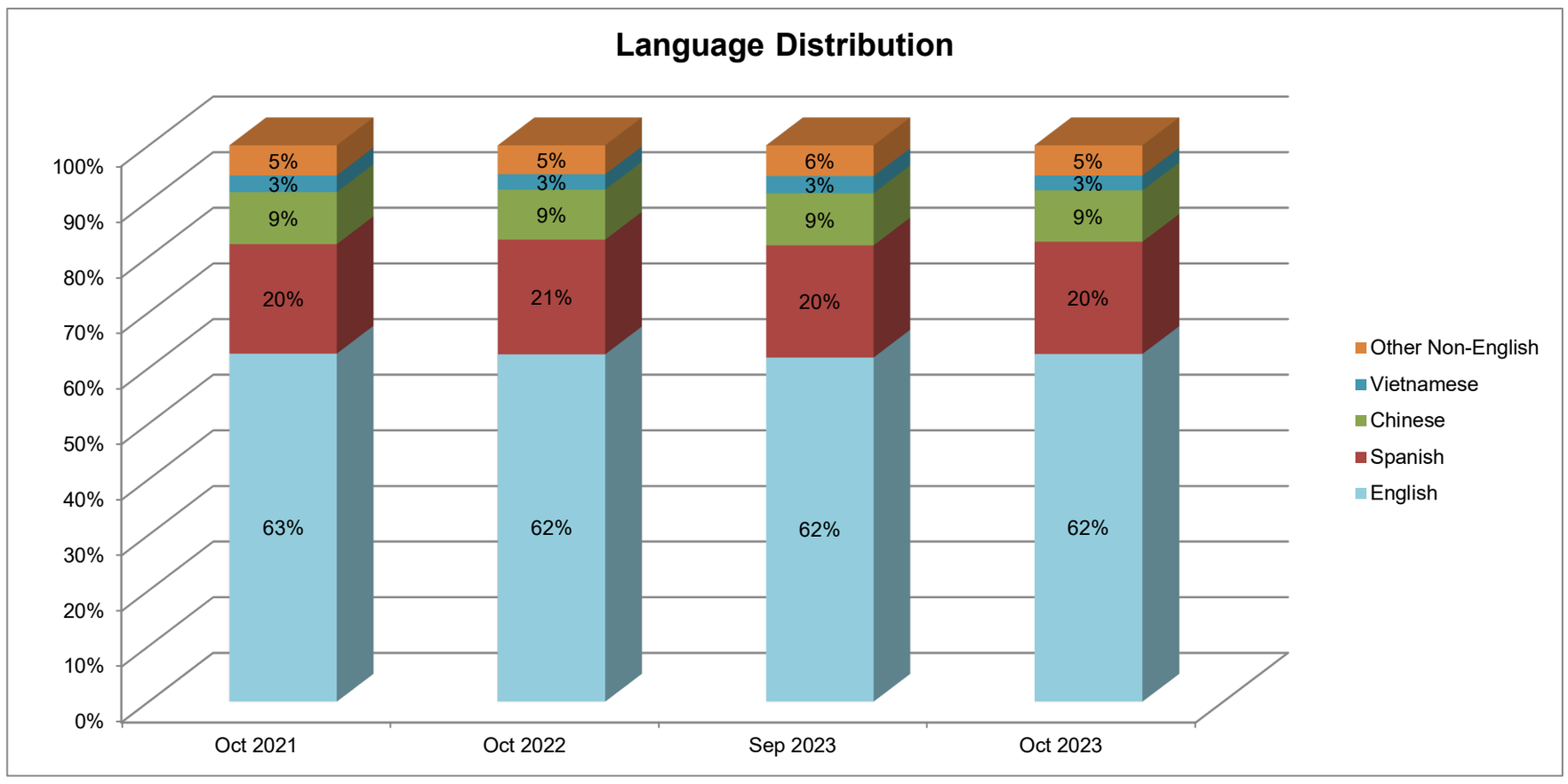
Age Category Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Age Category	Oct 2021	Oct 2022	Sep 2023	Oct 2023	Oct 2021	Oct 2022	Sep 2023	Oct 2023	Oct 2021 to Oct 2022	Oct 2022 to Oct 2023	Sep 2023 to Oct 2023
Under 19	99,912	103,541	103,548	103,512	34%	32%	29%	29%	4%	0%	0%
19 - 44	103,423	117,664	121,851	123,390	35%	36%	35%	35%	14%	5%	1%
45 - 64	60,392	67,687	72,445	73,229	21%	21%	21%	21%	12%	8%	1%
65+	29,868	34,306	54,016	53,936	10%	11%	15%	15%	15%	57%	0%
Total	**293,595**	**323,198**	**351,860**	**354,067**	**100%**	**100%**	**100%**	**100%**	**10%**	**10%**	**1%**



Language Trend

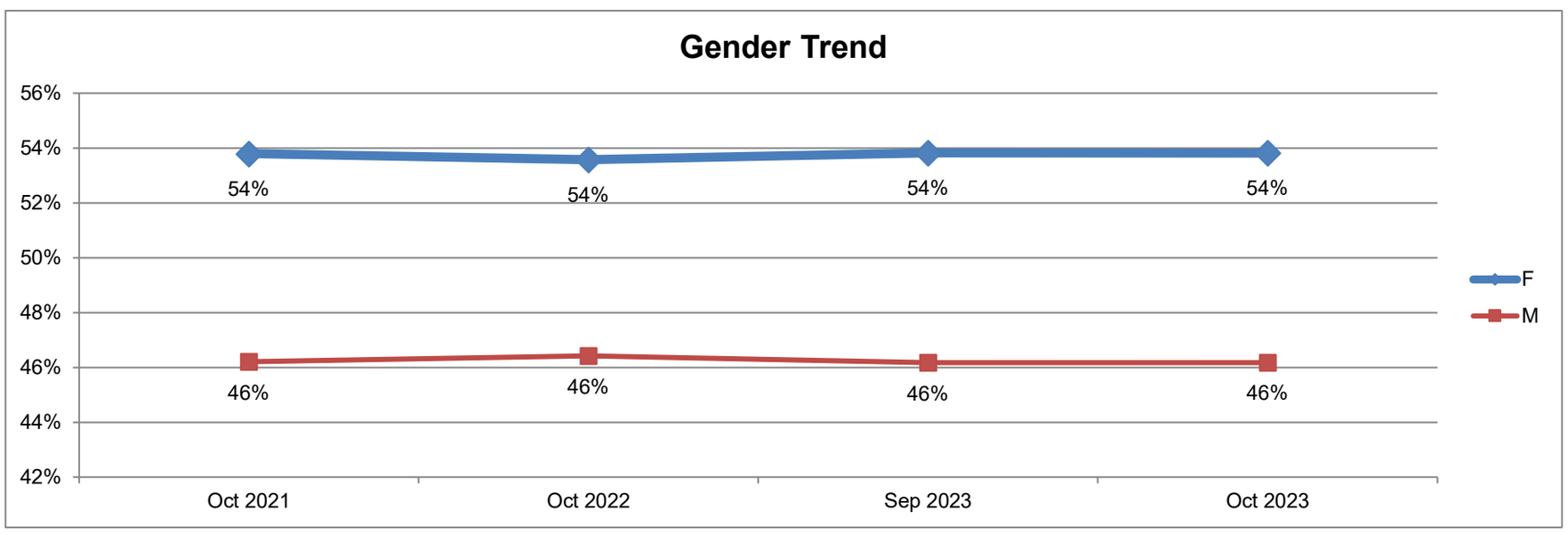
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Language	Oct 2021	Oct 2022	Sep 2023	Oct 2023	Oct 2021	Oct 2022	Sep 2023	Oct 2023	Oct 2021 to Oct 2022	Oct 2022 to Oct 2023	Sep 2023 to Oct 2023
English	183,672	201,780	217,655	221,283	63%	62%	62%	62%	10%	10%	2%
Spanish	57,766	66,629	70,947	71,409	20%	21%	20%	20%	15%	7%	1%
Chinese	27,509	29,052	33,023	32,770	9%	9%	9%	9%	6%	13%	-1%
Vietnamese	8,766	8,934	10,834	9,405	3%	3%	3%	3%	2%	5%	-13%
Other Non-English	15,882	16,803	19,401	19,200	5%	5%	6%	5%	6%	14%	-1%
Total	**293,595**	**323,198**	**351,860**	**354,067**	**100%**	**100%**	**100%**	**100%**	**10%**	**10%**	**1%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

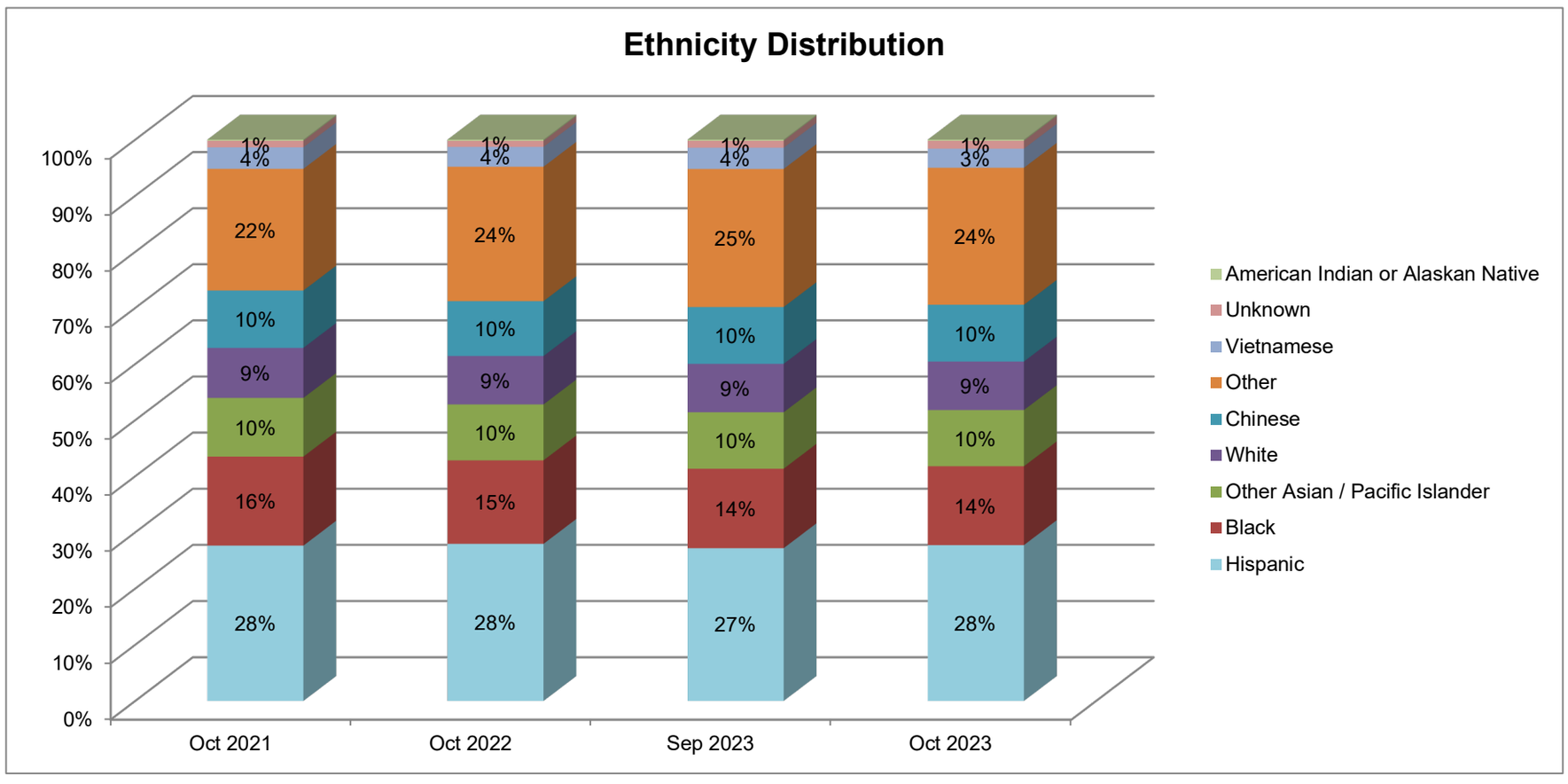
Gender Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Gender	Oct 2021	Oct 2022	Sep 2023	Oct 2023	Oct 2021	Oct 2022	Sep 2023	Oct 2023	Oct 2021 to Oct 2022	Oct 2022 to Oct 2023	Sep 2023 to Oct 2023
F	157,936	173,160	189,387	190,566	54%	54%	54%	54%	10%	10%	1%
M	135,659	150,038	162,473	163,501	46%	46%	46%	46%	11%	9%	1%
Total	**293,595**	**323,198**	**351,860**	**354,067**	**100%**	**100%**	**100%**	**100%**	**10%**	**10%**	**1%**



Ethnicity Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Ethnicity	Oct 2021	Oct 2022	Sep 2023	Oct 2023	Oct 2021	Oct 2022	Sep 2023	Oct 2023	Oct 2021 to Oct 2022	Oct 2022 to Oct 2023	Sep 2023 to Oct 2023
Hispanic	81,109	90,312	95,595	98,158	28%	28%	27%	28%	11%	9%	3%
Black	46,569	48,088	49,809	49,717	16%	15%	14%	14%	3%	3%	0%
Other Asian / Pacific Islander	30,710	32,221	35,405	35,487	10%	10%	10%	10%	5%	10%	0%
White	26,206	27,881	30,367	30,637	9%	9%	9%	9%	6%	10%	1%
Chinese	30,010	31,624	35,649	35,807	10%	10%	10%	10%	5%	13%	0%
Other	63,689	77,437	86,602	86,487	22%	24%	25%	24%	22%	12%	0%
Vietnamese	11,246	11,427	13,334	12,050	4%	4%	4%	3%	2%	5%	-10%
Unknown	3,430	3,514	4,380	4,980	1%	1%	1%	1%	2%	42%	14%
American Indian or Alaskan Native	626	694	719	744	0%	0%	0%	0%	11%	7%	3%
Total	**293,595**	**323,198**	**351,860**	**354,067**	**100%**	**100%**	**100%**	**100%**	**10%**	**10%**	**1%**



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

Medi-Cal By City

City	Oct 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	134,064	38%	21,182	29,276	13,851	55,299	14,456
Hayward	54,767	16%	11,356	11,404	5,849	16,885	9,273
Fremont	32,891	9%	13,244	4,669	1,347	8,450	5,181
San Leandro	31,343	9%	6,693	4,230	3,434	11,226	5,760
Union City	14,638	4%	5,293	2,104	631	3,869	2,741
Alameda	13,584	4%	3,228	1,963	1,672	4,530	2,191
Berkeley	13,106	4%	3,037	1,565	1,322	5,225	1,957
Livermore	10,702	3%	1,728	559	1,814	4,701	1,900
Newark	8,279	2%	2,578	2,482	310	1,483	1,426
Castro Valley	8,881	3%	1,993	1,292	1,118	2,613	1,865
San Lorenzo	7,261	2%	1,344	1,208	680	2,573	1,456
Pleasanton	6,110	2%	1,499	345	536	2,661	1,069
Dublin	6,535	2%	1,593	386	646	2,761	1,149
Emeryville	2,453	1%	579	430	307	723	414
Albany	2,047	1%	392	189	345	702	419
Piedmont	449	0%	101	118	27	87	116
Sunol	71	0%	18	9	6	22	16
Antioch	38	0%	14	7	9	7	1
Other	1,243	0%	470	188	131	318	136
Total	**348,462**	**100%**	**76,342**	**62,424**	**34,035**	**124,135**	**51,526**

Group Care By City

City	Oct 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	1,777	32%	390	333	-	1,054	-
Hayward	620	11%	299	132	-	189	-
Fremont	607	11%	421	60	-	126	-
San Leandro	588	10%	234	82	-	272	-
Union City	302	5%	196	39	-	67	-
Alameda	284	5%	99	20	-	165	-
Berkeley	163	3%	47	11	-	105	-
Livermore	104	2%	33	2	-	69	-
Newark	138	2%	87	30	-	21	-
Castro Valley	189	3%	82	27	-	80	-
San Lorenzo	129	2%	44	16	-	69	-
Pleasanton	59	1%	22	3	-	34	-
Dublin	97	2%	35	6	-	56	-
Emeryville	35	1%	16	6	-	13	-
Albany	21	0%	8	1	-	12	-
Piedmont	10	0%	2	-	-	8	-
Sunol	-	0%	-	-	-	-	-
Antioch	24	0%	6	7	-	11	-
Other	458	8%	167	72	-	219	-
Total	**5,605**	**100%**	**2,188**	**847**	**-**	**2,570**	**-**

Total By City

City	Oct 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	135,841	38%	21,572	29,609	13,851	56,353	14,456
Hayward	55,387	16%	11,655	11,536	5,849	17,074	9,273
Fremont	33,498	9%	13,665	4,729	1,347	8,576	5,181
San Leandro	31,931	9%	6,927	4,312	3,434	11,498	5,760
Union City	14,940	4%	5,489	2,143	631	3,936	2,741
Alameda	13,868	4%	3,327	1,983	1,672	4,695	2,191
Berkeley	13,269	4%	3,084	1,576	1,322	5,330	1,957
Livermore	10,806	3%	1,761	561	1,814	4,770	1,900
Newark	8,417	2%	2,665	2,512	310	1,504	1,426
Castro Valley	9,070	3%	2,075	1,319	1,118	2,693	1,865
San Lorenzo	7,390	2%	1,388	1,224	680	2,642	1,456
Pleasanton	6,169	2%	1,521	348	536	2,695	1,069
Dublin	6,632	2%	1,628	392	646	2,817	1,149
Emeryville	2,488	1%	595	436	307	736	414
Albany	2,068	1%	400	190	345	714	419
Piedmont	459	0%	103	118	27	95	116
Sunol	71	0%	18	9	6	22	16
Antioch	62	0%	20	14	9	18	1
Other	1,701	0%	637	260	131	537	136
Total	**354,067**	**100%**	**78,530**	**63,271**	**34,035**	**126,705**	**51,526**

Human Resources

Anastacia Swift

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

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

Date: **December 8th, 2023**

Subject: **Human Resources Report**

Staffing

- As of December 1st, 2023, the Alliance had 532 full time employees and 1-part time employee.

- On December 1st, 2023, the Alliance had 79 open positions in which 35 signed offer acceptance letters have been received with start dates in the near future resulting in a total of 44 positions open to date. The Alliance is actively recruiting for the remaining 44 positions and several of these positions are in the interviewing or job offer stage.

- Summary of open positions by department:

Department	Open Position December 1st	Signed Offers Accepted by Department	Remaining Recruitment Positions
Healthcare Services	26	12	14
Operations	36	15	21
Healthcare Analytics	3	1	2
Information Technology	8	2	6
Finance	3	3	0
Compliance & Legal	2	1	1
Human Resources	1	1	0
Health Equity	0	0	0
Executive	0	0	0
Total	79	35	44

- Our current recruitment rate is 12%.

Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in November 2023 included:
    - 5 years:
        - Monica Valle (Member Services)
    - 6 years:
        - Yemaya Teague (Health Equity)
    - 7 years:
        - Donnie Viloria (Facilities & Support Services)
        - Ginnie Rivera (Credentialing)
        - Gurpreet Singh (Apps Mgmt., IT Quality & Process Improvement)
    - 8 years:
        - Michelle Valles (Facilities & Support Services)
    - 9 years:
        - John Armstrong (Facilities & Support Services)
        - Rita Wisocky (Claims)
    - 10 years:
        - Nancy Pun (Healthcare Analytics)
        - Hermelinda Wirth (Finance)
        - Judy Lee (Utilization Management)
    - 13 years:
        - Fanita Bryant (Utilization Management)
    - 17 years:
        - Rex Ngov (Utilization Management)
    - 25 years:
        - Li Diep (Finance)