Finance Committee Report

Tuesday, October 10, 2023
8:00am to 9:00am

Video Conference Call
and
1240 S. Loop Road
Alameda, CA 94502

ALAMEDA Alliance FOR HEALTH
Health care you can count on.
Service you can trust.

AGENDA

Finance Committee Meeting

October 10th, 2023
8:00 a.m. – 9:00 a.m.

1240 S. Loop Road
Alameda, CA 94502
or
Join the Teams Meeting

YOU MAY SUBMIT COMMENTS ON ANY AGENDA ITEM OR ON ANY ITEM NOT ON THE AGENDA, IN WRITING VIA MAIL TO "ATTN: ALLIANCE BOARD," 1240 SOUTH LOOP ROAD, ALAMEDA, CA 94502; OR THROUGH E-COMMENT AT brmartinez@alamedaalliance.org YOU MAY WATCH THE MEETING LIVE BY LOGGING IN VIA COMPUTER AT THE FOLLOWING LINK: Click here to join the meeting OR MAY LISTEN TO THE MEETING BY CALLING IN TO THE FOLLOWING TELEPHONE NUMBER: 1-510-210-0967 Conference ID 981914305#. IF YOU USE THE LINK AND PARTICIPATE VIA COMPUTER, YOU MAY, THROUGH THE USE OF THE CHAT FUNCTION, REQUEST AN OPPORTUNITY TO SPEAK ON ANY AGENDIZED ITEM, INCLUDING GENERAL PUBLIC COMMENT. YOUR REQUEST TO SPEAK MUST BE RECEIVED BEFORE THE ITEM IS CALLED ON THE AGENDA. IF YOU PARTICIPATE BY TELEPHONE, YOU MAY SUBMIT ANY COMMENTS VIA THE E-COMMENT EMAIL ADDRESS DESCRIBED ABOVE OR PROVIDE COMMENTS DURING THE MEETING AT THE END OF EACH TOPIC.

PLEASE NOTE: THE ALAMEDA ALLIANCE FOR HEALTH IS MAKING EVERY EFFORT TO FOLLOW THE SPIRIT AND INTENT OF THE BROWN ACT AND OTHER APPLICABLE LAWS REGULATING THE CONDUCT OF PUBLIC MEETINGS, IN ORDER TO MAXIMIZE TRANSPARENCY AND PUBLIC ACCESS. DURING EACH AGENDA ITEM, YOU WILL BE PROVIDED A REASONABLE AMOUNT OF TIME TO PROVIDE PUBLIC COMMENT. THE BOARD WOULD APPRECIATE, HOWEVER, IF COMMUNICATIONS OF PUBLIC COMMENTS RELATED TO ITEMS ON THE AGENDA, OR ITEMS NOT ON THE AGENDA, ARE PROVIDED PRIOR TO THE COMMENCEMENT OF THE MEETING.

1. CALL TO ORDER

A regular meeting of the Alameda Alliance for Health Finance Committee will be called to order on October 10th, 2023, at 8:00 a.m. in Alameda County, California, by Dr. R. Ferguson, Presiding Officer. This meeting is hybrid and is to take place by video conference call or in person.

2. ROLL CALL

3. AGENDA APPROVAL OR MODIFICATIONS

4. INTRODUCTIONS

5. CONSENT CALENDAR

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

6. COMMITTEE BUSINESS

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

b) **CEO UPDATE**

c) **REVIEW AND APPROVE AUGUST 2023 MONTHLY FINANCIAL STATEMENTS**

7. UNFINISHED BUSINESS

8. PUBLIC COMMENT

9. ADJOURNMENT

NOTICE TO THE PUBLIC

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

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

NOTICE TO THE PUBLIC

The Committee meets regularly each month on the Tuesday before the Board of Governors' Meeting. Meetings begin at 8:00 a.m., unless otherwise noted. All meetings are scheduled to terminate at 9:00 a.m. Meeting agendas and approved minutes are kept current on the Alameda Alliance for Health's website at www.alamedaalliance.org.

An agenda is provided for each Committee meeting, which lists the items submitted for consideration. Prior to the listed agenda items, the Committee may hold a study session to receive information or meet with another committee. A study session is open to the public; however, no public testimony is taken and no decisions are made. Following a study session, the regular meeting will begin at 8:00 a.m. At this time, the Committee allows oral communications from the public to address the Committee on items NOT listed on the agenda. Oral comments to address the Committee are limited to three minutes per person.

Staff Reports are available. Please call the Clerk of the Board at 510-995-1207 to obtain a document.

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 Committee meeting. For special meeting agendas, only those items listed on the published agenda may be discussed. The items on the agenda are arranged in three categories. **Consent Calendar:** These are relatively minor in nature, do not have any outstanding issues or concerns, and do not require a public hearing. All consent calendar items are considered by the Committee 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 Committee. **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 Committee at or before the hearing. **Committee Business:** Items in this category are general in nature and may require Committee action. Public input will be received on each item of Committee Business.

Public Input: If you are interested in addressing the Committee, you may submit comments on any agenda item or on any item not on the agenda in writing via mail to “Attn: Alliance Finance Committee,” 1240 S. Loop Road, Alameda, CA 94502; or through e-comment at brmartinez@alamedaalliance.org.
You may also provide comments during the meeting at the end of each topic.

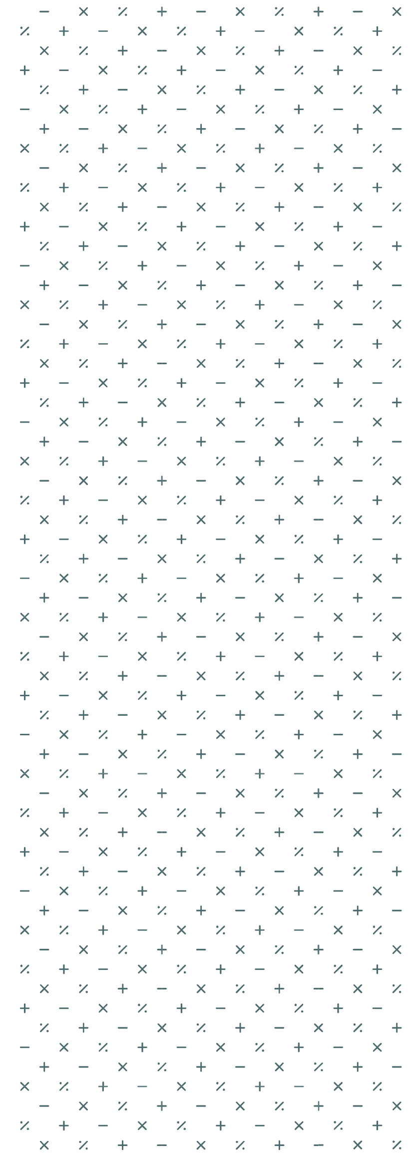
Supplemental Material Received After the Posting of The Agenda: Any supplemental writings or documents distributed to a majority of the Committee regarding any item on this agenda after the posting of the agenda will be available for public review. To obtain a document, please call the Clerk of the Board at 510-995-1207.

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

Americans With Disabilities Act (ADA): It is the intention of the Alameda Alliance for Health to comply with the Americans with Disabilities Act (ADA) in all respects. If, as an attendee or a participant at this meeting, you will need special assistance beyond what is normally provided, the Alameda Alliance for Health will attempt to accommodate you in every reasonable manner. Please contact the Clerk of the Board, Brenda Martinez at 510-995-1207 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 Finance Committee Meeting was posted on the Alameda Alliance for Health’s web page at www.alamedaalliance.org on October 6th, 2023.

Brenda Martinez, Clerk of the Board



2023 Audit Results: Alameda Alliance for Health

Rianne Suico
Health Care and Insurance Services Partner

Chris Pritchard
Health Care and Insurance Services Partner

2023 Audit Objectives

- Opinion on whether the financial statements are reasonably stated and free of material misstatement in accordance with generally accepted accounting principles.

- Consideration of internal controls and compliance.

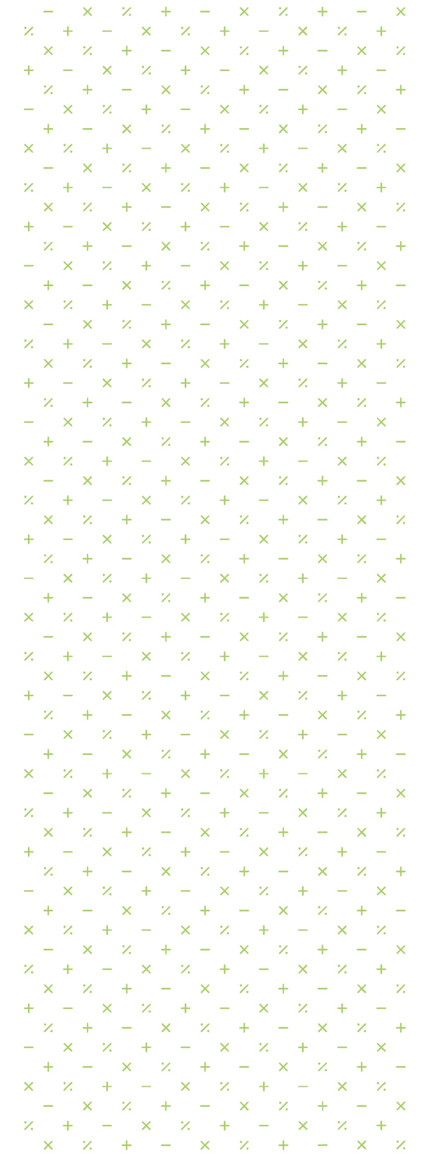
Report of Independent Auditors

Unmodified Opinion

Financial statements are presented fairly and in accordance with generally accepted accounting principles.

MOSSADAMS

Statements of Net Positions



Assets and Deferred Outflows of Resources Composition (in thousands)

	2021 = $457,494	2022 = $566,963	2023 = $804,181
Cash and cash equivalents	37,087	12,246	35,221
Premiums receivable	123,244	330,234	437,725
Investments	263,948	7,639	149,165
Reinsurance recoveries receivable/other receivables/prepaid expenses/restricted cash/lease assets/subscription assets/net pension asset/deferred outflows of resources	26,943	214,588	172,795
Capital assets, net	6,272	5,673	5,218

$500,000
$450,000
$400,000
$350,000
$300,000
$250,000
$200,000
$150,000
$100,000
$50,000
$0

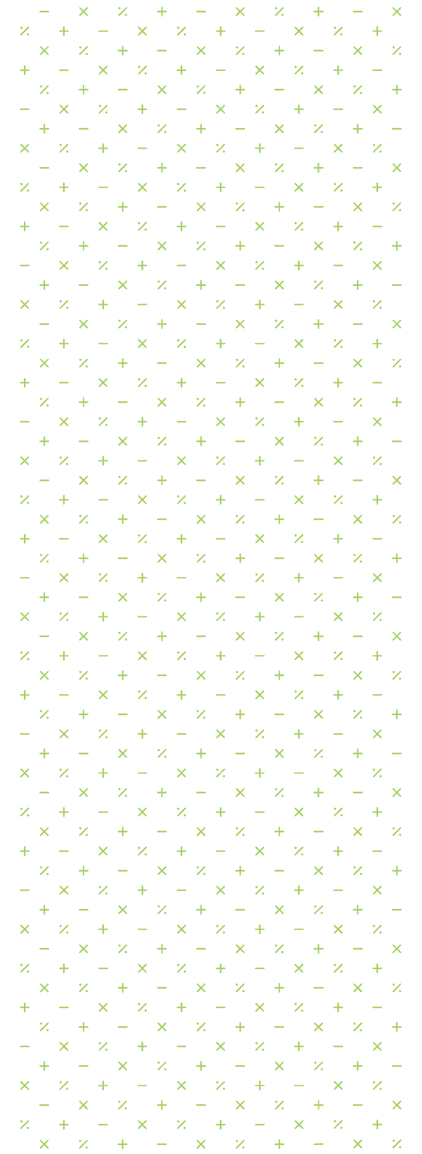
Liabilities, Deferred Inflows of Resources and Net Position Balance (in thousands)

- 2021 = $457,494
- 2022 = $566,963
- 2023 = $802,397

	2021	2022	2023
Accounts payable and accrued expenses/net pension liability/lease liabilities/subscription liabilities/deferred inflows of resources/other liabilities	25,146	27,161	29,424
Claims payable	132,105	132,693	203,204
Payable to other governmental agencies and hospital fee payable	94,833	179,902	243,539
Net position	205,410	230,624	323,957

$400,000
$350,000
$300,000
$250,000
$200,000
$150,000
$100,000
$50,000
$0

Operations



Operating Expenses (in thousands)

June 30, 2022
$1,294,271

84%
5%
1%
10%

June 30, 2021
$1,193,599

85%
4%
1%
10%

June 30, 2023
$1,437,067

90%
5%
0%
5%

- Medical services
- Marketing, general, and administrative expenses
- Depreciation and amortization expense
- Premium tax

Historic Estimated Claims Liability and Historic Actual Claims Liability (in thousands)

$120,000
$100,000
$80,000
$60,000
$40,000
$20,000
$0

2018 2019 2020 2021 2022

Estimated Claims Liability* Actual Claims Liability*

* Estimated claims liability and actual claims liability excludes non-hospital claims.

Source: Alliance’s internal reports

Historic Actual Claims Liability* as a % of Capitation and Premium Revenues

Year	%
2018	8.22%
2019	7.77%
2020	7.79%
2021	7.13%
2022	8.15%

* Actual claims liability excludes non-hospital claims.

Source: Alliance's internal reports

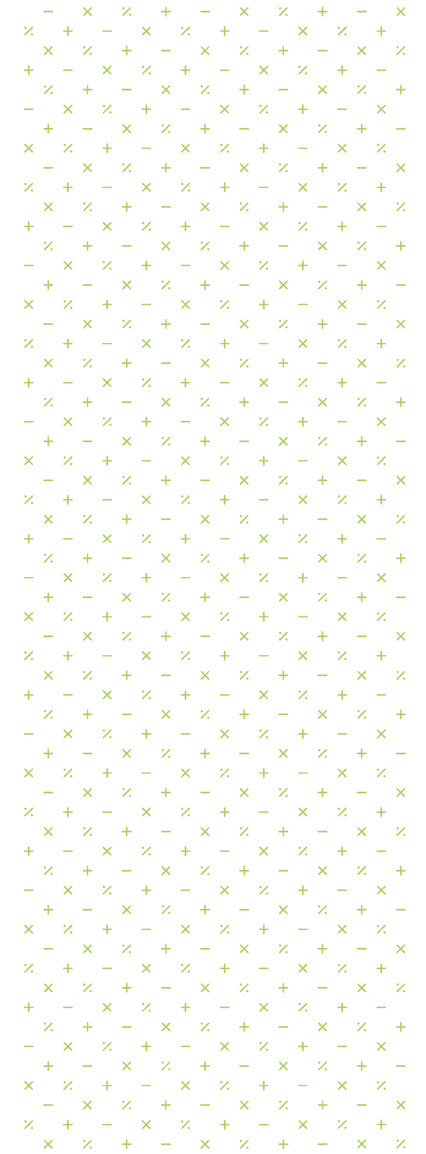
Tangible Net Equity
(in thousands)

Source: Annual Department of Managed Health Care Filing

Important Board Communications

- AU-C Section 260 – *The Auditor's Communication with Those Charged with Governance*
- Significant accounting policies
- Accounting estimates are reasonable
- No audit adjustments
- No issues discussed prior to our retention as auditors
- No disagreements with management
- No awareness of instances of fraud or noncompliance with laws and regulations

Questions?



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Report of Independent Auditors and Financial Statements

Alameda Alliance for Health

June 30, 2023 and 2022

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Management's Discussion and Analysis

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INTRODUCTION

In accordance with the Governmental Accounting Standards Board ("GASB") Codification Section 2200, *Annual Comprehensive Financial Report*, Alameda Alliance for Health presents comparative financial highlights as of and for the fiscal years ended June 30, 2023, 2022, and 2021. This discussion and analysis should be read in conjunction with the financial statements in this report.

Alameda Alliance for Health is a licensed health maintenance organization that operates in Alameda County (the "County"). The County's Board of Supervisors established Alameda Alliance for Health in March 1994 in accordance with the State of California Welfare and Institutions Code (the "Code") Section 14087.54. This legislation provides that Alameda Alliance for Health is a public entity, separate and apart from the County, and is not considered an agency, division, or department of the County. Alameda Alliance for Health is not governed by, nor is it subject to, the Charter of the County and is not subject to the County's policies or operational rules. Alameda Alliance for Health received its Knox-Keene license in September 1995 and commenced operations in January 1996.

Alameda Alliance for Health operated the Alameda Alliance Joint Powers Authority (the "JPA"), a licensed health maintenance organization that operated in the County. The County's Board of Supervisors established the JPA in October 2005 in accordance with Section 14087.54. This legislation provides that the JPA was also a public entity, separate and apart from the County, and was not an agency, division, or department of the County. The JPA was not governed by, nor was it subject to, the Charter of the County and was not subject to the County's policies or operational rules. The JPA received its Knox-Keene license and commenced operations in December 2005. Alameda Alliance for Health and the JPA had a mutual guarantee agreement, ensuring mutual solvency for the two organizations. In September 2020, both parties agreed to dissolve the JPA and transfer existing business of the JPA to Alameda Alliance for Health. Subsequently, California Department of Managed Care, the licensing body, approved the surrender of the JPA license effective July 31, 2021.

The mission and purpose of Alameda Alliance for Health is to improve the quality of life of our members and people throughout our diverse community by collaborating with our provider partners in delivering high-quality, accessible, and affordable health care services. As participants of the safety-net system, we recognize and seek to collaboratively address social determinants of health as we proudly serve the County. No individual or entity has any ownership interest in Alameda Alliance for Health and all accumulated net position is available to invest in programs consistent with its mission.

Alameda Alliance for Health contracts with the California Department of Health Care Services ("CDHCS") to receive funding to provide health care services to the Medi-Cal eligible County residents who are enrolled as members of Alameda Alliance for Health ("CDHCS Contract"). The CDHCS contract specifies capitation rates that may be adjusted annually. CDHCS revenue is paid monthly and is based upon contracted rates and actual Medi-Cal enrollment. Alameda Alliance for Health, in turn, has contracted with hospitals, physicians, and community-based organizations whereby capitation payments (agreed-upon monthly payments per member) and fee-for-service payments are made in return for contracted health care services for its members. These contracts are typically evergreen and contain annual rate change provisions, termination clauses, and risk-sharing provisions.

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The original JPA entity contracted with the Public Authority of Alameda County to provide health coverage to In-Home Supportive Service home care workers in the County via the Group Care program. Due to the dissolution of the JPA, the Group Care program is assigned to Alameda Alliance for Health with previous contract terms. The contract is automatically renewed on an annual basis, absent adequate written notice to terminate by either party. No written notice of termination was provided by either party during the years ended June 30, 2023, 2022, and 2021, except for the change of assignment.

In September 2009, CDHCS implemented Assembly Bill No. 1422 ("AB 1422") or Managed Care Organization ("MCO") premium tax. This program imposes an assessment on Alameda Alliance for Health's capitation and premium revenue. The proceeds from the tax are appropriated from the Children's Health and Human Services Special Fund to the State Department of Health Care Services for specified purposes. This provision was effective retroactively to January 1, 2009, and continued through June 30, 2013. The provisions of AB 1422 were continued, a higher tax rate implemented, and a sales tax replaced the premium tax, via Senate Bill ("SB") 78, beginning July 1, 2013 through June 30, 2016. On March 1, 2016, SB X2-2 established a new MCO provider tax, to be administered by CDHCS, effective July 1, 2016 through July 1, 2019. The tax would be assessed by CDHCS on licensed health care service plans, managed care plans contracted with CDHCS to provide Medi-Cal services, and alternate health care service plans ("AHCSP"), as defined, except as excluded by the bill. This bill would establish applicable taxing tiers and per enrollee amounts for the 2016–2017, 2017–2018, and 2018–2019 fiscal years for Medi-Cal enrollees, AHCSP enrollees, and all other enrollees, as defined. On September 27, 2019, Assembly Bill 115 (Chapter 348, Statutes 2019) authorized CDHS to implement a modified MCO tax model on specified health plans, which was approved by the federal Centers for Medicare & Medicaid Services on April 3, 2020. The effective date range for this approval is January 1, 2020 through December 31, 2022. On June 29, 2023, Assembly Bill 119 (Chapter 13, Statues of 2023) reimposed the MCO premium tax effective April 1, 2023 through December 31, 2026, and it has not been approved by Centers for Medicare & Medicaid Services as of June 30, 2023.

Commencing in June 2010, CDHCS implemented a supplemental revenue or intra-governmental transfer program. This program assesses fees on the revenue of participating providers. CDHCS uses these assessments to obtain matching federal funds, which are returned to participating Alameda Alliance for Health providers through Alameda Alliance for Health's administration. Alameda Alliance for Health received supplemental medical revenue of $76,456,322, $45,172,648 and $76,642,409 for the years ended June 30, 2023, 2022, and 2021, respectively, representing the assessment and matching funds, net of MCO premium tax of $0 for the years ended June 30, 2023, 2022, and 2021, respectively. Related liabilities are recorded under payable to other governmental agencies, hospital fee, and directed payments payables in the statements of net position as of June 30, 2023, 2022, and 2021.

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On September 8, 2010, the California State Legislature ratified Assembly Bill No. 1653, which established a Hospital Quality Assurance Fee ("HQAF") program allowing additional drawdown of federal funding to be used for increased payments to general acute care hospitals for inpatient services rendered to Medi-Cal beneficiaries. Pursuant to Section 14167.6 (a), CDHCS increased capitation payments to Medi-Cal managed health care plans retroactive for the months of April 2009 through December 2010. Additionally, Medi-Cal managed care plans are required to adhere to the following regarding the distribution of the increased capitation rates with HQAF funding: Section 14167.6 (h)(1), "Each managed health care plan shall expend 100 percent of any increased capitation payments it receives under this section on hospital services"; and, Section 14167.10 (a), "Each managed health care plan receiving increased capitation payments under Section 14167.6 shall expend increased capitation payments on hospital services within 30 days of receiving the increased capitation payments." These payments were received and distributed in the manner as prescribed as a pass-through to revenue. The payments did have an effect on the overall AB 1422 gross premium tax paid. In April of 2011, California approved SB 90, which extended the HQAF through June 30, 2012. SB 335, signed into law in September of 2011, extended the HQAF portion of SB 90 for an additional 30 months through December 31, 2013. SB 239, signed into law in October of 2013, extended the HQAF portion of SB 90 for an additional 36 months through December 31, 2016. In November of 2016, California approved Proposition 52, which made SB 239 permanent and also created HQAF V. The program period for HQAF V is from January 1, 2017 through June 30, 2019. The program period for HQAF VI and VII is from July 1, 2019 through December 31, 2021 and January 1, 2022 through December 31, 2022, respectively. Alameda Alliance for Health received HQAF payments of $0, $47,690,348 and $76,015,141 for the years ended June 30, 2023, 2022, and 2021, respectively, net of MCO premium tax of $0 for the years ended June 30, 2023, 2022, and 2021, respectively.

Beginning with the July 1, 2017 rating period, the CDHCS implemented managed care Directed Payments: 1) Private Hospital Directed Payment ("PHDP"), 2) Designated Public Hospital Enhanced Payment Program ("EPP"), and 3) Designated Public Hospital Quality Incentive Pool ("QIP"). (1) For PHDP, CDHCS will direct Managed Care Plans ("MCP") to reimburse private hospitals as defined in the Welfare and Institutions Code 14169.51, based on actual utilization of contracted services. The enhanced payment is contingent upon hospitals providing adequate access to service, including primary, specialty, and inpatient (both tertiary and quaternary) care. The total funding available for the enhanced contracted payments are limited to a predetermined amount (pool). (2) For EPP Pools, CDHCS has directed MCPs to reimburse California's 21 Designated Public Hospitals ("DPHs") and University of California systems for network contracted services, enhanced by either a uniform percentage or dollar increment based on actual utilization of network contracted services. (3) For QIP, CDHCS has directed the MCPs to make QIP payments tied to performance on designated performance metrics in four strategic categories: primary care, specialty care, inpatient care, and resource utilization. The payments are linked to the delivery of services under the MCP contracts and increase the amount of funding tied to quality outcomes. To receive QIP payments, the DPHs must achieve specified improvement targets through year-over-year improvement or sustained high-performance requirements. The total funding available for the QIP payments will be limited to a predetermined amount (pool).

Impact of COVID-19 – The State of California's declaration of a Public Health Emergency paused the normal Medi-Cal disenrollment process. For three consecutive years, from the last quarter of fiscal year ended June 30, 2020 to the last quarter of fiscal year ended June 30, 2023, Alameda Alliance for Health saw a significant increase in enrollment. The Public Health Emergency ended in May 2023. Alameda Alliance for Health sees a decline in enrollment starting July 2023 and expects the decline to continue until fiscal year ended June 30, 2024.

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California launched a multi-year initiative called California Advancing and Innovating Medi-Cal ("CalAIM") to improve the quality of life and health outcomes of the Medi-Cal population by implementing broad delivery system and program and payment reform across the Medi-Cal program. CalAIM took effect on January 1, 2022. This major initiative will bring Alameda Alliance for Health new funding and increased expenses. The net impact of this funding and increased expense is net neutral for fiscal years ended June 30, 2022 and fiscal year ended June 30, 2024. In addition, California transitioned pharmacy benefits from Medi-Cal Managed Care plan to Fee-for-Service effective January 1, 2022. Alameda Alliance for Health's premium revenue and pharmacy expenses decreased correspondingly, with net neutral impact to the bottom line.

Using This Annual Report – Alameda Alliance for Health's financial statements consist of three statements: statements of net position; statements of revenues, expenses, and changes in net position; and statements of cash flows. These financial statements and related notes provide information about the activities of Alameda Alliance for Health, including resources held by Alameda Alliance for Health but restricted or designated for specific purposes.

The Statements of Net Position and Statements of Revenues, Expenses, and Changes in Net Position – The statements of net position and statements of revenues, expenses, and changes in net position report information about Alameda Alliance for Health's resources and activities during the period. These statements include all restricted and unrestricted assets and all liabilities using the accrual basis of accounting. All revenue and expenses are included, regardless of when cash is received or paid.

These two financial statements report Alameda Alliance for Health's net position and changes in net position. Over time, increases and decreases in Alameda Alliance for Health's net position are indicators of whether its financial health is improving or deteriorating. Other nonfinancial factors should also be considered, such as changes in Alameda Alliance for Health's membership, measurements for the quality of service provided to members, and local economic factors, to assess the overall health of Alameda Alliance for Health.

The Statements of Cash Flows – The final required statements are the statements of cash flows. These statements present cash receipts, cash payments, and net changes in cash resulting from operations, investing, noncapital financing, and capital and related financing activities.

Overview of the Financial Statements and Financial Analysis

On June 30, 2023, Alameda Alliance for Health had assets and deferred outflows of resources of $800,124,979 and liabilities and deferred inflows of resources of $476,167,938. The resulting net position, which represents Alameda Alliance for Health's assets and deferred outflows of resources after the liabilities and deferred inflows of resources are increased, increased by $93,332,739 to $323,957,041 at June 30, 2023, compared to $230,624,302 at June 30, 2022. The change in net position is due to total net operating income and nonoperating income recorded during the 2023 fiscal year.

On June 30, 2022, Alameda Alliance for Health had assets and deferred outflows of resources of $570,325,793 and liabilities and deferred inflows of resources of $339,701,491. The resulting net position, which represents Alameda Alliance for Health's assets and deferred outflows of resources after the liabilities and deferred inflows of resources are increased, increased by $25,214,260 to $230,624,302 at June 30, 2022, compared to $205,410,042 at June 30, 2021. The change in net position is due to total net operating income and nonoperating income recorded during the 2022 fiscal year.

ASSETS

Cash and Cash Equivalents

Cash and cash equivalents increased by $22,975,208 from $12,245,641 at June 30, 2022 to $35,220,849 at June 30, 2023. The increase is due to cash provided by operating activities of $118,977,143, cash used in capital and related financing activities of $3,946,565, and cash used in investing activities of $92,055,370. Much of the increase in cash reflects enhanced operating activities.

Cash and cash equivalents decreased by $24,841,782 from $37,087,423 at June 30, 2021 to $12,245,641 at June 30, 2022. The decrease is due to cash provided by operating activities of $45,087,617, cash used in capital and related financing activities of $2,458,385, and cash used in investing activities of $67,471,014. Much of the decrease in cash reflects enhanced investing activities.

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Changes in cash balances are due largely to the timing of collection of year-end receivables. All financial assets are invested in highly-liquid, short-term instruments held in two large money market funds and a managed investment account. Alameda Alliance for Health management believes it has adequate liquidity to meet its operating and cash flow needs for the foreseeable future.

Investments

Investments consist of commercial paper, certificate of deposits, corporate and foreign bonds, and government and agency discount issues and money market funds. Investments increased by $107,491,540 from $330,233,562 at June 30, 2022 to $437,725,102 at June 30, 2023. The increase reflects purchases of investments. Investments increased by $66,285,249 from $263,948,313 at June 30, 2021 to $330,233,562 at June 30, 2022. The increase reflects purchases of investments.

Premiums Receivable

Premiums receivable represent amounts owed to Alameda Alliance for Health for capitation and premium revenue. Premiums receivable decreased by $42,514,475 from $191,160,412 at June 30, 2022 to $148,645,937 at June 30, 2023, largely reflecting the timing of receipts of certain premium revenues due from the State of California and the Directed Payment pools, which is passed through to Private and Designated Public Hospitals. Premiums receivable increased by $67,916,398 from $123,244,014 at June 30, 2021 to $191,160,412 at June 30, 2022, largely reflecting the timing of receipts of certain premium revenues due from the State of California and the Directed Payment pools, which is passed through to Private and Designated Public Hospitals.

Reinsurance Recoveries Receivable

Reinsurance recoveries receivable represent anticipated, but not yet received collections under the reinsurance policy. Reinsurance recoveries receivable increased by $1,284,670 from $1,840,608 at June 30, 2022 to $3,125,278 at June 30, 2023. The increase reflects a timing difference in processing of high dollar claims by the reinsurance company. Reinsurance recoveries receivable decreased by $2,943,972 from $4,784,580 at June 30, 2021 to $1,840,608 at June 30, 2022. The increase reflects a timing difference in processing of high-dollar claims by the reinsurance company.

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Other Receivables

Other receivables represent miscellaneous nonpremium amounts due to Alameda Alliance for Health. Other receivables increased by $141,525,918 from $7,638,928 at June 30, 2022 to $149,164,846 at June 30, 2023. The increase reflects the timing of cash receipts of certain Directed Payments owed by CDHCS at year end. Other receivables decreased by $736,704 from $8,375,632 at June 30, 2021 to $7,638,928 at June 30, 2022. The decrease reflects the timing of cash receipts of certain payments owed at year end.

Prepaid Expenses

Prepaid expenses consist of payments made in the current period for goods or services to be received in one or more future periods. Prepaid expenses decreased by $511,343 from $5,412,062 at June 30, 2022 to $4,900,719 at June 30, 2023. The component increases and decreases are attributable to the timing of payments for various costs that are to be charged to expense after year end. Prepaid expenses decreased by $762,064 from $6,174,126 at June 30, 2021 to $5,412,062 at June 30, 2022. The component increases and decreases are attributable to the timing of payments for various costs that are to be charged to expense after year end.

Restricted Cash

The California Department of Managed Health Care requires restricted cash of at least $300,000 be held in trust. Restricted cash remained at $350,000 at June 30, 2023 and 2022.

Capital Assets

Net capital assets decreased by $455,259 from $5,673,230 at June 30, 2022 to $5,217,971 at June 30, 2023. The overall decrease reflects current-year capital asset acquisitions of $338,847 and annual depreciation and amortization expenses of $794,106.

Net capital assets decreased by $598,905 from $6,272,135 at June 30, 2021 to $5,673,230 at June 30, 2022. The overall decrease reflects current-year capital asset acquisitions of $420,774 and annual depreciation and amortization expenses of $1,019,679.

Net Pension Asset

Net pension asset represents excess value of the California Public Employees' Retirement System ("CalPERS") pension assets above the CalPERS pension liability under GASB Statement No. 68, *Accounting and Financial Reporting for Pensions* ("GASB 68"). Net pension asset decreased by $6,930,703 from $6,930,703 at June 30, 2022 to $0 at June 30, 2023. The decrease reflects the costs for the operation of the plan exceeded contributions for the year.

Lease Assets

Lease assets represent net presents value of lease payments scheduled to be made under GASB Statement No. 87, Leases ("GASB 87") for leases by governments. It also includes necessary costs needed to implement the leases. Lease assets is valued at $1,440,685 at June 30, 2023 and $2,439,113 at June 30, 2022. The decrease reflects the amortization of the lease assets over the term of the leases. Lease assets is valued at $2,439,113 at June 30, 2022 and $3,161,732 at June 30, 2021. The decrease reflects the amortization of the lease assets over the term of the leases.

Subscription Assets

Subscription assets represents net present value of subscription payments scheduled to be made under GASB Statement No. 96, *Subscription-Based Information Technology Arrangements* ("GASB 96"). It also includes necessary costs needed to implement the subscriptions. Subscription assets is valued at $5,061,000 at June 30, 2023 and $3,351,665 at June 30, 2022. The increase reflects additional subscription assets during the year and netted by the amortization of the subscription assets over the term of the subscription assets. GASB 96 is adopted in fiscal year ended June 30, 2023 and retroactively adopted in fiscal year ended June 30, 2022, thus, fiscal year ended June 30, 2021 reports $0.

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Deferred Outflows of Resources

Deferred outflows of resources represent the unamortized changes in assumptions, unamortized net difference between projected and actual earnings on pension plan investments, unamortized difference between expected and actual experience, and employee contributions made during 2021, 2022, and 2023 that are deferred under GASB 68. Deferred outflows of resources increased by $6,168,581 from $3,104,011 at June 30, 2022 to $9,272,592 at June 30, 2023, due to changes in assumptions, changes in the difference between projected and actual earnings on pension plan investments, and employee contributions made during fiscal year 2023.

Deferred outflows of resources decreased by $991,850 from $4,095,861 at June 30, 2021 to $3,104,011 at June 30, 2022, due to changes in assumptions, changes in the difference between projected and actual earnings on pension plan investments, and employee contributions made during fiscal year 2022.

LIABILITIES

Accounts Payable and Accrued Expenses

Accounts payable and accrued expenses represent the cost of services received in the current period for which payment has yet to be made. Accounts payable and accrued expenses increased by $3,707,211 from $2,778,248 at June 30, 2022 to $6,485,338 at June 30, 2023, due to an increase in accrued invoices and certain program expense at year end. Accounts payable and accrued expenses decreased by $1,401,296 from $4,179,544 at June 30, 2021 to $2,778,248 at June 30, 2022, due to an decrease in accrued invoices and certain program expense at year end.

Claims Payable

Claims payable represents Alameda Alliance for Health's estimated liability for health care and pharmacy expenses for which services have been performed but have not yet been paid for by Alameda Alliance for Health. Claims payable includes the estimated value of claims that have been incurred but not yet reported to Alameda Alliance for Health as well as the estimated value of claims that have been received by Alameda Alliance for Health but not yet paid.

Total claims payable increased by $70,511,229 from $132,693,097 at June 30, 2022 to $203,204,326 at June 30, 2023. Included in this change is an increase of $51,400,029 in the liability for incurred but not paid claims and an increase of $19,111,200 in the liability for other medical payments. The change in the liability for incurred but not paid claims reflects the increase of fee for service expense incurred but unpaid claims. The change in the liability for other medical payments is mainly due to a net increase in payables to certain providers for CalAIM programs.

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Total claims payable increased by $588,270 from $132,104,827 at June 30, 2021 to $132,693,097 at June 30, 2022. Included in this change is an increase of $14,463,816 in the liability for incurred but not paid claims, and a decrease of $13,875,546 in the liability for other medical payments. The change in the liability for incurred but not paid claims reflects decreased estimates of 2021 and 2022 claims. The change in the liability for other medical payments is mainly due to a net decrease in payables to certain providers.

Payable to Other Governmental Agencies, Hospital Fee, and Directed Payments Payables

Payable to other governmental agencies, hospital fee, and directed payments payables includes the amounts due for MCO tax assessments, liabilities related to intergovernmental transfer due to participating safety net hospitals, HQAF, Directed Payments due to Private and Designed Public hospitals, and medical loss ratio requirements. Payable to other governmental agencies and hospital fee payables increased by $63,637,431 from $179,901,969 at June 30, 2022 to $243,539,400 at June 30, 2023, mainly due to the new Directed Payment program. Payable to other governmental agencies and hospital fee payables increased by $85,069,434 from $94,832,535 at June 30, 2021 to $179,901,969 at June 30, 2022, mainly due to the new Directed Payment program.

Other Liabilities

Other liabilities are comprised of a liability for payroll earned but not paid, a liability for provider pay-for-performance earned but not paid, and a liability for provider grants and new health management programs. Payroll liabilities increased by $1,222,452 from $4,707,435 as of June 30, 2022 to $5,929,887 as of June 30, 2023. Most of the increase reflected higher accrued paid time off and employee benefits. The pay-for-performance liability decreased by $1,767,749 from $7,374,932 at June 30, 2022 to $5,607,183 at June 30, 2023, due to a payout of funds. The provider grants and new health management liability decreased by $226,672 from $226,672 at June 30, 2022 to $0 at June 30, 2023, due to a payout of fund and the closure of the program.

Payroll liabilities decreased by $58,832 from $4,766,267 as of June 30, 2021 to $4,707,435 as of June 30, 2022. Most of the decrease reflected lower accrued paid time off. The pay-for-performance liability decreased by $2,974,917 from $10,349,849 at June 30, 2021 to $7,374,932 at June 30, 2022, due to a decrease in funding for calendar year 2021 incentive programs. The provider grants and new health management liability decreased by $224,471 from $451,143 at June 30, 2021 to $226,672 at June 30, 2022, due to payout of fund.

Net Pension Liability

Net pension liability represents the deficit between CalPERS pension assets and the CalPERS pension liability under GASB 68. Net pension liability increased by $5,286,448 from $0 at June 30, 2022 to $5,286,448 at June 30, 2023. The increase reflects the costs exceeded contributions for the operation of the plan for the year. Net pension liability decreased by $1,665,176 from $1,665,176 at June 30, 2021 to $0 at June 30, 2022. The decrease reflects the contributions exceeded costs for the operation of the plan for the year.

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Lease Liabilities

Lease liabilities represents net present value of lease payments scheduled to be made under GASB 87. Lease liability is valued at $1,634,048 at June 30, 2023 and $2,633,053 at June 30, 2022. The decrease reflects the adjustment in net present value of lease terms. Lease liability is valued at $2,633,053 at June 30, 2022 and $3,281,327 at June 30, 2021. The decrease reflects the adjustment in net present value of lease terms.

Subscription Liabilities

Subscription liabilities represents net present value of subscription payments scheduled to be made under GASB 96. Subscription liabilities are valued at $4,302,666 at June 30, 2023 and $3,356,557 at June 30, 2022. The increase reflects additional subscription liabilities during the year and the adjustment in net present value of lease terms. GASB 96 is adopted in fiscal year ending June 30, 2023 and retroactively adopted in fiscal year ended June 30, 2022, thus, fiscal year ended June 30, 2021 reports $0.

Deferred Inflows of Resources

Deferred inflows of resources represent the unamortized difference between projected and actual earnings on pension plan investments, unamortized changes in assumptions, and unamortized differences between expected and actual experiences under GASB 68. Deferred inflows of resources decreased by $5,905,149 from $6,083,670 at June 30, 2022 to $178,521 at June 30, 2023, due to the difference between projected and actual earnings on pension plan investments, changes in assumptions, and differences between expected and actual experiences.

Deferred inflows of resources increased by $5,630,564 from $453,106 at June 30, 2021 to $6,083,670 at June 30, 2022, due to the difference between projected and actual earnings on pension plan investments, changes in assumptions, and differences between expected and actual experiences.

Net Position

Total net position increased by $93,332,739 from $230,624,302 at June 30, 2022 to $323,957,041 at June 30, 2023. The increase is due to the following:

Net operating income	$ 78,295,913
Investment income	15,036,826
Increase in net position	$ 93,332,739

Total net position increased by $25,214,260 from $205,410,042 at June 30, 2021 to $230,624,302 at June 30, 2022. The increase is due to the following:

Net operating loss	$ 25,201,892
Investment income	12,368
Increase in net position	$ 25,214,260

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STATEMENTS OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION

Capitation and Premium Revenue and Membership

Member Months

For the fiscal years ended June 30, 2023 and 2022, member months were as follows:

	2023	2022	Increase/ Decrease	% Increase/ Decrease
Medi-Cal	3,983,034	3,536,180	446,854	13%
Group Care	69,017	70,191	(1,174)	-2%
Total	4,052,051	3,606,371	445,680	12%

There were increases in all categories of aid, but the largest increases were experience in Optional Expansion, Duals, and the Adult categories of aid.

For the fiscal years ended June 30, 2022 and 2021, member months were as follows:

	2022	2021	Increase/ Decrease	% Increase/ Decrease
Medi-Cal	3,536,180	3,237,461	298,719	9%
Group Care	70,191	71,864	(1,673)	-2%
Total	3,606,371	3,309,325	297,046	9%

There were increases in all categories of aid, but the largest increases were experience in Optional Expansion, Child, and Adult categories of aid.

Revenues

For fiscal year 2023, capitation and premium revenue increased by $199,681,061 from $1,315,817,934 in 2022 to $1,514,498,995 in 2023. Medi-Cal revenue, net of premium taxes, increased by $253,239,745 or 22% mostly due to increasing member months and capitation rates. Group Care revenue increased by $5,282,652 or 20% due to an increase in rates.

For fiscal year 2022, capitation and premium revenue increased by $130,309,788 from $1,185,508,146 in 2021 to $1,315,817,934 in 2022. Medi-Cal revenue, net of premium taxes, increased by $133,241,784 or 12% mostly due to increasing member months. Group Care revenue decreased by $655,942 or 2% due to a decrease in member months and offset by a 58% decrease in Hepatitis C Drug revenues.

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Medical Reinsurance

Medical reinsurance, included in other revenue, includes reinsurance recovery payments less reinsurance premium paid or accrued. Net reinsurance income decreased by $1,811,214 from $1,621,466 in 2022 to ($189,748) in 2023 due to higher premium offset by fewer recoveries. Net reinsurance income decreased by $426,874 from $2,048,340 in 2021 to $1,621,466 in 2022 due to higher premium offset by fewer recoveries.

Health Care Expense

Health care expense represents Alameda Alliance for Health's cost of providing physician, hospital, pharmacy, laboratory, other medical services, and other related services to members. Alameda Alliance for Health has contracted with various health care providers and community-based organizations whereby capitation payments (agreed-upon payments per member) and fee-for-service payments are made in return for contracted health care services for its members.

Health care expense increased by $189,970,293, or 17%, from $1,101,260,156 in 2022 to $1,291,230,449 in 2023 due to increased member months and cost of medical services.

The chart below shows the per-member-per-month ("PMPM") effect of these costs:

Health Care Expenses	**2023**	**2022** (As Restated)	**2023 PMPM**	**2022 PMPM**
Medical services	$ 1,291,230,449	$ 1,101,260,156	$ 318.66	$ 305.37
Total member months	4,052,051	3,606,371		

Health care expense increased by $76,151,710, or 7%, from $1,025,108,446 in 2021 to $1,101,260,156 in 2022 due to increased member months.

The chart below shows the PMPM effect of these costs:

Health Care Expenses	**2022** (As Restated)	**2021**	**2022 PMPM**	**2021 PMPM**
Medical services	$ 1,101,260,156	$ 1,025,108,446	$ 305.37	$ 309.76
Total member months	3,606,371	3,309,325		

Marketing, General, and Administrative Expenses

Marketing, general, and administrative expenses increased by $11,167,840 from $58,632,073 in 2022 to $69,799,913 in 2023 largely due to increases in enrollment.

Marketing, general, and administrative expenses increased by $7,541,508 from $51,090,565 in 2021 to $58,632,073 in 2022 due largely to fiscal year 2021 including a one-time impact of reversal of previously accrued Provider Sustainability Fund cost.

Nonoperating Income/Expense

Nonoperating income/expense represents interest income, unrealized gains and losses resulting from cash held in financial institutions, changes in the market value of investments and investments held for restricted cash balances, contributions received for purposes other than capital asset acquisition, and interest expense.

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Nonoperating income increased by $15,024,458 from $12,368 in 2022 to $15,036,826 in 2023 largely due to increased investment income, net of unrealized losses.

Nonoperating income decreased by $574,665 from $587,033 in 2021 to $12,368 in 2022 largely due to decreased investment income, net of unrealized losses.

Three-Year Trend in Net Position

	2023	2022 (As Restated)	2021
ASSETS			
Current assets	$ 778,782,731	$ 548,531,213	$ 443,614,088
Noncurrent assets	5,567,971	6,023,230	6,622,135
Net pension asset	-	6,930,703	-
Lease assets, net of amortization	1,440,685	2,439,113	3,161,732
Subscription assets, net of amortization	5,061,000	3,351,665	-
Deferred outflows of resources	9,272,592	3,104,011	4,095,861
Total assets and deferred outflows of resources	$ 800,124,979	$ 570,379,935	$ 457,493,816
LIABILITIES			
Current liabilities	$ 467,606,623	$ 329,779,267	$ 247,405,428
Net pension liability	5,286,448	-	1,665,176
Lease liability, net of current portion	816,016	1,837,881	2,560,064
Subscription liabilities, net of current portion	2,280,330	2,054,815	-
Deferred inflows of resources	178,521	6,083,670	453,106
Total liabilities and deferred inflows of resources	476,167,938	339,755,633	252,083,774
NET POSITION			
Invested in capital assets	5,217,971	5,673,230	6,272,135
Restricted	350,000	350,000	350,000
Unrestricted	318,389,070	224,601,072	198,787,907
Total net position	$ 323,957,041	$ 230,624,302	$ 205,410,042
Total liabilities, deferred inflows of resources, and net position	$ 800,124,979	$ 570,379,935	$ 457,493,816

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Changes in Net Position

Changes in Net Assets

	2023	2022 (As Restated)	2021
Total member months	4,052,051	3,606,371	3,309,325
Operating revenues	$ 1,515,363,244	$ 1,319,472,761	$ 1,192,246,807
Health care expenses	1,291,230,449	1,101,260,156	1,025,108,446
Marketing, general, and administrative expenses	69,799,913	58,632,073	51,090,565
Depreciation and amortization expense	3,638,021	3,136,527	2,834,986
Premium tax	72,398,948	131,242,113	114,564,616
Total operating expenses	1,437,067,331	1,294,270,869	1,193,598,613
Net income (loss) from operations	78,295,913	25,201,892	(1,351,806)
Nonoperating income, net	15,036,826	12,368	587,033
Change in net position	$ 93,332,739	$ 25,214,260	$ (764,773)

During the three-year period ended June 30, 2023, overall member months increased 22%, primarily due to year-over-year increase in Medi-Cal member months. During the three-year period ended June 30, 2023, revenue increased 27% due to increased member months, higher supplemental payments, changes to capitation rates, and changes to the mix of members. During the three-year period ended June 30, 2023, health care expenses increased 26% as a result of changes in enrollment in all programs. The above factors combined to yield the overall significant favorable change in net position.

During the three-year period ended June 30, 2022, overall member months increased 20%, primarily due to year-over-year increase in Medi-Cal member months. During the three-year period ended June 30, 2022, revenue increased 30% due to increased member months, higher supplemental payments, changes to capitation rates, and changes to the mix of members. During the three-year period ended June 30, 2022, health care expenses increased 25% as a result of changes in enrollment in all programs. The above factors combined to yield the overall significant favorable change in net position.

As a licensed plan under Knox-Keene Health Care Services Plan Act of 1975, Alameda Alliance for Health is required to maintain a minimum level of tangible net equity and working capital. The required tangible net equity is $42,723,743, $38,089,979 and $36,486,113 at June 30, 2023, 2022, and 2021, respectively. The required tangible net equity is $38,089,979, $36,486,113, and $31,962,073 at June 30, 2022, 2021, and 2020, respectively.

Alameda Alliance for Health was in compliance with regulatory tangible net equity and working capital requirements at June 30, 2023, 2022, and 2021.

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Report of Independent Auditors

The Board of Governors
Alameda Alliance for Health

Report on the Audit of the Financial Statements

Opinions

We have audited the financial statements of Alameda Alliance for Health, which comprise the statements of net position as of June 30, 2023 and 2022, and the related statements of revenues, expenses, and changes in net position, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the net position of Alameda Alliance for Health as of June 30, 2023 and 2022, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinions

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Alameda Alliance for Health and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Alameda Alliance for Health's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinions. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Alameda Alliance for Health's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Alameda Alliance for Health's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control–related matters that we identified during the audit.

Emphasis of Matter – New Accounting Standard

As discussed in Note 2 to the financial statements, Alameda Alliance for Health adopted Government Accounting Standards Board Statement No. 96, *Subscription-Based Information Technology Arrangements*, as of July 1, 2021. Our opinion is not modified with respect to this matter.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the Management's Discussion and Analysis on pages 1 through 13, supplementary schedule of changes in net pension liability (asset), and related ratios and supplementary schedule of pension contributions on pages 44 through 45 be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

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Supplementary Information

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise Alameda Alliance for Health's financial statements. The supplementary statement of revenues and expenses – AC Care Connect on page 46 is presented for purposes of additional analysis and is not a required part of the basic financial statements, but is supplementary information required by the AC Care Connect contract. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the supplementary statement of revenues and expenses – AC Care Connect is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated October xx, 2023 on our consideration of Alameda Alliance for Health’s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Alameda Alliance for Health’s internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Alameda Alliance for Health’s internal control over financial reporting and compliance.

San Francisco, California
October xx, 2023

Financial Statements

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Alameda Alliance for Health
Statements of Net Position
As of June 30, 2023 and 2022

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	2023	2022 (As Restated)
ASSETS AND DEFERRED OUTFLOWS OF RESOURCES		
Current assets		
Cash and cash equivalents	$ 35,220,849	$ 12,245,641
Investments	437,725,102	330,233,562
Premiums receivable	148,645,937	191,160,412
Reinsurance recoveries receivable	3,125,278	1,840,608
Other receivables	149,164,846	7,638,928
Prepaid expenses	4,900,719	5,412,062
Total current assets	778,782,731	548,531,213
Noncurrent asset		
Restricted cash	350,000	350,000
Capital assets		
Nondepreciable	1,557,283	1,557,283
Depreciable, net of accumulated depreciation and amortization	3,660,688	4,115,947
Total capital assets	5,217,971	5,673,230
Net pension asset	-	6,930,703
Lease assets, net of accumulated amortization	1,440,685	2,439,113
Subscription assets, net of accumulated amortization	5,061,000	3,351,665
Total assets	790,852,387	567,275,924
Deferred outflows of resources	9,272,592	3,104,011
Total assets and deferred outflows of resources	$ 800,124,979	$ 570,379,935
LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION		
Current liabilities		
Accounts payable and accrued expenses	$ 6,485,459	$ 2,778,248
Claims payable	203,204,326	132,693,097
Payable to other governmental agencies, hospital fee, and directed payments payables	243,539,400	179,901,969
Lease liabilities, current portion	818,032	795,172
Subscription liabilities, current portion	2,022,336	1,301,742
Other liabilities	11,537,070	12,309,039
Total current liabilities	467,606,623	329,779,267
Net pension liability	5,286,448	-
Lease liabilities, net of current portion	816,016	1,837,881
Subscription liabilities, net of current portion	2,280,330	2,054,815
Total liabilities	475,989,417	333,671,963
Deferred inflows of resources	178,521	6,083,670
Net position		
Invested in capital assets	5,217,971	5,673,230
Restricted		
Required by legislative authority	350,000	350,000
Unrestricted	318,389,070	224,601,072
Total net position	323,957,041	230,624,302
Total liabilities, deferred inflows of resources, and net position	$ 800,124,979	$ 570,379,935

See accompanying notes.

Alameda Alliance for Health
Statements of Revenues, Expenses, and Changes in Net Position
For the Years Ended June 30, 2023 and 2022

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	2023	2022 (As Restated)
Operating revenues		
Capitation and premium revenue	$ 1,515,498,995	$ 1,315,817,934
Other (expense) revenue	(135,751)	3,654,827
Total operating revenues	1,515,363,244	1,319,472,761
Health care expenses		
Medical services	1,291,230,449	1,101,260,156
Total health care expenses	1,291,230,449	1,101,260,156
Marketing, general, and administrative expenses	69,799,913	58,632,073
Depreciation and amortization expense	3,638,021	3,136,527
Premium tax	72,398,948	131,242,113
Total operating expenses	1,437,067,331	1,294,270,869
Operating income	78,295,913	25,201,892
Nonoperating income		
Investment income	15,036,826	12,368
Total nonoperating income, net	15,036,826	12,368
Change in net position	93,332,739	25,214,260
Net position, beginning of year	230,624,302	205,410,042
Net position, end of year	$ 323,957,041	$ 230,624,302

See accompanying notes.

Alameda Alliance for Health
Statements of Cash Flows
For the Years Ended June 30, 2023 and 2022

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	2023	2022 (As Restated)
Cash flows provided by operating activities		
Cash received from		
Capitation and premium revenue	$ 1,558,013,470	$ 1,250,388,222
Other revenue	(535,095)	4,852,960
Cash paid to providers for		
Medical and hospital expenses	(1,229,480,737)	(1,146,844,565)
Vendors and employees	(209,020,495)	(63,309,000)
Net cash provided by operating activities	118,977,143	45,087,617
Cash flows used in capital and related financing activities		
Purchases of furniture and equipment	(338,847)	(420,774)
Payments of lease liabilities	(803,792)	(722,337)
Payments of subscription liabilities	(2,803,926)	(1,315,274)
Net cash used in capital and related financing activities	(3,946,565)	(2,458,385)
Cash flows used in investing activities		
Purchase of investments	(1,752,305,062)	(1,532,900,668)
Proceeds from sale of investments	1,645,212,866	1,465,417,286
Investment income	15,036,826	12,368
Net cash used in investing activities	(92,055,370)	(67,471,014)
Net increase (decrease) in cash and cash equivalents	22,975,208	(24,841,782)
Cash and cash equivalents, beginning of year	12,245,641	37,087,423
Cash and cash equivalents, end of year	$ 35,220,849	$ 12,245,641
Reconciliation of operating income to net cash provided by operating activities		
Operating income	$ 78,295,913	$ 25,201,892
Adjustments to reconcile operating income to net cash provided by operating activities		
Depreciation and amortization	3,638,021	3,136,527
Net unrealized losses on investments	(399,344)	1,198,133
Net change in operating assets and liabilities		
Premiums receivable	42,514,475	(65,429,712)
Reinsurance recoveries receivable	(1,284,670)	2,943,972
Other receivables	(141,525,918)	(1,749,982)
Prepaid expenses	511,343	762,064
Accounts payable and accrued expenses	3,707,211	(1,401,296)
Claims payable	70,511,229	(10,242,991)
Payable to other governmental agencies, hospital fee, and directed payments payables	63,637,431	95,900,695
Other liabilities	(771,969)	(3,258,220)
Net pension liability/asset	143,421	(1,973,465)
Net cash provided by operating activities	$ 118,977,143	$ 45,087,617
Supplemental cash-flow disclosure		
Cash paid during the year for premium tax	$ 98,844,320	$ 120,466,514
Subscription assets as a result of implementation of *GASB 96*	$ -	$ 4,422,317
Subscription liabilities as a result of implementation of *GASB 96*	$ -	$ 4,422,317

See accompanying notes.

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Note 1 – Organization

Alameda Alliance for Health is a licensed health maintenance organization that operates in Alameda County (the "County"). The County's Board of Supervisors established Alameda Alliance for Health in March 1994 in accordance with the State of California Welfare and Institutions Code (the "Code") Section 14087.54. This legislation provides that Alameda Alliance for Health is a public entity, separate and apart from the County and is not considered an agency, division, or department of the County. Alameda Alliance for Health is not governed by, nor is it subject to, the Charter of the County and is not subject to the County's policies or operational rules. Alameda Alliance for Health received its Knox-Keene license in September 1995 and commenced operations in January 1996.

Alameda Alliance for Health operated the Alameda Alliance Joint Powers Authority (the "JPA"), a licensed health maintenance organization that operates in the County (collectively the "Alliance"). The County's Board of Supervisors established the JPA in October 2005 in accordance with Section 14087.54. This legislation provides that the JPA was also a public entity, separate and apart from the County, and was not an agency, division, or department of the County. The JPA was not governed by, nor was it subject to, the Charter of the County and was not subject to the County's policies or operational rules. The JPA received its Knox-Keene license and commenced operations in December 2005. Alameda Alliance for Health and the JPA had a mutual guarantee agreement, ensuring mutual solvency for the two organizations. In September 2020, both parties agreed to dissolve the JPA and transfer existing business of the JPA to Alameda Alliance for Health's license. Subsequently, California Department of Managed Care, the licensing body, approved the surrender of the JPA license effective July 31, 2021.

The mission and purpose of Alameda Alliance for Health is to improve the quality of life of its members and people throughout its diverse community by collaborating with provider partners in delivering high-quality, accessible, and affordable health care services. As participants of the safety-net system, Alameda Alliance for Health recognizes and seeks to collaboratively address social determinants of health as it serves Alameda County. No individual or entity has any ownership interest in Alameda Alliance for Health and all accumulated net position is available to invest in programs consistent with its mission.

Alameda Alliance for Health contracts with the California Department of Health Care Services ("CDHCS") to receive funding to provide health care services to the Medi-Cal eligible County residents who are enrolled as members of Alameda Alliance for Health ("CDHCS Contract"). The CDHCS Contract specifies capitation rates that may be adjusted annually. CDHCS revenue is paid monthly and is based upon contracted rates and actual Medi-Cal enrollment. Alameda Alliance for Health, in turn, has contracted with hospitals, physicians, and community-based organizations whereby capitation payments (agreed-upon monthly payments per member) and fee-for-service payments are made in return for contracted health care services for its members. These contracts are typically evergreen and contain annual rate change provisions, termination clauses, and risk-sharing provisions.

The original JPA entity contracted with the Public Authority of Alameda County to provide health coverage to In-Home Supportive Service home care workers in the County via the Group Care program. Due to the dissolution of the JPA, the Group Care program is assigned to Alameda Alliance for Health with previous contract terms. The contract is automatically renewed on an annual basis, absent adequate written notice to terminate by either party. No written notice of termination was provided by either party during the year ended June 30, 2023 and 2022, except for the change of assignment.

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In September 2009, CDHCS implemented Assembly Bill No. 1422 ("AB 1422") or Managed Care Organization ("MCO") premium tax. This program imposes an assessment on Alameda Alliance for Health's capitation and premium revenue. The proceeds from the tax are appropriated from the Children's Health and Human Services Special Fund to the State Department of Health Care Services for specified purposes. This provision was effective retroactively to January 1, 2009, and continued through June 30, 2013. The provisions of AB 1422 were continued, a higher tax rate implemented, and a sales tax replaced the premium tax, via Senate Bill ("SB") 78, beginning July 1, 2013 through June 30, 2016. On March 1, 2016, SB X2-2 established a new MCO provider tax, to be administered by CDHCS, effective July 1, 2016 through July 1, 2019. The tax would be assessed by CDHCS on licensed health care service plans, managed care plans contracted with CDHCS to provide Medi-Cal services, and alternate health care service plans ("AHCSP"), as defined, except as excluded by the bill. This bill would establish applicable taxing tiers and per enrollee amounts for the 2016–2017, 2017–2018, and 2018–2019 fiscal years for Medi-Cal enrollees, AHCSP enrollees, and all other enrollees, as defined. On September 27, 2019, Assembly Bill 115 (Chapter 348, Statutes 2019) authorized DHCS to implement a modified MCO tax model on specified health plans, which was approved by the federal Centers for Medicare & Medicaid Services on April 3, 2020. The effective date range for this approval is January 1, 2020 through December 31, 2022. On June 29, 2023, Assembly Bill 119 (Chapter 13, Statues of 2023) reimposed the MCO premium tax effective April 1, 2023 through December 31, 2026, and it has not been approved by Centers for Medicare & Medicaid Services as of June 30, 2023.

Commencing in June 2010, CDHCS implemented a supplemental revenue or intra-governmental transfer program. This program assesses fees on the revenue of participating providers. CDHCS uses these assessments to obtain matching federal funds, which are returned to participating Alliance providers through Alameda Alliance for Health's administration. Alameda Alliance for Health received supplemental medical revenue of $76,456,322 and $45,172,648 for the years ended June 30, 2023 and 2022, respectively, representing the assessment and matching funds, net of MCO premium tax of $0 for the years ended June 30, 2023 and 2022. Related liabilities are recorded under payable to other governmental agencies, hospital fee, and directed payments payables in the statements of net position as of June 30, 2023 and 2022.

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On September 8, 2010, the California State Legislature ratified Assembly Bill No. 1653, which established a Hospital Quality Assurance Fee ("HQAF") program allowing additional drawdown of federal funding to be used for increased payments to general acute care hospitals for inpatient services rendered to Medi-Cal beneficiaries. Pursuant to Section 14167.6 (a), CDHCS increased capitation payments to Medi-Cal managed health care plans retroactive for the months of April 2009 through December 2010. Additionally, Medi-Cal managed care plans are required to adhere to the following regarding the distribution of the increased capitation rates with HQAF funding: Section 14167.6 (h)(1), "Each managed health care plan shall expend 100 percent of any increased capitation payments it receives under this section on hospital services"; and, Section 14167.10 (a), "Each managed health care plan receiving increased capitation payments under Section 14167.6 shall expend increased capitation payments on hospital services within 30 days of receiving the increased capitation payments." These payments were received and distributed in the manner as prescribed as a pass-through to revenue. The payments did have an effect on the overall AB 1422 gross premium tax paid. In April of 2011, California approved SB 90, which extended the HQAF through June 30, 2012. SB 335, signed into law in September of 2011, extended the HQAF portion of SB 90 for an additional 30 months through December 31, 2013. SB 239, signed into law in October of 2013, extended the HQAF portion of SB 90 for an additional 36 months through December 31, 2016. In November of 2016, California approved Proposition 52, which made SB 239 permanent and also created HQAF V. The program period for HQAF V is from January 1, 2017 through June 30, 2019. The program period for HQAF VI and VII is from July 1, 2019 through December 31, 2021 and January 1, 2022 through December 31, 2022, respectively. Alameda Alliance for Health received HQAF payments of $0 and $47,690,348 for the years ended June 30, 2023 and 2022, respectively, net of MCO premium tax of $0 for the years ended June 30, 2023 and 2022.

Beginning with the July 1, 2017 rating period, CDHCS implemented managed care Directed Payments: 1) Private Hospital Directed Payment ("PHDP"), 2) Designated Public Hospital Enhanced Payment Program ("EPP"), and 3) Designated Public Hospital Quality Incentive Pool ("QIP"). (1) For PHDP, CDHCS will direct Managed Care Plans ("MCP") to reimburse private hospitals as defined in the Welfare and Institutions Code 14169.51, based on actual utilization of contracted services. The enhanced payment is contingent upon hospitals providing adequate access to service, including primary, specialty, and inpatient (both tertiary and quaternary) care. The total funding available for the enhanced contracted payments are limited to a predetermined amount (pool). (2) For EPP Pools, CDHCS has directed MCPs to reimburse California's 21 Designated Public Hospitals ("DPHs") and University of California systems for network contracted services, enhanced by either a uniform percentage or dollar increment based on actual utilization of network contracted services. (3) For QIP, CDHCS has directed the MCPs to make QIP payments tied to performance on designated performance metrics in four strategic categories: primary care, specialty care, inpatient care, and resource utilization. The payments are linked to the delivery of services under the MCP contracts and increase the amount of funding tied to quality outcomes. To receive QIP payments, the DPHs must achieve specified improvement targets, which grow more difficult through year-over-year improvement or sustained high-performance requirements. The total funding available for the QIP payments will be limited to a predetermined amount (pool).

Beginning January 1, 2022, CDHCS began implementing California Advancing and Innovating Medi-Cal ("CalAIM") to modernize the state of California's Medi-Cal Program. CalAIM requires managed care plans to implement a whole-system, person-centered strategy that focuses on wellness and prevention, including assessments of each enrollee's health risks and health-related social needs, and provide care management and care transitions across delivery systems and settings. CalAIM is expected to provide additional new funding to the Alameda Alliance for Health and increase expenses, the total magnitude of which is unknown at this time.

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Note 2 – Summary of Significant Accounting Policies

Basis of accounting – Pursuant to Governmental Accounting Standards Board ("GASB") Statement No. 62, *Codification of Accounting and Financial Reporting Guidance Contained in Pre-November 30, 1989 FASB and AICPA Pronouncements*, Alameda Alliance for Health's proprietary fund accounting and financial reporting practices are based on all applicable GASB pronouncements as well as codified pronouncements issued on or before November 30, 1989, and the California Code of Regulations, Title 2, Section 1131, State Controller's *Minimum Audit Requirements* for California Special Districts and the State Controller's Office prescribed reporting guidelines.

Proprietary fund accounting – Alameda Alliance for Health utilizes the proprietary fund method of accounting whereby revenues and expenses are recognized on the accrual basis and the financial statements are prepared using the economic resources measurement focus.

Use of estimates – The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Claims payable, useful lives of fixed assets, discount rate of premiums receivable, fair value of investments, discount rate, useful lives, and lease terms of leases and subscription assets, and net pension asset/liability represent significant estimates. Actual results could differ from those estimates.

Cash and cash equivalents – Alameda Alliance for Health considers all highly-liquid instruments with a maturity of three months or less at the time of purchase to be cash and cash equivalents. Cash and cash equivalents are carried at cost, which approximates fair value. At June 30, 2023 and 2022, Alameda Alliance for Health's cash deposits had cash and cash equivalents balances reflected in the balance sheet of $35,220,849 and $12,245,641, respectively, and bank balances of $49,435,537 and $30,095,823, respectively. Of the bank balances at June 30, 2023 and 2022 $49,279,341 and $29,871,867, respectively, were not covered by federal depository insurance.

Investments – Alameda Alliance for Health adopted GASB Statement No. 72, *Fair Value Measurement and Application* ("GASB 72"), effective July 1, 2016. GASB 72 requires Alameda Alliance for Health to use valuation techniques that are appropriate under the circumstances and are consistent with the market approach, the cost approach, or the income approach. GASB 72 establishes a hierarchy of inputs used to measure fair value consisting of three levels. Level 1 inputs are quoted prices in active markets for identical assets or liabilities. Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. Level 3 inputs are unobservable inputs.

Other receivables – Other receivables includes interest receivable, certain incentive receivables, and pass-through program receivables. Incentive amounts and pass-through program amounts are also recorded as a liability in payable to other governmental agencies, hospital fee, and direct payments payables on the statements of net position.

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Concentration of credit risk – Alameda Alliance for Health is highly dependent upon the State of California for its revenues. The vast majority of accounts receivable and revenue are from the State of California. Loss of the contracts with the State of California due to nonrenewal or legislative decisions that impact program funding or result in discontinuation could materially affect the financial position of Alameda Alliance for Health.

As of June 30, 2023 and 2022, Alameda Alliance for Health had premiums receivable of $148,645,937 and $191,160,412, respectively, due from the State of California. For the years ended June 30, 2023 and 2022, Alameda Alliance for Health recognized capitation and premium revenue of $1,483,904,606 and $1,289,508,026, respectively, from the State of California.

Restricted cash – Alameda Alliance for Health is required by the California Department of Managed Health Care to restrict cash having a fair value of at least $300,000 for the payment of member claims in the event of its insolvency. The amounts recorded were $350,000 at June 30, 2023 and 2022. Restricted cash is comprised of U.S. Treasury securities and is stated at fair value.

Capital assets – Capital assets include land, building and improvements, furniture and equipment, and computer hardware and software. Capital assets are recorded at cost. Depreciation and amortization of building and improvements, furniture and equipment, computer hardware, and computer software is calculated using the straight-line method over 3 to 40 years, which approximates the estimated useful lives of the assets. Alameda Alliance for Health capitalizes capital expenditures over $5,000 that will have a useful life of three or more years.

Alameda Alliance for Health evaluates prominent events or changes in circumstances affecting capital assets to determine whether impairment of a capital asset has occurred. Impairment losses on capital assets are measured using the method that best reflects the diminished service utility of the capital asset.

Leases – Alameda Alliance for Health has recorded lease assets as a result of implementing GASB Statement No. 87, *Leases* (“GASB 87”). The lease assets are initially measured at an amount equal to the initial measurement of the related lease liability plus any lease payments made prior to the lease term, less lease incentives, and plus ancillary charges necessary to place the lease into service. The lease assets are amortized on a straight-line basis over the life of the related lease.

Alameda Alliance for Health recognizes lease contracts or equivalents that have a term exceeding one year that meet the definition of an other than short-term lease. Alameda Alliance for Health uses a discount rate that is explicitly stated or implicit in the contract. When a readily determinable discount rate is not available, the discount rate is determined using Alameda Alliance for Health’s incremental borrowing rate at start of the lease for a similar asset type and term length to the contract. Short-term lease payments are expensed when incurred.

Subscription assets – Alameda Alliance for Health has recorded subscription assets as a result of implementing GASB Statement No. 96, *Subscription-Based Information Technology Arrangements* (“GASB 96”). The subscription assets are initially measured at an amount equal to the initial measurement of the related subscription liability plus any contract payments made to the subscription-based information technology arrangement (“SBITA”) vendor at the commencement of the subscription term, capitalizable initial implementation cost, less any incentive payments received from the SBITA vendor at the commencement of the subscription term. The subscription assets are amortized on a straight-line basis over the shorter of the subscription term or the useful life of the underlying assets.

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Subscription liabilities – Alameda Alliance for Health entered into various agreements for information technology ("IT") subscriptions. These agreements range in terms up to year 2026. In fiscal year 2023, the total subscription payments were $2,957,634. Variable payments based upon the use of the underlying IT asset are not fixed in substance — therefore, these payments are not included in subscription assets or subscription liabilities. There were no variable subscription expenses and payments in fiscal years ended June 30, 2023 or 2022. Alameda Alliance for Health is in the process of entering into additional subscription agreements that have yet to commence as of June 30, 2023.

Alameda Alliance for Health recognizes contracts or equivalents that have a term exceeding one year with cumulative future payments on the contract exceeding $20,000 per year that meet the definition of an other than short-term lease. Alameda Alliance for Health uses a discount rate that is explicitly stated or implicit in the contract. When a readily determinable discount rate is not available, the discount rate is determined using the Alameda Alliance for Health's incremental borrowing rate at start of the lease for a similar asset type and term length to the contract. Short-term lease payments are expensed when incurred.

Net position – Net position is classified as invested in capital assets, restricted or unrestricted. Invested in capital assets represents investments in land, building and improvements, furniture and equipment, computer hardware, and computer software, net of depreciation and amortization. Restricted net position is for specific operating activities and represents the total cash balances that are restricted in their use as they represent monies received that must only be utilized for a specified purpose. It also pertains to external constraints placed on net position by law. Unrestricted net position consists of net position that does not meet the definition of restricted or invested in capital assets.

Capitation and premium revenue – Capitation and premium revenue includes amounts received from the CDHCS for Medi-Cal members and from Alameda County for In-Home Supportive Services ("IHSS") home care workers.

Capitation and premium revenue is recorded as revenue in the month for which enrollees are entitled to health care services. Medi-Cal eligibility of enrollees is determined by Alameda County Social Services Agency and validated by the State of California. The State of California provides Alameda Alliance for Health the validated monthly eligibility file of program enrollees who are continuing, newly added, or terminated from the program in support of capitation revenue for the respective month. A portion of revenues received from the CDHCS is subject to possible retroactive adjustments. Management has made provisions for estimated retroactive adjustments. IHSS eligibility of enrollees is determined by Alameda County Public Authority ("Public Authority"). The Public Authority provides Alameda Alliance for Health the validated monthly eligibility file of program enrollees who are continuing, newly added, or terminated from the IHSS program. Once Alameda Alliance for Health receives current-month enrollment data, Alameda Alliance for Health issues an invoice to Alameda County Social Services for monthly premium revenue.

Effective with the enrollment of the Adult Expansion population per the Affordable Care Act on January 1, 2014, Alameda Alliance for Health is subject to CDHCS requirements to meet a minimum 85% medical loss ratio (“MLR”) for this population. Specifically, Alameda Alliance for Health will be required to expend at least 85% of the Medi-Cal capitation revenue received for this population on allowable medical expenses as defined by CDHCS. In the event Alameda Alliance for Health expends less than the 85% requirement, Alameda Alliance for Health will be required to return to CDHCS the difference between the minimum threshold and the actual allowed medical expenses. At June 30, 2023, and 2022, the accrued payable back to CDHCS, which is included in payable to other governmental agencies, hospital fee, and directed payments payables in the accompanying statements of net position, was $0.

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Premium deficiencies – Alameda Alliance for Health performs periodic analyses of its expected future medical expenses and maintenance costs to determine whether such costs will exceed anticipated future revenues under its contracts. Should expected costs exceed anticipated revenues, a premium deficiency reserve is recorded. Management determined that no premium deficiency reserves were needed at June 30, 2023 and 2022.

Health care expense recognition and claims payable – The cost of health care services is recognized in the period provided and includes an estimate of the cost of services that have been incurred but not yet reported. The estimate for reserves for claims is based on actuarial projections of hospital and other costs using historical analysis of claims paid and authorization and admission data. Estimates are monitored and reviewed and, as settlements are made or estimates adjusted, differences are reflected in current operations. Such estimates are subject to the impact of changes in the regulatory environment and economic conditions.

Operating revenues and expenses – Alameda Alliance for Health’s statements of revenues, expenses, and changes in net position distinguishes between operating and nonoperating revenues and expenses. The primary operating revenue is derived from capitation and other sources in support of providing health care services to its members. Operating expenses are all expenses incurred to provide such health care services. Nonoperating revenues and expenses consist of those revenues and expenses that are related to financing and investing activities, net of interest income, and from contributions received for purposes other than capital asset acquisition.

Insurance coverage – Alameda Alliance for Health maintains its general liability insurance coverage through outside insurers in the form of “claims-made” policies. Should the “claims-made” policies not be renewed or replaced with equivalent insurance, claims related to the occurrences during the terms of the “claims-made” policies but reported subsequent to the termination of the insurance contract may be uninsured. These policies were renewed subsequent to year end. Physicians and hospitals that Alameda Alliance for Health contract with are required to maintain their own malpractice insurance coverage.

Income taxes – Alameda Alliance for Health is a public entity established pursuant to Section 14087.54 of the Code and is further subject to the provisions of Ordinance No. 0-94-13 and related resolutions of the Board of Supervisors of the County. As a public entity defined by Internal Revenue Code Section 115, Alameda Alliance for Health is exempt from federal and state income taxes.

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New accounting pronouncements – GASB 96 provides guidance on the accounting and financial reporting for SBITAs for government end users (governments). GASB 96 (1) defines a SBITA; (2) establishes that a SBITA results in a right-to-use subscription asset—an intangible asset—and a corresponding subscription liability; (3) provides the capitalization criteria for outlays other than subscription payments, including implementation costs of a SBITA; and (4) requires note disclosures regarding a SBITA.

Alameda Alliance for Health adopted GASB 96 as of July 1, 2022, applied retrospectively. Alameda Alliance for Health calculated and recognized subscription assets, net, of $3,351,665 and subscription liabilities of $3,356,557 as of June 30, 2022. There was no material impact to beginning net position from the adoption of GASB 96.

In June 2022, the GASB issued Statement No. 100, *Accounting Changes and Error Corrections - an amendment of GASB Statement No. 62*. This Statement enhances accounting and financial reporting requirements for accounting changes and error corrections. It defines accounting changes as changes in accounting principles, changes in accounting estimates, and changes to or within the financial reporting entity. This Statement requires that (1) changes in accounting principles and error corrections be reported retroactively by restating prior periods, (2) changes to or within the financial reporting entity be reported by adjusting beginning balances of the current period, and (3) changes in accounting estimates be reported prospectively by recognizing the change in the current period. The Statement is effective for fiscal years beginning after June 15, 2023. Alameda Alliance for Health is currently evaluating the impact of the adoption of this standard on its financial statements.

In June 2022, the GASB issued Statement No. 101, *Compensated Absences*. The Statement updates the recognition and measurement guidance for compensated absences. This Statement requires that liabilities for compensated absences be recognized for (1) leave that has not been used, and (2) leave that has been used but not yet paid, provided the services have occurred, the leave accumulates, and the leave is more likely than not to be used for time off or otherwise paid in cash or noncash means. In estimating the leave that is more likely than not to be used or otherwise paid or settled, a government entity should consider relevant factors such as employment policies related to compensated absences and historical information about the use or payment of compensated absences. The Statement amends the existing requirements to disclose only the net change in the liability instead of the gross additions and deductions to the liability. This Statement is effective for fiscal years beginning after December 15, 2023. Alameda Alliance for Health is currently evaluating the impact of the adoption of this standard on its financial statements.

Reclassifications – Certain reclassifications of prior years' balances have been made to conform with the current year presentations. Such reclassifications did not affect the total increase in net position or total current or noncurrent assets or liabilities.

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Note 3 – Investments

At June 30, 2023 and 2022, Alameda Alliance for Health's investments consisted of money market funds, commercial paper, U.S. government agency bonds, corporate bonds, and certificate of deposits.

Interest rate risk – Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. Alameda Alliance for Health manages risk of market value fluctuations due to overall changes in the general level of interest rates by complying with California Government Code Section 53600.5. As of June 30, 2023 and 2022, most of Alameda Alliance for Health's investments have maturities of less than one year.

Credit risk – Generally, credit risk is the risk that an issuer of an investment will not fulfill its obligation to the holder of the investment. This is measured by the assignment of rating by a nationally recognized statistical rating organization. The following are the credit ratings for each investment type at June 30, 2023:

Description	Fair value	Unrated	AAA	AA+	AA	AA-	A+	A	A-
Investments in:									
Commercial paper	$ 130,194,877	$ 63,244,877	$ 66,950,000	$ -	$ -	$ -	$ -	$ -	$ -
Certificate of deposits	123,325,693	123,325,693	-	-	-	-	-	-	-
Government and agency discount issues	53,971,000	53,971,000	-	-	-	-	-	-	-
Corporate and foreign bonds	63,190,705	-	6,929,621	4,550,421	10,893,111	2,242,261	6,997,992	9,387,184	22,190,115
Money market funds	67,042,827	-	67,042,827	-	-	-	-	-	-
Total investments	$ 437,725,102	$ 240,541,570	$ 140,922,448	$ 4,550,421	$ 10,893,111	$ 2,242,261	$ 6,997,992	$ 9,387,184	$ 22,190,115

The following are the credit ratings for each investment type at June 30, 2022:

Description	Fair value	Unrated	AAA	AA+	AA	AA-	A+	A	A-
Investments in:									
Commercial paper	$ 189,355,100	$ 91,605,100	$ 97,750,000	$ -	$ -	$ -	$ -	$ -	$ -
Certificate of deposits	42,530,405	42,530,405	-	-	-	-	-	-	-
Corporate and foreign bonds	48,238,442	-	7,055,305	4,608,842	2,331,365	2,282,848	11,739,191	9,467,609	10,753,282
U.S. Treasury bills	49,985,500	49,985,500	-	-	-	-	-	-	-
Money market funds	124,115	-	124,115	-	-	-	-	-	-
Total investments	$ 330,233,562	$ 184,121,005	$ 104,929,420	$ 4,608,842	$ 2,331,365	$ 2,282,848	$ 11,739,191	$ 9,467,609	$ 10,753,282

Concentration of credit risk – Concentration of credit risk is the risk of loss attributed to the magnitude of a government's investment in a single issuer. Alameda Alliance for Health's investments as a percentage of its portfolio at June 30, 2023, were as follows:

Investment	Issuer	Percentage of portfolio
Commercial paper	Various	30.0 %
Certificate of deposits	Various	28.0
Government and agency discount issues	Various	12.0
Corporate and foreign bonds	Various	15.0
Money market funds	Various	15.0
		100 %

Alameda Alliance for Health's investments as a percentage of its portfolio at June 30, 2022, were as follows:

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Investment	Issuer	Percentage of portfolio
Commercial paper	Various	56.0 %
Certificate of deposits	Various	13.0
Corporate and foreign bonds	Various	15.0
U.S. Treasury bills	Various	15.0
Money market funds	Various	1.0
		100 %

Note 4 – Fair Value

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. A fair value hierarchy is also established which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

Level 1 – Quoted prices in active markets for identical assets or liabilities.

Level 2 – Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in active markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

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The following tables present fair value measurements of assets recognized in the accompanying financial statements measured at fair value on a recurring basis at June 30,:

Description	Level 1	Level 2	Level 3	2023
Investments in:				
Corporate and foreign bonds	$ -	$ 63,190,705	$ -	$ 63,190,705
Total investments subject to fair value hierarchy	$ -	$ 63,190,705	$ -	63,190,705
Investments and restricted cash not subject to fair value hierarchy				
Commercial paper				$ 130,194,877
Certificate of deposits				123,675,693
Government and agency discount issues				53,971,000
Money market funds				67,042,827
Total investments and restricted cash				$ 438,075,102

Description	Level 1	Level 2	Level 3	2022
Investments in:				
Corporate and foreign bonds	$ -	$ 48,238,442	$ -	$ 48,238,442
Total investments subject to fair value hierarchy	$ -	$ 48,238,442	$ -	48,238,442
Investments and restricted cash not subject to fair value hierarchy				
Commercial paper				$ 189,355,100
Certificate of deposits				42,880,405
U.S. Treasury bills				49,985,500
Money market funds				124,115
Total investments and restricted cash				$ 330,583,562

Note 5 – Capital Assets

Capital asset additions, retirements, and balances for the years ended June 30, 2023 and 2022, were as follows:

	Balance July 1, 2022	Increases	Decreases	Transfers	Balance June 30, 2023
Land	$ 1,557,283	$ -	$ -	$ -	$ 1,557,283
Building and improvements	9,434,743	23,992	-	-	9,458,735
Furniture and equipment	1,692,672	-	-	-	1,692,672
Computer hardware	5,955,356	286,756	-	-	6,242,112
Computer software	18,716,195	28,099	-	-	18,744,294
Total capital assets	37,356,249	338,847	-	-	37,695,096
Building and improvements	(6,170,489)	(359,817)	-	-	(6,530,306)
Furniture and equipment	(1,691,235)	(1,439)	-	-	(1,692,674)
Computer hardware	(5,140,284)	(396,615)	-	-	(5,536,899)
Computer software	(18,681,011)	(36,235)	-	-	(18,717,246)
Total accumulated depreciation	(31,683,019)	(794,106)	-	-	(32,477,125)
Net capital assets	$ 5,673,230	$ (455,259)	$ -	$ -	$ 5,217,971

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	Balance July 1, 2021	Increases	Decreases	Transfers	Balance June 30, 2022
Capital assets					
Land	$ 1,557,283	$ -	$ -	$ -	$ 1,557,283
Building and improvements	8,950,354	420,774	-	63,615	9,434,743
Furniture and equipment	1,692,672	-	-	-	1,692,672
Computer hardware	5,955,356	-	-	-	5,955,356
Computer software	18,716,195	-	-	-	18,716,195
Construction in progress	63,615	-	-	(63,615)	-
Total capital assets	36,935,475	420,774	-	-	37,356,249
Less accumulated depreciation for					
Building and improvements	(5,644,593)	(525,896)	-	-	(6,170,489)
Furniture and equipment	(1,683,134)	(8,101)	-	-	(1,691,235)
Computer hardware	(4,692,906)	(447,378)	-	-	(5,140,284)
Computer software	(18,642,707)	(38,304)	-	-	(18,681,011)
Total accumulated depreciation	(30,663,340)	(1,019,679)	-	-	(31,683,019)
Net capital assets	$ 6,272,135	$ (598,905)	$ -	$ -	$ 5,673,230

Note 6 – Claims Payable

Alameda Alliance for Health estimates claims payable based on historical claims payment and other relevant information. Estimates are monitored and reviewed, and as settlements are made or estimates are adjusted, differences are reflected in current operations. Such estimates are subject to impact of changes in the regulatory environment. The following is a reconciliation of the claims payable liability for the years ended June 30, 2023 and 2022:

	2023	2022
Balance, July 1	$ 132,693,097	$ 132,104,827
Incurred - current	1,028,604,522	1,020,312,017
Paid		
Current	(847,363,184)	(893,101,753)
Prior	(110,730,109)	(126,621,994)
Balance, June 30	$ 203,204,326	$ 132,693,097

As noted in the table above, $1,028,604,522 and $1,020,312,017 in medical claims were incurred for the years ended June 30, 2023 and 2022, respectively, which are reflected in medical services in the statements of revenues, expenses, and changes in net position.

Claims payable liability increased by $70,511,229 in comparison to the previous year as a result of increased volume in fee for service claims due to increased enrollment.

Note 7 – Leases

Alameda Alliance for Health is a lessee for noncancellable lease of office space and equipment with lease terms through 2025. There are no residual value guarantees included in the measurement of Alameda Alliance for Health's lease liability nor recognized as an expense for the years ended June 30, 2023 and 2022. Alameda Alliance for Health does not have any commitments that were incurred at the commencement of the leases. Alameda Alliance for Health is not subject to variable payments. No termination penalties were incurred for the years ended June 30, 2023 and 2022.

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Alameda Alliance for Health has the following lease assets activities for the years ended June 30, 2023 and 2022:

	Balance July 1, 2022	Increase	Decrease	Balance June 30, 2023
Lease assets				
Office space	$ 3,695,670	$ -	$ -	$ 3,695,670
Equipment	329,351	-	329,351	-
Total lease assets	4,025,021	-	329,351	3,695,670
Less accumulated amoritzation				
Office space	1,503,324	751,661	-	2,254,985
Equipment	82,584	51,554	134,138	-
Total accumulated amoritzation	1,585,908	803,215	134,138	2,254,985
Net lease assets	$ 2,439,113	$ (803,215)	$ 195,213	$ 1,440,685

	Balance July 1, 2021	Increase	Decrease	Balance June 30, 2022
Lease assets				
Office space	$ 3,695,670	$ -	$ -	$ 3,695,670
Equipment	262,947	74,063	7,659	329,351
Total lease assets	3,958,617	74,063	7,659	4,025,021
Less accumulated amoritzation				
Office space	751,662	751,662	-	1,503,324
Equipment	45,223	45,020	7,659	82,584
Total accumulated amoritzation	796,885	796,682	7,659	1,585,908
Net lease assets	$ 3,161,732	$ (722,619)	$ -	$ 2,439,113

For the years ended June 30, 2023 and 2022, Alameda Alliance for Health recognized $803,215 and $796,682, respectively, in amortization expense.

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The future principal and interest lease payments as of June 30, 2023, were as follows:

Year Ending June 30,	Principal	Interest	Total
2024	$ 818,032	$ 73,948	$ 891,980
2025	816,016	24,062	840,078
	$ 1,634,048	$ 98,010	$ 1,732,058

Alameda Alliance for Health evaluated the lease assets for impairment and determined there was no impairment for the years ended June 30, 2023 and 2022.

Note 8 – Subscription Based Information Technology Arrangements

Alameda Alliance for Health has the following subscription assets activities for the years ended June 30, 2023 and 2022:

	Balance July 1, 2022	Increase	Decrease	Balance June 30, 2023
Subscription assets	$ 4,671,831	$ 3,750,035	$ 563,519	$ 7,858,347
Less accumulated amoritzation	1,320,166	2,040,700	563,519	2,797,347
Subscription assets, net	$ 3,351,665	$ 1,709,335	$ -	$ 5,061,000

	Balance July 1, 2021	Increase	Decrease	Balance June 30, 2022
Subscription assets	$ 4,422,317	$ 249,514	$ -	$ 4,671,831
Less accumulated amoritzation	-	1,320,166	-	1,320,166
Subscription assets, net	$ 4,422,317	$ (1,070,652)	$ -	$ 3,351,665

For the year ended June 30, 2023 and 2022, Alameda Alliance for Health recognized $2,040,700 and $1,320,166, respectively, in amortization expense.

The future principal and interest subscription payments as of June 30, 2023, were as follows:

Year Ending June 30,	Principal	Interest	Total
2024	$ 2,022,335	$ 142,281	$ 2,164,616
2025	1,851,076	75,336	1,926,412
2026	429,255	7,485	436,740
	$ 4,302,666	$ 225,102	$ 4,527,768

Alameda Alliance for Health evaluated the subscription assets for impairment and determined there was no impairment for the years ended June 30, 2023 and 2022.

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Note 9 – Medical Reinsurance ("Stop-Loss Insurance")

Alameda Alliance for Health has entered into certain reinsurance ("stop-loss") agreements with third parties in order to limit its losses on individual claims. Under the terms of these agreements, the third parties will reimburse Alameda Alliance for Health certain proportions of the cost of each member's hospital, professional, and out-of-area services, excluding those that are capitated, in excess of specified deductibles ranging from $600,000 per contract, up to a maximum of $5,000,000 per member per contract year. Reinsurance premiums are recorded as other health care expenses and recoveries are recorded as a reduction of these expenses. Stop-loss recoveries exceeded premiums by $189,748 in 2023 and 1,621,466 in 2022.

Note 10 – Employee Benefit Plans

Pension Plan

Alameda Alliance for Health has a defined contribution employee benefit plan (the "Plan"). The Plan is named the Alameda Alliance for Health Money Purchase Pension Plan and is administered by Alameda Alliance for Health. The Board of Governors has the authority to establish and amend benefit provisions and contribution requirements. All employees who have met certain service requirements are eligible to participate. During the years ended June 30, 2023 and 2022, Alameda Alliance for Health contributed 5% of each eligible employee's gross compensation to certain investment vehicles chosen by the employee. Contributions are subject to limitations on annual compensation and annual contributions per Internal Revenue Code Section 401(a)(17). Contributions to the Plan are made by Alameda Alliance for Health at the discretion of the Board of Governors. Employees do not contribute to this Plan. Employees become vested with respect to Alameda Alliance for Health's contributions ratably over five years.

CalPERS Plan

Plan description – Effective January 1, 1999, Alameda Alliance for Health joined the California Public Employees Retirement System ("CalPERS"), an agent multiple-employer defined benefit pension plan. CalPERS acts as a common investment and administrative agent for participating public entities within the State of California. Benefit provisions and all other requirements are established by state statute. Copies of the CalPERS annual financial report may be obtained from its Executive Office: 400 Q Street, Sacramento, California 95811.

Benefits provided – CalPERS provides service retirement and disability benefits, annual cost of living adjustments, and death benefits to plan members, who must be public employees and beneficiaries. Benefits are based on years of credited service, equal to one full year of full-time employment. Members with five years of total service are eligible to retire at age 50 or age 52 depending on benefit level with statutorily reduced benefits. All members are eligible for nonduty disability benefits after five years of service. The death benefit is one of the following: the Basic Death Benefit, the 1957 Survivor Benefit, or the Optional Settlement 2W Death Benefit. The cost of living adjustments for the plan are applied as specified by the Public Employees' Retirement Law.

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The CalPERS plan provisions and benefits in effect at June 30, 2023 and 2022, are summarized as follows:

	Hire date prior to January 1, 2013	Hire date on or after January 1, 2013
Benefit formula	2% at 60	2% at 62
Benefit vesting schedule	5 years of service	5 years of service
Benefit payments	monthly for life	monthly for life
Retirement age	50 to 67	52 to 67
Monthly benefits as a % of eligible compensation	1.1% to 3.1%	1.0% to 2.6%
Required employee contribution rates	7.0%	7.5%
Required employer contribution rates	7.55% (2023); 8.04%(2022)	7.55% (2023); 8.04%(2022)

Employees covered – At June 30, 2023 and 2022, the following employees were covered by the CalPERS plan:

	2023	2022
Active	369	344
Terminated	393	375
Transferred	50	43
Retired and beneficiaries	44	37
Total participants	856	799

Contributions – Section 20814(c) of the California Public Employees' Retirement Law requires that the employer contribution rates for all public employers be determined on an annual basis by the actuary and shall be effective on the July 1 following notice of a change in the rate. The total plan contributions are determined through CalPERS' annual actuarial valuation process. The actuarially determined rate is the estimated amount necessary to finance the costs of benefits earned by employees during the year, with an additional amount to finance any unfunded accrued liability. The employer is required to contribute the difference between the actuarially determined rate and the contribution rate of employees. Employer contribution rates may change if plan contracts are amended. Payments made by the employer to satisfy contribution requirements that are identified by the pension plan terms as plan member contribution requirements are classified as plan member contributions.

Net pension liability/asset – Alameda Alliance for Health's net pension liability/asset for the CalPERS plan is measured as the total pension liability/asset, less the pension's fiduciary net position. The net pension liability at June 30, 2023 is measured as of June 30, 2022, using an annual actuarial valuation as of June 30, 2021, rolled forward to June 30, 2022, using standard update procedures. The net pension asset at June 30, 2022 is measured as of June 30, 2021, using an annual actuarial valuation as of June 30, 2020, rolled forward to June 30, 2021, using standard update procedures. A summary of principal assumptions and methods used to determine the net pension asset/liability is shown below.

The total pension liability in the June 30, 2023, actuarial valuations were determined using the following actuarial assumptions:

Valuation date	June 30, 2021
Measurement date	June 30, 2022
Actuarial cost method	Entry age actuarial cost method
Actuarial assumptions	
Discount rate	6.90%
Inflation	2.30%
Salary increases	Varies by entry age and service
Payroll growth	2.80%
Investment rate of return	7.00% net of pension plan investment and administrative expenses; includes inflation
Mortality rate table	Derived using CalPERS' membership data for all funds
Post-retirement benefit increase	The lesser of contract COLA or 2.50% until purchasing power protection allowance floor on purchasing power applies; 2.50% thereafter

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The total pension asset in the June 30, 2022, actuarial valuations were determined using the following actuarial assumptions:

Valuation date	June 30, 2020
Measurement date	June 30, 2021
Actuarial cost method	Entry age normal
Actuarial assumptions	
Discount rate	7.15%
Inflation	2.50%
Salary increases	Varies by entry age and service
Payroll growth	2.75%
Investment rate of return	7.00% net of pension plan investment and administrative expenses; includes inflation
Mortality rate table	Derived using CalPERS' membership data for all funds
Post-retirement benefit increase	The lesser of contract COLA or 2.50% until purchasing power protection allowance floor on purchasing power applies; 2.50% thereafter

The mortality table used was developed based on CalPERS' specific data. The table includes 20 years of mortality improvements using Society of Actuaries Scale BB. All other actuarial assumptions used in the 2016 and 2015 valuation were based on the results of an actuarial experience study for the period from 1997 to 2011, including updates to salary increase, mortality, and retirement rates. The Experience Study can be obtained at the CalPERS website.

Change of assumptions – GASB Statement No. 68, *Accounting and Financial Reporting for Pensions* ("GASB 68"), paragraph 68 states that the long-term rate of return should be determined net of pension plan investment expense but without reduction for pension plan administrative expense. For the June 30, 2022 and 2021 measurement date, there were changes in demographic assumptions and inflation rate.

Discount rate – The discount rate used to measure the total pension liability/asset at June 30, 2023 and 2022, was 6.90% and 7.15%, respectively, for the CalPERS plan. To determine whether the municipal bond rate should be used in the calculation of a discount rate for each plan, CalPERS stress-tested plans that would most likely result in a discount rate that would be different from the actuarially assumed discount rate. Based on the testing, none of the tested plans would run out of assets. Therefore, the current 6.90% discount rate is adequate and the use of the municipal bond rate calculation is not necessary. The long-term expected discount rate of 6.90% will be applied to all plans in the Public Employees Retirement Fund. The cash flows used in the testing were developed assuming that both members and employers will make their required contributions on time and as scheduled in all future years. The stress-test results are presented in a detailed report called "GASB Crossover Testing Report", which can be obtained from the CalPERS website.

The long-term expected rate of return on pension plan investments was determined using a building-block method in which best-estimate ranges of expected future real rates of return (expected returns, net of pension plan investment expense and inflation) are developed for each major asset class.

In determining the long-term expected rate of return, CalPERS took into account both short-term and long-term market return expectations as well as the expected pension fund cash flows. Such cash flows were developed assuming that both members and employers will make the required contributions as scheduled in all future years. Using historical returns of all the funds' asset classes, expected compound returns were calculated over the short-term (first 10 years) and the long-term (11 to 60 years) using a building-block approach. Using the expected nominal returns for both short-term and long-term, the present value of benefits was calculated for each fund. The expected rate of return was set by calculating the single equivalent expected return that arrived at the same present value of benefits for cash flows as the one calculated using both short-term and long-term returns. The expected rate of return was then set equivalent to the single equivalent rate calculated above and rounded down to the nearest one-quarter of one percent.

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The table below reflects long-term expected real rate of return by asset class. The rate of return was calculated using the capital market assumptions applied to determine the discount rate and asset allocation.

Asset Class	Current Target Allocation	Real Return [1, 2]
Global Equity - Cap-weighted	30.00%	4.54%
Global Equity - Non-Cap-weighted	12.00	3.84
Private Equity	13.00	7.28
Treasury	5.00	0.27
Mortgage-backed Securities	5.00	0.50
Investment Grade Corporates	10.00	1.56
High Yield	5.00	2.27
Emerging Market Debt	5.00	2.48
Private Debt	5.00	3.57
Real Assets	15.00	3.21
Leverage	(5.00)	(0.59)

[1] An expected inflation rate of 2.30% was used for this period.
[2] Figures are based on the 2021 Asset Liability Management study.

The changes in the net pension liability (asset) for the years ended June 30, 2023 and 2022, were as follows:

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	Total Pension Liability	Plan Fiduciary Net Position	Net Pension (Asset) Liability
Balance at June 30, 2022	$ 59,367,996	$ 66,298,699	$ (6,930,703)
Changes during the year			
Service cost	5,155,510	-	5,155,510
Interest on the total pension liability	4,436,588	-	4,436,588
Changes of assumptions	2,979,110	-	2,979,110
Differences between expected and actual experience	(68,674)	-	(68,674)
Contributions - employer	-	2,891,418	(2,891,418)
Contributions - employees	-	2,555,143	(2,555,143)
Net investment income	-	(5,119,878)	5,119,878
Benefit payments, including refunds of employee contributions	(1,115,629)	(1,115,629)	-
Administrative expense	-	(41,300)	41,300
Net change in total pension liability (asset)	11,386,905	(830,246)	12,217,151
Balance at June 30, 2023	$ 70,754,901	$ 65,468,453	$ 5,286,448

	Total Pension Liability	Plan Fiduciary Net Position	Net Pension Liability (Asset)
Balance at June 30, 2021	$ 52,284,335	$ 50,619,159	$ 1,665,176
Changes during the year			
Service cost	4,185,392	-	4,185,392
Interest on the total pension liability	3,849,519	-	3,849,519
Differences between expected and actual experience	(123,957)	-	(123,957)
Contributions - employer	-	2,577,504	(2,577,504)
Contributions - employees	-	2,177,896	(2,177,896)
Net investment income	-	11,801,998	(11,801,998)
Benefit payments, including refunds of employee contributions	(827,293)	(827,293)	-
Administrative expense	-	(50,565)	50,565
Net change in total pension liability (asset)	7,083,661	15,679,540	(8,595,879)
Balance at June 30, 2022	$ 59,367,996	$ 66,298,699	$ (6,930,703)

Sensitivity of the proportionate share of the net pension liability to changes in the discount rate – The following presents the net pension liability for the CalPERS plan, calculated using the discount rate, as well as what the net pension liability (asset) would be if it were calculated using a discount rate that is 1 percentage point lower or 1 percentage point higher than the current rate.

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	June 30, 2023		
	1% Decrease (5.90%)	Current Discount Rate (6.90%)	1% Increase (7.90%)
Net pension liability (asset)	$ 17,520,967	$ 5,286,448	$ (4,512,722)

	June 30, 2022		
	1% Decrease (6.15%)	Current Discount Rate (7.15%)	1% Increase (8.15%)
Net pension liability (asset)	$ 2,693,075	$ (6,930,703)	$(14,678,629)

Pension plan fiduciary net position – Detailed information about each pension plan's fiduciary net position is available in the separately issued CalPERS financial reports.

Pension expense and deferred outflows/inflows of resources related to pensions – For the year ended June 30, 2023, Alameda Alliance for Health recognized pension expense of $3,518,688, included in marketing, general, and administrative expenses. At June 30, 2023, Alameda Alliance for Health reported deferred outflows of resources and deferred inflows of resources related to the CalPERS plan from the following sources:

Deferred outflows of resources as of June 30, 2023	
Changes of assumptions	$ 2,394,971
Differences between expected and actual experience	144,605
Net difference between projected and actual earnings on pension plan investments	3,495,747
Total	$ 6,035,323
Deferred inflows of resources as of June 30, 2023	
Changes of assumptions	$ (7,568)
Differences between expected and actual experience	(170,953)
Total	$ (178,521)
Contributions between the measurement date and fiscal year end recognized as deferred outflows of resources	$ 3,237,269

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For the year ended June 30, 2022, Alameda Alliance for Health recognized pension expense of $750,782 included in marketing, general, and administrative expenses. At June 30, 2021, Alameda Alliance for Health reported deferred outflows of resources and deferred inflows of resources related to the CalPERS plan from the following sources:

Deferred outflows of resources as of June 30, 2022	
Changes of assumptions	$ 43,372
Differences between expected and actual experience	307,219
Total	$ 350,591
Deferred inflows of resources as of June 30, 2022	
Changes of assumptions	$ (83,264)
Differences between expected and actual experience	(177,682)
Net difference between projected and actual earnings on pension plan investments	(5,822,724)
Total	$ (6,083,670)
Contributions between the measurement date and fiscal year end recognized as deferred outflows of resources	$ 2,753,420

Alameda Alliance for Health reported $3,237,269 and $2,753,420 as deferred outflows of resources related to contributions made subsequent to the measurement date for the years ended June 30, 2023 and 2022, respectively. This amount is recognized as a reduction/increase of net pension liability for the measurement period ended June 30, 2022 and 2021, respectively. Other amounts reported as deferred outflows and deferred inflows of resources related to the CalPERS plan will be recognized in future pension expense as follows:

Year Ending June 30,	
2024	$ 1,269,387
2025	$ 1,083,204
2026	$ 907,579
2027	$ 2,539,170
2028	$ 57,066

At June 30, 2023 and 2022, Alameda Alliance for Health had no outstanding amount of contributions to the pension plan required for the years ended June 30, 2023 and 2022.

Deferred compensation plan – Alameda Alliance for Health offers its employees a deferred compensation plan with Voya Financial created in accordance with Internal Revenue Code Section 457. The deferred compensation plan is available to all employees and permits them to defer a portion of their salary. No employer contribution to the plan is required. Deferred compensation is not available to employees until termination, retirement, death, or an unforeseeable emergency.

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Note 11 – Tangible Net Equity

As a limited license plan under the Knox-Keene Health Care Services Plan Act of 1975, Alameda Alliance for Health is required to maintain a minimum level of tangible net equity and working capital. The required tangible net equity is $42,723,743 and $38,089,979 at June 30, 2023 and 2022, respectively. The tangible net equity of Alameda Alliance for Health is $323,957,041 and $230,624,302 at June 30, 2023 and 2022, respectively. At June 30, 2023 and 2022, management believes Alameda Alliance for Health was in compliance with their tangible net equity regulatory requirement.

Note 12 – Risk Management

Alameda Alliance for Health is exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; business interruptions; errors and omissions; employee injuries and illness; natural disasters; and employee health, dental, and accident benefits. Alameda Alliance for Health carries commercial insurance for claims arising from such matters and no settled claims have ever exceeded Alameda Alliance for Health's commercial coverage.

Note 13 – Commitments and Contingencies

Alameda Alliance for Health is aware of certain asserted and unasserted legal claims. While the outcome cannot be determined at this time after consultation with legal counsel, it is management's opinion that the liability, if any, from these actions will not have a material adverse effect on Alameda Alliance for Health's financial position or results of operations.

Note 14 – Health Care Reform

There are various proposals at the federal and state levels that could, among other things, significantly change member eligibility, payment rates, or benefits. The ultimate outcome of these proposals, including the potential effects of or changes to health care reform that will be enacted cannot presently be determined.

Supplementary Information

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Alameda Alliance for Health
Schedule of Changes in Net Pension Liability (Asset) and Related Ratios

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	2023	2022	2021	2020	2019	2018	2017	2016
Measurement period	2021-2022	2020-2021	2019-2020	2018-2019	2017-2018	2016-2017	2015-2016	2014-2015
Total pension liability								
Service cost	$ 5,155,510	$ 4,185,392	$ 3,861,461	$ 3,625,677	$ 3,233,750	$ 2,936,812	$ 2,378,725	$ 2,192,498
Interest on total pension liability	4,436,588	3,849,519	3,397,686	2,999,802	2,582,178	2,275,291	2,016,770	1,844,544
Changes of assumptions	2,979,110	-	-	-	(386,048)	2,212,057	-	(545,758)
Difference between expected and actual experience	(68,674)	(123,957)	(109,296)	713,029	102,040	(731,181)	(1,285,655)	(97,677)
Benefit payments, including refunds of employee contributions	(1,115,629)	(827,293)	(1,128,346)	(1,010,155)	(757,893)	(811,011)	(581,326)	(604,984)
Net change in total pension liability	11,386,905	7,083,661	6,021,505	6,328,353	4,774,027	5,881,968	2,528,514	2,788,623
Total pension liability beginning of fiscal year	59,367,996	52,284,335	46,262,830	39,934,477	35,160,450	29,278,482	26,749,968	23,961,345
Total pension liability end of fiscal year	$ 70,754,901	$ 59,367,996	$ 52,284,335	$ 46,262,830	$ 39,934,477	$ 35,160,450	$ 29,278,482	$ 26,749,968
Plan fiduciary net position								
Contributions - employer	$ 2,891,418	$ 2,577,504	$ 2,110,925	$ 1,984,998	$ 1,854,342	$ 1,541,099	$ 1,252,041	$ 1,099,813
Contributions - employee	2,555,143	2,177,896	1,912,291	1,741,232	1,583,972	1,373,631	1,157,507	1,054,870
Net investment income	(5,119,878)	11,801,998	2,358,305	2,700,240	2,987,504	3,330,394	153,646	571,106
Benefit payments, including refunds of employee contributions	(1,115,629)	(827,293)	(1,128,346)	(1,010,155)	(757,893)	(811,011)	(581,326)	(604,984)
Net plan to plan resource movement	-	-	-	-	(92)	-	-	-
Administrative expense	(41,300)	(50,565)	(64,045)	(28,575)	(53,808)	(43,022)	(16,561)	(30,578)
Other miscellaneous income (expense)	-	-	-	92	(102,182)	-	-	-
Net change in fiduciary net position	(830,246)	15,679,540	5,189,130	5,387,832	5,511,843	5,391,091	1,965,307	2,090,227
Plan fiduciary net position beginning of fiscal year	66,298,699	50,619,159	45,430,029	40,042,197	34,530,354	29,139,263	27,173,956	25,083,729
Plan fiduciary net position end of fiscal year	$ 65,468,453	$ 66,298,699	$ 50,619,159	$ 45,430,029	$ 40,042,197	$ 34,530,354	$ 29,139,263	$ 27,173,956
Plan net pension liability (asset)	$ 5,286,448	$ (6,930,703)	$ 1,665,176	$ 832,801	$ (107,720)	$ 630,096	$ 139,219	$ (423,988)
Plan fiduciary net position as a percentage of the total pension liability	92.53%	111.67%	96.82%	98.20%	100.27%	98.21%	99.52%	101.59%
Covered employee payroll	$ 32,942,554	$ 28,904,639	$ 26,466,489	$ 24,934,165	$ 22,106,576	$ 19,552,678	$ 17,110,667	$ 15,964,019
Plan net pension liability (asset) as a percentage of covered payroll	16.05%	-23.98%	6.29%	3.34%	-0.49%	3.22%	0.81%	-2.66%

Alameda Alliance for Health
Schedule of Pension Contributions

	2023	2022	2021	2020	2019	2018	2017	2016	2015
Measurement period	2021-2022	2020-2021	2019-2020	2018-2019	2017-2018	2016-2017	2015-2016	2014-2015	2013-2014
Actuarially determined contribution	$ 2,891,418	$ 2,577,504	$ 2,110,925	$ 1,984,998	$ 1,854,342	$ 1,541,099	$ 1,252,041	$ 1,099,813	$ 1,179,808
Contributions in relation to the actuarially determined contribution	(2,891,418)	(2,577,504)	(2,110,925)	(1,984,998)	(1,854,342)	(1,541,099)	(1,252,041)	(1,099,813)	(1,179,808)
Contribution deficiency (excess)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Covered employee payroll	$ 32,942,554	$ 28,904,639	$ 26,466,489	$ 24,934,165	$ 22,106,576	$ 19,552,678	$ 17,110,667	$ 19,552,678	$ 17,110,667
Contributions as a percentage of covered employee payroll	8.78%	8.92%	7.98%	7.96%	8.39%	7.88%	7.32%	6.89%	7.40%

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Alameda Alliance for Health
Statement of Revenues and Expenses – AC Care Connect
For the Year Ended June 30, 2022

Contract Number: 15764
Contract Amount: $8,684,669
Contract Period: July 1, 2019 - December 31, 2021

	2022*
Revenues	
Care Connect revenue (95%)	$ 495,110
Care Connect administrative revenue (5%)	359,819
Total revenues	854,929
Expenses	
Care Connect CB-CME payments	241,149
Total expenses	241,149
Net income	$ 613,780

* Amounts shown are for the period July 1, 2021 - June 30, 2022.

AC Care Connect contract ended on December 31, 2021.

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Report of Independent Auditors on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

The Board of Governors
Alameda Alliance for Health

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Alameda Alliance for Health, which comprise the statement of net position as of June 30, 2023, and the related statements of revenues, expenses, and changes in net position, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated October xx, 2023.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Alameda Alliance for Health's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Alameda Alliance for Health's internal control. Accordingly, we do not express an opinion on the effectiveness of Alameda Alliance for Health's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether Alameda Alliance for Health's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

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San Francisco, California
October xx, 2023

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Communication with
the Board of Governors

Alameda Alliance for Health

June 30, 2023

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Communication with The Board of Governors

To the Board of Governors
Alameda Alliance for Health

We have audited the financial statements of Alameda Alliance for Health (the "Alliance"), as of and for the year ended June 30, 2023 and have issued our report thereon dated ____, 2023. Professional standards require that we provide you with the following information related to our audit.

Our Responsibility Under Auditing Standards Generally Accepted in the United States of America and *Government Auditing Standards*

As stated in our engagement letter dated April 25, 2023, we are responsible for forming and expressing an opinion about whether the financial statements that have been prepared by management, with your oversight, are prepared, in all material respects, in accordance with accounting principles generally accepted in the United States of America. Our audit of the financial statements does not relieve you or management of your responsibilities.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("U.S. GAAS") and the standards applicable to the financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States of America. As part of an audit conducted in accordance with U.S. GAAS and *Government Auditing Standards*, we exercise professional judgment and maintain professional skepticism throughout the audit.

An audit of financial statements includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Alameda Alliance for Health's internal control over financial reporting. Accordingly, we considered Alameda Alliance for Health's internal control solely for the purposes of determining our audit procedures and not to provide assurance concerning such internal control.

We are also responsible for communicating significant matters related to the financial statement audit that, in our professional judgment, are relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures for the purpose of identifying other matters to communicate to you.

The supplementary information was subject to certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves.

Planned Scope and Timing of the Audit

We performed the audit according to the planned scope and timing previously communicated to you in our engagement letter dated April 25, 2023, and our planning meeting with management on June 14, 2023.

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Significant Audit Findings and Issues

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by Alameda Alliance for Health are described in Note 2 to the financial statements. During the year ended June 30, 2023, the Alliance adopted Governmental Accounting Standards Board ("GASB") Statement No. 96, *Subscription-Based Information Technology Arrangements*, under the retrospective approach. No other new accounting policies were adopted and there were no changes in the application of existing policies during 2023. We noted no transactions entered into by the Alliance during the year for which there is a lack of authoritative guidance or consensus. There are no significant transactions that have been recognized in the financial statements in a different period than when the transaction occurred.

Significant Accounting Estimates

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the financial statements were:

- Management recorded an estimated liability for incurred but unpaid claims expense. The estimated liability for unpaid claims is based on management's estimate of historical claims experience and known activity subsequent to year end. We have gained an understanding of management's estimate methodology and have examined the documentation supporting these methodologies and formulas. We found management's process to be reasonable.

- Management recorded an estimated capitation receivable. The estimated capitation receivable for eligible Medi-Cal program beneficiaries is based upon a historical experience methodology. We have an understanding of management's estimate methodology and have examined the documentation supporting these methodologies and formulas. We found management's process to be reasonable.

- Management recorded an estimated payable to governmental agencies. The estimated payable for eligible Medi-Cal program beneficiaries is based upon estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. We evaluated the key factors and assumptions used to develop the estimated net realizable amounts. We found management's basis to be reasonable in relation to the financial statements taken as a whole.

- Management's estimate of the fair market values of investments in the absence of readily determinable fair values is based on information provided by the fund managers. We have gained an understanding of management's estimate methodology and examined the documentation supporting this methodology. We found management's process to be reasonable.

- Management's estimate of the net pension liability is actuarially determined using assumptions on the long-term rate of return on pension plan assets, the discount rate used to determine the present value of benefit obligations, and the rate of compensation increases. These assumptions are provided by management. We have evaluated the key factors and assumptions used to develop the estimate. We found management's basis to be reasonable in relation to the financial statements taken as a whole.

- The useful lives of fixed assets have been estimated based on the intended use and are within accounting principles generally accepted in the United States of America.

- Management's estimates of the discount rate, useful lives, lease terms, and subscription terms related to the Alliance's lease assets, lease liabilities, subscription assets, and subscription liabilities. We have gained an understanding of management's key factors and assumptions and examined the documentation supporting the estimates. We found management's basis to be reasonable in relation to the Alliance's financial statements taken as a whole.

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Financial Statement Disclosures

The disclosures in the financial statements are consistent, clear, and understandable. Certain financial statement disclosures are particularly sensitive because of their significance to financial statement users. The most sensitive disclosures affecting the financial statements were medical claims payable, net pension liability, medical loss ratio, and capitation and premium revenues.

Significant Unusual Transactions

We encountered no significant unusual transactions during our audit of the Alliance's financial statements.

Significant Difficulties Encountered in Performing the Audit

Professional standards require us to inform you of any significant difficulties encountered in performing the audit. No significant difficulties were encountered during our audit of the Alliance's financial statements.

Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. No such disagreements arose during the course of our audit.

Circumstances that Affect the Form and Content of the Auditor's Report

There may be circumstances in which we would consider it necessary to include additional information in the auditor's report in accordance with U.S. GAAS. Other than an emphasis of a matter paragraph related to the implementation of GASB Statement No. 96, *Subscription-Based Information Technology Arrangements*, there were no circumstances that affected the form and content of the auditor's report.

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Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all factual and judgmental misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. There were no corrected and uncorrected misstatements whose effects, as determined by management, are material, both individually and in the aggregate, to the financial statements as a whole.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated _______, 2023.

Management Consultation with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Alliance's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Significant Audit Findings or Issues

We are required to communicate to you other findings or issues arising from the audit that are, in our professional judgment, significant and relevant to your oversight of the financial reporting process. There were no such items identified.

This information is intended solely for the use of the Board of Governors and management of Alameda Alliance for Health, and is not intended to be, and should not be, used by anyone other than these specified parties.

San Francisco, California
______, 2023

To: Alameda Alliance for Health, Finance Committee

From: Gil Riojas, Chief Financial Officer

Date: October 10, 2023

Subject: Finance Report – August 2023

Executive Summary

- For the month ended August 31st, 2023, the Alliance had enrollment of 354,671 members, a Net Income of $2.3 million and 721% of required Tangible Net Equity (TNE).

Overall Results: (in Thousands)

	Month	YTD
Revenue	$138,363	$277,095
Medical Expense	129,659	255,814
Admin. Expense	8,407	14,101
Other Inc. / (Exp.)	2,046	4,911
Net Income	**$2,343**	**$12,090**

Net Income by Program: (in Thousands)

	Month	YTD
Medi-Cal	$1,927	$11,065
Group Care	417	1,025
	$2,343	**$12,090**

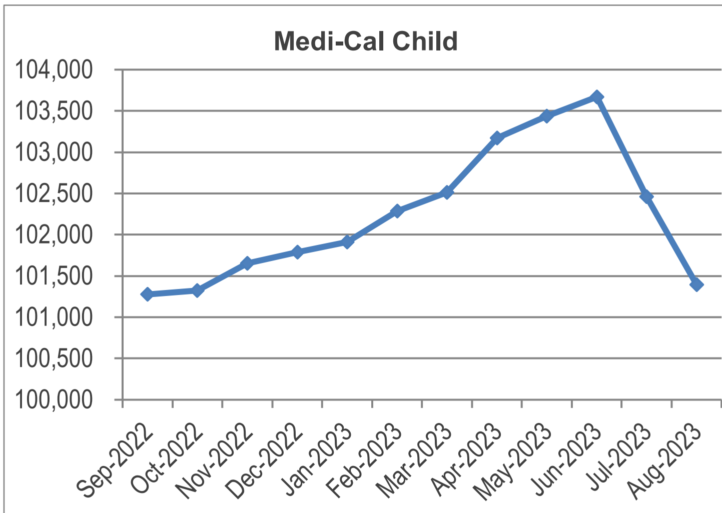
Enrollment

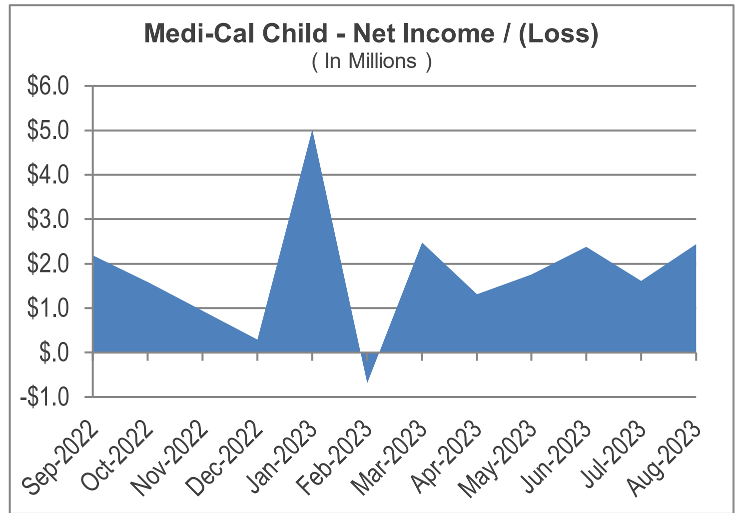
- Total enrollment decreased by 3,635 members since July 2023.
- Total enrollment decreased by 7,014 members since June 2023.

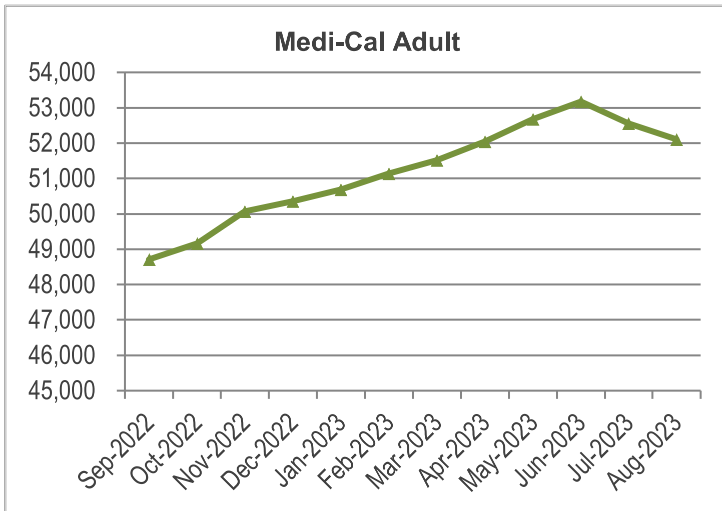
Monthly Membership and YTD Member Months
Actual vs. Budget
For the Month and Fiscal Year-to-Date

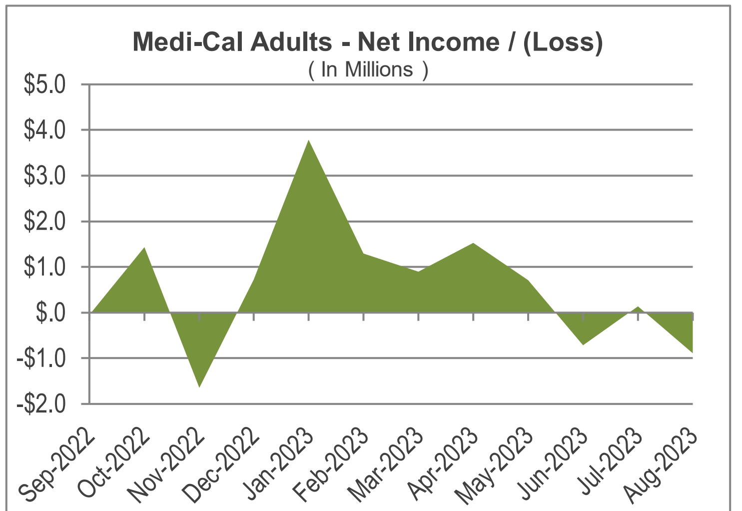
Enrollment					Member Months			
August 2023					Year-to-Date			
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
				Medi-Cal:				
52,102	50,776	1,326	2.6%	Adult	104,652	102,555	2,097	2.0%
101,393	103,088	(1,695)	-1.6%	Child	203,856	206,632	(2,776)	-1.3%
30,840	31,353	(513)	-1.6%	SPD	61,895	62,688	(793)	-1.3%
41,715	42,304	(589)	-1.4%	Duals	83,403	84,608	(1,205)	-1.4%
121,819	120,204	1,615	1.3%	ACA OE	245,526	243,352	2,174	0.9%
138	145	(7)	-4.8%	LTC	279	290	(11)	-3.8%
1,019	983	36	3.7%	LTC Duals	2,052	1,966	86	4.4%
349,026	**348,853**	**173**	**0.0%**	**Medi-Cal Total**	**701,663**	**702,091**	**(428)**	**-0.1%**
5,645	5,669	(24)	-0.4%	Group Care	11,314	11,338	(24)	-0.2%
354,671	**354,522**	**149**	**0.0%**	**Total**	**712,977**	**713,429**	**(452)**	**-0.1%**

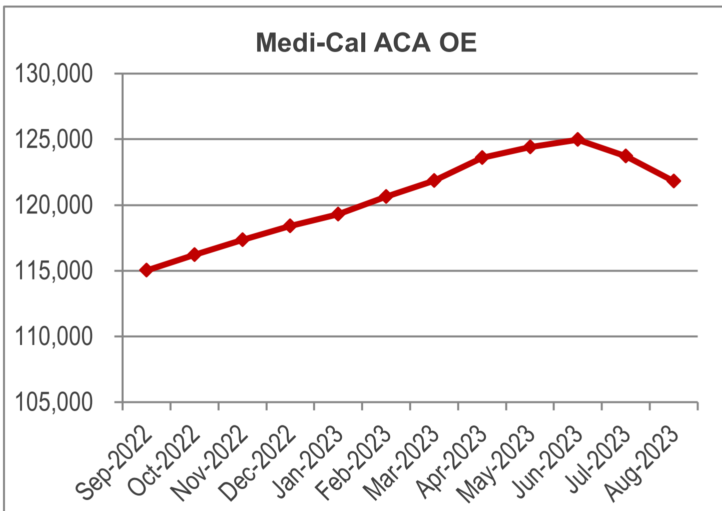
Enrollment and Profitability by Program and Category of Aid

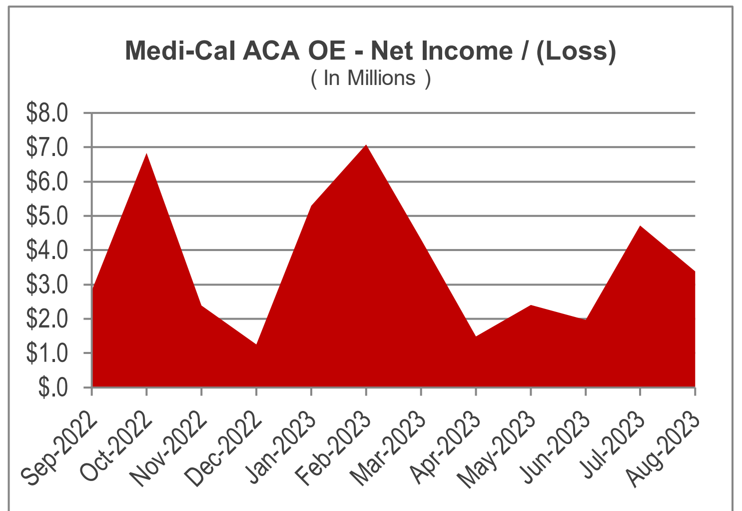




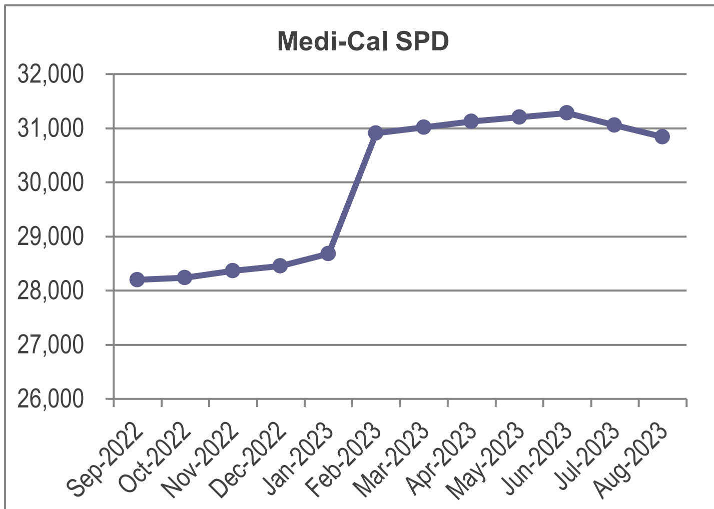


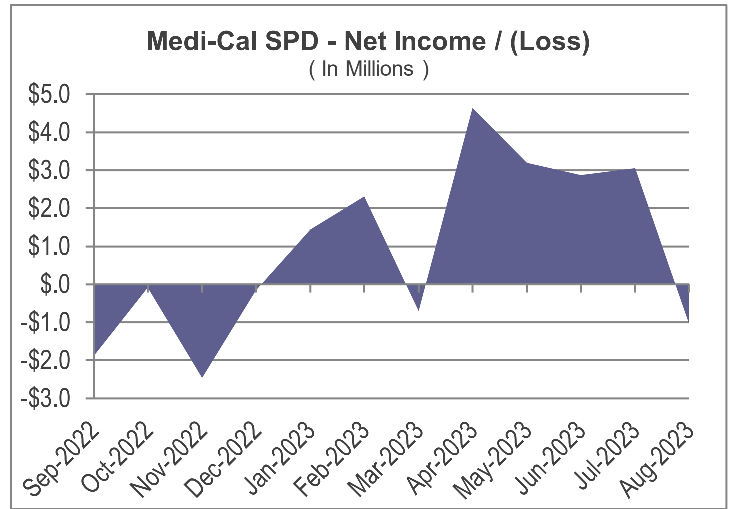


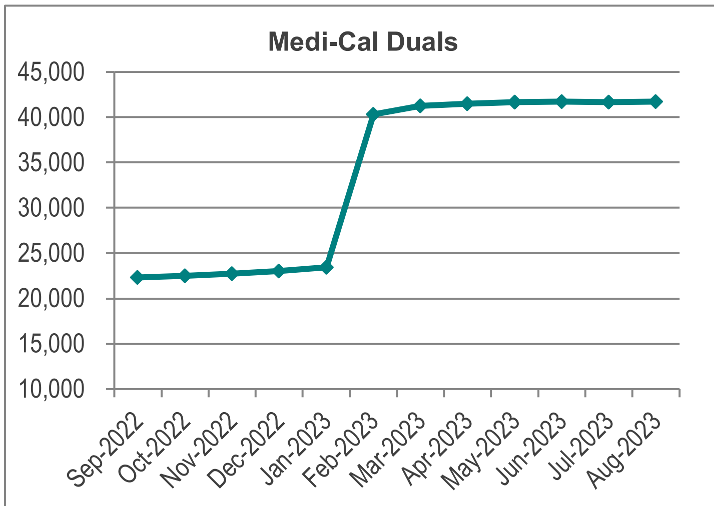


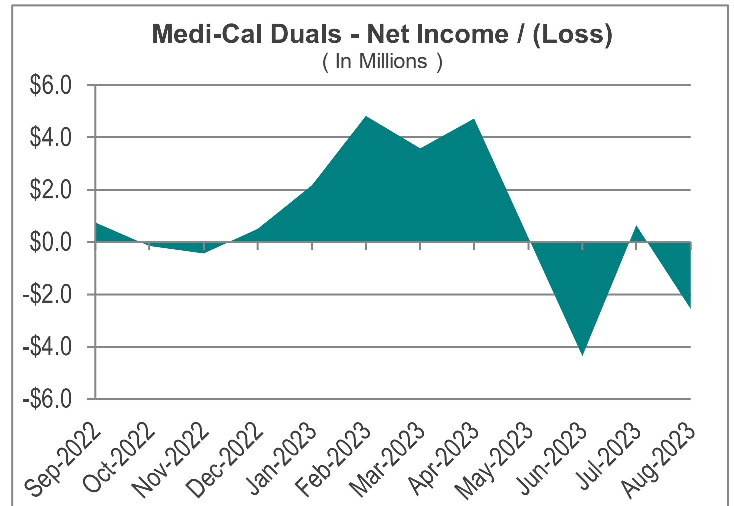


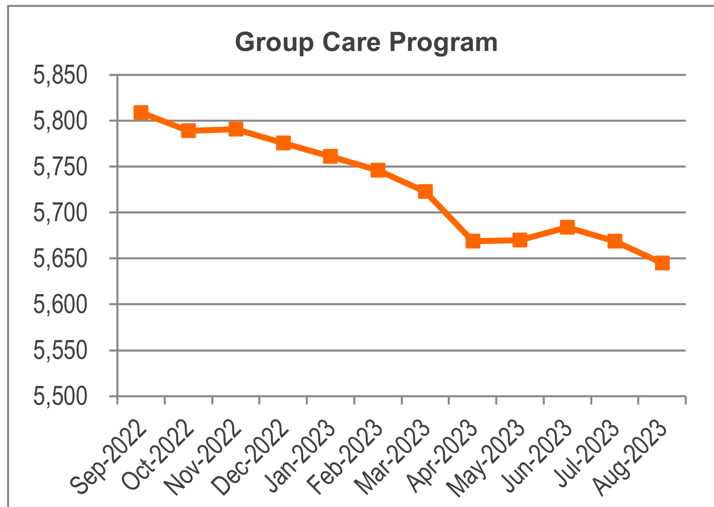
Enrollment and Profitability by Program and Category of Aid

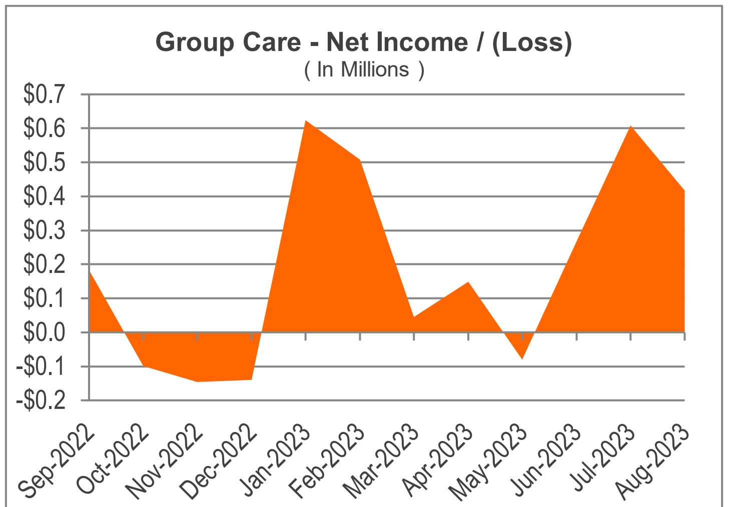




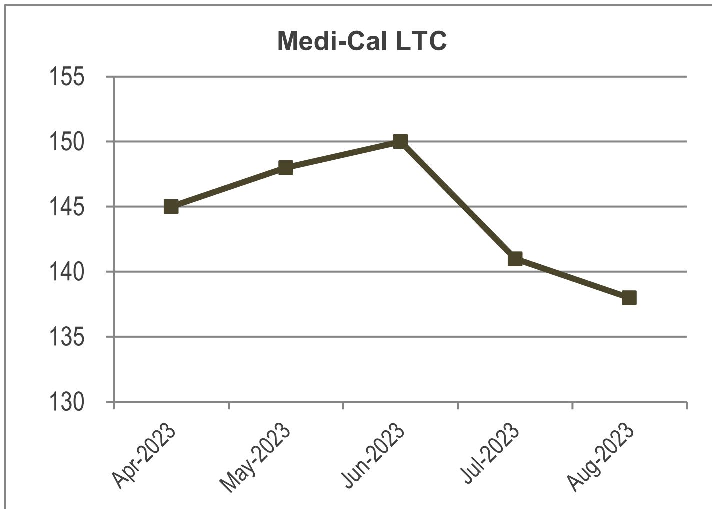


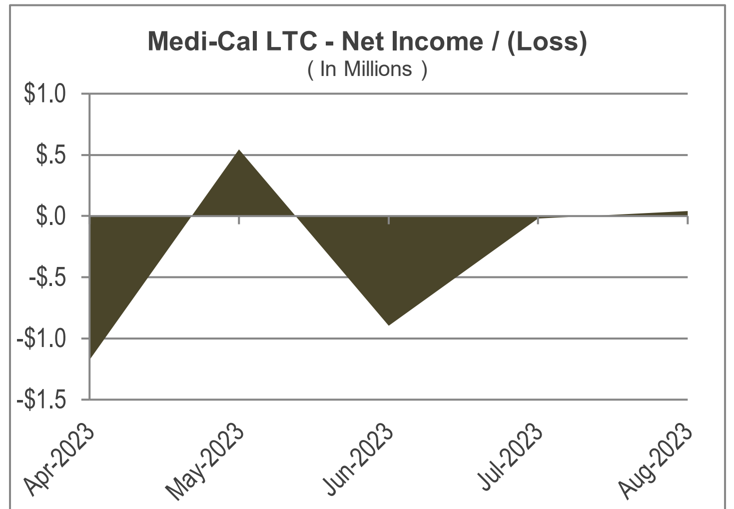


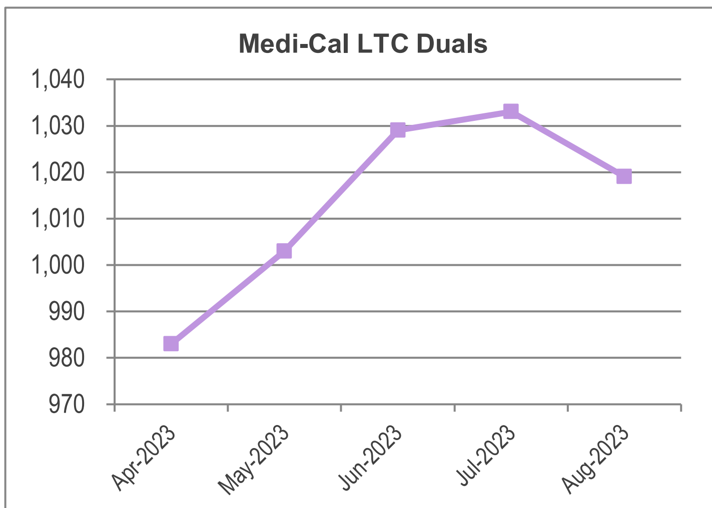


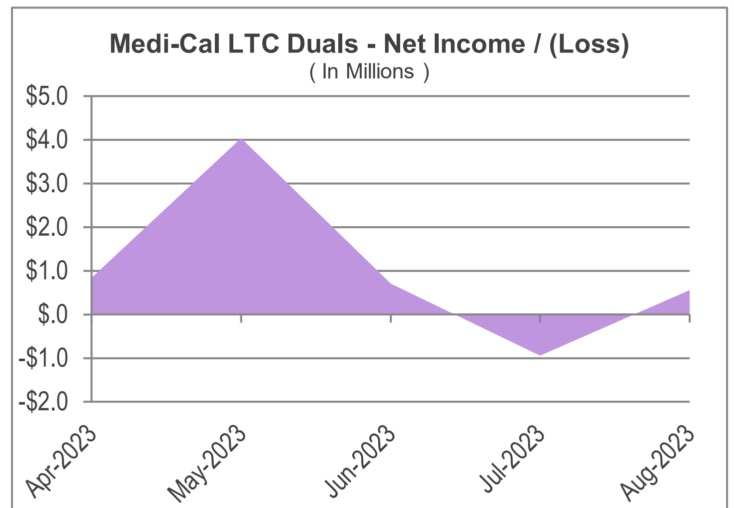


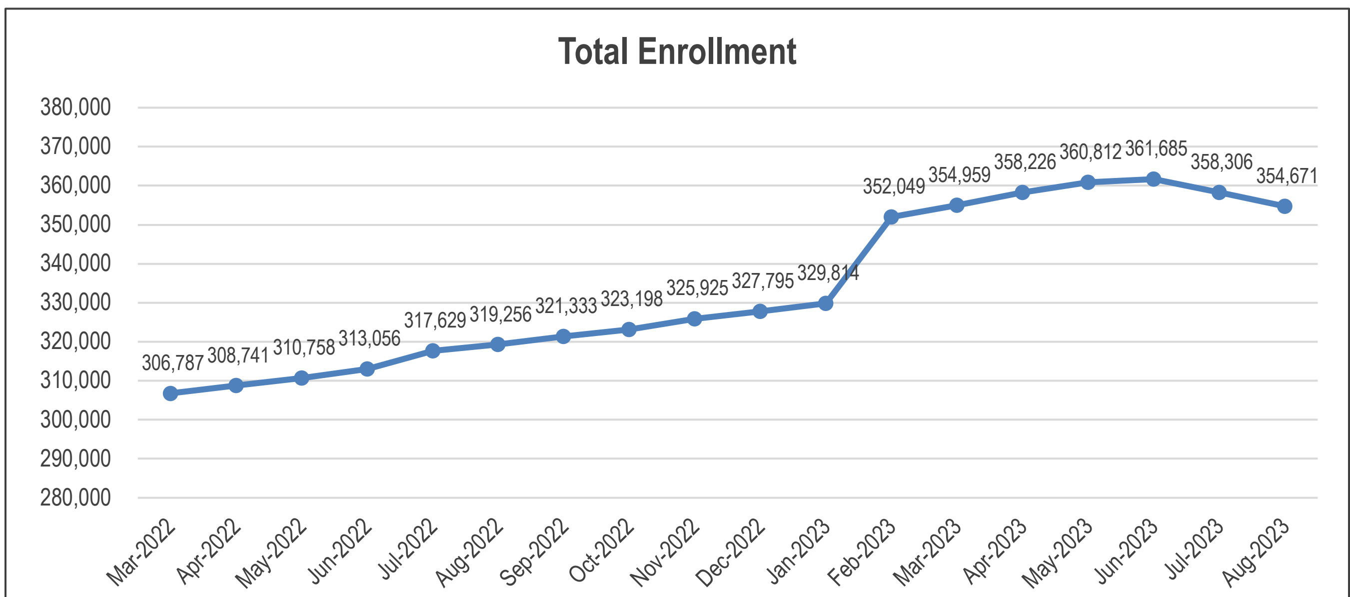
Enrollment and Profitability by Program and Category of Aid

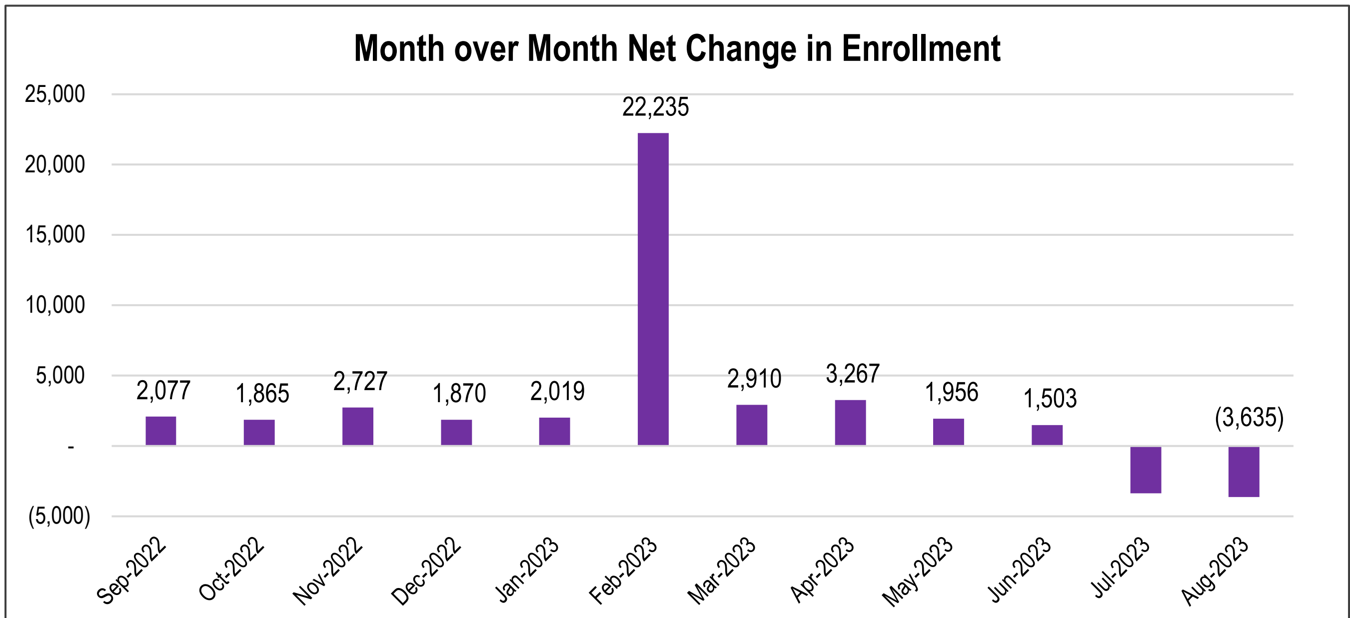










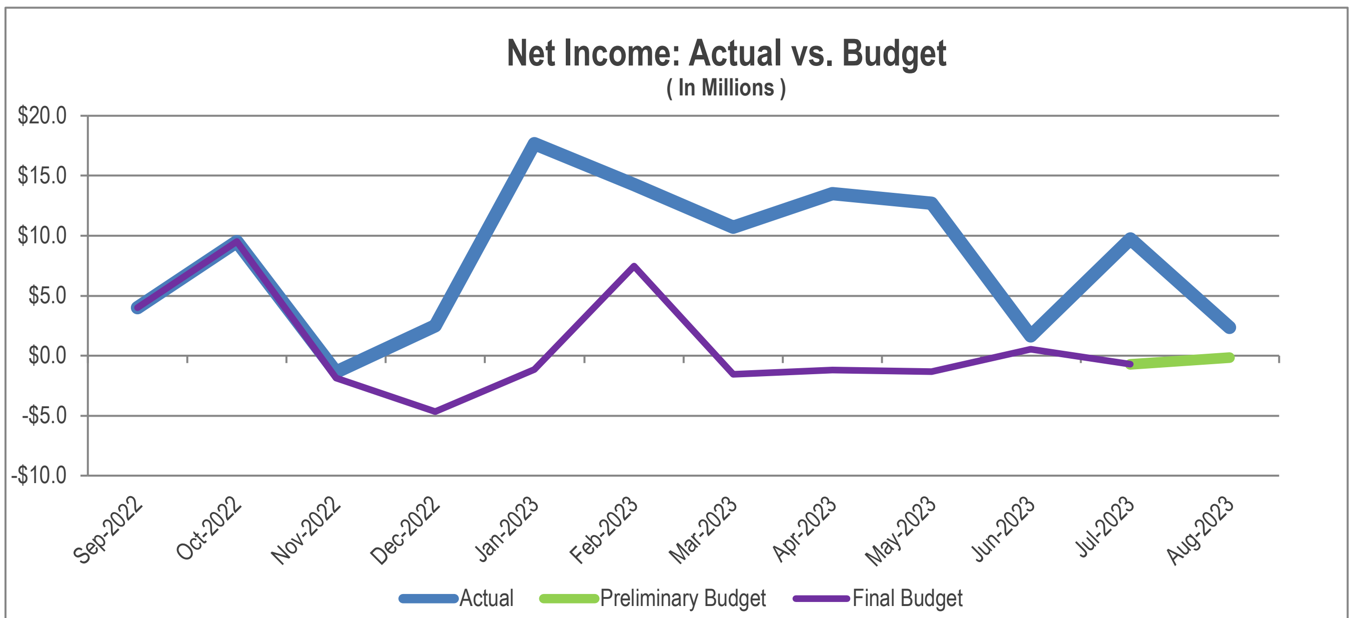


- The Public Health Emergency (PHE) ended May 2023. Disenrollments related to redetermination started in July 2023.

<u>Net Income</u>

- For the month ended August 31st, 2023
  - Actual Net Income $2.3 million.
  - Budgeted Net Loss $161,000.

- For the fiscal YTD ended August 31st, 2023
  - Actual Net Income $12.1 million.
  - Budgeted Net Loss $884,000.

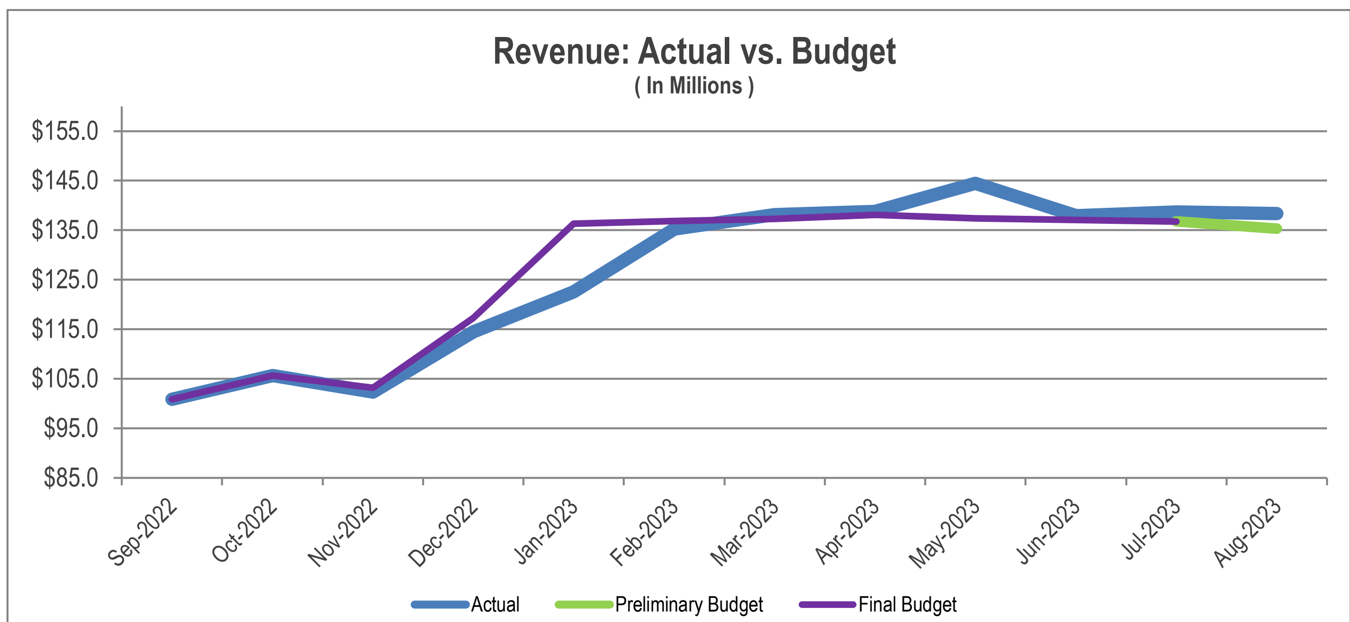


- The favorable variance of $2.5 million in the current month is primarily due to:
  - Favorable $3.0 million higher than anticipated Revenue.
  - Favorable $1.3 million higher than anticipated Net Other Income/Expense.
  - Unfavorable $1.3 million higher than anticipated Administrative Expense.
  - Unfavorable $533,000 higher than anticipated Medical Expense.

Revenue

- For the month ended August 31st, 2023
  - Actual Revenue: $138.4 million.
  - Budgeted Revenue: $135.3 million.

- For the fiscal YTD ended August 31st, 2023
  - Actual Revenue: $277.1 million.
  - Budgeted Revenue: $272.1 million.

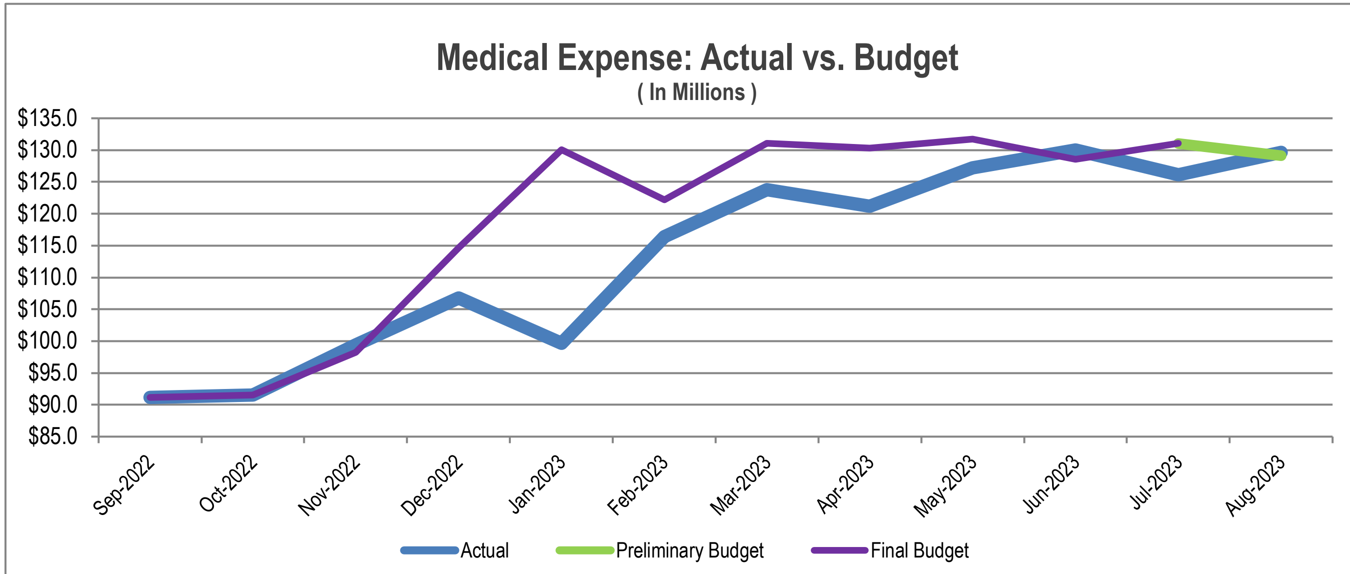


- For the month ended August 31st, 2023, the favorable revenue variance of $3.0 million is primarily due to rates being received from DHCS after the budget was finalized:
  - Favorable $2.1 million CalAIM Incentive Program revenue (IPP, HHIP, and SBHIP). The majority of this revenue has corresponding CalAIM Incentive expenses.
  - Favorable $908,000 capitation revenue due to higher proportion of members with higher rates and enrollment variance.

Medical Expense

- For the month ended August 31st, 2023
  - Actual Medical Expense: $129.7 million.
  - Budgeted Medical Expense: $129.1 million.

- For the fiscal YTD ended August 31st, 2023
  - Actual Medical Expense: $255.8 million.
  - Budgeted Medical Expense: $260.2 million.



- Reported financial results include medical expense, which contains estimates for Incurred-But-Not-Paid (IBNP) claims. Calculation of monthly IBNP is based on historical trends and claims payment. The Alliance's IBNP reserves are reviewed by our Actuarial Consultants.

- For August, updates to Fee-For-Service (FFS) increased the estimate for prior period unpaid Medical Expenses by $6.1 million. Year to date, the estimate for prior years increased by $5.7 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	$51,674,040	$0	$51,674,040	$52,985,751	$1,311,711	2.5%
Primary Care FFS	$11,547,144	$58,704	$11,605,849	$10,487,847	($1,059,297)	-10.1%
Specialty Care FFS	$10,276,511	($438,653)	$9,837,859	$11,312,222	$1,035,710	9.2%
Outpatient FFS	$16,008,370	$594,574	$16,602,944	$17,014,201	$1,005,831	5.9%
Ancillary FFS	$21,136,131	$2,298,502	$23,434,633	$24,431,468	$3,295,337	13.5%
Pharmacy FFS	$16,576,675	($684,415)	$15,892,259	$18,100,502	$1,523,827	8.4%
ER Services FFS	$10,403,043	$255,982	$10,659,025	$12,259,427	$1,856,384	15.1%
Inpatient Hospital & SNF FFS	$64,361,399	$4,430,701	$68,792,100	$71,390,500	$7,029,101	9.8%
Long Term Care FFS	$39,102,308	($794,954)	$38,307,354	$31,156,015	($7,946,293)	-25.5%
Other Benefits & Services	$8,577,618	$0	$8,577,618	$10,480,828	$1,903,210	18.2%
Net Reinsurance	$430,690	$0	$430,690	$536,972	$106,282	19.8%
	$250,093,930	**$5,720,441**	**$255,814,371**	**$260,155,733**	**$10,061,803**	**3.9%**

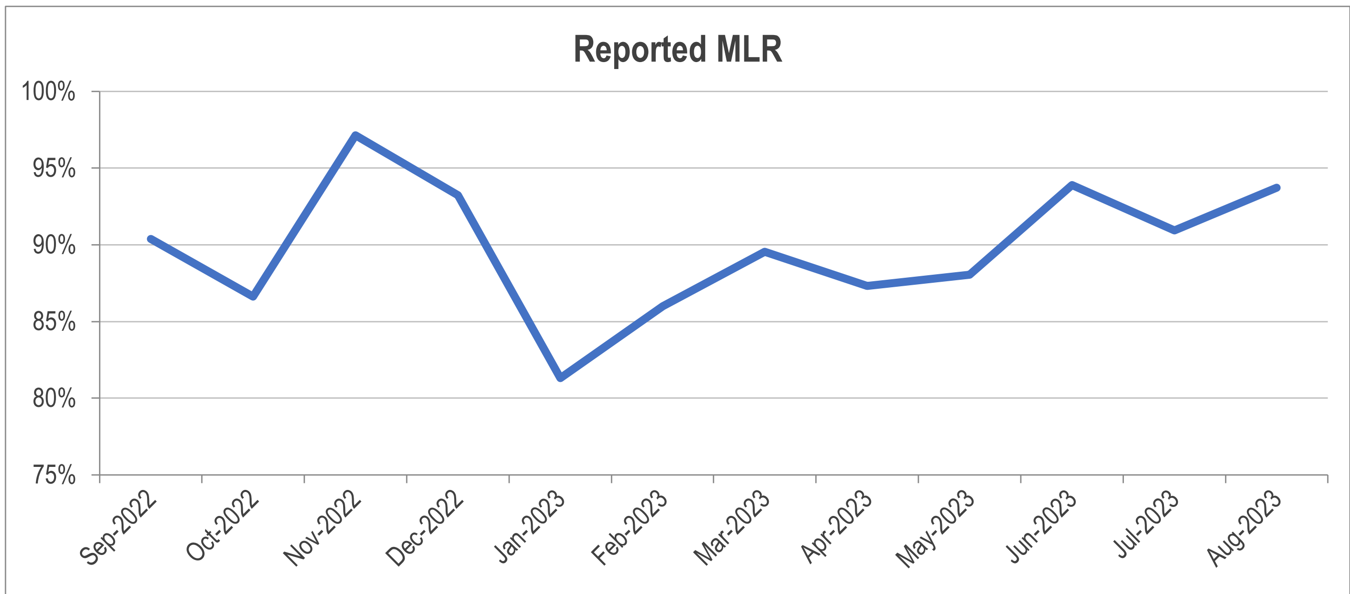
Medical Expense - Actual vs. Budget (Per Member Per Month) Adjusted to Eliminate the Impact of Prior Year IBNP Estimates						
	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Adjusted	Change in IBNP	Reported		$	%
Capitated Medical Expense	$72.48	$0.00	$72.48	$74.27	$1.79	2.4%
Primary Care FFS	$16.20	$0.08	$16.28	$14.70	($1.50)	-10.2%
Specialty Care FFS	$14.41	($0.62)	$13.80	$15.86	$1.44	9.1%
Outpatient FFS	$22.45	$0.83	$23.29	$23.85	$1.40	5.9%
Ancillary FFS	$29.64	$3.22	$32.87	$34.25	$4.60	13.4%
Pharmacy FFS	$23.25	($0.96)	$22.29	$25.37	$2.12	8.4%
ER Services FFS	$14.59	$0.36	$14.95	$17.18	$2.59	15.1%
Inpatient Hospital & SNF FFS	$90.27	$6.21	$96.49	$100.07	$9.80	9.8%
Long Term Care FFS	$54.84	($1.11)	$53.73	$43.67	($11.17)	-25.6%
Other Benefits & Services	$12.03	$0.00	$12.03	$14.69	$2.66	18.1%
Net Reinsurance	$0.60	$0.00	$0.60	$0.75	$0.15	19.7%
	$350.77	**$8.02**	**$358.80**	**$364.66**	**$13.88**	**3.8%**

- Excluding the impact of prior year estimates for IBNP, year-to-date medical expense variance is $10.1 million favorable to budget. On a PMPM basis, medical expense is 3.8% favorable to budget. For per-member-per-month expense:
    - Capitated Expense is slightly under budget, largely driven by favorable FQHC expense, partially offset by unfavorable Global Subcontractor rates, due to delay in contract amendment to increase rates.
    - Primary Care Expense is unfavorable compared to budget across all populations driven generally by unfavorable unit cost.
    - Specialty Care expenses are below budget, favorable across all populations except for Group Care generally driven by favorable utilization.
    - Outpatient Expense is under budget generally due to favorable dialysis, facility other, lab and radiology unit cost and utilization in the Duals category of aid.
    - Ancillary Expense is under budget mostly due to favorable unit cost in the SPD, ACA OE and Dual categories of aid.
    - Pharmacy Expense is under budget mostly due to favorable Non-PBM expense driven by favorable utilization for SPDs, Adults, ACA OE and Duals.
    - Emergency Room Expense is under budget driven by favorable unit cost in the SPD, ACA OE, Child and Dual categories of aid.
    - Inpatient Expense is under budget mostly driven by favorable utilization in the SPD, LTC Duals, Child and Duals categories of aid offset by unfavorable utilization in the Adult category of aid.
    - Long Term Care expense is over budget mostly due to utilization for ACA OEs and Duals enrollees and unfavorable 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 93.7% for the month and 92.3% for the fiscal year-to-date.



Administrative Expense

- For the month ended August 31st, 2023
  - Actual Administrative Expense: $8.4 million.
  - Budgeted Administrative Expense: $7.1 million.

- For the fiscal YTD ended August 31st, 2023
  - Actual Administrative Expense: $14.1 million.
  - Budgeted Administrative Expense: $14.4 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 %**
$4,835,744	$4,258,546	($577,198)	-13.6%	Employee Expense	$8,966,061	$8,323,063	($642,998)	-7.7%
877,102	52,140	(824,962)	-1,582.2%	Medical Benefits Admin Expense	938,454	104,652	(833,802)	-796.7%
1,250,968	1,367,906	116,938	8.5%	Purchased & Professional Services	2,008,135	2,831,438	823,303	29.1%
1,443,301	1,459,217	15,916	1.1%	Other Admin Expense	2,188,837	3,141,183	952,346	30.3%
$8,407,115	$7,137,809	($1,269,305)	-17.8%	Total Administrative Expense	$14,101,487	$14,400,336	$298,849	2.1%

The year-to-date variances include:

- Delayed timing of start dates for Consulting for new projects and Computer Support Services.
- Unfavorable Employee Expense primarily driven by retroactive July 2023 merit salary increases paid in August 2023.
- Unfavorable Medical Benefits Admin Expense caused by unfavorable $818,000 unbudgeted Behavioral Health Administrative fees relating to the termination of third-party behavioral health service provider.

The Administrative Loss Ratio (ALR) is 6.1% of net revenue for the month and 5.1% of net revenue year-to-date.

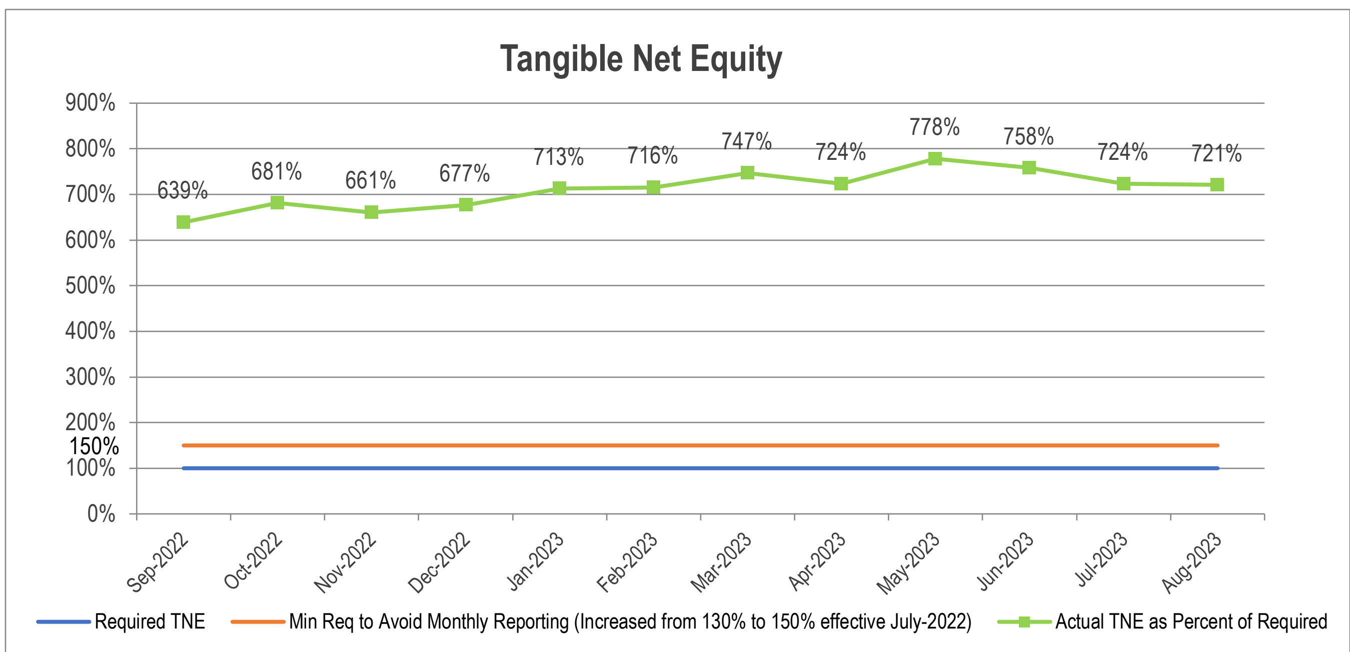
Other Income / (Expense)

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

- Fiscal year-to-date net investments show a gain of $5.1 million.
- Fiscal year-to-date claims interest expense, due to delayed payment of certain claims, or recalculated interest on previously paid claims is $141,000.

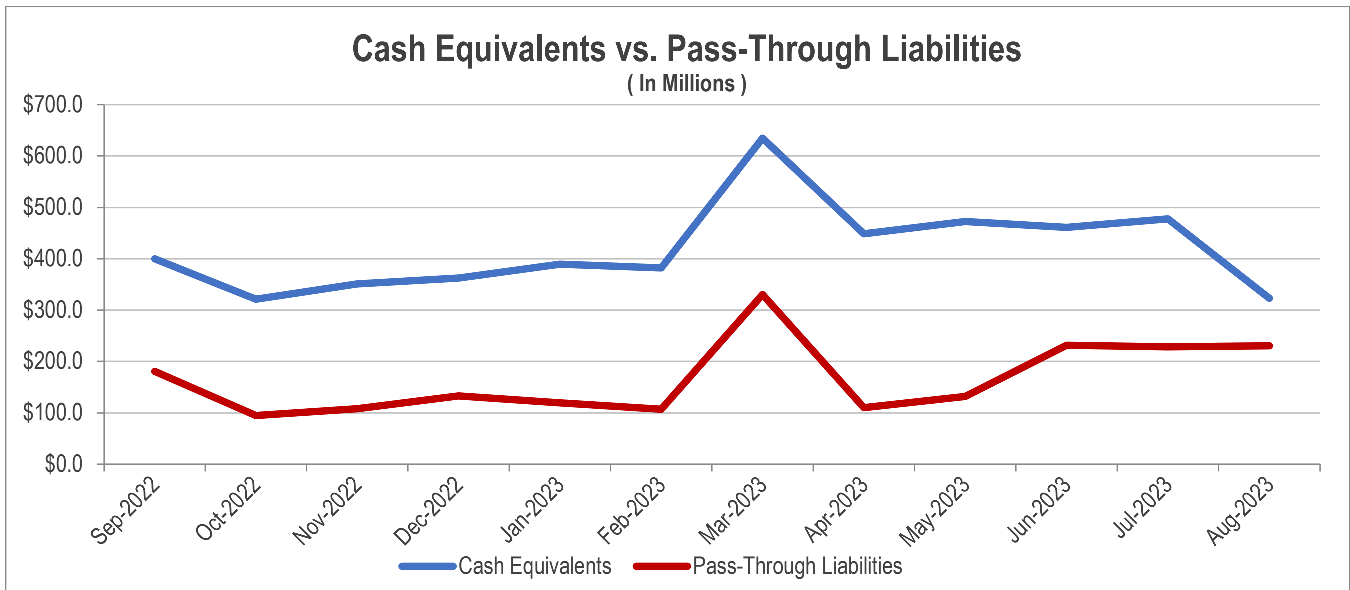
Tangible Net Equity (TNE)

- 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 $46.7 million
  - Actual TNE $336.8 million
  - Excess TNE $290.1 million
  - TNE % of Required TNE 721%



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

- Key Metrics
    - Cash & Cash Equivalents $323.4 million
    - Pass-Through Liabilities $230.6 million
    - Uncommitted Cash $92.8 million
    - Working Capital $317.2 million
    - Current Ratio 1.70 (regulatory minimum is 1.00)



Capital Investment

- Fiscal year-to-date capital assets acquired: $433,000
- 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 AUGUST 31, 2023

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				MEMBERSHIP				
349,026	348,853	173	0.0%	1 - Medi-Cal	701,663	702,091	(428)	(0.1%)
5,645	5,669	(24)	(0.4%)	2 - GroupCare	11,314	11,338	(24)	(0.2%)
354,671	**354,522**	**149**	**0.0%**	**3 - TOTAL MEMBER MONTHS**	**712,977**	**713,429**	**(452)**	**(0.1%)**
				REVENUE				
$138,362,991	**$135,332,362**	**$3,030,629**	**2.2%**	**4 - TOTAL REVENUE**	**$277,094,836**	**$272,132,304**	**$4,962,532**	**1.8%**
				MEDICAL EXPENSES				
				Capitated Medical Expenses:				
$25,799,174	$26,318,063	$518,889	2.0%	5 - Capitated Medical Expense	$51,674,040	$52,985,751	$1,311,711	2.5%
				Fee for Service Medical Expenses:				
$34,478,181	$35,535,600	$1,057,418	3.0%	6 - Inpatient Hospital FFS Expense	$68,792,100	$71,390,500	$2,598,400	3.6%
$6,360,497	$5,210,372	($1,150,125)	(22.1%)	7 - Primary Care Physician FFS Expense	$11,605,849	$10,487,847	($1,118,001)	(10.7%)
$5,398,152	$5,633,977	$235,824	4.2%	8 - Specialty Care Physician Expense	$9,837,859	$11,312,222	$1,474,363	13.0%
$11,296,237	$12,216,404	$920,167	7.5%	9 - Ancillary Medical Expense	$23,434,633	$24,431,468	$996,835	4.1%
$8,529,377	$8,472,992	($56,386)	(0.7%)	10 - Outpatient Medical Expense	$16,602,944	$17,014,201	$411,257	2.4%
$5,532,850	$6,103,611	$570,761	9.4%	11 - Emergency Expense	$10,659,025	$12,259,427	$1,600,402	13.1%
$8,355,007	$9,017,372	$662,365	7.3%	12 - Pharmacy Expense	$15,892,259	$18,100,502	$2,208,242	12.2%
$19,765,589	$15,589,520	($4,176,068)	(26.8%)	13 - Long Term Care FFS Expense	$38,307,354	$31,156,015	($7,151,339)	(23.0%)
$99,715,891	$97,779,847	($1,936,044)	(2.0%)	14 - Total Fee for Service Expense	$195,132,023	$196,152,182	$1,020,159	0.5%
$3,926,458	$4,760,530	$834,072	17.5%	15 - Other Benefits & Services	$8,577,618	$10,480,828	$1,903,210	18.2%
$217,259	$266,926	$49,667	18.6%	16 - Reinsurance Expense	$430,690	$536,972	$106,282	19.8%
$129,658,782	**$129,125,366**	**($533,416)**	**(0.4%)**	**17 - TOTAL MEDICAL EXPENSES**	**$255,814,371**	**$260,155,733**	**$4,341,362**	**1.7%**
$8,704,209	**$6,206,996**	**$2,497,214**	**40.2%**	**18- GROSS MARGIN**	**$21,280,465**	**$11,976,571**	**$9,303,894**	**77.7%**
				ADMINISTRATIVE EXPENSES				
$4,835,744	$4,258,546	($577,198)	(13.6%)	19 - Personnel Expense	$8,966,061	$8,323,063	($642,998)	(7.7%)
$877,102	$52,140	($824,962)	(1,582.2%)	20 - Benefits Administration Expense	$938,454	$104,652	($833,802)	(796.7%)
$1,250,968	$1,367,906	$116,938	8.5%	21 - Purchased & Professional Services	$2,008,135	$2,831,438	$823,303	29.1%
$1,443,301	$1,459,217	$15,916	1.1%	22 - Other Administrative Expense	$2,188,837	$3,141,182	$952,346	30.3%
$8,407,115	**$7,137,809**	**($1,269,305)**	**(17.8%)**	**23 - TOTAL ADMINISTRATIVE EXPENSES**	**$14,101,487**	**$14,400,336**	**$298,849**	**2.1%**
$297,095	**($930,814)**	**$1,227,909**	**131.9%**	**24 - NET OPERATING INCOME / (LOSS)**	**$7,178,978**	**($2,423,765)**	**$9,602,743**	**396.2%**
				OTHER INCOME / EXPENSE				
$2,046,366	**$770,000**	**$1,276,366**	**165.8%**	**25 - TOTAL OTHER INCOME / (EXPENSES)**	**$4,911,416**	**$1,540,000**	**$3,371,416**	**218.9%**
$2,343,460	**($160,814)**	**$2,504,274**	**1,557.3%**	**26 - NET INCOME / (LOSS)**	**$12,090,394**	**($883,765)**	**$12,974,159**	**1,468.1%**
6.1%	**5.3%**	**-0.8%**	**-15.1%**	**27 - ADMIN EXP % REVENUE**	**5.1%**	**5.3%**	**0.2%**	**3.8%**

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

	August	July	Difference	% Difference
CURRENT ASSETS:				
Cash & Equivalents				
Cash	$4,648,471	$102,769,434	($98,120,962)	-95.48%
Short-Term Investments	318,754,308	374,685,277	(55,930,969)	-14.93%
Interest Receivable	545,674	480,923	64,751	13.46%
Other Receivables - Net	431,590,802	296,073,117	135,517,685	45.77%
Prepaid Expenses	5,211,393	4,787,550	423,843	8.85%
Prepaid Inventoried Items	88,105	19,870	68,235	343.40%
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	**$769,651,361**	**$787,628,779**	**($17,977,418)**	**-2.28%**
OTHER ASSETS:				
Long-Term Investments	9,319,265	11,580,343	(2,261,078)	-19.53%
Restricted Assets	350,000	350,000	0	0.00%
Lease Asset - Office Space (Net)	1,315,408	1,378,046	(62,638)	-4.55%
Lease Asset - Office Equipment (Net)	150,650	153,925	(3,275)	-2.13%
SBITA Asset-GASB 96 (Net)	5,822,694	6,071,830	(249,136)	-4.10%
TOTAL OTHER ASSETS	**$16,958,017**	**$19,534,144**	**($2,576,127)**	**-13.19%**
PROPERTY AND EQUIPMENT:				
Land, Building & Improvements	10,113,570	10,113,570	0	0.00%
Furniture And Equipment	12,288,567	11,855,077	433,489	3.66%
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	38,128,585	37,695,096	433,489	1.15%
Less: Accumulated Depreciation	(32,589,321)	(32,525,998)	(63,323)	0.19%
NET PROPERTY AND EQUIPMENT	**$5,539,264**	**$5,169,098**	**$370,166**	**7.16%**
TOTAL ASSETS	**$792,148,642**	**$812,332,020**	**($20,183,379)**	**-2.48%**
CURRENT LIABILITIES:				
Accounts Payable	1,123,528	1,383,068	(259,540)	-18.77%
Other Accrued Expenses	16,930,498	17,432,943	(502,445)	-2.88%
Interest Payable	101,145	84,896	16,249	19.14%
Pass-Through Liabilities	230,640,982	228,483,953	2,157,029	0.94%
Claims Payable	33,593,308	32,930,053	663,255	2.01%
IBNP Reserves	151,339,847	174,622,283	(23,282,436)	-13.33%
Payroll Liabilities	7,037,647	6,271,208	766,439	12.22%
CalPERS Deferred Inflow	5,004,985	5,004,985	0	0.00%
Risk Sharing	3,628,337	5,607,183	(1,978,846)	-35.29%
Provider Grants/ New Health Program	(11,640)	0	(11,640)	0.00%
ST Lease Liability - Office Space	830,487	824,245	6,243	0.76%
ST Lease Liability - Office Equipment	39,300	39,300	0	0.00%
SBITA ST Liability-GASB 96	2,177,736	2,202,863	(25,127)	-1.14%
TOTAL CURRENT LIABILITIES	**$452,436,160**	**$474,886,978**	**($22,450,818)**	**-4.73%**
LONG TERM LIABILITIES:				
LT Lease Liability - Office Space	670,878	743,624	(72,746)	-9.78%
LT Lease Liability - Office Equipment	111,350	114,625	(3,275)	-2.86%
SBITA LT Liability -GASB 96	2,090,597	2,090,597	0	0.00%
TOTAL LONG TERM LIABILITIES	**$2,872,825**	**$2,948,846**	**($76,021)**	**-2.58%**
TOTAL LIABILITIES	**$455,308,985**	**$477,835,824**	**($22,526,839)**	**-4.71%**
NET WORTH:				
Contributed Capital	840,233	840,233	0	0.00%
Restricted & Unrestricted Funds	323,909,030	323,909,030	0	0.00%
Year-to Date Net Income / (Loss)	12,090,394	9,746,933	2,343,460	24.04%
TOTAL NET WORTH	**$336,839,657**	**$334,496,196**	**$2,343,460**	**0.70%**
TOTAL LIABILITIES AND NET WORTH	**$792,148,642**	**$812,332,020**	**($20,183,379)**	**-2.48%**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 8/31/2023 ***PRELIMINARY***

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	$2,581,064	$7,772,771	$15,604,037	$5,173,101
Total	2,581,064	7,772,771	15,604,037	5,173,101
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	135,781,883	407,820,522	821,436,743	271,921,586
Allowance for Doubtful Accounts	0	0	0	0
Deferred Premium Revenue	0	0	0	0
Premium Receivable	(135,781,679)	(245,670,674)	(251,855,176)	(131,686,414)
Total	204	162,149,848	569,581,567	140,235,172
Investment & Other Income Cash Flows				
Other Revenue (Grants)	130,881	238,472	283,009	195,195
Investment Income	2,038,093	6,516,091	12,619,245	4,906,933
Interest Receivable	(64,751)	101,212	(125,852)	168,901
Total	2,104,223	6,855,775	12,776,402	5,271,029
Medical & Hospital Cash Flows				
Total Medical Expenses	(129,658,780)	(385,883,984)	(758,042,679)	(255,814,373)
Other Receivable	263,994	223,699	197,625	317,097
Claims Payable	663,255	(24,612,532)	(4,189,720)	(5,106,616)
IBNP Payable	(23,282,436)	(263,169)	5,921,355	(13,164,556)
Risk Share Payable	(1,978,846)	(1,991,582)	(1,963,603)	(1,978,846)
Health Program	(11,640)	(11,640)	(139,180)	(11,640)
Other Liabilities	0	0	0	(1)
Total	(154,004,453)	(412,539,208)	(758,216,202)	(275,758,935)
Administrative Cash Flows				
Total Administrative Expenses	(8,529,674)	(21,800,057)	(40,292,823)	(14,292,054)
Prepaid Expenses	(492,078)	1,640,117	830,604	(398,779)
CalPERS Pension Asset	0	0	0	0
CalPERS Deferred Outflow	0	0	0	0
Trade Accounts Payable	(761,421)	1,408,293	1,135,265	(71,398)
Other Accrued Liabilities	16,249	92,989	92,024	30,242
Payroll Liabilities	766,439	(1,899,448)	(612,623)	1,107,760
Net Lease Assets/Liabilities (Short term & Long term)	220,144	(1,567,234)	(1,567,999)	(342)
Depreciation Expense	63,323	165,167	362,274	112,197
Total	(8,717,018)	(21,960,173)	(40,053,278)	(13,512,374)
Interest Paid				
Debt Interest Expense	0	0	0	0
Total Cash Flows from Operating Activities	**(158,035,980)**	**(257,720,987)**	**(200,307,474)**	**(138,592,007)**

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 8/31/2023

PRELIMINARY

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM INVESTING ACTIVITIES				
Investment Cash Flows				
Long Term Investments	2,261,078	9,305,244	15,932,505	2,241,271
	2,261,078	9,305,244	15,932,505	2,241,271
Restricted Cash & Other Asset Cash Flows				
Provider Pass-Thru-Liabilities	2,156,466	100,265,477	125,736,735	(1,198,417)
Restricted Cash	0	0	0	0
	2,156,466	100,265,477	125,736,735	(1,198,417)
Fixed Asset Cash Flows				
Depreciation expense	63,323	165,167	362,274	112,197
Fixed Asset Acquisitions	(433,489)	(433,489)	(547,559)	(433,489)
Change in A/D	(63,323)	(165,167)	(362,274)	(112,197)
	(433,489)	(433,489)	(547,559)	(433,489)
Total Cash Flows from Investing Activities	**3,984,055**	**109,137,232**	**141,121,681**	**609,365**
Financing Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Total Cash Flows	**(154,051,925)**	**(148,583,755)**	**(59,185,793)**	**(137,982,642)**
Rounding	(7)	1	(2)	6
Cash @ Beginning of Period	477,454,711	471,986,533	382,588,574	461,385,415
Cash @ End of Period	**$323,402,779**	**$323,402,779**	**$323,402,779**	**$323,402,779**
Difference (rounding)	0	0	0	0

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 8/31/2023

PRELIMINARY

	MONTH	3 MONTHS	6 MONTHS	YTD
NET INCOME RECONCILIATION				
Net Income / (Loss)	$2,343,460	$14,663,817	$51,607,532	$12,090,394
Add back: Depreciation	63,323	165,167	362,274	112,197
Receivables				
Premiums Receivable	(135,781,679)	(245,670,674)	(251,855,176)	(131,686,414)
First Care Receivable	0	0	0	0
Family Care Receivable	0	0	0	0
Healthy Kids Receivable	0	0	0	0
Interest Receivable	(64,751)	101,212	(125,852)	168,901
Other Receivable	263,994	223,699	197,625	317,097
FQHC Receivable	0	0	0	0
Allowance for Doubtful Accounts	0	0	0	0
Total	(135,582,436)	(245,345,763)	(251,783,403)	(131,200,416)
Prepaid Expenses	(492,078)	1,640,117	830,604	(398,779)
Trade Payables	(761,421)	1,408,293	1,135,265	(71,398)
Claims Payable, IBNR & Risk Share				
IBNP	(23,282,436)	(263,169)	5,921,355	(13,164,556)
Claims Payable	663,255	(24,612,532)	(4,189,720)	(5,106,616)
Risk Share Payable	(1,978,846)	(1,991,582)	(1,963,603)	(1,978,846)
Other Liabilities	0	0	0	(1)
Total	(24,598,027)	(26,867,283)	(231,968)	(20,250,019)
Unearned Revenue				
Total	0	0	0	0
Other Liabilities				
Accrued Expenses	16,249	92,989	92,024	30,242
Payroll Liabilities	766,439	(1,899,448)	(612,623)	1,107,760
Net Lease Assets/Liabilities (Short term & Long term)	220,144	(1,567,234)	(1,567,999)	(342)
Health Program	(11,640)	(11,640)	(139,180)	(11,640)
Accrued Sub Debt Interest	0	0	0	0
Total Change in Other Liabilities	991,192	(3,385,333)	(2,227,778)	1,126,020
Cash Flows from Operating Activities	**($158,035,987)**	**($257,720,985)**	**($200,307,474)**	**($138,592,001)**
Difference (rounding)	(7)	2	0	6

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED 8/31/2023

PRELIMINARY

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received From:				
Capitation Received from State of CA	$204	$162,149,848	$569,581,567	$140,235,172
Commercial Premium Revenue	2,581,064	7,772,771	15,604,037	5,173,101
Other Income	130,881	238,472	283,009	195,195
Investment Income	1,973,342	6,617,303	12,493,393	5,075,834
Cash Paid To:				
Medical Expenses	(154,004,453)	(412,539,208)	(758,216,202)	(275,758,935)
Vendor & Employee Expenses	(8,717,018)	(21,960,173)	(40,053,278)	(13,512,374)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	(158,035,980)	(257,720,987)	(200,307,474)	(138,592,007)
Cash Flows from Financing Activities:				
Purchases of Fixed Assets	(433,489)	(433,489)	(547,559)	(433,489)
Net Cash Provided By (Used In) Financing Activities	(433,489)	(433,489)	(547,559)	(433,489)
Cash Flows from Investing Activities:				
Changes in Investments	2,261,078	9,305,244	15,932,505	2,241,271
Restricted Cash	2,156,466	100,265,477	125,736,735	(1,198,417)
Net Cash Provided By (Used In) Investing Activities	4,417,544	109,570,721	141,669,240	1,042,854
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Net Change in Cash	**(154,051,925)**	**(148,583,755)**	**(59,185,793)**	**(137,982,642)**
Cash @ Beginning of Period	477,454,711	471,986,533	382,588,574	461,385,415
Subtotal	$323,402,786	$323,402,778	$323,402,781	$323,402,773
Rounding	(7)	1	(2)	6
Cash @ End of Period	**$323,402,779**	**$323,402,779**	**$323,402,779**	**$323,402,779**
RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:				
Net Income / (Loss)	$2,343,460	$14,663,817	$51,607,532	$12,090,394
Depreciation	63,323	165,167	362,274	112,197
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	(135,582,436)	(245,345,763)	(251,783,403)	(131,200,416)
Prepaid Expenses	(492,078)	1,640,117	830,604	(398,779)
Trade Payables	(761,421)	1,408,293	1,135,265	(71,398)
Claims payable & IBNP	(24,598,027)	(26,867,283)	(231,968)	(20,250,019)
Deferred Revenue	0	0	0	0
Accrued Interest	0	0	0	0
Other Liabilities	991,192	(3,385,333)	(2,227,778)	1,126,020
Subtotal	(158,035,987)	(257,720,985)	(200,307,474)	(138,592,001)
Rounding	7	(2)	0	(6)
Cash Flows from Operating Activities	**($158,035,980)**	**($257,720,987)**	**($200,307,474)**	**($138,592,007)**
Rounding Difference	7	(2)	0	(6)

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE MONTH OF AUGUST 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	101,393	52,102	30,840	121,819	41,715	138	1,019	349,026	5,645	-	354,671
Net Revenue	$13,476,712	$17,030,749	$36,020,960	$47,378,413	$12,120,951	$1,480,248	$8,273,896	$135,781,928	$2,581,063	$0	$138,362,991
Medical Expense	$10,466,537	$17,226,976	$35,183,981	$41,981,826	$14,053,646	$1,362,445	$7,357,632	$127,633,044	$2,025,738	$0	$129,658,782
Gross Margin	$3,010,175	($196,227)	$836,979	$5,396,586	($1,932,695)	$117,802	$916,264	$8,148,884	$555,326	$0	$8,704,209
Administrative Expense	$686,875	$902,710	$2,519,816	$2,659,721	$833,582	$105,709	$502,925	$8,211,339	$175,776	$20,000	$8,407,115
Operating Income / (Expense)	$2,323,301	($1,098,937)	($1,682,838)	$2,736,865	($2,766,277)	$12,093	$413,339	($62,455)	$379,550	($20,000)	$297,095
Other Income / (Expense)	$121,826	$212,200	$645,717	$648,985	$205,153	$30,472	$144,829	$2,009,182	$37,184	$0	$2,046,366
Net Income / (Loss)	$2,445,126	($886,737)	($1,037,120)	$3,385,850	($2,561,125)	$42,565	$558,168	$1,946,727	$416,734	($20,000)	$2,343,460
PMPM Metrics:											
Revenue PMPM	$132.92	$326.87	$1,167.99	$388.92	$290.57	$10,726.43	$8,119.62	$389.03	$457.23	$0.00	$390.12
Medical Expense PMPM	$103.23	$330.64	$1,140.86	$344.62	$336.90	$9,872.79	$7,220.44	$365.68	$358.86	$0.00	$365.57
Gross Margin PMPM	$29.69	($3.77)	$27.14	$44.30	($46.33)	$853.64	$899.18	$23.35	$98.37	$0.00	$24.54
Administrative Expense PMPM	$6.77	$17.33	$81.71	$21.83	$19.98	$766.01	$493.55	$23.53	$31.14	$0.00	$23.70
Operating Income / (Expense) PMPM	$22.91	($21.09)	($54.57)	$22.47	($66.31)	$87.63	$405.63	($0.18)	$67.24	$0.00	$0.84
Other Income / (Expense) PMPM	$1.20	$4.07	$20.94	$5.33	$4.92	$220.81	$142.13	$5.76	$6.59	$0.00	$5.77
Net Income / (Loss) PMPM	$24.12	($17.02)	($33.63)	$27.79	($61.40)	$308.44	$547.76	$5.58	$73.82	$0.00	$6.61
Ratio:											
Medical Loss Ratio	77.7%	101.2%	97.7%	88.6%	115.9%	92.0%	88.9%	94.0%	78.5%	0.0%	93.7%
Gross Margin Ratio	22.3%	-1.2%	2.3%	11.4%	-15.9%	8.0%	11.1%	6.0%	21.5%	0.0%	6.3%
Administrative Expense Ratio	5.1%	5.3%	7.0%	5.6%	6.9%	7.1%	6.1%	6.0%	6.8%	0.0%	6.1%
Net Income Ratio	18.1%	-5.2%	-2.9%	7.1%	-21.1%	2.9%	6.7%	1.4%	16.1%	0.0%	1.7%

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE FISCAL YEAR TO DATE AUGUST 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	203,856	104,652	61,895	245,526	83,403	279	2,052	701,663	11,314	-	712,977
Net Revenue	$27,063,128	$33,953,732	$72,216,493	$94,801,566	$24,233,014	$2,992,818	$16,660,984	$271,921,736	$5,173,100	$0	$277,094,836
Medical Expense	$22,259,003	$33,714,464	$67,461,682	$83,811,508	$25,258,410	$2,859,599	$16,513,998	$251,878,662	$3,935,709	$0	$255,814,371
Gross Margin	$4,804,126	$239,268	$4,754,812	$10,990,058	($1,025,395)	$133,219	$146,986	$20,043,074	$1,237,391	$0	$21,280,465
Administrative Expense	$1,041,226	$1,492,468	$4,318,183	$4,430,339	$1,380,973	$183,824	$874,576	$13,721,589	$299,898	$80,000	$14,101,487
Operating Income / (Expense)	$3,762,899	($1,253,200)	$436,628	$6,559,720	($2,406,368)	($50,604)	($727,590)	$6,321,485	$937,493	($80,000)	$7,178,978
Other Income / (Expense)	$289,984	$510,080	$1,575,894	$1,554,678	$479,851	$71,841	$341,343	$4,823,671	$87,745	$0	$4,911,416
Net Income / (Loss)	$4,052,884	($743,120)	$2,012,522	$8,114,397	($1,926,517)	$21,237	($386,247)	$11,145,156	$1,025,238	($80,000)	$12,090,394
PMPM Metrics:											
Revenue PMPM	$132.76	$324.44	$1,166.76	$386.12	$290.55	$10,726.95	$8,119.39	$387.54	$457.23	$0.00	$388.64
Medical Expense PMPM	$109.19	$322.16	$1,089.94	$341.35	$302.85	$10,249.46	$8,047.76	$358.97	$347.86	$0.00	$358.80
Gross Margin PMPM	$23.57	$2.29	$76.82	$44.76	($12.29)	$477.49	$71.63	$28.57	$109.37	$0.00	$29.85
Administrative Expense PMPM	$5.11	$14.26	$69.77	$18.04	$16.56	$658.87	$426.21	$19.56	$26.51	$0.00	$19.78
Operating Income / (Expense) PMPM	$18.46	($11.97)	$7.05	$26.72	($28.85)	($181.38)	($354.58)	$9.01	$82.86	$0.00	$10.07
Other Income / (Expense) PMPM	$1.42	$4.87	$25.46	$6.33	$5.75	$257.50	$166.35	$6.87	$7.76	$0.00	$6.89
Net Income / (Loss) PMPM	$19.88	($7.10)	$32.52	$33.05	($23.10)	$76.12	($188.23)	$15.88	$90.62	$0.00	$16.96
Ratio:											
Medical Loss Ratio	82.2%	99.3%	93.4%	88.4%	104.2%	95.5%	99.1%	92.6%	76.1%	0.0%	92.3%
Gross Margin Ratio	17.8%	0.7%	6.6%	11.6%	-4.2%	4.5%	0.9%	7.4%	23.9%	0.0%	7.7%
Administrative Expense Ratio	3.8%	4.4%	6.0%	4.7%	5.7%	6.1%	5.2%	5.0%	5.8%	0.0%	5.1%
Net Income Ratio	15.0%	-2.2%	2.8%	8.6%	-7.9%	0.7%	-2.3%	4.1%	19.8%	0.0%	4.4%

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED August 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				
$4,835,744	$4,258,546	($577,198)	(13.6%)	Personnel Expenses	$8,966,061	$8,323,063	($642,998)	(7.7%)
877,102	52,140	(824,962)	(1,582.2%)	Benefits Administration Expense	938,454	104,652	(833,802)	(796.7%)
1,250,968	1,367,906	116,938	8.5%	Purchased & Professional Services	2,008,135	2,831,438	823,303	29.1%
596,182	257,095	(339,087)	(131.9%)	Occupancy	1,058,071	502,931	(555,139)	(110.4%)
426,685	260,453	(166,233)	(63.8%)	Printing Postage & Promotion	392,914	518,480	125,566	24.2%
386,914	925,119	538,205	58.2%	Licenses Insurance & Fees	689,649	2,091,404	1,401,754	67.0%
33,519	16,551	(16,969)	(102.5%)	Supplies & Other Expenses	48,202	28,367	(19,835)	(69.9%)
$3,571,370	$2,879,263	($692,108)	(24.0%)	Total Other Administrative Expense	$5,135,426	$6,077,272	$941,847	15.5%
$8,407,115	$7,137,809	($1,269,305)	(17.8%)	Total Administrative Expenses	$14,101,487	$14,400,336	$298,849	2.1%

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

CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				Personnel Expenses				
3,229,822	2,853,640	(376,182)	(13.2%)	Salaries & Wages	5,993,790	5,487,177	(506,613)	(9.2%)
387,933	300,794	(87,139)	(29.0%)	Paid Time Off	664,965	574,860	(90,105)	(15.7%)
575	2,960	2,385	80.6%	Incentives	6,425	6,220	(205)	(3.3%)
51,586	74,778	23,192	31.0%	Payroll Taxes	95,066	187,707	92,640	49.4%
44,820	14,267	(30,553)	(214.2%)	Overtime	71,294	27,833	(43,461)	(156.1%)
291,981	240,702	(51,279)	(21.3%)	CalPERS ER Match	544,093	462,555	(81,538)	(17.6%)
697,915	544,374	(153,541)	(28.2%)	Employee Benefits	1,331,965	1,077,286	(254,679)	(23.6%)
4,277	0	(4,277)	0.0%	Personal Floating Holiday	2,779	0	(2,779)	0.0%
1,395	24,024	22,629	94.2%	Employee Relations	(566)	45,399	45,965	101.2%
15,530	19,550	4,020	20.6%	Work from Home Stipend	31,010	38,150	7,140	18.7%
127	4,721	4,594	97.3%	Transportation Reimbursement	933	9,317	8,384	90.0%
7,655	11,662	4,007	34.4%	Travel & Lodging	18,780	28,462	9,683	34.0%
103,751	130,902	27,151	20.7%	Temporary Help Services	192,400	259,427	67,027	25.8%
8,005	35,140	27,135	77.2%	Staff Development/Training	22,409	111,607	89,198	79.9%
(9,629)	1,031	10,660	1,033.7%	Staff Recruitment/Advertising	(9,282)	7,062	16,345	231.4%
$4,835,744	**$4,258,546**	**($577,198)**	**(13.6%)**	**Total Employee Expenses**	**$8,966,061**	**$8,323,063**	**($642,998)**	**(7.7%)**
				Benefit Administration Expense				
20,509	21,808	1,299	6.0%	RX Administration Expense	42,509	43,616	1,107	2.5%
817,710	0	(817,710)	0.0%	Behavioral Hlth Administration Fees	817,710	0	(817,710)	0.0%
38,883	30,332	(8,552)	(28.2%)	Telemedicine Admin Fees	78,236	61,036	(17,200)	(28.2%)
$877,102	**$52,140**	**($824,962)**	**(1,582.2%)**	**Total Benefit Administration Expenses**	**$938,454**	**$104,652**	**($833,802)**	**(796.7%)**
				Purchased & Professional Services				
264,575	469,006	204,431	43.6%	Consulting Services	539,192	1,073,537	534,344	49.8%
456,042	426,082	(29,961)	(7.0%)	Computer Support Services	683,364	908,951	225,587	24.8%
11,875	12,500	625	5.0%	Professional Fees-Accounting	23,750	25,000	1,250	5.0%
0	33	33	100.0%	Professional Fees-Medical	0	67	67	100.0%
309,887	213,832	(96,055)	(44.9%)	Other Purchased Services	419,923	342,813	(77,110)	(22.5%)
857	717	(140)	(19.6%)	Maint.& Repair-Office Equipment	2,621	1,434	(1,187)	(82.8%)
78,531	115,017	36,486	31.7%	HMS Recovery Fees	194,784	210,699	15,916	7.6%
87,194	37,667	(49,527)	(131.5%)	Hardware (Non-Capital)	112,810	75,334	(37,476)	(49.7%)
34,864	41,702	6,838	16.4%	Provider Relations-Credentialing	33,428	83,404	49,976	59.9%
7,142	51,350	44,208	86.1%	Legal Fees	(1,737)	110,200	111,937	101.6%
$1,250,968	**$1,367,906**	**$116,938**	**8.5%**	**Total Purchased & Professional Services**	**$2,008,135**	**$2,831,438**	**$823,303**	**29.1%**
				Occupancy				
63,323	53,957	(9,366)	(17.4%)	Depreciation	112,197	102,830	(9,366)	(9.1%)
62,638	74,147	11,509	15.5%	Building Lease	123,117	148,294	25,177	17.0%
6,401	5,870	(531)	(9.1%)	Leased and Rented Office Equipment	10,220	11,740	1,520	12.9%
30,907	14,700	(16,207)	(110.3%)	Utilities	67,100	17,500	(49,600)	(283.4%)
147,000	86,510	(60,490)	(69.9%)	Telephone	201,546	173,020	(28,526)	(16.5%)
36,776	21,911	(14,865)	(67.8%)	Building Maintenance	45,621	49,547	3,926	7.9%
249,136	0	(249,136)	0.0%	SBITA Amortization Expense-GASB 96	498,271	0	(498,271)	0.0%
$596,182	**$257,095**	**($339,087)**	**(131.9%)**	**Total Occupancy**	**$1,058,071**	**$502,931**	**($555,139)**	**(110.4%)**

ALAMEDA ALLIANCE FOR HEALTH
ADMINISTRATIVE EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED August 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				
104,242	33,703	(70,540)	(209.3%)	Postage	76,855	66,605	(10,249)	(15.4%)
(2,241)	5,700	7,941	139.3%	Design & Layout	2,062	11,000	8,938	81.3%
223,689	42,552	(181,137)	(425.7%)	Printing Services	149,309	83,838	(65,470)	(78.1%)
10,379	6,910	(3,469)	(50.2%)	Mailing Services	21,971	13,820	(8,151)	(59.0%)
11,619	6,355	(5,264)	(82.8%)	Courier/Delivery Service	20,182	12,750	(7,432)	(58.3%)
187	0	(187)	0.0%	Promotional Products	187	0	(187)	0.0%
0	150	150	100.0%	Promotional Services	1,450	300	(1,150)	(383.4%)
53,808	152,417	98,609	64.7%	Community Relations	87,092	304,833	217,741	71.4%
25,001	12,667	(12,335)	(97.4%)	Translation - Non-Clinical	33,807	25,333	(8,473)	(33.4%)
$426,685	**$260,453**	**($166,233)**	**(63.8%)**	**Total Printing Postage & Promotion**	**$392,914**	**$518,480**	**$125,566**	**24.2%**
				Licenses Insurance & Fees				
0	0	0	0.0%	Regulatory Penalties	0	250,000	250,000	100.0%
26,816	28,000	1,184	4.2%	Bank Fees	54,393	56,000	1,607	2.9%
76,771	89,100	12,329	13.8%	Insurance	150,119	178,199	28,080	15.8%
160,505	664,649	504,144	75.9%	Licenses, Permits and Fees	312,613	1,297,153	984,540	75.9%
122,822	143,370	20,548	14.3%	Subscriptions & Dues	172,525	310,051	137,526	44.4%
$386,914	**$925,119**	**$538,205**	**58.2%**	**Total Licenses Insurance & Postage**	**$689,649**	**$2,091,404**	**$1,401,754**	**67.0%**
				Supplies & Other Expenses				
5,043	3,759	(1,284)	(34.2%)	Office and Other Supplies	8,493	7,868	(625)	(7.9%)
350	0	(350)	0.0%	Furniture and Equipment	350	0	(350)	0.0%
5,510	3,700	(1,810)	(48.9%)	Ergonomic Supplies	7,224	5,400	(1,824)	(33.8%)
2,616	8,625	6,009	69.7%	Commissary-Food & Beverage	7,286	14,166	6,880	48.6%
20,000	0	(20,000)	0.0%	Miscellaneous Expense	20,000	0	(20,000)	0.0%
0	0	0	0.0%	Member Incentive Expense	4,850	0	(4,850)	0.0%
0	100	100	100.0%	Covid-19 IT Expenses	0	200	200	100.0%
0	367	367	100.0%	Covid-19 Non IT Expenses	0	733	733	100.0%
$33,519	**$16,551**	**($16,969)**	**(102.5%)**	**Total Supplies & Other Expense**	**$48,202**	**$28,367**	**($19,835)**	**(69.9%)**
$8,407,115	**$7,137,809**	**($1,269,305)**	**(17.8%)**	**TOTAL ADMINISTRATIVE EXPENSE**	**$14,101,487**	**$14,400,336**	**$298,849**	**2.1%**

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	**$ 426,371**	$ 310,000	$ (116,371)
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				$ 30,000	$ 30,000
Hardware Subtotal		**$ -**	**$ 433,489**	**$ 433,489**	**$ 1,200,000**	**$ 766,511**
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				$ 50,000	$ 50,000
Building Improvement Subtotal		**$ -**	**$ -**	**$ -**	**$ 125,000**	**$ 125,000**
4. Furniture & Equipment:						
Office desks, cabinets, shelvings (all building/suites: new or replacement)	FA-FY24-17	$ -		**$ -**	$ 20,000	$ 20,000
Replace, reconfigure, re-design workstations	FA-FY24-18				20000	$ 20,000
Furniture & Equipment Subtotal		**$ -**	**$ -**	**$ -**	**$ 40,000**	**$ 40,000**
GRAND TOTAL		**$ -**	**$ 433,489**	**$ 433,489**	**$ 1,491,000**	**$ 1,057,511**
5. Reconciliation to Balance Sheet:						
Fixed Assets @ Cost - 8/31/23				**$ 38,128,585**		
Fixed Assets @ Cost - 6/30/23				**$ 37,695,096**		
Fixed Assets Acquired YTD				**$ 433,489**		

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

PRELIMINARY

TANGIBLE NET EQUITY (TNE)

	Jul-23	Aug-23
Current Month Net Income / (Loss)	$9,746,933	$2,343,460
YTD Net Income / (Loss)	$9,746,933	$12,090,393
Actual TNE		
Net Assets	$334,159,921	$336,839,657
Subordinated Debt & Interest	$0	$0
Total Actual TNE	**$334,159,921**	**$336,839,657**
Increase/(Decrease) in Actual TNE	$9,746,933	$2,343,460
Required TNE[1]	**$46,228,233**	**$46,744,204**
Min. Req'd to Avoid Monthly Reporting (Increased from 130% to 150% of Required TNE effective July-2022)	$69,342,350	$70,116,307
TNE Excess / (Deficiency)	$287,931,688	$290,095,453
Actual TNE as a Multiple of Required	**7.23**	**7.21**

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

	Jul-23	Aug-23
Net Assets	$334,159,921	$336,839,657
Fixed Assets at Net Book Value	(5,169,098)	(5,539,264)
Net Lease Assets/Liabilities/Interest	(1,503,651)	(1,267,259)
CD Pledged to DMHC	(350,000)	(350,000)
Liquid TNE (Liquid Reserves)	**$328,640,823**	**$330,950,393**
Liquid TNE as Multiple of Required	**7.11**	**7.08**

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											203,856
Adult	52,550	52,102											104,652
SPD	31,055	30,840											61,895
ACA OE	123,707	121,819											245,526
Duals	41,688	41,715											83,403
MCAL LTC	141	138											279
MCAL LTC Duals	1,033	1,019											2,052
Medi-Cal Program	352,637	349,026											701,663
Group Care Program	5,669	5,645											11,314
Total	**358,306**	**354,671**											**712,977**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	(1,207)	(1,070)											(2,277)
Adult	(624)	(448)											(1,072)
SPD	(225)	(215)											(440)
ACA OE	(1,260)	(1,888)											(3,148)
Duals	(43)	27											(16)
MCAL LTC	(9)	(3)											(12)
MCAL LTC Duals	4	(14)											(10)
Medi-Cal Program	(3,364)	(3,611)											(6,975)
Group Care Program	(15)	(24)											(39)
Total	**(3,379)**	**(3,635)**											**(7,014)**
Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	29.1%	29.1%											29.1%
Adult % of Medi-Cal	14.9%	14.9%											14.9%
SPD % of Medi-Cal	8.8%	8.8%											8.8%
ACA OE % of Medi-Cal	35.1%	34.9%											35.0%
Duals % of Medi-Cal	11.8%	12.0%											11.9%
Medi-Cal Program % of Total	98.4%	98.4%											98.4%
Group Care Program % of Total	1.6%	1.6%											1.6%
Total	**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											147,574
Alameda Health System	66,089	65,344											131,433
	140,636	138,371											279,007
Delegated:													
CFMG	34,810	34,649											69,459
CHCN	130,230	129,183											259,413
Kaiser	52,630	52,468											105,098
Delegated Subtotal	217,670	216,300											433,970
Total	**358,306**	**354,671**											**712,977**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	(939)	(2,265)											(3,204)
Delegated:													
CFMG	(441)	(161)											(602)
CHCN	(1,721)	(1,047)											(2,768)
Kaiser	(278)	(162)											(440)
Delegated Subtotal	(2,440)	(1,370)											(3,810)
Total	**(3,379)**	**(3,635)**											**(7,014)**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	39.3%	39.0%											39.1%
Delegated:													
CFMG	9.7%	9.8%											9.7%
CHCN	36.3%	36.4%											36.4%
Kaiser	14.7%	14.8%											14.7%
Delegated Subtotal	60.7%	61.0%											60.9%
Total	**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)											(2,776)
Adult	771	1,326											2,097
SPD	(280)	(513)											(793)
ACA OE	559	1,615											2,174
Duals	(616)	(589)											(1,205)
MCAL LTC	(4)	(7)											(11)
MCAL LTC Duals	50	36											86
Medi-Cal Program	(601)	173											(428)
Group Care Program	0	(24)											(24)
Total	**(601)**	**149**											**(452)**
Current Direct/Delegate Enrollment Variance - Favorable/(Unfavorable)													
Directly-Contracted	(1,028)	(1,470)											(2,498)
Delegated:													
CFMG	56	81											137
CHCN	(392)	275											(117)
Kaiser	763	1,263											2,026
Delegated Subtotal	427	1,619											2,046
Total	**(601)**	**149**											**(452)**

ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED August 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:				
$1,164,903	$1,162,591	($2,312)	(0.2%)	PCP-Capitation	$2,337,828	$2,331,283	($6,545)	(0.3%)
4,390,032	4,663,509	273,477	5.9%	PCP-Capitation - FQHC	8,782,047	9,389,853	607,806	6.5%
299,969	300,228	259	0.1%	Specialty-Capitation	601,439	602,076	636	0.1%
3,813,967	4,036,653	222,686	5.5%	Specialty-Capitation FQHC	7,647,941	8,135,161	487,220	6.0%
490,991	492,974	1,983	0.4%	Laboratory-Capitation	987,882	991,288	3,406	0.3%
252,355	254,973	2,619	1.0%	Vision Cap	507,871	512,859	4,988	1.0%
87,292	87,438	147	0.2%	CFMG Capitation	175,035	175,349	314	0.2%
188,960	200,734	11,774	5.9%	Anc IPA Admin Capitation FQHC	379,083	404,299	25,217	6.2%
14,144,814	13,737,866	(406,948)	(3.0%)	Kaiser Capitation	28,317,642	27,666,726	(650,915)	(2.4%)
251,575	611,636	360,060	58.9%	Maternity Supplemental Expense	503,151	1,235,588	732,437	59.3%
714,316	769,461	55,145	7.2%	DME - Cap	1,434,122	1,541,268	107,147	7.0%
$25,799,174	**$26,318,063**	**$518,889**	**2.0%**	**5 - TOTAL CAPITATED EXPENSES**	**$51,674,040**	**$52,985,751**	**$1,311,711**	**2.5%**
				FEE FOR SERVICE MEDICAL EXPENSES:				
(9,589,641)	0	9,589,641	0.0%	IBNP-Inpatient Services	(5,635,432)	0	5,635,432	0.0%
(287,689)	0	287,689	0.0%	IBNP-Settlement (IP)	(169,063)	0	169,063	0.0%
(767,171)	0	767,171	0.0%	IBNP-Claims Fluctuation (IP)	(450,834)	0	450,834	0.0%
40,204,307	35,535,600	(4,668,708)	(13.1%)	Inpatient Hospitalization-FFS	67,703,070	71,390,500	3,687,430	5.2%
2,658,903	0	(2,658,903)	0.0%	IP OB - Mom & NB	4,019,845	0	(4,019,845)	0.0%
614,161	0	(614,161)	0.0%	IP Behavioral Health	825,289	0	(825,289)	0.0%
1,645,311	0	(1,645,311)	0.0%	IP - Facility Rehab FFS	2,499,225	0	(2,499,225)	0.0%
$34,478,181	**$35,535,600**	**$1,057,418**	**3.0%**	**6 - Inpatient Hospital & SNF FFS Expense**	**$68,792,100**	**$71,390,500**	**$2,598,400**	**3.6%**
(471,802)	0	471,802	0.0%	IBNP-PCP	(494,018)	0	494,018	0.0%
(14,155)	0	14,155	0.0%	IBNP-Settlement (PCP)	(14,822)	0	14,822	0.0%
(37,743)	0	37,743	0.0%	IBNP-Claims Fluctuation (PCP)	(39,520)	0	39,520	0.0%
2,544,185	1,807,606	(736,578)	(40.7%)	Primary Care Non-Contracted FF	4,234,479	3,632,022	(602,457)	(16.6%)
1,099,697	190,786	(908,911)	(476.4%)	PCP FQHC FFS	1,399,063	383,657	(1,015,406)	(264.7%)
2,318,837	3,211,979	893,142	27.8%	Prop 56 Direct Payment Expenses	4,666,304	6,472,168	1,805,864	27.9%
14,223	0	(14,223)	0.0%	Prop 56 Hyde Direct Payment Expenses	28,604	0	(28,604)	0.0%
79,599	0	(79,599)	0.0%	Prop 56-Trauma Expense	160,340	0	(160,340)	0.0%
95,917	0	(95,917)	0.0%	Prop 56-Dev. Screening Exp.	192,808	0	(192,808)	0.0%
731,739	0	(731,739)	0.0%	Prop 56-Fam. Planning Exp.	1,472,610	0	(1,472,610)	0.0%
$6,360,497	**$5,210,372**	**($1,150,125)**	**(22.1%)**	**7 - Primary Care Physician FFS Expense**	**$11,605,849**	**$10,487,847**	**($1,118,001)**	**(10.7%)**
(1,496,883)	0	1,496,883	0.0%	IBNP-Specialist	(1,590,039)	0	1,590,039	0.0%
297,856	0	(297,856)	0.0%	Psychiatrist - FFS	410,473	0	(410,473)	0.0%
3,061,927	5,560,503	2,498,576	44.9%	Specialty Care-FFS	5,024,215	11,164,510	6,140,294	55.0%
180,361	0	(180,361)	0.0%	Anesthesiology - FFS	361,101	0	(361,101)	0.0%
1,581,113	0	(1,581,113)	0.0%	Spec Rad Therapy - FFS	2,526,593	0	(2,526,593)	0.0%
17,006	0	(17,006)	0.0%	Obstetrics-FFS	31,622	0	(31,622)	0.0%
474,490	0	(474,490)	0.0%	Spec IP Surgery - FFS	700,578	0	(700,578)	0.0%
737,627	0	(737,627)	0.0%	Spec OP Surgery - FFS	1,376,986	0	(1,376,986)	0.0%
627,662	0	(627,662)	0.0%	Spec IP Physician	1,036,231	0	(1,036,231)	0.0%
81,647	73,474	(8,173)	(11.1%)	SCP FQHC FFS	135,000	147,712	12,712	8.6%
(44,905)	0	44,905	0.0%	IBNP-Settlement (SCP)	(47,700)	0	47,700	0.0%
(119,750)	0	119,750	0.0%	IBNP-Claims Fluctuation (SCP)	(127,202)	0	127,202	0.0%
$5,398,152	**$5,633,977**	**$235,824**	**4.2%**	**8 - Specialty Care Physician Expense**	**$9,837,859**	**$11,312,222**	**$1,474,363**	**13.0%**
(1,007,017)	0	1,007,017	0.0%	IBNP-Ancillary	1,075,195	0	(1,075,195)	0.0%
(30,210)	0	30,210	0.0%	IBNP Settlement (ANC)	32,257	0	(32,257)	0.0%
(80,561)	0	80,561	0.0%	IBNP Claims Fluctuation (ANC)	86,014	0	(86,014)	0.0%
6,968	0	(6,968)	0.0%	IBNR Transportation FFS Expense	1,059	0	(1,059)	0.0%
1,808,207	0	(1,808,207)	0.0%	Behavioral Health Therapy - FFS	2,826,345	0	(2,826,345)	0.0%
1,342,589	0	(1,342,589)	0.0%	Psychologist & Other MH Prof.	2,040,972	0	(2,040,972)	0.0%
328,053	0	(328,053)	0.0%	Acupuncture/Biofeedback	629,823	0	(629,823)	0.0%
124,017	0	(124,017)	0.0%	Hearing Devices	215,840	0	(215,840)	0.0%
47,783	0	(47,783)	0.0%	Imaging/MRI/CT Global	102,375	0	(102,375)	0.0%
44,869	0	(44,869)	0.0%	Vision FFS	82,915	0	(82,915)	0.0%
0	0	0	0.0%	Family Planning	20	0	(20)	0.0%
653,836	0	(653,836)	0.0%	Laboratory-FFS	1,053,902	0	(1,053,902)	0.0%
139,375	0	(139,375)	0.0%	ANC Therapist	227,134	0	(227,134)	0.0%
1,271,144	0	(1,271,144)	0.0%	Transportation (Ambulance)-FFS	2,186,019	0	(2,186,019)	0.0%
1,443,923	0	(1,443,923)	0.0%	Transportation (Other)-FFS	2,874,892	0	(2,874,892)	0.0%
1,653,257	0	(1,653,257)	0.0%	Hospice	2,988,084	0	(2,988,084)	0.0%
1,615,008	0	(1,615,008)	0.0%	Home Health Services	2,904,982	0	(2,904,982)	0.0%
0	9,660,806	9,660,806	100.0%	Other Medical-FFS	0	19,349,250	19,349,250	100.0%
(51,984)	0	51,984	0.0%	HMS Medical Refunds	24,154	0	(24,154)	0.0%
(9,894)	0	9,894	0.0%	Refunds-Medical Payments	(8,960)	0	8,960	0.0%
16,154	0	(16,154)	0.0%	DME & Medical Supplies	24,862	0	(24,862)	0.0%
(373,988)	0	373,988	0.0%	GEMT Direct Payment Expense	(373,988)	0	373,988	0.0%
1,442,645	1,454,748	12,103	0.8%	ECM Base/Outreach FFS Anc.	2,907,436	2,923,203	15,767	0.5%
25,321	79,472	54,151	68.1%	CS - Housing Deposits FFS Ancillary	48,566	158,941	110,375	69.4%
214,426	504,999	290,573	57.5%	CS - Housing Tenancy FFS Ancillary	435,189	995,305	560,116	56.3%
44,312	92,517	48,205	52.1%	CS - Housing Navigation Services FFS Ancillary	89,475	182,538	93,063	51.0%
57,740	135,640	77,900	57.4%	CS - Medical Respite FFS Ancillary	117,372	271,276	153,904	56.7%
15,217	83,222	68,005	81.7%	CS - Medically Tailored Meals FFS Ancillary	29,690	164,017	134,327	81.9%

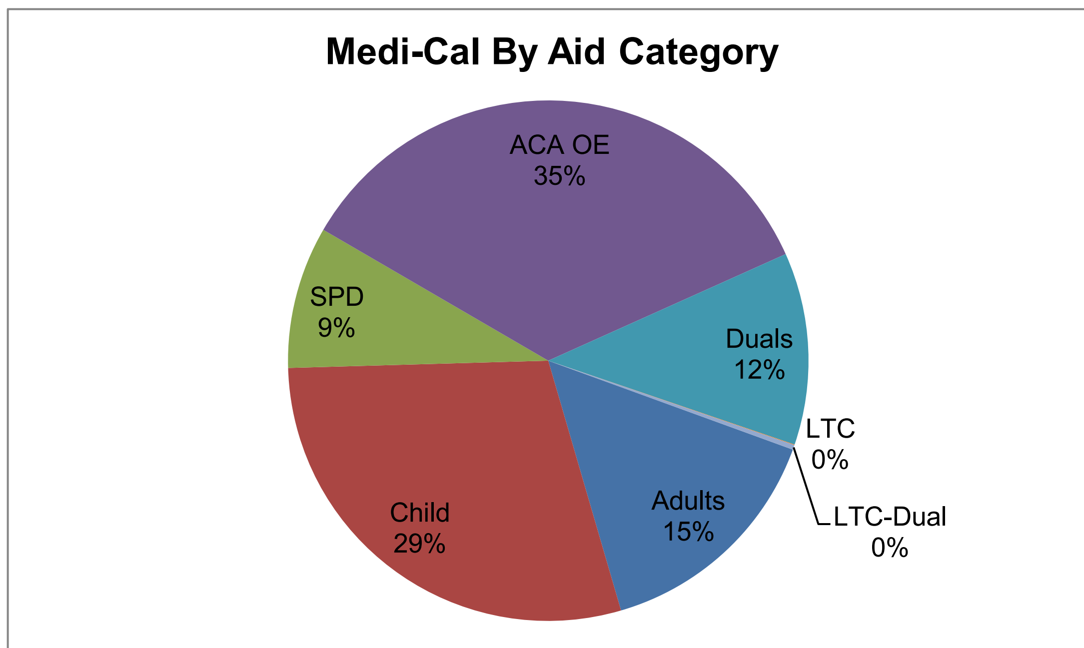
ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED August 31, 2023

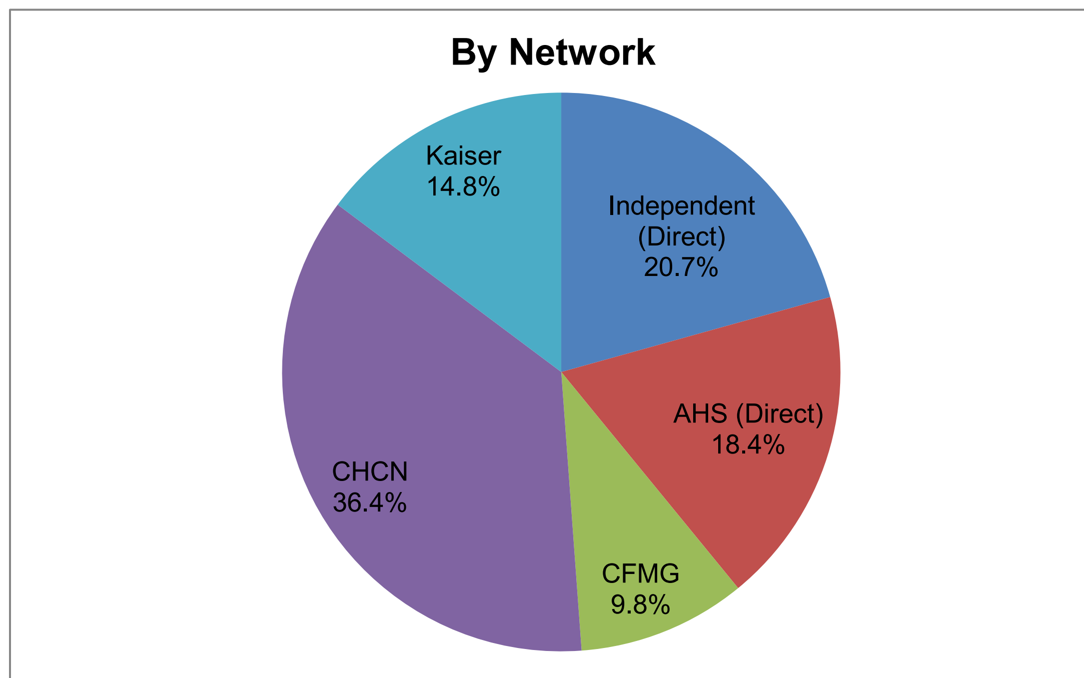
CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
49	31,226	31,177	99.8%	CS - Asthma Remediation FFS Ancillary	90	39,391	39,301	99.8%
0	10,002	10,002	100.0%	MOT - Wrap Around (Non Medical MOT Cost)	0	20,004	20,004	100.0%
0	3,190	3,190	100.0%	CS - Home Modifications FFS Ancillary	0	6,380	6,380	100.0%
0	56,029	56,029	100.0%	CS - Personal Care & Homemaker Services FFS Ancillary	0	112,057	112,057	100.0%
0	10,861	10,861	100.0%	CS - Caregiver Respite Services FFS Ancillary	0	21,721	21,721	100.0%
611,410	0	(611,410)	0.0%	Community Based Adult Services (CBAS)	805,274	0	(805,274)	0.0%
0	7,646	7,646	100.0%	CS - Pilot LTC Diversion Expense	0	15,291	15,291	100.0%
4,587	3,823	(765)	(20.0%)	CS - Pilot LTC Transition Expense	7,646	7,646	0	0.0%
(61,000)	82,226	143,226	174.2%	Justice Involved Pilot	0	164,449	164,449	100.0%
$11,296,237	**$12,216,404**	**$920,167**	**7.5%**	**9 - Ancillary Medical Expense**	**$23,434,633**	**$24,431,468**	**$996,835**	**4.1%**
(1,134,635)	0	1,134,635	0.0%	IBNP-Outpatient	(295,083)	0	295,083	0.0%
(34,040)	0	34,040	0.0%	IBNP Settlement (OP)	(8,854)	0	8,854	0.0%
(90,771)	0	90,771	0.0%	IBNP Claims Fluctuation (OP)	(23,605)	0	23,605	0.0%
2,112,712	8,472,992	6,360,280	75.1%	Out-Patient FFS	3,509,326	17,014,201	13,504,875	79.4%
1,982,655	0	(1,982,655)	0.0%	OP Ambul Surgery - FFS	3,802,166	0	(3,802,166)	0.0%
2,105,880	0	(2,105,880)	0.0%	OP Fac Imaging Services-FFS	3,574,149	0	(3,574,149)	0.0%
(32,057)	0	32,057	0.0%	Behav Health - FFS	(52,691)	0	52,691	0.0%
666,537	0	(666,537)	0.0%	OP Facility - Lab FFS	1,050,529	0	(1,050,529)	0.0%
221,219	0	(221,219)	0.0%	OP Facility - Cardio FFS	325,094	0	(325,094)	0.0%
66,644	0	(66,644)	0.0%	OP Facility - PT/OT/ST FFS	127,792	0	(127,792)	0.0%
2,665,235	0	(2,665,235)	0.0%	OP Facility - Dialysis FFS	4,594,122	0	(4,594,122)	0.0%
$8,529,377	**$8,472,992**	**($56,386)**	**(0.7%)**	**10 - Outpatient Medical Expense Medical Expense**	**$16,602,944**	**$17,014,201**	**$411,257**	**2.4%**
(1,137,164)	0	1,137,164	0.0%	IBNP-Emergency	(870,640)	0	870,640	0.0%
(34,115)	0	34,115	0.0%	IBNP Settlement (ER)	(26,118)	0	26,118	0.0%
(90,972)	0	90,972	0.0%	IBNP Claims Fluctuation (ER)	(69,649)	0	69,649	0.0%
1,024,872	0	(1,024,872)	0.0%	Special ER Physician-FFS	1,680,034	0	(1,680,034)	0.0%
5,770,229	6,103,611	333,382	5.5%	ER-Facility	9,945,398	12,259,427	2,314,029	18.9%
$5,532,850	**$6,103,611**	**$570,761**	**9.4%**	**11 - Emergency Expense**	**$10,659,025**	**$12,259,427**	**$1,600,402**	**13.1%**
(858,710)	0	858,710	0.0%	IBNP-Pharmacy	(773,409)	0	773,409	0.0%
(25,763)	0	25,763	0.0%	IBNP Settlement (RX)	(23,205)	0	23,205	0.0%
(68,697)	0	68,697	0.0%	IBNP Claims Fluctuation (RX)	(61,873)	0	61,873	0.0%
454,418	376,385	(78,034)	(20.7%)	Pharmacy-FFS	940,805	751,362	(189,443)	(25.2%)
215,058	8,610,329	8,395,272	97.5%	Pharmacy- Non-PBM FFS-Other Anc	313,328	17,287,955	16,974,627	98.2%
5,699,856	0	(5,699,856)	0.0%	Pharmacy- Non-PBM FFS-OP FAC	10,448,854	0	(10,448,854)	0.0%
236,751	0	(236,751)	0.0%	Pharmacy- Non-PBM FFS-PCP	322,634	0	(322,634)	0.0%
2,775,796	0	(2,775,796)	0.0%	Pharmacy- Non-PBM FFS-SCP	4,785,896	0	(4,785,896)	0.0%
18,004	0	(18,004)	0.0%	Pharmacy- Non-PBM FFS-FQHC	24,231	0	(24,231)	0.0%
8,297	0	(8,297)	0.0%	Pharmacy- Non-PBM FFS-HH	15,002	0	(15,002)	0.0%
(4)	0	4	0.0%	HMS RX Refunds	(4)	0	4	0.0%
(100,000)	30,659	130,659	426.2%	Pharmacy-Rebate	(100,000)	61,184	161,184	263.4%
$8,355,007	**$9,017,372**	**$662,365**	**7.3%**	**12 - Pharmacy Expense**	**$15,892,259**	**$18,100,502**	**$2,208,242**	**12.2%**
(5,279,318)	0	5,279,318	0.0%	IBNR LTC	(3,276,538)	0	3,276,538	0.0%
(158,379)	0	158,379	0.0%	IBNR Settlement (LTC)	(98,296)	0	98,296	0.0%
(422,345)	0	422,345	0.0%	IBNR Claims Fluctuation (LTC)	(262,122)	0	262,122	0.0%
22,366,191	0	(22,366,191)	0.0%	LTC-Custodial Care	36,004,636	0	(36,004,636)	0.0%
3,259,440	15,589,520	12,330,081	79.1%	LTC SNF	5,939,675	31,156,015	25,216,340	80.9%
$19,765,589	**$15,589,520**	**($4,176,068)**	**(26.8%)**	**13 - Long Term Care FFS Expense**	**$38,307,354**	**$31,156,015**	**($7,151,339)**	**(23.0%)**
$99,715,891	**$97,779,847**	**($1,936,044)**	**(2.0%)**	**14 - TOTAL FFS MEDICAL EXPENSES**	**$195,132,023**	**$196,152,182**	**$1,020,159**	**0.5%**
0	(233,590)	(233,590)	100.0%	Clinical Vacancy	0	(257,862)	(257,862)	100.0%
119,406	88,582	(30,824)	(34.8%)	Quality Analytics	241,523	200,354	(41,169)	(20.5%)
717,745	739,750	22,006	3.0%	Health Plan Services Department Total	1,378,700	1,356,608	(22,092)	(1.6%)
533,352	521,585	(11,767)	(2.3%)	Case & Disease Management Department Total	1,025,009	960,043	(64,967)	(6.8%)
1,362,539	2,570,872	1,208,334	47.0%	Medical Services Department Total	3,563,022	6,136,011	2,572,989	41.9%
754,281	627,952	(126,330)	(20.1%)	Quality Management Department Total	1,512,458	1,215,168	(297,290)	(24.5%)
246,160	253,518	7,358	2.9%	HCS Behavioral Health Department Total	472,976	492,644	19,668	4.0%
157,502	131,102	(26,400)	(20.1%)	Pharmacy Services Department Total	275,921	258,046	(17,875)	(6.9%)
35,473	60,760	25,287	41.6%	Regulatory Readiness Total	108,009	119,818	11,809	9.9%
$3,926,458	**$4,760,530**	**$834,072**	**17.5%**	**15 - Other Benefits & Services**	**$8,577,618**	**$10,480,828**	**$1,903,210**	**18.2%**
(848,000)	(800,777)	47,223	(5.9%)	Reinsurance Recoveries	(1,709,000)	(1,610,915)	98,085	(6.1%)
1,065,259	1,067,703	2,444	0.2%	Stop-Loss Expense	2,139,690	2,147,886	8,196	0.4%
$217,259	**$266,926**	**$49,667**	**18.6%**	**16 - Reinsurance Expense**	**$430,690**	**$536,972**	**$106,282**	**19.8%**
$129,658,782	**$129,125,366**	**($533,416)**	**(0.4%)**	**17 - TOTAL MEDICAL EXPENSES**	**$255,814,371**	**$260,155,733**	**$4,341,362**	**1.7%**

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Category of Aid Trend

Category of Aid	Aug 2023	% of Medi-Cal	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Adults	52,176	15%	9,779	10,030	791	21,936	9,640
Child	101,555	29%	7,386	9,317	31,432	34,142	19,278
SPD	30,864	9%	9,987	4,481	1,114	12,969	2,313
ACA OE	121,928	35%	18,124	38,070	1,310	47,680	16,744
Duals	41,722	12%	24,790	2,570	2	9,867	4,493
LTC	138	0%	138	-	-	-	-
LTC-Dual	1,020	0%	1,020	-	-	-	-
Medi-Cal	349,403		71,224	64,468	34,649	126,594	52,468
Group Care	5,645		2,180	876	-	2,589	-
Total	**355,048**	**100%**	**73,404**	**65,344**	**34,649**	**129,183**	**52,468**
Medi-Cal %	98.4%		97.0%	98.7%	100.0%	98.0%	100.0%
Group Care %	1.6%		3.0%	1.3%	0.0%	2.0%	0.0%
		Network Distribution	*20.7%*	*18.4%*	*9.8%*	*36.4%*	*14.8%*
			% Direct:	**39%**		**% Delegated:**	**61%**

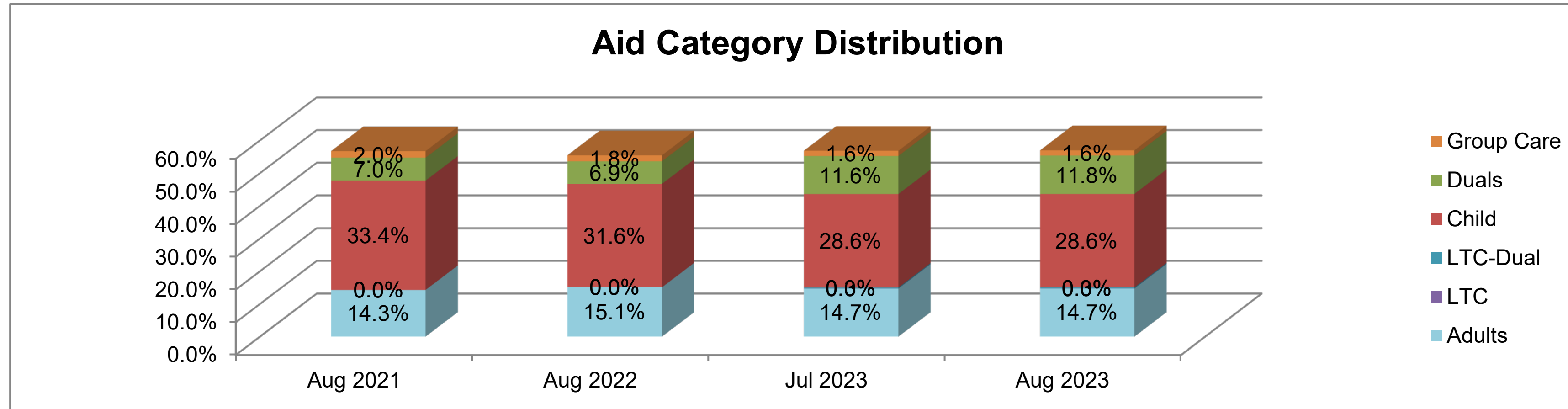




Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

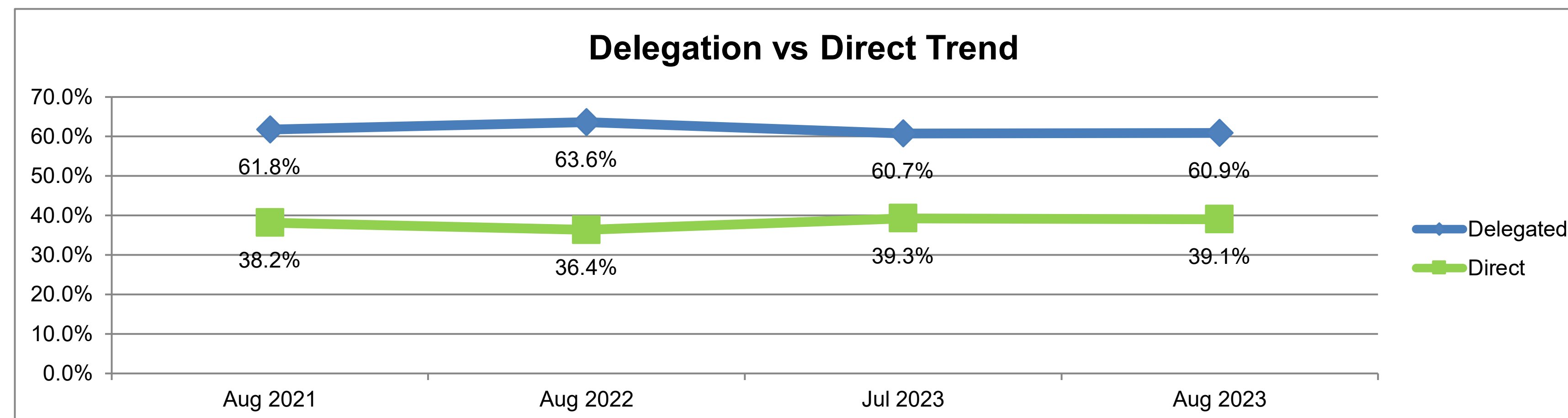
Category of Aid Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Category of Aid	**Aug 2021**	**Aug 2022**	**Jul 2023**	**Aug 2023**	**Aug 2021**	**Aug 2022**	**Jul 2023**	**Aug 2023**	**Aug 2021 to Aug 2022**	**Aug 2022 to Aug 2023**	**Jul 2023 to Aug 2023**
Adults	41,519	48,112	52,550	52,176	14.3%	15.1%	14.7%	14.7%	15.9%	8.4%	-0.7%
Child	97,324	100,977	102,463	101,555	33.4%	31.6%	28.6%	28.6%	3.8%	0.6%	-0.9%
SPD	26,316	28,079	31,055	30,864	9.0%	8.8%	8.7%	8.7%	6.7%	9.9%	-0.6%
ACA OE	99,783	114,208	123,707	121,928	34.3%	35.8%	34.5%	34.3%	14.5%	6.8%	-1.4%
Duals	20,388	22,077	41,688	41,722	7.0%	6.9%	11.6%	11.8%	8.3%	89.0%	0.1%
LTC	-	-	141	138	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-2.1%
LTC-Dual	-	-	1,033	1,020	0.0%	0.0%	0.3%	0.3%	0.0%	0.0%	-1.3%
Medi-Cal Total	285,330	313,453	352,637	349,403	98.0%	98.2%	98.4%	98.4%	9.9%	11.5%	-0.9%
Group Care	5,877	5,803	5,669	5,645	2.0%	1.8%	1.6%	1.6%	-1.3%	-2.7%	-0.4%
Total	**291,207**	**319,256**	**358,306**	**355,048**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**9.6%**	**11.2%**	**-0.9%**



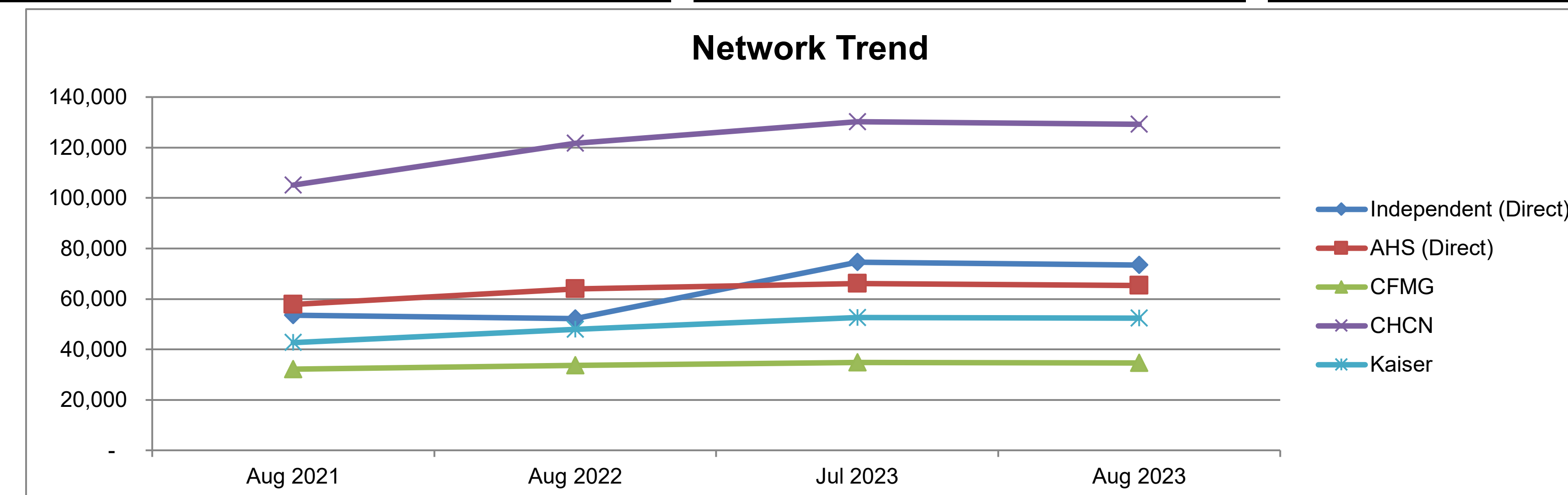
Delegation vs Direct Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Members	**Aug 2021**	**Aug 2022**	**Jul 2023**	**Aug 2023**	**Aug 2021**	**Aug 2022**	**Jul 2023**	**Aug 2023**	**Aug 2021 to Aug 2022**	**Aug 2022 to Aug 2023**	**Jul 2023 to Aug 2023**
Delegated	179,954	203,148	217,670	216,300	61.8%	63.6%	60.7%	60.9%	12.9%	6.5%	-0.6%
Direct	111,253	116,108	140,636	138,748	38.2%	36.4%	39.3%	39.1%	4.4%	19.5%	-1.3%
Total	**291,207**	**319,256**	**358,306**	**355,048**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**9.6%**	**11.2%**	**-0.9%**



Network Trend

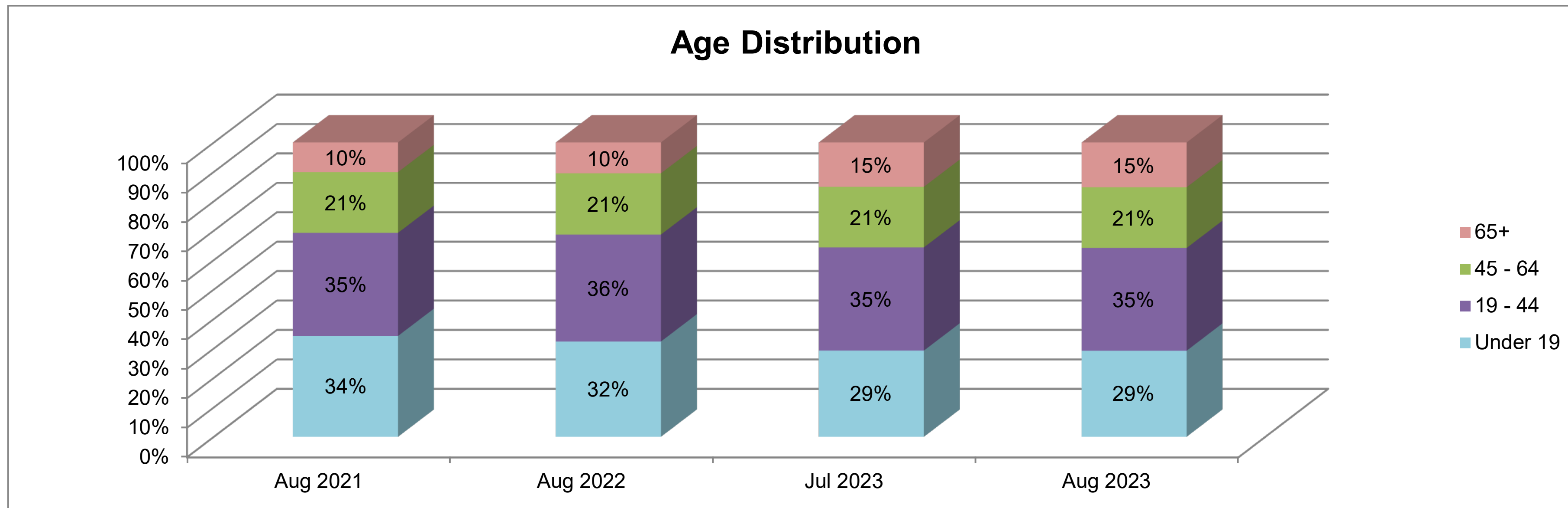
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Network	**Aug 2021**	**Aug 2022**	**Jul 2023**	**Aug 2023**	**Aug 2021**	**Aug 2022**	**Jul 2023**	**Aug 2023**	**Aug 2021 to Aug 2022**	**Aug 2022 to Aug 2023**	**Jul 2023 to Aug 2023**
Independent (Direct)	53,441	52,198	74,547	73,404	18.4%	16.3%	20.8%	20.7%	-2.3%	40.6%	-1.5%
AHS (Direct)	57,812	63,910	66,089	65,344	19.9%	20.0%	18.4%	18.4%	10.5%	2.2%	-1.1%
CFMG	32,167	33,594	34,810	34,649	11.0%	10.5%	9.7%	9.8%	4.4%	3.1%	-0.5%
CHCN	105,113	121,703	130,230	129,183	36.1%	38.1%	36.3%	36.4%	15.8%	6.1%	-0.8%
Kaiser	42,674	47,851	52,630	52,468	14.7%	15.0%	14.7%	14.8%	12.1%	9.6%	-0.3%
Total	**291,207**	**319,256**	**358,306**	**355,048**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**9.6%**	**11.2%**	**-0.9%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

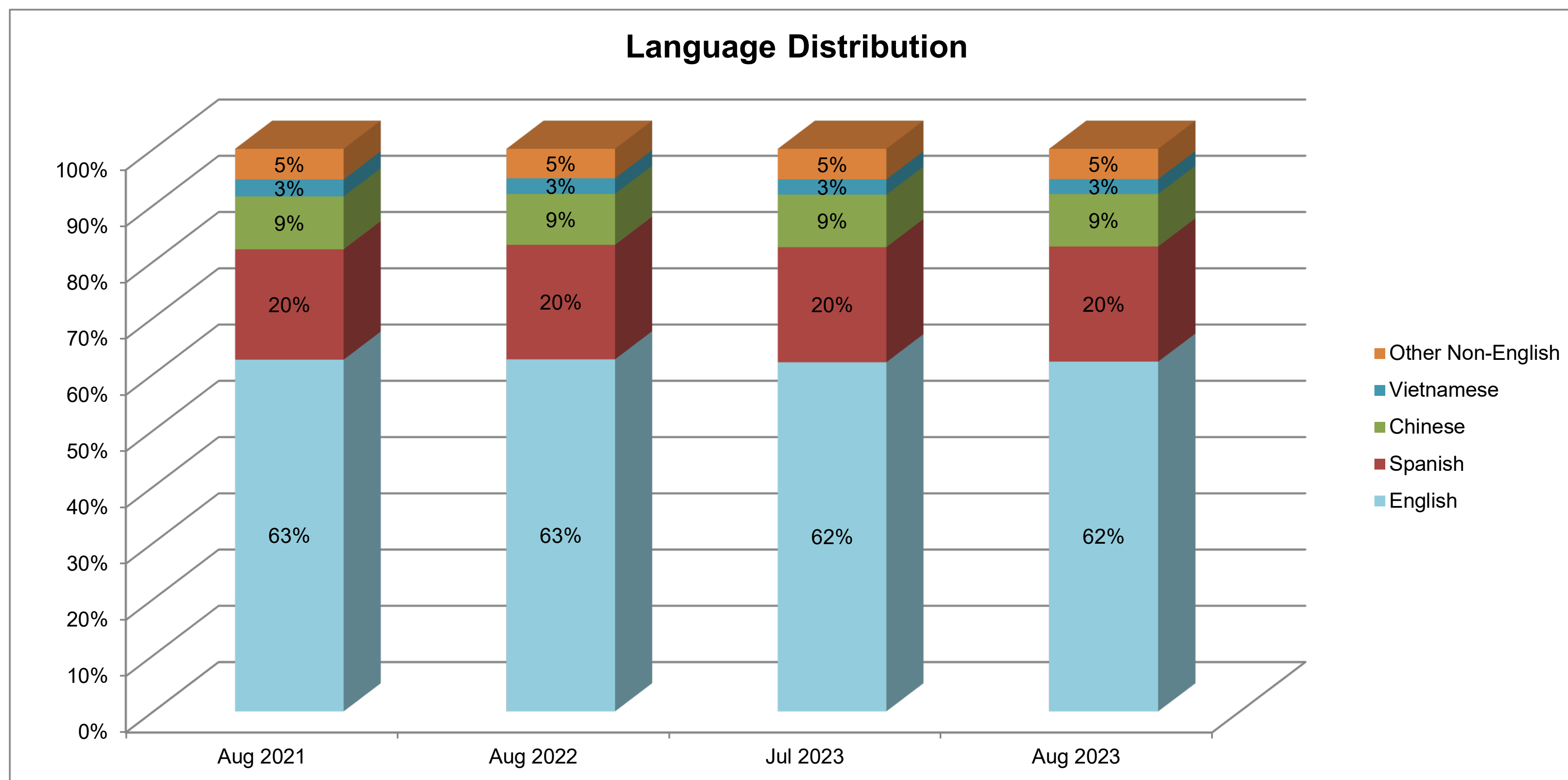
Age Category Trend

Age Category	Members: Aug 2021	Members: Aug 2022	Members: Jul 2023	Members: Aug 2023	% of Total (ie.Distribution): Aug 2021	Aug 2022	Jul 2023	Aug 2023	% Growth (Loss): Aug 2021 to Aug 2022	Aug 2022 to Aug 2023	Jul 2023 to Aug 2023
Under 19	99,634	103,223	104,832	103,615	34%	32%	29%	29%	4%	0%	-1%
19 - 44	102,009	116,003	125,554	123,787	35%	36%	35%	35%	14%	7%	-1%
45 - 64	60,200	66,526	73,866	73,287	21%	21%	21%	21%	11%	10%	-1%
65+	29,364	33,504	54,054	54,058	10%	10%	15%	15%	14%	61%	0%
Total	**291,207**	**319,256**	**358,306**	**354,747**	**100%**	**100%**	**100%**	**100%**	**10%**	**11%**	**-1%**



Language Trend

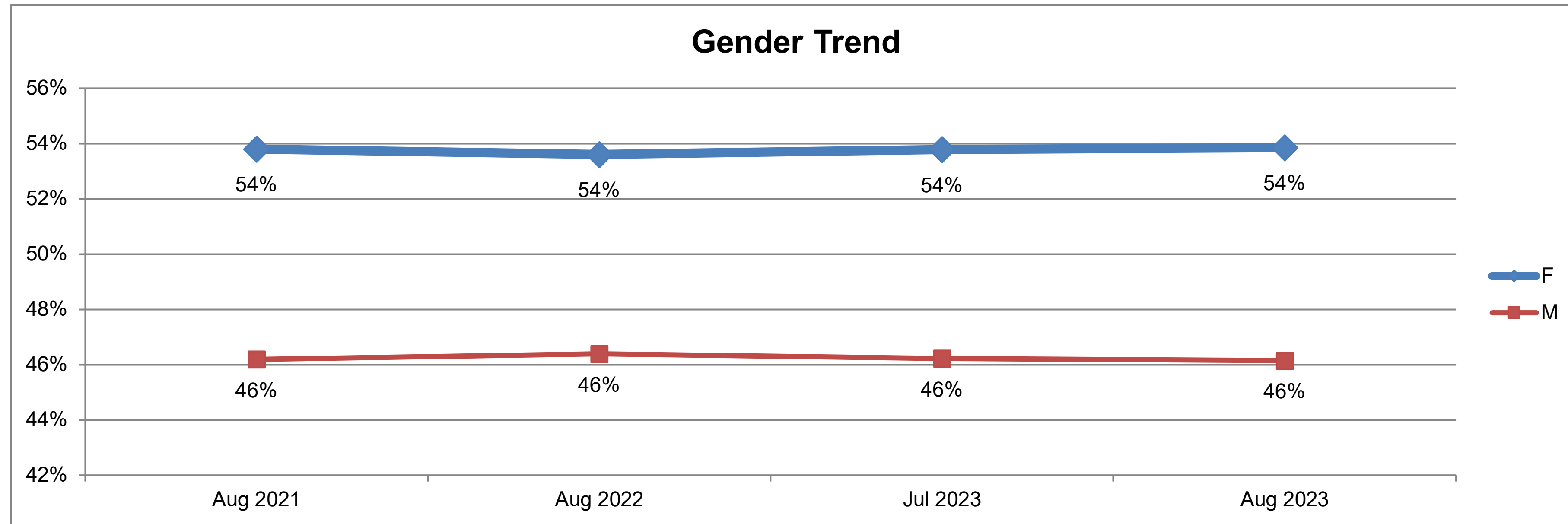
Language	Members: Aug 2021	Members: Aug 2022	Members: Jul 2023	Members: Aug 2023	% of Total (ie.Distribution): Aug 2021	Aug 2022	Jul 2023	Aug 2023	% Growth (Loss): Aug 2021 to Aug 2022	Aug 2022 to Aug 2023	Jul 2023 to Aug 2023
English	182,065	199,798	222,387	220,565	63%	63%	62%	62%	10%	10%	-1%
Spanish	57,124	64,967	73,273	72,596	20%	20%	20%	20%	14%	12%	-1%
Chinese	27,385	28,938	33,455	33,152	9%	9%	9%	9%	6%	15%	-1%
Vietnamese	8,772	8,869	9,733	9,308	3%	3%	3%	3%	1%	5%	-4%
Other Non-English	15,861	16,684	19,458	19,126	5%	5%	5%	5%	5%	15%	-2%
Total	**291,207**	**319,256**	**358,306**	**354,747**	**100%**	**100%**	**100%**	**100%**	**10%**	**11%**	**-1%**



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

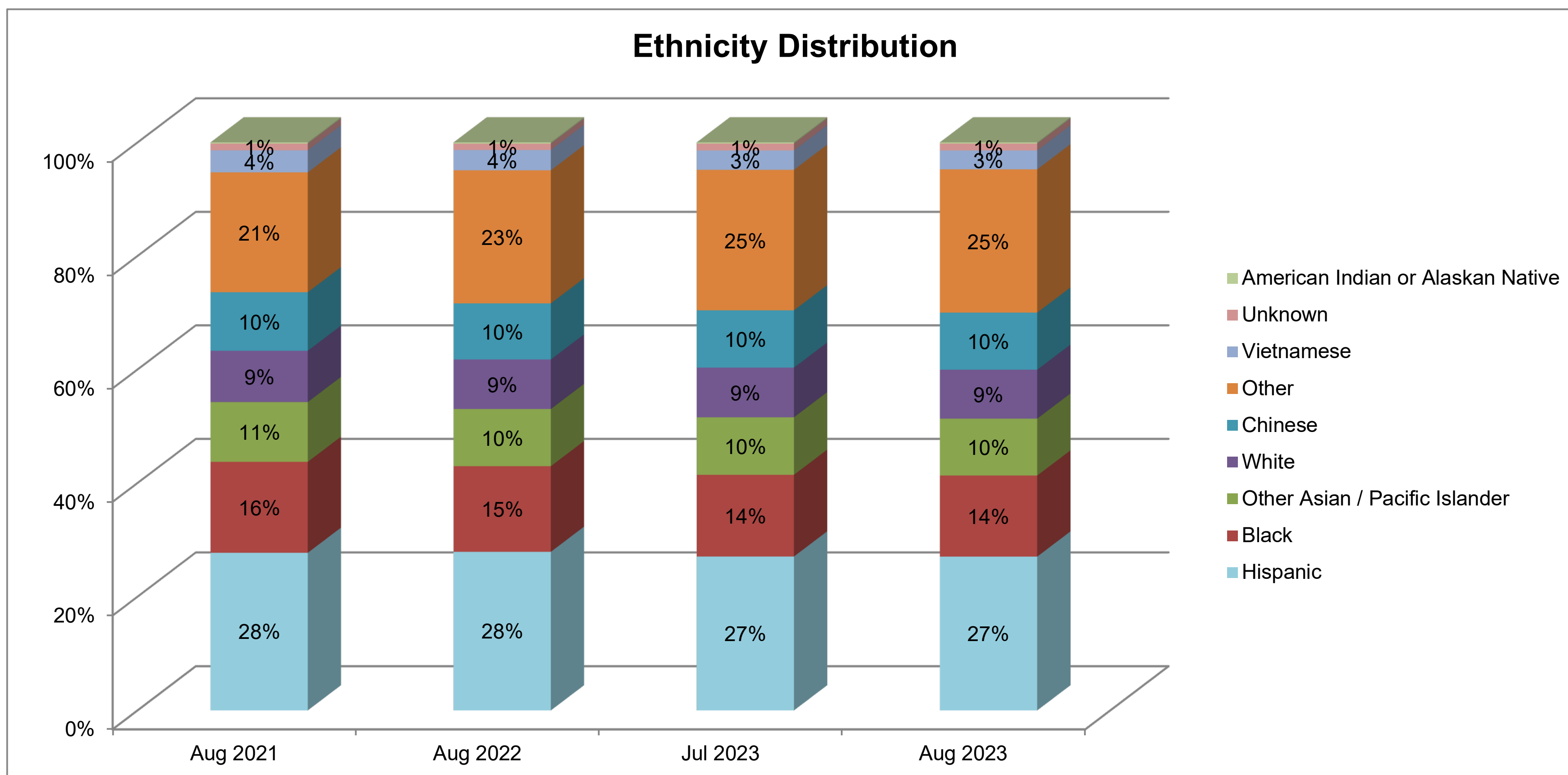
Gender Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Gender	**Aug 2021**	**Aug 2022**	**Jul 2023**	**Aug 2023**	**Aug 2021**	**Aug 2022**	**Jul 2023**	**Aug 2023**	**Aug 2021 to Aug 2022**	**Aug 2022 to Aug 2023**	**Jul 2023 to Aug 2023**
F	156,688	171,141	192,702	191,034	54%	54%	54%	54%	9%	12%	-1%
M	134,519	148,115	165,604	163,713	46%	46%	46%	46%	10%	11%	-1%
Total	**291,207**	**319,256**	**358,306**	**354,747**	**100%**	**100%**	**100%**	**100%**	**10%**	**11%**	**-1%**



Ethnicity Trend

	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Ethnicity	**Aug 2021**	**Aug 2022**	**Jul 2023**	**Aug 2023**	**Aug 2021**	**Aug 2022**	**Jul 2023**	**Aug 2023**	**Aug 2021 to Aug 2022**	**Aug 2022 to Aug 2023**	**Jul 2023 to Aug 2023**
Hispanic	80,668	88,998	96,921	95,902	28%	28%	27%	27%	10%	8%	-1%
Black	46,640	48,133	51,522	50,614	16%	15%	14%	14%	3%	5%	-2%
Other Asian / Pacific Islander	30,667	32,123	36,301	35,566	11%	10%	10%	10%	5%	11%	-2%
White	26,303	27,887	31,347	30,572	9%	9%	9%	9%	6%	10%	-2%
Chinese	30,056	31,586	36,209	35,715	10%	10%	10%	10%	5%	13%	-1%
Other	61,466	74,839	88,676	89,524	21%	23%	25%	25%	22%	20%	1%
Vietnamese	11,324	11,428	12,243	11,808	4%	4%	3%	3%	1%	3%	-4%
Unknown	3,468	3,579	4,360	4,327	1%	1%	1%	1%	3%	21%	-1%
American Indian or Alaskan Native	615	683	727	719	0%	0%	0%	0%	11%	5%	-1%
Total	**291,207**	**319,256**	**358,306**	**354,747**	**100%**	**100%**	**100%**	**100%**	**10%**	**11%**	**-1%**



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

Medi-Cal By City

City	Aug 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	134,582	39%	19,209	30,159	14,165	56,273	14,776
Hayward	54,995	16%	10,681	11,721	5,913	17,269	9,411
Fremont	32,853	9%	12,736	4,825	1,290	8,713	5,289
San Leandro	31,523	9%	6,443	4,335	3,472	11,413	5,860
Union City	14,808	4%	5,214	2,210	638	3,969	2,777
Alameda	13,549	4%	2,915	2,043	1,717	4,645	2,229
Berkeley	13,108	4%	2,597	1,703	1,340	5,471	1,997
Livermore	10,774	3%	1,663	630	1,899	4,668	1,914
Newark	8,281	2%	2,469	2,539	311	1,511	1,451
Castro Valley	8,909	3%	1,900	1,317	1,126	2,653	1,913
San Lorenzo	7,356	2%	1,281	1,246	718	2,630	1,481
Pleasanton	6,130	2%	1,398	379	540	2,713	1,100
Dublin	6,536	2%	1,523	408	669	2,761	1,175
Emeryville	2,453	1%	522	443	316	750	422
Albany	2,078	1%	328	209	366	740	435
Piedmont	453	0%	90	126	30	94	113
Sunol	79	0%	19	10	6	27	17
Antioch	29	0%	9	3	12	4	1
Other	907	0%	227	162	121	290	107
Total	**349,403**	**100%**	**71,224**	**64,468**	**34,649**	**126,594**	**52,468**

Group Care By City

City	Aug 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	1,803	32%	391	339	-	1,073	-
Hayward	629	11%	304	139	-	186	-
Fremont	616	11%	422	62	-	132	-
San Leandro	574	10%	224	86	-	264	-
Union City	295	5%	189	38	-	68	-
Alameda	280	5%	98	20	-	162	-
Berkeley	163	3%	49	12	-	102	-
Livermore	93	2%	29	3	-	61	-
Newark	132	2%	86	28	-	18	-
Castro Valley	194	3%	81	28	-	85	-
San Lorenzo	133	2%	47	17	-	69	-
Pleasanton	65	1%	23	3	-	39	-
Dublin	104	2%	33	6	-	65	-
Emeryville	36	1%	16	6	-	14	-
Albany	20	0%	7	1	-	12	-
Piedmont	13	0%	3	-	-	10	-
Sunol	-	0%	-	-	-	-	-
Antioch	25	0%	7	7	-	11	-
Other	470	8%	171	81	-	218	-
Total	**5,645**	**100%**	**2,180**	**876**	**-**	**2,589**	**-**

Total By City

City	Aug 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	136,385	38%	19,600	30,498	14,165	57,346	14,776
Hayward	55,624	16%	10,985	11,860	5,913	17,455	9,411
Fremont	33,469	9%	13,158	4,887	1,290	8,845	5,289
San Leandro	32,097	9%	6,667	4,421	3,472	11,677	5,860
Union City	15,103	4%	5,403	2,248	638	4,037	2,777
Alameda	13,829	4%	3,013	2,063	1,717	4,807	2,229
Berkeley	13,271	4%	2,646	1,715	1,340	5,573	1,997
Livermore	10,867	3%	1,692	633	1,899	4,729	1,914
Newark	8,413	2%	2,555	2,567	311	1,529	1,451
Castro Valley	9,103	3%	1,981	1,345	1,126	2,738	1,913
San Lorenzo	7,489	2%	1,328	1,263	718	2,699	1,481
Pleasanton	6,195	2%	1,421	382	540	2,752	1,100
Dublin	6,640	2%	1,556	414	669	2,826	1,175
Emeryville	2,489	1%	538	449	316	764	422
Albany	2,098	1%	335	210	366	752	435
Piedmont	466	0%	93	126	30	104	113
Sunol	79	0%	19	10	6	27	17
Antioch	54	0%	16	10	12	15	1
Other	1,377	0%	398	243	121	508	107
Total	**355,048**	**100%**	**73,404**	**65,344**	**34,649**	**129,183**	**52,468**